

# THE PHENOMENON OF MASS PSYCHOGENIC ILLNESS AMONG THE BASOTHO IN LESOTHO: PROPOSED GUIDELINES FOR IMPROVING THE MANAGEMENT OF PSYCHOGENIC ILLNESS EPISODES

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## ABSTRACT

The phenomenon of mass psychogenic illness, also known as mass hysteria, is not well documented in Lesotho. Media reports often create chaos in Lesotho's communities by providing diverse explanations of psychogenic illness based on cultural beliefs. Community leaders, school teachers, nurses and clinicians often struggle to manage psychogenic illness due to inadequate knowledge of the condition. This study explored the phenomenon of psychogenic illness among school children in Lesotho and strategies that are used by traditional healers, religious leaders, teachers, nurses and clinicians to manage psychogenic illness with the goal of proposing guidelines that may facilitate better management of mass psychogenic illness outbreaks in this population. The phenomenon of psychogenic illness was explored among school children based on individual interviews and focus groups of purposively sampled traditional healers and religious leaders as well as those affected by psychogenic illness, teachers and parents in high schools with recent outbreaks of psychogenic illness. The data were transcribed and analysed using open and axial coding. Four out of the ten districts of Lesotho were covered. The themes that emerged



included manifestations of psychogenic illness, interventions for alleviation of psychogenic illness, Basotho's views about psychogenic illness and the effects of psychogenic illness. Basotho have diverse views about the psychogenic illness phenomenon. Interventions used by Basotho include traditional healing, herbal remedies, exorcism and prayer. Psychogenic illness episodes are contagious and have predictable physical and psychological symptoms that need to be managed by people who are informed about the condition and the cultural context of the Basotho. Guidelines presented in this paper may assist community leaders, school teachers, nurses and clinicians to improve the management of psychogenic illness episodes.

**Keywords:** conversion disorder, collective delusion, mass hysteria, mass sociogenic illness, psychogenic illness, psychosomatic illness

## INTRODUCTION

Mass psychogenic illness dates as far back as six hundred years within a variety of cultures (Colligan, Pennebaker & Murphy, 2013:1). It is described as a sudden outbreak of similar symptoms of illness among a group of people, with no organic basis, that presents with bodily complaints and psychological distress. Different cultures understand and interpret the phenomenon in different ways (Zhou, Dere, Zhu, Yao, Chentsova-Dutton & Ryder, 2011:111). Cook (2013:10) affirms that cultural beliefs play a significant role in the manifestation of mass psychogenic illness. According to Moji and Rojas (1993:27), Basotho believe in supernatural powers of witchcraft. In the last two decades, the media in Lesotho, including radio and newspapers, have regularly reported episodes of psychogenic illness in Lesotho's high schools, factories and communities (*Leselinyana* newspaper report, 2007; *Moeletsi oa Basotho* newspaper report, 2009; *Moafrika* newspaper report, 2010). The reports aroused the researchers' interest to explore the phenomenon in the context of Basotho in Lesotho.

Lesotho is a small landlocked country completely surrounded by its only neighbour, South Africa (BOS, 2007). Maseru is one of the 10 administrative districts within the country. The Basotho culture is the dominant culture in the country (BOS, 2007).

Mass psychogenic illness remains a mysterious or medical anomaly to health workers who are not sensitised about the psychogenic nature of the disease (Colligan et al, 2013:49). Kokota (2011:74) argues that establishing psychogenic diagnosis involves ruling out a long list of potential causes, such as poisoning and toxic fumes. Lack of proper guidelines often results in health workers avoiding to make a psychogenic diagnosis. Colligan et al (2013:49) note that health workers at times pursue extensive clinical investigations even if they have a strong sense that the outbreak is psychogenic for fear of causing anxiety to the community.

Bodde, Lazeron, Wirken, Van der Kruijs, Aldenkamp and Boon (2012:218) note that another potential reason for this diagnostic delay could be that those affected by psychogenic illness often present their seizures to general physicians in emergency care departments instead of to experts in the assessment and treatment of seizures.

