The West Bank Collective Hysteria Episode

The Politics of Illness

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Episodes of mass hysteria have captivated researchers for years, but have thus far eluded the efforts of social scientists to provide a comprehensive, systematic explanation of the causes and processes involved. Mass hysteria typically involves the "contagious" spread of physical symptoms (such as fainting, convulsions, nausea, dizziness, and headaches) along with the adoption of a belief system that attributes causation to a toxic agent (such as insects or gases). Although the victims are firmly convinced their illness is "real," extensive medical and environmental studies fail to identify a chemical or biological cause for the symptoms. With no evidence to support the "real illness" explanation, the authorities typically label the episode as an example of mass hysteria and the whole thing is quietly forgotten. The mass-hysteria explanation, however, is usually met with opposition from members of the afflicted group, who remain convinced of the legitimacy of their illness.

People may take part in episodes of mass hysteria not out of fear but because they gain rewards, and it can be fun.

Investigations of these outbreaks commonly proceed from an assumption that an accumulation of stress from various sources acts as the underlying cause of the episodes. The stress builds and eventually causes one person to "snap" under the pressure and exhibit an idiosyncratic form of behavior (i.e., symptoms of physical illness). This behavior then spreads throughout the immediately affected group, most commonly occurring in schools or workplaces. The behavior is believed to represent a

form of release or escape from unpleasant situations and, as such, most closely resembles an episode of panic in the literature of collective behavior (Smelser 1962; Kerckhoff and Black 1968; Klapp 1972; and Rose 1982).

Other social scientists, however, have suggested a competing model of explanation. Instead of focusing upon the fear and anxiety victims are supposedly escaping from in a "panicky" fashion, they look at the possible rewards the participants receive. Rather than viewing participants as involved in an escape/panic, they perceive the victims to be participating in an illness craze in an effort to glean rewards (Schuler and Parenton 1943; McGrath 1982; and Gehlen 1977). This depiction of mass hysteria as a craze seems to be the more compelling of the two models and was used to analyze the following episode.

On March 21, 1983, scores of schoolgirls in the village of Arrabah on the Israeli-occupied West Bank were stricken with a mysterious illness. The symptoms included nausea, headache, dizziness, and fainting spells. The first girl stricken was sent home. Within the next few hours dozens of other girls were similarly afflicted. The local public-health officer was called after the initial cases were reported to the school administrators, but was unable to locate the cause of the illnesses. The health official's investigation seemed to precipitate an alarming increase in the number of cases, and the school was forced to close later that morning (Landrigan and Miller 1983:17).

Public-health officials returned to the scene in the evening and noted an unusual odor of gas. Although the source of the gas could not be pinpointed, it was generally concluded that it emanated from an open latrine pit located nearby. Only a very few cases were reported during the next 72 hours and the situation calmed down.

During this episode more than 60 girls were hospitalized with severe symptoms. Those with milder cases were treated by local physicians. Medical personnel conducted a barrage of screening tests on the hospitalized victims, but they were unable to offer conclusive results regarding a cause of the complaints. Public-health personnel conducted a comprehensive investigation of the environment in and around the school. These studies also yielded negative results. The incident was reported by the local media and accusations were made against both the occupying Israeli Defense Forces and recent Israeli settlers, who were accused of using poisons to terrorize the local Arab population. The Israelis vehemently denied the charges and, in turn, suggested that local Arabs were attempting to politicize what was actually an episode of mass hysteria. Their conclusions were based upon studies of similar episodes reported and researched in the United Kingdom and the United States. Since neither side was able to offer enough convincing evidence to support their respective cases, an uneasy stalemate developed as the situation quieted down during the next few days.

The prevailing calm was short-lived. A new outbreak flared up very quickly when 300 schoolgirls were stricken in the neighboring community of Jenin on March 26, 1983. The outbreak was similar to the preceding episode in the patterned symptoms of the victims, but it was significantly larger and involved more of a cross-section of the local population. Almost 400 persons were reported to have developed symptoms (Landrigan and Miller 1983:19-20). The vast majority were again schoolgirls; but a significant number of adult females also

developed symptoms, and some of the adult males who helped transport the afflicted children to hospitals as well as four soldiers of the Israeli Defense Forces also came down with symptoms. Local hospitals were inundated. Many patients had to be transferred to hospitals in surrounding communities.

