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Abstract. This article comments on the outbreak of symptoms allegedly reactive to imbibing Coca-Cola in Belgium, journalistic coverage of the outbreak, and the relationship between the two.

Attributions of food poisoning--viz., imbibing "something" in Coca-Cola--typified initial stories on the outbreak of nausea, dizziness, headache, and stomachache in some Belgium children during June 1999. (Several other symptoms were more infrequently noted.) The symptoms precipitated visits to the hospital for over 100 children. One frequently promulgated causal agent--i.e., the "something"--was contaminated carbon dioxide (CO₂) from a Coca-Cola plant in Antwerp. The CO₂ allegedly contained sulfur compounds.

However, accounts of chemical analysis seem to suggest that the amounts of sulfur compounds were too minute to cause the symptoms, even if enough to instill the beverage with a malodorous smell--a smell reported by at least some of the children with symptoms. These accounts--when coupled with observations that some of the children with symptoms apparently did not even smell, let alone ingest the beverage--led some journalists (e.g., Malcolm Gladwell of the New Yorker) to suggest that mass hysteria was the real culprit, as opposed to food poisoning. (Of course, it cannot be discounted that some cases might have involved food poisoning or combinations of food poisoning with mass hysteria. Another infrequently mentioned attribution has been "sick building syndrome"--denoting symptoms that are at least partially caused by physical contaminants within a building. This syndrome's ontological validity is at least somewhat controversial and will not be treated further in this article.)

There is ample psychological research to back up Gladwell's suggestion of mass hysteria. In this decade alone, case reports of schoolchildren succumbing to similar or isomorphically parallel symptoms without the immediate presence of Coca-Cola--as omnipresent as the beverage may be--have been published concerning Nigeria, the United Kingdom, Hong Kong, the United States, Malawi, Thailand, and the Republic of South Africa. Moreover, the nature of the symptoms are often conceptualized as "nonspecific" in nature: the latter usually attributed to a host of psychogenic factors from "demand characteristics" to stressors involved in various psychosomatic and biopsychosocial syndromes.

The two most common types of mass hysteria appear to be motor-predominant and anxiety-predominant. The former most often comprises convulsions, tics, tremors, and classic conversion symptoms such as blindness. This type seems to be more likely in cultures--and cultures within cultures--featuring repression, authoritarianism, and rigid strictures on personal behavior and emotional expression. The latter type--with the nonspecific factors seen in Belgium--are often (1) proximally primed by an odor (perceived to be unusual or with special significance); (2) distally primed by unsettling social, cultural, political, military, and economic events; and (3) transmitted through observation and rumor via social networks. In Belgium's case, the distal priming factor could have included a previous health scare about contaminated animal feed and more local events within various school environments.

(Some researchers claim that there is a third type of mass hysteria--a mass pseudo-hysteria--involving authorities' mislabeling otherwise benign experiences and behaviors of those answering to the formers' authority. This type--if ontologically valid--might possibly have been a factor in Belgium as well.)

Perhaps most interesting from a social psychological perspective is how mass hysteria should best be treated. Recommendations most often include separating victims and potential victims from each other to impede social transmission of symptoms, educating these people and others in their social networks about the possibility of mass hysteria, and reducing mass media coverage as much as possible. None of these recommendations seems to have been followed in any coherent and consistent fashion by responsible education and government authorities, by family members and friends, and by the initially stigmatized company--Coca-Cola. This is probably because the notion of hysteria may not have been significantly entertained, at least in public.

One possible explanation for not adequately considering mass hysteria might be that the subjects seems to have been primarily male, while most cases seem to primarily involve females. Another more significant explanation might involve civil and even criminal concerns. Assuming that symptoms might even be remotely caused by food poisoning may well have prevented various authorities from promptly acting on a more likely explanation emerging from chemical analyses and a knowledge of historical examples of mass hysteria in school children. (The calculus--conscious and/or unconscious--might well have constituted a frank comparison. Attributing the psychological to the physical might lead to less legal liability than the converse. This comparison might partially be supported by the greater concern many insurance companies seemingly pay to claims of physical versus psychological problems. It also must be noted that one partial consequence of Coca-Cola's handling of the food poisoning/mass hysteria dilemma has been the taking of a \$103 million charge against second quarter earnings to cover expenses associated with the recall of soft drinks in Europe. Another has been the 5% decline in volume of sales announced by Coca-Cola Company's major bottler in Central and Eastern Europe and a fall in the bottler's shares on the London Stock Exchange.)

Thus, fears of litigation--litigation allegedly constituting part of a society to further good and deter or attenuate bad--may have worked to needlessly prevent appropriate treatment and to prolong fear, anxiety, and anguish of parents and children. Coca-Cola, other companies, governments, and citizens worldwide may need to pause and reassess the following in a clear, open, and refreshing manner. When it comes to protecting children and, indeed, all consumers, what is the Real Thing? And for whom is it real? (See Amin, Y., Hamdi, E., & Eapen, V. (1997). Mass hysteria in an Arab culture. *International Journal of Social Psychiatry*, 43, 303-306; Bartholomew, R.E., Sirois, F. (1996). Epidemic hysteria in schools: An international and historical overview. *Educational Studies*, 22, 285-311; Bauer, R.M., Greve, K.W., et al. (1992). The role of psychological factors in the report of building-related symptoms in sick building syndrome. *Journal of Consulting and Clinical Psychology*, 60, 213-219; Cowell, A. (June 25, 1999). The Coke stomach ache heard round the world. *The New York Times*, <http://www.nytimes.com>; Cowell, A. (June 24, 1999). Belgium lightens Coca-Cola's problems, but questions persist. *The New York Times*, <http://www.nytimes.com>; Gladwell, M. (July 12, 1999). Is the Belgian Coca-Cola hysteria the real thing? *The New Yorker*, pp. 24-25; Hays, C.L. (July 13, 1999). Recall to cost Coke bottler \$103 million. *The New York Times*, p. C7; Hays, C.L. (July 14, 1999). Coca-Cola bottler reports surprisingly big slide in sales. *The New York Times*, p. C3; MacLachlan, M., Banda, D.M., & McAuliffe, E. (1995). Epidemic psychological disturbance in a Malawian secondary school: A case study in social change. *Psychology and Developing Societies*, 7, 79-90; Rocknay, R.M., & Lemke, T. (1992). Casualties from a junior-senior high school during the Persian Gulf War: Toxic poisoning or mass hysteria? *Journal of Developmental and Behavioral Pediatrics*, 13, 339-342; Small, G.W., Propper, M.W., et al. (1991). Mass hysteria among student

performers: Social relationship as a symptom predictor. *American Journal of Psychiatry*, 148, 1200-1205; Trangkasombat, U., Su-umpan, U., et al. (1995). Epidemic dissociation among schoolchildren in southern Thailand. *Dissociation: Progress in the Dissociative Disorders*, 8, 130-141; Wittstock, B., Rozental, L., & Henn, C. (1991). Mass phenomena at a black South African primary school. *Hospital and Community Psychiatry*, 42, 851-853.) (Keywords: Belgium, Coca-Cola, Law, Mass Hysteria.)