When mass psychogenic epidemics occur, it is common for traditional healers, faith healers, pastors and priests to be employed to treat the affected victims of mass psychogenic illness. Western health care is often involved as the last resort. This health seeking behaviour explains a lot and shows that Basotho's beliefs regarding psychogenic illness are supernatural, and are grounded in culture and religious beliefs. Moji and Rojas (1993:27) grouped anxiety disorders and conversion disorders as psychological difficulties, which are of special importance to the Basotho nation by priority. In their survey, 'seizure by spirit' is ranked second, while 'possession' by a small animal spirit called '*thokolosi*' is also high on the list. This explains why traditional and religious leaders become the first line players in healing the disorder, as they are believed to exorcise the spirits and *thokolosi* associated with the illness.

This scenario poses a problem for those affected by psychogenic illness, families and communities they live in. It causes tremendous anxiety and worry due to the unknown phenomenon that is culturally bound. Louw (2015) describes culture-bound syndromes as 'disorders whose description and phenomenology are specific to a cultural group'. Moodley, Gielen and Wu (2013:66) report a mass phenomenon called '*Amafufunyane*', common among Zulus and Xhosas, which occurred in the Eastern Cape. Four hundred school children were affected. Victims of the phenomenon displayed swollen and painful stomachs. The children ran about out of control, rolling eyes and hitting wildly, breaking chairs and desks. Psychogenic illness presents more like the '*Amafufunyane*' episodes. The *Amafufunyane* episodes are often attributed to witchcraft (Moodley et al, 2013:66). As a result, some people get accused of bewitching children and may get attacked by angry crowds, resulting in social instability in the community.

Most nurses in Lesotho are not adequately trained to manage mental health illnesses. According Ayugi (2015:67), the proportion of mental health professionals in Lesotho is estimated at 0.2 (see Table 1). Therefore, it is not surprising that most of those affected by psychogenic illness are treated by nurses without psychiatric training, despite the fact that the patient may have a psychiatric condition. As a result, those affected by psychogenic illness are not diagnosed timeously.

**Table 1:** Health professionals by proportion in Lesotho

Designations	Health professionals by proportion among health care workers in Lesotho
Psychiatrists	<0.01
Neurologists	<0.01
Psychiatric Nurses	0.2
Psychologists	0.09
Social Workers	1.2

Source: Ayugi (2015:67).

## STATEMENT OF THE RESEARCH PROBLEM

The Basotho nation hold special beliefs about illnesses, and unexplained illness are attributed to witchcraft, or spirit possession (Moodley et al, 2013:66). These beliefs interfere with proper management of psychogenic illness in Lesotho.

To avoid the chaotic management of psychogenic illness, it is mandatory that the outbreaks be identified early in order to curb the chaos and false witchcraft accusations levelled at some members of the community. Since the number of mental health professionals is small in Lesotho, guidelines for the management of victims are necessary to be put in place for use by all health workers, teachers and the community members. To date, there has been no such study conducted in Lesotho.

## RESEARCH QUESTIONS

The research questions of this study were:

- What are the experiences of school children affected by psychogenic illness?
- What conditions predispose school children to psychogenic illness in Lesotho?
- What effect does psychogenic illness have on the school communities and families?
- What strategies are used by the Basotho to manage psychogenic illness?
- What are the appropriate guidelines for managing mass psychogenic illness in school settings in this population?

## STUDY OBJECTIVES AND PURPOSE

This study explored the phenomenon of psychogenic illness among school children in Lesotho and the strategies used by the Basotho to manage psychogenic illness with the goal of proposing guidelines that may facilitate better management of mass psychogenic illness outbreaks in this population.

## DEFINITIONS OF KEY WORDS

**Conversion disorder:** According to Brooker (2005:122), mental health professionals have moved away from the use of the word mass hysteria, and have renamed this condition ‘conversion disorder’. Their understanding is that repressed emotions are diverted into wrong somatic channels (conversion) and result into physical symptoms (The Columbia Electronic Encyclopedia, 2007).

