View Point: Episodes of mass hysteria in African schools: A study of literature

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Introduction

Mass hysteria is the common term used to describe a situation in which various people all suffer from similar unexplained symptoms[1]. Hysterical contagion consists of a quick dissemination within a collection of people of a symptom, or a set of symptoms for which no physical explanation can be found[2]. Mass hysteria typically begins when an individual becomes ill or hysterical during a period of stress. After this initial individual shows symptoms, others begin to manifest similar symptoms[3]. Symptoms recorded during outbreaks of mass hysteria include abdominal pains, chest tightness, dizziness, fainting, headaches, hyperventilation, nausea, vomiting, palpitations; anxiety, conversion disorder and screaming. Mass hysteria is a social phenomenon often occurring among otherwise healthy people who suddenly believe they have been made ill by some external factor. It spreads by sight and or sound and occurs most often among adolescents or preadolescents[4]. In groups of students, its incidence is reportedly higher among girls than boys. Symptoms often follow an environmental trigger or illness in an index case and spread rapidly by audiovisual cues, often aggravated by a prominent emergency or media response[5]. Symptoms frequently resolve after patients are separated from each other, removed from the environment in which the outbreak began and after being convinced that the illness is over or never existed. Literature suggests that mass hysteria episodes have frequently occurred in Africa. This paper provides a literature review of documented episodes of mass hysteria in African schools.

What causes mass hysteria?

Epidemics of hysteria rely on the power of suggestion, but they are nourished by fear, sadness and anxiety[6]. Victims tend to be subjected to severe psychological strain over the preceding weeks or months. One or more then develop a psychosomatic symptom, and those made suggestible by pent-up anxiety quickly follow suit. Before long, dozens are vomiting, fainting and screaming. The strain of exams is a common trigger[6]. Reports suggest that in many African schools pupils are placed under such extreme pressure that mass hysteria has become virtually endemic.[6 7 8]

Documented episodes of mass hysteria in African schools

South Africa

South Africa is one of the countries in Africa with a number of episodes of Mass hysteria among students being reported. In 1999 mass hysteria occurred at a high school in Umtata, Eastern Cape of South Africa with the outbreak displaying several features of mass hysteria with pseudo seizures[9]. To many people in the town, including doctors, priests, parents and students, this was an unknown phenomenon. It generated a lot of anxiety, aggravated by extensive media coverage.

A few days before the outbreak of the epidemic it was noted that during the morning prayers a few female students had fallen down 'unconscious'. They were taken to the staff room and a few minutes later regained consciousness. The pupils went on to attend classes as usual. On the morning of 21 May 1999 during the morning prayers, female students started screaming and falling in rapid succession. A total of 50 students out of a population of 765 were involved. There was complete pandemonium at the school. Ambulances and private cars were used to ferry those affected to the local hospital and clinics.

The school principal was interviewed and the school inspected looking for any possible trigger factors. A questionnaire was given to the 21 teachers present during the outbreak. The questionnaire was designed to probe the symptoms observed by the teachers or reported by the students. The teachers were also asked to give an opinion as to the cause of the illness. The following trigger mechanisms were identified: (i) the index case was found to be a young student with problematic family relations; (ii) the June examinations were approaching; (iii) there was a church nearby the school where the students and members of the community believed that Satanism was being practiced; (iv) the students were living under stressful conditions at the hostel.

On the return of the students the principal stressed that: (i) there were no evil spirits or demons at the school; (ii) while the outbreak was a result of anxiety at the approaching June examination, the latter would not be postponed; (iii) stressful living conditions at the hostel would be investigated and rectified; and (iv) at the slightest indication of a relapse, the index student would be sent home for the rest of the year. There were no further outbreaks after this announcement.[9]

In February 2000, about 1430 learners, particularly girls, at schools in Mangaung and Heidedal, in the Free State Province of South Africa presented with mass itching of unknown origin.[7] At the first school to be affected in the Mangaung area, itching begun as soon as the learners entered the school premises; very few reported itching or scratching at home. The affected learners were taken to the principal's office and those who came to observe what was happening, experienced an onset of itching.

The epidemic affected students but a few teachers, mainly female, reported some itching as well. No organic cause was found for the itching and finally, a diagnosis of anxiety mass hysteria was given for this outbreak. The schools were closed and fumigated, when the learners went back, the headmasters set limits and the itching stopped.

After the outbreak, a study was conducted to document the experience and nature of the itching and to establish if there was any psychological explanation for it.[2] In this study, only thirteen schools in the Mangaung and Heidedal area were included. The results showed that the outbreak had physical,

psychological, and social impact on those affected. Socially, the itching was perceived to be contagious; this resulted in rejection by family and society. Taxi drivers would not stop for them, some parents refused to let them play with the other siblings or friends. Some of the learners who were not affected thought that although there were some who really were affected, there were others who were shamming.

