

Feasting on Flesh: A Case Report and Literature Review of Cannibalistic Ideation in Children & Adolescents

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Abstract

Human cannibalism is an extremely rare and violent act that is poorly understood in the modern era, and pediatric cannibalism is even less understood. This is due to methodological hurdles when investigating the topic, including a lack of data from the sheer rarity of the act as well as bias in case analysis. Here, we will detail a case of an adolescent with cannibalistic ideation. This 14-year-old male presented to the ED due to ego-syntonic thoughts of cannibalism and was promptly admitted for an inpatient psychiatric stay for four days. Through this case report, we aim to improve medical providers' understanding of pediatric cannibalism and cannibalistic ideation and provide psychodynamic context.

Keywords: Cannibalism, Pediatric Psychiatry, Psychiatry, Forensic psychiatry

1. Introduction

The word cannibalism – the eating of one's own kind – evokes a myriad of feelings, including disgust, horror, and even morbid curiosity. It does not currently exist as a diagnosis in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR), and there is limited research and professional experience on cannibalism, particularly in children. The existing literature primarily focuses on the rarity of such behaviors and the complexities of their underlying causes. S Jesus et al. (1) explores the occurrences of cannibalism among individuals, including children, faced with extreme psychiatric disorders. This study suggests that extreme cases of cannibalism often arise either from or in conjunction with severe mental illness or trauma (1). Furthermore, a connection between severe abuse or neglect can give rise to the emergence of atypical behaviors, including cannibalism, in children (2). While the acts or thoughts of cannibalism among children are extremely rare, the reported cases that do exist are often linked to psychiatric disturbances or exposure to traumatizing environments (3). As such, with the minimal research surrounding the topic of cannibalism in children, these studies emphasize the necessity for further research and investigation to help physicians and social workers understand the factors contributing to such rare and extreme behaviors in children. With more awareness and research into the topic, our goal of this paper is to encourage providers to investigate ways to mitigate the emergence of these behaviors.

We will direct our focus to a case of a 14-year-old male who presented to the emergency department with a chief complaint of the desire to eat his peers. He described these thoughts as enticing, causing his mouth to water at the sight of his peers' skin. With the potentially violent nature of his expressed thoughts, he was admitted from the emergency room to the child & adolescent inpatient psychiatric unit at The University of Toledo Medical Center. With minimal research and standardized practices involved with the emergence of cannibalism in children, limited guidance was available on best practices in clinical management of this pediatric patient. As such, the aim of this paper is to increase awareness of the presentation of cannibalism in children and to help guide care teams in effectively treating these complex but rare cases.

2. Case Report

Mr. X, a 14-year-old male, presented to the emergency department in May 2024 after telling his school psychologist that he had been having thoughts of cannibalism. He was promptly admitted to the pediatric inpatient psychiatric unit, where history was collected from the patient and his family. Prior to this admission, he had a history of suicidal ideation and no pertinent medical history. Family history was significant for bipolar disorder and a suicide attempt in his maternal grandmother and anxiety and depression in his three half siblings. *History of Present Illness* During his initial interview at admission, the patient reported that he had been having thoughts of wanting to bite, chew, and eat random people he sees, especially his peers at school. These thoughts had been occurring for a few months but were becoming more intense and more difficult to control, according to the patient. The patient reported an interest in tasting different skin textures including eczema or specific body parts including the eyes, ears, and fingers, which made his mouth water to think about. He said he never acted on these thoughts, but he did want to hurt others. He denied feeling bad about having thoughts in the moment but did come to regret them later. He denied any current suicidal or homicidal ideation. The patient denied any psychotic features including visual or auditory hallucinations but did report having two imaginary friends who helped him decide what to do in life. The patient stated that after he started having these thoughts, he watched a documentary on Jeffrey Dahmer, a cannibalistic necrophiliac serial killer who committed 17 murders between 1978 and 1991. Mr. X believed that he could relate with him and became fascinated with the idea of being able to do what he wanted without having to suppress his thoughts. This admiration of Jeffrey Dahmer alarmingly extended to other serial killers as well, including Ted Bundy. *Collateral Information* At the time of admission, the patient's mother and father were interviewed as well. According to them, this was the first time they were made aware of the thoughts their son had been having and were shocked at the revelation. Interestingly, his father described him as a master at manipulation and questioned his honesty. Regarding the history of violence, they denied any animal cruelty but did state that the patient was physically aggressive with his younger sister, even choking her at one point and wishing her dead. The parents noted a history of the patient saying bizarre things including comments about death,

playing Russian roulette, and setting the house on fire. They also reported concern that the patient would frequently talk to himself when alone in his room and would hear him having both sides of the conversation, but they did not believe he was hallucinating. The parents stated that the patient had endorsed suicidal ideation beginning at age 7 years and previously used clonidine which was prescribed by a local behavioral health center. His mother also reported that the patient was previously sexually active with a 25-year-old man whom she did not know. There were previous allegations of sexual abuse by a family member, however no evidence was found, and the allegations were dropped.

