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# Epidemic of Hysteria in a School of Rural Eastern Nepal: A Case Report

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## ABSTRACT

**Introduction**
The headmaster of a school (NRMV) in rural eastern Nepal, pleaded for help from the public health Department of Psychiatry, BKIHS, Dharan, Nepal, to prevent closure of his school as guardians of many students refused to send their children to his school, which was supposedly haunted by evil spirits. The author, along with his staff, from Department of Psychiatry, BKIHS, visited the school and investigated the matter.

**Findings**
The first case involved a 16 years old girl, daughter of the head master of a school. After hearing the death of a "mad" (psychotic) woman, whom she had met 2 weeks ago, the girl developed a brief spell of disorganised behaviour beside the tube well in her school. Soon after, other girls manifested almost similar behaviour in school at different places. In all 70 girls out 300 were afflicted with problem. Boys were spared. Out of 15 such incidents investigated, only 3 cases were precipitated by stressful events. Even though they were heterogenous in terms of diagnosis, the victims and carers believed that they were all the same, the effect of the evil spirit of the "mad woman".

Education was the main intervention strategy. It focused on the nature of the problem (medical illness) and its management. This was done by delivering a series of lectures, distributing pamphlets, and appropriate coverage of the events in the local newspaper and radio stations. 6 months later, follow-up was undertaken. There were only 4 new incidents. Thus there was a marked reduction in the incidence of new cases by 3.4 / month.

**Conclusion:** **C**lassical mass hysteria still occurs in rural setting of developing countries. Planned psycho-education is an effective intervention.

Key words: Mass, Hysteria, Children, school

## Introduction

Hecker (1844) first gave the detailed account of an epidemic which he called "St. John's Dance". Ever since then, there have been numerous reports from all over the world of such outbreaks of unusual behavior or somatic complaints without any significant organic basis. Merskey 1979, described the same as "Mass or Epidemic Hysteria".

Hysteria (mass sociogenic illness) is an underappreciated and underreported social problem, which often results in significant social upheaval and financial burden on the affected society

and responding emergency health services. Often the affected site is closed for days or weeks (Bartholomew et al, 2002). The symptoms shown by the affected people are varied. Most authors agree that such epidemics are common in school girls, or in stressful situations in institutions.

Presented here is a case of Epidemic Hysteria which occurred in a remote village of Eastern Nepal. The author was called upon to investigate and manage the epidemic.

**Case report**

***The School***:

NRMV is a co-education secondary school, funded by the Government and a local NGO, and is situated in Amahabeli village of Morang District in Eastern Nepal. The school is located about 50 kilometres south-west of a tertiary health care centre, the BP Koirala Institure of Health Sciences, Dharan, Nepal. Around 15 school-teachers (all males) teach around 300 students hailing from the Amahabeli village and nearby surrounding areas. Most of the students belong to families that are poor, have a low level of literacy and are involved in farming. 35% of the students attending the school are females.

***The First Case:***

The first case occurred one and half years back. Her history was obtained from her father and other eye witnesses. The details are given below:

Miss A, a 16 years old girl, was a student of class 9 in NRMV, where her father was the Head Master. She encountered a 'mad old lady' (psychotic woman) in the village. 2 weeks later, she heard that the old lady was missing from the village. Soon after, she learnt in school that the lady had died 2 days back. The same day in the afternoon, in the lunch-break, she went and stood beside the tube well in the school from where children drank water. She started exhibiting abnormal behaviour. She would laugh suddenly without any apparent reason. When her friends tried to talk to and caress her, she held them and did not let them off. She clenched her teeth repeatedly, tightened her fists, shook her arms and body, went around the well and made funny noises. She appeared to be very angry and ready to attack any intruder. She also wailed, burst into tears and threw away her belongings like spectacles, pens etc. She was forcefully brought to a teacher's room, where she calmed down with no memory of the incident. Soon after, a traditional faith healer was called upon to attend to her. The healer performed some rituals on the girl and attributed the entire episode to the ill effects of the evil spirit of the old 'mad' lady who had been missing lately.

***The Epidemic:***

From that day onwards several girls in the school, in the age range of 10-16 years had similar episodes of disorganized behaviour, when they approached the tube-well. Initially Miss A's close classmates were affected, but later the abnormal behaviour spread to other younger girls who had witnessed the same. Thereafter, incidents of such behaviour occurred at other places too, for example in classrooms, toilets etc; usually occurring in 2-3 girls

simultaneously. Occasionally, they occurred sequentially i.e. after one case subsided, the next one began. Each spell of disorganized behaviour usually lasted for 20-30 minutes. However, there were a few instances when the erratic behavior continued even after going home, up to 15 days, and subsided only after a series of offerings and worship in temples. The episodes of abnormal behaviour presented periodically. There would be a cluster of such attacks for 2-3 months followed by a period of quiescence for about 1-2 months. The mean incidence was 4 per month. Approximately 70 girls from the school were affected.

