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WHO EXPERIENCING HYSTERIA PHENOMENON USING
KRAEPELIN TEST**Nagarubini Paramasivam¹¹ Faculty Of Language Studies And Human Development, Universiti Malaysia Kelantan, Malaysia
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This work is licensed under [CC BY 4.0](https://creativecommons.org/licenses/by/4.0/)**Abstract:**

Hysteria is a symptom of emotional distress and mental illness that is prevalent among teenage girls. It happens a lot in schools during class. Hysteria frequently starts with one student and then spreads to other pupils, sometimes as many as 20-50 at a time. Its strange symptoms include uncontrollable screaming, struggle, crying for no apparent cause, speaking incoherently, and body paralysis. Many elements that create hysteria have been recognized in previous studies on the subject by psychologists, psychiatrists, and physicians from an alternative Islamic perspective. Hysteria can be influenced by cultural elements as well as personal values and beliefs. Psychologists feel that the patient's mental stress is the main cause of hysteria. One way for these patients to express themselves is through hysteria. Hysteria, according to psychiatrists, can be caused by intense emotional stress resulting from long-standing, unsolved, and unspoken emotional issues. The purpose of this study is to identify the mental stress of Malay students thus involved in hysteria by using the Kraepelin test. The Uchida-Kraepelin (U-K) test is a simple mathematic that requires intense concentration and effort and has been used as a tool to induce mental stress. This test used to identify mental stress among Malay students who attacked by hysteria. Hysteria is a social problem, which always occurs among school students in Malaysia. 10 hard hysteria students from four different schools were selected for this research. Mental stress status was assessed using the Kraepelin test. The state of mental speed reflects the state after they involved in hysteria. 10 students between the ages of 13 and 17 from four different schools participated.

Keywords:

Mental Stress, Hysteria, Kraepelin Test, Malay Students, School Students

Introduction

According to Bartholomew & Wessely (2002) “Mass hysteria,” also known as “mass psychogenic illness” (MPI), “mass sociogenic illness,” or “mass psychogenic disorder,” is defined as “the rapid spread of illness signs and symptoms affecting members of a cohesive group, originating from a nervous system disturbance involving excitation, loss, or alteration of function, whereby physical complaints that are exhibited unconsciously have no corresponding organic etiology.

Hysteria is a universal phenomenon occurs in almost all places in the world. Hashim Awang (1990) mentions the occurrence of mass hysteria is a global phenomenon. The phenomenon of hysteria also occurs in other countries in world as in the United States, Britain, Japan and Taiwan (Chen et al. 2003; Mahathir Muhammad 1971). The hysteria that occurs can be caused by various triggers depending on the culture, values and beliefs of a society. According to Fariza (2014) there are societies that see hysteria as a pathological and psychological symptom and there are cultures that consider hysteria as an outfit of subtle beings, evil powers and so on. The Malaysian often use the term hysteria where it refers to the disease as a result of subtle disturbance or ghost disturbance. Such trust arises because Malays believe that the hysteria is disturbing creatures subtle and supernatural (Amran & Zulkarnain 1994, Roslina 1992). The outfit is understandable stems from the subtle beings that permeate the human body and penetrate in part of the brain, which is the main focus of the attack of the subtle beings on humans. (Amran, Kasimin, 2008). It causes humans to experience emotional disturbances no matter day or night.

The DSM-5 explains that the primary symptom of conversion disorder is unusual or impaired motor or sensory function with no medial or neurological cause. The symptoms are not faked or made up by the patient. Conversion disorder can occur in both adults and children. Symptoms can be manifested in a variety of ways. Some patients experience muscle weakness, numbness or paralysis in one area of the whole body. Other patients experience abnormal movement, such as tremors, involuntary movements, seizures or trouble walking. Conversion disorder can also present as an inability or impairment in swallowing or difficulty speaking. In some cases, patient experience specific sensory disturbances such as problems seeing or hearing. In many cases, the patient experiences a combination of these symptoms. In severe cases, the patient may appear to be in a coma with no medical cause (American Psychiatric Association, 2013).

