



Mass fainting in garment factories in Cambodia

Maurice Eisenbruch

Monash University

Abstract

This paper reports an ethnographic study of mass fainting among garment factory workers in Cambodia. Research was undertaken in 2010–2015 in 48 factories in Phnom Penh and 8 provinces. Data were collected in Khmer using nonprobability sampling. In participant observation with monks, factory managers, health workers, and affected women, cultural understandings were explored. One or more episodes of mass fainting occurred at 34 factories, of which 9 were triggered by spirit possession. Informants viewed the causes in the domains of ill-health/toxins and supernatural activities. These included “haunting” ghosts at factory sites in the wake of Khmer Rouge atrocities or recent fatal accidents and retaliating guardian spirits at sites violated by foreign owners. Prefigurative dreams, industrial accidents, or possession of a coworker heralded the episodes. Workers witnessing a coworker fainting felt afraid and fainted. When taken to clinics, some showed signs of continued spirit influence. Afterwards, monks performed ritual ceremonies to appease spirits, extinguish bonds with ghosts, and prevent recurrence. Decoded through its cultural motifs of fear and protest, contagion, forebodings, the bloody Khmer Rouge legacy, and trespass, mass fainting in Cambodia becomes less enigmatic.

Keywords

contagion, Khmer Rouge, mass fainting, mass psychogenic illness, spirit possession, wind overload

Introduction

Mass fainting is a global phenomenon of growing concern. Scores of people, usually women in crowded or cohesive settings such as garment factories and schools in neoliberal countries like Cambodia, in acute fear of disaster, experience a sense of suffocation and then appear to faint, falling in cascades (Bartholomew, 1990,

Corresponding author:

Maurice Eisenbruch, Department of Psychiatry, School of Clinical Sciences at Monash Health, Monash University, Caulfield East, Victoria 3145, Australia.

Email: maurice.eisenbruch@monash.edu

1994; Bartholomew & Goode, 2000; Bartholomew, Wessely, & Rubin, 2012). Although the term has become commonplace, it has not been defined in the peer-reviewed literature. An *etic* understanding of mass fainting would suggest it is “mass psychogenic illness,” in which the rapid spread of symptoms affecting members of a cohesive group... are transient and benign, have rapid onset and recovery, appear in the presence of extraordinary anxiety, are spread by sight or sound and mainly affect women. (Bartholomew & Wessely, 2002, p. 304).

Western depictions of mass fainting as mass psychogenic illness are valuable but do not reveal what mass fainting means to those affected. Another cultural psychiatric reading might suggest it as an example of local cultural syndromes like “wind overload” (*kyal kaa*) a Khmer concept that may be a reaction to somatic symptoms and “catastrophic cognitions” (Hinton, Um, & Ba, 2001).

Mass fainting has been reported across the world. In Jordan and China, girls fainted during mass immunisations (Clements, 2003). In a refugee camp in Nepal, Bhutanese refugees with “medically unexplained epidemic illness” were gripped by fear, felt dizzy, and fainted (van Ommeren et al., 2001). The 1983 West Bank fainting epidemic of schoolgirls (Modan, Swartz, & Tirosh, 1983), *grisi siknis* (literally, “crazy sickness”) among the Miskitu of Nicaragua (Wedel, 2012), and the recent episodes among girls in El Carmen de Bolivar, Colombia (“Hundreds of Girls Taken to Hospital,” 2014) are further examples of the phenomenon. Conditions resembling mass fainting include the 1995 Hindu milk miracle in India (Singhal, Rogers, & Mahajan, 1999) and the Tanganyika laughter epidemic of 1962 (Hempelmann, 2007).

Cambodia has a strong economy and the garment industry is its engine, providing 80% of Cambodia’s exports from its more than 550 factories (Cambodian Center for Human Rights [CCHR], 2013). Factories have sprung up, attracting up to 750,000 workers from around the country, who are breadwinners for their impoverished families (Arnold, 2013). Derks’s ethnographic account of women in factory work in Cambodia gives a powerful view of the appalling conditions in these factories (Derks, 2006), which have persisted despite the monthly wage rising from \$61.00 to \$140.00 (Better Factories Cambodia [BFC], 2013).

For years, episodes of mass fainting have swept through the garment sector, with reports of 2,000 workers fainting each year and the numbers said to be growing (“Psychological Distress May Explain,” 2013). Mass fainting is popularly attributed to working conditions and this has led to global attention. In 2012, the Cambodian Ministry of Labor launched a campaign to educate garment workers and their bosses on how to avoid fainting using nutrition calendars and advising workers to eat healthily and work in areas with adequate ventilation. Eight workers who had fainted or witnessed an incident became the “faces and voices” of mass fainting and were called “Experts by Experience” (International Labour Organization [ILO] & Better Factories Cambodia [BFC], 2012). Despite these efforts, the waves of mass fainting have not abated (Eisenbruch, 2016a). No culturally coherent explanation has been advanced that can be harnessed to address the problem and mass fainting remains an enigma.

Media reports suggest that mass fainting has strong elements of fear and protest. In Cambodia, fear is stamped by culture and the supernatural world (Hinton, Hinton, Um, Chea, & Sak, 2002; Hinton, Lewis-Fernández, & Pollack, 2009). Mainland Southeast Asian societies are influenced by Buddhist tradition, in which fear is rooted in the Hindu-Buddhist notion of *bhaya*, evoking the idea of fearsome ghosts and spirits. I have described the miscellany of these ghosts and spirits and their role in suffering and illness (Eisenbruch, 1992). More recently, I have shown how these ideas of spirits and ghosts affect Cambodian garment workers (Eisenbruch, 2016a). The ghosts of those killed by misadventure suck a victim into the abyss. “Haunting ghosts” lie in wait where they were killed to seize coworkers to share their fate. “Suicide ghosts” (*mrityu*) haunt workers who were relatives of those who had killed themselves. “Wandering ghosts” (*kmaoc taay haoŋ*) signify the menace felt by workers who feel vulnerable when a coworker is killed and an episode of mass fainting ensues.

Protest, also strongly shaped by culture, was documented in postwar newly industrialised settings. The textile strike in Łódź, Poland in 1947, in which angry workers fainted en masse, showed how protest could be a driver of political change (Kenney, 1993). In Asia, with the advent of neoliberalism in the 1980s, protest was de rigeur. Scott’s *Weapons of the Weak* reported foot-dragging in Malaysian factories as an everyday form of peasant resistance (Scott, 1985). In 2010, at the Foxconn factory in South India, workers failed in their demand for wage increases and hundreds fainted. Pesticide poisoning was blamed but not found to be the cause (Pratap, Radhakrishnan, & Dutta, 2011, p. 35). In garment factories in Malaysia, protest as cultural resistance, an embodied critique of global hegemonies, has been documented (Ackerman, 1991; Boddy, 1994, pp. 405–419). Ong’s pioneering studies have also described how “seized by vengeful spirits,” factory workers in Malaysia “exploded into demonic screaming and rage on the shop floor” (Ong, 1988, p. 28). The industrialists, annoyed by the closing of the assembly line, called the workers “deviants” and whose archaic beliefs suffused the modern environment. In such settings, protests have most often been documented as taking the form of spirit possession, but not mass fainting.

The aim of this study was to explore the cultural understandings of mass fainting in Cambodia held by the garment factory workers and their community in an *emic* way to reveal the cultural construction of personal psychological experience.

Method

The study was based on clinical ethnographic research on culture and health in Cambodia. The author is a Khmer-speaking medical anthropologist and transcultural psychiatrist, and received help from a male Cambodian assistant based in Phnom Penh, who had worked with the author in fieldwork for almost 25 years. The term “mass fainting” (*duəl sanlap*)—not “mass panic” or “mass psychogenic illness”—is the accepted label and the one used in the Cambodian public domain.

Ethics approval for the study was obtained from the National Ethics Committee for Health Research (NECHR) in Cambodia.

