

IDENTIFY THE MENTAL HEALTH OF MALAY STUDENTS INVOLVED HYSTERIA PHENOMENON USING DASS-21 SCORE

NAGARUBINI PARAMASIVAM

Universiti Malaysia Kelantan
rubininaga8@gmail.com

ABSTRACT

Mental health can affect daily life, relationships, and even physical health of school students. Researches showed that the period of adolescence and early adulthood is critical in the development of mental health. Stress, depression and anxiety makes students gets hysteria. The aim of this study is to identify the mental health of Malay students involved hysteria phenomenon based on clinical psychology approach. Hysteria is a social problem, which always occur among school students in Malaysia. Around 50 hysteria students from four different school were selected for this research. Mental health status was assessed using the Depression, Anxiety and Stress 21 Scale (DASS-21). The state of mental health reflects the state after they involved in hysteria. 50 students between the ages of 13 and 17 from four different school were participated.

Keywords: Mental Health, Hysteria, Stress, Depression, Anxiety, DASS-21 Score

INTRODUCTION

Mental health problems among teenagers are a growing public health concern, accounting for 16% of the global burden of disease and injury (World Health Organization 2018). In Malaysia, the prevalence of mental disorders increased from 11% in 2006 to 29.2% in 2015 among those aged 16 and more (Institute for Public Health 2006, 2011, 2015). More specifically, youths aged 16 to 24 were reported to have the highest prevalence of mental disorders. The age of onset, however, varies across psychiatric conditions (Patten 2017). Studies showed that the period of adolescence and early adulthood is critical in the development of mental health (Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E) (2005). Common mental health issues among youths in universities are depression, anxiety, and stress (Dyrbye et al. 2006; Eisenberg et al. 2007; Merikangas et al. 2009; Mustaffa et al. 2014). In the United Kingdom, for instance, approximately one-third of university students were reported to have psychological distress (Broglia et al. 2017). A systematic review involving 35 studies across Iran found that 33% of university students experienced depression (Sarokhani et al. 2013). On the other hand, 9.7% of Malaysian university students were reported to have severe or extremely severe depression (Shamsuddin et al. 2013). Other local studies found a third of Malaysian undergraduate students in public universities affected by anxiety, and that its prevalence increased from 2013 to 2016 (Latiff et al. 2014; Mohammed et al. 2016; Nordin et al. 2010; Shamsuddin et al. 2013). Almost half of these students were said to experience stress mainly due to academic-related pressure (Phang et al. 2015).

LITERATURE REVIEW

Stress is the main underlying cause of hysteria, says Salpekar (2014), director of the Neurobehavioral Program at Children's National Medical Center in Washington. The hysterical reaction is one way for these patients to release emotional stress. That stress can be physical or psychological, and the amount that would cause the disorder varies in every person. Teenagers who suffer from uncontrolled stress may express themselves through hysteria. Psychiatrists suggest that hysteria may occur as a result of extreme emotional stress arising from long, unresolved and unexpressed emotional conflicts (Fariza & et al, 2012).

Due to lack of knowledge about hysteria, society treats hysteria victims as possessed by a ghost or under influence of black magic. It is a mental or psychological disorder which arises from vigorous anxiety. People suffering mental health, will loses control over his or her emotions which are accompanied by unconsciousness and excess emotional outburst. From the perspective of behavioural and occupational health, mass hysteria is attributed to stress since it is accepted that excess stress causes damaging effects to the human body (Krohn, 2005). Furthermore, this research will help the victims and society to gain the real knowledge of hysteria. In addition, believe in mystical and supernatural is still found among the Malay community. The implication of this concept understanding affects people's perception of the symptoms hysteria and preventive measures used. The Malay community is more tend to use traditional treatment methods. However, the hysteria problems still unsolved, so the researcher suggest the hysteria victims should go for alternative approach to overcome problem (Malaysiakini, 2016).

