



## The expulsion of evil and its return: An unconscious fantasy associated with a case of mass hysteria in adolescents

Nashyiela Loa Zavala

*Adolescent Psychiatry (UNAM) and Mexican Psychoanalytic Association, Bosques de Caobas 67, Bosques de las Lomas, Deleg. Miguel Hidalgo, 11700, Mexico – nashyiela@yahoo.com*

(Final version accepted 25 January 2010)

*The formal study of hysteria started with psychoanalysis, which opened paths to studying the unconscious. However, we have found no psychoanalytic or psychiatric studies in the literature reporting epidemics of hysteria in hundreds of adolescent girls affected for several months like the one we describe. This epidemic occurred in a religious boarding-school in a rural area of Mexico. Our study aimed to determine psychoanalytic and sociocultural elements contributing to explain a behavioural epidemic outbreak during which young girls were unable to walk normally and which led to a temporary cessation of routine activities at the boarding-school. Key informers were interviewed, including the first cases of affected adolescent girls and the nuns. Interviews included questions concerning informers' life history and their life at the boarding-school before and during the epidemic. We found that this boarding-school functioned as a large family affected by a psychotic episode which resulted from modes of communication of its members. This article describes the phenomenon and emphasizes perceived communication among members of the boarding-school and visitors at the time of the outbreak.*

**Keywords:** adolescent, development, hysteria

Silence and solitude  
Like two little animals guided by the moon  
Drink from those eyes,  
Drink from those waters.

(Octavio Paz)

### Introduction

In this article I describe a clinical picture of mass hysteria in adolescents which occurred in a religious boarding-school for girls in Latin America. In March, 2007, as a representative of the Secretary of Health, I was asked to participate as the person responsible for providing a diagnostic explanation in the area of mental health, as well as for resolving the epidemic. This project motivated me to publish this article, whose objective is to exemplify: (1) individual and group psychoanalytic characteristics which favoured this epidemic, and (2) the predominant psychological state of both the group and individuals during the epidemic.

I began by interviewing the first adolescents affected, those whose symptoms were most severe and clearly conversional who were still living at the boarding-school, the Mother Superior and other religious mothers in charge. In the case of adolescents, we used semi-structured interviews<sup>1</sup> aimed at discovering unconscious fantasies through semiology of the clinical picture and narrations of dreams and associated memories during the mass phenomenon, their history at the boarding-school and the history of their lives in general.

## Background

### *Unconscious fantasy and personality in conversion hysteria*

Unconscious fantasies exist throughout human development, from earliest infancy. They include phylogenetic and ontogenetic elements, forming unconscious memory traces which begin as feelings and later become more complex as different symbols (Isaacs, 1948) in connection with the baby–mother relation (Bion, 1963; Winnicott, 1965b). Therefore, they are intimately interwoven with personality development and interaction with the real world (Segal, 1994). Personality in turn involves a long process that begins when babies are born and are supported by an environment which is hopefully good enough for their ego to integrate as a unit and for their sense of Being which gives them a sense of existence, spontaneity and illusion which Winnicott (1965b) terms the ‘true self’. It originates in “little more than sensory motor life (p. 149)” and develops alongside the basis for symbolization; this consists in the infant’s spontaneity or hallucinations and what is external, created (by the mother) and finally cathected. Whatever separates the child from that object rather than uniting them blocks symbol formation. The more splitting there is between the child’s internal life and the real world, the deeper the child will sink into psychosis.

The eminently important role of the body in hysteria relates to this defect in capacity for symbolization which is associated with primary fantasies: archaic hysteria (Ferenczi, 1926; McDougall, 1989) attempts to use the body to translate unconscious infantile anxieties of fear, rage or abandonment which surpass the capacity of absorption of habitual defences; this is not an attempt to preserve the subject’s sex or sexuality but the entire body and life itself. For this reason, many types of hysteria need to be considered more in terms of their psychotic core than their neurotic elements.

However, conversion hysteria has historically been associated with neurotic conflict pertaining to current or past sexual life, which may be either childhood sexual abuse stored in unconscious memory or some other type of passive sexual event (Breuer and Freud, 1893). Conversion may result from a process of identification with genital organs that are re-located in a different part of the body (Fenichel, 1948).

Taking up this idea of sexuality, personality and its association with conversion, Bollas (2000) considers that, during the formation of hysteric

---

<sup>1</sup>These interviews were recorded in several ways: notes were taken during them or afterwards and some were recorded on an electronic recorder when verbal consent was given by the adolescents and, in her case, the Mother Superior.

persons, some type of empathic ability has developed which enables them to seek and enter the mother's internal world where they find particular objects of the mother's desire with which to identify, sacrificing their own self:

In order to survive, hysterics become the model loved by their parents [...] perfect little women ... suspended the true self in order to realize what they imagine to be parental desire [...] deleting from her behaviour both sexual curiosity and aggressive elaborations.

(p. 75)

He thinks that conversion occurs because the mother splits off her genitality and finds a different part of the body to replace this function; later, her conversion hysteric little girl identifies with that part of the body.

The diagnosis of conversion hysteria was included in so-called borderline personality disorders (Kernberg *et al.*, 2000, 2004) predominated by diffuse identity and primitive mechanisms such as splitting and projective identification. These personalities are associated with mothers whose caregiving is very inconsistent and with psychological abuse, abandonment and physical or sexual abuse in infancy.

Thus, in clinical work, we may define unconscious fantasies as whatever reveals the psychological state of the subject's internal life at a certain moment in relation to external stimuli through playing, dreams, narration or symptoms. At moments when reality is very threatening to the real self, these fantasies may be experienced as qualities – painful or paralysing feelings in the body which announce an impending possibility of annihilation. In cases of conversion hysteria, a warning of imminent annihilation is able to start with these feelings because the sexual body was eroticized in a traumatic way which makes it especially vulnerable.

However, the clinical picture we are describing is even more complex because it is a case of mass hysteria and therefore requires investigation into group functioning.

### *Mass hysteria*

Freud (1921) explains that human relationships are to be considered social phenomena and thereby inaugurates their study from a psychological perspective. He maintains that human beings are organized around something which unites them: Eros, the symbol of love. This love permits mutual suggestion by means of unconscious imitation and identification, which results in a sense of cohesion. In strictly hierarchical organizations such as the Church and the Army, there is 'a double libidinal bond' with superiors and peers. In this type of organization, lack of love on the part of superiors is considered the major source of neurosis, and Freud also mentions that, when the bond with the superior is broken, the group is pulverized and feels severely threatened. In Bion (1961) we find a bridge between groups and individuals: the destruction of a leader experienced as highly omnipotent, in whom expectations of security have been deposited, leads individuals in groups operating with a basic assumption of dependence to feel seriously threatened and therefore vulnerable to hysteria, feeling that their being and body may be annihilated (McDougall, 1989), even more so

when they also experience intense feelings of solitude and deprecation (Winnicott, 1965a).

The Church has been affected by clinical pictures of hysteria since the Middle Ages (Balaratnasingam and Janca, 2006). The creation of Christian religious orders with strict discipline between the 15th and 19th centuries and a generalized belief in witches and demons unleashed dozens of outbreaks of hysteria in nuns who believed they were possessed by the devil. These nuns were generally forced to enter these religious orders as girls and isolated from the rest of society under rigid disciplinary practices which included imprisonment and severe physical abuse for minor breaches of discipline. Bollas (2000) considers a Catholic environment highly propitious for epidemics of hysteria in adolescents because of the persecution of sexuality and its association with the Devil.

