Mass psychogenic illness

Mass psychogenic illness (**MPI**), also called **mass sociogenic illness**, **mass psychogenic disorder**, **epidemic hysteria** or **mass hysteria**, involves the spread of illness symptoms through a population where there is no infectious agent responsible for contagion.[1] It is the rapid spread of illness signs and symptoms 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 causes that are known.[2]

Mass psychogenic illness	
Other names	Mass hysteria, epidemic hysteria, mass sociogenic illness, mass psychogenic disorder
 Dancing plagues of the Middle Ages are thought to have been caused by mass hysteria.	
Specialty	Psychiatry, clinical psychology
Symptoms	Headache, dizziness, nausea, abdominal pain, cough, fatigue, sore throat
Risk factors	Childhood or adolescence, female sex, intense media coverage
Differential diagnosis	Actual diseases, mass delusions, somatic symptom disorder

Causes

MPI is distinct from other types of collective delusions by involving physical symptoms.[3][4] Qualities of MPI outbreaks often include:[3]

- symptoms that have no plausible organic basis;
- symptoms that are transient and benign;
- symptoms with rapid onset and recovery;
- occurrence in a segregated group;
- the presence of extraordinary anxiety;
- symptoms that are spread via sight, sound or oral communication;
- a spread that moves down the age scale, beginning with older or higher-status people;

British psychiatrist Simon Wessely distinguishes between two forms of MPI:[2]

- *Mass anxiety hysteria* "consists of episodes of acute anxiety, occurring mainly in schoolchildren. Prior tension is absent and the rapid spread is by visual contact."[5]
- *Mass motor hysteria* "consists of abnormalities in motor behaviour. It occurs in any age group and prior tension is present. Initial cases can be identified and the spread is gradual. ... [T]he outbreak may be prolonged."[5]

While his definition is sometimes adhered to,[2][6] others contest Wessely's definition and describe outbreaks with qualities of both mass motor hysteria and mass anxiety hysteria.[7]

The DSM-IV-TR does not define a diagnosis for this condition but the text describing conversion disorder states that "In 'epidemic hysteria', shared symptoms develop in a circumscribed group of people following 'exposure' to a common precipitant."

Common symptoms

Timothy F. Jones of the Tennessee Department of Health compiles the following symptoms based on their commonality in outbreaks occurring in 1980–1990:[8]

Symptom	Percent reporting
Headache	67
Dizziness or light-headedness	46
Nausea	41
Abdominal cramps or pain	39
Cough	31
Fatigue, drowsiness or weakness	31
Sore or burning throat	30
Hyperventilation or difficulty breathing	19
Watery or irritated eyes	13
Chest tightness/chest pain	12
Inability to concentrate/trouble thinking	11
Vomiting	10
Tingling, numbness or paralysis	10
Anxiety or nervousness	8
Diarrhea	7
Trouble with vision	7
Rash	4
Loss of consciousness/syncope	4
Itching	3

Prevalence and intensity

Adolescents and children are frequently affected in cases of MPI.[8] The hypothesis that those prone to extraversion or neuroticism, or those with low IQ scores, are more likely to be affected in an outbreak of hysterical epidemic has not been consistently supported by research. Bartholomew and Wessely state that it "seems clear that there is no particular predisposition to mass sociogenic illness and it is a behavioural reaction that anyone can show in the right circumstances."[2]

Intense media coverage seems to exacerbate outbreaks.[4][6][8] The illness may also recur after the initial outbreak.[8] John Waller advises that once it is determined that the illness is psychogenic, it should not be given credence by authorities.[6] For example, in the Singapore factory case study, calling in a medicine man to perform an exorcism seemed to perpetuate the outbreak.[9]

Research

Besides the difficulties common to all research involving the social sciences, including a lack of opportunity for controlled experiments, mass sociogenic illness presents special difficulties to researchers in this field. Balaratnasingam and Janca report that the methods for "diagnosis of

mass hysteria remain contentious."[4] According to Jones, the effects resulting from MPI "can be difficult to differentiate from [those of] bioterrorism, rapidly spreading infection or acute toxic exposure."[8]

These troubles result from the residual diagnosis of MPI. There is a lack of logic in an argument that proceeds: "There isn't anything, so it must be MPI." It is an example of an argument from ignorance, with *ignorance* here intended to mean "an absence of contrary evidence". It precludes the notion that an organic factor could have been overlooked (*i.e.* that there may have been insufficient investigation), or the possibility that the answer may currently be unknown but known at a future point in time. Nevertheless, running an extensive number of tests extends the probability of false positives. Singer, of the Uniformed Schools of Medicine, has summarized the problems with such a diagnosis:[10]

> [Y]ou find a group of people getting sick, you investigate, you measure everything you can measure ... and when you still can't find any physical reason, you say "well, there's nothing else here, so let's call it a case of MPI."[10]

Relationship to autism and mirror neurons

Due to the role of the visual and auditory systems in MPI, a link between MPI and mirror neurons has been suggested.[11] In this context, MPI appears as the neurological opposite of autism, caused by an overactive, not underactive, mirror neuron system.[12] This could in turn explain the gender difference bias observed in these two conditions, with autism predominantly affecting males (persons with autism show diminished activity in the mirror neuron system),[13] and MPI predominantly affecting young girls,[14] [15] [16] [17] who appear to have a more sensitive mirror system.[18]

In history

Middle Ages

The earliest studied cases linked with epidemic hysteria are the dancing manias of the Middle Ages, including St. John's dance and tarantism. These were supposed to be associated with spirit possession or the bite of the tarantula. Those with dancing mania would dance in large groups, sometimes for weeks at a time. The dancing was sometimes accompanied by stripping, howling, the making of obscene gestures, or even (reportedly) laughing or crying to the point of death. Dancing mania was widespread over Europe.[19]

Between the 15th and 19th centuries, instances of motor hysteria were common in nunneries. The young ladies that made up these convents were sometimes forced there by family. Once accepted, they took vows of chastity and poverty. Their lives were highly regimented and often marked by strict disciplinary action. The nuns would exhibit a variety of behaviors, usually attributed to

demonic possession. They would often use crude language and exhibit suggestive behaviors. One convent's nuns would regularly meow like cats.[20] Priests were often called in to exorcise demons.[2]

18th to 21st centuries

In factories

MPI outbreaks occurred in factories following the industrial revolution in England, France, Germany, Italy, Russia,[2] the United States and Singapore.