**Collective delusion:** Bartholomew and Muniratnam (2011:235) define psychogenic illness as a form of ‘collective delusion’. They denote collective delusion as the spontaneous, rapid spread of false or exaggerated beliefs within a population at large, temporarily affecting a particular region, culture and country. These authors point out that this condition is a false belief, inconsistent with the person’s culture and level of intelligence, and that it cannot be altered by argument or reasoning. There is the suggestion of labelling the person as being mentally ill. According to Bartholomew and Muniratnam (2011:235), delusions are persistent pathological beliefs associated with serious mental disturbance, as defined by psychiatrists. However, sociologists describe ‘collective delusion’ as the spontaneous, temporary spread of false beliefs that occurs in a given population. Kokota (2011) adds that mass psychogenic illness (MSI) involves people with real symptoms, which are often triggered by misunderstood or false information.

**Hysteria:** Hysteria is defined as a term previously used for conversion disorder, which is a state of tension or excitement that may result in loss of emotional control (Brooker, 2005:122). Qontro Medical Guides (2008:1) describes hysterical neurosis or conversion disorder as an expression of psychological conflict that manifests into loss of physical functioning without an organic basis.

**Mass psychogenic illness:** Bartholomew and Muniratnam (2011:235) prefer the term ‘mass psychogenic illness’ (MPI) to mass or epidemic hysteria, because MPI has a psychological explanation, while mass or epidemic hysteria is judged to be a sickness that is psychosomatic in origin and viewed as abnormal behaviour. It therefore carries a stigma endured by mental illness. This stigma signifies a mark or sign of disgrace or discredit to the victims.

**Mass sociogenic illness:** Colligan et al (2013:49) refer to the term ‘mass sociogenic illness’ (MSI), which they describe as a form of mass psychogenic illness, whereby sight and sound can cause many people to start feeling sick. They add that the cause of psychogenic illness is a baseless belief that begins small, but becomes devastating when it speeds up. They compare its speed to a tornado. Colligan et al (2013:49) describe MSI as appearing in groups of people who are associates, such as classmates in a school or co-workers in an office. They feel ill at the same time, even though there is no physical or environmental reason for them to be ill.

Weir (2005:36) reports that mass sociogenic illness is a rapid spread of illness, with symptoms affecting members of a cohesive group. It originates from a nervous system disturbance involving excitation, loss or alteration of function, whereby

physical complaints are exhibited unconsciously with no corresponding organic aetiology.

**Psychosomatic illness:** Elzer and Gerlach (2014:68) use the term ‘psychosomatic illness’. They attribute its origin to conflicts which cause fear and panic.

## METHODS

### Study design

A qualitative approach was adopted in this study. Qualitative research is purported by Speziale, Streubert and Carpenter (2011:212) as a ‘focus on dynamic, holistic and individual aspects of the phenomenon and attempts to capture these aspects in their entirety, within the context of those experiencing them’. The design was explorative, descriptive and contextual.

### Sampling

The population comprised school children who experienced psychogenic illness, those who witnessed the incidences: teachers, traditional healers, religious leaders and a parent. A non-probability purposive sampling was utilised, based on the assumption that the selected participants knew more about the phenomenon by experiencing the episode; observing the incidence and or assisting the victims. All the schools sampled were reported to have had incidences of mass psychogenic illness.

A total of 29 participants from four out of the ten districts of Lesotho were included in the sample. The individual interviews were conducted with one individual affected by psychogenic illness from one rural school, four school principals or head teachers from four schools, one parent, five traditional healers and two religious leaders. The focus groups comprised eight individuals affected by psychogenic illness from one school, 10 individuals affected by psychogenic illness from another school and 10 more individuals affected by psychogenic illness from yet another school; as well as 10 teachers from two different schools.

### Data collection tools

Interview guides directed the individual interviews and the focus groups. The interview guide was administered to all those affected by psychogenic illness, the teachers, traditional healers, faith healers, pastors and priests. The researchers used a voice recorder to capture all information from the participants and made field notes, which aided identification of themes during the data analysis process.