We used person-centred ethnography of “ordinary discourse” (Bernard, 1994; Hollan, 1997) to explore the meanings of mass fainting. This method involves in-depth study of a small sample of cases, in which cultural data were collected to identify and describe a cultural phenomenon rather than to identify and describe individuals; nonprobability sampling was the method of choice. Individual attribute data require probability sampling; cultural data require nonprobability sampling. Nonprobability samples are always appropriate for labor-intensive, in-depth studies of a few cases (Bernard, 1994). It can take months of participant observation fieldwork before the ethnographer can collect coherent narratives about sensitive and culturally complex topics. We emphasised relationships between the psycho-cultural “inner world” of people and the sociocultural “outer world” of communities affected by mass fainting. The approach taps into Murdock’s typology of theories of illness (Murdock, 1980), which for this purpose comprises *natural causes* such as toxins or poisons in the factory, *mystical causes* such as contagion or retribution by guardian spirits, and *animistic causes* such as aggression by spirits of the dead.

Our fieldwork was undertaken between 2009 and 2016 in 60 factories and in workers’ lodgings, health clinics, temples, and centres of traditional healers. The demographic details are set out in Tables 1 and 2.¹ Of these, 48 were selected in which fainting of some sort occurred. Usually, the team arrived at a factory shortly after an episode and the women were met in the aftermath, for example, at the clinic. There were some incidents where the team was present at the factory during the faint and could observe the affected individuals en masse. Only as the situation resolved did it become feasible to speak more directly with individual women who had fainted. The team followed the women when taken to factory clinics, local medical centres, lodgings or, sometimes, back to their home provinces. All individuals approached agreed to participate, and none dropped out of the study. The researchers were not involved in the patient care of those affected.

Choosing key informants in ethnographic research is a form of critical-case sampling (Bernard, 1994), and here the health workers, including doctors and nurses who had treated the women, were interviewed and their views noted. Likewise, cleaners, security officers, management teams, union officials, and representatives from the International Labour Organization–Better Factories Cambodia (ILO–BFC) and the Garment Manufacturers Association of Cambodia (GMAC) were included.

Meetings were sometimes brief, sometimes as long as 10 hours, with at least four workers from any factory in which fainting took place, and an estimated total of 200 workers (it is difficult to be precise when in the midst of a fainting melee or a healing ceremony in the factory). Demographically, informants were women between 18 and 60 years of age, mostly Khmer, but some with Cham or Chinese-Khmer backgrounds. The women mostly came from neighbouring provinces and lodged near the factories. On learning of an incident, the team arrived swiftly, and was sometimes

Table 1. Characteristics of factories where mass fainting episodes occurred ($n = 34$).

Factory	Ownership	Brand	Location	Possession as trigger ($n = 8$)
Grand Twins	Virgin Islands		Phnom Penh	
Quint Major Industrial (QMI) (Cambodia 97%, Taiwan 3%)	Cambodia		Kandal	P
C N Prosperous	China		Phnom Penh	
Dongdu		Ambiance, K-Mart Australia, Bonds, Walmart	Phnom Penh	
Eternity Global Sporting			Kandal	P
Nanguo			Sihanoukville	P
Pine Great		Gap, Target, Walmart, K-Mart	Phnom Penh	
Shen Zhou		Adidas, Nike, Puma	Phnom Penh	
Sixplus			Kandal	
Vonammy			Takeo	
Wanshen			Phnom Penh	
Anful	Hong Kong	H&M	Kampong Speu	P
Hung Wah			Phnom Penh	
Vanco			Kandal	P
Dongbu Summit		Ambiance	Phnom Penh	
Eins			Phnom Penh	P
Woorie			Phnom Penh	
Yakjin		Gap, Walmart	Phnom Penh	
H & L Apparel			Phnom Penh	
M & V International	Macau	ASDA, Next, H&M	Kampong Chhnang	
Ghim Li		Foot Locker, Walmart, Adidas	Kandal	
Suntex			Phnom Penh	
Din Han			Phnom Penh	
Heart Enterprise		Walmart	Phnom Penh	P
King First		WalMart, Target, Macy's, One Step Up, Golden Touch, JC Penny, Silverware, K-Mart	Kandal	

(continued)

Table 1. Continued

Factory	Ownership	Brand	Location	Possession as trigger (n = 8)
Pou Yuen Enterprise		Adidas	Phnom Penh	
Sabrina		Nike	Kampong Speu	
Sportex			Phnom Penh	
Sun Best			Kandal	
Tiger Wing	Japan	Ing	Phnom Penh	P
T Y Fashion			Kandal	
Crystal Martin	United Kingdom		Phnom Penh	
Manhattan Qing Dao	United States		Kampong Cham	
Manhattan Textile			Kampong Cham	

able to be at the scene during a faint and to follow up any subsequent cascade. Informants included women who fainted and the few said to have been possessed.

We explored the informants' experience of the faint, the attributions of cause, including predispositions and triggers, and the ritual ceremonies performed to treat those affected by it and prevent recurrence. We also explored the perceptions, emotions, and accompanying bodily sensations experienced during and after the "faint" and video-recorded the scene. As a naturalistic study of acute episodes and their aftermath, it was not possible to gain systematic data on the incidence and prevalence of comorbidity, such as suicide.

Monks and healers were also interviewed as expert informants. We carried out fieldwork with 20 monks and Buddhist ritual officiants and 40 traditional healers, mediums, and astrological augury diviners, many of whom lived near the factories and had been consulted by the women or called upon by factory management to perform ritual interventions.

Encounters took place through a free-flowing exchange in Khmer. The areas of enquiry were the terminology, phenomenology, and explanatory models covering natural, mystical, animistic, and magical understandings. The line of conversation was adapted for different groups of informants. Women who fainted were asked about their subjective experiences; health workers were asked the same question but with greater attention to how they saw connections between local cultural and medical explanations for the faint and its treatment. Monks and healers were asked to expand on the taxonomy of fainting and the Buddhist, the mystical, animistic, and magical frameworks that helped them understand and treat it.

We elicited the local and popular terminology used in talking about mass fainting, carefully avoiding imposing preconfigured words like "*duəl sanlap*," a compound term in which *duəl* means "to fall" and *sanlap* means "to faint," sometimes with the connotation of being defeated by an often-magical force.

Table 2. Characteristics of factories where sporadic fainting episodes occurred ($n = 14$).

Factory	Ownership	Brand	Location	Possession as trigger ($n = 2$)
Evergreen			Phnom Penh	
Inter Hopewell			Phnom Penh	
Flexitime			Phnom Penh	
Alim	Korea	JKT, Garages, MNS, Calvin Klein	Phnom Penh	
Dongbu Summit		Ambiance	Phnom Penh	
Eins			Phnom Penh	P
Kie & Kie World			Phnom Penh	
Tae Young		Levis, Gap	Angsnuol, Kandal	
Woorie			Phnom Penh	
Yakjin		Gap, Walmart	Phnom Penh	
Han Sung			Phnom Penh	
H & L Apparel			Phnom Penh	
M & V International	Macau	ASDA, Next, H&M	Kampong Chhnang	
Global Apparels	Malaysia	Adidas	Kandal	P
Apple Apparels			Phnom Penh	
PCCS			Phnom Penh	
Bright Sky	Singapore		Phnom Penh	
Complete Honour Footwear	Taiwan		Kampong Speu	
Generation International			Kampong Speu	
Ho Hsin Tai			Phnom Penh	

The ethnography included participation in ritual processes that ran for up to 3 days and through follow-up interviews, meeting our participants at calendrical ceremonies and exploring their experiences since the initial episode and in further episodes. The author and his field assistant continued our work with new incidents and follow-ups until we agreed on data saturation.