W. H. Phoon, Ministry of Labour in Singapore, gives a case study of six outbreaks of MPI in Singapore factories between 1973 and 1978.[9] They were characterized by (1) hysterical seizures of screaming and general violence, wherein tranquilizers were ineffective (2) trance states, where a worker would claim to be speaking under the influence of a spirit or *jinn* and (3) frightened spells: some workers complained of unprecedented fear, or of being cold, numb, or dizzy. Outbreaks would subside in about a week. Often a *bomoh* (medicine man) would be called in to do a ritual exorcism. This technique was not effective and sometimes seemed to exacerbate the MPI outbreak. Females and Malay people were affected disproportionately.

Especially notable is the "June Bug" outbreak:[21] In June 1962, a peak month in factory production, 62 workers at a dressmaking factory in a textile town in the Southern United States[a] experienced symptoms including severe nausea and breaking out on the skin. Most outbreaks occurred during the first shift, where four fifths of the workers were female. Of 62 total outbreaks, 59 were women, some of whom believed they were bitten by bugs from a fabric shipment,[24] so entomologists and others were called in to discover the pathogen, but none was found. Kerchoff coordinated the interview of affected and unaffected workers at the factory and summarizes his findings:

- Strain – those affected were more likely to work overtime frequently and provide the majority of the family income. Many were married with children.
- Affected persons tended to deny their difficulties. Kerchoff postulates that such were "less likely to cope successfully under conditions of strain."
- Results seemed consistent with a model of social contagion. Groups of affected persons tended to have strong social ties.

Kerchoff also links the rapid rate of contagion with the apparent reasonableness of the bug infestation theory and the credence given to it in accompanying news stories.

Stahl and Lebedun[25] describe an outbreak of mass sociogenic illness in the data center of a university town in the United States Midwest in 1974. Ten of 39 workers smelling an unconfirmed "mystery gas" were rushed to a hospital with symptoms of dizziness, fainting, nausea and vomiting. They report that most workers were young women either putting their husbands through school or supplementing the family income. Those affected were found to have high levels of job dissatisfaction. Those with strong social ties tended to have similar reactions to the supposed gas, which only one unaffected woman reported smelling. No gas was detected in subsequent tests of the data center.

In schools

Mass hysteria affected schools in Berry, Alabama, and Miami Beach in 1974, with the former episode taking the form of recurring itches, and the latter initially triggering fears of poison gas (it was traced back to a popular student who happened to be sick with a virus).[26]

Thousands were affected by the spread of a supposed illness in a province of Kosovo in March to June 1990, exclusively affecting ethnic Albanians, most of whom were young adolescents.[27] A wide variety of symptoms were manifested, including headache, dizziness, impeded respiration, weakness/adynamia, burning sensations, cramps, retrosternal/chest pain, dry mouth and nausea. After the illness had subsided, a bipartisan Federal Commission released a document, offering the explanation of psychogenic illness. Radovanovic of the Department of Community Medicine and Behavioural Sciences Faculty of Medicine in Safat, Kuwait, reports:

> This document did not satisfy either of the two ethnic groups. Many Albanian doctors believed that what they had witnessed was an unusual epidemic of poisoning. The majority of their Serbian colleagues also ignored any explanation in terms of psychopathology. They suggested that the incident was faked with the intention of showing Serbs in a bad light but that it failed due to poor organization.

Rodovanovic expects that this reported instance of mass sociogenic illness was precipitated by the demonstrated volatile and culturally tense situation in the province.[27]

The Tanganyika laughter epidemic of 1962 was an outbreak of laughing attacks rumored to have occurred in or near the village of Kanshasa on the western coast of Lake Victoria in the modern nation of Tanzania, eventually affecting 14 different schools and over 1,000 people.

On the morning of Thursday 7 October 1965, at a girls' school in Blackburn in England, several girls complained of dizziness.[28][29] Some fainted. Within a couple of hours, 85 girls from the school were rushed by ambulance to a nearby hospital after fainting. Symptoms included swooning, moaning, chattering of teeth, hyperpnea, and tetany. Moss and McEvedy published their analysis of the event about one year later. Their conclusions follow.[28] Their conclusion about the above-average extraversion and neuroticism of those affected is not necessarily typical of MPI:[2]

- Clinical and laboratory findings were essentially negative.
- Investigations by the public health authorities did not uncover any evidence of pollution of food or air.
- The epidemiology of the outbreak was investigated by means of questionnaires administered to the whole school population. It was established that the outbreaks began among the 14-year-olds, but that the heaviest incidence moved to the youngest age groups.
- By using the Eysenck Personality Inventory, it was established that, in all age groups, the mean E [extraversion] and N [neuroticism] scores of the affected were higher than those of the unaffected.
- The younger girls proved more susceptible, but disturbance was more severe and lasted longer in the older girls.
- It was considered that the epidemic was hysterical, that a previous polio epidemic had rendered the population emotionally vulnerable, and that a three-hour parade, producing 20 faints on the day before the first outbreak, had been the specific trigger.
- The data collected were thought to be incompatible with organic theories and with the compromise theory of an organic nucleus.

Another possible case occurred in Belgium in June 1999 when people, mainly schoolchildren, became ill after drinking Coca-Cola.[30] In the end, scientists were divided over the scale of the outbreak, whether it fully explains the many different symptoms and the scale to which sociogenic illness affected those involved.[31][32]

A possible outbreak of mass psychogenic illness occurred at Le Roy Junior-Senior High School in 2011, in upstate New York, US, in which multiple students began having symptoms similar to Tourette syndrome. Various health professionals ruled out such factors as Gardasil, drinking water contamination, illegal drugs, carbon monoxide poisoning and various other potential environmental or infectious causes, before diagnosing the students with a conversion disorder and mass psychogenic illness.[33]

Starting around 2009, a spate of apparent poisonings at girls' schools across Afghanistan began to be reported; symptoms included dizziness, fainting and vomiting. The United Nations, World Health Organization and NATO's International Security Assistance Force carried out investigations of the incidents over multiple years, but never found any evidence of toxins or poisoning in the hundreds of blood, urine and water samples they tested. The conclusion of the investigators was that the girls were experiencing a mass psychogenic illness.[34][35]

In August 2019 the BBC reported that schoolgirls at the Ketereh national secondary school (SMK Ketereh) in Kelantan, Malaysia, started screaming, with some claiming to have seen 'a face of pure evil'. Simon Wessely of King's College Hospital, London, suggested it was a form of 'collective behaviour'. Robert Bartholomew, an American medical sociologist and author, said, "It is no coincidence that Kelantan, the most religiously conservative of all Malaysian states, is also the one most prone to outbreaks." This view is supported by Afiq Noor, an academic, who argues that the stricter implementation of Islamic law in school in states such as Kelantan is linked to the outbreaks. He suggested that the screaming outbreak was caused by the constricted environment. In Malaysian culture burial sites and trees are common settings for supernatural tales about the spirits of dead infants (*toyol*), vampiric ghosts *(pontianak)* and vengeful female spirits (*penanggalan)*. Authorities responded to the Kelantan outbreak by cutting down trees around the school.[36]