This type of clinical picture was observed not only in the Church but also in industrial societies during the 18th, 19th and 20th centuries wherever severe and unjust working conditions predominated. These circumstances led to outbreaks of motor hysteria in Western factories. Documented in England, France, Germany, Italy and Russia, they included convulsions, abnormal movements and neurological complaints. The relative absence of these outbreaks in Western countries during the second half of the 20th century may have resulted from advances in labour relations and the unions (Bartholomew and Wessely, 2002). Recently some cases of collective hysteria were reported in scientific literature, but they did not investigate the type of environmental and individual situations involved (Sirois, 1974; Small and Borus, 1983; Small and Nicholi, 1982; Small *et al.*, 1991).

On the social level Decker (1991) emphasizes the role in hysteria of uncertainty concerning life itself. This author reports increased vulnerability to these disorders in groups with high exposure to situations in which they are liable to lose control of their lives, such as soldiers at war; for example, in World War I cases of hysteria were frequently observed in men whose work was dangerous and in women who worked as nurses.

I describe a phenomenon of mass hysteria in adolescents, which I was able to observe closely since I was responsible for diagnosing the situation. This very complex phenomenon is depicted from different perspectives ranging from the general to the particular, which enable me to discuss the factors mentioned above.

## Clinical material

### *1. Description of the phenomenon*

An epidemic outbreak of conversion hysteria occurred between October 2006 and June 2007 in a Latin American Catholic boarding-school for adolescent girls. Some religious mothers (the number of cases could not be determined), one lay teacher and 512 adolescents were officially reported as affected. Although the outbreak started with pupils in the third year of high school, more and more cases were observed in subsequent months. They followed a clear pattern of contiguity and the largest number of cases occurred

between February and March 2007. The ill students presented elevated body temperature with fever-like symptoms, although they were never quantified, diarrhoea, nausea, predominantly frontal cephalgia, then pain when walking, mainly in the knees, which 'creaked' or 'throbbled' and bent involuntarily so that they walked by 'stiffening them'; the pain sometimes appeared in ankles or hips and in muscles of pelvic members, visibly affecting their gait. They presented a pattern common to all, characterized by apparent weakness in the flexor muscles of the hip with propulsion of one leg but without loss of the ability to stand. Some were unable to walk at all due to severely diminished muscle strength so that they had to lean on their classmates, which generated more sophistication in the clinical picture. The degree of severity of these symptoms ranged from hospitalization to unnoticeable; symptoms sometimes disappeared spontaneously and some girls presented them only once whereas others relapsed several times.

When the mass media learned of this situation it soon became front page news. Many sectors intervened at that point. Their interventions ranged from administration of placebos and isolation of hysteric adolescents to the practice of exorcism, Asian cures and attempts to lynch the religious mothers. The school's normal activities were cancelled and many worried parents went to fetch their daughters. Television cameras and journalists' recorders transmitted physical aggressions against the religious mothers.

Nobody understood what was occurring (mass media, teachers, Church and health authorities) and confusion reigned.

## *II. Description of real and fancied characters*

*The adolescent Maria, God and the Devil* This boarding-school practices a sport that is particularly important because of the passion it generates in some adolescents and teachers: basketball. Teachers coach students and organize tournaments with fierce competition among the students who describe these events as especially exciting. In mid-2006, during the basketball tournament, Maria,<sup>2</sup> a 15 year-old girl quite well known to her classmates, played a different game: Ouija<sup>3</sup>. Maria requested that her best friend's team win, which meant that hers would lose; this is what occurred. It greatly irritated many the adolescents since they considered that: "It wasn't fair because there was cheating ... she played Ouija and that's why they won." They were so angry that they commented on it insistently to several mothers in charge until it reached the knowledge of the Mother Superior; since she was of Asian origin she asked her religious colleagues: "What is Ouija?"; they replied that it was "an instrument of the devil, capable of changing people's souls to make them do evil things", for which Maria was

---

<sup>2</sup>All names have been changed.

<sup>3</sup>The Ouija is a board, usually made of wood, which may be used by several persons at the same time, and usually consists of a glass turned upside down on the board on which the words 'Yes', 'No' and 'Maybe' are written. Each person places the crossed middle and index fingers of one hand on the glass, and after a while it begins to move. Questions are asked and answers written down. It is traditionally considered a means of communication with the devil.

expelled from school. The religious mother explained: "In the house of God that kind of games cannot be permitted." The girl wanted to stay, as those who knew her explained to me; for her it was very important to continue her studies since she was sure that outside this school she would not be able to do so. She denied having played Ouija but it was found among her things. Maria felt that her expulsion was quite unfair "because many other girls have always played". Before she was taken back to her community, she was separated from her classmates as is customary until someone comes to fetch them; but, during that time, the wind accidentally slammed a door shut on her finger and smashed it, causing it to bleed copiously. "Then I realized that there was blood on the stairway and in the hall", her mother in charge tells me. Maria told nobody about this and they tell me that "she lost part of her finger". When she left, she pronounced a curse: "The girls who accused me [some girls and religious mothers recall that she said 'all those in her generation'] are going to be sick in their legs, they're not going to be able to walk" (something which had occurred to another girl a few months earlier). Soon afterwards, the first cases of abnormal walking gradually began to appear in pupils close to her who had played Ouija.

They tell me about Maria: "She seemed meek and innocent, very pretty, she came from a very poor family", a broken home without a father. Her mother, who worked as a waitress, was known in her hometown to be a devotee of Saint Death and also to have powers as a witch. After Maria was expelled, many girls in her dormitory saw her in a dream and awoke, screaming: "Maria was burning, surrounded by flames, and laughed as she told us that we would be the next, that it was our fault because we accused her." The religious mothers confirm this fact. More and more adolescents continue to fall ill: "I didn't say that this was happening because of Maria's revenge because here they don't believe us," Soledad tells me.

### *III. Evil returns and is highly contagious*

Although the first cases occurred in the group of girls who played Ouija, all of Maria's generation began to be affected, one after another. First one floor fell ill and then nearby floors until a whole building was affected, after which others were "infected". At one point this pattern induced the idea that it was provoked by an infectious pathogenic agent: "We were even using surgical masks," commented the Mother Superior. As soon as pupils were affected they were segregated in a special "concentration building", their uniform was taken away and they were dressed in gym clothes; they were excluded from their normal activities and thus formed a new, homogeneous ill group. One girl, Zitlali, recalls:

They took me there because I started to have pains in my knees but I could walk all right; first I felt very badly because it looked like a hospital and the girls were walking around like drunks ... then I started to walk wrongly; they scolded me when they went to see me because I didn't walk that way before ... time passed and then they said it wasn't contagious and that it was only in the head ... psychological ... but I don't know ... maybe it is a little bit in the mind but it may also be an illness, because they did the Ouija to us ... playing with the Ouija is like being with the devil.