The former Education Minister Mahdzir Khalid said the mass hysteria that broke out in several schools in Kelantan last month was caused by stress, anxiety and depression, news portal Malaysiakini (2016) reported on Wednesday 2016. Mass hysteria hit several secondary schools in Kota Baru, the capital of Kelantan state, affecting more than 100 students and teachers and causing at least one school to be closed for three days. Hysteria is a social problem, which always occur among school students in Malaysia. Hysterical phenomena that happen to students at several schools in this country cause ill effects either in the forms of psychological standpoint, physical or spiritual. Psychologists believe that the main factor in hysteria is emotional stress experienced by the patient (Salpekar, 2014).

According to Amran Kasimin & Zulkarnain Zakaria (1994). hysteria is regarded as a symptom of emotional disturbance and mental disorder that is common among adolescent girls. It often occurs in schools during classes. Hysteria often begins with one student and subsequently spreads to other students, as many as 20-50 at one time. Its bizarre symptoms include sudden shouting, struggling, crying for no reason, talking unintelligibly and body paralysis. Previous research on hysteria by psychologists, psychiatrists and physicians from an alternative Islamic approach has identified many factors that cause hysteria. Hysteria may be related to cultural factors or to individual values and beliefs. Psychologists believe that the main factor in hysteria is emotional stress experienced by the patient. The hysterical reaction is one way for these students to release emotional stress (Amran Kasimin & Zulkarnain Zakaria ,1994). The aim of this study is to identify the mental health of Malay students involved hysteria phenomenon based on clinical psychology approach.

Hysteria is a social problem, which always occur among school students in Malaysia. Hysterical phenomena that happen to students at several schools in this country cause ill effects either in the forms of psychological standpoint, physical or spiritual. Psychologists believe that the main factor in hysteria is emotional stress experienced by the patient (Salpekar, 2014). Malaysians often seek spiritual aid from an assortment of faith healers, mediums and witch doctors to solve personal problems and work issues. Since, the hysteria is connected through a ghost, so the process of handling, tends to traditional medicine which is through the faith healer. Those beliefs make them refused to accept the psychologist opinion. Unexplained illnesses are

attributed to witchcraft and to spirit possession. It therefore appears that Malays beliefs regarding psychogenic illness or mass hysteria could be attributed to the supernatural and grounded in the culture and religious inclinations (Fariza & et al, 2014).

METHODOLOGY

This research is a qualitative and the question sets given during the hysteria students participation. Participants Altogether, 50 hysteria students from four different school. Mental health status was assessed using the Depression, Anxiety and Stress 21 Scale (DASS-21). The state of mental health reflects the state after they involved in hysteria . DASS-21 is a set of three self-reported scales designed to measure the negative emotional states of depression, anxiety, and stress. There are seven items per scale, and each item scored on a 4-point Likert scale. DASS-21 is a modified and shorter version of the original DASS-42, reported having enhanced psychometric properties compared to DASS-42. The depression scale assesses dysphoria, hopelessness, self-depreciation, and lack of interest. The anxiety scale assesses autonomic arousal and skeletal muscle effect. The stress scale assesses relaxing difficulty, nervous arousal, and being easily agitated (Lovibond and Lovibond 1995). Students were asked to rate the extent to which they experienced various symptoms over the past week. The scores from each subscale were summed up and multiplied by two to match the original 42 items (Antony et al. 1998). DASS-21 served as a severity measurement but not as a diagnostic tool. This instrument has been well accepted globally and is a reliable, easy, and simple to administer screening instrument for the general population without special training needed (Musa et al. 2007; Shamsuddin et al. 2013).

EMPIRICAL RESULTS

For DASS-21, each item was scored on a 4-point Likert scale (0 = Did not apply to me at all, 1 = Applied to me to some degree, or some of the time, 2 = Applied to me to a considerable degree, or a good part of the time and 3 = Applied to me very much, or most of the time). The scores from each subscale were summed up and multiplied by two to suit the original 42 items. Each subscale score ranged between 0 and 42 and higher scores indicating greater levels of distress with five categories of "normal," "mild," "moderate," "severe," and "extremely severe." In this study, its modified Lovibond's scoring scale for the data analysis. Researcher categorized depression, anxiety, and stress scores into a dichotomous response (normal/abnormal) prior to analysis. Participants with a cut-off score of ≥ 10 in depression, ≥ 8 in anxiety, and ≥ 15 in stress were considered abnormal (Cheung et al. 2016). The result of DASS-21 shown below.