Once again medical personnel from the local community and area public-health officials conducted tests. The results again failed to discover an organic or environmental cause of the illness. By this time the episode was receiving worldwide news coverage, including accusations by the Palestinian Liberation Organization that "schools had been sprayed with a poisonous gas" by the Israelis (*New York Times*, March 29, 1983). The United Nations called for an investigation. The World Health Organization and the International Committee of the Red Cross sent teams of medical personnel to the area to conduct independent investigations. The Israeli Ministry of Health requested that a medical team from the Centers for Disease Control in Atlanta, Georgia, be dispatched to the West Bank to conduct an investigation (Landrigan and Miller 1983:2).

During this time the episode was marred by violence. Angry mobs of Arab demonstrators protested the "poisonings." During one confrontation, Arab teenagers were injured by gunfire from frightened Israeli settlers (Shipler 1983). There were also isolated incidents of vigilanteism on both sides as tensions escalated. This second outbreak ended abruptly on March 28. No new hospital admissions were reported during the next week.

The third and final wave of illnesses occurred April 3. Two different areas were simultaneously struck. One was a neighboring community to the site of the first two outbreaks; the other was located one hundred miles away in the extreme southern part of the West Bank area. More than 500 persons were involved in this phase of the episode. The pattern was similar to that of the first two waves. In each of these stricken areas the illness started among girls in a school and then spilled over into the surrounding community, and each incident appears to have been triggered by children smelling odors that they described as "sulfurlike" or "gaslike" (Landrigan and Miller 1983:21). Many of the victims were hospitalized and, like the participants in the preceding episodes, released in a few days. A few isolated reports followed during the next two weeks, but these involved single individuals and did not spread to others.

The final tally indicated that almost a thousand persons had been involved in this series of incidents. Most were hospitalized, although only briefly. There were no fatalities and no reported lingering effects.

Similar occurrences of "mass hysteria" have been frequently reported in medical and social-science journals. These, however, were generally much smaller in size than the West Bank outbreaks. This episode captured the journalistic fancy of the world news media, which featured stories of the illness on an almost daily basis. Never before had an outbreak of mass hysteria been so widely covered or so heavily politicized. Speculation abounded regarding the cause of the mass illness and seemed to reflect more political than medical considerations. Those supporting the "poison gas" explanation thought that either Israeli soldiers or recent Israeli settlers in the West Bank area were terrorizing the local Arab population with poison gas. Schools were considered to be favorite targets because of their

high concentration of population and the vulnerability of schoolchildren. On the other side were the advocates of a "mass hysteria" explanation. These persons attributed the illnesses to a pre-existing emotionally charged situation (Israeli-Arab hostilities) in which some gullible schoolgirls had succumbed to an environmental triggering stimulus (sewer gas), and the resulting spread of symptoms was a textbook example of mass psychogenic illness.

Persons who subscribed to the poison-gas interpretation included local Arab public-health officials (who maintained the illness was real), the Palestinian Liberation Organization and their spokesman, Yasser Arafat (who labeled it a planned and systematic crime against Arabs), Radio Moscow (which issued a statement condemning the Israelis for their use of gas), and most third world delegates to the World Health Organization (who voted to condemn Israel for glossing over and rejecting the poison-gas theory in favor of the mass-hysteria explanation). Other fervent supporters included local "radical" PLO supporters who were purported to have encouraged the episode by hanging around the schools and hospitals (*New York Times*, May 21, 1983).

Proponents of the mass-hysteria explanation included Israeli public-health officials and a team of two physicians from the Centers for Disease Control in Atlanta (Landrigan and Miller 1983). Unlike previous documented examples of this phenomenon, the West Bank episode involved relatively large numbers and a geographically dispersed population. Yet these differences could not detract from sound medical and scientific evidence that clearly supported a psychogenic explanation. Landrigan and Miller (1983:1) concluded:

> . . . This epidemic of acute illness was induced by anxiety. It may have been triggered initially either by psychological factors or by subtoxic exposure to hydrogen sulfide. Its subsequent spread was mediated by psychogenic factors. Newspapers and radio reports may have contributed to this spread.

Drawing from its extensive investigation, the CDC team cited a number of findings strongly supporting the mass-hysteria explanation. First and foremost were the findings from comprehensive laboratory studies, which produced no evidence of the existence of any toxic agents in the air, soil, or water of the stricken areas. Tests conducted on blood and urine samples of the hospitalized patients similarly produced no evidence of toxic etiology. Second, the great majority of the victims were adolescent girls, a group previous investigations had demonstrated to be the most vulnerable to these outbreaks. Finally, the form and duration of the clinical symptoms were consistent with previous mass-hysteria findings. The episodes typically began slowly, flared-up quickly, and terminated after a few days. Although the symptoms were suggestive of a severe illness, all of the patients recovered quickly and suffered no physical after-effects (Landrigan and Miller 1983:26-28).