Social History

The patient was a student in Toledo, Ohio and lived with his mother who was pregnant at the time, father, older brother, younger sister, and grandmother. His familial relationships were described as fair. He had no history of behavioral issues at school and scored highly on state testing. He had no history of substance use and a urine toxicology screen was negative at the time of admission. He was exposed to marijuana while in utero. The patient expressed a romantic interest in males and experimented with wearing dresses and purses occasionally. He denied a history of abuse, neglect, or trauma other than the aforementioned.

Hospital Stay

During his stay at the inpatient unit, the patient was formally diagnosed with Episodic Mood Disorder and started on sertraline. He was found to exhibit some traits of narcissistic and antisocial personality disorders. His stay was complicated by an episode of hoarding acetaminophen with the stated intention of collecting enough to kill himself. After a four-day hospitalization, he felt ready to connect with his support system, expressed forward thinking, tolerated medications, and was subsequently discharged home with his parents.

3. Discussion

The 14-year-old male Mr. X with a pertinent past psychiatric history of suicidal ideation since age 7, self-harm since age 9, and a history of physical violence toward a younger sibling presented to the emergency department after months of cannibalistic ideation with increasing intensity and associated symptoms of salivation and craving. He stated he felt no guilt or shame while having these cannibalistic thoughts, only later feeling a sense of

guilt and regret. He also reported having a fascination with Ted Bundy and Jeffrey Dahmer as he envied their freedom from guilt and believed that he could relate to Dahmer. Importantly, he noted he experienced cannibalistic ideation prior to media exposure to Dahmer. After a 4-day inpatient psychiatric stay, the patient was discharged home with a diagnosis of Episodic Mood Disorder after developing a stronger coping mechanism for stress and a change in medication. The question of what makes a person become a cannibal has been a topic of interest in forensic science for quite some time. While cannibalism is relatively common in the animal kingdom, anthropophagy, or human cannibalism, it is often regarded as one of the greatest taboos in our society (4). However, it has occurred in various populations throughout history including hominids, the Crusaders, soldiers in World War II (5), and the culture-bound-syndrome of Wendigo psychosis (6).

Cannibalism, from a psychoanalytic standpoint, can be seen as the incorporation, introjection, or identification with an object, as well as oral sadism. Additional themes associated with cannibalism include domination, vengeance, and punishment. Sigmund Freud postulated that cannibalism stems from an unconscious memory common to all humans, suggesting that the act of primal cannibalism could be linked to the Oedipus complex. He proposed that there were several phases of sexual development, the first of which being the "oral cannibalistic" stage. Freud explained that during this stage, expressions of love, aggression, and pleasure from both nourishment and sexuality are integral to human experience. He also emphasized the importance of identification with others and how these influence one's sense of self. He stated that the act of consuming someone involves taking them in both physically (i.e. the act of eating) and psychologically (i.e. integration of their personality or behaviors into one's own identity). Melancholic identification can occur when a person becomes fixated on an object or person of their desires. In this situation, there is a drive to cannibalize the object, thereby absorbing and destroying it. It is also possible, according to Freud, for violent tendencies and identification to become directed toward the self, resulting in autocannibalism. By regressing to a cannibalistic developmental stage, the melancholic individual reenacts a primal desire to eliminate and replace the father figure.

However, due to the taboo surrounding cannibalism, the libido initially directed toward the object is distorted and redirected, causing the melancholic individual to turn it against themselves (7).

While the psychoanalytic perspective provides a symbolic interpretation of cannibalism rooted in unconscious desires and early developmental stages, more contemporary views approach the topic through social, cultural, and ethical lenses, focusing on its implications and meanings in modern society. As cannibalism may occur due to several distinct reasons, researchers have attempted to classify cannibalism into various subtypes. Some may differentiate by the act itself, including self-cannibalization (autosarcophagy), the act of only drinking human blood (vampirism), and cannibalistic homicide (murder for food), which may be further subdivided into kin-cannibalism and non-kin-cannibalism (5, 8, 9). Others differentiate by motive, including revenge, medicinal, lust, delusional, self-defense, humiliation, fantasy, sexual fantasy, or sadism (10, 11, 12).

One review article detailed cannibalism classification into 3 broad types. The first type they detailed as nutritional or gastronomic, which includes the subtypes of medicinal, famine-induced, and placentophagy. The second was ritual cannibalism, which is often tied to a religion or belief system. And the third type they named pathological cannibalism, which includes cannibalistic homicide as well as autosarcophagy (5). One could consider trichophagia as a form of autosarcophagy as well (13).

