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(IJEPC)**[www.ijepr.com](http://www.ijepr.com)**THE DEFENCE MECHANISMS USED BY HYSTERIA MALAY  
STUDENTS IN KELANTAN TO PROTECT THEMSELVES  
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**DOI:** 10.35631/IJEPC.850013**This work is licensed under** [CC BY 4.0](https://creativecommons.org/licenses/by/4.0/)**Abstract:**

Malaysians frequently use the term hysteria to describe an illness caused by a subtle disturbance or ghost behaviour. The Malay community considers hysteria to be 'phantom ghost' or 'disturbed'. 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. The burden of mental illness in Malaysia is high, and it is increasing. Malaysian mental health-related burden comprises up to 37% of total disability. The National Health and Morbidity Survey (NHMS) 2015 revealed a prevalence of 29.2% of Malaysians above 16 years to have mental health problems, with three in ten Malaysians struggling with some form of mental health issues. From the perspective of looking after the future generations of Malaysians, the picture of adolescent mental health is also worrying. The objective of this study was to describe how the Malay students used defence mechanism to protect themselves from unpleasant behaviours. A qualitative approach, psychological tests and triangulation method were used for this study, in which 10 specific hysteria students was selected for in-depth interview. The psychological test were DASS-21 Test and Drawing Test. Snow ball sampling was used to select young girls in high schools who experienced mass hysteria. The results show that the hysteria respondents suffered from trauma, emotional problems, verbal abuse, sexual harassment, and a lacking of their parents' attention. There are two types of problems: internal and external. The internal problem is their personality. The findings of the study may guide students in Kelantan to get proper treatment

from medical professional. If 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:**

Defence Mechanism, Malay, Students, Hysteria, Psychological Tests

**Introduction**

The burden of mental illness in Malaysia is high, and it is increasing. Malaysian mental health-related burden comprises up to 37% of total disability. The National Health and Morbidity Survey (NHMS) 2015 revealed a prevalence of 29.2% of Malaysians above 16 years to have mental health problems, with three in ten Malaysians struggling with some form of mental health issues. From the perspective of looking after the future generations of Malaysians, the picture of adolescent mental health is also worrying. The NHMS in 2017 conducted among school-going adolescents aged 13 to 17 years showed that one in ten Malaysians were found to be stressed, one in five had depression and two in five suffered from anxiety.

Hysteria is thought to be a sign of emotional distress and a mental disease that affects adolescent girls frequently. It frequently happens in class in schools. Hysteria frequently starts with one student and then spreads to as many as 20–50 other students at once. Strange signs of this condition include abrupt shouting, writhing, crying out of the blue, speaking incoherently, and body paralysis (Fariza, 2012).

Sigmund Freud, known as the father of psychoanalysis, began the discussion of defence mechanisms in the nineteenth century in relation to the subconscious defences of the id, ego, and superego. These initial defence mechanisms were more clearly defined and analyzed by his daughter, Anna Freud, in the twentieth century (Cramer, 2015).

Anna Freud (1936) defined these defence mechanisms as "unconscious resources used by the ego", to decrease internal stress ultimately. Patients often devise these unconscious mechanisms to decrease conflict within themselves, specifically between the superego and id. The clinicians use psychodynamic therapy in order to help orient patients for their own unconscious processes (Parekh, Majeed, Khan, Khalid, Khwaja et al., 2010).

By recognizing and identifying these processes, patients improve their self-awareness and gain a new understanding of their own behaviors. These insights can be helpful to patients with a variety of mental health disorders, including depression, anxiety, eating disorders, and personality disorders (Abbate, Amianto, Delsedime, De-Bacco, Fassino, 2013). If defence mechanisms are identified at adolescence, it can help predict further development of personality disorders. Therefore, the early identification of defence mechanisms can have great clinical significance (Strandholm, Kiviruusu, Karlsson, Miettunen & Marttunen, 2016). Depending on the context and the severity, defence mechanisms can be either maladaptive or adaptive (Perry & Metzger, 2014).

