

Book Review

Irish Journal of Psychological Medicine, 40 (2023).
doi:10.1017/ipm.2021.66

The Sleeping Beauties: And Other Stories of Mystery Illness. Edited by Suzanne O'Sullivan (336 pp.; ISBN: 1529010551; 15Euro hardback). Pan Macmillan 2021

Introduction

What do the following phenomena have in common? Individuals from Nicaraguan communities experiencing convulsions, tremors, hallucinations, yet having superhuman strength; children of refugee families in Sweden laying in coma-like states for months to years; American diplomats in Cuba experiencing dizziness, tinnitus, fatigue and headaches and mass fainting amongst female Columbian teenagers. For many of us, these events may appear random or unrelated. However, they are linked by the fascinating interplay of society, culture, illness and the mind, sharing more commonalities than differences.

Renowned Irish neurologist Suzanne O'Sullivan travels the world in her pursuit of understanding these remarkable diagnostic mysteries. *The Sleeping Beauties: And Other Stories of Mystery Illness* is the culmination of a journey spanning from the Maria Mountains in Columbia to Kalachi, Kazakhstan, inspired by the question: who gets to define what is and what isn't an illness? (O'Sullivan, 2021).

The book is 336 pages long and is divided into eight chapters. Each chapter follows a similar structure. It typically begins with a case study, followed by a discussion of various arguments as to the cause of the patient's problems, followed by O'Sullivan's own thoughts in light of the evidence and finishing with a conclusion that draws the chapter together. It is worth noting the structure, as those new to O'Sullivan's popular books may be initially confused by the apparent fluid nature at which new subjects are introduced throughout the chapter.

The primary topic of conversation in this book is the role of culture and society in the development and maintenance of mass psychogenic illness (MPI). MPI may be an unfamiliar term to some of us, and we may be more familiar with one of its synonyms, mass hysteria. The latter has been associated with irrational behaviour or beliefs, most commonly afflicting women (Tasca et al. 2012), while the former has a noticeably more respectable medical connotation. The terms denote the same phenomenon, which is a rapid

dissemination of similar symptoms, without an organic aetiology within the same group of people (Bartholomew & Wessely, 2002). Examples of MPI's studied in the text are Grisi Sickness, afflicting members of the Moskito communities and Resignation Syndrome, which affects children of refugee families in Sweden.

O'Sullivan analyses the concept of MPI in phenomenal detail throughout the book. She delves into the terms used to describe MPI's, the origins of MPI's, how MPI's are maintained and ceased, in addition to societal understanding and attitude towards them. O'Sullivan's explanations of these topics are thorough yet accessible. I found the most engaging aspect of learning about MPI while reading the interviews conducted by O'Sullivan with people that have experienced them. The vignettes offered insight into the clinical presentation of psychosomatic illnesses and importantly for me as a mental health practitioner, the individual's experience of them. In addition, I learned valuable lessons as how to facilitate difficult conversations with patients by reading O'Sullivan's reflections on her experience during these interviews.

O'Sullivan draws our attention throughout the text to the stigma attached to psychosomatic illness and MPI. For example, in chapter 5, the parents of the Columbian teenage girls experiencing mass outbreaks of fainting believe the cause to be related to the HPV vaccine and are unable to consider otherwise. While we might scoff at this considering the evidence against this theory, we must acknowledge how stigmatised psychosomatic illness is in our own society. Stigma is literally built into the structures of our healthcare system. For example, O'Sullivan notes in an interview with the British Psychological Society ('They had embodied a narrative' | *The Psychologist*, 2021), the disparity in treatment protocol between those with an organic spinal cord injury and non-organic. The latter typically waited 2 years longer for the treatment. O'Sullivan highlights our propensity to value disability not only by impairment, but also by cause. I was prompted throughout the text to consider how I infer which illness is deemed more severe than another?

Additionally, O'Sullivan prompts us in the text to consider the benefits and problems that arise when formulating MPI's within the paradigm of western medicine. She draws the comparison between the seizures experienced in Grisi Sickness to the functional seizures she sees everyday in her own epilepsy clinic. Shamanism is a highly successful method of treating the former, while the standard treatment of benzodiazepines and epilepsy drugs in our culture are far less fruitful for the latter.

I found myself reflecting upon O'Sullivan's argument that in many ways, we contribute to our patient's psychosomatic illnesses, given that the environment

plays a crucial role in the development and maintenance of these disorders. There are numerous social contributors to psychosomatic illness, namely the media, education, friend and family systems and spiritual beliefs. O'Sullivan notes these topics are too enormous for one professional to address. Instead, we often ignore social contributions to illness entirely and focus on the internal processes that we alone can manage ('They had embodied a narrative' | *The Psychologist*, 2021). This is perhaps most clearly illustrated in the chapter on resignation syndrome. Typically, the syndrome is triggered when a child from a refugee family discovers they are denied asylum. It is causation then in addition to correlation that explains the significant increase in the syndrome when Sweden's immigration laws became stricter in the 1990's (Sallin et al., 2016).

When looking at the recently passed laws in support of stricter immigration in the United Kingdom, how many of us considered the impact of this on the development and maintenance of psychosomatic illness? How many of us would be in many ways unaffected by these laws, and subsequently, less likely to develop these illnesses in the first place? Our choices influence the society of privilege and disparity in which we live, and through reading *The Sleeping Beauties* I have come to realise the effect of this on my patients with psychosomatic illness.

This book is invaluable to those in the mental or physical health fields. O'Sullivan's writing connected

me and my patients in ways I never imagined. While this causes me to feel some blame and guilt, it also makes me feel a deeper sense of solidarity, respect and empathy for those I work with. For that, I strongly recommend the book.

Conflict of interest

The author has no conflicts of interest to disclose.

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FINA WURM
Queens University Belfast, Belfast, Ireland
(Email: fina.wurm@qub.ac.uk)