Outbreaks of mass psychogenic illness "have been reported in Catholic convents and monasteries across Mexico, Italy and France, in schools in Kosovo and even among cheerleaders in a rural North Carolina town".[36]

Episodes of mass hysteria have not been infrequent in Nepalese schools,[37][38] at times even leading to the temporary closure of those schools involved.[39] A unique phenomenon of "recurrent epidemic of mass hysteria" was reported from a school of Pyuthan district of western Nepal in 2018. After a 9-year-old school girl developed crying and shouting episodes, other children of the same school were seen to also become affected in rapid succession, resulting in 47 affected students (37 females, 10 males) in the same day. Since 2016, similar episodes of mass psychogenic illness have been occurring every year at the same school. This is seen as a rather atypical case of recurrent mass hysteria.[40][41]

In July 2022 reports of up to 15 girls showing unusual symptoms such as screaming, trembling, and banging their heads came up from a government school in Bageshwar, Uttarakhand, India. Mass psychological illness has been suggested as a possible cause.[42]

In late 2022 and early 2023, thousands of students, mostly girls, in numerous schools in Iran were initially believed to have been poisoned in various and undetermined manners by unidentified perpetrators and numerous arrests were made. On 29 April 2023, the Iranian Intelligence Ministry released the findings of a comprehensive investigation which concluded that the reported illnesses were not caused by any toxic substances. Instead they were suggested to have been due to a variety of reasons including exposure to a variety of non-toxic substances, mass hysteria, and malingering.[43][44]

In October 2023, over 100 students from the St. Theresa's Eregi Girls' High School in Musoli, Kenya were hospitalized due to rapid and involuntary arm and leg movement, sometimes accompanied by headaches and vertigo. Routine medical tests revealed nothing unusual, and there were no signs of infectious disease as a cause. Ultimately it was decided that the events were caused by "stress due to upcoming exams" and the incident was determined to be an incident of "hysteria".[45] Due to the determination of collective stress as the cause, medical sociologist Robert Bartholomew favors the neutral term mass psychogenic illness over mass hysteria, as people respond more favorably to a diagnosis of stress induced symptoms than to a diagnosis of mass hysteria. Bartholomew notes such outbreaks are not unusual in schools in the developing world. This is particularly true in schools in which discipline is tight and accompanied with cultural strain between administrators and students. An outbreak can be preceded by months of such tension, which then results in physical symptoms such as seen in Musoli. Far from faking it, "Under such prolonged stress, the nerves and neurons that send messages to the brain become disrupted, resulting in an array of neurological symptoms such as twitching, shaking, convulsions, and trance-like states." Bartholomew further observes that school-stress borne illness such as occurred here have not been uncommon in Africa since the 1960s. Some appear to be due to Christian missionary schools largely ignoring local traditions and mythologies. Instead, such schools impart their own mythologies and culture. This may create overwhelming anxiety due to the students being taught one thing at home, such as ancestor worship, which is then forbidden at a Christian mythology based school. Other such outbreaks have similar tradition based causes, such as a 1995 outbreak of "bouts of screaming, crying, foaming at the mouth, and partial paralysis" in over 600 girls at an African Muslim school in Northern Nigeria. This outbreak was surmised to be due to expectations of traditional arranged marriage, colliding with modernity's emphasis on romantic love that the students had observed in movies. The difference between these two cases of mass psychogenic illness reinforces that each outbreak needs to be evaluated in the specific circumstances in which it occurred, as such instances are "never spontaneous reactions to stress per se; they are always couched in some unique context."[46]

Terrorism and biological warfare

Bartholomew and Wessely anticipate the "concern that after a chemical, biological or nuclear attack, public health facilities may be rapidly overwhelmed by the anxious and not just the medical and psychological casualties."[2] Additionally, early symptoms of those affected by MPI are difficult to differentiate from those actually exposed to the dangerous agent.[8]

The first Iraqi missile hitting Israel during the Persian Gulf War was believed to contain chemical or biological weapons. Though this was not the case, 40% of those in the vicinity of the blast reported breathing problems.[2]

Right after the 2001 anthrax attacks in the first two weeks of October 2001, there were over 2300 false anthrax alarms in the United States. Some reported physical symptoms of what they believed to be anthrax.[2]

Also in 2001, a man sprayed what was later found to be a window cleaner into a subway station in Maryland. Thirty-five people were treated for nausea, headaches and sore throats.[2]

Havana syndrome

Beginning in 2016, some staff stationed at the US embassy in Cuba reported medical symptoms that initially were attributed to "sonic attacks", and later to other unknown weaponry. The symptoms were dubbed "Havana syndrome" by the media. The following year, some US government employees in China reported similar symptoms. Eventually, similar reports came from US government employees and their families around the globe, including in Washington DC. Due to lack of evidence of actual attack and other factors, some scientists suggested the alleged symptoms were psychogenic in nature.[47][48][49][50]

Seven U.S. intelligence agencies headed by the CIA spent years reviewing thousands of possible cases of Havana syndrome and preparing a report. On March 1, 2023, the House Intelligence Committee released an unclassified version of the report, titled an "Intelligence Community Assessment". Politico summarized the results by saying, "The finding undercuts a years-long narrative, propped up by more than a thousand reports from government employees, that a foreign adversary used pulsed electro-magnetic energy waves to sicken Americans."[51]

Children in recent refugee families

Refugee children in Sweden have been reported to fall into coma-like states on learning their families will be deported. The condition, known as resignation syndrome (Swedish: *uppgivenhetssyndrom*), is believed to only exist among the refugee population in the Scandinavian country, where it has been prevalent since the early part of the 21st century. Commentators state "a degree of psychological contagion" is inherent to the condition, by which young friends and relatives of the affected individual can also come to have the condition.[52]

In a 130-page report on the condition, commissioned by the government and published in 2006, a team of psychologists, political scientists and sociologists hypothesized that it was a culture-bound syndrome, a psychological illness endemic to a specific society.[53]

This phenomenon has later been called into question, with children witnessing that they were forced, by their parents, to act in a certain way in order to increase chances of being granted residence permits.[54][55] As evidenced by medical records, healthcare professionals were aware of this scam, and witnessed parents who actively refused aid for their children, but remained silent. Later, Sveriges Television, Sweden's national public television broadcaster, were severely critiqued by investigative journalist Janne Josefsson for failing to uncover the truth.[56]