Literature Review

Hysteria as a condition or illness resembling a physical disease occurring in persons with healthy bodies has been known since antiquity. Mass hysteria as a mysterious phenomenon for over many years in different historical periods, different cultural groups and communities has also been described as conversion hysteria and dissociative reaction or neurosis, that is, a neurosis that occurs in response to emotional stress, involving a sudden loss or impairment of mental functions. Such reactions may arise from a causal role played by unconscious conflicts that evoke anxiety and lead to the use of defense mechanism that ultimately produce observable symptoms. Hysteria may be of the conversion type, in which the senses of the voluntary nervous system are involved, or of the dissociative type in which the person’s state of consciousness is affected (Kaplan & Sadock, 2009).

Previous studies suggest that many factors cause hysteria. Some studies claim that it is caused by uncontrollable emotional stress (Kasmini Kassim, 1992). A weak immune system and continual stress can also lead to hysteria. Hysteria occurs more often among women due to their gentle nature and weaker physiological systems (Hashim Awang, 1990).

Modern medicine suggests that hysteria can be caused by environmental, cultural, social and economic factors (Amran Kasimin & Zulkarnain Zakaria, 1994). A person's beliefs, culture and religion can also be contributing factors to hysteria. For example, the Malay community believes in the power of supernatural creatures, such as ghosts and spirits. From early childhood, people are reminded of and frightened by stories of ghosts and spirits. These stories become permanent memories that are stored in the subconscious (Amran Kasimin & Zulkarnain Zakaria, 1994). Research suggests that hysteria can be attributed to psychological, psychiatric, environmental and religious factors. When these factors are experienced continuously, people may be possessed by hysteria.

A person reacts to this stress with hysteria as a way to release stress and the pressures of responsibility and to receive attention and affection (Landy, 1987). Emotional instability can lead to hysteria. Emotional instability occurs especially as a result of the death of a loved one, such as a parent. Emotion is a human condition affected by various changes in physiology, personal and psychological processes. According to Mahmood Nazar Mohamed (1990), this from the perspective of emotion; when a person experiences emotion, the state of homeostasis is disturbed by the various physiological changes that occur in the body (Mahmood Nazar Mohamed, 1990).

Definition of Hysteria

Hysteria is undoubtedly the first mental disorder attributable to women, accurately described in the second millennium BC, and until Freud considered an exclusively female disease. Over 4000 years of history, this disease was considered from two perspectives: scientific and demonological. It was cured with herbs, sex or sexual abstinence, punished and purified with fire for its association with sorcery and finally, clinically studied as a disease and treated with innovative therapies (Gomes and Engelhardt, 2014). However, even at the end of 19th century, scientific innovation had still not reached some places, where the only known therapies were those proposed by Galen. During the 20th century several studies postulated the decline of hysteria amongst occidental patients (both women and men) and the escalating of this disorder in non-Western countries. The concept of hysterical neurosis is deleted with the 1980 DSM-III. The evolution of these diseases seems to be a factor linked with social "westernization", and examining under what conditions the symptoms first became common in different societies became a priority for recent studies over risk factor (Gomes and Engelhardt, 2014).

Definition of Hysteria in Dsm-5

Conversion disorder is scientific name for hysteria. Conversion disorder is a somatic disorder characterized by a persistent change in motor or sensory function. Specific symptoms vary and can include weakness, paralysis, trouble with swallowing, unusual speech, numbness, unusual sensory problems, or a mixture of symptoms. Some patients experience an acute version of conversion disorder that lasts only a few days or less. For some, symptoms can persist for weeks or months. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), conversion disorder is most common after a stressful life event or period of stress

and is two to three times more common in women than men (American Psychiatric Association, 2013).

Malay Perception Towards Hysteria

Modern medicine suggests that hysteria can be caused by environmental, cultural, social and economic factors (Amran Kasimin & Zulkarnain Zakaria, 1994). A person's beliefs, culture and religion can also be contributing factors to hysteria. For example, the Malay community believes in the power of supernatural creatures, such as ghosts and spirits. From early childhood, people are reminded of and frightened by stories of ghosts and spirits. These stories become permanent memories that are stored in the subconscious (Amran Kasimin & Zulkarnain Zakaria, 1994). Research suggests that hysteria can be attributed to psychological, psychiatric, environmental and religious factors. When these factors are experienced continuously, people may be possessed by hysteria. Therefore, the analysis in this paper is based on studies of psychological factors, psychiatric disorders and religious factors.

