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## **FREUD'S PSYCHOANALYST ACT AND HYSTERIA AMONG SCHOOL STUDENTS: ONE YEAR FOLLOW-UP**

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### **Abstract:**

Hysteria among school students is becoming an outbreak episode and is known as a serious psychological and emotional problem. Employing a qualitative research approach, the study of 50 participants who had undergone psychological tests such as the DASS 21 questionnaire a drawing test and 10 respondents were selected for in-depth interviews. Based on the analysis, using qualitative research, eight factors were identified, which were classified into two categories: mainly internal and external. There are four internal personalities identified as influencing the hysteria among school students which namely (1) low self-confidence, (2) fear, (3) stress, (4) anxiety, and (5) depression. For external factors, there are three factors, including (6) academic pressure, (7) family issues and (8) friends' influence. Findings from this study contribute towards a better understanding of mass hysteria to overcome the psychological problems faced by secondary school students. This study might be helpful to school teachers and psychologists how these psychological factors can contribute to more effective interventions, encouraging healthier emotional guidelines and personality development in school settings.

#### **Keywords:**

Mass Hysteria, Adolescents, Psychological Factors, Qualitative Study, Emotional Regulation, School Intervention

## Introduction

Mass hysteria, a phenomenon characterized by the rapid spread of inexplicable physical and psychological symptoms within a group, has intrigued and perplexed scholars and observers alike for centuries. This intriguing phenomenon has been observed across various cultures and communities, often presenting in settings where social, cultural, and psychological factors converge. In the context of educational institutions, particularly secondary schools, the manifestation of mass hysteria episodes among adolescent girls has garnered attention due to its enigmatic nature and potential consequences for the affected individuals and their communities. An estimated of 970 million people have mental health disorders, with the majority experiencing mental and substance use disorders, followed by anxiety disorders worldwide (Ritchie & Max Roser, 2018). The COVID-19 pandemic has made huge global impacts, including high mortality and morbidity rates, loss of income, and sustained social isolation for billions of people (Dawel et al, 2020). In October 2020, Malaysia entered the third wave of the COVID-19 Pandemic (Rampal & Liew, 2021).

According to The Star by Manjit Kaur (2022), in 2019, the National Health Morbidity Survey (NHMS) revealed that one in 20 children in Malaysia aged five to nine is estimated to have mental disorders, including developmental disorders. Consultant paediatrician and adolescent medicine specialist Dr N. Thiagar said that depression, anxiety and behavioural disorders were among the leading causes of illness and disability among children and teenagers (The Star, 2022). Dr Thiagar, who is also the Malaysian Paediatric Association executive committee member, said suicide was the fourth leading cause of death among those aged between 15 and 19, as reported by the WHO (The Star, 2022). “Teenage girls consistently show higher rates of depression and mood problems than teenage boys,” he added (The Star, 2022).

This scope of study is to examine hysteria (conversion disorder) among Malaysian school students, interpreted through the lens of Freudian psychoanalytic theory. Freud conceptualized hysteria as a conversion of unconscious conflict into somatic symptoms, where repressed trauma or emotional distress manifests physically (Freud, 1896). The objective of this study is to analyse the incidence and characteristics of hysteria among school students in Malaysia (2019-2023) with emphasis on recent outbreaks.

## Literature Review

However, even at the end of the 19th century, scientific innovation had still not reached some places, where the only known therapies were those proposed by Galen (Penso, 2002). During the 20th century, several studies postulated the decline of hysteria amongst occidental patients (both women and men) and the escalation of this disorder in non-Western countries. The concept of hysterical neurosis is related to 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 the risk factor (da Mota Gomes & Engelhardt, 2014).

