

All Fall Down

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Scores of girls at a school in Blackburn suddenly start fainting; no one knows why. Large numbers of pupils in Ghana simultaneously become uncontrollably violent and abusive; the school is closed for a month. Outbreaks of mass hysteria might be rare, but when they happen they can be as baffling as they are disturbing. Should we call in Mulder and Scully, or is there a rational explanation? Wendy Wallace looks for some answers.

Fainting, swooning and hysterics sound like old-fashioned afflictions; not the sort of conditions to which end-of-the-millennium schoolgirls - or even boys - should be susceptible. But, according to a new worldwide study, outbreaks of mass hysteria are on the increase, particularly in schools.

In 1991, hundreds of children at a Rhode Island school collapsed during the early days of the Gulf war. At a time of non-stop television coverage of the risks of chemical warfare, a gas leak triggered panic among the pupils. Imaginary poison gas attacks have also led to mass hysteria among Palestinian schoolchildren on the West Bank, and among adults on the Tokyo subway system in 1995 following a real gas attack by the Aum Shinrikyo religious cult, which killed 12 people.

Monica McGeown, senior sister at the infirmary of St Mary's School in Ascot, says fainting is rare among the 350 girls who board at the convent. "If they do it's usually because they're in chapel and they haven't had breakfast. You just leave them lying down until the oxygen returns to the brain," she says. "But if you got a series of girls fainting, you would ask yourself why."

Most headteachers approached by The TES had not come across epidemic hysteria, and in some cases had never heard of it. But one deputy head of a girls' school in London described a recent episode in her school involving a 12-year-old Muslim girl who believed she was seeing a ghost both in and out of school. She told her friends, and the story spread around the school. The girl herself was continually fainting and collapsing, and others began to do the same.

"This was certainly a religious thing," says the deputy head. "You do read about people having the devil beaten out of them, but we weren't sure if there was exorcism going on." The girl's parents were called into school and an educational psychologist was involved. "The girl herself wasn't a stropky one; there was obviously something wrong with her. But it took off among her tutor group - fainting, not eating and becoming hysterical - and it went on over quite a few months. I think she was mentally ill." Staff felt they never got to the root of the problem.

Most teachers, and particularly those in girls' schools, are aware of the power of peer pressure, and the potential for mass imitative behaviour. Ros McCarthy, chair of the Boarding Schools Association and head of Cobham Hall School near Rochester in Kent, says: "Girls do relate quite strongly to their friends, and if someone is emotionally upset then others may become so. If the girls think one of their number has had an injustice done to them, they can have a weepy fit which can become more extreme because they're all doing it together."

One morning in the mid-1960s scores of pupils at a girls' school in Blackburn suddenly began to faint. Eighty-five girls were admitted to hospital within a couple of hours, records the British Medical Journal: "The striking features were swooning, moaning, chattering of teeth . . . the general picture of gross emotional upset." Over a 12-day period, one-third of the school's 550 girls were affected, but no physical cause was found.

Although most recorded cases of epidemic hysteria in schools have been among girls, males are not immune to the syndrome. In 1988, on a hot and stuffy day in San Diego, soldiers at a US military base began to develop breathing problems. When a rumour spread that the base had been hit by toxic gas, more than 1,000 men were "affected" almost instantly.

Recent theories argue that the reason hysteria is more common among females is not because they are emotionally weak but because often they are not respected or taken seriously, and so resort to uncontrolled outbursts. In a recent article on the subject in the research journal, *Educational Studies*, Robert Bartholomew and Francois Sirois report that only when in the grip of mass hysteria can Malay schoolgirls shout, swear and challenge authority. "Outbreaks often include insulting authorities and frank criticism of administration policies," they write. "Yet these outbursts are accepted with impunity, since their temporary possession status deflects the attribution of blame."

Heads of girls' schools in this country feel that modern liberal attitudes make outbreaks of mass hysteria less likely. "Today the girls have so much life outside school," says Gladys Bland, retiring head of the 940-pupil Stamford High School in Lincolnshire. "They've got their music, their drama, their boyfriends to ring up. It would require a claustrophobic situation, which we now tend not to have."

Mass hysteria, when it does occur, requires skilled management. Ian Goodyer, professor of child and adolescent psychiatry at the University of Cambridge Clinical School, has been called in to advise on outbreaks in schools. One incident, at a small girls' boarding school in the North-West, started when two friends started fainting, at different times. "It began with two pupils, then the adults became

anxious," says Professor Goodyer. "They didn't see a strategy, and they didn't twig the connection. Each individual was managed in isolation, and that enhanced the anxiety among the pupils, which had contagious effects." About 50 pupils had been affected by the time he was called in to the school.

"The key to management is basically to damp down the general fear and excitement, and treat the individual at the epicentre," he says. "The head needs to send the message to the kids that there is nothing to worry about, there will be no long-term effects and that staff are confident. It has to come from the top." In the case above, it also helped when the local media were persuaded to stop covering the outbreak; publicity feeds hysteria.

Epidemic hysteria is not unusual in central Africa. In Ghana - where the press has dubbed it "laughing disease" or "strange disease" - an outbreak in 1967 at a mission school 150 miles from the capital, Accra, caused great distress to staff. Large numbers of pupils began wailing, giggling, complaining of pains in the heart, or trembling. "Some threw stones at anybody who went near them; others were rude, insulting or combative," according to a report in the Ghana Medical Journal. "Staff found that shouting harshly at the affected pupils seemed to be effective in a few, but the relief was very short-lived." Being permissive and liberal with the pupils did not help, nor did praying for them. Tranquilisers calmed some, but did not contain the epidemic. Eventually, the school was closed down for five weeks.

A key ingredient of mass hysteria is a common threat, whether real or imagined. In central Africa and Malaysia, evil spirits tend to take the blame; in the West, toxic gases or food poisoning are the usual suspects. When an institution is in the grip of epidemic hysteria, investigations into potential causes serve to heighten the fear feeding the hysteria.

But in some cases the fear is not without foundation. An outbreak of gastroenteritis at a London primary school in 1994 had many of the characteristics of mass hysteria. More than 50 children were taken ill almost simultaneously with nausea and vomiting, and rushed to hospital. Some were thought to have been made to feel ill by the sight of their friends being sick; others were said by teachers to have exaggerated their illness because they wanted to go in an ambulance. But an investigation found that although the episode had much in common with mass hysteria, it had a real cause: a pesticide on the cucumber the children had eaten with their lunch.

The children most vulnerable to mass hysteria are those with personal problems, says Professor Goodyer. "It tends to start among kids who've got something to worry about," he says. "They're not doing well or they've got asthma or their parents have left them. It begins in a small group, often where there's someone with a psychiatric record. Then it spreads from older to younger."

Peter Sharp, principal educational psychologist for Hampshire Education Authority, recently witnessed what he describes as institutional hysteria in response to traumatic events. Three children from the same family were killed in a fire, and the effects of the tragedy have been felt far and wide. Children who knew the victims or saw the fire have been suffering from nightmares, bedwetting and behavioural problems. But one child who was unconnected to the events told Peter Sharp she had caused it. "I'd call that a hysterical reaction," he says, "in that it's a very severe reaction which doesn't appear at first glance to be rational."

The death of a teacher can have a similar effect. Peter Sharp was recently at a school that had lost a teacher, and many of the children - and teachers - were crying together. "Was that hysteria, or was it natural?" His role, he says, was to accept the reaction, without getting involved. "But when you go into a room where there is heaving grief, it is very hard not to be caught up with it."

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