Problem Statement

In Malaysia, hysteria is linked to possession by ghosts. In the Malay community, ghosts are considered agents of disease. When a person is sick due to a disturbance by a ghost, he is considered to be possessed by ghosts (Amran & Zulkarnain, 1994). Based on explanations by experts in psychiatry, psychology and alternative Islamic medical treatment, this study concludes that hysteria is a psychological phenomenon that can affect the mental and physical functioning of a human being. Hysteria can be addressed through a combination of modern medical treatment (psychiatry), counselling (psychology) and alternative Islamic medical treatment. There is limited research about using psychological test among hysteria students in Malaysia. Due to this, it is important that, Malay students who experienced hysteria evaluate based on clinical psychology approach. In this research, researcher used Kraepelin Test to identify the mental stress among the hysteria students.

The gap in this research is methodology. Researcher use clinical psychological test in this study for hard hysteria students, this is making differences among another researcher. Other than that, data collection, the researcher use, observation, documents and records and individual interviews to give them privacy.

Methodology

This research is qualitative and population for this study comprised of 10 effected young students who experienced frequently hysteria. The target population students are (girls) who attacked hysteria in secondary schools. The information sought is mainly from hysteria girls' victims. This is done by recognize the reasons behind hysteria, what actually happens during hysteria and consequences once students' interpretations and representations of emotions and struggle within a hysteria experience.

Purposive sampling used with snowball sampling, during which early informants are requested to make referrals to other study participants. Snowball sampling takes advantage of social networks and the fact that friends tend to have the same or common experiences (Burns & Grove (2007:346; Polit & Beck 2004:306).

Kraepelin Test given during the hysteria students participation. According to the American Psychology Association, this test was developed to measure a person's attention over a short

period of time. The Uchida-Kraepelin (U-K) test is a modified from the Kraepelin's arithmetic test, which was originally developed by Y. Uchida (1985). The U-K test measures the ability of takers on task performance speed and task performance accuracy. The results of the U-K test provide an estimate of the individual's character. The U-K test requires focused effort and attention by the subject, making this test useful for the assessment not only of character but also of mental stress (Y. Uchida, 1985). In fact, it has been used widely to assess work aptitude as a mental stressor. Through this test, the researcher can identify the hysteria victim's character.

A Kraepelin test sheet consists of 45 number lines with a nominal value between 0 and 9. There are 60 numbers randomly arranged vertically in each of these rows. The implementation of this test is quite simple. Respondents just need to add up the two closest numbers on the test sheet during the specified time.

There were 10 students with hysteria from four different schools. Kraepelin test was given to them. This assessment is normally performed on paper and pencil, with the respondent correcting it manually. Each respondent's response is recorded in each item in the number series column during the manual correction process. Each line has 30 seconds to complete a vertical series of numbers. This test was used among Malay students who experience hysteria to detect the stress level faced by them.

Kraepelin test modified in order to measure maximum performance someone (Darokah,1967) This test produces objective calculations that can be expressed in four aspects of talent (Nurhasan,, Suryani, & Amalia, 2017) namely: speed ability (Panker), accuracy (Tianker), stability(Janker) and endurance (Hanker).

