Teen girls' mystery illness now has a diagnosis: mass hysteria

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The day after TODAY reported on the baffling case of 12 teenage girls at one school who mysteriously fell ill with Tourette's-like symptoms of tics and verbal outbursts, a doctor who is treating some of the girls has come forward to offer an explanation. Dr. Laszlo Mechtler, a neurologist in Amherst, N.Y., says the diagnosis is "conversion disorder," or mass hysteria.

"It's happened before, all around the world, in different parts of the world. It's a rare phenomena. Physicians are intrigued by it," Mechtler told TODAY on Wednesday. "The bottom line is these teenagers will get better."

On the show Tuesday, psychologist and TODAY contributor Dr. Gail Saltz noted that just because the girls' symptoms may be psychological in origin doesn't make them any less real or painful.

“That’s not faking it. They’re real symptoms,” Saltz continued. “They need a psychiatric or psychological treatment. Treatment does work.’’

[Conversion disorder](http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0001950/) symptoms usually occur after a stress event, although a patient can be more at risk if also suffering from an illness. Symptoms may last for days or weeks and can include blindness, inability to speak, numbness or other neurologic problems.

It's unclear which of the girls first showed symptoms, or whether any particular event triggered the outbreak. High school cheerleader and art student Thera Sanchez says her tics, stammer and verbal outbursts appeared out of the blue after a nap one day last October.

“I was fine. I was perfectly fine. There was nothing going on, and then I just woke up, and that’s when the stuttering started,” Sanchez told TODAY.

“I’m very angry,’’ Sanchez told TODAY’s Ann Curry during an interview Tuesday. “I’m very frustrated. No one’s giving me answers.’’

The New York State Health Department has been investigating the case for more than three months and says the school building is not to blame. Officials from the LeRoy Junior-Senior High School in upstate New York, where all the girls attended when their symptoms began, have released environmental reports, conducted by an outside agency, showing no substances in any of the school buildings that could cause health problems.

Health officials ruled out carbon monoxide, illegal drugs and other factors as potential causes. Officials say no one at the school is in any danger.

“We have conclusively ruled out any form of infection or communicable disease and there’s no evidence of any environmental factor,’’ Dr. Gregory Young of the New York Department of Health told NBC News.

But some of the girls' parents say they're not satisfied with the explanations so far.

"Obviously we are all not just accepting that this is a stress thing," Jim Dupont, father of one of the affected girls, told TODAY on Wednesday. "It's heart wrenching, you fear your daughter's not going to have a normal life."

Is Hysteria Real? Brain Images Say Yes  
By [ERIKA KINETZ](http://query.nytimes.com/search/query?ppds=bylL&v1=ERIKA%20KINETZ&fdq=19960101&td=sysdate&sort=newest&ac=ERIKA%20KINETZ&inline=nyt-per)

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Hysteria is a 4,000-year-old diagnosis that has been applied to no mean parade of witches, saints and, of course, Anna O.

But over the last 50 years, the word has been spoken less and less. The disappearance of hysteria has been heralded at least since the 1960’s. What had been a Victorian catch-all splintered into many different diagnoses. Hysteria seemed to be a vanished 19th-century extravagance useful for literary analysis but surely out of place in the serious reaches of contemporary science.

The word itself seems murky, more than a little misogynistic and all too indebted to the theorizing of the now-unfashionable Freud. More than one doctor has called it “the diagnosis that dare not speak its name.”

Nor has brain science paid the diagnosis much attention. For much of the 20th century, the search for a neurological basis for hysteria was ignored. The growth of the ability to capture images of the brain in action has begun to change that situation.

Functional neuroimaging technologies like single photon emission computerized tomography, or SPECT, and positron emission tomography, or PET, now enable scientists to monitor changes in brain activity. And although the brain mechanisms behind hysterical illness are still not fully understood, new studies have started to bring the mind back into the body, by identifying the physical evidence of one of the most elusive, controversial and enduring illnesses.

Despite its period of invisibility, hysteria never vanished — or at least that is what many doctors say.

“People who say it is vanished need to come and work in some tertiary hospitals where they will see plenty of patients,” Kasia Kozlowska, a psychiatrist at the Children’s Hospital at Westmead in Sydney, Australia, and the author of a 2005 review of the subject in The [Harvard](http://topics.nytimes.com/top/reference/timestopics/organizations/h/harvard_university/index.html?inline=nyt-org) Review of Psychiatry, wrote in an e-mail message.

But it did change its name. In 1980, with the publication of the third edition of its Diagnostic and Statistical Manual of Mental Disorders, the [American Psychiatric Association](http://topics.nytimes.com/top/reference/timestopics/organizations/a/american_psychiatric_assn/index.html?inline=nyt-org)officially changed the diagnosis of “hysterical neurosis, conversion type” to “conversion disorder.”

“Hysteria, to me, has always been a pejorative term, because of its association with women,” said Dr. William E. Narrow, the associate director of the research division of the American Psychiatric Association. “I think the fact we got rid of that word is a good thing.”

Unofficially, a host of inoffensive synonyms for “hysterical” have appeared: functional, nonorganic, psychogenic, medically unexplained.

“Medically unexplained” and “functional” encompass a broader swath of distress than just conversion disorder — by some accounts, patients with medically unexplained symptoms account for up to 40 percent of all primary care consultations. But clinicians seeking to avoid the wrath of patients who do not appreciate being told that their debilitating seizures are hysterical in origin also use these blander terms.

Throughout that cloud of shifting nomenclature, people have kept getting sick. “The symptoms themselves have never changed,” said Patrik Vuilleumier, a neurologist at the University of Geneva. “They are still common in practice.”

Common, perhaps. Well studied, no. There is still no consensus on how conversion disorder should be classified, and not all physicians agree on diagnostic criteria. The epidemiology is hazy; one commonly cited statistic is that conversion disorder accounts for 1 percent to 4 percent of all diagnoses in Western hospitals. In addition, patients have heterogeneous symptoms that affect any number of voluntary sensory or motor functions, like blindness, paralysis or seizures.