## Data analysis

Data chunks were prepared from the verbatim transcripts. Open coding was applied by breaking down data into distinct parts, data were closely examined; comparison of similarities carried out, while asking questions about the psychogenic illness, which were revealed by the data (De Vos, Strydom, Fouche & Delport, 2005:271). Codes were developed, grouped into categories and subcategories. Axial coding followed and connections were made between categories and subcategories, in order to explain the phenomenon of psychogenic illness in the Basotho context. A social scientist verified the keywords and issues, which eventually led to the emergence of *four* themes.

## FINDINGS

### The phenomenon of psychogenic illness among the Basotho people in Lesotho

Four themes emerged from the data analysis as shown in Table 2. Psychogenic illness among Basotho was found to be producing physical and psychological reactions. Table 2 shows that physically those affected by mass psychogenic illness display strength, fainting, foaming from mouth, screaming and crying, muscle weakness, fatigue and choking. In addition, Table 2 also shows that psychologically those affected by mass psychogenic illness experienced anxiety, hallucinations and confusion.

As presented in Table 2, the traditional healers interviewed indicated that they often alleviated mass psychogenic illness episodes using herbal remedies such as *Xysmalobium undulatum* (*Pohots'ehla*) and water splashing to the face. The traditional healers further explained that they used water because they believed that water brings 'sense' to anybody who loses sense. Literature supports the view that water is helpful in alleviating psychogenic illness episodes (Hatfield, Thornton & Rapson, 2015).

The intervention methods included inflicting pain to the victim by whipping with a sjambok. This approach is embedded in the Basotho proverb, '*Lehlanya le phekoloa ka phafa*' (a mad man is cured by thrashing). According to the participants, this method is minimally used, but it was mentioned by one of the traditional healers and one victim. Some participants mentioned prayer as an intervention as well as exorcism of evil spirits.

**Table 2:** The study Themes, Categories and subcategories

Themes	Categories	Sub categories
1. Manifestations of psychogenic illness.	Physical symptoms	Strength; Fainting; Foaming from mouth; Screaming and crying; Muscle weakness; Fatigue; Choking
	Psychological reactions	Anxiety; Hallucinations; Confusion
2. Psychogenic illness alleviation interventions	Herbal remedies	Anti- anxiolytic herbs e.g. Xysmalobium undulatum (Pohots'ehla)
	Religious and cultural practices	Water splashing; Pain infliction; Prayer; Exorcism
	Mental health team	Anti-anxiolytic drugs
3. Basotho's views on Psychogenic illness	Natural illness	Unknown environmental causes, including toxic fumes
	Supernatural illness	Evil spirits & witchcraft; Blasphemy.
4. Effects of psychogenic illness.	Negative effects	Discrimination/ stigma; Performance decline; Fear; Pride
	Positive effects	Friendship; Christianity improvement

Source: Authors

The mental health team, which comprised psychiatric nurses, social workers and a psychologist, intervened after they learned about the epidemic from the media, in their capacity as mental health workers and as health authorities. Kokota (2011:76) points out the importance of health authority's interventions during psychogenic illness epidemics. The same author stresses that public health statements terminate the episodes. In addition, Kokota (2011:76) adds that these statements must deny the role of evil spirits and sorcery, which are frequently implicated. Kokota (2011:49) and Colligan et al (2013:74) add that a health authority is a powerful tool that restores normal functioning of victims and communities.

Theme 3 discusses Basotho's views on psychogenic illness. The participants agreed that psychogenic illness is an illness, but differed as to the explanations of its causes. Some believed that it is a natural illness caused by environmental factors, including toxic fumes, while other participants were of the view that it is a supernatural illness that could be caused by witchcraft or religions entities such as evil spirits, blasphemy or Satanism. Moodley et al (2013:66) agrees that witchcraft



or the supernatural is purported to precipitate psychogenic illness in most African countries.

The findings of this study further show that psychogenic illness has negative effects such as stigma and positive effects such as friendship among the victims (see Table 2). Kokota (2011:76) notes that psychogenic illness has a negative impact on the physical, psychological and social wellbeing of students and needs to be quickly managed. However, Colligan et al (2013:49) contends that the epidemic may affect the victims positively in that the victims become close friends and feel proud of having been involved in the outbreak.