Score	DASS test		
	Stress	Anxiety	Depression
Normal	8 respondents	5 respondents	11 respondents
Mild	16 respondents	3 respondents	9 respondents
Moderate	10 respondents	4 respondents	9 respondents
Severe	7 respondents	8 respondents	4 respondents
Extremely severe	9 respondents	30 respondents	17 respondents

Table 1.1: DASS-21 test among hysteria students

The stress score was 8 respondents in normal stage, followed by 16 respondents in mild stage, then 10 respondents in moderate stage. meanwhile 7 respondents in severe phase, whilst for the extremely severe, there were 9 respondents.

The second is, anxiety, there is 5 respondents for normal stage, then 3 respondents in mild stage, then 4 respondents in moderate stage. meanwhile 8 respondents in severe phase, whilst for the extremely severe, there were 30 respondents.

The third is depression, there were 11 respondents for normal stage, then, 9 respondents in mild stage, then 9 respondents in moderate stage. meanwhile 4 respondents in severe phase, whilst for the extremely severe, there were 17 respondents. From the findings, researcher can conclude that the hysteria interviewed students pushed by anxiety.

The most of students were having anxiety compared to stress and depression. The students claimed that, they often getting, shivering sudden panic, hands shaking and sweating without any reason. Those students also having low self-esteem compared to other students.

CONCLUSION

This study found that hysteria students were associated with anxiety among school-going teenagers in Malaysia. In addition, anxiety was also found to be associated with those living in hostel and teenagers living with single parents. Therefore, comprehensive preventive strategies

and interventions that focused on these groups should be implemented to lessen the risk of anxiety among these adolescents.

References

- Amran Kasimin & Zulkarnain Zakaria. (1994). *Histeria : Pencegahan dan rawatan*. Kuala Lumpur : Dinie Publisher.
- Brogia, E., Millings, A., & Barkham, M. (2017). Challenges to addressing student mental health in embedded counselling services: a survey of UK higher and further education institutions. *British Journal of Guidance & Counselling*, 46(4), 441–455.
<https://doi.org/10.1080/03069885.2017.1370695>
- Cheung, T., Wong, S. Y., Wong, K. Y., Law, L. Y., Ng, K., Tong, M. T., & Yip, P. S. (2016). Depression, anxiety and symptoms of stress among baccalaureate nursing students in Hong Kong: a crosssectional study. *International Journal of Environmental Research and Public Health*, 13(8), 779. <https://doi.org/10.3390/ijerph13080779>.
- Dyrbye, L. N., Thomas, M. R., & Shanafelt, T. D. (2006). Systematic review of depression, anxiety, and their indicators of psychological distress among US and Canadian medical students. *Academic Medicine*, 81(4), 354–373. <https://insights.ovid.com/pubmed?pmid=16565188>.
- Eisenberg, D., Gollust, S. E., Golberstein, E., & Hefner, J. L. (2007). Prevalence and correlates of depression, anxiety, and suicidality among university students. *American Journal of Orthopsychiatry*, 77(4), 534–542. <https://doi.org/10.1037/0002-9432.77.4.534>.
- Fariza Md. Sham, Salasiah Hanin Hamjah Siti Norlina Mohamed, Intan Farhana Saparudin, Mohd Izhar Ariff Mohd Kashim. 2014. Faktor Histeria dalam Konteks Kepercayaan Masyarakat Melayu. Dlm. Rosmawati Mohamad Rasit & Muhamad Faisal Asha'ari (pnyt.). *Warisan Kecendekiaan Islam Dakwah, Seni dan Media*. Bangi: FPI, UKM Kessler
- R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Krohn, A. (2005.) *Hysteria: The Elusive Neurosis*. Michigan: International University Press.
- Latiff, L. A., Aszahari, M. A. A., Khalek, N. F. A., Fang, K. J., & Ibrahim, N. (2014). Prevalence of mental health problems and the associated factors among undergraduate students in a public university, Malaysia. *International Journal of Public Health and Clinical Sciences*, 1(1), 59– 69 Lifetime prevalence and age-of-onset distributions of DSM- IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62(6), 593–602. <https://doi.org/10.1001/archpsyc.62.6.593>
- Lovibond, S. H., & Lovibond, P. F. (1995). *Manual for the depression anxiety stress scales*. 2nd ed. Sydney: Psychology Foundation of Australia
- Malaysiakini 25 May (2016), *Stress, anxiety, depression caused mass hysteria, says education minister*. Retrieved , <https://www.malaysiakini.com/news/3429373>
- Musa, R., Fadzil, M. A., & Zain, Z. (2007). Translation, validation and psychometric properties of Bahasa Malaysia version of the Depression Anxiety and Stress Scales (DASS). *ASEAN Journal of Psychiatry*, 8(2), 82–88 https://pdfs.semanticscholar.org/938a/0a163ad44895574460661aa2c4da4e585cf5.pdf?_ga=49201574.1422936327.1566871640-1423192651.1562614702