The two things all patients have in common are, first, that they are not faking the illness and, second, that despite extensive testing, doctors can find nothing medically wrong with them. The scientific studies that have been conducted on conversion disorder generally have small sample sizes and methodological differences, complicating the comparison of results from different scientific teams and making general conclusions difficult.

“It’s one of those woolly areas, and it has this pejorative association,” said Peter W. Halligan, a professor of neuropsychology at Cardiff University in Wales and the director of Cardiff’s new brain imaging center. “Some people say, ‘That’s a Freudian throwback, let’s go into real science.’ ”

Hysteria actually predates Freud. The word itself derives from “hystera,” Greek for uterus, and ancient doctors attributed a number of female maladies to a starved or misplaced womb. Hippocrates built on the uterine theory; marriage was among his recommended treatments.

Then came the saints, the shamans and the demon-possessed. In the 17th century, hysteria was said to be the second most common disease, after fever. In the 19th century, the French neurologists Jean-Martin Charcot and Pierre Janet laid the groundwork for contemporary approaches to the disease. Then Charcot’s student, a young neurologist named [Sigmund Freud](http://topics.nytimes.com/top/reference/timestopics/people/f/sigmund_freud/index.html?inline=nyt-per), radically changed the landscape and, some argue, popularized hysteria.

Freud’s innovation was to explain *why* hysterics swooned and seized. He coined the term “conversion” to describe the mechanism by which unresolved, unconscious conflict might be transformed into symbolic physical symptoms. His fundamental insight — that the body might be playing out the dramas of the mind — has yet to be supplanted.

“Scores of European doctors for generations had thought hysteria was something wrong with the physical body: an unhappy uterus, nerves that were too thin, black bile from the liver,” said Mark S. Micale, an associate professor at the University of Illinois at Urbana-Champaign and the author of “Approaching Hysteria” (Princeton University Press, 1994). “Something somatic rooted in the body is giving rise to fits, spells of crying, strange aches and pains. Freud reverses that direction of causality. He says what the cases on his couch in Vienna are about is something in the psyche or the mind being expressed physically in the body.”

For neuroscientists now, there is no such division between the physical brain and the mind. The techniques allow scientists to see disruptions in brain function, which lets them sketch a physical map of what might be going on in the minds of modern-day hysterics. Many questions remain unanswered, but the results have begun to suggest ways in which emotional structures in the brain might modulate the function of normal sensory and motor neural circuits.

In the last decade, a number of brain imaging studies have been done on patients suffering from hysterical paralysis. Patients with hysterical paralysis have healthy nerves and muscles. Their problem is not structural but functional: something has apparently gone wrong in the higher reaches of the human mind that govern the conception of movement and the will to move. The dumb actors in this dance are fine; it’s the brilliant but complex director that has a problem.

Movement is the product of a multistage process. There is initiation (“I want to move my arm”); then planning, in which the muscles prepare for coordinated action; and finally execution, in which you actually move your arm. In theory, paralysis could result from a malfunction at any stage of this process. (Charcot had a similar idea back in the 1890’s.)

In a 1997 paper published in the journal Cognition, Dr. Halligan, of Cardiff, and John C. Marshall and their colleagues analyzed the brain function of a woman who was paralyzed on the left side of her body. First they spent large amounts of money on tests to ensure that she had no identifiable organic lesion.

When the woman tried to move her “paralyzed leg,” her primary motor cortex was not activated as it should have been; instead her right orbitofrontal and right anterior cingulate cortex, parts of the brain that have been associated with action and emotion, were activated. They reasoned that these emotional areas of the brain were responsible for suppressing movement in her paralyzed leg.

“The patient willed her leg to move,” Dr. Halligan said. “But that act of willing triggered this primitive orbitofrontal area and activated the anterior cingulate to countermand the instruction to move the leg. She was willing it, but the leg would not move.”

Subsequent studies have bolstered the notion that parts of the brain involved in emotion may be activated inappropriately in patients with conversion disorder and may inhibit the normal functioning of brain circuitry responsible for movement, sensation and sight.

Such imaging studies may one day be useful as diagnostic tools. Conversion disorder has long been a troubling diagnosis because it hinges on negative proof: if nothing else is wrong with you, maybe you’ve got it.

This has led to some obvious problems. For one thing, it means hysteria has been a dumping ground for the unexplained. A number of diseases, including [epilepsy](http://topics.nytimes.com/top/news/health/diseasesconditionsandhealthtopics/epilepsy/index.html?inline=nyt-classifier) and[syphilis](http://topics.nytimes.com/top/news/health/diseasesconditionsandhealthtopics/syphilis/index.html?inline=nyt-classifier), once classified as hysterical, have with time and advancing technology acquired biomedical explanations.

Such specious history makes patients skeptical of the diagnosis, even though the rates of misdiagnosis have gone down. (One widely cited 1965 study reported that over half of the patients who received a diagnosis of conversion disorder would later be found to have a neurological disease; more recent studies put the rate of misdiagnosis between 4 percent and 10 percent.)

“It helps to have some information from functional imaging to support the diagnosis,” Dr. Vuilleumier said. “That helps make the treatment and the diagnosis in the same language. The patient is coming to you with bodily language. The patient is not saying, ‘I’m afraid.’ It’s ‘I’m paralyzed.’ If you can go to the patient with bodily language, it helps.”

Such physical evidence might help hack away at prejudice among medical practitioners too. “Hysterical patients take a bad rap in the medical profession,” said Deborah N. Black, an assistant professor of neurology at the [University of Vermont](http://topics.nytimes.com/top/reference/timestopics/organizations/u/university_of_vermont/index.html?inline=nyt-org).