All fieldwork was conducted in Khmer and translated and transcribed into English from video recordings of a sample of our encounters and compiled field notes. Data were collected in the course of brief encounters during the episodes of mass fainting and in the therapeutic rituals carried out in the aftermath. We encouraged the informants, once they felt more trusting, to share their views of the supernatural world they understood to be involved in mass fainting rather than confining themselves to popular medical views which they thought we wanted to hear.

Analysis

Audio and video recordings were analysed in Khmer, and three quarters were translated into English. We explored and analysed the cultural idioms of mass fainting. We explored the views of the local and expert informants, including: What do the episodes threaten? Where is the threat felt? In what stressors and predicaments are those who faint and those in power? What kinds of people, such as kin, coworkers, healers, and manager/owners, provide sympathy or support to those who faint? Who is susceptible?

We examined the informants' verbal expressions to see how meaning was derived from context and attributions made and paid careful attention to the informants' cultural registers and use of Khmer popular culture references. Being able to read both the idiomatic and literal English bracketed with the Khmer terms is essential. Khmer terms are spelled using Huffman's adaptation of the IPA phonetic transcription (Huffman et al., 1970), rather than transliteration, to help non-speakers of Khmer more easily and consistently pronounce the terms.

Results

Settings and events

Episodes of mass fainting occurred at 34 factories, of which, nine were triggered by spirit possession. Sporadic fainting occurred on a smaller scale at 14 factories. All were foreign-owned—Virgin Islands (1), China (13), Hong Kong (3), South Korea (10), Macau (1), Malaysia (3), Singapore (3), Taiwan (14), United Kingdom (1), United States (2)—and located in eight provinces and in the capital.

The fainting episodes

A mass fainting episode began with workers feeling afraid (*p^hey*) and becoming so terrified that they experienced momentary stupefaction and lapses of attention (*p^heaŋ* or *pleaŋ*), feeling as if they had “lost their mind” (*bat smaardəy*). Some older women had flashbacks to childhood experiences during the Khmer Rouge years, reexperiencing the terror that they would be the next to be executed.

The workers expressed their feelings through their bodies. “Chest” symptoms were prominent and nuanced: they couldn't breathe, their chests “shook involuntarily” (*noa*) and they were afraid of suffocating (*t^hap*). Some had the “uncomfortable sensation of being too full” (*naen*). They trembled with fear (*slot*) which grew to terror (*tak slot*), with their “eyes out on stalks” (*slon slao*), their world spinning (*vil muk*), and a black mask descending over their eyes (*ŋəŋit muk*). Their head drooped, they were stuporous (*ŋouŋ*) and then they fainted (*duəl sanlap*), falling down (*duəl*) in a lapse of consciousness (*sanlap*) as if the mind were “cut off” (*lɛɛŋ dəŋ kluən*). Progressively, as many as 100 to 200 women fell to the floor, and the panic-stricken bystanders ran for the exits.

Some workers in the midst of a fainting episode were convinced that ghosts were rampant. One took cellphone photographs of her friends at the scene in which there were images of a ghost's head, its long hair hanging down on one side. She dropped her phone and screamed. The managers deleted the images and warned her to "keep her mouth shut," but the news had spread. The deadly ghosts were thought to be contagious, capable of infecting one worker after the next.

When they regained consciousness, the women looked groggy and were taken to clinics, where nurses assumed they had low blood sugar and gave them IV dextrose. Many of the patients and some of the nurses blamed toxins. Most women soon went back to work, but some felt demoralised (*bak sbaat*).

With the exception of one factory (Flexitime), clinical staff did not identify any workers who had "wind overload." There was no mass fainting and the affected individuals seemed to have a different clinical picture: They were much sicker and became comatose. Those who did not respond to resuscitation died.

A group who fainted at Eternity Global were admitted to Bak Chan Hospital. One woman demanded "spirit food." The chief physician, acknowledging the influence of spirits, recommended the woman be sedated, but she refused. The nurses promised they would get the offerings and, mollified, she agreed to diazepam. When she woke, the doctor examined her and concluded that the ghosts had left her.

Cultural interventions by monks and healers sometimes followed within a few days in the grounds of the factory. Sometimes it took several episodes of mass fainting until the factory owner realised that he needed to authorise a public Khmer ceremony for his workers. At Tiger Wing factory, after hundreds had fainted, the company discovered the factory had been built on shrines to "Lake Guardian Spirit," "Old Madam Pond," and "Elves in the Dead End Forest." The owner allowed workers to build shrines to free them from further fainting episodes. To distance workers from the ghosts of inauspicious deaths, monks performed funerary rituals. The malevolent bond between ghost and factory site could be "extinguished" by monks reciting the *Karaṇīyamettā* sutta on loving-kindness.²

Predisposing factors

Mass fainting tended to break out in factories built on sites that were said to be blighted as Khmer Rouge killing fields, or in situations where there was conflict related to factory politics, including ethnic tensions between the workers and bosses, or when the garment workers were in poor health or stressed. Groups of workers seemed to be predisposed to faint when in a heightened state of fear or a climate of incipient dissent.

Legacies and blighted sites. Many factories were built with scant regard for the history of the site and its guardian spirits. Land-grabbing developers brought in bulldozers to demolish homes, including those of the guardian spirits, and people believed that failure to seek their permission led to outbreaks of mass fainting. Sites were scarred by war and murder dating from the anti-French, anticolonial Issarak independence

movement in the forties, the Khmer Rouge “killing fields” in the seventies, and government extrajudicial killings and torture in the nineties. At some factory sites, villagers stumbled across skeletons. The dead had become “wandering spirits” who haunted trespassers.

In the sixties, two women were raped and murdered and their corpses discarded under a Bodhi tree at the site of the future Sabrina factory. In popular culture, the two became a pair of tutelary spirits popularly known in that region of Cambodia as “Old Lady White Old Lady Black.” In the seventies, the Khmer Rouge cadres had executed victims under this tree, the place becoming littered with corpses and progressively haunted. The Taiwanese owner hired Vietnamese labourers to cut it down. When the first spate of fainting episodes broke out, people blamed “Old Lady White Old Lady Black.”

Some workers found that old wounds from the Khmer Rouge time reopened in the face of new threats.

KM was a 49-year-old woman who worked as a cleaner at Tiger Wing factory, a Japanese-owned shoe factory. She came from a mixed ethnic background, her mother Khmer and her father from a Chinese-speaking line of Chinese-Khmer. She had had four brothers and sisters. Many had asked for her hand, but she declined them all. KM had triggered an episode of mass fainting by becoming possessed. Her family had a long connection to the guardian spirits at Tiger Wing factory. In 1975, the Khmer Rouge had force-marched KM and her family to Kampot province. She had to witness her parents, two of her siblings, and her cousin being tortured and executed by the child soldiers of the Khmer Rouge, and she had observed the blood seeping from their rotting corpses as well as from many others lying in the killing fields. After liberation in 1979, KM and her two surviving brothers returned to live in their home village, on her family’s ancestral land and she knew intimately the history of the territory and its tutelary guardian spirits, “Lake Guardian Spirit” (*puəŋrɔɔ* or *bəŋ*), “Old Madam Pond” (*look yiey trapeaŋ snaay*), and “Elves in the Dead End Forest” (*mrɨr kʊəŋviəl prey kambot*).

When a fainting episode broke out, KM had a flashback and saw the killing fields, fresh corpses pouring blood as if a river were flowing through the factory, and she heard the ghosts cry out “We want blood!” Her friends told her that the night before the faint, they were confronted by blood pouring along the toilet floor. Blood here was the motif for old traumas reactivated in the factory.

Trigger scenes had multilingual elements. One morning, KM was distracted by a large “shadow” falling on her face. The angry “Old Madam Pond” (*look yiey trapeaŋ snaay*), a local tutelary spirit thought to inhabit a particular tree in the environs of Tiger Wing factory, had possessed her. KM howled like the wandering spirits killed by the Khmer Rouge, and the terrified workers fainted. Onlookers said she was yelling in fragments of Chinese, Thai, Japanese, French, and English. An interpreter was called for the Chinese owner. “You took our land!” the spirit called, “that’s why I made you faint.” Another outbreak followed. Two months later, the same guardian spirit appeared to KM with fresh demands and, once more, workers fainted, but it wasn’t enough. The fainting continued until the

owner, wondering how the illiterate KM could speak Chinese, made offerings to appease the guardian spirits.