Many teachers are visibly frightened, afraid of being infected and of infecting their families; they try to stay away from the adolescents and the place; they feel that the religious mothers “are covering up the problem and not taking care of it;” then some of them film girls with their cell-phones and alert the mass media. The Mother Superior decides to ask for help and a team of epidemiologists arrives from the Secretary of Health as the epidemic spreads by the hundreds. By February 2007, the outbreak has reached all the classes at the school, and many types of explanations circulated about what was occurring: teachers told pupils that their illness was caused by spoiled food the religious mothers gave them and some pupils who fell ill for the first time that month say that the religious mothers gave them powders: “They give us these powders so we won’t menstruate; many of us go for months without menstruating and that didn’t happen to us outside, in our homes; but we think that this time they went too far with the powders and so they went down into our legs and that’s why we can’t walk right,” another girl tells me. Soledad also finds that some rag dolls she had originally made to keep her company were transformed into voodoo dolls with needles in their legs.

At first, physicians searched for virus, bacteria and toxic agents. Finally, after some testing of the adolescents, the food and the school’s installations, infectious and toxic causes were ruled out by public health specialists, seconded by paediatricians, infectious disease specialists and neurologists.

However, in collective fantasy Evil continued to be transformed into Ouija, voodoo dolls, powders, virus, food, teachers, nuns, human bodies and Maria.

Since no remedy seemed to be effective, the Mother Superior decided to ask Maria to return to undo the curse, but she refused. Thereafter the Mother Superior resorted to priests that exorcized and prayed. However, the number of cases continued to grow. “Many girls were getting sick just to be with their Elder Sister so she would take care of them; others made fun of their classmates and imitated them to see what it felt like, but then they really did get sick,” a girl tells me. Suggestion seems to be the major mechanism of contagion: “I felt that at any moment I was going to get sick because they all got sick; one day my knee creaked while I was praying in chapel; I asked the girl next to me if it started with creaking in the knee, she said yes and I knew that I had gotten sick too; I already couldn’t walk right,” another girl comments.

However, what pre-existing stories may have prepared the terrain for this to occur?

#### *IV. A boarding school full of ghosts*

This boarding-school belongs to a Catholic religious order founded in 1991. A very significant event in the school’s history within the community of this order is the death of the Founding Father upon completion of construction of the first of its four buildings. He died as a consequence of chronic illness during which this man was paralyzed. They say that before dying the Father said: “This will be my last great sonata”.

The number of female pupils admitted increased until it became the largest boarding-school run by this order in America. During the epidemic, it was housing nearly 4000 girls between the ages of 11 and 19, most of whom came from marginal sectors. These adolescents always share the same spaces and sleep on contiguous bunk beds where they keep all their personal belongings. The dormitory contains a small dining-room which they also share. Next door is their classroom and a shower-room where two girls bathe simultaneously. They enter the school when they are between 11 and 13, and they enter the first year of high school once they have passed an entrance examination. The objective of their stay at the boarding-school is study, but it is also expected that some of these girls will become nuns as soon as they finish high school. Their hours are filled with religious activities such as Masses, Catholic films, Bible study and penance, which includes long hours kneeling at prayer, sometimes causing inflammatory processes. When they arrive at the school they are dressed in an identical uniform made by their own schoolmates; if they are expelled it is taken away from them "for not having been worthy daughters." The phenomenon which most shocked the medical team initially was that the adolescents looked so identical: all dressed exactly the same in a blouse and long skirt, with the same Asian type haircut and no ornaments at all, which made it difficult to distinguish them; they seemed an undifferentiated mass.

It was not just the girls who were nearly identical; everything tends to be homogenized: they eat the same food, but none of the dishes that would be served in their homes, which generates frequent eating problems; they all celebrate their birthday on the same day, which is the anniversary of the school's foundation.

Their life inside is very monotonous for them: "always the same". They are forbidden to watch television, read newspapers or magazines or listen to the radio. They are not allowed to walk freely about the boarding-school "or to look for girls from their hometown", but are restricted to a specific area.

Aside from pupils, this boarding-school housed approximately 40 religious mothers between 17 and 35 years of age, most from the local Latin culture and mostly graduates of this boarding-school, plus a few of Asian origin. Since they have renounced their families, they see them very infrequently, sometimes not even for years.

There are 90 Mexican lay teachers, most of them young "because that way they more readily accept what the religious mothers tell them," and poorly trained as teachers. They teach high school and college preparatory subjects which omit topics on sexuality. Teachers are strictly forbidden to be near the pupils, specifically required to keep a distance of two metres "because some pupils believe that they fall in love with their teachers and write them letters, and this worries us very much," the Mother Superior tells me. They also have a general physician and a dentist but no psychologist.

The adolescents see their original families quite infrequently: only during summer and Christmas vacations; each vacation period lasts for two weeks. Parents are allowed to come to the school once a year for a six-hour visit. The girls are not allowed to write letters but they may receive them. The religious mothers open and read letters sent to the adolescents and decide



whether or not they are to receive them. Consequently, long months may pass for many pupils without news of their parents and siblings.

New ‘families’ formed in the boarding-school consist of a religious mother in charge, an Elder Sister and a group of pupils. Elder Sisters are adolescents chosen by the religious mothers to “take care of” their schoolmates. These “families” are assigned a saint’s name and may include as many as 105 pupils for each religious mother in charge, so many that she never even learns the girls’ names. This school has a strict hierarchical system headed by the Mother Superior, followed by the Religious Mothers and then the Elder Sisters. The school’s rules require “obedience, discipline, morality, no fighting with others, no stealing, no lying” and “to give thanks for anything received without complaint;” non-compliance with these rules means expulsion, which often occurs with no forewarning and may be caused by a variety of unexpected situations such as playing Ouija. There is an ever-present feeling of uncertainty and fear of accusations by schoolmates, Elder Sisters or mothers in charge, since these may lead to expulsions, which they were already told could occur before they left home.

The school’s dynamics include long periods of silence “because there are so many of them and if they all talked we would never hear anything,” a religious mother explains. They teach them “not to become fond of other girls or of the mothers” since “the mothers often have to leave unexpectedly to go to another boarding-school to take care of other girls, and their schoolmates may betray them.” In general, it is striking to observe how the adolescents vie for the attention of the Mother in Charge or the Elder Sister and try to ingratiate themselves with her: “if a girl does something bad then they accuse her;” but they are careful not to be identified as “a pet” since this generates great fear and suspicion: girls are expelled as soon as they are seen frequently near a religious mother and religious mothers are severely questioned regarding affection for any particular girl, with the risk that they may be expelled from the Order.

In the midst of these silences, fears and absences, ghosts are habitual companions for many of the girls. Based on my interviews with dozens of them I was able to reconstruct the following story:

When the boarding school was formed there was a girl about 12 years old who died of an illness that made her bleed from the mouth [possibly tuberculosis]; since then this girl is seen in various places and now that the girls got sick in their legs she has appeared even more, dressed in white, running in the field, or else she suddenly appears on the stairs, sometimes with blood on her face, and appears in bathrooms or dormitories, even appears in the mirror when they are combing their hair; she frightens them because they are afraid that she will come to get them.

The girls’ and the mothers’ beliefs are not voiced openly, nor is damage to mental health recognized, and therefore frequent attempted suicides are never attended to and are solved by expelling the adolescents: as several girls tell me: “Some girls go up to the sixth floor and want to throw themselves off; the mothers expel them from school.”

Below, I present three case histories, representative of many others, which illustrate the girls' personality traits compounded with the general psychological state during the epidemic.