Internet

After the rise of a popular breakthrough YouTube channel in 2019 where the presenter exhibits extensive Tourette's-like behavior, there was a sharp rise in young people referred to clinics specializing in tics, thought to be related to social contagion spread via the Internet, and also to stress from eco-anxiety and the COVID-19 pandemic. The authors of an August 2021 report found

evidence that social media was the primary vector for transmission and that it predominantly affects adolescent girls, declaring the phenomenon the first recorded instance of "mass social media–induced illness" (MSMI).[57][58][59][29]

See also

Ψ ***Psychology portal***

- 1998 East Java ninja scare
- Body-centred countertransference
- Contagious depression – Spread of depression among a social group
- Culture-bound syndrome – Psychiatric and somatic symptoms experienced within a specific culture
- Conversion disorder – Diagnostic category used in some psychiatric classification systems
- Day-care sex-abuse hysteria – Moral panic and series of prosecutions, one example of satanic panic
- Folie à deux – Shared psychosis, a psychiatric syndrome (from the French for "a madness shared by two")
- Group Think
- Herd mentality – Tendency to adopt group beliefs and behaviors
- Hypochondriasis – somatoform disorder that involves an excessive preoccupation or worry about having a serious illness
- Hysterical contagion – effect in which a group exhibits physical symptoms due to a psychological cause
- Satanic panic – Widespread moral panic alleging abuse
- Sick building syndrome – Symptoms of illness attributed to a building
- Social Contagion

References

Informational notes

a. The factory – employing 965 workers – was named the "Montana Mills", a subsidiary of a northern business that had moved into town only a few years prior.[21] It was said to be at "Strongsville", but both the factory name and place-name are the authors' pseudonyms.[22] The location has been said to be Spartanburg, South Carolina,[23] a major textile center.

Citations

1. Kelly, J.R.; Iannone, R.E.; McCarty, M.K. (2014). "The function of shared affect in groups" (https://books.google.com/books?id=yHq9AgAAQBAJ&q=%22mass+psychogenic+illness%22). In von Scheve, Christian; Salmella, Mikko (eds.). *Collective Emotions*. OUP Oxford. ISBN 978-0-19-965918-0. Archived (https://web.archive.org/web/20201029084251/https://books.google.com/books?id=yHq9AgAAQBAJ&q=%22mass+psychogenic+illness%22) from the original on 2020-10-29. Retrieved 2020-09-03.

2. Bartholomew, Robert; Wessely, Simon (2002). "Protean nature of mass sociogenic illness" (https://www.cambridge.org/core/services/aop-cambridge-core/content/view/2BDC2262E104B8A33F3DD49773DA0D8B/S0007125000268578a.pdf/protean_nature_of_mass_sociogenic_illness.pdf) (PDF). *The British Journal of Psychiatry*. **180** (4): 300–306. doi:10.1192/bjp.180.4.300 (https://doi.org/10.1192%2Fbjp.180.4.300). PMID 11925351 (https://pubmed.ncbi.nlm.nih.gov/11925351). Archived (https://web.archive.org/web/20190130211908/https://www.cambridge.org/core/services/aop-cambridge-core/content/view/2BDC2262E104B8A33F3DD49773DA0D8B/S0007125000268578a.pdf/protean_nature_of_mass_sociogenic_illness.pdf) (PDF) from the original on 2019-01-30. Retrieved 2018-10-10.
3. Weir, Erica (2005). "Mass sociogenic illness" (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC543940). *Canadian Medical Association Journal*. **172** (1): 36. doi:10.1503/cmaj.045027 (https://doi.org/10.1503%2Fcmaj.045027). PMC 543940 (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC543940). PMID 15632400 (https://pubmed.ncbi.nlm.nih.gov/15632400).
4. Balaratnasingam, Sivasankaran; Janca, Aleksandar (March 2006). "Mass hysteria revisited" (https://web.archive.org/web/20181022033730/https://pdfs.semanticscholar.org/46b1/85f18c2049bcc96b60fc1e7bab75ee00c9ea.pdf) (PDF). *Current Opinion in Psychiatry*. **19** (2): 171–74. doi:10.1097/01.yco.0000214343.59872.7a (https://doi.org/10.1097%2F01.yco.0000214343.59872.7a). PMID 16612198 (https://pubmed.ncbi.nlm.nih.gov/16612198). S2CID 10779450 (https://api.semanticscholar.org/CorpusID:10779450). Archived from the original (https://pdfs.semanticscholar.org/46b1/85f18c2049bcc96b60fc1e7bab75ee00c9ea.pdf) (PDF) on 2018-10-22. Retrieved 2018-10-21.
5. Wessely, Simon (1987). "Mass hysteria: two syndromes?". *Psychological Medicine*. **17** (1): 109–20. doi:10.1017/s0033291700013027 (https://doi.org/10.1017%2Fs0033291700013027). PMID 3575566 (https://pubmed.ncbi.nlm.nih.gov/3575566). S2CID 32597423 (https://api.semanticscholar.org/CorpusID:32597423).
6. Waller, John (16 July 2009). "Dancing plagues and mass hysteria" (https://www.bps.org.uk/psychologist/dancing-plagues-and-mass-hysteria). *BPS*. Retrieved 2023-04-25.
7. Ali-Gombe, A. et al. "Mass hysteria: one syndrome or two?" *British Journal of Psychiatry* 1997; 170 387–88. Web. 17 Dec. 2009.
8. [1] (https://www.aafp.org/pubs/afp/issues/2000/1215/p2649.html) Archived (https://web.archive.org/web/20110606055745/http://www.aafp.org/afp/20001215/2649.html) 2011-06-06 at the Wayback Machine Jones, Timothy. "Mass Psychogenic Illness: Role of the Individual Physician." *American Family Physician.* American Family of Family Physicians: 15 Dec. 2000. Web. 28 Nov. 2009.
9. Phoon, W. H. (1982). "Outbreaks of Mass Hysteria at Workplaces in Singapore: Some Patterns and Modes of Presentation". In J. W. Pennebaker; L. R. Murphy; M. J. Colligan (eds.). *Mass Psychogenic Illness: A Social Psychological Analysis*. Hillsdale, New Jersey: Lawrence Erlbaum Associates. pp. 21–31.
10. Singer, Jerome. "Yes Virginia, There Really Is a Mass Psychogenic Illness." *Mass Psychogenic Illness: A Social Psychological Analysis.* Ed. Colligan et al. Hillsdale, NJ: Lawrence Erlbaum Associates, Publishers, 1982. 21–31. Print.
11. Lee, Yao-Tung; Tsai, Shih-Jen (2010). "The mirror neuron system may play a role in the pathogenesis of mass hysteria". *Medical Hypotheses*. **74** (2): 244–245. doi:10.1016/j.mehy.2009.09.031 (https://doi.org/10.1016%2Fj.mehy.2009.09.031). PMID 19815347 (https://pubmed.ncbi.nlm.nih.gov/19815347).
12. Goldstein, Donna M; Hall, Kira (2015). "Mass hysteria in Le Roy, New York: How brain experts materialized truth and outscienced environmental inquiry". *American Ethnologist*. **42** (4): 640–657. doi:10.1111/amet.12161 (https://doi.org/10.1111%2Famet.12161).
13. Iacoboni, Marco; Mazziotta, John C (2007). "Mirror neuron system: basic findings and clinical applications" (https://doi.org/10.1002%2Fana.21198). *Annals of Neurology*. **62** (3): 213–218. doi:10.1002/ana.21198 (https://doi.org/10.1002%2Fana.21198). PMID 17721988 (https://pubmed.ncbi.nlm.nih.gov/17721988). S2CID 3225339 (https://api.semanticscholar.org/CorpusID:3225339).

