

**INTERNATIONAL JOURNAL OF
EDUCATION, PSYCHOLOGY
AND COUNSELLING
(IJEPC)**www.ijepec.com**TO IDENTIFY THE FACTORS OF MALAY STUDENTS
INVOLVED IN HYSTERIA BY USING DASS21, DRAWING TEST
AND IN-DEPTH INTERVIEW**Nagarubini Paramasivam^{1*}, Yohan Kurniawan², Fairuz A'dilah³¹ Faculty of Language Studies and Human Development, Universiti Malaysia Kelantan, Malaysia
Email: rubininaga8@gmail.com² Faculty of Language Studies and Human Development, Universiti Malaysia Kelantan, Malaysia
Email: yohan@umk.edu.my³ Faculty of Language Studies and Human Development, Universiti Malaysia Kelantan, Malaysia
Email: fairuz@umk.edu.my

* Corresponding Author

Article Info:**Article history:**

Received date: 08.03.2023

Revised date: 04.04.2023

Accepted date: 10.05.2023

Published date: 01.06.2023

To cite this document:

Paramasivam, N., Kurniawan, Y., & A'dilah, F. (2023). To Identify The Factors Of Malay Students Involved In Hysteria By Using DASS21, Drawing Test And In-Depth Interview. *International Journal of Education, Psychology and Counseling*, 8 (50), 81-86.

DOI: 10.35631/IJEPC.850006**This work is licensed under [CC BY 4.0](https://creativecommons.org/licenses/by/4.0/)****Abstract:**

The prevalence of mental illness is significant and increasing in Malaysia. 37% of all impairments in Malaysia are mental health-related. Hysteria is considered to be a symptom of emotional distress and a mental illness that frequently affects teenage girls. In colleges, it frequently takes place in class. Hysteria frequently begins with one student and quickly expands to up to 20–50 additional students. Spontaneous shouting, writhing, uncontrollable weeping, babbling, and bodily immobility are some of its peculiar symptoms. They became hysterical for a number of reasons. Psychological factors, family background, culture, and religion all had an influence on the mass hysteria incidents that happened in Kelantan schoolchildren because the respondents came from typical, underdeveloped traditional states. A qualitative approach, psychological tests like dass 21, drawing test and triangulation method were used for this study. The hysteria students were selected from secondary school age 13 until 17. The findings of the study may guide health workers in Kelantan to manage victims of mass hysteria appropriately and to diagnose the episodes timely. Mass hysteria in the Kelantan context is better understood, teachers can be empowered through health education to enable them to identify mass hysteria outbreaks in schools early, manage victims and observers more effectively and refer victims to health workers for treatment.

Keywords:

Hysteria, DASS21, Drawing Test, Kelantan School, Qualitative Approach

Introduction

Hysteria is referred to as "phantom ghost" or "disturbed" in the Malay society (Fariza, Salasiah, Siti, Intan, Mohd Izhar, 2014). Due to the Malay community's perception that hysteria in girls and women was a sign of ghosts, jinn, satanic disturbances, or anything else connected to disturbances of subtle and invisible things, these beliefs developed (Amran & Zulkarnain 1994; Roslina 1992). This perspective primarily developed as a result of the Malay community's belief in animism, or the concept of spirit and nature, prior to the advent of Islam. Islam has eradicated superstition, yet there is still a belief in supernatural forces in society, especially when it comes to topics involving subtle creatures (Mohd, 1988). Hysteria is caused by a number of reasons. These factors affected the victims by giving them psychological problems.

The practitioner faces the possibility of a missed diagnosis, which would call for additional testing rather than a prescription. It can also worsen patient attitudes towards hostility and rejection due to the absence of organic causes, even leading to the end of treatment. (Docquir & Les, 2013). The sufferer and those around him must understand that the hysteria might have psychological causes in the complex interactions between the mind and body. Unconscious stress triggers an emotional response, which develops into a physical ailment that is typically unclear to the patient. To encourage trust in the patient, it is necessary to reassure them that their symptoms are real and not staged or intentionally exaggerated. (Catherine et al., 2013).

The most prevalent or commonly occurring mental disorders are anxiety disorders. (Munir et al., 2019). They cover a range of ailments in which the main disturbance of mood or emotional tone is extreme or pathological worry. As the pathological counterpart to natural dread, anxiety is characterised by disturbances in emotion as well as in thinking, acting, and physiological activity. Munir et al. (2019) list the following anxiety disorders: generalised anxiety disorder, specific phobia, social phobia, obsessive-compulsive disorder, acute stress disorder, and post-traumatic stress disorder. Panic disorder (with and without a history of agoraphobia), agoraphobia (with and without a history of agoraphobia), and generalised anxiety disorder are also listed.