As a concept, hysteria acquired several meanings and interpretations. It was once considered to be a single entity in psychiatry (Witlock, 2010). The communication theory of hysteria as posited by Szasz (1961) posits that hysteria symptoms are a form of communication which may be understood as (a) dialectical, and (b) rhetorical. Dialectical refers to the hysteric attempting to explain something; rhetorical refers to efforts to convince someone through bodily symptoms

### **Id, Ego, Superego**

Freudian theory focuses on a person's unconscious mental processes as being the engines behind his or her conscious behaviors, affects, and cognitions. Consciousness manifests itself as a dialectic (ego) of a metaphorical war between opposed, primarily unconscious constructs: the id and the superego. The id is a person's animalistic components: the unadulterated urges that ignore social consequences and derive decisions from a principle of pleasure. On the other hand, the superego is the antithesis of the id; the cautious internalization of socialization that dissuades the individual from risk-seeking behavior. Finally, the ego is the spandrel that emerges once the antisocial id and the prosocial superego reach a compromise that is actable in reality (Bernstein, 2003). Freud's tripartite orientation of the human psyche was a motherentous step forward for the social science - in general, and the then-inchoate field of psychology – particularly.

The concept of "ego as a function of id and superego" is a useful formalization of the ongoing dialogue between biological essentialism and social constructionism, or nature vs. nurture. The cybernetic idea of a high-information structure like the superego moderating a high-energy structure like the id seems to be an extrapolation from the classical Enlightenment hypotheses of Cartesian mind-body dualism and Hegelian dialectics.

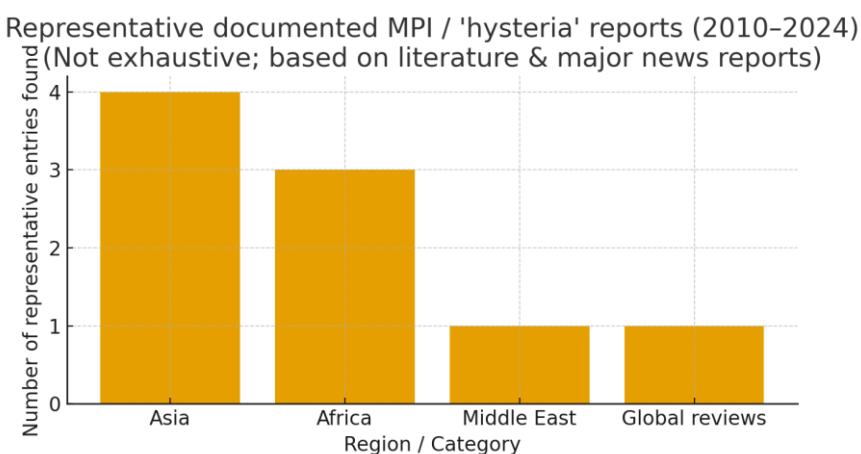
### **Hysteria and Mental Health**

Without a doubt, hysteria is the first mental illness linked to women for which a precise description dates to the second millennium BC. According to the Kahun Papyrus, the first known mention of the ancient Egyptians dates to 1900 BC and identifies the cause of hysterical illnesses such as spontaneous uterine movement in females (Angermeyer et al., 2011; Sigerist, 1951). Scientifically and medically speaking, hysteria is classified as a mental and psychiatric illness. The idea and traits known as neurotic and somatoform disorders are used to clinically analyse this phenomenon. Conversion disorder, also referred to as hysteria, is one of seven types of somatoform or somatization disorders listed in the Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV), which lists various mental disorders in psychiatric and clinical fields (American Psychiatric Association, 2004; Kasimin & Din, 1990). A physical symptom (pain) without a physical disease or damage is the hallmark of somatoform disorder, which is a disturbance of physical symptoms without a discernible physical cause. Psychological reasons rather than biological ones are what cause it to happen.

### **Malaysian Perspective Toward Hysteria**

When describing an illness that arises from a subtle or supernatural disturbance, Malaysians frequently use the term "hysteria." This idea comes from the Malays' belief that the frenzy is upsetting delicate and otherworldly beings (Kasimin & Zakaria, 1994; Mat Riffin, 1992). The primary target of the subtle creatures' attack on humans is the brain, which is penetrated by them and permeates the human body (Kasimin, 2009; Md Sham et al., 2012). No matter what time of day or night, it generates emotional disturbances in individuals. In Malaysia, there are more incidents involving teenage females from the Malay Muslim ethnic majority than any other group, according to Broadcasting Corporation (BBC News) (2019). As a conclusion, hysteria is a mental illness that is misunderstood by Malaysians, particularly among the Malay population. They are unaware that hysteria is a component of the mental illness.