“We don’t like them,” Dr. Black said. “Somewhere deep down inside, we really think they’re faking it. When we see a patient with improbable neurological signs, the impulse is to say: ‘Come on, get off it. Sure you can move that leg.’ The other reason we don’t like them is they don’t get better, and when we can’t do well by them we don’t like them.”

The embodiment of distress is common across cultures, and the suffering tend to find acceptable manifestations for their pain. The “jinn” (evil spirits) in Oman are thought to cause convulsions. In Nigeria and India, common somatic symptoms include hot, peppery sensations in the head, hands or feet. Among Caribbean women, “ataque de nervios” — headache, trembling, palpitations, upset stomach — is a common complaint. One study of British veterans found that over the course of the 20th century, post-traumatic disorders did not disappear, but rather changed form: the gut replaced the heart as the most common locus of weakness.

Both its persistence and its pervasiveness suggest that hysteria may be derived from an instinctual response to threat. Total shutdown, in the form of paralysis, for example, is not an entirely untoward or unheard of response to an untenable situation. (Think of deer in the headlights.)

But the broadest consensus within the scientific community does not pertain to what is known about hysteria, but instead to how much remains unknown. “We’re only at the beginning,” Dr. Halligan said.

http://www.nytimes.com/2006/09/26/science/26hysteria.html?pagewanted=all&\_r=0

Mass Hysteria in Upstate New York

Why more than a dozen teenage girls are exhibiting Tourette’s-like symptoms.

By [Ruth Graham](http://www.slate.com/authors.ruth_graham.html)

Last August, 16-year-old Lori Brownell passed out while head-banging at a concert. A month later, she lost consciousness again at her school’s homecoming dance in upstate Corinth, N.Y. Brownell says her doctors put her on Celexa, but she only developed more symptoms, including involuntary twitching and clapping. In [videos she posted to YouTube](http://www.youtube.com/watch?feature=player_embedded&v=OSXFhCeslcQ%23!), Brownell flutters her fingers, touches her hair, snorts through her nose and throat, and shouts “Hey, hey, hey,” seemingly without control. On Christmas Eve, doctors diagnosed her with Tourette’s Syndrome. Now, however, her symptoms have another name: conversion disorder, or mass hysteria.

Since Brownell first passed out last summer, 14 other upstate New York students—13 girls and a boy, most of them students at LeRoy Junior-Senior High School—have come down with similar symptoms. The young people and their parents seem baffled. The state department of health and a separate report commissioned by the school have found no problematic substances in the building. Environmental activist Erin Brockovich is launching her own investigation into the outbreak; she [told USA Today](http://www.usatoday.com/news/nation/story/2012-01-26/new-york-school-mystery-disease/52804710/1?csp=34news) that her prime suspect is a train derailment that dumped cyanide and an industrial solvent in LeRoy in 1970. On Saturday, Brockovich’s team was [turned away](http://www.usatoday.com/news/nation/story/2012-01-29/erin-brockovich-school/52870428/1) by the school while trying to collect soil samples on the property.

However, a doctor treating many of the students is confident that they are suffering not from poisoning, but from mass hysteria, also called mass psychogenic illness and other variants. Typically, symptoms—which can include Brownell’s Tourette’s-like movements, along with nausea, dizziness, cramping, and more—start with one or two victims and spread when others see or hear about them. Victims are often accused of faking it, but more often they are suffering real physical symptoms that are psychological in origin. The phenomenon has been observed for centuries, with the blame shifting to whatever specific anxieties are culturally pervasive at the time. But one theme has remained consistent: The victims are overwhelmingly female.

The most famous American incident of mass hysteria remains the events surrounding the witch trials in Salem, Mass., which began when several girls began suffering mysterious fits and outbursts. In non-Western countries, demons and witchcraft are still sometimes blamed for outbreaks of [fainting](http://news.bbc.co.uk/2/hi/africa/3710743.stm) and [fits](http://www.kmuh.org.tw/www/psychia/ns/IMAGES/THESIS/MICROSOFTWORD-MASSHYSTERIA.PDF) [PDF]. Pollution, poisoning, chemical weapons, and other environmental concerns are dominant in the West (a fact that makes Brockovich something of a mass hysteria machine). Some bloggers are now claiming that the upstate New York girls fell ill because of the [HPV vaccine](http://chemicalfreelife.tumblr.com/post/16177467849) or [fracking](http://www.democratandchronicle.com/article/20120127/NEWS01/201270339/Le-Roy-environment-Lois-Gibbs-Erin-Brockovich?odyssey=tab%7Ctopnews%7Cimg%7CHome).

As archetypes go, the Salem events hold up quite well, even from a distance of 320 years. Victims of mass hysteria are so often female that gender imbalance is one clue doctors use to differentiate hysteria from poisoning. Symptoms often start with older girls or women and spread to younger or lower-status girls. As girlhood guardian[Caitlin Flanagan put it in the New York Times this weekend](http://www.nytimes.com/2012/01/29/opinion/sunday/adolescent-girl-hysteria.html?scp=2&sq=Caitlin%20Flanagan&st=cse), “It is the cheerleaders and not the linebackers who come down with tics and stuttering.” But, as research has shown, it is also the cheerleaders and not the math-club girls who are likely to spread hysteria.

In a typical case in 1998, a teacher at a Tennessee high school [noticed a gas-like odor](http://www.nytimes.com/2000/01/13/us/national-news-briefs-mass-hysteria-blamed-for-illness-at-school.html)in her classroom. The school was quickly evacuated, but the teacher’s symptoms spread to more than 180 teachers and students, who exhibited symptoms including headaches, nausea, and vomiting. By the end of the ordeal, the school had to be closed for two weeks and almost $100,000 was spent on emergency medical care. No toxins were ever found. A later study of the incident in the New England Journal of Medicine—one of surprisingly few on the phenomenon of mass hysteria—found that symptoms were “significantly associated with female sex, seeing another ill person, knowing that a classmate was ill, and reporting an unusual odor at the school.”