Data Analysis

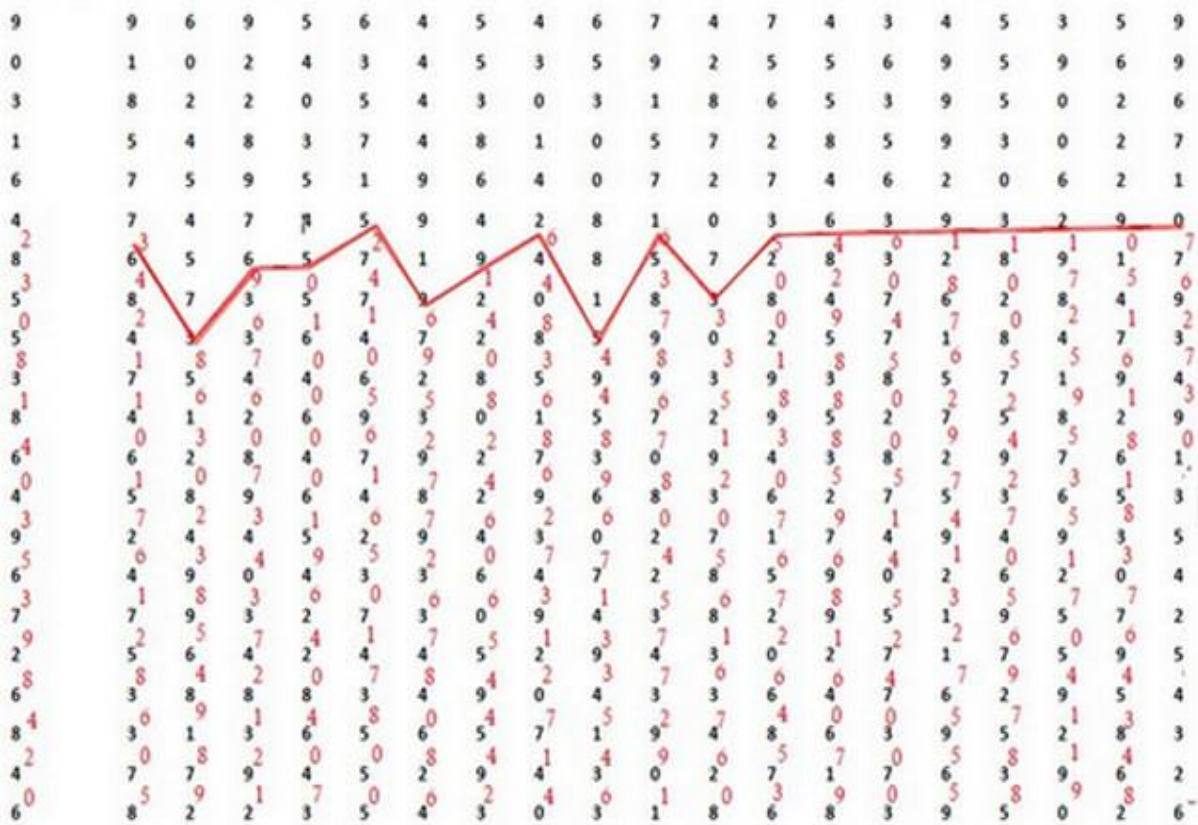


Figure 1.1: Shows the Example of Kraepelin Test.

Source: <http://www.psikoteskerja.web.id/>

Result of Kraepelin Test

Mean	11.46
Av.dev.	4.7776
Total wrong	0
Total skip	0

Highest secondary school					
	BS	B	S	K	KS
PANKER(speed ability)				X	
TIANKER(accuracy)	X				
JANKER (stability)					X
HANKER(endurance)					X

Total test	40
Number of respondent	1st respondent
Age	16

Mean	12.26
Av.dev.	5.4272
Total wrong	0
Total skip	0

Highest secondary school					
	BS	B	S	K	KS
PANKER(speed ability)				X	
TIANKER(accuracy)	X				
JANKER (stability)					X
HANKER(endurance)					X

Total test	40
Number of respondent	4th respondent
Age	16

Mean	13.66
Av.dev.	6.4896
Total wrong	0
Total skip	0

Highest secondary school					
	BS	B	S	K	KS
PANKER(speed ability)			X		
TIANKER(accuracy)	X				
JANKER (stability)					X
HANKER(endurance)					X

Total test	40
Number of respondent	3rd respondent
Age	16

Mean	10.48
Av.dev.	5.7616
Total wrong	0
Total skip	0

Highest secondary school					
	BS	B	S	K	KS
PANKER(speed ability)					X
TIANKER(accuracy)	X				
JANKER (stability)					X
HANKER(endurance)					X

Total test	40
Number of respondent	5th respondent
Age	16

Mean	8.12
Av.dev.	3.9904
Total wrong	40
Total skip	0

Highest secondary school					
	BS	B	S	K	KS
PANKER(speed ability)					X
TIANKER(accuracy)					X
JANKER (stability)					X
HANKER(endurance)					X

Total test	40
Number of respondent	6th respondent
Age	16

Mean	6.88
Av.dev.	3.2288
Total wrong	40
Total skip	0

Highest secondary school					
	BS	B	S	K	KS
PANKER(speed ability)					X
TIANKER(accuracy)					X
JANKER (stability)					X
HANKER(endurance)					X