Factory politics. In some cases, power plays between Khmer workers, foreign owners, and union leaders appeared to trigger mass fainting episodes.

In 2012, a spate of mass fainting episodes broke out at Sabrina factory, with 500 women fainting in just two episodes. A junior union official, CSL lost his job when management did not accept his demand for a pay rise. CSL called for a strike, but the senior union official, NX, dissuaded them by arguing that they would harm the reputation of the brand and the buyers would go elsewhere for their garments. NX and his supporters swore that, should CSL ever be reinstated, they would cut off their arms for dogs to feed on. Meanwhile, CSL appealed to the Advisory Board of Industrial Conflict at the Department of Labour, who ruled in his favour—the workers believing that “Old Lady White Old Lady Black” had won over the Board. CSL had not lost his nerve because he knew that the guardian spirits were on his side. When CSL turned up at the gates with the ruling, the owner ordered security to eject him, but his followers threatened to strike, and he was reinstated.

People believed that a broken oath precipitated a retaliation by “Old Lady White Old Lady Black” and within 5 days of CSL’s reinstatement there was an episode of possession that led to mass fainting. The spirits made clear that the owner had to build a spirit house to “Old Lady White Old Lady Black” as compensation, he did so, his business prospered, and episodes of mass fainting dropped off.

When the owners seemed impervious to resolving these tensions, setting the scene for another episode of fainting, these could be signalled to the workers by prodromal dreams. In one instance, a worker at Vonammy factory dreamed that a band of elves (*mriṅ kʊəŋviəl*) wearing red skirts and head bands and brandishing clubs gatecrashed the party of the Chinese owners and declined the cake they offered, saying it was the wrong kind. Next morning, the worker dared not report her dream to the management, fearing she would be fired, but she had told her close coworkers and the word got around. Mass fainting broke out that morning.

Vulnerabilities. Women prone to mass fainting were generally considered by their families and coworkers to be stressed or generally unwell, with symptoms such as headache, blurred vision, and tachycardia and depicted in popular health magazines such as *Our State of Health* as *srəit* and by a clinic doctor as *l'état de hypotonie*, or loss of tone.

Women also thought they were vulnerable at times of astrological misfortune. In all, vulnerable women were fearful not only that they would lose their health, their job, or their lives but also that they might succumb to depredations from the spirit world. At 14 additional factories, women fainted sporadically or in small clusters without leading to mass fainting (see Table 2), and there were no discernable differences between these and the other women involved in mass fainting.

Workers blamed the poor food sold outside the factory gates, or the factory's crowded and sweltering conditions, the lack of oxygen, or the fumes inhaled from glue or from imported insecticide-impregnated fabrics. Some said the foul smell suggested "stinking ghosts."

Triggers. Mass fainting was triggered by recent inauspicious deaths such as fatal industrial accidents in the factory, suicides, and earlier disasters. In the violent setting of the factory, fear fuelled by provocation and protest fuelled by anger engendered mass fainting. Workers also feared losing their jobs, losing "heart," or being killed.

Fatal accidents. Fatal accidents at factories could trigger an outbreak of contagious fear and an episode of mass fainting. The channels for protest such as organised demonstrations were thwarted by the fear of being shot and killed by government security thugs on the streets, and the workers' only recourse was to faint.

One evening in July 2015, an overloaded dump truck smashed into a flat-top truck packed with workers travelling home from Evergreen factory, killing one and injuring others. Standing next to her friend, CX saw her face sliced off by a metal shard. Later, she found herself "talking" to her friend whose ghost had possessed her. Next morning her relatives invited a Buddhist officiant to perform an exorcism. The women returned to work, but some, seeing a ghost, hair dangling and tongue protruding, fainted. The officiant said it would take the ghost a week to realise she was really dead and become a "haunting ghost," and her friends, dreading that she would be back to haunt them at the 7-day funeral ceremony, fainted.

Suicide. Suicide was another trigger for contagious fear that culminated in mass fainting. MT was a 29-year-old woman who worked at Vann Ko factory. She had grown up in an atmosphere of family suicide, the *mṛityu*, the ghosts of those who have committed suicide by hanging and who are eager to make others to do likewise, sought out her paternal grandfather, then her father, inducing them to try to hang themselves. Now they had turned on her. It would start with a severe headache and tightness in her head and chest, with a sense of impending darkness descending on her (*slop*). Twice when commanded by the *mṛityu*, she had fled from the house impelled to hang herself. One day, she dreamed a black dog bit her. Next morning, her friends observed her darting, staring eyes, the colour of *priey* spirits, the ghostly female figures with flowing locks and staring blue eyes. She called, "Do all you workers know me?" and shouted in a strange voice, "Grandfather, do you recognise me?" Her terrified coworkers knew she was possessed. Suddenly, MT was nowhere to be seen. Two of her relations, who worked near her sewing machine, and knew of her suicidal tendencies, raced to search in the adjacent forest, and then tried the toilet, where they found her. The relations, hearing her suffocating behind the latched door, screamed for help, workers and security staff came running, broke down the door and found that she had looped her scarf over a beam and jumped off the seat. They cut her down and took her to the clinic. Within a couple of minutes,

more than 100 workers fainted and were all carried off by security to the clinic, lined up on the floor and given serum by the nurse.

The workers would panic at the sight of a fellow worker trying to kill herself, particularly somewhere in the factory. Panic over deaths that took place a generation earlier was eclipsed by the threat of death in the present. These *mrityu* were so feared that some affected families literally abandoned their homes where they stood and in at least one instance the neighbouring villagers were too terrified to use the land and the house fell into ruin.

Disasters. Earlier disasters producing mass deaths could provoke repercussions. People around the country would be devastated, a ripe setting for aftershocks of protest which, in the arena of the factory, were expressed as mass fainting. In November 2010, 347 people, many of them garment workers, were crushed to death in a human stampede at Diamond Island (Hsu & Burkle, 2012). The people believed that the ghosts of the dead had to find a resting place in the lands from which they had originated.

Just before the first anniversary of the stampede, LT, a 73-year-old traditional healer and lay Buddhist ritual officiant from a village near Heart Enterprise factory, dreamed of the “Landlord of the Water, Landlord of the Earth” of the Heart Factory site. The Landlord sat lamenting: “We are homeless! We have no place to live!” because Heart Enterprise factory had occupied their territory. Next morning, about 50 workers fainted. Next morning, the Chinese-speaking Khmer manager of Heart Enterprise factory consulted the healer, who shared his dream, which explained the workers had fainted. At once, the management invited the monks to come and perform a ritual to “sweep out the misfortune.” While the ceremony was underway, one of the workers was possessed. They believed the mass fainting had been caused by a restless “vagabond ghost” (*kmaoc anāthā*) who said she was abandoned at Diamond Island and had possessed a worker, who cried in a high-pitched voice, “[We], the *kmaoc* ghosts of the dead from Diamond Island, have entered” and many onlookers became shocked and another episode of mass fainting took place.

In such cases, even the doctor would sometimes agree with the ritual officiant not to send these women to hospital because their pulse, unlike that of a physically unwell person, showed a powerful “spirit pattern” and they needed to stay in the clinic to rid them of it.

Discussion

Based on ethnographic observation and interviews, I suggest that proposed episodes of mass fainting can be understood in terms of individual vulnerability and cultural meanings. For the affected women, the faint is the coming together in one moment of all that she has suffered in her life so far—terror, flashbacks, abuse, pain, powerlessness, vulnerability, injustice, poverty and endless grief and loss. For a garment worker setting off to the factory before dawn each day sandwiched with

others in a flat-top truck and not knowing whether she might be killed at her machine, forced into unwelcome sexual liaisons, caught up in union–management disputes, lose her job, or helplessly succumb to “fumes,” there is no escape, and every day is filled with foreboding about what will go wrong next.