There’s no consensus about why women and girls are more vulnerable to episodes of mass hysteria. One professor [speculated](http://www.time.com/time/world/article/0,8599,2093516,00.html) last year that “Stress, boredom, concern about their children and other factors among young females” could have triggered a recent fainting epidemic among female factory workers in Cambodia. Sociologist Robert Bartholomew noted in a 2001 book on mass hysteria that girls are trained to turn their anxieties inward, while anxious boys are likelier to act out. Women are also likelier to seek medical treatment than men.

Some scholars have also argued that hysterical episodes allow women to take a break from daily drudgeries, or to rage against patriarchal cultures within the safe bounds of demon possession or poisoning. If girls can find no outlet for reckless abandon, in other words, they’ll create one. Barbara Ehrenreich, Elizabeth Hess, and Gloria Jacobs put it this way in a 1992 essay: “To abandon control—to scream, faint, dash about in mobs—was, in form if not in conscious intent, to protest the sexual repressiveness, the rigid double standard of female teen culture.” They were writing about Beatlemania, as it turns out, but the description of the wildness that overcomes girls in adolescence is almost identical to much scholarly musing about mass hysteria.

There is also, it must be noted, a long history of medical professionals dismissing women’s health concerns as mere hysteria. This makes treatment thorny. Sufferers naturally want to be taken seriously, and are often offended by suggestions that their symptoms are “all in their heads.” Several of the upstate New York victims and their families [told the Today show](http://todayhealth.today.msnbc.msn.com/_news/2012/01/18/10181277-teen-girls-mystery-illness-now-has-a-diagnosis-mass-hysteria) that they’re not satisfied with the new diagnosis. “Obviously all of us are not accepting that this is just a stress thing, and our kids didn’t all get sick by coincidence,” one father said. A few cases diagnosed as mass hysteria at the time have later proved to be poisoning after all; a 1990 outbreak of nausea at a British school that affected girls at almost twice the rate of boys turned out to be largely explained by pesticides used on cucumbers served at lunch. But almost always, symptoms disappear on their own over time and no physical causes are discovered.

Until more is known about mass hysteria, the treatment of a 1789 case in Northern England might point the way to a cure both effective and enjoyable. The outbreak at a textile factory started when one woman teased another by putting a mouse in her dress; the skittish prank victim fell into convulsions. Soon, however, a rumor spread that an open bag of imported cotton had somehow caused the reaction, and others quickly began falling ill. The factory had to temporarily shut down when 24 people (21 women, two young girls, and one man) experienced violent convulsions so severe they had to be restrained. The plague ended when authorities convinced the patients that symptoms were “merely nervous.” To further tamp down anxieties, sufferers were encouraged to “take a cheerful glass and join in a dance.” The day after the dance, almost all the victims went back to work, their convulsions having disappeared for good.

**Mass Delusions and Hysterias: Highlights from the Past Millennium by Robert E. Bartholomew and Erich Goode**

[**Volume 24.3, May / June 2000**](http://www.csicop.org/si/archive/category/volume_24.3)

*Over the past millennium, mass delusions and hysterical outbreaks have taken many forms. Sociologists Robert Bartholomew and Erich Goode survey some of the more colorful cases.*

The turn of the second millennium has brought about, in the Western world at least, an outpouring of concern about cosmic matters. A major portion of this concern has taken a delusional, even hysterical turn, specifically in imagining an end-of-the-world scenario. “The end of the world is near,” predicts Karl de Nostredame, supposedly the “last living descendent” of Nostradamus; "White House knows doomsday date!” he claims (Wolfe 1999, 8). Against this backdrop, it seems an appropriate time to survey a sample of social delusions and group hysterias from the past millennium. Given the enormous volume of literature, we will limit our list to the more colorful episodes.

The study of collective delusions most commonly falls within the domain of sociologists working in the sub-field of collective behavior, and psychologists specializing in social psychology. Collective delusions are typified as the spontaneous, rapid spread of false or exaggerated beliefs within a population at large, temporarily affecting a particular region, culture, or country. Mass hysteria is most commonly studied by psychiatrists and physicians. Episodes typically affect small, tightly knit groups in enclosed settings such as schools, factories, convents and orphanages (Calmeil 1845; Hirsch 1883; Sirois 1974).

Mass hysteria is characterized by the rapid spread of conversion disorder, a condition involving the appearance of bodily complaints for which there is no organic basis. In such episodes, psychological distress is converted or channeled into physical symptoms. There are two common types: anxiety hysteria and motor hysteria. The former is of shorter duration, usually lasting a day, and is triggered by the sudden perception of a threatening agent, most commonly a strange odor. Symptoms typically include headache, dizziness, nausea, breathlessness, and general weakness. Motor hysteria is prevalent in intolerable social situations such as strict school and religious settings where discipline is excessive. Symptoms include trance-like states, melodramatic acts of rebellion known as histrionics, and what physicians term “psychomotor agitation” (whereby pent-up anxiety built up over a long period results in disruptions to the nerves or neurons that send messages to the muscles, triggering temporary bouts of twitching, spasms, and shaking). Motor hysteria appears gradually over time and usually takes weeks or months to subside (Wessely 1987; Bartholomew and Sirois 1996). The term mass hysteria is often used inappropriately to describe collective delusions, as the overwhelming majority of participants are not exhibiting hysteria, except in extremely rare cases. In short, all mass hysterias are collective delusions as they involve false or exaggerated beliefs, but only rarely do collective delusions involve mass hysteria as to do so, they must report illness symptoms.

Many factors contribute to the formation and spread of collective delusions and hysterical illness: the mass media; rumors; extraordinary anxiety or excitement; cultural beliefs and stereotypes; the social and political context; and reinforcing actions by authorities such as politicians, or institutions of social control such as the police or military. Episodes are also distinguishable by the redefinition of mundane objects, events, and circumstances and reflect a rapidly spreading folk belief which contributes to an emerging definition of the situation.