These episodes also affected families, teachers and the communities. The parents and communities reacted differently. Some families and communities rejected the affected school girls, which resulted in stigmatisation and discrimination previously reported by victims; some parents actually told the victims that they brought shame to their family name. The bus drivers did not allow the victims on their buses, while some parents distanced themselves from the psychogenic illness diagnosis. The teachers reported experiencing fear, panic, confusion and helplessness during the episodes. In addition, the community members reported that these occurrences bring about chaos, catastrophe and crisis, which touch the fabric of social stability. Bartholomew and Muniratnam (2011:235) and Palacios (2014:137) contend that stigmatisation may be worsened by the label associated with mass or epidemic hysteria, which is judged to be a sickness that is psychosomatic in origin. The researchers further decry that the inappropriate definition of psychogenic illness carries a stigma endured by mental illness.

## Guidelines for managing psychogenic illness in Lesotho

According to Govender (2010:318), many outbreaks of psychogenic illness are not reported. Dalton and Jaén (2010:127) explain that the diagnosis or recognition of this phenomenon is difficult, because psychogenic illness shares features of other illnesses, such as sick building syndrome. Frances (2013:179) adds it is important to delineate cultural and social factors in the diagnosis of psychogenic illness. It is, therefore, important to recognise psychogenic illness early, in order to avoid abuse of resources, such as medical services, the fire brigade, police emergency services, laboratory and environmental investigations. According to Kokota (2011:76), time should not be wasted in fruitless searches for environmental precipitants. A tedious search reinforces the victims' behaviour and prolongs the incident. Furthermore, Kokota (2011:76) stresses that psychogenic illness should not be a diagnosis of exclusion, reached once all the physical, chemical and biological factors have been ruled out. In addition, the diagnostic delay is seen as worrisome since diagnosing psychogenic illness is essential for adequate therapy and can prevent unnecessary drug treatment (Bodde et al, 2012).

The emergent themes from the study were used as a basis to draft the guidelines for managing psychogenic illness in Lesotho as outlined in Table 3. The aim of the guidelines is to streamline the management of psychogenic illness in Lesotho and mobilise role players towards responsible action. Therefore, the main objectives of the guidelines were to: (1) assist teachers, parents and health workers to identify psychogenic illness promptly; (2) assist health workers and emergency teams to diagnose psychogenic illness and handle the outbreaks professionally; (3) guide health workers to teach communities about psychogenic illness; and (4) to teach the media about their role during outbreaks of psychogenic illness.

**Table 3:** Proposed guidelines for managing psychogenic illness in Lesotho

GUIDELINE	AIM	ROLES	RATIONALE
1. Identifying psychogenic illness	Recognition of the phenomenon	<b>Teachers Roles</b>	
		Separate the affected from the unaffected.	Limit contagion effect of psychogenic illness.
		Seek medical opinion by conveying the affected to the outpatient department.	For urgent medical intervention
		Reassure the victims that symptoms will improve.	Allays anxiety.
		Inform parents; ask them to take the affected home.	Information sharing.
		School may temporarily close for the day.	Limit contagion effect of psychogenic illness.
		Designate one reliable teacher to answer media questions and to deliver a firm statement that denies supernatural aetiology of the episode.	Authority figure stops the episodes.
		Head teacher sets limits for the affected; not to return to school if they still show symptoms.	Psychogenic illness is a notifiable condition (McCormick, Tajeu & Klapow, 2015:198)
		Alert the Ministries of Health and Education of the incident.	Psychogenic illness is a notifiable condition (McCormick et al, 2015:198).

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		Health workers Roles	
		Treat symptoms in a calm and reassuring manner.	Allays anxiety.
		Perform physical assessment, including lumbar puncture; laboratory and environmental investigations. Promptly communicate the lab results.	Exclude differential diagnoses.
		Minimize unnecessary exposure to medical procedures such as lumbar puncture.	Avoid discomfort.
		Provide oxygen therapy to the hyperventilating victims. Refer patients to the psychologist or to the psychiatrist if not responding the oxygen therapy.	Increase oxygen in the blood stream.
		Explain to both victims and families that anxiety, fear and uncertainty potentially increase symptoms.	Reduce the effects.

