THE JOYS AND PERILS OF WORLD CUP FEVER

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[The following is written as a guide to assist faculty, colleagues and students toward understanding the cyclic aberrant behavior that occurs in selected individuals who fanatically follow the World’s most popular sport.]

At this time I am gripped with a severe fever, so debilitating, and with such serious signs and symptoms that even the best physicians know that the only course of treatment is to allow the malady to run its normal course. The condition is not life-threatening but afflicts billions of people every four years and lasts approximately one month, give or take several weeks. No drug, no antibiotic, no anti-retroviral, nor any other potion known to humans can reduce this fever and its associated physiological and psychological effects, which include:

• Dogged narrow-mindedness with a single life purpose
• Tunnel vision and blurred vision
• Sleep deprivation and/or insomnia
• Weight gain, back ache, gluteus maximus numbness; increased risk of deep vein thrombosis (DVT)
• Frequent uncontrollable hand gestures
• Frequent explosive outbursts, including expletives not repeatable in polite company
• Major mood swings categorized as bi-polar disorder
that cannot be treated with serotonin reuptake inhibitors

- Unpredictable antisocial behavior, including overt inattention disorder, speech deficits, tendency to aggressive debate bordering on violence, extreme withdrawal, extreme excitability
- Tendency to overindulge, often leading to drunken behavior and hangovers
- Disregard for any routine and important activities of daily living (ADLs), including instrumental activities such as work, banking, shopping, driving, exercise, family matters, community matters, and/or basic ADLs such as personal hygiene, bathing and/or dressing
- Tendency to obey Newton’s first Law of Motion; often found fixed in one place; the only exception being quick sprints to the refrigerator and/or bathroom
- Deviant spiritual practices—praying to or bargaining with higher powers for preferred outcomes is common practice
- Periodic brief communication with distant friends or relatives otherwise ignored in the period between afflictions
- If in the company of others afflicted with the condition, one’s behavior is both predictable and unpredictable and ranges from outlandish dress/body paint; use of anti-stab vests; drumming, singing, blowing an irritating vuvuzela (African horn), dancing, chanting and name-calling; near nudity to streaking; mass participation in the Mexican Wave; mass hysteria; nail biting; regression to fetal position rocking; crying; mass violence following disappointing outcomes; villain hatred and hero worship
- The pandemic hits any and all parts of the world although populations in North America seem to be somewhat immune, probably owing to lack of interest/knowledge, or simply not understanding or knowing how to respond to the phenomenon
• World authorities caution that the condition is extremely contagious and rivals any possible outbreak of Asian Bird Flu or Swine Flu H1N1 virus.

If you meet someone with this condition you will quickly learn that the person is physically present but not here. The person is at the Football (Soccer) World Cup—and is therefore suffering from World Cup Fever.

Along with billions of others around the world, every 4 years from mid-June to mid-July I am temporarily incapacitated, some may say insane. We are best left alone until the condition passes.

Consequently, during the time frame of World Cup Fever, if your business is urgent (nay, even life threatening) you are better off contacting someone who is not similarly afflicted—perhaps the Dean’s Office or a School Advisor or some other ill-fated administrator. You may be lucky and receive responses from me if a temporary remission occurs, but that is known to be rare with World Cup Fever. Email and telephone voicemail messages receive delayed response, or no response at all. The best course of action for you is to try and contact me sometime long after the condition subsides. However, be aware that the profound stress of the fever requires a lengthy recovery period, sometimes lasting until the end of summer and/or the beginning of the fall semester. . . .