14. Zhao, Gang; Cheng, Qinglin; Dong, Xianming; Xie, Li (2021). "Mass hysteria attack rates in children and adolescents: a meta-analysis" (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8829737). *Journal of International Medical Research*. **49** (12): 1–15. doi:10.1177/03000605211039812 (https://doi.org/10.1177%2F03000605211039812). PMC 8829737 (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8829737). PMID 34898296 (https://pubmed.ncbi.nlm.nih.gov/34898296). S2CID 245137804 (https://api.semanticscholar.org/CorpusID:245137804).
15. Mink; Jonathan W (2013). "Conversion disorder and mass psychogenic illness in child neurology". *Annals of the New York Academy of Sciences*. **1304**: 40–44. doi:10.1111/nyas.12298 (https://doi.org/10.1111%2Fnyas.12298).
16. Schmitt, Neal; Fitzgerald, Michael (2013). *Mass psychogenic illness: Individual and aggregate data*. pp. 87–100. doi:10.4324/9781315825694-7 (https://doi.org/10.4324%2F9781315825694-7). ISBN 9781315825694.
17. Delhaye, Melanie; Zdanowicz, Nicolas (2023). "Phenomenon of nightclub shots: mass psychogenic disease?},". *Psychiatria Danubina*. **35**. PMID 37800220 (https://pubmed.ncbi.nlm.nih.gov/37800220).
18. Cheng, Ya-Wei; Tzeng, Ovid JL; Decety, Jean; Imada, Toshiaki; Hsieh, Jen-Chuen (2006). "Gender differences in the human mirror system: a magnetoencephalography study". *NeuroReport*. **17** (11): 1115–1119. doi:10.1097/01.wnr.0000223393.59328.21 (https://doi.org/10.1097%2F01.wnr.0000223393.59328.21). PMID 16837838 (https://pubmed.ncbi.nlm.nih.gov/16837838). S2CID 18811017 (https://api.semanticscholar.org/CorpusID:18811017).
19. Bartholomew, Robert (2001). *Little Green Men, Meowing Nuns and Head-Hunting Panics*. Jefferson, North Carolina: McFarland & Company, Inc.
20. Hecker, J. F. (1844). *The Epidemics of the Middle Ages* (https://archive.org/details/epidemicsofmiddl1844heck) (First ed.). p. 118 (https://archive.org/details/epidemicsofmiddl1844heck/page/118).
21. Kerchoff, Alan C. (2013). "Analyzing a Case of Mass Psychogenic Illness" (https://books.google.com/books?id=7Z7hAQAAQBAJ&pg=PA7). In Colligan; et al. (eds.). *Mass Psychogenic Illness: A Social Psychological Analysis*. Routledge. pp. 5–19. ISBN 978-1-317-83864-7. Archived (https://web.archive.org/web/20200805185038/https://books.google.com/books?id=7Z7hAQAAQBAJ&pg=PA7) from the original on 2020-08-05. Retrieved 2017-10-04.
22. Rowe Dynes, Russell (1994). *Disasters, Collective Behavior, and Social Organization* (https://books.google.com/books?id=h4K6AAAAIAAJ). University of Delaware Press. p. 219. ISBN 978-0-87413-498-8. Archived (https://web.archive.org/web/20200805175354/https://books.google.com/books?id=h4K6AAAAIAAJ) from the original on 2020-08-05. Retrieved 2017-10-04. "workers at the "Montana Mills" dressmaking division in "Strongsville" (both are the authors' pseudonyms)"
23. Fooden, Myra (1983). *The Second X and women's health* (https://books.google.com/books?id=_4IqAQAAMAAJ). Gordian Press. p. 66. ISBN 978-0-87752-223-2. Archived (https://web.archive.org/web/20200805181711/https://books.google.com/books?id=_4IqAQAAMAAJ) from the original on 2020-08-05. Retrieved 2017-10-04 – via Google Books. "described by the sociologists Kerckhoff and Back in their book *The June Bug* (1968). It was reported as a case of "hysterical contagion" involving approximately sixty textile workers in Spartanburg, South Carolina."
24. Miller, David L. (2013). *Introduction to Collective Behavior and Collective Action* (https://books.google.com/books?id=YS9NAAAAQBAJ&pg=PA134) (3rd ed.). Waveland Press. p. 134. ISBN 978-1-4786-1095-3. Archived (https://web.archive.org/web/20200423101028/https://books.google.com/books?id=YS9NAAAAQBAJ&pg=PA134) from the original on 2020-04-23. Retrieved 2017-10-04.
25. Stahl, Sydney; Lebedun, Morty (1974). "Mystery Gas: An Analysis of Mass Hysteria". *Journal of Health and Social Behavior*. **15** (1): 44–50. doi:10.2307/2136925 (https://doi.org/10.2307%2F2136925). JSTOR 2136925 (https://www.jstor.org/stable/2136925). PMID 4464323 (https://pubmed.ncbi.nlm.nih.gov/4464323).