### V. *Ghosts of the past*

*Guadalupe and the Virgin* Guadalupe was the first girl to be ill in May 2006. She is 16 years old, has a white complexion and often blushes during the interview. She hardly looks at me and hangs her head; her answers are brief and silence predominates. She seems extremely shy and fearful, sometimes deeply immersed in reflection. She tells me that she is the youngest of five siblings and mentions having been "the pet". When she was little, not mentioning at what age, she was bitten in the foot by a dog while playing on a swing; since then she has had a phobia of dogs. Her mother was widowed when she was very small; therefore she has no memory of her father; her siblings went to work when they were small; her father's death was tragic, seemingly an accident, but there is obviously a secret that Guadalupe knows nothing about. As she is telling me about this, tears fall, although I perceive no emotion, and she tells me that the same happens to her mother when she talks about her dead father. Guadalupe entered the boarding-school on her own decision, because she always wanted to be a nun and because she doesn't like the dangers of the outside world: "Once near my house a man raped a girl." In the second year of her life in the school, she once heard the Virgin's voice telling her that "something bad was going to happen" and that there was "a bad girl and a good one". She tells me secretly that she was greatly "envied by the others" because the religious mothers who took care of them value her highly because:

[She is] quiet and I try to obey and to make my best effort in everything ... but there were some girls who didn't like me, especially one called Magdalena, she looked at me with red eyes; maybe she envied me because the Mother always used me as an example. She would lose my things and tell the other girls that I was the pet and they would look at me badly. They said bad things about me. Then I couldn't sleep. I thought: what if they did something while I was sleeping and covered my face with my pillow.

Magdalena used to play Ouija, and suddenly one day in May, 2006, Guadalupe recalls that: "My feet hurt, they curled up. I felt I was falling down. I thought it was the cold weather because they usually turned blue. I also felt a cold liquid between my legs. I also felt weak, I couldn't walk. Like I felt my feet were stuck." She was taken to the doctor who found nothing wrong; she prayed, hoping for a miracle from the Virgin; she composed a prayer and gave her a bouquet of flowers, and after a month and a half she was well. During that time she was unable to kneel or run because of the pain and so she was excused from cleaning; "the envy" of her schoolmates redoubled because of the care she was receiving, but she felt "ashamed for walking that way." Now she feels guilty because she was the first to get ill; the Virgin told her in a clear voice which she hears outside her head that she needs to fight very hard to defeat the bad girl; she knows that there is a

“danger that the school might be closed.” When I ask her if she has had any dreams, she tells me: “When I got sick I had a dream. I dreamed about *many red roses and, in the middle of all of them, a white rose with a lot of light.* [She gestures with her hands to show how the light radiated from the white rose.] Once I also dreamed about *the Virgin who told me not to be afraid of Her.*”

*Soledad, Ouija and voodoo* Soledad is a 16 year-old adolescent who comes from a province where voodoo is practiced; during the interview her mood changes frequently: at times she seems to be vivacious and at others self-absorbed; she complains that she is unable to weep whereas before she wept frequently. What was most striking at the time I was interviewing her was that, when we finished, I felt it was difficult for her to say goodbye to me and that she was trying to stay with me longer. Soledad lived with her parents and four siblings until she was 10 when her father went to the United States to work. Since then she has not seen him again. She does not recall having been sad, but she was “worried” about her mother. She remembers that she “used to beat me when she was angry, with an electrical cord or with her shoe, only once she made me bleed ... I was the black sheep in my house.” She mentions that she is like her mother, that both “saw men in black dragging chains.” She does not know why she has this vision, but she has had it since her father left. Her mother decided to send her to boarding-school when she turned 13 so she could continue to study: “At home I took care of my sisters and I came here so that they could have a little more food and not spend on me.” But she did not want them to bring her here. Soledad tells me that all her life she has tended to feel guilty and that she easily gets angry or nervous. “Nobody likes the way I am, that’s why everybody stays away from me, they don’t love me and they do things to me, they push me as they go past ... I know there’s something bad about me but I would rather there weren’t.” Soledad thinks that now:

I’m better in here, Maria told me in dreams that nothing would happen to me here, but that if I left something very bad would happen to me: I might die ... after Maria was expelled I felt stranger, I was always cursing everybody, I didn’t like praying and I did other strange things; one day I felt curious about making two rag dolls that were very small and I slept with them ... because I felt so lonely ... [I lost them but] then they turned up again ... they had pins stuck into their legs.

Sometimes she has wanted to die, but has never tried to hurt herself, except when she felt accused by the religious mother for being “the first girl ill;” then she wanted to jump off the roof but she didn’t do it because her schoolmates stopped her. When she got ill a few days after Maria’s curse, she felt “first like tiredness in my legs and piercing pains back here [She shows me the back of the knee.] and then I couldn’t walk right ... They did an Oriental cure. That’s the way the mothers cure us here. They marked different points with a marker pen and then they put dry herbs on me, set them on fire like crushing them and then went on to another point.” [While she is explaining this, she shows me her knee and I observe several scars approximately one millimetre in diameter, a total of almost 15 of these

marks on and around her knee.] However, Soledad always knew that it was because of Maria and thought:

If it's Maria that's taking revenge, it's not going to do anything to me. A week later it went away. I jumped and ran and did exercises so it wouldn't happen to me again. I didn't say anything. I didn't say that this was happening because of Maria's revenge because here they don't believe us. Then it was time for the December vacation and I went home.

### *Zitlali and the babies' bodies*

She is a 12 year-old girl who comes from a coastal area of the country; she is very thin and at the beginning of the interview her voice is weak, but little by little she is able to speak louder; at the time of the interview she was unable to walk so she was carried in by her schoolmates:

When I walk I have no strength to stop, I don't feel any strength in my knees and my back hurts and I've had falls because my schoolmates couldn't carry me ... or the mother tells them that I need to be able to do it alone; when I bathe I lean against the wall; my back and knees give out. [She tells me that she has become] very sentimental, I feel I'm a bother, that I'm good for nothing; a girl told me what if I become paralytic.

She thinks that, before, she was "happy and somewhat understanding," but that now she feels very sad, doesn't sleep well, sometimes sees "black shadows and I hear noises" that upset her. She needs to pray hard to calm down.

Her parents separated when she was 2 years old and she never saw her father again; she knows he was an alcoholic, never provided any money and lived in a cardboard house. When she was born she had chicken pox; she was very ill but has no sequela of that disease. She has a 13 year-old brother and a 9 year-old little sister, the daughter of her first stepfather with whom she lived for a time. He used to beat her with a boot or a belt and for this reason she has a "grudge" against him. She also remembers physical fights between her mother and stepfather in which they used to wound each other with sharp weapons and which required police intervention. Consequently, her mother separated and they moved in with her maternal grandmother and aunts. However, difficulties returned when her mother "asked us if we agreed for her to live with someone again; we thought about it and decided that her happiness was the most important thing and not ours and that's why we said yes." They went to live with a new stepfather: "At first he was good to us but then he wasn't ... he pressured me a lot, he wouldn't let me be with anybody ... he has bad thoughts, his mind is very dirty, I can only be close to him, he tells me to stay near him ... and he forbids me to play with my cousins and my little brother." Her stepfather likes her to use skirts and sometimes films her with a camera, "he gets too close up behind." She says she is afraid that "he might do something to my little sister now that I'm here." She doesn't tell her mother about her fears because "I don't want to be blamed for her separation, but because of all this it was better for me to come here ... I've always wanted to be in boarding-school, because out there I'm always alone on the street since my mom works, but I thought that it would be different here and that I could leave at weekends to see my family."