Fear

Fear seems to predispose workers to fainting, or to trigger it. It shows up in distortions of thinking, perception, and consciousness, which differ from Western psycho-physiological constructs of fear. The visceral fear mobilised generations later about the Khmer Rouge, pushes deeply into the Buddhist stratum of fear (*bhaya*) and in the Khmer *p^hey*. The English term “fainting” fails to capture what is described in Buddhist psychology as *vipallāsa* (Rhys Davids & Stede, 1900). The characteristics we see in mass fainting are almost identical to those described in the ancient Indian sources, in which fear from emotional stimuli (*vibhavas*) such as ghastly noises, seeing ghosts, the cries of owls, the howling of jackals, or murder is embodied, being “acted out by the trembling of hands and feet, darting motions of the eyes, the hair standing on end, the changing facial colour [going white with fear] or stuttering” (Weerasinghe, 1997 cited in Brekke, 1999, p. 440).

The language used by the women gives clues to the nature of the faint. When they said “*lɛɛŋ dəŋ kluən*,” literally, “they lost awareness of themselves,” they hinted at the relationship between distortions of thought, losing their sense of “self,” and the loss of consciousness, as if, fleetingly, some of their 19 major and minor souls (*prɔ^hiŋ*) vital to life were slipping away. Cambodian belief in the soul, as elsewhere in Southeast Asia, is rooted in animist principles. Thompson points that they are not “an individual, immaterial principle animating the human body,” but are “multiple, material and independent entities which animate not only humans but also certain objects, plants and animals” (Thompson, 1996, p. 2).

Eventually, chronic fear leads to demoralisation, experienced by some workers after the faint as a “failure of nerve” (*bak sbaat*), what Chhim (2012) calls “broken courage.”

The current popularisation of traditional views of illness has appropriated the concept of *srəit*—increasing panic as a person senses a progressive threat to their life—and turned it into a sort of medical disease. The popular health magazine *Our State of Health* defines *srəit* as a series of bodily symptoms, which include several, but not all, of the symptoms of the face, limb, abdomen, and chest identified in our findings, including mental lapses or blackouts (*p^heaŋ p^heaŋ*) causing loss of recognition of others; poor concentration, memory, and self-control; fear that death is imminent; or fear that they will suddenly stop breathing (*dac kyal*; Anonymous, 2011a, 2011b). In our findings, the “whole body syndrome,” extended to affect a mass of people falling like ninepins, was termed *srəit srəit*. Traditionally, a person in mortal danger, for example someone suffering prolonged immersion in freezing water, would feel as if it was progressively

absorbed into the skin—cold skin connoting a corpse—and sucking them into deeper water (Chuon, 1967).

Psychiatric labels such as mass psychogenic illness fail to capture what matters to the afflicted women in these factories. Hinton et al.'s (2001) construction of “wind overload” (*kyl kaa*) takes a cultural reading of suffering and reframes it in terms of a Western nosology. Disturbances of wind are “ethno-physiological” notions and seriously ill individuals develop “bodily sensations” they call “wind overload” and, in a cycle of panic, “catastrophic cognitions” about impending death. However, with the exception of the sporadic faintings at Flextime factory, I found no episodes of mass fainting that resembled *kyl kaa*. Instead, the findings reported in this paper suggest that fear from multiple personal, historical, and environmental sources is embodied in local and Buddhist cultural tropes.

Protest

Mass fainting seems to be an outcry of protest by disempowered workers whose misery is made more acute by their factory work. These tensions over power spill out on the factory floor. Events at Sabrina factory, for example, show how union leaders, like managers, are implicated. When workers lose confidence in union leaders and an oath is violated, their sense of betrayal is exposed. Typically the most vulnerable workers fall in a faint.

The conflict also involves ethnicity and language. The factories are foreign-owned institutions that introduce an ethnic or racial element to their appalling working conditions. Most factories are Chinese-owned and Mandarin the language of foreign ownership. The bosses cannot speak Khmer, the workers Chinese. For a time, the faint has a language all its own, transcending linguistic barriers. At the ceremonies sanctioned by the bosses, the “multilingual” scripts that characterise the dramatic moments between bosses and workers make plain the ethnic power conflict and declare the boundaries of conflict between the workers and owners. When the language spoken is not authentic Mandarin, for example, using the language ascribed to the owners is all that matters.

The protest thus seems to be multivocal. It is as if their foreign bosses have put them in harm's way by failing to follow cultural protocols at the factory site and have stirred up old ghosts and guardian spirits who, rather than attacking the foreign bosses, target the innocent workers. This scenario is reminiscent of that of the Malay peasant women who had migrated to factories during a period of euphoric economic growth and who were attacked by Malay-Muslim guardian spirits (*keramat*; Goh, 2005). It is as if the mass fainting is a protest retelling the story of the struggle over land, how multinationals robbed villagers and guardian spirits. By causing mass fainting, the spirits give the workers back a voice.

The ethnic divisions between the Cambodian workers and the Chinese or Korean bosses are enacted in the real world of industrial conflict between Khmer workers and Chinese bosses, and in the supernatural one in the disparities between Khmer *neak taa* and Chinese guardian spirits even though, according to

lore, Khmer spirits were descended from Chinese ones (Davis, 2013). Likewise, in the factory, a guardian spirit can seize innocent workers, not just those who have violated their rules. In this landscape, owners and workers have complex and sometimes overlapping cultural outlooks. If a Chinese owner allows Chinese but not Khmer rituals to be performed in his factory, he might satisfy his *maa kong* ancestral spirits but not the Khmer ones.

The drama of protest occurs, one might say, as a microcosm of the Buddhist *Trai Phum* cosmology, thought to have been composed around 1345 CE (Lithai, 1345/1982; Tambiah, 1984). According to this, beings are born into one of three realms, the upper realm of the deities, the middle of men, and the lower of spirits and hells. In the case of the factory workers, they occupy the middle realm poised between nasty spirits in the lower and deities in the upper. In a universe in which respecting the territory of the guardian spirits is important, we can understand the parallel tensions between workers and foreign temporal factory owners and between people and spiritual landowners. When factory tensions trigger a mass fainting cycle, it is as if the women who faint also symbolically die, perhaps in a way momentarily reenacting the horrors of the killing fields.

When prompted by inauspicious death, mass fainting invariably connects with haunting spirits. In neoliberal Cambodia, where it has become an emblem of the fragility of life, death seems to be around every corner. In Theravada Buddhist countries including Cambodia, the dead are “gone, but not departed” and remain “active members of the community,” and the land may be dangerous for those who walk on it (Ladwig, 2012). For those affected by mass fainting, the haunting spirits—homeless or vagabond ghosts, ghosts that pull at your feet, haunting ghosts, and suicide ghosts—tell the story of life in danger. In the factory, ghosts fill workers with dread, retelling the story of their suffering. The ghosts of those who died in an industrial accident fear losing their worldly attachments and will do anything, even attack garment workers, to stop others from acquiring what they have lost. These ghosts terrify workers, who fear their backlash and faint. Cambodian cosmology is syncretic, with animist and Hindu as well as Buddhist elements and, according to Hindu mythology, the *piśāca* haunt killing fields, feed on human flesh, possess people (McDaniel, 2012), and drive them to madness (Bhugra, 1992); the Pali word *piśāca* evidently gives rise to the Khmer word *bəysaac*.

Mass fainting after a serious accident reactivates the horror of the infamous Khmer Rouge burial pits which the ghosts inhabit. The threat of assassination by a spirit signals the pathology in the neoliberal human world, which shadows the experience of an earlier generation under Khmer Rouge communism, where profits soared and life was cheap.