26. Roueché, Berton (14 August 1978). "Sandy" (https://www.newyorker.com/magazine/1978/08/21/sandy). *The New Yorker*. Retrieved 3 December 2020.
27. Radovanovic, Z. "On the Origin of Mass Casualty Incidents in Kosovo, Yugoslavia, in 1990." *European Journal of Epidemiology* 12(1) (1996):101–113. JSTOR. Web. 27 Nov. 2009.
28. Moss, P. D.; McEvedy, C. P. (26 November 1966). "An epidemic of overbreathing among schoolgirls" (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1944262). *British Medical Journal*. 1966, 2:5525 (5525): 1295–1300. doi:10.1136/bmj.2.5525.1295 (https://doi.org/10.1136%2Fbmj.2.5525.1295). PMC 1944262 (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1944262). PMID 5924817 (https://pubmed.ncbi.nlm.nih.gov/5924817).
29. Kale, Sirin (November 16, 2021). " 'The unknown is scary': why young women on social media are developing Tourette's-like tics" (https://www.theguardian.com/media/2021/nov/16/the-unknown-is-scary-why-young-women-on-social-media-are-developing-tourettes-like-tics). *The Guardian*.
30. Nemery, Benoit; Fischler, Benjamin; Boogaerts, Marc; Lison, Dominique (1999). "Dioxins, Coca-Cola, and mass sociogenic illness in Belgium" (http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(05)75348-4/fulltext). *The Lancet*. **354** (9172): 77. doi:10.1016/S0140-6736(05)75348-4 (https://doi.org/10.1016%2FS0140-6736%2805%2975348-4). PMID 10406397 (https://pubmed.ncbi.nlm.nih.gov/10406397). S2CID 39729818 (https://api.semanticscholar.org/CorpusID:39729818). Archived (https://web.archive.org/web/20131013103436/http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(05)75348-4/fulltext) from the original on 2013-10-13. Retrieved 2013-08-09.
31. Van Loock, F.; Gallay, A.; Demarest, S.; et al. (1999). "Outbreak of Coca-Cola-related illness in Belgium: a true association" (https://doi.org/10.1016%2FS0140-6736%2805%2977661-3). *The Lancet*. **354** (9179): 680–681. doi:10.1016/S0140-6736(05)77661-3 (https://doi.org/10.1016%2FS0140-6736%2805%2977661-3). PMID 10466695 (https://pubmed.ncbi.nlm.nih.gov/10466695). S2CID 205946696 (https://api.semanticscholar.org/CorpusID:205946696).
32. Gallay, A. (January 2002). "Belgian Coca-Cola-related Outbreak: Intoxication, Mass Sociogenic Illness, or Both?" (https://doi.org/10.1093%2Faje%2F155.2.140). *American Journal of Epidemiology*. **155** (2): 140–47. doi:10.1093/aje/155.2.140 (https://doi.org/10.1093%2Faje%2F155.2.140). PMID 11790677 (https://pubmed.ncbi.nlm.nih.gov/11790677).
33. "Mass hysteria outbreak reported in N.Y. town: What does it mean?" (https://www.cbsnews.com/8301-504763_162-57362197-10391704/mass-hysteria-outbreak-reported-in-n.y-town-what-does-it-mean/). CBS News. 19 January 2012. Archived (https://web.archive.org/web/20130319030753/http://www.cbsnews.com/8301-504763_162-57362197-10391704/mass-hysteria-outbreak-reported-in-n.y-town-what-does-it-mean) from the original on 19 March 2013. Retrieved 16 April 2020.
34. Farmer, Ben (4 July 2012). "Poisonings' at Afghan girls' schools likely mass hysteria – not Taliban, says report" (https://www.telegraph.co.uk/news/worldnews/asia/afghanistan/9376348/Poisonings-at-Afghan-girls-schools-likely-mass-hysteria-not-Taliban-says-report.html). Archived (https://web.archive.org/web/20160105103109/http://www.telegraph.co.uk/news/worldnews/asia/afghanistan/9376348/Poisonings-at-Afghan-girls-schools-likely-mass-hysteria-not-Taliban-says-report.html) from the original on 5 January 2016. Retrieved 5 January 2016.
35. "Are the Taliban Poisoning Afghan Schoolgirls? The Evidence" (http://www.newsweek.com/are-taliban-poisoning-afghan-schoolgirls-evidence-65587). *Newsweek*. 9 July 2012. Archived (https://web.archive.org/web/20140120173935/http://www.newsweek.com/are-taliban-poisoning-afghan-schoolgirls-evidence-65587) from the original on 20 January 2014. Retrieved 5 January 2016.
36. Chen, Heather (11 August 2019). "The mystery of screaming schoolgirls in Malaysia" (https://www.bbc.com/news/world-asia-48850490). *BBC News*. Archived (https://web.archive.org/web/20200317064718/https://www.bbc.com/news/world-asia-48850490) from the original on 17 March 2020. Retrieved 17 August 2019.

37. "Girls suffer mass hysteria in a Nepal school" (https://timesofindia.indiatimes.com/Girls-suffer-mass-hysteria-in-a-Nepal-school/articleshow/171683.cms). *The Times of India*. September 8, 2003. Archived (https://web.archive.org/web/20201029084252/https://timesofindia.indiatimes.com/Girls-suffer-mass-hysteria-in-a-Nepal-school/articleshow/171683.cms) from the original on 2020-10-29. Retrieved 2020-06-10.
38. "Mass hysteria hits classes in Khotang" (https://thehimalayantimes.com/nepal/mass-hysteria-hits-classes-khotang/). *The Himalayan Times*. 2016-09-12. Archived (https://web.archive.org/web/20200610184826/https://thehimalayantimes.com/nepal/mass-hysteria-hits-classes-khotang/) from the original on 2020-06-10. Retrieved 2020-06-10.
39. "Dhading school shut after witnessing mass hysteria symptoms" (https://thehimalayantimes.com/nepal/dhading-school-shut-witnessing-mass-hysteria-symptoms/). *The Himalayan Times*. 2016-06-26. Archived (https://web.archive.org/web/20200610184828/https://thehimalayantimes.com/nepal/dhading-school-shut-witnessing-mass-hysteria-symptoms/) from the original on 2020-06-10. Retrieved 2020-06-10.
40. "४८ विद्यार्थीमा मास हिस्टेरिया भएपछि एक महिनाका लागि विद्यालय बन्द" (https://swasthyakhabar.com/story/24748) [School closed for a month due to mass hysteria among 48 students]. *swasthyakhabar.com* (in Nepali). Archived (https://web.archive.org/web/20200610193927/https://swasthyakhabar.com/story/24748) from the original on 2020-06-10. Retrieved 2020-06-10.
41. Poudel, Reet; Aich, Tapas Kumar; Bhandary, Krishma; et al. (2020-05-01). "Recurrent mass hysteria in schoolchildren in Western Nepal" (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7368451). *Indian Journal of Psychiatry*. **62** (3): 316–19. doi:10.4103/psychiatry.IndianJPsychiatry_571_19 (https://doi.org/10.4103%2Fpsychiatry.IndianJPsychiatry_571_19). ISSN 0019-5545 (https://www.worldcat.org/issn/0019-5545). PMC 7368451 (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7368451). PMID 32773876 (https://pubmed.ncbi.nlm.nih.gov/32773876).
42. "Uttarakhand: 'Mass hysteria' in government school, girls 'acting as if possessed' - Times of India" (https://timesofindia.indiatimes.com/city/dehradun/uttarakhand-mass-hysteria-in-government-school-girls-acting-as-if-possessed/articleshow/93198858.cms). *The Times of India*. 29 July 2022. Retrieved 2022-07-30.
43. Wintour, Patrick (March 7, 2023). "Iran makes first arrests over suspected schoolgirl poisonings" (https://www.theguardian.com/world/2023/mar/07/iran-makes-first-arrests-over-suspected-schoolgirl-poisonings). *The Guardian*. Archived (https://archive.today/20230307172828/https://www.theguardian.com/world/2023/mar/07/iran-makes-first-arrests-over-suspected-schoolgirl-poisonings) from the original on March 7, 2023. Retrieved March 9, 2023.
44. "Iran mysterious serial poisonings may have psychogenic origin: Experts" (https://parstoday.ir/en/news/iran-i197724-iran_mysterious_serial_poisonings_may_have_psychogenic_origin_experts). *ParsToday*. March 5, 2023. Retrieved 2023-03-08.
45. Makokha, Shaban (October 6, 2023). "Eregi students suffered from hysteria, Health officials rule" (https://nation.africa/kenya/news/eregi-students-suffered-from-hysteria-health-officials-rule-4392342). Retrieved 3 March 2024.
46. Bartholomew, Robert (October 10, 2023). "The Spectres That Haunt Africa: Strange Ailments in Kenya Sets Social Media Alight" (https://www.skeptic.com/reading_room/strange-ailment-in-kenya-sets-social-media-alight/). Skeptic.com. Retrieved 3 March 2024.
47. Borger, Julian; Jaekl, Philip (2017-10-12). "Mass hysteria may explain 'sonic attacks' in Cuba, say top neurologists" (https://www.theguardian.com/world/2017/oct/12/cuba-mass-hysteria-sonic-attacks-neurologists). *The Guardian*. Archived (https://web.archive.org/web/20171014003954/https://www.theguardian.com/world/2017/oct/12/cuba-mass-hysteria-sonic-attacks-neurologists) from the original on 2017-10-14. Retrieved 2017-10-14.