**Twitching:** During the springtime of 1939, one school in Louisiana experienced a massive case of twitching among its female students. The epidemic began after one girl experienced [uncontrollable twitching](http://books.google.com.ph/books?id=7aJVq5-ZkuEC&pg=PA323&lpg=PA323&dq=louisiana+twitching+epidemic+1939&source=bl&ots=Nq3-sW14OM&sig=ma14FR_qpFL6y_1EAmpd4e96Fp8&hl=en&sa=X&ei=nS4DU5zzG4SXiQfx04DYBg&ved=0CCQQ6AEwAA#v=onepage&q=louisiana%20twitching%20epidemic%201939&f=false) in her right leg, during the school’s annual homecoming dance. The girl’s twitching attacks worsened considerably over the coming weeks; less than a month later, her female friends and classmates also began to have twitching episodes. The arrival of frantic parents, who took their children away, only fueled student fears of the twitching disease and caused a massive stampede shortly thereafter. It took a full week for things to finally calm down.

Just what caused the twitching? Was it something in the water? In the air? For investigators who studied the case, it was nothing more than attention seeking by a lovelorn girl. Patient zero—a senior named Helen—was a poor dancer and constantly worried that she might lose her boyfriend to a more skillful freshman. They concluded that Helen’s subconscious solved the problem by producing a painful twitch in her leg, which also enabled her to be excused from her much-loathed dance classes. A case of killing two birds with one stone.

**The Kissing Bug:** Despite its romantic moniker, the “kissing bug” was anything but. In fact, thanks to one unscrupulous reporter, the kissing bugs managed to achieve nationwide notoriety in the United States in 1899. James McElhone, a reporter with the Washington Post, tagged the kissing bugs as the main culprits behind an increasing number of suspected insect bites on people’s lips. He wrote a sensational story about how the victims had been “badly poisoned” and how the kissing bugs were threatening to [start a new plague](http://books.google.com.ph/books?id=uyik93izNqEC&pg=PA48&lpg=PA48&dq=kissing+bug+scare+1899+washington&source=bl&ots=X5EAcdS8Gw&sig=OsGPFFVSiAehuQQDvC2_PiByDBE&hl=en&sa=X&ei=1QoDU7zmL8jniAey44CgBw&ved=0CDcQ6AEwAw#v=onepage&q=kissing%20bug%20scare%201899%20washington&f=false).

Needless to say, the story set off a series of panics across the country. Soon, all cases of wounds on the face were attributed to the kissing bugs. One woman even described her attack as more akin to a vampire’s bite than an insect’s. Even beggars roamed the streets wearing bandages, while a few opportunists claimed the kissing bug sickness put them out of work, and they thus needed financial assistance. Curiously, no actual kissing bug was ever caught in the act; entomologists eventually dismissed the whole thing as nothing more than “a newspaper epidemic.”

**The Coca-Cola Scare:** The most serious threat to Coca-Cola’s virtual monopoly on Europe began in June 1999, when more than 100 students in Belgium [reportedly fell ill](https://www.hs-fulda.de/fileadmin/Fachbereich_SW/Downloads/Profs/Wolf/Studies/belgians/belgians_crisis_management.pdf) after drinking the beverage. The subsequent investigation—coupled with some inept PR handling—eventually cost the company a cool $200 million and a several-day ban in other European countries.

While examination of the tainted batches did show contamination (“bad” carbon dioxide and phenol were found), two Belgian scientists speculated that the tainted products yielded too small an amount to cause real damage; for them, the incident was mostly “[a case of mass hysteria](http://www.independent.co.uk/news/world/cocacola-admits-errors-at-plants-1100616.html),” fueled, in part, by a prior scare of mad cow disease and dioxin-tainted animal products. A separate investigation by Belgium’s High Hygiene Council, in March of 2000, corroborated those claims and stated that most of the victims experienced a “[mass psychogenic illness](http://books.google.com.ph/books?id=MIIx4NVTz6EC&pg=PA160&dq=belgium+coca+cola+1999&hl=en&sa=X&ei=85UDU-viOIWpiAeTs4GYBg&ved=0CCkQ6AEwAA#v=onepage&q=belgium%20coca%20cola%201999&f=false).”

**Meowing & Biting Nuns:** During the Middle Ages, a baffling case of mass hysteria gripped an undisclosed convent in France. The incident started with one nun [meowing like a cat](http://books.google.com.ph/books?id=_pudAgAAQBAJ&pg=PA190&dq=meowing+nuns+of+france&hl=en&sa=X&ei=IsMBU4S1J4WpiAeTs4GYBg&ved=0CC8Q6AEwAQ#v=onepage&q=meowing%20nuns%20of%20france&f=false), with the rest of the convent soon following. The group would meow together for many hours at specific points during the day. The incessant caterwauling baffled and infuriated residents of the surrounding neighborhood. The nuns finally ceased their meowing after soldiers, who were sent to the convent, threatened to whip them with rods.

A similar case also gripped a convent in Germany, when a nun began biting her companions. Subsequently, it triggered a biting epidemic that spread to other convents and nunneries and reached [as far as Rome](http://books.google.com.ph/books?id=mTkVAAAAQBAJ&pg=PT105&dq=biting+nuns&hl=en&sa=X&ei=T8gBU4PYE4qaiQfGsYGADQ&ved=0CCkQ6AEwAA#v=onepage&q=biting%20nuns&f=false). The nuns’ bizarre behavior could be attributed to the period’s intense belief in the supernatural. The nuns—with their cloistered lives and rigid religious expectations—were the ones [most vulnerable](http://www.theguardian.com/science/2008/sep/18/psychology) to episodes of hysteria

**Mass hysteria**— other names include collective hysteria, group hysteria, or collective obsessional behavior — in [sociology](http://en.wikipedia.org/wiki/Sociology) and [psychology](http://en.wikipedia.org/wiki/Psychology) refers to collective [delusions](http://en.wikipedia.org/wiki/Delusion) of threats to society that spread rapidly through rumors and fear. In medicine the term is used to describe the spontaneous manifestation of the same or similar hysterical physical[symptoms](http://en.wikipedia.org/wiki/Symptom) by more than one person. A common manifestation of mass hysteria occurs when a group of people believe they are suffering from a similar [disease](http://en.wikipedia.org/wiki/Disease) or ailment. Sometimes referred to as [mass psychogenic illness](http://en.wikipedia.org/wiki/Mass_psychogenic_illness) or epidemic hysteria

**Op-Ed: Swine Flu: Misguided Mass Hysteria?**

Unless your head is buried in the sand, you’ve probably been told to beware of the coming “pandemic”, “health crisis”, or “epidemic”. You are most likely being as careful as possible to wash your hands often, stay away from crowded areas or, perhaps, to go as far as keeping your children home from school.