The Buddhist funerary rituals seem to offer comfort in protecting workers from the constant threat of fatal industrial accidents. The rituals also seem to bolster the workers' morale by finally addressing the deep-seated connections to the Khmer Rouge killing fields. The workers believed that the ritual ceremonies brought a halt to further episodes of fainting at that factory, but no conclusions can be drawn from this descriptive study to justify their beliefs.

Contagion

Workers fearing mass fainting thought of “toxin as chemical” but many seemed to believe that “toxin as spirit” was the real cause. The fear that vagabond ghosts are contagious is fuelled by the idea that a toxic ghost might jump from one site of disaster to another.

Fainting can form a chain of fear in which workers are convinced that something has caused an infectious outbreak (Gothe, Molin, & Nilsson, 1995). In the June Bug epidemic, in June 1962, 40 out of 200 women working in the dress-making department of a textile factory in North Carolina suddenly became violently ill, terrified of a contagious infection caused by an unidentified insect from England, and they developed symptoms such as numbness, nausea, dizziness, and fainting; the rumours spread and caused more workers to become stricken (Kerckhoff & Back, 1968; Schmuck, 1969). Similarly, Olkinuora (1984) noted that fainting starts with a generalised belief (e.g., that a toxic substance is to blame), followed by a precipitating event (e.g., malodour) perceived as a threat (e.g., brain damage), and physiological arousal (e.g., fainting), leading to a new belief that gives meaning to the sense of arousal and spreads by contagion. In his seminal work on the phantom anesthetist of Mattoon, a small town in Illinois, Johnson (1945) reported a series of householders who, night after night, became convinced that they were being poisoned by gas emitted by an “anesthetic prowler on the loose,” and which paralysed their legs and caused other somatic symptoms. In their review of this event, Bartholomew and Victor (2004, p. 229) advance a social interpretation of mass fainting as a chain reaction to perceived attack by fumes that gives rise to a “collective anxiety attack” involving “normal socio-cultural and socio-psychological processes, rather than psychopathology.”

Wessely argues that anxiety about toxic exposure, rather than exposure itself, probably explains most episodes of mass fainting, as with nuns in France in the 15th century, soldiers in the 20th, or victims of terror in the 21st (Bartholomew & Wessely, 2002, p. 304; Wessely, 2000). Even if workers talk of fumes as causing mass fainting, it is not their understanding of organic chemistry at work but a fear of contagion in its fullest expression as natural and supernatural. Auxéméry (2012) has depicted contagion in which the symptoms of the first to be contaminated spread to others by mimicry. In Cambodia, many communicable and noncommunicable diseases are viewed, along with sorcery, as contagious. They are seen as consequences of moral violations by a forbear who is made ill by his ancestral spirits (Eisenbruch, 1992).

This notion of contagion makes sense in the multinational neoliberal setting. Xenophobia fuels the fear that imported fabrics are noxiously impregnated. In Thailand, mass fainting was said to be caused by Vietnamese poisoning of food in an assault on the sexual vitality of the Thai people (Jilek & Jilek Aall, 1977). Popular opinion holds that Cambodia fell prey to contamination by the Thai tiger to the west and the Vietnamese crocodile to the east and has now spread to the Chinese factories in their midst.

Dreams

Popular Buddhist and Hindu conceptions of dreams are closely connected with the interpretation of omens or portents of misfortune or disaster (Doniger, 1984; Young, 2001), and the recurring dreams of the Cambodian workers that presage mass fainting seem to delineate the factory's social tensions. Dreams, however, emerge from a much larger narrative than the script that foretells mass fainting. Dreams may express the symbolic displacement of people by spiritual landlords made homeless by greed, the drama played out in callous and cynical land-grabbing. They can also depict the stain of genocide, with the river of blood a metaphor for the violence of the Khmer Rouge time, and the revolutionary national anthem replete with the workers' blood spilling out in indignation and a resolute urge to fight (Chandler, 1976).

History, trespass, and the factory as nonplace

People connected factories with former Khmer Rouge "killing fields." The Khmer Rouge had no inclination to seek permission from the spiritual proprietors before executing people there, and the workers feared these "killing fields" as inauspicious places where massed ghosts would lurk. The Khmer Rouge had primed the land for trouble, and the construction of factories a generation or two later completed the violation. The Khmer Rouge had been arch trespassers and so now were the foreign factory owners.

Trespass is a form of provocation that leads to mass fainting, and the fear of the guardian spirits of the factory sites is as old as pre-Angkorian history. There are parallels in other settings, such as when students at a Kampong Cham high school were made to stand at attention under a large tree and fainted because they had angered the tree's guardian spirit (Somphose, 2011). The faint then is an expression of the triangulation in the three-way conflict between guardian spirits, factory owners, and workers, and the guardian spirits have the authority to carry unconscious powerful messages to the world.

Building construction in Cambodia remains governed by spiritual and legal ordinances. When the Independence Monument was under construction in 1962, the builders levelled the guardian spirit's ground and then had trouble with their machinery. King Suramarit issued a decree for the spirit to keep his ground at the adjacent Bodhi tree and to leave the people alone. As supreme landlord, he out-ranked the spirit, who submitted and left the workers in peace.

This idea of trespass can be seen in the Buddhist *suttas* used in treatment. In one, 500 monks who take shelter at the base of a tree inhabited by spirits unwittingly disrespect them and are attacked and driven away in panic (Buddharakkhita, 1989). The monks, like the factory women, were on the verge of fainting, their brains blanketed by "visions, noise and stench." Not unlike the panicking factory workers who ran to the factory exit, they ran to the Buddha, who ordered them to

return and recite the *Karaṇīyamettā sutta* (Jayasekera, 1985), and at once the spirits stopped haunting them.

Mark Augé talks of “place-making” and “non-place” (Augé, 1995 cited in Ferguson, 2014), and I suggest that the proliferation of new factories has destroyed the “place” that once was replete with ancestral spirit connections. In “non-place” are the garment workers, whose links with the spirit world have been damaged. They live in a spiritual dystopia, in Augé’s terms, a “supermodernity,” where it becomes hard to fuse old and new.

Conclusion

Most previous work on mass fainting has been carried out by psychiatrists who emphasise the clinical and individual dimensions, or by anthropologists who highlight social structure and cultural symbols. The findings in this paper bridge the gap between these approaches. Decoded through its cultural motifs of fear and protest, contagion, forebodings, the bloody Khmer Rouge legacy, and trespass, mass fainting in Cambodia becomes less enigmatic.

The findings reported here have broader implications. Although meaningful attempts have been made to improve working conditions, mass fainting still persists and likely will not abate while agencies remain oblivious to the cultural significance of the phenomenon. The Asian garment sector is a setting for human tragedy. In 2013, the world witnessed the Rana Plaza accident in Bangladesh, the worst in garment industry history, in which 1,127 were killed (Motlagh, 2014). In its wake, garment workers in Bangladesh suffered “mass hysteria” or “mass psychogenic illness” (“Psychological Distress May Explain,” 2013) and further research is needed if the phenomenon examined in this paper is to shed light on similar events in other Asian sweatshop settings.

Oversimplifying the dynamics of mass fainting in terms of secondary gain can stigmatise workers. Workers do not consciously intend to faint. They get nothing from it and may lose their jobs. Symptomatic solutions, such as calling in monks to conduct ceremonies, with the intention of manipulating women to return to work, are an abuse of “culture” and change nothing structurally. Advocates may be more effective if they develop culturally responsive policies and improve on-the-job cross-cultural training and engagement with management. Traditional beliefs should not be misused in the service of perpetuating inequities. Performed with goodwill by factory management, interventions might ameliorate industrial tensions. Performed cynically, however, they could be misused to silence the demands for improved working conditions.