According to Zannarini, Weingeroff, Frankenburg (2009) and Cramer (2015) the more primitive a defence mechanism, the less effective it works for a person over the long-term. However,

more primitive defence mechanisms are usually very effective in the short-term, and hence are favored by many people and children especially when such primitive defence mechanisms are first learned. Adults who don't learn better ways of coping with stress or traumatic events in their lives will often resort to such primitive defence mechanisms as well (Zanarini, Weingeroff, Frankenburg (2009) and Cramer (2015).

### **Research Question And Objective**

The research question is how the hysteria students used defense mechanisms to cope with hysteria and it was answered by objective of this study was establishing the defence mechanisms used by hysteria Malay students in Kelantan to protect themselves from uncomfortable behaviours.

### **Examples of Defense Mechanism**

These are examples of defence mechanisms: Acting out: The development of detrimental behaviors that distract attention and energy away from other stressors. This defence mechanism may be present in conduct disorder, antisocial personality disorder, or oppositional defiant disorder (Anna Freud, 1936).

Avoidance: Dismissing thoughts or feelings that are uncomfortable or keeping away from people, places, or situations associated with uncomfortable thoughts or feelings. This defence mechanism may be present in post-traumatic stress disorder, where one avoids the location of a traumatic motor vehicle accident or avoids driving completely (Anna Freud, 1936).

Conversion: The development of physical symptoms that cannot be explained by pathophysiology or physical injury. This defence mechanism is recognized in conversion disorder, also known as functional neurologic symptom disorder (Anna Freud, 1936).

Denial: dismissing external reality, instead focusing on internal explanations or fallacies, and thereby avoiding the uncomfortable reality of a situation. This defense mechanism may be present in someone who continues to shop for expensive designer clothes despite being in serious financial debt (Anna Freud, 1936).

Identification: The internalization or reproduction of behaviors observed in others, such as a child developing the behavior of his or her parents without conscious realization of this process. Identification is also known as introjection (Anna Freud, 1936).

Projection: Attributing one's own maladaptive inner impulses to someone else. For example, someone who commits an episode of infidelity in their marriage may then accuse their partner of infidelity or may become more suspicious of their partner (Anna Freud, 1936).

Regression: Adapting one's behavior to earlier levels of psychosocial development. For example, a stressful event may cause an individual to regress to bed-wetting after they have already outgrown this behaviour (Anna Freud, 1936).

Repression: Subconsciously blocking ideas or impulses that are undesirable. This defence mechanism may be present in someone who has no recollection of a traumatic event, even though they were conscious and aware during the event (Anna Freud, 1936).

Schizoid fantasy: Creating an internal retreat into one's imagination to avoid uncomfortable situations. This defense mechanism commonly found in children or later in development, may be present in schizoid personality disorder (Anna Freud, 1936).

Splitting: Failing to reconcile both positive and negative attributes into a whole understanding of a person or situation, resulting in all-or-none thinking. Splitting is commonly associated with borderline personality disorder (Anna Freud, 1936).

Suppression: Consciously choosing to block ideas or impulses that are undesirable, as opposed to repression, a subconscious process. This defence mechanism may be present in someone who has intrusive thoughts about a traumatic event but pushes these thoughts out of their mind (Anna Freud, 1936).

From this, the defence mechanisms can be concluded as a type of self-deception. The people might be using them to hide emotional responses that they do not want to deal with. However, it is done mostly on an unconscious level. They are not always aware of the way their mind or ego will respond.

### **Problem Statement**

Hysteria, as previously indicated, is certainly the earliest mental illness that can be directly linked to women (Angermeyer et al., 2011; Sigerist, 1951). Hysteria is thought to be a sign of emotional distress and a mental disease that affects adolescent girls frequently. It frequently happens in class in schools. Hysteria frequently starts with one student and then spreads to as many as 20–50 other students at once. According to Md Sham et al. (2012), some of its unusual symptoms include abrupt shouting, stumbling, crying out of the blue, speaking incoherently, and body paralysis.

