

The Experiences of Malay Students Involved in Hysteria by Using Clinical Psychology Approach

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ABSTRACT

Malaysians frequently use the term hysteria to describe an illness caused by a subtle disturbance or ghost disturbance. This trust derives from Malays' belief that the frenzy is unsettling delicate and otherworldly beings. Among Malaysian students, mass hysteria, mass sociogenic sickness, mass conversion disorder, hysterical contagion, are medically unexplained pandemic illness are common. The main purpose of this research is to identify the experiences of Malay students involved in hysteria by using clinical psychology approach. A qualitative approach used in this study, in which a total 10 specific hysteria students was selected for in depth interview. Snow ball sampling was used to select young girls in high schools who experienced mass hysteria. The findings show that secondary school girls in Kelantan experience both physical and psychological symptoms during mass hysteria episodes and that it has a contagious effect. The people in Kelantan having mindset that the illness caused by the supernatural forces. Therefore, the hysteria cases left untreated. They were merely depending on shaman to get the treatment. Respondents were having some physical problems such body pain, psoriasis and mental health problems but due to misconception of hysteria, they did not get treatment from doctors. The experiences of respondents in school reveal that the Kelantan's belief in the supernatural, and their culture which regard girls as weaker and socialises them to be submissive (allowing for accumulation of pent-up stress), provide a strong breeding ground for mass hysteria. Moreover, the stress, anxiety and depression lead them to gets hysteria and they are unable to express their emotions and feelings. Their belief in the supernatural potentially exposes them to suggestions, imagined stimuli, misunderstanding, uncertainties and confusion, which may give rise to irrational fears and the contagious effect of mass hysteria.

Keywords: Hysteria, specific respondents, experiences of Malay students, belief

INTRODUCTION

The most extensive studies of this sort are from the World Health Organization (WHO) World Mental Health (WMH) Surveys, where median delays in seeking treatment for common mental disorders across countries were found to be in the range 1–14 years for mood disorders, 3–30 years for anxiety disorders, and 6–18 years for substance use disorders (Wang et al.,2007). The current report examines these patterns of delay in initial help-seeking for treatment of mental disorders in the Saudi National Mental Health Survey (SNMHS).

The SNMHS is a nationally representative household survey of the prevalence and correlates of common mental disorders in Kingdomof Saudi Arabia (KSA) KSA that is carried out as part of WMH (Alonso et al.,2013; Kessler & Ustun, 2008; Scott et al, 2018). Standardized WMH methods were used in SNMHS field implementation to provide valid data on the prevalence and distribution of mental disorders and unmet need for treatment of these disorders (Harkness et al.,2008; Heeringa et al., 2008; Pennell Mneimneh et al., 2008).

Worldwide, the expenditure allocated for mental health only represents three percent. Low-income countries are only less than one percent and high-income countries allocate five percent in the mental health sector (Utusan Online, 2017). Therefore, in improving mental health and improving mental health services, the government should also take a comprehensive step as the burden of mental illness increases. Depression is a serious problem in society that has an impact on every aspect of life. In fact, severe depression will lead to suicide cases (Utusan Online, 2017).

Many people perceive health as being physically well and free of any diseases, and thus they have neglected the importance of mental health. However according to World Health Organization (WHO) (2013) , Health is defined as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Thus, mental health is part of health and it is an irreplaceable aspect of health. Identifying depression, anxiety and stress levels are considered as important indicators for mental health. These three emotional disorders can lead to negative outcomes, such as impaired normal functioning, burnout, and health problems. Failure to detect and address it will unfortunately lead to increased psychological morbidity with undesirable impacts all through their professions and lives. A survey done by National Health and Morbidity (2015) finds that the prevalence of mental health problems among adults in Malaysia has increased from 10.7% in 1996, to 11.2% in 2006, to 29.2% in 2015. It is also reported 1 in 10 individuals in 2011 to 1 in 5 individuals in 2016 cases reported are among Malaysian students. University students are a special group of people that are enduring a critical transition period. At this age are moving from adolescence stage to adulthood whereby it can be one of the most stressful times in a person's life. A research conducted in Malaysia among undergraduate students showed that the prevalence of moderate to extremely severe level of depression (13.9% to 29.3%), anxiety (51.5% to 55.0%) and stress (12.9% to 21.6%) (Gan et al,2011). Therefore, addressing this issues is vital to improve the mental health status among undergraduate students.

Hysteria is without a doubt the first mental condition associated with women for which we have an accurate description dating back to the second millennium BC. The first reference to the ancient Egyptians originates from 1900 BC (Kahun Papyrus), and it pinpoints the source of hysterical diseases as spontaneous uterine movement within the female body (Angermeyer et al.,2011), & (Sigerist ,1951)

LITERATURE REVIEW

Malays Beliefs

The Malay community considers hysteria to be 'phantom ghost' or 'disturbed' (Fariza , Salasiah , Siti , Intan , Mohd Izhar,2014). Such beliefs arose because the Malay community believed that the hysteria that occurred in girls and women was a symptom of ghosts, jinn and satanic disturbances or anything related to disturbances of subtle and unseen things (Amran & Zulkarnain 1994; Roslina 1992). This perception essentially emerged as the Malay community before the advent of Islam believed the concept of animism, the concept of spirit and nature. The arrival of Islam has abolished superstition and superstition but the belief in supernatural elements is still present in society, especially in matters of subtle creatures (Ismail Hamid, 1988). The belief of animism is that everything possesses a spirit, power or spirit to do something. The result of this belief is the existence of ancient beliefs or folk beliefs on subtle creatures known as ghosts (Mohd Taib, 1989). The Malay culture that has been assimilated can be seen in their etiology of hysteria and treatment methods used.