In a limited, parallel investigation, a team dispatched from the World Health Organization reached similar although watered-down conclusions (WHO, 1983). Its support for a "mass hysteria" explanation was largely implicit and based upon the inability of their findings to indicate any specific toxic cause or set of causes. The WHO report does, however, make mention of the tension and anxiety under which the people of the occupied territories lived and the

compoundingly stressful developmental period of adolescence in females. Both of these observations support a mass-hysteria explanation even though the WHO report doesn't come right out and say so.

The International Committee of the Red Cross also sent an investigator to the area and, based upon his findings, called for a full-fledged investigation to be performed by a competent body (ICRC, 1983). They reached no conclusions about the cause of the episode and have refused to release the findings of their investigations, citing the need for confidentiality in their inquiries.

Landrigan and Miller (1983:29-30) offered a concluding explanation:

> 1. The initial outbreak at Arrabah appears to have been triggered either by psychological factors or possibly by the smell of escaping H_2S from an outdoor latrine. Although the concentrations of H_2S at the school in Arrabah are not at all likely to have reached toxic levels, there may have been sufficient concentration of gas following flooding of the latrine during heavy rains in Spring, 1983 to have produced a foul odor and consequent upper respiratory irritation in a few students. Previous studies of outbreaks of psychogenic illness have emphasized that a perception of strange odors or gases by affected individuals have frequently preceded onset of illness (Colligan and Murphy, 1979).
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> 2. The subsequent spread of the outbreak was due to psychogenic factors. That spread may have been facilitated by newspaper and radio reports which described the symptoms in detail and strongly suggested that a toxic gas was the cause of the outbreaks.
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> 3. The termination of the outbreak was probably related to the closing of West Bank schools. The closing of the schools dispersed the students and helped to minimize the opportunity for spread of symptoms among students clustered together in the classroom environment.

An analysis using the craze model rests upon identifying the valued goals or rewards that may have motivated the participants to adopt the sick role. For some it may have been a release or escape from a recently arisen avoidance dilemma. During the week immediately prior to the first flare-up, "radical Palestinian factors" had been active in encouraging schoolchildren to strike and join demonstrations commemorating Land Day (March 30 was the anniversary of the killing of six Arabs in anti-Israeli demonstrations in 1976). Masked men were reported to have visited several schools in the area and called for the students to skip classes and participate in the planned demonstrations. Officials found a pamphlet in one of the Jenin schools threatening the students and strongly urging them to go on strike (Shipler 1983). These forces of provocation may have caused an intensive avoidance situation for students who were caught between the untenable choice of cutting their classes and joining the strike or being labeled as pro-Israel. The sick-role behavior would have provided a welcome and legitimate way out. One could actually participate in a pseudo-strike (mass hysteria) without fear of being held accountable by either parents or authorities. Nor would the students have to fear being stigmatized as pro-Israel.

Another reward was notoriety. Most of the stricken persons were taken to hospitals for treatment. While in the hospitals, the patients were given special care. Some were treated like celebrities. They received the best available care by local medical personnel and were accorded a special

status unavailable to patients with mundane conditions. They were viewed as the innocent victims of heinous chemical warfare perpetrated by the Israeli settlers (*Newsweek*, April 18, 1983).

The schoolgirls also found themselves at the center of attention from the representatives of the World Health Organization, the International Red Cross, and the U.S. Centers for Disease Control. These teams questioned large numbers of the afflicted girls in their attempts to establish an etiology of the illness. In addition, the world media showered them with attention. There was even one instance in which a CBS news team was arrested by Israeli authorities for encouraging "hospitalized school girls to act ill for the camera" (*New York Times*, April 5, 1983).

American television networks carried extensive stories on the hospitalized victims, highlighted by examples of schoolgirls acting in a frenzied, convulsive manner, almost on cue, everytime the cameras panned in their direction. The hospitalized schoolgirls depicted on television also gave the 'V' for victory sign for the benefit of cameras at what appeared to have all of the earmarks of a fun-filled hospital slumber party. They exhibited a nonchalant concern over their illness. Given the seriousness of the symptoms, the patients' responses seemed totally inappropriate. Their attitude could best be described as *la belle indifference*—a lack of concern that psychiatrists have noted in individual cases of conversion hysteria. There were also reports from Israeli sources claiming that some of the girls had admitted faking their symptoms (*Time*, April 18, 1983).