Recently in school she has noticed that:

Some girls are morbid and look at the girls when they're bathing, we have to be careful with our eyes because with our eyes we can go to hell; the mother tells us that when we pray is when the devil tempts us most and things that we've looked at wrongly appear ... sometimes (while awake) I also see babies that have their cord, like fetuses, sometimes they are very ugly, bloody and with red eyes and a wrinkled face; they scare me a lot; and other times they're pretty, like little angels; the last time I saw one it was a baby with no face, pure, only the outline of its body, I didn't see what was inside, it was beside the Lord.

## Discussion

In this psychological phenomenon we see that the factor that triggered this epidemic was the emergence of symbols associated with witchcraft such as the Ouija and the Devil.

### *1. Witchcraft as an expression of fragmentation of collective and individual being*

Magic is possibly one of the psychic zones most intimately connected with cultural symbols and body parts through very deep unconscious elements. It operates as a rapid access bridge between body, psyche, culture and cosmos. Therefore its function is powerful and originates in stages quite previous to verbal language and logical thought.

De Martino (2004) points out that in communities where magic predominates, people's existence is a constant search to find the meaning of 'being' although finding it is never ensured, mainly because of the real conditions of life prevalent in these places. Magic through omnipotence permits some level of confidence and security in a chaotic world. However, when intense moments of vulnerability, termed 'critical moments of being-in-the-world', occur in the environment, malignant spirits that appear in the magical world take advantage of the situation and become dangerous. Solitude, darkness and storms exemplify these moments, and if demons appear they may even cause death. This describes how persons who believe they are bewitched may really be exposed to an effective risk. From the psychoanalytic perspective I understand that this 'critical moment of being-in-the-world' corresponds to "an extremely early primal scene worked out on a level of part objects, and associated with psychotic anxiety and mechanisms of splitting and projective identification" (Bion, 1961, p. 164). The Church is vulnerable to these moments because it functions by using the force of Good against Evil within reality principles; however, when the principle of reality is lost, as when the Mother Superior and her religious colleagues really believed that Maria introduced the Devil through the Ouija, then there is passage to action: they expel Maria 'for being a Witch'; at this point, annihilation panic emerged and reached a cultural level of representation in those who experienced themselves as 'bewitched', accompanied by primitive fantasies and defence mechanisms.

I will now describe situations that propitiate this break from reality and allow evil spirits in.

*Abandonment and death* The abandonment of these adolescents may be seen on several levels – social, familial and environmental – in the boarding-school at this time. On the social level, they are members of a very vulnerable sector of the population, immersed in severe economic problems produced by unattended needs at basic levels of health, housing, nourishment and education; inherent to poverty, they are considered the major cause of death worldwide according to the WHO (1995) and are also associated with other problems such as emigration. In many cases, their original families have disintegrated and have no father; many of these girls live with the loss of loved ones at very early ages, which makes them particularly sensitive to ulterior experiences of insufficient, distorted or discontinuous interpersonal relationships (Islas, 2003; Rothenberg, 1979). All the above is compounded by psychological, physical and sexual abuse suffered in their original families, which increases pathological feelings of solitude (Rodríguez, 1997; Winnicott, 1965a). As if this were not enough, now that they are at boarding-school their family disappears for long months, unable to establish communication with their daughters through letters, more frequent visits or telephone calls; this abandonment encourages fantasies that their loved ones may have died or consider them dead. The religious mothers in whom the adolescents now transfer their early parental relations also forbid them any affection, announcing abandonment and the punishment of expulsion, and making them objects of suspicion and more persecution when they seek affection. This prevents them from creating secure relationships at a stage in the life-cycle when re-edition is possible (Blos, 1979). Also, there are so many girls for so few mothers that they can never be looked at! Their need of human contact is observed in a nonverbal way: we see the envy they feel when one of them is able to attract a little more attention or recognition from a religious mother, immediately accusing her of ‘having pets’. Many girls also began to fall ill when they noticed they would be allowed to receive care and at last be looked at.

A psychiatrist colleague commented: “I shuddered when I saw how many girls approached us and there were so many that we couldn’t go on walking ... they all said they wanted to die.”<sup>4</sup>

Abandonment is a highly vulnerable point, experienced as a traumatic event which generates feelings of defencelessness and provokes feelings of death in which their name, memories of them and even they as individuals are lost. This is related to the threat of annihilation (Winnicott, 1958).

*Fusion and threat of annihilation of the true self* In this boarding-school, love is only allowed through fusion with the group: hundreds of adolescents seem to be one face, one body and one mind. It is shocking to see thousands of Latin adolescents with Asian hairstyles, dressed identically, who think, speak and walk in such an identical way. All differences have been erased despite their both cultural and individual multiplicity,

---

<sup>4</sup>Verbal communications of members of the mental health team during the diagnostic phase.

This fusion is a symbol of love for only one *Being* and also a defence against feelings of annihilation generated by differentiation and individuation (Mahler, Pine and Bergman, 1975). This group's cohesion centred on this *Being* occurs because of what Bion (1961) terms the group mentality, which in this case is a group feeling of love conditioned by a kind of Great Mother that seems to say: I give you my love and accept you as long as you are exactly the way I want you to be.

The adolescents in this boarding-school have to repress many emotions such as sadness and aggression, hate and love of human beings; all these emotions are forbidden; if they manifest them they may easily be expelled, which reminds them of previous instances of abandonment already suffered; they must please this *Being*–Great Mother that is all joy and love for *One Being* and be her mirror image. This presents many difficulties for achieving healthy development in a stage of the life-cycle such as adolescence when a search for individual identity is expected (Blos, 1979; Erikson, 1993).

Consequently, what is promoted is development of a hysteric personality that needs to submit and sacrifice itself in order to survive (Bollas, 2000).

Therefore, the true self is similar to the dead, lonely girl who sometimes appears as a ghost in different places or is seen reflected in the mirror; they no longer recognize her and are frightened by her. This destruction of their self is associated with fear of destruction of their body and sexuality.

*Splitting and dissociation* The leader around which the group fuses is an omnipotent *Being* which functions as a Great Mother, split between Good which is 'morality, discipline, obedience, joy, giving thanks without complaint', an asexual, pure body; and Evil which is aggression, sadness, loneliness, love for peers, men, sexuality and masturbation in full adolescence. Good and Evil are always fighting in this boarding-school and may never be integrated; for this reason there are 'good girls' and 'bad girls', the latter generally rejected or simply expelled as if they were "rotten apples that have to be removed; if not they infect the rest", as the religious mothers explain. Men in general are also expelled or associated with diabolic figures that in their experience abandon, rape or beat them. Just as we find splitting mechanisms on the group level, we also observe it on the individual level, for example, in Guadalupe's dream where she sees a white flower associated with goodness in the midst of red flowers associated with the colour of the devil; it also appears in Zitlali's hallucinations when she sees ugly, bloodied fetuses *versus* pretty angels. Dissociation in these girls is also evident in Guadalupe when she weeps over her father's death but feels no emotion; only her tears can be seen; Zitlali also describes many painful and traumatic events with indifference, her concentration centred on her body. Girls most vulnerable to conversion are those who resort to these defence mechanisms (Bollas, 2000; Breuer and Freud, 1893; Kernberg, 2004).