The recurrent episodes of mass fainting have contributed to increases in salaries, but work conditions remain appalling, and there is no sign that mass fainting will abate despite the programs initiated to educate workers. Campaigns focusing on poor nutrition and working conditions would be strengthened by better understanding of Cambodian factory workers’ beliefs about mass fainting and an

understanding of the cultural treatments offered. At the same time, however, there is impunity and public violence, protesting garment workers are shot in the streets and political leaders imprisoned (Eisenbruch, 2016b).

The United Nations post-2015 development agenda advocates sustainable development and leaving no one behind. The voices of the most vulnerable need to be heard if there is to be any real, shared development. Understanding what Cambodians are saying through mass fainting episodes is an effort to contribute to this goal.

Acknowledgements

I am indebted to Thel Thong, Phally Chhun, and Chou Sam Ath for their invaluable contributions in the field in Cambodia. David Chandler and Willem van de Put have made valuable contributions in the critique of the work. I would like to thank the many women and men who so willingly shared their stories.

Ethical Approval

All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Informed consent

Informed consent was obtained from all individual participants included in the study.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: The research was funded by project grants from the Australian Research Council DP0665062 and LP110200049 and the Berghof Foundation.

Notes

1. Factories are named because this is the only certain way to identify them. There is an almost deliberate hiding of the links between factories, what they make, and the type and brand names of the apparel produced (see global value chain analysis in Arnold, 2014). It is important that the public can link the shirts, jeans, and footwear manufactured in these rather remote-seeming factories in Cambodia with the big brand names so popular in the West. There is nothing confidential about these links, they are available on websites and databases but are seldom identified by the media. Here, the garment brands when known are listed.
2. The *Karaṇīyamettā sutta* is a discourse of 10 verses in the Buddhist Pāli canon which includes the virtues of *mettā* or “loving kindness.” It is usually recited by monks to ward

off attack by ghosts and spirits, especially when someone is weak or vulnerable. The Karaṇīyamettā *sutta* extols *mettā* or loving kindness (Buddhist Institute, 1967, p.13) and promotes or restores wellbeing and health (Sullivan, Wiist, & Wayment, 2010).

References

- Ackerman, S. E. (1991). Dakwah and Minah Karan: Class formation and ideological conflict in Malay society. *Bijdragen tot de Taal-, Land- en Volkenkunde*, 147(2–3), 193–215.
- Anonymous. (2011a). Cumngee sreet. *Sokhaphiep Yeeng [Our health]*, 61.
- Anonymous. (2011b). Slon slao. *Sokhaphiep Yeeng [Our health]*, 66.
- Arnold, D. (2013). *Workers' agency and re-working power relations in Cambodia's garment industry*. Manchester, UK: University of Manchester.
- Arnold, D. (2014). Workers' agency and power relations in Cambodia's garment industry. In A. Rossi, A. Luinstra, & P. John (Eds.), *Towards better work: Understanding labour in apparel global value chains* (pp. 212–231). Basingstoke, UK: Palgrave Macmillan.
- Auxéméry, Y. (2012). Contagious psychosis: Different entities and conditions. *La folie contagieuse: Étude de différentes entités et de leurs conditions d'apparition*, 170(8), 527–532.
- Bartholomew, R. E. (1990). Ethnocentricity and the social construction of “mass hysteria”. *Culture, Medicine and Psychiatry*, 14(4), 455–494.
- Bartholomew, R. E. (1994). Tarantism, dancing mania and demonopathy: The anthropological aspects of “mass psychogenic illness”. *Psychological Medicine*, 24(2), 281–306.
- Bartholomew, R. E., & Goode, E. (2000). Mass delusions and hysterias. *Skeptical Inquirer*, 24(3), 20–28.
- Bartholomew, R. E., & Victor, J. S. (2004). A social-psychological theory of collective anxiety attacks: The “mad gasser” reexamined. *The Sociological Quarterly*, 45(2), 229–248.
- Bartholomew, R. E., & Wessely, S. (2002). Protean nature of mass sociogenic illness. *The British Journal of Psychiatry*, 180(4), 300–306.
- Bartholomew, R. E., Wessely, S., & Rubin, G. J. (2012). Mass psychogenic illness and the social network: Is it changing the pattern of outbreaks? *Journal of the Royal Society of Medicine*, 105(12), 509–512.
- Bernard, H. R. (1994). *Research methods in anthropology: Qualitative and quantitative approaches*. Thousand Oaks, CA: SAGE.
- Better Factories Cambodia (BFC). (2013). *Thirty first synthesis report on working conditions in Cambodia's garment sector and statement of the Project Advisory Committee*. Phnom Penh, Cambodia: Author.
- Bhugra, D. (1992). Psychiatry in ancient Indian texts: A review. *History of Psychiatry*, 3(10), 167–186.
- Boddy, J. P. (1994). Spirit possession revisited: Beyond instrumentality. *Annual Review of Anthropology*, 23, 407–434.
- Brekke, T. (1999). The role of fear in Indian religious thought with special reference to Buddhism. *Journal of Indian Philosophy*, 27(5), 439–467.
- Buddharakkhita, A. (1989). *Metta: The philosophy and practice of universal love*. Kandy, Sri Lanka: Buddhist Publication Society.
- Buddhist Institute. (1967). *Paritta Samao Thiennea Pali [Pali Paritta]*. Phnom Penh, Cambodia: Author.
- Cambodian Center for Human Rights (CCHR). (2013). *Garment factories and supply chains*. Retrieved from http://www.sithi.org/temp.php?url=bhr/bhr_list.php&lg=

- Chandler, D. P. (1976). The constitution of democratic Kampuchea (Cambodia): The semantics of revolutionary change: Notes and comment. *Pacific Affairs*, 49(3), 506–515.
- Chhim, S. (2012). Baksbat (broken courage): The development and validation of the Inventory to Measure Baksbat, a Cambodian trauma-based cultural syndrome of distress. *Culture, Medicine and Psychiatry*, 36(4), 640–659.
- Chuon, N. V. P. B. (1967). *Vachana nukrom khmer [Khmer Dictionary]*. Phnom Penh, Cambodia: Institut Bouddhique.
- Clements, C. J. (2003). Mass psychogenic illness after vaccination. *Drug Safety*, 26(9), 599–604.
- Davis, E. W. (2013). Khmer spirits, Chinese bodies: Chinese spirit mediums and spirit possession rituals in contemporary Cambodia. In T. A. Reuter & A. Horstmann (Eds.), *Faith in the future: Understanding the revitalization of religions and cultural traditions in Asia* (pp. 177–196). Leiden, the Netherlands: Brill.
- Derks, A. (2006). Khmer women and global factories. In L. C.-P. Ollier & T. Winter (Eds.), *Expressions of Cambodia: The politics of tradition, identity, and change* (pp. 193–203). London, UK: Routledge.
- Doniger, W. (1984). *Dreams, illusion, and other realities*. Chicago, IL: University of Chicago Press.
- Eisenbruch, M. (1992). The ritual space of patients and traditional healers in Cambodia. *Bulletin de l'Ecole Française d'Extrême-Orient*, 79(2), 283–316.
- Eisenbruch, M. (2016a). Mass psychogenic illness (MPI) – Mass fainting in Cambodia. *Australian and New Zealand Journal of Psychiatry*, 50(S1), 118.
- Eisenbruch, M. (2016b). The psychiatry of impunity: Transitional justice in Cambodia. *Australian & New Zealand Journal of Psychiatry*, 18(S1), 136.
- Ferguson, J. M. (2014). Terminally haunted: Aviation ghosts, hybrid Buddhist practices, and disaster aversion strategies amongst airport workers in Myanmar and Thailand. *The Asia Pacific Journal of Anthropology*, 15(1), 47–64.
- Goh, B. L. (2005). Malay-Muslim spirits and Malaysian capitalist modernity: A study of keramat propitiation among property developers in Penang. *Asia Pacific Viewpoint*, 46(3), 307–321.
- Gothé, C. J., Molin, C., & Nilsson, C. G. (1995). The environmental somatization syndrome. *Psychosomatics*, 36(1), 1–11.
- Hempelmann, C. F. (2007). The laughter of the 1962 Tanganyika “laughter epidemic”. *Humor*, 20(1), 49–71.
- Hinton, D., Hinton, S., Um, K., Chea, A., & Sak, S. (2002). The Khmer “weak heart” syndrome: Fear of death from palpitations. *Transcultural Psychiatry*, 39(3), 323–344.
- Hinton, D., Um, K., & Ba, P. (2001). *Kyol goeu* (“wind overload”) Part I: A cultural syndrome of orthostatic panic among Khmer refugees. *Transcultural Psychiatry*, 38(4), 403–432.
- Hinton, D. E., Lewis-Fernández, R., & Pollack, M. H. (2009). A model of the generation of ataque de nervios: The role of fear of negative affect and fear of arousal symptoms. *CNS Neuroscience and Therapeutics*, 15(3), 264–275.
- Hollan, D. (1997). The relevance of person-centered ethnography to cross-cultural psychiatry. *Transcultural Psychiatry*, 34(2), 219–234.
- Hsu, E. B., & Burkle, F. M. (2012). Cambodian Bon Om Touk stampede highlights preventable tragedy. *Prehospital and Disaster Medicine*, 27(5), 481–482.

