



Role of Media in Outcome of Mass Hysteria: A Comparative Study

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Abstract:

Background-Mass hysteria is a social phenomenon often occurring among otherwise healthy adolescents or preadolescents. Prominent emergency or media response often aggravates symptoms. The objective of this paper was to study the effect of media coverage in the outcome of mass hysteria. **Methods-**Two separate events of mass hysteria were included for the present study. Media coverage of both events in terms of content, frequency and prominence were studied. All affected children, their parents and teachers were interviewed to assess their symptoms, stressors, understanding and belief about the episodes. They were also given psycho education regarding the illness. **Results-**In the first event, 7 adolescent girls of a school were affected. All the affected children were sent back after single outpatient consultation. No recurrence of episodes occurred during the one month follow up period. Media coverage was restricted a small article in a local news paper. The second event occurred close to the state capital. 11 adolescent girls of a government school were affected. It was covered in the electronic media within few hours of the event. All the major news papers of the state described it as a medical emergency. Coverage was continued for a week till the villagers banned the media. Symptoms continued to recur for 2 weeks. Three new cases were also reported during this period. One week after the stoppage of media coverage no recurrence of events were reported. **Discussion & Conclusion-**Media has a powerful role to play in the outcome of mass hysteria. Proper scientific explanation can have a positive affect where as statements of medical emergency, witchcraft or the supernatural can have a negative impact on the outcome.

Key words: Mass hysteria, Media

Introduction:

Mass hysteria is a common term used to describe a situation in which various people suffer from similar unexplained symptoms [1]. Group may be formed of people working at the same place [2] or family members living together [3,4]. Mass hysteria is till date a mysterious phenomenon occurring in across historical periods, different cultural groups and communities. The episode typically begins when an individual becomes ill or hysterical and then there is rapid development of heightened fear and anxiety among close and nearby members. This lead to massive disruption of behaviour and activities of those involved. Symptoms generally have no plausible organic basis, are transient and benign. Symptoms of mass hysteria are enhanced by face-to-face or visual communication, indirect conversation or gossip, and the mass media. Unless the initial fear is given credibility by the media or authorities, cases of mass hysteria seldom last more than a few days [5]. It is

important the way media coverage reflects on events of mass hysteria. This particular study was carried over to study the role of media in course and prognosis of mass hysteria.

Materials and Methods:

Sample: Two separate events of mass hysteria in adolescent school girls were included for the present study. It was a non random study design.

Tools: A semi structured interview was used to assess symptoms, stressors, understanding and belief about the episodes of affected children, their parents and teachers. Follow-up was done at baseline, and at the end of one and three months. Role of media was assessed in terms of content, frequency and prominence for both the events.

Results:

In the present study two different groups presenting with mass hysteria were studied. Both the

groups consisted of adolescent girls of government school. The first group consisted of seven while second group had 11 patients. Both the groups shared similar demographic characteristics like age, sex, education, family background, residence, as well as financial status. Both the groups also shared belief system of supernatural power and possession by bad spirit. In both the groups stressful factors could be found for the patients exhibiting the initial symptoms. The other students getting affected with the symptoms were close friends to the first victims. It was true for both the groups.

In the first event, all the affected children were sent back after single outpatient consultation. No recurrence of episodes occurred during the one and three month follow ups. There was no electronic media coverage. Moreover, coverage in print media was restricted to a small article in a local news paper. Second event was covered in the electronic media within few hours of the event. All the major news papers of the state described it as a medical emergency. Coverage was continued for a week till the villagers banned the media. Symptoms continued to recur for 2 weeks. Three new cases were also reported during this period. All the patients were symptom free one week after the stoppage of media coverage.

While the first group was treated in outpatient department, heightened emergency made it necessary to admit the hospitalised the second group. Hospitalization as well as media coverage prolonged attention of society to the second group. While in hospital members of both the groups had all relevant blood test without any positive findings.

Discussion:

There were few factors which we felt may be important in difference of outcome in both the groups. While first group was also near state capital it was relatively remote place. It may be one reason of restricted media coverage. Secondly, in the first group majority of parents could speak only local dialect. Therefore, counselling was mainly done with the school teacher who had been a leader to them. The teacher did not believe in supernatural power and possession by bad spirit. He followed the instructions well once back to the school. Instructions included separating the victim at the earliest, to stop secondary gain and to encourage family members for the treatment of those with stress. Thirdly, the second group consisted of parents who were well versed with local language (Hindi). Therefore, they could follow and understand the media coverage, both print and electronic.

At present it is not well understood what all psychological and social factors play role in mass hysteria. However, emotional contagion and social learning appears important process through which "hysteria" transfers into "mass hysteria". Emotional contagion is a phenomenon in which people 'infect' each other with their moods of the moment [6] where as social learning occurs through observation and / or imitation of behaviours observed in others [7]. As we know in modern day society, media holds a powerful position to reach and affect millions of people in no time. Therefore, logically it also shapes the process of emotional contagion and social learning.

The outbreak of mass hysteria cannot be predicted with certainty. Its occurrence in one area alerts other communities to be on the lookout for a similar outbreak in their areas. Episodes of mass hysteria have significant implications for health services, particularly emergency departments, and primary health care centres [5]. During times of threat, the anxious public needs to feel reassured and protected, and people look to authority figures to take control and provide that reassurance. How governments, medical communities, and the media aid society in responding to this fear may have a significant impact on the degree to which future presentations of mass hysteria occur and whether or not these are managed successfully [8].

Conclusion:

Media has a powerful role to play in the outcome of mass hysteria. It can be a double edged sword. Proper scientific explanation can have a positive affect where as statements of medical emergency, witchcraft or the supernatural can have a negative impact on the physical, psychological and social wellbeing of the affected persons.

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