Merikangas, K. R., Nakamura, E. F., & Kessler, R. C. (2009). Epidemiology of mental disorders in children and adolescents. *Dialogues in Clinical Neuroscience*, 11(1), 7–20. [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2807642/.](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2807642/)

Mustaffa, S., Aziz, R., Mahmood, M. N., & Shuib, S. (2014). Depression and suicidal ideation among university students. *Procedia-Social and behavioral Sciences*, 116, 4205–4208. [https://doi.org/10.1016/j.sbspro.2014.01.917.](https://doi.org/10.1016/j.sbspro.2014.01.917)

Mohammed, H., Hayati, K. S., & Salmiah, M. S. (2016). Coping with depression, anxiety, and stress: across-sectional study among Malaysian students in a public university. *IOSR Journal of Dental and Medical Sciences*, 15(11), 83–95. <https://pdfs.semanticscholar.org/8d68/9ef340b84128b1be1f49b056a08145c6b82b.pdf>

Nordin, N. M., Talib, M. A., Yaacob, S. N., & Sabran, M. S. (2010). A study on selected demographic characteristics and mental health of young adults in public higher learning institutions in Malaysia. *Global Journal of Health Science*, 2(2), 104. <https://doi.org/10.5539/gjhs.v2n2p104>.

Patten, S. B. (2017). Age of onset of mental disorders. *Canadian Journal of Psychiatry. Revue Canadienne de Psychiatrie*, 62(4), 235–236. <https://doi.org/10.1177/0706743716685043>

Phang, C., Sherina, M., Zubaidah, J., Noor Jan, K., Firdaus, M., Siti Irma, F., & Normala, I. (2015) Prevalence of psychological stress among undergraduate students attending a health program in a Malaysian university. *Pertanika Journal of Science & Technology*, 23(1), 29–35 <http://www.pertanika.upm.edu.my/Pertanika%20PAPERS/JST%20Vol.%2023%20%281%29%20Jan.%202015/%283%29%20JST-0454-2012.pdf>

Sarokhani, D., Delpisheh, A., Veisani, Y., Sarokhani, M. T., Manesh, R. E., & Sayehmiri, K. (2013). Prevalence of depression among university students: a systematic review and meta-analysis study. *Depression Research and Treatment*, 2013, 373857. <https://doi.org/10.1155/2013/373857>.

Shamsuddin, K., Fadzil, F., Ismail, W. S. W., Shah, S. A., Omar, K., Muhammad, N. A., & Mahadevan, R. (2013). Correlates of depression, anxiety and stress among Malaysian University students. *Asian Journal of Psychiatry*, 6(4), 318–323. <https://doi.org/10.1016/j.ajp.2013.01.014>

Salpekar J. (2014). Recognizing and Treating Psychiatric Comorbidity in Epilepsy. *Epilepsy: Neurology in Practice*, eds. H. Goodkin, J. Miller, John Wiley & Sons, Ltd., 268-274

World Health Organization (2018). Adolescent mental health. <https://www.who.int/news-room/fact-sheets/detail/adolescentmental-health>.