## Statistics Of Hysteria In Worldwide



### The Bar Chart 1.1 Shows “Representative Documented ‘Hysteria’ Reports (2010–2024)

Based on documented evidence, Asia appears most affected by school-based hysteria or conversion disorder outbreaks from 2010–2024, compared to other regions. In worldwide, Nepal reported recurrent hysteria cases across more than 130 schools with hundreds of students affected (Sapkota et al., 2020). Malaysia experienced repeated outbreaks, including the 2024 Jempol incident with 50 affected students (Malay Mail, 2024). Iran reported hundreds of cases of suspected hysteria among schoolgirls in 2022–2023 (Associated Press, 2023).

Meanwhile in Africa the Outbreaks in Ethiopia, Uganda, Malawi, and Zambia were reported, but less frequently in published literature compared to Asia (Jebessa et al., 2022; Bartholomew & Wessely, 2012). In Middle East in The Iran school incidents (2022–2023) stand out, but they represent a smaller cluster of years compared to Asia’s long-term recurring patterns. Global reviews say meta-analyses confirm that adolescents, especially girls in school settings, are most vulnerable, and Asian cases are consistently highlighted in published research (Zhao et al., 2021).

## Psychoanalytic Theory and Hysteria in School Students

### *Unconscious Conflict & Repression*

Freud (1915) proposed that hysteria arises when unresolved conflicts are repressed into the unconscious rather than expressed. In the school context, students face stressors such as academic pressure, strict discipline, or cultural fears (e.g., belief in spirits), which generate anxiety. When such emotions cannot be openly expressed, they are repressed and subsequently converted into physical symptoms such as fainting, screaming, or loss of mobility consistent with the psychodynamic view of hysteria.

### *Defence Mechanisms*

Freud’s psychoanalysis highlights defence mechanisms such as repression, conversion, and identification (Freud, 1926). For school students, repression hides distressing thoughts, while conversion transforms psychological conflict into bodily symptoms. Moreover, identification

explains why hysteria spreads through peer groups students unconsciously mirror symptoms they observe in others.

### **Methodology**

In data collection, there are two types of psychological tests used among 50 hysteria students, and later 10 were selected for in-depth interview after being identified as students frequently hit by hysteria. The table describes the method used in this research. The first and fourth objectives were conducted by using in-depth interviews. Next, the second objective was conducted by using the DASS-21 test. Meanwhile, the third objective was conducted by using the Drawing test, which was answered by the third research question. Overall, the research questions were answered by the psychological tests and in-depth interview through the objectives.

### ***Population***

Population is defined by Parahoo (2006) as the total number of units from which data can potentially be collected. Similarly, Burns and Grove (2009) describe population as all elements individuals, objects, events, or substances that meet the inclusion criteria for a study. In the context of this research, the population refers to school students who had experienced hysteria episodes.

### ***Approval Procedures***

Prior to data collection, the researcher obtained official permission from the faculty to conduct the study in selected schools. Approval was then sought from the Ministry of Education Malaysia (MOE). Subsequently, the District Education Office (DOE) was consulted, and several schools in Kelantan that had reported hysteria cases were recommended as potential study sites.

### ***Study Population***

The site population comprised four high schools in Kelantan where hysteria episodes had previously occurred. Based on reports from teachers, a total of 80 students across these schools were identified as having experienced hysteria. This group represented the initial study population from which participants could be recruited.

### ***Sample Selection***

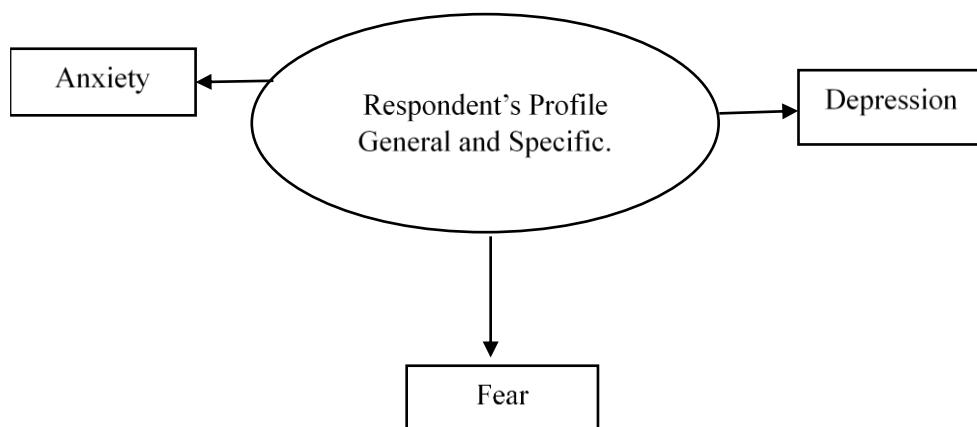
Of the 80 identified students, 50 voluntarily agreed to participate in the research. From these participants, 10 respondents were purposively selected to take part in in-depth interviews, providing detailed insights into their experiences with hysteria episodes. This sampling strategy ensured that data were collected from students with direct and relevant experiences, aligning with the research objectives.