<b>GUIDELINE</b>	<b>AIM</b>	<b>ROLES</b>	<b>RATIONALE</b>
2. Basotho interventions for alleviating psychogenic illness	Assess the effectiveness of the interventions.	Community Role	
		Openly discuss the interventions.	Information sharing.
		Allow testing the herbal remedies in the laboratory.	Ascertain properties and dosages.
		Health workers Role	
		Engage community discussions.	Information sharing.
		Promote safe interventions and discourage the detrimental practices.	Detrimental interventions are harmful.
		Do not confront but be diplomatic in tackling the sensitive issues.	On confrontation people become defensive.
		Allow community to make suggestions.	Ownership of the discussions and proceedings/ consensus.
3. Maintaining true facts about psychogenic illness phenomenon.	Uprooting myths and misconceptions	Community Role	
		Re-examine the Basotho belief system on supernatural forces.	Differentiate myths and superstition from reality.
		Share testimonies and experiences of people that were declared as witches.	Create awareness, that anybody can be declared a witch.
		Health workers Role	
		Explain the contribution of anxiety and stress in psychogenic illness.	Information sharing.
		Give a public health statement.	Authority figure stops the episodes.
		Organize health education talks	Health promotion strategy.
		Use media to disseminate the correct information.	Media reaches a large number of people.
		Ministries Role	
		Highlight the truth about the psychogenic illness.	Information sharing.
		Quote experts.	Basing self on evidence-based information.

GUIDELINE	AIM	ROLES	RATIONALE
4. Identifying the effects of psychogenic illness on the	Guarding against negative	Ministries Role	
		Highlight the truth about the psychogenic illness.	Information sharing.
		Quote experts.	Basing self on evidence-based information.
		Reassure public that psychogenic illness is a medical condition (MCCormick <i>et al.</i> , 2015).	
		Allay anxiety.	
		School health nurses to be engaged in schools.	Monitor medical conditions within the school setting
		<b>Media Role</b>	
		Provide safe and non-dramatising headlines on addressing psychogenic illness phenomenon.	Minimising community anxiety level.
		Portray objectivity and avoid personal beliefs or views.	Avoid influencing the public negatively.
		<b>Health workers Role</b>	
Follow-up victim for at least six months.	Identify early signs of relapse.		
Develop health educational materials; brochures and pamphlets.	Disseminate information on psychogenic illness.		

Source: Authors

## Limitations

The study was limited to schools in the urban and peri-urban areas where psychogenic illness occurred and only to the available victims. Some victims were untraceable during the data collection process. The study period might have affected the participants' memories, as some data were collected long after the episodes had occurred in some schools. In some cases, data was collected 6–12 months after the incidences. In addition, some traditional healers might have held back some information to the researchers on discovering that the researchers needed information and not their services.

It is important to note that pertinent details that are required to facilitate the implementation of these guidelines were not included in this article. As result, some of the guidelines lack specific criteria for implementation. Further refining of these guidelines is recommended. However, these guidelines provide an important

framework to formulate possible ways of managing mass psychogenic illness outbreaks in this population.

## CONCLUSIONS

The core concepts that emerged from the data included stress, anxiety, confusion and supernatural beliefs. These concepts are each evidence-based to the existing theories. Basotho experience a mixture of mass anxiety hysteria, mass motor hysteria and the violent pattern of psychogenic illness.

The socio-cultural and religious beliefs play a crucial role in the development of psychogenic illness. Stress may be attributed to financial constraints, academic performance demands, and female gender. The Basotho's strategies of resolving psychogenic illness are entrenched on causative perceptions. They are dependent on the belief systems held by the people about the nature of psychogenic illness episodes.

The researchers recommend the use of these proposed guidelines in the management of psychogenic illness. It will be to the benefit of the country to conduct a national study on psychogenic illness. It is important to objectively and critically analyse some of the cultural beliefs, without denying Basotho their culture. All stakeholders are recommended to utilise the researchers' proposed guidelines to curb the episodes of psychogenic illness as early as possible.

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