Following the pandemic, the most recent occurrences of hysteria occurred in Malaysian schools from 2020 to 2022. Five pupils reportedly went through hysteria in one of the schools in Malaysia, according to Adnan Ibrahim (2020). According to Adnan Ibrahim (2020) in Berita Harian online, one student eventually started screaming, and as a result, two more female students in the same class and two students in separate courses began to cry and shout. In contrast, Malinda Abdul Malik reported on MalaysiaGazette in 2022 that 25 female secondary school students had purportedly suffered from hysteria the day before during class. According to BBC News (2019), mass hysteria, also known as mass psychogenic disease, is characterised by a fast spread of physiological symptoms such hyperventilation and twitching.

### **Literature Review**

#### ***The Definition of Hysteria***

According to Bartholomew & Wessely (2002) and Francois Sirois (1999), mass hysteria, mass sociogenic illness, mass conversion disorder, hysterical contagion, and medically unexplained epidemic illness are all defined as the sudden onset and rapid spread of constellations of symptoms that are suggestive of an organic or neurological illness but lack a known pathogen or medical cause. These symptoms are therefore presumed to have a psychogenic origin.

According to the American Psychiatric Association (2013), the American Psychological Association revised the term "hysterical neurosis, conversion type" to "conversion disorder." Psychology today recognises a variety of conditions that were once classified as hysterical, such as somatic symptom disorders, dissociative disorders, and associated disorders.

### ***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 in the concept of animism, the concept of spirit and nature. The arrival of Islam has abolished superstition, but the belief in supernatural elements is still present in society, especially in matters of subtle creatures (Mohd Taib, 1988). The belief of animism is that everything possesses a spirit or power to do something. The result of this belief is the existence of ancient beliefs or folk beliefs in subtle creatures known as ghosts (Mohd Taib, 1989). The assimilation of the Malay culture can be seen in their etiology of hysteria and treatment methods used.

### ***Malay Community***

In recent studies, it was shown that the Malay society associated hysteria with ghosts, spirits, and devils (Amran & Zulkarnain 1994; Noor Eisah 1994; Roslina 1992). This needs to be defined because the Malay society perceives it as hysteria and thinks that demon ghosts are to blame. This is also due to the fact that a ghostly spirit exhibits a number of bizarre behaviours that are actually inconceivable in everyday life, such as being unconscious, raving, yelling, weeping, speaking in foreign languages, and more. 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).

### ***Defence Mechanism***

Sigmund Freud, known as the father of psychoanalysis, began the discussion of defence mechanisms in the nineteenth century in relation to the subconscious defences of the id, ego, and superego. These initial defence mechanisms were more clearly defined and analysed by his daughter, Anna Freud, in the twentieth century (Cramer, 2015).

A. Freud (1936) defined these defence mechanisms as "unconscious resources used by the ego", to decrease internal stress ultimately. Patients often devise these unconscious mechanisms to decrease conflict within themselves, specifically between the superego and id. The clinicians use psychodynamic therapy in order to help orient patients for their own unconscious processes (Parekh et al., 2010).

By recognizing and identifying these processes, patients improve their self-awareness and gain a new understanding of their own behaviours. These insights can be helpful to patients with a variety of mental health disorders, including depression, anxiety, eating disorders, and personality disorders (Abbate-Daga et al., 2013).



If defence mechanisms are identified at adolescence, it can help predict further development of personality disorders. Therefore, the early identification of defence mechanisms can have great clinical significance (Strandholm et al., 2016). Depending on the context and the severity, defence mechanisms can be either maladaptive or adaptive (Perry & Metzger, 2014).