**Table 1.1:Psychological Tests and Interview**

Psychological tests and Respondents in-depth interview	
DASS-21 test	Screen 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

## Results

For the specific profile, the researcher selected 10 hysterically prone respondents from 50 respondents after going through the psychological tests. The specific respondents were interviewed by the researcher. For the DASS-21, the hysteria respondents were affected by depression and anxiety. Meanwhile, for the drawing test, the respondents facing uncertainty were fantasy-minded, weak, insecure, aggressive, depressed, living in fear, anxious and lacked confidence. Next in the interview, the respondents showed that they had been sexually abused and they remain in trauma, fear and stress. Respondents could not overcome their past events and reexperience the incidents again. Therefore, after the interview combined with the psychological tests, the similarity was anxiety and depression. Hence, for the interview and drawing test, the similarities were depression, anxiety, fantasy-minded or hallucination, identity confusion, trauma or living in the past and lastly aggressive. When both profiles are combined, the majority of the hysteria respondents are affected by depression and anxiety. The respondents' background mainly influenced by family, friends, school and teachers. Different types of background, experience and factors influenced the students to be low self-confident, fantasy-minded, anxiety, depression, hallucination and attention seeker.



### Triangulation data between general and specific Hysteria

Respondents based on DASS-21. drawing test score and interview

Overall, can conclude that the majority student's id ego supergo were not balanced. This might occur because they faced childhood trauma and severe sexual abuse. This trauma had happened during their childhood time therefore their id personalities had been affected, and they carried all those memories until their teenage phase. Once the id personalities are affected, their ego and supergo are also been in complex. That's why they having uncertainty, fantasy-minded, anxiety, depression, hallucinations and insecurity.

### Discussion

The present study delved into the distinct psychological profiles of secondary school students prone to hysteria episodes, with a focus on uncovering the underlying psychological factors contributing to their experiences. Through a careful selection process, 10 respondents were chosen from a pool of 50 participants who underwent psychological testing. The subsequent interviews provided invaluable insights into the intricate psychological landscape of these individuals. The results of the DASS-21 assessment indicated a prevalent presence of depression and anxiety among the selected hysteria-prone respondents. This aligns with prior research that has linked these psychological states to vulnerability in the face of stressors and trauma (cite some studies here). These findings suggest that the experience of hysteria episodes is intertwined with a heightened susceptibility to feelings of sadness, hopelessness, and apprehension, potentially exacerbating the manifestation of physical symptoms characteristic of mass hysteria.

Moreover, the analysis of the drawing test offered a window into the inner thoughts and perceptions of the respondents. The emergence of themes such as uncertainty, fantasy-mindedness, weakness, insecurity, aggression, and depression paints a complex picture of their psychological landscape. These traits may reflect coping mechanisms or manifestations of

underlying psychological distress, shedding light on the multifaceted nature of their experiences. Intriguingly, the interviews conducted with the respondents unearthed a distressing pattern: a significant number of them had experienced sexual abuse. This revelation adds a critical layer of understanding to the psychological profiles of these students. The trauma, fear, and stress stemming from these experiences may serve as powerful triggers, rekindling past incidents and perpetuating the cycle of psychological distress. The inability to overcome these traumatic events further underscores the profound impact they have on the respondents' psychological well-being.

When examining the combined results of the interviews and psychological tests, a clear convergence emerges. Anxiety and depression stand out as common threads that weave through the psychological profiles of the hysteria-prone respondents. This alignment highlights the significance of these emotional states in shaping the experiences of these individuals and lends support to the idea that underlying psychological factors play a pivotal role in the onset and propagation of hysteria episodes.