Psychologically, fear of being affected was reported by most students who had not experienced any itching and this caused some anxiety. The rejection that those who were itching experienced angered them. They felt they were not responsible for their condition. Rumors abounded as to what the cause of the itching was. Satanism was blamed for the itching. Others said there were two boys who were seen sprinkling some white powder in the girls' toilets.

There were rumors that two learners had died but this was never verified. It appears that the source of some of the rumors, were members of the public who phoned the local radio station chat shows to discuss the itching.

Another episode was reported in 2002, at a primary school in Kwa-Dukuza, KwaZulu-Natal, South Africa, 27 children who had been well when they left their homes collapsed at school, displaying tremors and shivers throughout their bodies.[13] Many of the children also presented with abdominal cramps and nausea. Almost all the children experienced a feeling of tightness in their chests as well as hyperventilation, which was then followed by fainting. This hysteria spread by line of sight (that is, other children seeing this also collapsed).

Witchcraft, poisoning and insect bites were proposed as causes of this strange behaviour by the previously well children. Experts who investigated these possibilities, however, excluded any identifiable cause. Nearly all the children were well again the next day. The assessment after the incidents was an outbreak of mass hysteria. The parents and the lay media, however, refused to accept this diagnosis, which added to the stress and the anxiety that the children faced when they returned to school.

In 2009, a wave of mass hysteria overcame a Pretoria high school in South Africa as dozens of children collapsed, screaming in unexplained convulsions and fits.[10] The hysteria started when a Grade 9 girl collapsed at her desk at Daspoort Secondary School in Claremont. Within moments of the unexplained attack about 25 pupils in various classes and grades were affected and started screaming hysterically, fainting and convulsed as they succumbed to the strange occurrence. The attacks came two weeks after a pupil at the school committed suicide. It was said that the hysteria also affected schools in Sunnyside and Laudium the previous week.

The community attributed the incident to an evil spirit around the school and said Satanism items had been discovered around the school recently and they were believed to be some of the causes. Nothing medically wrong could be found with any of the pupils and all the narcotics tests were negative. The situation returned to normal after the school was closed for a while and the students were assured that the source of the outbreak has been dealt with[10].

Tanzania

In Tanzania, incidences of mass hysteria dates back as far as 196[21]. In 1962, several schools in Tanzania experience a mass hysteria called a laughter epidemic.1 It is believed to have started in or near the village of Kashasha on the western coast of Lake Victoria in the modern nation of Tanzania near the border of Kenya. It is believed that, at the start of the incident, a joke was told in a boarding school, and that this joke triggered a small group of students to start laughing. The laughter perpetuated itself, far transcending its original cause. The school from which the epidemic sprang was shut down; the children and parents transmitted it to the surrounding area. Other schools, Kashasha itself, and another village, comprising thousands of people, were all affected to some degree. Six to eighteen months after it started, the phenomenon died off. The following symptoms were reported on an equally massive scale as the reports of the laughter itself: pain, fainting, respiratory problems, rashes, and attacks of crying.

In 2008 Tanzania witness another episode of mass hysteria[6]. A school room in central Tanzania descended into chaos after female pupils began to faint. Slumping over their exam papers or collapsing to the floor, 20 girls rapidly lost consciousness. Others sobbed, yelled and ran around the school. According to the local educational officer such events were very common at the school.

Malawi

MacLachlan, Banda and McAuliffe describe a case of Epidemic Psychological Disturbance (EPD) involving 110 pupils at a Catholic Girls Secondary School in Malawi11. The EPD 'syndrome' included 'outward' behaviors (screaming, continuous laughing, crying loudly, falling down and rolling, violently threatening classmates, speaking gibberish) and 'inward' behaviors (refusing to eat, withdrawal, hallucinating, hypersensitivity to noise, and headache at the base of the skull). These problems disappeared when most of the affected pupils were sent home. The authors considered a number of possible causes for this case of EPD, including physical, psychological, traditional, institutional, and political factors. It was suggested that the case of EPD could be interpreted as reflecting a defense and protest against certain aspects of the rapid social and political changes which Malawi has witnessed over the past few years.

Zimbabwe

In 1994, 62 school children all reported seeing an alien craft land and extraterrestrial creatures emerge[14]. Virtually every single one of the 62 children iterated the exact same story with same details and none of them had gone against his/her story. Many dismissed the 1994 incident as mass hysteria affecting the children. But when the children were found to not have much prior knowledge to UFOS or popular UFO perceptions, many other people believed that what the children witnessed could have been real. The children were asked to draw what they have encountered the day prior.

In 2009, a suspected case of mass hysteria struck Nemanwa Primary School in Charumbira communal lands in Masvingo, Zimbabwe where pupils were reportedly screaming wildly and complaining of visions of strange snake-like creatures

and lions[12]. Parents called for the temporary closure of the Reformed Church in Zimbabwe-run institution, and some of them withdrew their children. Teachers said on average, six pupils were affected every day. Some of the pupils would collapse, scream or tell of visions of snakes, lions, hyenas and crocodile while others would behave as if they were in a trance. The development forced the authorities to dispatch pastors to conduct prayer sessions at the school.

