

Short communication: An outbreak of conversion disorder in a rural school in Western Nepal

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Abstract

In Rastriya Madhyamik Vidyalaya, Banke district, Rampur, there was a sudden onset of conversion disorder affecting 53 students, most of them were school going young girls. The event started when a female student in exam hall was shaking, mumbling and had her hair covering her face. Such behaviors were rampant soon and over 30 students were exhibiting similar symptoms including tremors, shouting spells and abdomen pain. This led to immediate response from the school authorities together and we reached there after a call

from the school authority. We isolated the affected students and observed, examined and found that they exhibited signs of mass hysteria rather than any organic disease.

This communication shares the response strategies used to manage this outbreak effectively and also highlights the necessity of early intervention, mental health support and resilience building strategies to deal and prevent the mass hysteria in school setting.

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INTRODUCTION

Mass hysteria, also called as a mass conversion disorder refers to the rapid spread of clinical symptoms and signs among a cohesive group without any organic cause. The individuals have common belief about the cause of illness.¹ A sudden and extreme stress is the leading trigger for the mass hysteria. They include strict school environment, sudden death of loved ones, strict religious belief in an isolated family, etc.² This illness typically presents as a constellation of physical symptoms like headache, nausea, dizziness and shortness of breath, with no underlying pathogen or organic cause detected.³ It is common in children and adolescent population, seen mostly in female. This mass illness is mainly observed in developing countries especially in the infrastructure deprived remote areas with excess belief system.⁴ The diagnosis of mass hysteria is made among groups in close personal association and under stress, the common illness producing setting being schools or workplaces. Excluding infectious, toxic and

allergic causes is necessary, however, in the hospital emergency room, presence of characteristic features of mass hysteria can be considered sufficient to make the diagnosis.⁵ The treatment approaches for the mass conversion disorder consists of psychoeducation, group and individual counseling of the patients and supportive counseling to the closed ones. The psychosocial and interpersonal association should be investigated and managed properly. Most often the care and cure of index case itself resolve the associated cases.⁶

EVENT

The Eventful Day

In the afternoon around 1:00 pm on August 15, 2023, Our team members from the Department of psychiatry, Nepalgunj Medical College received an urgent call to respond an alarming and bizarre incident at a local school in Rampur, Banke. As we arrived, we met a chaotic scene; a large crowd had gathered composed of anxious family members, concerned villagers and distressed teachers trying to make sense of unfolding crisis. Around 30 students with the symptoms were isolated in the hall on the ground floor with the door closed. Recognizing the need for immediate action, we asked the school authority to disperse the crowd. Upon entering the hall, we saw some of the girls shouting "I am a ghost and I will injure you" while others were in the fits of crying, clutching their neck in distress or

laughing maniacally. There was only one boy present in room who suffered the distress.

We quickly began to interview the affected students one by one trying to put an insight into their experiences. We had only finished interviewing 5 students when we were informed that some of the students had started showing similar dissociative symptoms in a class. We rushed to the classroom and tried to isolate the affected students to prevent the spread among unaffected students in a short period of time. Witnessing the rapid escalation, we immediately advised the principal to suspend the school for that day. We resumed the interview and completed interviewing all the affected students till the late afternoon. Later the same day we conveyed a meeting to counsel the parents and teachers.

One by one, students at Rastriya Madhyamik Vidyalaya began to exhibit alarming symptoms: loss of consciousness, difficulty breathing, and twisting limbs. Shouting and crying filled the air, while some complained of tightness in the chest, abdominal pain, and dizziness. Others spoke incoherently, gripped by headaches and overwhelming confusion.

The first case along with the eight students affected in the beginning were brought to the out-patient department of psychiatry the next day where all of them were interviewed in detail and evaluation with clinical examination and investigation was done to rule out organic causes.

The Trigger

The trigger was a large Peepal tree (fig tree) for many years near the school, its branches spreading wide and providing shade for playing children. As told by the local community, it held a great religious significance. Some people in the village used to worship it early in the morning believing it to be a protector of their well-being then on the eventful day, without warning, the local authorities arrived with chainsaw and cut down the tree for development. This created the distress among villagers and few school children. Initially they used to whisper among themselves, fearing they might face bad luck for allowing the tree's destruction. Some of those in the village who fell sick subjected the cause to be cutting of the sacred fig tree.