I have noted a somewhat similar attitude characterizing "believers" in episodes of cattle mutilations and Bigfoot sightings. While conducting field research and interviews, I was struck by the enthusiasm with which people adopted an explanation fraught with terror and fright. If people truly believed that extraterrestrials or satanic cults were killing and mutilating cattle or that big, hairy monsters were making mysterious footprints in their areas, they should have been exhibiting fear or at least high levels of anxiety. Instead they seemed to be enthusiastically embracing the most fearsome and gory versions of the monster explanations. Rather than being motivated by panic; they seemed to show great eagerness to participate in these collective delusions. In fact, interviewees willingly performed mental gymnastics to believe the bizarre explanation instead of the more empirically supportable, scientific account of the cause of dead cattle or mysterious, enlarged footprints.

Another way the participants can gain from assuming the sick role is that it gives them the power to manipulate persons in positions of authority. Previous studies of mass hysteria have shown that victims have higher rates of absenteeism or poorer relationships with their supervisors than control-group members (Colligan and Murphy 1982:43-45). Those who fall victim may have found a way to embarrass or retaliate against immediate authorities. Surveys administered by the CDC team showed no significant differences between the affected and nonaffected schoolgirls with respect to grades, previous use of sick days, or relationships with their teachers. However, these were self-administered questionnaires and the research team had no independent measures to check the respondents' veracity. As a result, no evidence can be presented that the victims used the illness as a weapon against school authorities, but participation in the hysteria episode cer-

tainly brought embarrassment to the occupying Israeli soldiers and settlers. There is no need to present a detailed history of Israeli-Arab hostilities in the West Bank; it is obviously one of the most politically sensitive areas in the world today. Tension has been extremely high since the Israeli occupation after the Six-Day War in 1967. Establishment of Israeli settlements in the area during the past two decades have greatly exacerbated an emotionally charged situation that was already at the breaking point. Israelis were accused of using both poisonous gas and a mysterious yellow powder (later identified as pollen) to scare the Palestinians from their rightful homeland in the West Bank. Newspaper headlines and lead stories on radio and television readily reported the accusation of mass poisoning. And as is often the case in episodes of hysteria and delusions, the media tended to share the sensational aspects of the story and give less coverage to the medical refutations of the original accounts.

Smelser (1962:175-188) has identified four positive goals or media of exchange that motivate people to participate in crazes. They are money/property, power, prestige, and psychic gratification. There is no evidence that any of the West Bank victims realized monetary gains from being stricken with the illness, but there is a strong case that they did enjoy gains in the other three dimensions.

The power to manipulate others could have been beneficial to the stricken patients. A two- or three-day medical vacation from school and family responsibilities with no fear of retribution, along with the pampered care received while in the hospital, may have been a powerful inducement for developing symptoms. The acquisition of power was also evidenced by the ability of stricken patients to embarrass, humiliate, and punish the occupying Israelis in front of the whole world. The illness provided vivid "proof" of the heinous nature of the Israelis, who were pictured as having used poisoned gas against helpless schoolchildren. The opportunity of powerless persons suddenly finding themselves in a position with enough political clout to hurt their "enemies" could have been a powerful motivator. The advantageous position that victims find themselves in illustrates why mass psychogenic illness is considered to be a political as well as a behavioral phenomenon (Colligan and Murphy 1982).

The temporary fame enjoyed by the victims also may have served as a method of gaining prestige among peers and the larger community. The illness could have provided instant notoriety and a method of becoming the center of attention. Phoon (1982:31) has drawn similar conclusions in a study of outbreaks of occupational mass hysteria. Victims, far from being ridiculed or condemned, often receive expressions of concern and sympathy from parents, workmates, and even management. Finally, the pleasantness associated with the carnival atmosphere surrounding the episode could have encouraged others to join those already sick. The "fun" associated with spending a few days in a hospital ward with friends would have been a psychologically gratifying experience. It would have been a way of establishing in-group ties among the afflicted and creating a cohesive "we" feeling. It has been suggested that participation in episodes of mass hysteria is a rewarding experience (Stahl 1982). The victims share their experiences by displaying the "stereotyped" symptoms and make the behavior a collective rather than individual experience. The actors mutually reinforce one another.

It's time that social scientists take a hard look at the underlying assumptions upon which previous investigations of mass hysteria were based—that of unwitting victims being involuntarily stricken by psychophysiological symptoms because of stressful environments. Rather than escaping, the victims may be drawn to the possibility of getting a couple of days off from work or school without fear of reprisals. Rather than suffering, victims may actually be enjoying the illness. Rather than being repulsed by some stress stimulus, victims may be attracted to the benefits and rewards of becoming ill. Contracting the disease may represent a form of collective wish-fulfillment and, as such, should be analyzed from the perspective of a craze.

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