- Huffman, F. E., Lambert, C.-R. T. & Im, P. (1970). *Cambodian system of writing and beginning reader with drills and glossary*. New Haven: Yale University Press.
- Hundreds of girls taken to hospital after mass fainting spell linked to cervical cancer vaccine hits Colombia. (2014). *Daily Mail*. Retrieved from <http://www.dailymail.co.uk/news/article-2756213/Hundreds-girls-taken-hospital-mass-fainting-spell-linked-cervical-cancer-vaccine-hits-Colombia.html>
- International Labour Organization (ILO), & Better Factories Cambodia (BFC). (2012). *Experts by experience*. Phnom Penh, Cambodia: Author.
- Jayasekera, U. D. (1985). *The three suttas (Tun sūtraya): Mangala sutta, Ratana sutta, Karaṇīya-metta sutta*. Dehiwala, Sri Lanka: Sridevi Printing Works.
- Jilek, W., & Jilek Aall, L. (1977). Massenhysterie Mit Koro Symptomatik In Thailand [Mass hysteria with Koro symptoms in Thailand]. *Schweizer Archiv fur Neurologie, Neurochirurgie und Psychiatrie*, 120(2), 257–259.
- Johnson, D. M. (1945). The “phantom anesthetist” of Mattoon: A field study of mass hysteria. *Journal of Abnormal and Social Psychology*, 40(2), 175–186.
- Kenney, P. (1993). Working-class community and resistance in pre-Stalinist Poland: The Poznański textile strike, Łódź, September 1947. *Social History*, 18(1), 31–51.
- Kerckhoff, A. C., & Back, K. W. (1968). *The June bug: A study of hysterical contagion*. New York, NY: Appleton Century Crofts.
- Ladwig, P. (2012). Visitors from hell: Transformative hospitality to ghosts in a Lao Buddhist festival. *Journal of the Royal Anthropological Institute*, 18(Suppl. 1), S90–S102.
- Lithai, P. (1982). *Trai Phum – Three worlds according to King Ruang, a Thai Buddhist cosmology* (F. Reynolds & M. B. Reynolds, Trans.). Berkeley: University of California Press. (Original work published 1345).
- McDaniel, J. T. (2012). Encountering corpses: Notes on zombies and the living dead in Buddhist Southeast Asia. *Kyoto Review of Southeast Asia*, 12. Retrieved from <https://kyotoreview.org/issue-12/encountering-corpses-notes-on-zombies-and-the-living-dead-in-buddhist-southeast-asia/>
- Modan, B., Swartz, T. A., & Tirosh, M. (1983). The Arjenyattah epidemic. A mass phenomenon: Spread and triggering factors. *Lancet*, 2(8365–8366), 1472–1474.
- Motlagh, J. (2014). The ghosts of Rana Plaza. *Virginia Quarterly Review*, 90(2), 44–89.
- Murdock, G. P. (1980). *Theories of illness: A world survey*. Pittsburgh, PA: University of Pittsburgh Press.
- Olkinuora, M. (1984). Psychogenic epidemics and work. *Scandinavian Journal of Work, Environment and Health*, 10(6), 501–504.
- Ong, A. (1988). The production of possession: Spirits and the multinational corporation in Malaysia. *American Ethnologist*, 15(1), 28–42.
- Pratap, S., Radhakrishnan, V., & Dutta, M. (2011). Foxconn workers speak: We are treated worse than machines. *Asian Labour Update*. Retrieved from <http://www.amrc.org.hk/content/foxconn-workers-speak-we-are-treated-worse-machines>
- Psychological distress may explain “ghost” sighting at Bangladeshi garment factory. (2013). *Manufacturers’ Monthly*. Retrieved from <http://www.manmonthly.com.au/news/psychological-distress-may-explain-ghost-sighting>
- Rhys Davids, T. W., & Stede, W. (1900). *The Pali Society’s Pali–English dictionary*. Chipstead, UK: Pali Text Society.
- Schmuck, R. (1969). Review. The June bug: A study of hysterical contagion, by Alan C. Kerckhoff and Kurt W. Back. *American Sociological Review*, 34(1), 121–122.

- Scott, J. C. (1985). *Weapons of the weak: Everyday forms of peasant resistance*. New Haven, CT: Yale University Press.
- Singhal, A., Rogers, E., & Mahajan, M. (1999). The gods are drinking milk! Word-of-mouth diffusion of a major news event in India. *Asian Journal of Communication*, 9(1), 86–107.
- Somphose, Y. (2011, Wednesday, October 26). Trees blamed for lack of air. *Phnom Penh Post*. Retrieved from <http://www.phnompenhpost.com/national/trees-blamed-lack-air>
- Sullivan, B. M., Wiist, B., & Wayment, H. (2010). The Buddhist Health Study: Meditation on love and compassion as features of religious practice. *CrossCurrents*, 60(2), 185–207.
- Tambiah, S. J. (1984). The Buddhist cosmos: Paradise lost, gained, and transcended. *History of Religions*, 24(1), 73–81.
- Thompson, A. (1996). *The calling of the souls: A study of the Khmer ritual Hau Bralin*. Clayton, Australia: Monash Asia Institute.
- Van Ommeren, M., Sharma, B., Komproe, I., Poudyal, B. N., Sharma, G. K., Cardeña, E., & De Jong, J. T. (2001). Trauma and loss as determinants of medically unexplained epidemic illness in a Bhutanese refugee camp. *Psychological Medicine*, 31(7), 1259–1267.
- Wedel, J. (2012). Involuntary mass spirit possession among the Miskitu. *Anthropology & Medicine*, 19(3), 303–314.
- Wessely, S. (2000). Responding to mass psychogenic illness. *New England Journal of Medicine*, 342(2), 129–130.
- Young, S. (2001). Buddhist dream experience. In K. Bulkeley (Ed.) *Dreams: A reader on religious, cultural, and psychological dimensions of dreaming* (pp. 9–28). New York, NY: Palgrave Macmillan.

Maurice Eisenbruch, MD, MPhil, is Professor in the Department of Psychiatry, School of Clinical Sciences at Monash Health, Monash University, Australia, and Emeritus Professor at the Royal University of Phnom Penh, Cambodia. He was formerly Foundation Professor of Multicultural Health and Director of the Centre for Culture and Health, University of New South Wales, and has carried out ethnographic research at Centre National de la Recherche Scientifique in Paris, Harvard Medical School, and University of Cambridge. He has led research in Australia and Cambodia, funded by the National Health and Medical Research Council and the Australian Research Council. His publications have focused on traditional healing, cultural aspects of psychiatry, maternal and child health, and communicable and noncommunicable diseases, and on the epigenesis of public violence, gender-based violence, and child abuse in Cambodia.