Furthermore, the study elucidates the influence of various environmental factors on the respondents' psychological profiles. Family dynamics, friendships, school environments, and teacher interactions all contribute to shaping the psychological well-being of these students. The diverse backgrounds and experiences of the respondents underscore the complexity of the factors contributing to their psychological vulnerabilities. This complexity further emphasizes the need for a comprehensive and multidimensional approach to addressing the psychological challenges faced by these individuals.

In conclusion, the empirical findings presented in this study shed light on the intricate psychological profiles of secondary school students prone to hysteria episodes. Through a combination of psychological tests and interviews, a compelling narrative emerges—one characterized by the prevalence of anxiety, depression, and trauma. These findings underline the interconnectedness of psychological states and experiences, offering valuable insights into the underlying mechanisms that drive the manifestation of mass hysteria episodes. Moving forward, these findings call for a holistic approach to support and intervention, addressing not only the psychological symptoms but also the underlying traumas and challenges faced by these students in their various life contexts.

## Conclusion

The objective of this study have been successfully achieved. The research set out to investigate the factors contributing to hysteria among school students in Kelantan, with a particular focus on personality traits, psychological trauma, socioeconomic conditions, and hostel environment. Through data collection and analysis, the study was able to identify and explain how these factors interact to influence the occurrence of hysteria episodes.

Additionally, the objective of exploring the students' lived experiences was fulfilled through in-depth interviews, which provided rich insights into their psychological and social challenges. The findings not only addressed the research questions but also contributed to a better understanding of hysteria in the Malaysian school context.

Therefore, it can be concluded that the study has met its aims and provided meaningful implications for educators, policymakers, and mental health professionals in managing and preventing similar episodes in the future. Here some factors that contributed to hysteria.

### ***Personality Factors***

The findings revealed that many respondents displayed introverted personalities, which made them more vulnerable to internalizing stress and anxiety. Their reserved nature often limited opportunities to express emotions openly, resulting in the accumulation of psychological distress. This aligns with previous research suggesting that introverted individuals may be more prone to psychosomatic symptoms when faced with overwhelming stress (Razali, 1999). Additionally, a strong belief in supernatural influences was evident among the respondents, which reinforced their susceptibility to hysteria episodes.

### ***Psychological Trauma and Abuse***

Several respondents had experienced traumatic events, including sexual abuse, which left long-lasting psychological effects. Such trauma was associated with symptoms including anxiety, depression, aggression, fainting spells, and heightened stress responses. These findings are consistent with Sapkota et al. (2020), who reported that adolescents exposed to trauma and neglect were more vulnerable to mass psychogenic illness (MPI). The lingering psychological scars contributed to an increased risk of hysteria episodes within the school environment.

### ***Socioeconomic Factors***

Socioeconomic background played a significant role in shaping the respondents' vulnerability. Families with low income often struggled to meet educational expenses, which led some parents to place their children in hostels. Limited financial resources created additional stressors for students, who often felt pressured to adapt to challenging living conditions. This finding reflects broader literature that associates poverty with increased mental health risks among adolescents (WHO, 2022).

### ***Kelantan's Perspective***

The experiences of respondents in the school reveal that Kelantan's belief in the supernatural, and their culture, which regards girls as weaker and socialises them to be submissive (allowing for the accumulation of pent-up stress), provide a strong breeding ground for mass hysteria. Moreover, the stress, anxiety, and depression lead them to get hysterical, 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. Students who fall victim to mass hysteria episodes in Kelantanese schools are affected by psychological factors, their family's background, culture and religion. Overall, the objectives were reached by the psychological tests and the interviews. This shows the students are having mental health problems, but they deny them because of supernatural beliefs.

Furthermore, Malay girls who experienced hysteria used some defence mechanisms to deal with the painful memories. For instance, the respondents utilized defence mechanisms as psychological strategies which are unconsciously used to protect the respondents from unwanted problems arising from unacceptable thoughts or feelings. In some cases, the respondents' parents used the mechanism once they began having personal problems. However, they did not realise this, as they are not familiar with these psychological issues.

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