To add intrigue to the virus, the media has now given this “deadly plague” a mysterious and sci-fi sounding name, the “2009 H1N1 Influenza Virus”. Of course, any virus whose name contains a combination of names and numbers must be dangerous and deadly – and I must be next!

However, one must keep things in perspective, especially when it comes to things like fear and danger. Failure to keep accurate facts and statistics in perspective can result in even more unnecessary injury and death. In most cases, the very same evasive measures taken to help prevent one from contracting the disease can place a person in substantially more danger than the disease itself.  
  
A news report I heard Friday on NPR was of a town whose schools were all closed to prevent the spread of the swine flu. As a result of the school closures, what did all of the town’s homebound children do? They spent the day in places like the movie theater, arcades, malls, restaurants and zoos – all of which, like school, are crowded areas in which the spread of any virus is made more probable.

To make matters worse, according to the DOT over 41,000 Americans are killed each year in motor vehicle accidents, giving a student a better chance of being killed in a car accident while home from school, than that of contracting the swine flu at school, let alone being killed by it. In fact, more Americans have won the lottery on a given day, than have been killed by the swine flu.

The fact is that Americans have a greater chance of contracting any other illness than they do the swine flu, and have an even greater chance of being killed by any other cause of death than the swine flu.

Yet we have shelved all of the other more-warranted fears and have thrown the necessary caution to the wind in fear of a virtual non-threat. A person who thinks he or she has swine flu, has a greater chance of being killed on the way to the hospital than from the virus itself.

Of course I am not suggesting that we take this threat, as minimal as it presently is, lightly. I am simply saying that many people will put themselves and others at greater risk of a substantial threat while trying to mitigate a less-likely and less-dangerous one.

Yes, one should take all of the necessary precautions and report any suspicions or symptoms to their healthcare provider. But let’s keep things in perspective and not forget the real dangers while panicking over the remote and unlikely ones.

Let’s all drive carefully and cross the street with caution. Let’s make sure that the very young and very old are not injured by falling from stairs. Let us take the proper preventive measures and treatments for more common and serious illnesses such as the regular seasonal flu. Let’s wash our hands all the time to prevent more common diseases spread by lack of proper hygiene.

And let’s not inundate our already-overburdened medical professionals and emergency rooms by looking out for actual symptoms and not dashing to the emergency room at the sign of a runny nose.

**Spellbound**

**By David Hill**

*Note: This incident occurred in 1999.*

Union Intermediate High School is a sprawling, beige-brick compound located in Broken Arrow, Oklahoma, a fast-growing suburb of Tulsa. Built in 1989, the school for 9th and 10th graders is surrounded by newish neighborhoods with evocative names like "Berkshire," "Oak Tree Village," "Wood Creek," and "Waterford Crossing." Directly across the street is Liberty Church, which looks more like a warehouse than a place of worship, as well as an empty lot marked by a sign that reads, "Future Home of Cedar Heights Covenant Church." About a mile south of Union, at Grace Fellowship Church, Pastor Bob Yandian is putting up a new building that, when it opens next fall, will rival a big-city high school in size. And several miles to the east is the 100-acre Rhema Bible Training Center, whose enormous church puts the nearby Wal-Mart Supercenter to shame. Tulsa's most famous religious institution, Oral Roberts University, is about six miles to the west, just across the street from Victory Christian Center.

…At Union Intermediate High, part of the Union school district that includes portions of Tulsa and Broken Arrow, many students wear WWJD? (What Would Jesus Do?) bracelets and T-shirts. Cedar Ridge Elementary School even has its own before-school Bible-study group. …

…Brandi Blackbear was not part of the status quo at Union Intermediate High. Although baptized as a Catholic, she didn't go to church, and she was intrigued by Wicca. An increasingly popular nature-based religion, Wicca takes its name from the Old English word for wizard. Followers call themselves Wiccans or Witches (as opposed to the more generic "witches"), and they practice a form of magic. When Brandi was in 8th grade, she and her friend Justin found a book on religion in the school library with a section on Wicca, and out of curiosity, they read up on the subject.

Two years later, Brandi claims she is the victim of a modern-day witch hunt, one that raises the issue—now debated nationwide—of how far a school should go to protect its students and teachers from possible harm. As the result of two run-ins with Union administrators, Brandi and her parents, Tim and Toni Blackbear, are suing the district with help from the ACLU. They claim that Brandi's civil rights were violated when she was accused by school officials not only of being a witch, but of casting a spell that resulted in a teacher's illness….

According to the Blackbears, this is what happened: On Monday, December 13, 1999, Brandi, then 15 and a 9th grader at Union Intermediate High, learned that her ceramics teacher, Kyle Kemp, had gone to the emergency room sometime over the weekend for an undisclosed ailment. Brandi told her friend Justin about Kemp's absence, to which the boy jokingly replied: "Well, you know about Wicca. You probably put a spell on him."

"Yeah, right, I did that," Brandi remembers saying….