## Methodology

### *Qualitative Data Analysis*

This section presents the data collected through psychological tests among 50 general hysteria students and a selected 10 individuals that often experience hysteria who were held for individual in-depth interviews. The researcher reviewed the field notes, listened to the audio recordings, transcribed, read and re-read the verbatim transcripts, in order to familiarise herself with the data and to develop a general impression of the interviews. After that, the researcher worked on each verbatim transcript sequentially, according to the order of data collection. The next step was the analysis of individual transcripts, followed by triangulating the psychological tests with the interviews to generate the themes in discussion.

This chapter presents data that has been collected from the participants included in the sample. The data was collected 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 schools in Kelantan.

The psychological tests were the DASS-21 test, and Drawing a Man test, for use with a number of participants of 50 school girls who experienced hysteria and in-depth interviews used for 10 school girls who experienced hysteria frequently. In this chapter, there are two types of profiling made through the psychological test and interviews. The first profiling is made to be general for the overall 50 students, followed by specific profiling for the 10 hysteria students.

### *Triangulation*

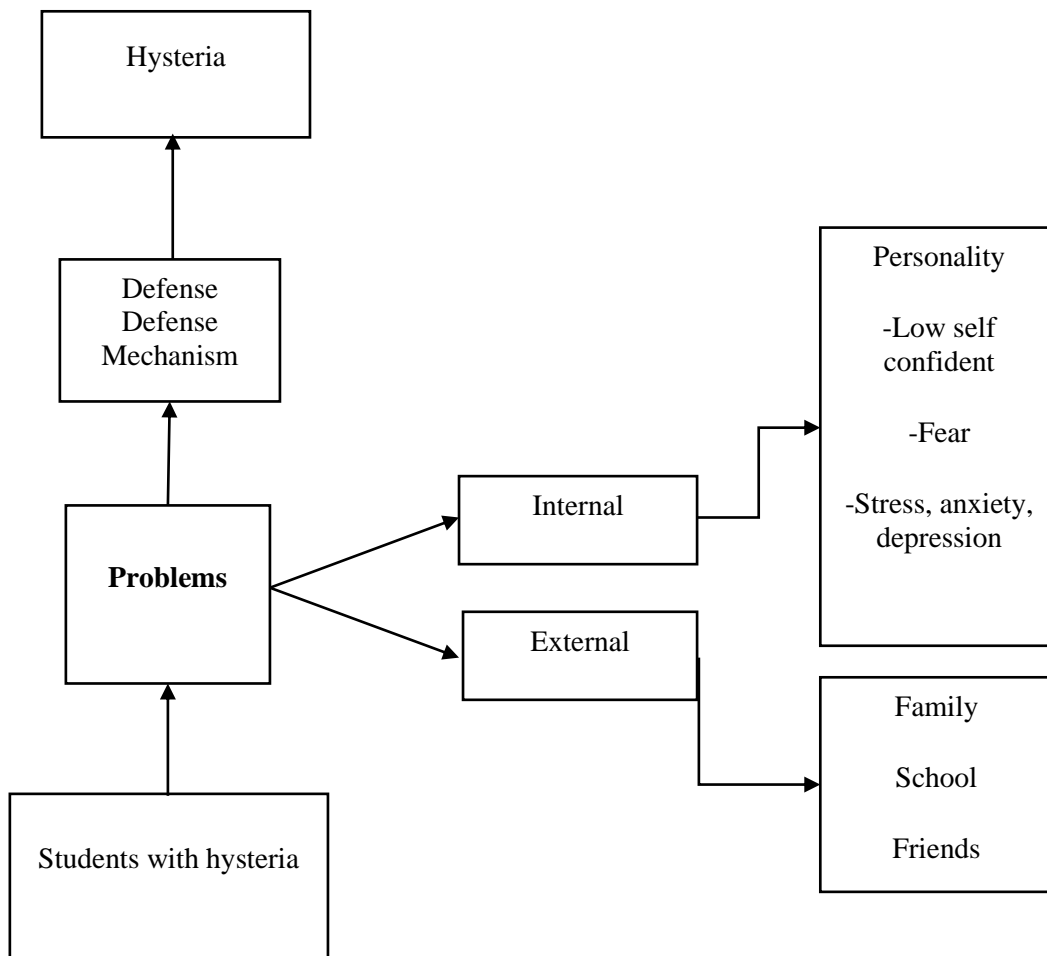
For data collecting, the researcher employed the triangulation technique. The researcher employed in-depth interviews and psychological testing in this study. Triangulation is the process of gathering material that is contradictory or multiple in order to reveal information from additional sources (Guba & Lincoln, 1981). Utilizing two or more data gathering techniques when researching various facets of human behaviour (Cohen and Maniaon, 1986). The triangulation method in data collection is also referred to as 'multi method approach' in qualitative research. In this research, data collected through psychological tests and interviews were used as primary data, while observational (secondary data) was used in order to support, complement, and strengthen data collection obtained from primary sources (interviews) (Marohaini Yusoff, 2001). The table below explains in detail.