The Reverend called confirmed the wave of hysteria at Nemanwa and blamed it on "evil spirits and demons". He then assured everyone that the situation had reverted to normal.

Zambia

Dhadphale and Shaikh investigated what was reported to the local press as "mysterious madness" at Mwinilunga, a Zambian school[15]. The condition was actually an outbreak of epidemic hysteria which was triggered off by a group of girls who were having educational and emotional problems prior to the epidemic. A change in the administrative policy of rigidly segregating the sexes apparently prepared an emotionally charged background for the rapid spread of the illness.

Uganda

Uganda has also experienced several mass hysteria episodes. In the past ten or so years, a series of mass hysteria cases have been reported. In the 1980's, boarding secondary school girls in Ndeje Secondary School were attacked by mass abnormal dancing gaits whose cause was never established.[7] This school lies in the path that soldiers of the ousted dictator, Idi Amin Dada took as they fled. Destruction of lives and property, fear and total mayhem was wrought throughout the countryside as these soldiers fled.

Between 1988-2002 many boarding school girls in Mityana Secondary School were attacked by

"Demons and spirits" and ran amok. These episodes followed the Liberation war by the National Liberation Army.

More recently, on 4th February 2008, over 100 pupils went out of control in Sir Tito Winyi Primary School, located in Hoima district, Western Uganda[7]. According to the school head teacher, the pupils were totally mad, chasing everybody including teachers and fellow pupils, throwing stones, banging doors and window. The authorities termed the incident as "demonic attacks" and invited a church leader to conduct special prayers for the pupils. The head teacher admitted that this was the second attack of its nature on the school. In the previous year, 210 pupils had been similarly attacked. Following the episode, four suspects had been charged in court with casting a spell on the school, due to a land dispute.

The role of the Environment in the spread of mass hysteria

The psychosocial environment plays a crucial role in the occurrence of mass hysteria in developing countries[16]. This has been demonstrated by a cross-sectional study carried out in Pindi located 115 kilometers from Kikwit, Democratic Republic of the Congo to characterize a local school epidemic involving paralysis of the lower extremities, identify risk factors, and establish differential diagnosis with konzo and spastic paralysis related to human T-lymphotropic virus type 1 (HTLV-1). Data was obtained using a qualitative approach based on records, interviews, focus group technique, and neurological examination. A total of 41 cases of paralysis were observed between 1994 and 1998. All patients were female and most (n = 28) were between the ages of 16 and 20 at the time of the study. The majority of cases were recorded in 1998 (31 prevalent cases and 16 incidents). Epidemiological data, clinical findings, and laboratory tests suggested that the etiology was mass hysteria with somatic conversion rather than toxic or viral causes in most cases. The psychosocial environment played an important role in the spread of the epidemic.

Beliefs, supernaturalism and mass hysteria

Supernaturalism has fuelled most flamboyant cases of mass hysteria. More properly described 'mass hysteria' are cases in which groups of people act upon beliefs which gain exaggerated credence in times of social and economic distress. This is demonstrated by the study done by Kagwa of the Makerere Medical School.[8] He studied the problems of mass hysteria in East Africa and found that such epidemics occurred commonly in schoolgirls and the symptoms had very strong cultural colouring. People in the traditional society suspected supernatural powers when several children were affected and sought the help of the traditional healers and priests. This study shows that People in Africa are more likely to attribute mass hysteria to the supernatural such as witchcraft, Satanism or any element which makes up their cultural beliefs.

The above findings are similar to the Studies of possession cults in hundreds of modern cultures, from Haiti to the Arctic, which reveal that people are more likely to experience dissociative trance if they already believe in the possibility of spirit possession[17]. Minds can be prepared, by learning or passive exposure, to shift into altered states. The anthropologist Erika Bourguignon speaks of an 'environment of belief', the set of accepted ideas about the spirit world that members of communities absorb, thus preparing them later to achieve the possession state.[18]

Conclusion

From the review of the literature above, Mass hysteria is something that has occurred in many schools in Africa. Mass hysteria has been defined as the occurrence in a group of people of a constellation of physical symptoms suggesting an organic illness but resulting from a psychological cause with each member of the group experiencing one or more of the symptoms. It is caused by the extreme stressful situations that the student encounters and enhanced by face-to-face or visual communication, indirect conversation or gossip, and the mass media. Mass hysteria has a negative impact on the physical, psychological and social wellbeing of students and need to be quickly managed. Time should not be wasted in a fruitless search for environmental precipitants, which by reinforcing behavior may serve to prolong the episode. In other words, Mass hysteria should not be a diagnosis of exclusion, after all the physical, chemical and biological factors have been ruled out. Group anxiety should be reduced, and Statements denying the role of the presumed agent (such as

witchcraft or the supernatural as is the case in most African countries) should be made by those in authority. Unless the initial fear is given credibility by the media or authorities, cases of mass anxiety hysteria seldom last more than a few days.

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