48. Bures, Frank (February 2018). "Cuba's Sonic Attacks Show Us Just How Susceptible Our Brains Are to Mass Hysteria" (https://slate.com/technology/2018/02/cubas-sonic-attacks-show-us-just-how-susceptible-our-brains-are-to-mass-hysteria.html). *Slate.com*. Archived (https://web.archive.org/web/20180401075139/https://slate.com/technology/2018/02/cubas-sonic-attacks-show-us-just-how-susceptible-our-brains-are-to-mass-hysteria.html) from the original on 1 April 2018. Retrieved 1 April 2018.
49. Stone, Richard (February 15, 2018). "U.S. diplomats in Cuba have unusual brain syndrome, but there's no proof they were attacked, study says" (https://web.archive.org/web/20181125100606/http://www.sciencemag.org/news/2018/02/us-diplomats-cuba-have-unusual-brain-syndrome-no-there-s-no-clear-proof-they-were). *Sciencemag.com*. Archived from the original (https://www.science.org/content/article/us-diplomats-cuba-have-unusual-brain-syndrome-no-there-s-no-clear-proof-they-were) on 2018-11-25.
50. Baloh, Robert W.; Bartholomew, Robert E. (2020). *Havana Syndrome: Mass Psychogenic Illness and the Real Story Behind the Embassy Mystery and Hysteria* (https://books.google.com/books?id=2AjYDwAAQBAJ). Springer International. ISBN 9783030407469. Archived (https://web.archive.org/web/20230303150226/https://www.google.com/books/edition/Havana_Syndrome/2AjYDwAAQBAJ) from the original on March 3, 2023. Retrieved October 21, 2021.
51. Seligman, Lara; Banco, Erin (1 March 2023). "Intel community bats down main theory behind 'Havana Syndrome' incidents" (https://www.politico.com/news/2023/03/01/havana-syndrome-cia-intelligence-00085021). *Politico*. Archived (https://archive.today/20230304034007/https://www.politico.com/news/2023/03/01/havana-syndrome-cia-intelligence-00085021) from the original on 4 March 2023. Retrieved 4 March 2023.
52. Brink, Susan (30 March 2017). "In Sweden, Hundreds of Refugee Children Gave Up On Life" (https://www.npr.org/sections/goatsandsoda/2017/03/30/521958505/only-in-sweden-hundreds-of-refugee-children-gave-up-on-life). *NPR.org*. Archived (https://web.archive.org/web/20190715182617/https://www.npr.org/sections/goatsandsoda/2017/03/30/521958505/only-in-sweden-hundreds-of-refugee-children-gave-up-on-life) from the original on 2019-07-15. Retrieved 2018-04-04.
53. Aviv, Rachel (27 March 2017). "The Trauma of Facing Deportation" (https://www.newyorker.com/magazine/2017/04/03/the-trauma-of-facing-deportation). *The New Yorker*. Archived (https://web.archive.org/web/20190227180502/https://www.newyorker.com/magazine/2017/04/03/the-trauma-of-facing-deportation) from the original on 27 February 2019. Retrieved 10 February 2019 – via newyorker.com.
54. Sandstig, Ola (September 23, 2019). "Ohörda rop" (https://magasinetfilter.se/granskning/ohorda-rop/) [Unheard cries]. *magasinetfilter.se* (in Swedish). Archived (https://web.archive.org/web/20201007065629/https://magasinetfilter.se/granskning/ohorda-rop/) from the original on 2020-10-07. Retrieved November 24, 2020.
55. "Sveket mot de 'apatiska' barnen är en skandal" (https://www.expressen.se/ledare/linda-jerneck/sveket-mot-de-apatiska-barnen-ar-en-skandal/) [The betrayal of the 'apathetic' children is a scandal]. *expressen.se* (in Swedish). 24 September 2019. Archived (https://web.archive.org/web/20200528203647/https://www.expressen.se/ledare/linda-jerneck/sveket-mot-de-apatiska-barnen-ar-en-skandal/) from the original on 2020-05-28. Retrieved 2020-10-10.
56. Josefsson, Janne (October 2, 2019). "SVT måste ta ansvar för apatiska barn-skandalen" (https://www.expressen.se/ledare/linda-jerneck/svt-maste-ta-ansvar-for-apatiska-barn-skandalen/) [SVT must take responsibility for the apathetic children scandal]. *expressen.se* (in Swedish). Archived (https://web.archive.org/web/20201017075545/https://www.expressen.se/ledare/linda-jerneck/svt-maste-ta-ansvar-for-apatiska-barn-skandalen/) from the original on 2020-10-17. Retrieved 2020-10-10.
57. Heyman, Isobel and Liang, Holan and Hedderly, Tammy (2021). "COVID-19 related increase in childhood tics and tic-like attacks". *Archives of Disease in Childhood*. **106** (5): 420–421. doi:10.1136/archdischild-2021-321748 (https://doi.org/10.1136%2Farchdischild-2021-321748). PMID 33677431 (https://pubmed.ncbi.nlm.nih.gov/33677431). S2CID 232133216 (https://api.semanticscholar.org/CorpusID:232133216).