In addition, there are adjustment disorders with anxiety features, and disorders due to general medical conditions and substance-induced anxiety disorders (Greenberg et al, 1999). A parental divorce is a stressful event in children. Divorce give a great stress into the lives of adults and children (Amato& Keith, 1991; Amato, 2014). The effect of parental divorce is diverse and complex (Cui, et al., 2011). Mackay (2005) revealed that after separation, most children live in the primary custody of one parent. In most cases, children live with her mother, so that the significant problem is the absence of their father. It is not just the father's presence in the home that is important, it is his presence in a child's life. Amato and Cheadle (2005) revealed that children with divorce parents tend to obtain lower education, have weaker ties with parents, and report more symptoms of psychological distress.

Literature Review

Teenagers who experienced parental divorce have higher risks to develop depression symptoms, low self-esteem, aggression, alcoholic, drugs use, and criminal behaviour (Rodgers & Rose, 2002). Amato and Keith (1991) in a meta-analysis studies found that parental divorce had adverse impact on a range of domains of wellbeing including psychological adjustment, mental health, behaviour, educational attainment, and quality of life. Divorce increases the risk of adjustment problems in children (Grych & Fincham, 1990; Kelly & Emery, 2003). There is a strong relationship between loneliness and depression associated with low self-esteem in young people both in the immediate and the longer term (Dunne, 2020).

Studies also found that individuals in rural communities are with normal level of self-esteem (Kasturi, et al., 2020) and it is eventually creating anxiety, stress and hopelessness which can further lead to suicide (Tan et al., 2019). Self-esteem refers to an individual's perception or subjective appraisals of one's own self-worth, one's feelings of self-respect and self-confidence and the extent to which the individual holds positive or negative views about self (Sedikides & Gress, 2003). There is an association between low self-esteem and negative outcomes for young people's behavioural and mental health problems, including health compromising behaviours such as substance abuse, early sexual activity, and eating problems (Keane & Loades, 2017).

Although it is well documented that low self-esteem and depression are related but there has been a robust argument on the relationship between low self-esteem and depression. The relationship between self-esteem and depression has been extensively studied in health research over the past decade (Orth & Robins, 2013; Sowislo & Orth, 2013; Steiger, Allemand, Robins, Fend, 2014) and two important models have been found to explain the relationship. One of these explanations is the Vulnerability model which states that Low self-esteem is a risk factor for depression and anxiety and the other is the Scar model which states that low self-esteem is an outcome, not a cause of depression and anxiety (Giovanna, et al., 2016). Adolescence is a challenging developmental phase with many physical and psychological changes, which may generate stress.

Methodology

Researcher used triangulation method for data collection. In this research researcher used psychological tests, and in-depth interview. Table below explains in detail:

Table 1.1 Psychological Tests and Interview

Psychological tests and in-depth interview	Respondents
DASS-21 test	Screening the respondents to detect the level of depression stress and anxiety
Drawing test	Explore the types of personalities
In-depth interview	Explore the experience and factors of hysteria incidents

Discussion

This chapter presents data that have been collected from the participants included in the sample. The data were collected by using psychological tests and in-depth interviews. The qualitative analysis section addresses the data and findings from the psychological tests and in-depth interviews held with participants, namely teenage girls from secondary school in Kelantan. The psychological tests were DASS-21 test, and Drawing a Man test, for use with a number of participants of 50 schoolgirls who experienced hysteria and in-depth interview used for 10 school girls who experienced frequently hysteria. In this chapter, there are two types of profiling made through the psychological test and interviews. The first profiling is made for general for overall 50 students and followed by specific profiling 10 hysteria students.

The general profile and the specific profile are the two kinds of profiles used in this study. The DASS test and the drawing test were the two psychological assessments used by the researcher to create the general profile. In order to gauge the degree of depression, stress, and anxiety among 50 people who reported experiencing hysteria, the DASS-21 was used as a screening instrument. The results of the exams showed that anxiety and depression were most common among the respondents. The 50 respondents were put through a drawing exercise to determine their personalities.

Conclusion

According to respondents' experiences at the school, Kelantan's superstitious beliefs and culture, which views females as weaker and socialises them to be submissive (allowing for the buildup of pent-up stress), create an ideal environment for mass hysteria. In addition, the tension, anxiety, and depression make them hysterical and prevent them from expressing their feelings. Their belief in the paranormal puts them at risk for exposure to suggestions, fictitious triggers, misunderstanding, uncertainty, and confusion, all of which have the potential to cause irrational fears and the spread of mass hysteria.

Mass hysteria episodes in Kelantan school 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. In this research, the misunderstanding of hysteria was

the main factors that contribute hysteria. So that, this research may give the awareness of the mental health among the Kelantan people.