Brandi insists she was just joking around. She says she's not a Wiccan, and she denies trying to cast a spell on anyone, least of all Kemp, who was one of her favorite teachers. (Wiccans do cast spells, but not for evil purposes. "You are not a real Witch if you hurt anybody," says Silver RavenWolf, the author of several books on Wicca.)

Nonetheless, by the time Brandi went to her ceramics class, where a substitute was filling in for Kemp, the rumors were spinning out of control. "The whole class was sitting there telling me that I had put a spell on Mr. Kemp," she says. "I said, 'No, I didn't,' and they said, 'We don't believe you.' It was a mess. Some people sat there and accused me of killing him. And I was like, 'He's not dead.' " (Kemp had reportedly gone to the hospital for an emergency appendectomy.)

Eventually, the rumors reached the main office. At the end of the day, Brandi was told to report to guidance counselor Sandi Franklin's office. When she got there, Brandi claims she was interrogated by Franklin and assistant principal Charles Bushyhead, who, Brandi recalls, demanded to know if she was a Wiccan.

At first, she said no. "But he asked me again and again until I finally said yes," she recalls. "I wanted him to stop. I just wanted to get out of there."

Meanwhile, Brandi's parents were notified. Tim, who was the first to arrive, recalls being told by Bushyhead: "We have a situation here with your daughter. She's been going around telling people that she cast a spell on Mr. Kemp. That creates a problem for us at the school. We don't condone that type of behavior."

Tim was flabbergasted. As far as he knew, Brandi wasn't into Wicca, and even if she were, he didn't see what business that was of the assistant principal. "I said: 'Where are you getting this? Do you hear what you're saying to me?'"

As Tim remembers it, Bushyhead held up Brandi's hand, on which she had drawn a star with a circle around it, and said: "This is a Wiccan pentagram. This shows me that she is studying witchcraft." A pentagram (known to Wiccans as a "pentacle") is indeed a symbol of witchcraft, but Brandi says she drew it simply because she was bored. "I had also drawn a smiley face on my hand," she adds.

But as far as Tim was concerned, Bushyhead was using the symbol as proof that Brandi was a witch. "There wasn't any, 'Do you believe this?' or 'Is this possible?' Without a doubt, he had already decided what the facts were."

And so, at the end of the meeting, the Blackbears were told that Brandi was being suspended from school for five days, starting immediately, to be followed by 10 days of in-school suspension. The official reason: She had disrupted the school process.

"I felt that I hadn't done anything wrong," Brandi recalls, "and that I didn't deserve to be treated this way." Her parents agreed. Tim says: "I told her, 'You didn't do anything wrong, I know you didn't.' And I told her we would figure out a way to take care of it."

When Brandi returned to school following her suspension, the name-calling began. "Here comes the witch," students would say as she walked down the hall. "Watch out, she'll put a spell on you."

Excerpted From <http://www.edweek.org/tm/articles/2001/03/01/06wicca.h12.html>

ALSO:

## ACLU of Oklahoma Files Federal Lawsuit on Behalf of Student Accused of "Hexing" a Teacher

**October 26, 2000**

**FOR IMMEDIATE RELEASE**

TULSA, OK--In a case reminiscent of the Salem Witch trials, the American Civil Liberties Union of Oklahoma today filed a federal lawsuit charging that school officials violated 15-year-old Brandi Blackbear's rights when they accused her of casting a hex that resulted in a teacher's illness.

"These outlandish accusations have made Brandi Blackbear's life at school unbearable," said Joann Bell, Executive Director of the ACLU of Oklahoma. "I for one would like to see the so-called evidence this school has that a 15-year-old girl made a grown man sick by casting a magic spell."

While the ACLU has defended students' religious beliefs in Wicca and other minority religions, Bell said the Oklahoma lawsuit is believed to be the first in the country involving actual accusations of witchcraft.

Excerpted from: <https://www.aclu.org/religion-belief/aclu-oklahoma-files-federal-lawsuit-behalf-student-accused-hexing-teacher>

# Curb Your Hysteria: Talking Rationally To Kids About Ebola Risk

**By Gene Beresin, MD and Steve Schlozman, MD**

On Sept. 30 the first case of Ebola was [diagnosed](http://www.wbur.org/npr/353029054/hospital-official-ebola-patients-travel-not-relayed-to-doctors) in the United States. The patient, who is currently being treated in Dallas, had recently traveled to Liberia, and was back in this country for a few days before symptoms began.

Understandably, the coverage of this news is pervasive. Although it seemed inevitable that a case in the U.S. would eventually emerge, the story still ignites a fair bit of hand-wringing among just about everyone who has learned of it.

Additionally, our country has experienced some novel infections that have ignited increased concerns in recent weeks. Enterovirus D-68 has made its way across the nation, causing severe cold-like symptoms, and, in some children with conditions such as asthma, the need for hospitalization. There’s also a potentially new contagion on the horizon that appears to cause varying degrees of muscular paralysis, and may or may not be related to Enterovirus D-68.

But, as public health officials are eager to stress, a nuanced and thoughtful approach to these issues has been as necessary as it has been fleeting. Experts agree that our medical infrastructure is well-equipped to handle even a virus as scary as Ebola, and some doctors are quick to [point out](http://www.nbcnews.com/health/cold-flu/afraid-ev-d68-%20%20another-deadly-virus-actually-killing-kids-u-n214116) that viruses like respiratory syncytial virus (RSV) and influenza are much more likely to cause harm than these new ones.

This raises a critical point:

Ebola, as scary as it is, poses a relatively minor threat to the United States; and the current cases of Enterovirus D-68 are far out-numbered by the RSV and influenza cases we experience on a yearly basis. And the currently unknown contagion that appears to cause paralysis has only happened in a very small population of kids.

So why the massive reaction in the media and among worried parents? Intellectually, at least at this point, all indications point to little danger for our children and ourselves. Why, then, do we get so frightened?

Well, let's start with this confession: We’re frightened.

Sort of.