*Rupture and persecution* In this context, when a group of adolescents resorts to magic through playing, they are trying to transform, separate and affirm their differences in an attempt to express, in the psychic as well as

the real world, emotions and symbols more appropriate for their age but quite different from those permitted. They play at recreating their omnipotence in order to trust each other. However, the girls' rivalry for the attention and recognition of their caregivers is so intense that they easily accuse and blame each other. I think that Maria curses her schoolmates' bodies because she is angry and feels 'betrayed' by these girls who are 'good' at the price of being tattlers. Perhaps Maria concludes that they are actually 'bad', just as the Mother Superior who expels her without any capacity for understanding. When Maria curses them she reveals the Evil hidden in this boarding-school which signifies abandonment, loneliness, destruction of the true self and encouragement of a false self (Winnicott, 1994). Now that this Evil is visible, the conversational adolescents may unconsciously connect with or join the feeling of Evil that makes them suffer; it is translated as very intense annihilation anxiety regarding what they unconsciously consider their own 'evil' associated with strong feelings of envy, jealousy, rivalry and love towards their classmates, hate towards their parents and religious mothers, terror of abandonment and need of other human beings to trust, and also with all the Evil they feel oppresses them because of the pain caused by abuse suffered. Since they are unable to tolerate these emotions, they expel them from their psyche and put them into their body and into projective identifications which allow Evil to be infected magically and invisibly. It occurs this way because in an environment with so much abandonment, so lacking in affection and consequently in good enough objects (Winnicott, 1994), sudden and unexpected integration of Good and Evil cannot be tolerated for long; external and internal environments become highly persecutory: Evil lurks in the body with no word-representation and the Mother Superior and her religious colleagues mistake these girls for Satan and bring in exorcists; all this speaks of 'a not good enough mother' in these girls' life histories and 'a not good enough environment' in the group in charge of 'taking care of' these girls; lastly, nothing in the surrounding social environment is able to 'contain' the intensity of this anxiety and hysteria also invades the mass media. The acute paranoid state activated pits the religious mothers against teachers and the press. At the same time Evil is fragmented into more and more pieces which extend from the Devil to powders or microscopic agents which attack bodies to prevent them from walking and minds to prevent them from thinking. Since these fragments cannot be integrated they are dissociated from the personality in projective identifications (Bion, 1967).

*Hysteria and paranoia* The hysteric adolescents put these bad and threatening fragmented pieces expelled by their caregivers into their body. Thus, we see how paranoia and hysteria split the object: in the former, the bad object is expelled and in the latter it is expelled from consciousness and placed inside the body; for Fairbairn (1952) this situation relates to what he terms 'identification with the bad object'; abused children prefer to think that they are 'bad' to think that their parents or caregivers are bad while they are abusing them with physical, psychological or sexual abuse. This sense of 'being evil' accompanies abused children throughout life and it is



very difficult for these persons to rid themselves of it. In the concrete act of Maria's expulsion for being a 'witch', the conversional adolescents identify with her and unconsciously re-experience the terror of abandonment experienced previously at home and accept that they are bad, instead of thinking that their biological parents and religious mothers were insufficient in taking care of them. In this case Soledad thinks that there is something 'bad' about her, an idea which helps her to understand that her father has left her, that her mother has sent her to a boarding-school and that now she is blamed by the Mother Superior for bringing Evil into her school by falling ill in her legs and that she must therefore be segregated from the rest. To think that there is something 'bad' about her and her classmates, 'that the Ouija was done to them', is preferable to thinking that their parents lacked the capacity for the sense of responsibility and caregiving that they needed as little girls; that, instead of providing this, they attacked them by abandoning them, beating them or sexually abusing them; just as the religious mothers now lack this capacity and cannot give them the affection or understanding that they need for their development, subjecting them to their stereotypes and blaming them for getting ill. Therefore, they cannot think: 'My mother doesn't protect me but instead abandons and destroys me.' This destruction is aimed mainly at continuity of a sense of being and therefore at capacity of illusion, and thus encourages annihilation anxiety (Winnicott, 1994).

For their part, the caregivers (parents, teachers and religious mothers) are also unable to recognize this insufficiency in caring for their daughters and pupils, since they experience this insufficiency as a narcissistic defect and therefore as something 'bad' in themselves which anguishes them due to the rigidity of their ego ideal. Thus, on an unconscious level they prefer to expel this feeling and place it in the adolescent girls. Thus the caregivers as external objects no longer function as 'mirror, container and auxiliary ego' (Green, 2001) for these adolescents.

The symbolization process is increasingly impoverished as union is breaking (Winnicott, 1994), producing reminiscences of previous breaks. Verbal language is reduced to exorcisms: "Satan, I order and command you to leave me in peace"; and the religious mothers initially view each other with distrust and say nothing when they are asked if any of them has gotten ill in the legs.

Persecution is so intense that in countertransference the medical mental health team feels that hidden microphones have been present during interviews with the adolescents, while at the same time it is very difficult to integrate and 'think about' this type of information. This countertransference element is associated with terror floating in the air because of so much Evil throughout these girls' lives, in their homes and at boarding-school; it cannot be shouted out or communicated or verbalized, because it is forbidden and expelled from any possible word-representation; however, it has somehow been recorded by hidden microphones. These countertransference aspects will be discussed in detail in other publications.

*Ambivalence* A predominant affect in the sick adolescents is ambivalence directed originally towards their parents whom they love because they are

their first bonds with the world and whom they hate among other reasons because they have sent them away; neither feeling can be verbalized. They cannot say that they miss their family because they are criticized for being 'weak and thankless', but when they try to transfer their love to the religious mothers, they are abandoned or persecuted. The religious mothers are also very ambivalent towards them: they readily accept them into their school but also easily expel them. During the epidemic, some mothers 'scold and blame', whereas others 'encourage and say nice things'. During the epidemic ambivalence intensifies against the hysteric adolescents: they either expel or reject them because they possess Evil in their bodies or take care of them because they suffer.

## *II. The body*

In this context, the body is a place of representation or staging of all the points of conflict of this boarding school, similar to the way dreams function.

Hidden beneath a uniform that aims to make it infantile and conceal its chronological age and sexuality, part of the true self is thereby erased since, particularly during adolescence, the body has priority in the search for the sense of existing. Adolescents use their body to connect with the opposite sex and to compare themselves with their same-sex peers, to gaze at themselves in the mirror and recognize themselves in their new existence. In this case the adolescents are subjected to not being seen and to not growing during the years when body and mind are naturally expected to develop.

Their bodies now grow ill, fusing around something 'diabolic' and 'sick' which must be 'segregated'. They form a homogeneous mass which is uncanny for those who were able to see it; in part because the body has translated the splitting in the internal world of these girls and religious mothers when they consider themselves 'bewitched' or 'infected' by forces they consider foreign and strange.