Other than that, this research discovers the personalities of the hysteria students, the parents and teachers will be conscious, and they will know how to handle the hysteria students. In school, the school teachers can detect the behaviour of hysteria students in early stage. Furthermore, Malay girls who experienced hysteria used some defence mechanism to deal with the painful memories. For instance, the respondents made the defence mechanism as psychological strategies that are unconsciously used to protect the respondents from unwanted problems arising from unacceptable thoughts or feelings. In some cases, the respondent's parents used the self-mechanism once they are having personal problems. However, they did not realise this because they have no knowledge regarding these psychological problems.

Acknowledgments

I would like to extend my deepest appreciation and sincere gratitude to the Almighty god for his grace. Then, my main supervisor, Associate Professor Dr Yohan Kurniawan for his patience, exceptional support, immediate feedback on the drafts of my thesis, insightful discussions, and communication throughout my years of study at the University Malaysia Kelantan. I would also like to thank my second supervisor Dr Fairuz A'dilah for her support, guidance, and very helpful ideas throughout the many thesis advisory meetings. Moreover, I am forever grateful to my loving parents, Kamala and Paramasivam, who continue to mean so much to me, my siblings Rathey and Sri Kughan, for their love and understanding whenever I needed them.

References

- Amran Kasimin & Haron Din. 1990. Rawatan Gangguan MakhluK Halus Menurut al-Quran dan as-Sunnah. Kuala Lumpur: Percetakan Watan Sdn. Bhd.
- Amato, P. R., & Keith, B. (1991). Parental divorce and the well-being of children: A metaanalysis Psychological Bulletin, Vol. 110, No. 1, 26-46.
- Amato, P. R. (2014). The consequences of divorce for adults and children: An update. *Drustvena Istrazivanja*, 23(1), 5–24. <https://doi.org/10.5559/di.23.1.01>.
- Catherine E. Krasnik, Brandon Meaney, Christina Grant. (2013) Une approche clinique des troubles de conversion en pédiatrie: vers un retour à la normale. PCSP.
- Docquir C. Les. (2013) symptômes médicalement inexplicables: précisions terminologiques, données épidémiologiques chez l'adulte et l'enfant, aperçu des contre-attitudes. *Bulletin de psychologie*; 523: 61-75.
- Dunne A. (2020, June 1). Impact of Children's loneliness today could manifest in depression for years to come. *University of Bath*. <https://www.bath.ac.uk/announcements/impact-ofchildrens-loneliness-today-could-manifest-in-depressionfor-years-to-come/>.
- 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. In Rosmawati Mohamad Rasit & Muhamad Faisal Asha'ari (Eds.). *Warisan Kecendekiaan Islam Dakwah, Seni dan Media*.
- Giovanna, M. Giorgio, F., Sonia, I., Maria, R., Sandro, D. (2016). The Relationship between Self-Esteem, Depression and Anxiety: Comparing Vulnerability and Scar Model in the Italian Context. *Mediterranean Journal of Clinical Psychology*, 4(3) 1-17. DOI:10.6092/2282-1619/2016.4.1328.

- Grych, J. H., & Fincham, F. D. (1990). Marital conflict and children's adjustment: a cognitive-contextual framework. *Psychological bulletin*, 108(2), 267–290.
- Kasturi M, Madhusri M, Kathika P. (2020). Self-esteem of Rural Adolescent Students and its Relationship with Parenting Style. *Journal of Nursing Science & Practice*, 1-6.
- Keane L, Loades M. (2017). Review: low self-esteem and internalizing disorders in young people—a systematic review. *Child Adolesc Mental Health* 22(1), 4–15.
- Mackay, R. (2005). The impact of family structure and family change on child outcomes: A personal reading of the research literature. *Social Policy Journal of New Zealand*, 24(4), 111-133. <https://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/journals-and-magazines/social-policy-journal/spj24/24-pages111-133.pdf>.
- Munir, S., Gondal, A.Z., & Takov, V., (2019). Generalized anxiety disorder. <https://www.ncbi.nlm.nih.gov/books/NBK441870>.
- Orth, U., & Robins, R. W. (2013). Understanding the link between low self-esteem and depression. *Current Directions in Psychological Science*, 22(6), 455–460.
- Tan ND, Pamela WE, Christine D, Thi PT, Joske B. (2009). Low Self-Esteem and Its Association with Anxiety, Depression, and Suicidal Ideation in Vietnamese Secondary School Students: A Cross-Sectional Study. *Frontiers in Psychiatry* ,10:698. ISSN=1664-0640.
- Sedikides, C., & Gress, A. P. (2003). Portraits of the self. In M. A. Hogg, & J. Cooper (Eds.), *Sage Handbook of social psychology*. Sage.
- Sowislo JF, Orth U. (2013). Does low self-esteem predict depression and anxiety? A \ metaanalysis of longitudinal studies. *Psychol Bull.* ;139(1):213-240.