Total test	40
Number of respondent	7th respondent
Age	16

Mean	10.98
Av.dev.	5.3856
Total wrong	0
Total skip	0

Highest secondary school					
	BS	B	S	K	KS
PANKER(speed ability)					X
TIANKER(accuracy)	X				
JANKER (stability)					X
HANKER(endurance)					X

Total test	40
Number of respondent	2nd respondent
Age	16

Mean	6.78
Av.dev.	3.1216
Total wrong	36
Total skip	0

Highest secondary school					
	BS	B	S	K	KS
PANKER(speed ability)					X
TIANKER(accuracy)					X
JANKER (stability)					X
HANKER(endurance)					X

Total test	40
Number of respondent	8th respondent
Age	16

Mean	12.5
Av.dev.	5.76
Total wrong	0
Total skip	0

Highest secondary school					
	BS	B	S	K	KS
PANKER(speed ability)				X	
TIANKER(accuracy)	X				
JANKER(stability)					X
HANKER(endurance)					X

Total test	40
Number of respondent	9th respondent
Age	16

Mean	16.24
Av.dev.	7.0336
Total wrong	40
Total skip	0

Highest secondary school					
	BS	B	S	K	KS
PANKER(speed ability)		X			
TIANKER(accuracy)					X
JANKER(stability)					X
HANKER(endurance)					X

Total test	40
Number of respondent	10th respondent
Age	16

The results were computerised. The summary of Kraepelin test for 10 specific hard experienced hysteria students. There were 4 worst respondents in this Kraepelin test among 10 respondents. Three of them were all wrong, then the one respondent was 36 rows wrong out 40. The speed ability for 3 of the respondents were very low. Meanwhile for the accuracy, stability and endurance very low as well. the fourth respondent's speed ability was in good level however accuracy, stability and endurance very low. Then, three respondents speed ability were low, and accuracy were very high, however for the stability and endurance were low. Third respondent's speed ability was moderate, and the accuracy very high however stability and endurance were low. Then, the fifth respondent's accuracy, very high, followed by speed ability, stability and endurance very low. The tenth respondent's speed ability was in high, but the accuracy, stability and endurance very low. For the overall summary 10 of them were very low in stability and endurance.

Discussion

Furthermore, in kraepelin test, around 4 out 10 respondents having errors in the kraepelin test, which shows they are having mental distraction. Then, 10 of them having very low score in stability and endurance. This shows that they don't have ability to handle an unpleasant or difficult process and situation. Other than there emotionally not stable. Hysteria has been the subject of several studies in the past. For example, the phenomenon of hysteria among students (Amran & Zulkarnain, 1994), factors in hysteria (Kasmini Kassim, 2007), and the most recent psychological 'dakwah' approach to coping with hysteria (Amran & Zulkarnain, 1994). (Intan Farhana, 2015). However, there is a lack of psychological research in Malaysia to determine the stress level among hysteria students. As a result, it's important that the researcher used the Kraepelin test, which is one of the psychology measures used to detect mental stress in Malay students.

Conclusion

From the insight gathered in this study, the researcher concludes that the Malay students hold a dual view that mass hysteria is belief system and supernatural in origin. The belief system is based on the fact that they believe it is a stated in al Quran that ghost existed. Some participants believe that mass hysteria originates from supernatural origins of evil spirits, witchcraft, Satanism and blasphemy.

The victims of mass hysteria were able to describe the physical and psychological symptoms that they experienced during the incidents of mass hysteria. The researcher concludes that the Malay students experience mass anxiety hysteria, mass motor hysteria and the violent type or

pattern of mass hysteria. The mass hysteria episodes occur frequently in schools because of anxiety, stress and depression.

Therefore, the result is parallel with the objective. The overall result is the mental stress of Malay students who experienced hysteria are very high. This is indicated they are unable to handle problems in their life. They cannot solve the simple maths set. This is supported by interview statement, when one respondent gets hysteria during maths period class. They are being suppressed and unable to think solution of the problems. They are weak and cannot any work properly. They are easily getting distracted and facing emotional upsets.

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