More girls fall ill when they realize that they will be allowed to receive maternal care from their Elder Sister or religious mothers. At last they may lean on each other and accompany each other, but the price of it all is the stigma of being 'the crazy one', 'the sick one', 'the guilty one', 'the weak one', 'the liar', 'the one touched by the Devil'. Hence, care of the body is also quite ambivalent: 'The girls couldn't carry me, they dropped me and I hurt my foot.' The religious mothers bring in the doctor to cure the girls, but finally burn them during moxibustion.<sup>5</sup>

The eroticization of the adolescent body also has a role in all this. 'Stiffening the legs so they don't bend': two images may be seen:

*Their legs look like a penis, hard and then flaccid.*<sup>6</sup>

---

<sup>5</sup>Moxibustion is a traditional Chinese therapy which treats illness by inserting needles into certain parts of the body or by heat generated from moxa, a plant powder [*artemisa vulgaris*]. It is ignited and combustion is produced. Moxibustion does not leave scars when practiced correctly, since the heat never comes into direct contact with the skin.

<sup>6</sup>Verbal communications of members of the mental health team during the diagnostic phase.

- In hysteria the conversion member is the mother's eroticized object, desired but prohibited (Bollas, 2000). When Guadalupe gets sick she is able to have erotic feelings which she associates with something uncanny: cold liquid that flows between her legs. At the same time the flaccid penis is an unfertile penis like the powders that prevent fertilization.
- *The legs are the girls themselves.* If they are to survive at boarding-school they must be 'hard': they cannot express their emotions; but when they 'bend', they express their weakness and try to regress to a level of physical dependence and care-seeking for their body, abandoned and/or wounded physically or sexually since infancy.

Another image is *fire in the body* which appears in two scenes: (1) a shared dream in which they see *Maria burning* and know that they are next; and (2) *the scars burned on their legs* during malpractice of Chinese medicine. This reminds our collective imaginary of the annihilation of witches who were burned alive because they were 'bad' and attributed with insensitivity, and sent to hell represented classically in flames. Sexual desire is also associated with fire, and, in this case, forbidden desire means hell.

*The way they walk looks like women about to deliver a baby.*<sup>7</sup> Their fertility is also threatened; for this reason, they refer to powders to take away their menstruation, but 'they went too far' and they went down into their legs. In this sense, menstrual blood, a reminder of possible fertilization, is associated with things 'bad' and 'dirty' which are also threatening and confounded with 'bloodied faces and fetuses', 'red eyes' and the girl that died with 'blood coming out of her mouth'. These girls' psyches preserve unconscious traumatic memories of damage to the body. Children attacked physically or sexually are known to dissociate these traumatic events, which remain in memory on an unconscious level (Adolphs *et al.*, 1995; Brenneis, 1996; Breuer and Freud, 1893). With a vivid, threatening stimulus, such as a curse associated with the Devil, in a split Catholic context and in conditions of such abandonment, a curse on the body may reactivate the bodily unconscious memory of this infantile damage and facilitate a return of this traumatic memory to the body only on the level of sensations, where it persists in a dissociated state and promotes the appearance of a clinical picture of conversion. The three clinical cases presented above involved physical damage, and one involved sexual damage as well.

Thus we see that the threat of annihilation is aimed at sexuality but also at the body in general and, as we have described, also at the existence of being; it may be for this reason that Zitlali hallucinated babies without contents, only a pure outline. To save herself from hell she needs to be an angel with no contents in her body: without aggression or sexuality. Although erotic elements may appear, they are deeply embedded in pre-oedipal fantasies.

Emergence of the conversion symptom and severity of the clinical picture of conversion may possibly correlate to the intensity of this threat, which is also in function of the real moment when it is experienced, damage suffered

---

<sup>7</sup>Verbal communications of members of the mental health team during the diagnostic phase.

previously and stored in memory and internal good objects constructed throughout the adolescent's life.

### *III. The boarding-school: A cold womb full of ghosts*

This boarding-school functions like a womb where time passes but nothing changes; it seems cold and sterile like a dead mother, who says she loves but does not look and when she does she does so to expel or curse. It is like a mirror that reflects nothing but ghosts. In an attempt to survive psychically, wherever it is possible to populate this unpopulated world, the adolescent's curse attempts to transform the 'dead girl-mother' into a 'witch girl-mother'; in the shape of a mirror-image, the Mother Superior and Maria play the roles of two millenary symbols that have existed since the dawn of humankind: God and the Devil. The result is quite surprising and is a reflection of how painful it is to grow up in this split environment: we see hundreds of legs in the shape of bizarre objects (Bion, 1961), diabolically invested, which seem to be saying:

I bend because I cannot bear the pain of knowing that I am dead alive, abandoned by everyone and possessed by emotions that I cannot understand, like curses in which I feel I am falling down to hell or into the void, and I am able to feel and communicate only through my persecuted body.

Maria surprises us because she deposits a myriad of projective identifications like infectious particles or malignant spirits floating in the air into her schoolmates' legs; these particles needed a lodging place where they may attempt to be symbolized, but the magic of the spell is not enough to integrate them and transform them entirely, so that they may be felt and thought about; therefore, the whole environment becomes dense and confused.

## **Conclusion**

The mass hysteria in this boarding-school is considered an interweave between the real and the internal worlds. Very concrete and real situations in the boarding-school prevent healthy development of the adolescents due to emotional abandonment to which they are subjected and extremely persecutory control mechanisms which constantly break and severely hinder their capacity for union and symbolization which is necessary to 'be and think'; another factor is the traumatic childhood experienced by these conversional girls in their original families, with constant abandonment as well as physical and sexual abuse which result in an entry into adolescence with a deficit in their ego capacities and an underdeveloped true self; the social aspect in their country also presents deficiencies in relation to basic needs such as health and education. All this generates annihilation anxiety that is always latent in the internal world; its intensity is variable and possibly proportional to the severity of conversion symptoms; it is revealed by a curse on these adolescents' vulnerable bodies which were traumatically eroticized.

Cases like these remind us of the importance of environmental factors as modulators of our fantasies which include affects, thoughts and behaviour.

Their modification may decrease levels of psychopathology, mainly in children and adolescents. For this reason it is important to design preventive programs at school-age level and in other public policies.

## Translations of summary

**La expulsión del mal y su regreso: una fantasía inconsciente asociada a un caso masivo de histeria en adolescentes.** La investigación formal de la histeria comenzó con el psicoanálisis, que abrió el camino para el estudio del inconsciente. Sin embargo, no existen investigaciones psicoanalíticas ni psiquiátricas que describan epidemias de histeria que afecten a cientos de mujeres adolescentes durante varios meses, como la que se estudia aquí. Estas condiciones se produjeron en un internado religioso ubicado en una región rural de México. El objeto de la investigación fue encontrar elementos psicoanalíticos y socio-culturales que contribuyeran a explicar un brote epidémico conductual, durante el cual las jóvenes no podían caminar normalmente y que llevó a la suspensión temporal de las actividades habituales de la escuela. Se llevaron a cabo entrevistas con informantes clave, incluyendo las primeras muchachas afectadas y las monjas. La entrevista contenía preguntas acerca de la historia de vida de las informantes, y de su vida en la escuela antes y durante el brote epidémico. De acuerdo con las modalidades de comunicación de sus miembros, los hallazgos muestran que la escuela actuó como una gran familia con un momento psicótico. El ensayo describe este fenómeno, poniendo énfasis en la comunicación percibida entre los miembros de la escuela y los visitantes durante el brote epidémico.