The Index Case

The first case took On August 13, 2023, an event which shook the village one month after the Peepal tree was cut down. At 9:00 a.m., a 13-year-old girl began experiencing alarming symptoms while discussing the tree with friends. Suddenly, she felt a tightness in her chest, struggled to breathe, and were restless. Clutching her neck, she, she was crying out, "This is happening because you all cut the tree down! I am an evil spirit and will injure you all! If you want to save yourselves, sacrifice a goat to me!"

Within an hour, over 40 students showed similar signs—chest pain, difficulty breathing, and confusion. The school atmosphere turned chaotic, fear gripping everyone. Recognizing the seriousness of the situation, the school administration called for help two hours later. What began as one girl's distress had spiraled into widespread symptoms.

Follow Up

We performed follow up for the first 14 days. Eight of the affected students were brought in outpatient of the department of psychiatry, Nepalgunj medical college for treatment. Investigations were done and organic causes were ruled out. Even after treatment the update was taken via call after at six months no further similar mass attack was reported.

Educating the Public

Our team took an active role in educating the public following the mass psychogenic incident at Rastriya Madhyamik Vidyalaya. After managing the immediate crisis, we organized a meeting with parents, teachers, and local community leaders to explain the psychological nature of the event. We emphasized that the symptoms were not caused by supernatural forces but by mass psychogenic illness, also known as conversion disorder, which can occur in response to collective anxiety or stress. This was a critical step in dispelling misconceptions.

We also reported information about the event including insights about the psychological triggers behind the incident and how individual in the community can help to tackle such problems and the news was published by local newspaper for awareness. Social media platforms were also leveraged to share educational posts on the topic, aiming to reduce stigma around mental health and raise awareness about conversion disorder.

DISCUSSION

Similar incidents have been reported globally, often linked to communal stressors and closely-knit groups. A case has been documented in a family in India among 10 members that affected them for almost two decades.⁷ An outbreak also occurred in West Bengal where triggering factor was the death of two family members due to an infectious disease which led to hysteric symptoms in remaining family members and some villagers.⁸ Family members are in close association with each other and usually have the shared belief due to which chances of rapid spread of the conversion symptoms have been found high among them. School is also a common site where many incidents of mass hysteria have been documented across the world. The outbreak

has been reported in schools in northern Malaysia, Mexico, Japan, African schools and many other countries.⁹⁻¹² Mass hysteria is being common in schools mainly in the rural areas of Nepal. The schools in eastern Nepal, Kapilvastu, Dang, Dhading, etc. have suffered the attack of mass conversion disorder.¹³⁻¹⁶ All of them have triggering stress which initiated the outbreak and have practiced dispersion of crowds, personally interviewing the affected students, counseling of the teachers and parents, etc. like we have done in our case.

This mass hysteria outbreak that was witnessed yet again in 2023 the public school in western part of the nation reflects a concerning rise of occurrences of this phenomenon nationwide. It's imperative to take action to stop mass hysteria outbreaks in the future. It is important to address underlying psychosocial stressors of the students and increase their resilience. In order to improve mental health and lessen the possibility of psychogenic outbreaks, schools can implement techniques like stress management programs and peer support groups. Research into the epidemiology and psychosocial factors of mass hysteria in diverse cultural contexts can play an important role in developing measures for managing mass hysteria outbreaks and promoting mental resilience among students in a school.

Clinically, the case highlighted the powerful role of cultural beliefs in shaping psychological distress. The destruction of the sacred Peepal tree acted as a stressor, and the shared fear among students rapidly spread, triggering similar symptoms. All medical investigations ruled out organic causes, and the affected students recovered following psychological intervention and support.

CONCLUSION

This brief communication aimed and succeeded in presenting the detailed sequence of events and actions that are taken to manage the outbreak. It mainly emphasizes the critical need for proactive measures in identifying, responding to, and preventing mass hysteria outbreaks in educational settings, promoting mental health resilience among students.

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