Every time such incidents occurred, classes were disrupted and students gathered to witness the phenomena. Worried guardians and villagers suggested traditional sacrificial worship to purify the school. Despite two such exotic rituals, the problem continued. Many worried parents prevented their children from attending school, and pressured the headmaster to close down the school because it was haunted by evil spirits. Some planned to shift their child to another school

The headmaster of the school pleaded for help from the Public Health Department of BP KIHS, Dharan, Nepal, which is the tertiary health care institute of that region. The author was called upon to investigate and manage the epidemic of abnormal behavior in the school. On the spot visits were made by the author, along with other supporting staff from Department of Psychiatry.

The Head Master's daughter and many other victims could not be interviewed as they had completed their education and left school. Many other girls, who had not been coming to school for months because there parents did not permit them to do so, also could not be interviewed. All the available victims, some of the non-victims and available teachers and guardians of victims were interviewed.

Altogether 15 students, who had recent attacks in the past 2 months and the teachers and parents of 8 of them, could be traced and interviewed. 13 students belonged to illiterate, low socio-economic status and agricultural background. Two students were daughters of teachers of the same school. Except for one teacher, all others believed that the "evil spirit" was the cause of trouble.

Out of 15 such incidents investigated, only 3 cases were precipitated by stressful events; e.g. scolding by the teacher for not doing homework (2 cases), and accidental injury by a volley ball.

***Interventions:***

Education was the main intervention strategy. It focused on the nature of the problem (medical illness) and its management. This was done by delivering a series of lectures, distributing pamphlets, and appropriate coverage of the events in the local newspaper and radio stations. Teachers/ guardians/ students were explained about how they could deal with such a problem when it occurred; by segregation, by cut down secondary gain etc.

***Follow-up***

6 months later, follow-up was undertaken. There were only 4 new incidents. Thus there was a marked reduction in the incidence of new cases by 3.4 / month. Detailed assessment of these cases revealed that only in one case the sign and symptoms matched those of Miss A. The second case had an episode with somewhat different clinical presentation and was diagnosed as dissociative Disorder. The third case clearly had an associated organic pathology (encephalitis). The fourth case was diagnosed as acute and transient psychotic disorder. All the cases were referred to higher psychiatric centres for management.

Even though there were clear differences in clinical presentation, the victims and carers believed that they were all the same and due the "evil spirit".

**Discussion**

Mass sociogenic illness refers to the rapid spread of signs and symptoms of illness affecting members of a cohesive group, originating from a nervous system disturbance involving excitation, loss or alteration of function, whereby physical complaints that are exhibited unconsciously have no corresponding organic etiology. DSM subsumes this condition under the heading of somatoform disorder, subcategorized as conversion disorder or hysterical neurosis, conversion type (APA, 1994).

Mass sociogenic illness has been identified as two types: "Mass Anxiety Hysteria", and "Mass Motor Hysteria" (Wessely, 1987). The second category is typified by the slow accumulation of pent-up stress, is confined to an intolerable social setting and characterized by dissociation, histrionics and alteration in psychomotor activity.

This epidemic manifested only in female students, which is in keeping with the classical description in the literature. Although the school imparts co-education, no lady teachers were employed for the last 2 years, thus placing the girls in underprivileged position and making them more vulnerable to stressful situations.

Although, all the 10 boys (randomly interviewed) also believed the evil spirit theory, they also believed that boys were immune to such influences. The latter mind set served as a protective factor.

Interestingly, girls below 10 years of age were spared. They believed that small children are not affected evil spirits.

The index case, the headmaster's daughter, proved to be the most influential person of the group as she was at the centre of attention of teachers, class monitors, students etc. who perpetuated the spread of the abnormal behaviour to other children.

Mass sociogenic illness mirrors prominent social concerns, changing in relation to context and circumstances. Prior to 1900, reports are dominated by episodes of motor symptoms, typically dissociation and psychomotor agitation, which incubated in an environment of pre-existing tension. Twentieth-century reports feature anxiety symptoms that are triggered by

sudden exposure to an anxiety generating agent. There is increasing presence of chemical and biological terrorism themes, more so since the September 9/11 and the anthrax phenomenon. Rural settings in developing countries of Africa and Asia still continue to have the typical pre-20th century phenomenon. This phenomenon simply cannot be attributed to poor educational level.

Despite increasing literacy rates, traditional beliefs prevail even in educated people. Thus, the treatment of mass hysteria is quite challenging. This is evident by fact that despite intensive strategies employed to educate the people and counter the epidemic, the problem persisted, though it became much less.

Perhaps, developing nations have unique problems. The solutions of these problems should be tailored in accordance with their cultural context.

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