In yet another classification system, authors posit that cannibalism could be separated by the victim's social group in relation to the perpetrator. This results in two main types, exocannibalism and endocannibalism. In exocannibalism, the victim is from an outside social group to the perpetrator, while in endocannibalism, the victim is from the same social group as the perpetrator (14). These various classifications help to separate between socially acceptable and non-acceptable forms of cannibalism. And when it comes to pathological cannibalism, they also help to elucidate the various reasons why an individual enacted such an extreme act of violence (5). Many are interested in the psychiatric associations with cannibalism as well. In a recent case study of 5 cannibals, cannibalism was found to be associated with schizophrenia as well as mixed personality disorder (11). These researchers found that those diagnosed with schizophrenia

participated in cannibalism as an extension of self-defense, believing that their survival depended on the assimilation or the annihilation of the other. Those diagnosed with a mixed personality disorder chose to engage in the act as they had felt humiliated by their victim, which prompted the individual to overcome their humiliation through this violent act. Another study investigating cannibalistic homicide found that cannibals that victimized their kin were statistically more likely to have a higher mental health score than cannibals that did not (8). This association indicates that those with a higher severity of psychiatric illness were more likely to cross yet another social norm by cannibalizing their own family member (8). The association between obsessive compulsive disorder (OCD) and cannibalistic ideation is another comorbidity to consider. In one report detailing a case of Mesial Temporal Sclerosis and a 6-year history of seizures, a patient presented with a recent onset of psychosis and OCD with an urge to eat his son and wife. Notably, these thoughts were so ego-dystonic for that patient as he drank his own blood and attempted suicide to avoid harming his family and quell these ideations (15). Others living with OCD may experience obsessions with cannibalistic themes, including intrusive thoughts, urges, or a fear of becoming a cannibal through the ingestion of one's own body (autosarcophagy) or another's, either accidentally or intentionally. This often includes the fear of ingesting skin cells or bodily fluids, resulting in a compulsion to use skin barriers, avoiding eating around others, or putting flesh in or near their mouths (16).

Additionally, many researchers are interested in the childhood upbringing of homicidal cannibals. In one study comparing the background of cannibalistic serial killers and non-cannibalistic serial killers, it was found that the cannibal group had a statistically higher amount of brain abnormalities, medical complications at birth, low socioeconomic status in youth, and abandonment by a parental figure (17). This provides additional evidence that cannibalistic serial killers are likely a result of childhood influences and prior adverse life events rather than environmental factors at the time of homicide.

Lastly, comorbidity of cannibalism with paraphilias must be considered. Vorarephilia, or 'vore' as it is often called, is a paraphilia in which people are sexually aroused by thoughts of being eaten, eating another, and/or watching the activity for sexual release (18). While there are numerous online communities dedicated to fantasy

vorarephilia content (e.g., Gaia Online Exeon Vore Guild, www.mindlessconsumption.com, www.vore.net), there have been a handful of case reports related to sexual cannibalism and vorarephilia documented in the literature. In one case related to vorarephilia, a man referred to as "The Turkey Man," repeatedly hired a dominatrix to "cook him" within an oven facsimile comprised of a cardboard box and have her describe in detail cooking him and eating him, resulting in him orgasming without physical stimulation from just the fantasy alone (19). Another case detailed a man with the sexual fantasy of being cooked and eaten by the witch from the fairy tale of Hansel and Gretel, and a third case detailed a middle-aged man seeking psychiatric care for paraphilias, including the fantasy of being consumed, destroyed, and defected by a very large and dominating woman (19). However, the closest case to actually enact vorarephilia would likely be the case of Armin Meiwes, a man who killed and ate his male partner with his consent in 2002. A videorecording documented the entire event, including the consent of both individuals, the restraint of the victim, the severing and attempted consumption of the victim's penis, and the killing and eating of the victim's flesh. Notably, Meiwes reportedly began to seek out partners in his adolescence willing to role-play being consumed by him (20).

In our case report, we found evidence of ego-syntonic cannibalistic ideation without evidence of compulsions with a sadistic motive, a prior history of psychiatric diagnoses (Reactive Attachment Disorder, elevated depression scores, and Episodic Mood Disorder), low socioeconomic status in his

youth, and a history of homicidal ideation and physical violence towards a kin member. These traits are consistent with some features of other cannibals detailed in this discussion and provide evidence of these traits within a pediatric patient. To our knowledge, Mr. X did not actually engage in cannibalistic behavior. However, medico-legal issues surrounding duty to protect were raised. With cannibalism that has occurred, an issue for the filing of proper legal charges may be whether it occurred after death (necrocannibalism) or whether the victim was killed before ingestion (homicidal cannibalism) (5). This duty was believed to be appropriately discharged by hospitalization and subsequent resolution of cannibalistic thoughts.

4. Conclusion

Pediatric cannibalism involves a complex interplay between psychiatric and environmental factors as delineated in the case of Mr. X. Moreover, his case represents a unique combination of notable psychiatric history, ego-syntonic cannibalistic ideation, and fascination with criminals who had known cannibalistic behavior. While there were similarities between this case and other documented cases, Mr. X's lack of compulsion and sadistic motives were unique, emphasizing the idea that pathologic cannibalism develops differently from patient to patient. The culmination of our findings contributes to the limited understanding behind cannibalism, including the role that early adverse childhood experiences and psychiatric disorders play in developing such ideation. More research is necessary to better address the interrelated factors that bring about this rare psychiatric phenomenon, especially regarding pediatric cases.

Conflicts of Interest

The authors declare no conflicts of interest.

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