In the past few studies, it was found that the Malay community considered hysteria as spirits, demons and ghosts (Amran & Zulkarnain 1994; Noor Eisah 1994; Roslina 1992). Defining this is because of the perception of the Malay community who believe in the hysteria that is occurring from the demon ghosts. This is also because the ghost-possessed soul behaves as strange as unconscious, raging, screaming, wailing, speaking in foreign languages and a variety of unusual behaviours that are in fact impossible under normal circumstances. For them, this extraordinary behaviour occurs only if a strange and extraordinary form of power has been ripped into the body and subsequently disrupts the physical and mental function of the victim. The Malay community also considers hysteria as "ghostly incarnated" because of the belief that the disease is caused by ghosts, pods, elves or other unseen creatures (Amran & Zulkarnain, 1994).

METHODOLOGY

In this research the researcher used unstructured in depth interview. The unstructured interviews there is not necessarily a pre-given list of topics and interviewees are encouraged to answer at length. The questions asked give the interviewee the opportunity to give detailed answers and explanations and to set the agenda for the interview; 'In unstructured interactive interviews, participants retain considerable control over the process' (Corbin and Morse, 2003). The unstructured interview is often accompanied by observation, and questions arise in context.

Researcher used in depth interview among 10 specific hysteria students who selected from 50 hysteria students after done psychological tests. In-depth interviews are used to explore concepts for further investigation. Resercher developed a relation with respondent to achieve a complete understanding of their perspective. According to Burges (1984) and Lofland and Lofland (1995) an in-depth interview is often considered as a form of conversation. Making it one of the most significant forms of data collection, not more than a total of some 10-15 people are interviewed individually in a study using an in-depth interview method of data collection (Lofland & Lofland, 1995).

The interview sessions were conducted to obtain supporting or additional data as a result of the data that has been collected through observation. Data or information obtained from interview sources were further strengthen the information obtained from observational sources. The interviews conducted and recorded to ensure that all the details in the interview are not missed. Recording made using some type of 'recorder such as; MP3 recorders to ensure that the recording process runs completely smoothly

EMPIRICAL RESULTS

From the interview, around four of ten the respondents had been sexually abused and they remain in trauma, fear and stress. Respondents could not overcome the traumatic events and reexperiencing them. It was happened when three of them in primary school. This memories stores in their mind. Respondents felt distress because of those incidents.

The belief system made them being possessed. They believing ghost do exist, so the fear keeps them living in anxious. 10 respondents are strongly believing in ghost. It might be rumor but the respondents nurtured with the superstitious, they had been programmed about the existence of ghost. Moreover, they believe in Quran it was stated that ghost do exist.

The symptoms of the hysteria from the hysteria students like, raising of heart beat, freezing, sweating, weak, distorted minded, shoulder pain, screaming, fake vision, energetic,

and body heat. This is indicating hysteria students are having psychological problems. However, they continuously taking treatment from ustad and shaman for temporary relief .

Two respondents might have identity conflict. One of the respondent wanted to be a guy because, she wanted to defend herself from an abusive father. Respondent thinking, she has to be strong enough to be handle problems in her life, so she has to turn to guy. Another respondent wanted to be guy because of the freedom that society give to guys. Respondent thinking being a guy could give an authority to her to get everything in her life.

Three of the ten respondents are already did sex. Furthermore, two of them are sexually active. Respondents are addicted to sex, and they will do sex whenever they feel like wanted to do. Two of two respondents felt sin after that incident. However, one respondent felt happy and she did sex for achieve the freedom in her life.

One of the respondents, are facing dissociative identity disorder. This respondent often switching character to one and another all of sudden. This is often happened in school and at home. Her parents and teachers witness of this incident. This respondent having five personalities and she is believing those are real when they are not.

Two of the respondents are attention seeker. Which means, they want everyone thinking of them. One of the respondents claimed that she likes the way, her parents cared her after she hit by hysteria, and she wanted to feel and get the experience of the hysteria. Another respondent didn't get proper attention from the family, so she decided to stay hostel. This might her idea to get everyone attention, that is why she pretends like she gets hysteria.

Almost every respondent, are having trauma, stress, depression , low self-confident, feeling loneliness, hallucination, delusion, fear and anxiety. All the respondents are not living in reality, they often feel alone, they don't have anyone to share their problems. This is why they suppressed everything within themselves and finally they get hysteria. They should follow the restriction and boundaries that set by family and society. They have to follow the rules even though they reluctant to do.

Most importantly, all of the hysteria students didn't get proper treatment from medical practitioners. They get treatment from ustad and shaman. This is why hysteria cases remain unsolved. Furthermore, the hysteria students' problems getting worst and didn't get solution in their cases.

CONCLUSION

The experiences of respondents in school reveal that the Kuala Krai's belief in the supernatural, and their culture which regard girls as weaker and socialises them to be submissive (allowing for accumulation of pent-up stress), provide a strong breeding ground for mass hysteria. Moreover, the stress, anxiety and depression leads them to gets hysteria and they are unable to express their emotions and feelings. Their belief in the supernatural potentially exposes them to suggestions, imagined stimuli, misunderstanding, uncertainties and confusion, which may give rise to irrational fears and the contagious effect of mass hysteria.

Mass hysteria episodes in Kuala Krai schools students are affected by psychological factor, family background and culture and religious because the respondents were from typical in underdeveloped traditional state.as overall the objectives were reached by the psychological tests and the interview. This shows the hysteria students are having mental health problems but denied because of supernatural beliefs.

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