**Table 1.1 Triangulation Method**

<b>Types of data</b>		<b>Triangulation Method</b>
<b>Psychological tests</b>		Researcher used two types of psychological test which were DASS-21 test and drawing test among 50 hysteria students.
<b>In-depth (unstructured)</b>	<b>interview</b>	<p>Researcher selected 10 hysteria students from 50 who frequently gets hysteria by giving them consent letter to participants to voluntary participate</p> <p>Researcher met with participants and conduct interviews through audio recordings using MP 3. Create an interview transcript from MP3. During the day the interview was conducted with the participants then in the evening the researcher made a transcript when the memory was still fresh and the researcher did not lose data.</p>
<b>Observation</b>		<p>Researcher also met with participants and make observations on the participants' non-verbal and verbal cues and could probe when necessary during individual interview.</p> <p>Researcher use a check list form to mark the themes and categories that have been set by the researcher based on the objectives and questions of the study.</p>

### Findings

The findings explains how the hysteria respondents had problems using defense mechanisms, which is unconscious psychological responses that protect respondents from uncomfortable feelings, threats to self-esteem, and things that they do not want to think about or deal with.



**Figure Error! No text of specified style in document..1 Framework of Hysteria Students**

The hysteria respondents suffered from trauma, emotional problems, verbal abuse, sexual harassment, and a lacking of their parents' attention. There are two types of problems: internal and external. The internal problem is their personality. Furthermore, the external problems influenced by family, school, and friends. These problems lead them to being anxious, depressed, stressed, hallucinatory, fantasy-minded, having low self-esteem and attention seeking. These problems make the respondents use some defence mechanisms to deal with painful memories. Respondents use denial in their everyday lives to avoid dealing with painful feelings or areas of their life they don't wish to confront. For example, respondents exposed themselves to unwanted things even if they know it was dangerous.

### Discussion

Finally, this disorder could be explained by a conversion of anxiety into physical dysfunction and would therefore be a poorly adapted defence against anxiety. The self defence mechanisms would oppose the instinctual behavior to repel anxiety, and the symptoms would emerge from a compromise between the impulse and the defence (Hurvy & Ouss-Ryngaert, 2009). The conversion disorder therefore marks the success of the defence against anxiety (Botez, Le Cavorzin, Golven, 2014). So the respondents use the defence mechanisms to deal with unwanted memories but at one point they are pushed by hysteria.



## Conclusion

There are some defence mechanisms used by respondents. The first being denial, second is fantasy minded avoidance and repressed. Which means the respondents refused to accept reality or fact, acting as if a painful event, thought, or feeling did not exist. It is considered one of the most primitive of the defence mechanisms because it is characteristic of early childhood development. For instance, the respondents were from broken families, smoked, were involved in sexual relationships and were rude. This shows that they knew these types of behaviour are not accepted by society or family members, yet they still do them. This may temporarily shield respondents from trauma, anxiety, or pain. The self-denial of the respondents' feelings or previous actions is one defence mechanism to avoid damage to the ego caused by the anxiety or guilt of accepting them.

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