We know, intellectually, that the threat is minor. But, when has intellect played a leading role in the emotionally driven process of threat assessment? And, especially with regard to infectious disease, when has anyone other than the most statistically driven scientists been able to preserve perspective? We’re not saying that we should massively worry, or even that we’ll be changing our instructions to our kids or our patients on how to behave with these new bugs dancing around.

What we’re saying is that germs, especially new germs, are scary. We have a long and probably evolutionarily derived tendency to fear disease, and when new ones rear their heads, we get alarmed.

**Germs In Hollywood**

As a society, we think about germs a lot — and nowhere, perhaps, does that play out more than in Hollywood. The 1954 novella "I am Legend" has been made into no less than three movies ("The Last Man on Earth," "The Omega Man" and the more recent movie of the same title as the written work). You can rattle off other movies as well — there’s "Dawn of the Dead" (in 1978 and again in 2004), "Outbreak," "Carriers," "Contagion," "The Crazies" (in 1973 and again in 2010),

"Quarantine" (and "Quarantine 2") and most recently "World War Z." You get the picture.

Movies are a double-edged sword in these circumstances. We need stories to displace our fears so that we can better grapple with our darkest concerns. But these stories also provided fertile ground for our imaginations when real diseases emerge. In fact, sometimes the tail seems to be wagging the hysterical dog; the news coverage begins to look a lot like the movies themselves.

And, this all stems from our biggest fear of all: our kids getting hurt.

When Steve had his first child, he asked his Aunt Mary when he could stop worrying.

“You don’t,” she said, smiling. “Not ever.”

In that sense, we’re writing this post as much for ourselves as for our readers. We need to break down what happens when threats emerge with such frightening and dramatic imagery.

Social scientists have defined mass hysteria in different ways, and to that end, it would not be proper to refer to the current concerns as actual hysterical reactions. However, many of our current responses to the recent news of these diseases bear all the hallmarks of classic mass hysteria. Most important is the cognitive process of catastrophic thinking. This describes the over-reaction that we all seem prone to engage in despite our ability to know better. Catastrophic thinking is, in fact, a defense against the worst possible scenario. None of us want to be caught unprepared should things really, however unlikely, go south.

**Polio Flashbacks**

Gene vividly remembers the polio epidemic in 1952. From then through the late ‘50s he was not allowed to go swimming in friends’ pools. It’s not as if kids didn’t go swimming in the 1950s; it’s just that Gene’s uncle had polio with subsequent paralysis of his legs. While he actually overcame his challenges and managed to become a physician, Gene’s parents knew about the many thousands who had become paralyzed or even died from the disease. They just wanted to protect him — and before the advent of chlorine, they were probably doing the right and rational thing. Still, to this day, the concerns about polio and its ravages scare the daylights out of Gene.

Importantly, Gene finds himself scared despite the fact that he “knows” better.

In fact, Gene has to actively remind himself that soon after this parents’ prohibition against swimming, we had the famous Salk vaccine, followed by the Sabin oral vaccine. In short order, polio was largely eliminated from the United States and much of the world in less than a decade.

So, how do we respond to current events and still not succumb to the Doomsday Preppers’ messages on reality television? As parents, how do we talk with our kids about the dangers of infectious disease, and Ebola in particular?

**Tips for Parents:**

1. Take care of your own reactions first. This means to get the most accurate information you can about Ebola, and to not react with irrational fears. We know:

• Ebola is not very contagious. It is, in fact, hard to “catch” Ebola. The chances of you or your children becoming infected are slim.

• It is only transmitted via close contact with bodily fluids from an infected individual.

Your information and reaction will clearly have a powerful effect and impact on your children. So, it’s really important to remain positive and take stock of your emotional tendencies (remember that anxiety is “contagious” and that even the youngest of children can pick up on it). If you stay calm, your kids will in all likelihood feel reassured.

2. What can you say to your children? Think developmentally. Younger school-age kids should hear things differently than adolescents. They need to know:

• That they are safe, and that those taking care of them are safe.

• That our healthcare system is among the best in the world, and we have a means of taking care of both kids and families.

• That Ebola is rare, and does not exist everywhere. When cases are found, the person with the infection is taken to a safe place to be cared for so that he or she can get better and not make anyone else sick.

• That doctors and researchers are working hard to find ways to prevent or cure this illness.

• That we will teach them safe ways to keep themselves free from disease. We’ll remind them to wash their hands, to avoid sharing food with others, and to engage in good personal hygiene. This is not just about Ebola, after all, but also about how to stay healthy and help those around them to stay healthy.

It’s a good idea to restrict young kids from media and news stories about Ebola. You can decide what information you want to share, but remember that kids think what they see on TV is happening outside their doors. Help them to understand where, in fact, these stories are taking place.

Adolescents, on the other hand, need to know the facts, but may want to ask additional questions and engage in conversations. Look for them to be curious about:

• What caused the problem, and will it continue? Teens need to know that most infectious diseases are studied thoroughly, and that the means of transmission, prevention, and treatment are being examined carefully and diligently.

• Whether this will affect the rest of their lives. We have seen many epidemics over the course of history, and have made incredible progress — even when answers were not at first known. Talk about diseases such as smallpox, the plague, HIV/AIDS, and polio.

Then, let your teens drive the conversation. If they ask questions that you don’t know the answers to, seek them together by going to reputable sources such as the CDC.

For kids who are especially anxious, limit media exposure, particularly media that sensationalizes stories about Ebola and illness. Some may not fare well watching horror films, particularly those involving contamination. Certainly a zombie film is far different than an Ebola outbreak, but it’s not terribly difficult for anxious teens to make the leap from World War Z to the current Ebola outbreak. If they do make this connection, carefully remind them of the clear differences.

**Keep Calm, Carry On**

Most importantly, our children rely on us to remain calm. This means that it is incumbent on us to remain well-informed and willing to talk with our children in developmentally appropriate ways. This is, of course, no different than the job of any parent. It’s just that in this case, we have to keep our own irrational fears in check.