**La expulsión del mal y su regreso: una fantasía inconsciente asociada a un caso masivo de histeria en adolescentes.** L'étude formelle de l'hystérie a commencé avec la psychanalyse, qui a ouvert le chemin vers l'étude de l'inconscient. Cependant, aucune étude psychanalytique, ni psychiatrique, rendant compte d'épidémies d'hystérie de centaines de femmes adolescentes affectées durant plusieurs mois, comme décrit ci-inclus, ne sont disponibles. Ces conditions se sont passées dans une pension religieuse située dans une région rurale au Mexique. Le but de l'étude était de trouver des éléments psychanalytiques et socioculturels pouvant contribuer à expliquer un déclenchement comportemental épidémique durant lequel les jeunes filles étaient incapables de marcher normalement et qui a eu pour résultat une fermeture temporaire des activités normale de la pension. Des entretiens ont été faits avec des indicateurs clés, les premiers cas de filles adolescentes affligées ainsi que les bonnes sœurs inclus. Dans l'entretien il y avait des questions sur l'histoire de vie des indicateurs et sur leur vie dans la pension avant et durant le déclenchement épidémique. Nos conclusions montrent que la pension s'est comportée comme une famille élargie dans un moment psychotique, selon les formes de communication des membres. Cet article décrit ce phénomène, avec de l'emphase sur la communication entre les membres de la pension et les visiteurs telle qu'elle a été vécue au moment du déclenchement épidémique.

**L'espulsione del male e il suo ritorno: una fantasia inconscia associata a un caso di isteria collettiva fra alcune adolescenti.** Lo studio formale dell'isteria esordì con la psicoanalisi, che ha aperto la strada allo studio dell'inconscio. Tuttavia, nessuno studio psicoanalitico o psichiatrico ha mai riportato casi di isteria collettiva come quello che segue. Il caso ha colpito per diversi mesi centinaia di ragazze e si è verificato in un collegio religioso situato in una zona rurale del Messico. Scopo di questo studio è stato quello di individuare elementi psicoanalitici e socioculturali, che fossero in grado di spiegare questo fenomeno collettivo che ha reso le giovani ragazze incapaci di camminare normalmente e che ha portato all'interruzione delle normali attività del collegio. Sono state organizzate interviste con importanti fonti di informazione, per esempio con le ragazze e le suore che per prime sono state affette dal fenomeno. L'intervista comprendeva domande sulla vita e la storia delle persone coinvolte, e sul loro stile di vita nel collegio prima e dopo l'episodio di manifestazione isterica. I risultati raccolti hanno rivelato forme di comunicazione fra le intervistate che portano a concepire la struttura del collegio come una grande famiglia in preda a un episodio psicotico. Il presente articolo descrive questo fenomeno, ponendo l'accento sulle forme di comunicazione fra i membri del collegio e coloro che erano presenti al momento dell'attacco isterico.

## References

- Adolphs R, Tranel D, Damasio H, Damasio AR (1995). Fear and the human amygdala. *J Neurosci* 15:5879–91.
- Balaratnasingam S, Janca A (2006). Mass hysteria revisited. *Curr Opin Psychiatry* 19:171–4.
- Bartholomew R, Wessely S (2002). Protean nature of mass sociogenic illness, from possessed nuns to chemical and biological terrorism fears. *Br J Psychiatry* 180:300–6.
- Bion WR (1961). *Experiences in groups and other papers*. London: Tavistock.
- Bion WR (1963). *Learning from experience*. London: Heinemann.

- Bion WR (1967). *Second thoughts: Selected papers on psychoanalysis*. London: Heinemann.
- Blos P (1979). *The adolescent passage: Developmental issues*. New York, NY: International UP.
- Bollas C (2000). *Hysteria*. London, New York, NY: Routledge.
- Brenneis CB (1996). Memory systems and the psychoanalytic retrieval of memories of trauma. *Psychoanal Assoc* **44**:1165–87.
- Breuer J, Freud S (1893). Studies on hysteria. *SE* **2**:1–17.
- De Martino E (2004). *El mundo mágico*. Buenos Aires: Libros de la Araucaria.
- Decker HS (1991). *Freud, Dora and Vienna 1900*. New York, NY: Free Press.
- Erikson E (1993). *Childhood and society*. New York, NY: Norton.
- Fairbairn WRD (1952). *Psychoanalytic studies of the personality*, 53–84. London: Tavistock.
- Fenichel O (1948). *The psychoanalytic theory of neurosis*. New York, NY: Norton.
- Ferenczi S (1926). *Further contributions to the theory and technique of psycho-analysis*. London: Hogarth.
- Freud S (1921). Group psychology and the analysis of the ego. *SE* **18**:93–99.
- Green A (2001). *Life narcissism, death narcissism*. London: Free Association Books.
- Isaacs S (1948). The nature and functions of phantasies. *Int J Psychoanal* **29**:73–97.
- Islas JE (2003). El niño ante la muerte de un progenitor. *Cuadernos de Psicoanálisis* **35**:84–90.
- Kernberg O (2004). *Aggression in personality disorders and perversions*, 93–147. New Haven, CT: Yale UP.
- Kernberg P, Weiner A, Bardenstein K (2000). *Personality disorders in children and adolescents*, 50–8. New York, NY: Basic Books.
- McDougall J (1989). *Theatres of the body: Psychoanalytic approach to psychosomatic illness*. London: Free Association Books.
- Mahler MS, Pine F, Bergman A (1975). *The psychological birth of the human infant*. New York, NY: Basic Books.
- Paz O (1990). *Obra poética*. Mexico D.F.: Planeta.
- Rodríguez S (1997). El sentimiento de soledad en niños con familias substitutas. vol. 1: *Actualización psicoanalítica teoría y práctica*. Mexico: Sociedad de Psicoanálisis y Psicoterapia.
- Rothenberg M (1979). The dying child. In: Noshpitz JD, editor. *Basic handbook of child psychiatry*, pp. 477–82. New York, NY: Basic Books.
- Segal H (1994). Phantasy and reality. *Int J Psychoanal* **75**:395–401.
- Sirois F (1974). Epidemic hysteria. *Acta Psychiatrica Scandinava* **252**(Suppl):1–44.
- Small GW, Borus JF (1983). Outbreak of illness in a school chorus: Toxic poisoning or mass hysteria? *New England J Medicine* **308**:632–5.
- Small GW, Nicholi AM Jr (1982). Mass hysteria among school children: Early loss as a predisposing factor. *Arch Gen Psychiatry* **39**:721–4.
- Small GW, Propper MW, Randolph ET, Eth S (1991). Mass hysteria among student performers: Social relationship as a symptom predictor. *Am J Psychiatry* **148**:1200–5.
- WHO [World Health Organization] (1995). *The world health report: Bridging the gaps*.
- Winnicott DW (1958). Psychoses and child care. In: *Collected papers. Through paediatrics to psycho-analysis*, pp. 219–228. New York, NY: Basic Books.
- Winnicott DW (1965a). The capacity to be alone. In: *The maturational processes and the facilitating environment: Studies in the theory of emotional development*, pp. 29–36. London: Hogarth.
- Winnicott DW (1965b). Ego distortion in terms of true and false self. In: *The maturational processes and the facilitating environment: Studies in the theory of emotional development*, pp. 140–152. London: Hogarth.
- Winnicott DW (1994). *Psychoanalytic explorations*. Cambridge, MA: Harvard UP.