58. Rob J Forsyth (2021). "Tics, TikTok and COVID-19" (https://doi.org/10.1136%2Farchdischild-2021-321885). *Archives of Disease in Childhood*. **106** (5): 417. doi:10.1136/archdischild-2021-321885 (https://doi.org/10.1136%2Farchdischild-2021-321885). PMID 33712433 (https://pubmed.ncbi.nlm.nih.gov/33712433). S2CID 232218279 (https://api.semanticscholar.org/CorpusID:232218279).
59. Kirsten R Müller-Vahl, Anna Pisarenko, Ewgeni Jakubovski, Carolin Fremer (2021). "Stop that! It's not Tourette's but a new type of mass sociogenic illness" (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9014744). *Brain*. **145** (2): 476–480. doi:10.1093/brain/awab316 (https://doi.org/10.1093%2Fbrain%2Fawab316). PMC 9014744 (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9014744). PMID 34424292 (https://pubmed.ncbi.nlm.nih.gov/34424292).

Bibliography

- Ali-Gombe, A. et al. "Mass hysteria: one syndrome or two?" *British Journal of Psychiatry* 1997; 170 387–78. Web. 17 Dec. 2009.
- Balaratnasingam, Sivasankaran and Aleksandar Janca. "Mass hysteria revisited." *Current Opinion in Psychiatry* 19(2) (2006): 171–74. *Research Gate.* Web. 28 Nov. 2009.
- Bartholomew, Robert. *Little Green Men, Meowing Nuns and Head-Hunting Panics.* Jefferson, North Carolina: McFarland & Company, Inc. Publishers. 2001. Print.
- Bartholomew, Robert and Simon Wessely. "Protean nature of mass sociogenic illness." *The British Journal of Psychiatry* 2002; 180: 300–06. Web. 28 Nov. 2009. [2] (http://bjp.rcpsych.org/cgi/content/full/180/4/300#REF59)
- Jones, Timothy. "Mass Psychogenic Illness: Role of the Individual Physician." *American Family Physician.* American Family of Family Physicians: 15 Dec. 2000. Web. 28 Nov. 2009. [3] (http://www.aafp.org/afp/20001215/2649.html) Archived (https://web.archive.org/web/20110606055745/http://www.aafp.org/afp/20001215/2649.html) 2011-06-06 at the Wayback Machine
- Kerchoff, Alan C. "Analyzing a Case of Mass Psychogenic Illness." *Mass Psychogenic Illness: A Social Psychological Analysis.* Ed. Colligan et al. Hillsdale, NJ: Lawrence Erlbaum Associates, Publishers, 1982. 5–19. Print.
- Mass, Weir E. "Mass sociogenic illness." *CMAJ* 2005; 172: 36. Web. 14 Dec. 2009. [4] (http://www.cmaj.ca/content/172/1/36.full)
- Moss, P. D. and C. P. McEvedy. "An epidemic of overbreathing among schoolgirls." *British Medical Journal* 2(5525) (1966):1295–1300. Web. 17 Dec. 2009.
- Phoon, W. H. "Outbreaks of Mass Hysteria at Workplaces in Singapore: Some Patterns and Modes of Presentation." *Mass Psychogenic Illness: A Social Psychological Analysis.* Ed. Colligan et al. Hillsdale, NJ: Lawrence Erlbaum Associates, Publishers, 1982. 21–31. Print.
- Radovanovic, Z (1996). "On the Origin of Mass Casualty Incidents in Kosovo, Yugoslavia, in 1990". *European Journal of Epidemiology*. **12** (1): 101–13. doi:10.1007/bf00144437 (https://doi.org/10.1007%2Fbf00144437). PMID 8817187 (https://pubmed.ncbi.nlm.nih.gov/8817187). S2CID 7676802 (https://api.semanticscholar.org/CorpusID:7676802).
- Singer, Jerome. "Yes Virginia, There Really Is a Mass Psychogenic Illness." *Mass Psychogenic Illness: A Social Psychological Analysis.* Ed. Colligan et al. Hillsdale, NJ: Lawrence Erlbaum Associates, Publishers, 1982. 21–31. Print.
- Stahl, Sydney; Lebedun, Morty (1974). "Mystery Gas: An Analysis of Mass Hysteria". *Journal of Health and Social Behavior*. **15** (1): 44–50. doi:10.2307/2136925 (https://doi.org/10.2307%2F2136925). JSTOR 2136925 (https://www.jstor.org/stable/2136925). PMID 4464323 (https://pubmed.ncbi.nlm.nih.gov/4464323).
- Waller, John (2009). "Looking Back: Dancing plagues and mass hysteria" (http://www.thepsychologist.org.uk/archive/archive_home.cfm?volumeID=22&editionID=177&ArticleID=1541). *The Psychologist*. **22** (7): 644–47.
- Watson, Rory (1999-07-17). "Coca-Cola health scare may be mass sociogenic illness" (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1174603). *British Medical Journal*. **319** (7203): 146. doi:10.1136/bmj.319.7203.146a (https://doi.org/10.1136%2Fbmj.319.7203.146a).

PMC 1174603 (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1174603). PMID 10406745 (https://pubmed.ncbi.nlm.nih.gov/10406745).

- Weir, Erica (2005-01-04). "Mass sociogenic illness" (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC543940). *Canadian Medical Association Journal*. **172** (1): 36. doi:10.1503/cmaj.045027 (https://doi.org/10.1503%2Fcmaj.045027). PMC 543940 (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC543940). PMID 15632400 (https://pubmed.ncbi.nlm.nih.gov/15632400).
- Wessely, Simon (1987). "Mass hysteria: two syndromes?". *Psychological Medicine*. **17** (1): 109–20. doi:10.1017/s0033291700013027 (https://doi.org/10.1017%2Fs0033291700013027). PMID 3575566 (https://pubmed.ncbi.nlm.nih.gov/3575566). S2CID 32597423 (https://api.semanticscholar.org/CorpusID:32597423).
