

**MASS HYSTERIA AMONG SECONDARY SCHOOL
STUDENTS IN KELANTAN: A
PHENOMENOLOGICAL APPROACH**

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**A DISSERTATION SUBMITTED IN PARTIAL
FULFILMENT OF THE REQUIREMENTS FOR
THE DEGREE OF MASTER IN MEDICINE
(PSYCHIATRY)**



UNIVERSITI SAINS MALAYSIA

2021

ACKNOWLEDGEMENTS

Alhamdulillah, all praises to ALLAH SWT for giving me strength and guidance, as well as His grace and blessing through the journey of completing this dissertation.

First and foremost, I would like to express my sincere gratitude to my supervisor, Prof Madya Dr. Asrenee Ab Razak for her immense knowledge and guidance. Her continuous support and supervision had greatly contributed to the completion of this research. I would also like to thank my co-supervisor, Dr. Suria bt Hussin, child psychiatrist, from Hospital Raja Perempuan Zainab II who provided me the support and guidance which facilitate my journey to complete this research.

A very special appreciation to the loves of my life, my beloved husband and my two bundle of joy for their infinite prayer, support and unconditional love throughout this journey, as well as our parents and siblings for the endless encouragement and prayers. It is not an easy journey but with the love and support of the family and friends this journey is such a pleasurable one.

I would also like to take this opportunity to express my sincere gratitude to all my lecturers, specialists and colleagues from the Department of Psychiatry, Universiti Sains Malaysia and Department of Psychiatry, Hospital Raja Perempuan Zainab II, Kota Bharu who had given me their kind support along the way.

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ABSTRAK (BAHASA MELAYU)

EPIDEMIK HISTERIA DALAM KALANGAN PELAJAR DI SEKOLAH MENENGAH DI KELANTAN; PENDEKATAN FENOMENOLOGI.

Insiden histeria di kalangan pelajar sekolah di Malaysia semakin meningkat, walau bagaimanapun fenomena ini masih mendatangkan kemusykilan dan telah memberi cabaran kepada banyak pihak. Oleh kerana maklumat berkaitan dengan fenomena ini masih terbatas, kajian ini adalah bertujuan untuk memahami, mentafsir serta meneroka faktor sosiobudaya mengenai fenomena histeria yang unik di kawasan kajian kami. Kajian fenomenologi interpretasi kualitatif ini, telah dijalankan menerusi temu bual bersemuka dengan 20 pelajar sekolah menengah yang terdiri dari pelajar Melayu dengan menggunakan panduan temubual mendalam semi struktur. Peserta kajian dipilih dengan menggunakan persampelan bukan kebarangkalian. Purata umur peserta adalah 14.3 tahun dan kesemuanya terdiri dari kaum Melayu dan beragama Islam. 50% peserta merupakan anak sulung atau bongsu dan majoritinya dari keluarga berpendapatan rendah. Pengalaman dan penafsiran histeria dalam kajian ini yang didapati adalah bertemakan "*Stereotaip Budaya*", "*Pengungkapan Stress*" dan "*Faktor Pengukuhan Sosial*". Oleh itu, selain dari penilaian psikologi dan emosi, pengetahuan dan sensitiviti terhadap budaya dan kepercayaan masyarakat adalah penting dalam pendekatan rawatan histeria kerana kaitan rapat antara faktor sosiobudaya dan isu kesihatan mental.

ABSTRACT

MASS HYSTERIA AMONG SECONDARY SCHOOL STUDENTS IN KELANTAN; A PHENOMENOLOGICAL APPROACH.

Despite rising incidences of hysteria especially among school students in Malaysia this phenomenon still puzzled and bring challenges to many parties. Due to scarcity of information and limited research in this occurrence this study will shed some light in exploring and interpreting this phenomenon and cultural factors that conceptualizes the hysteria expressions that are distinctive in our study setting. Qualitative interpretative phenomenological approach with face to face interviews were conducted among 20 Malay adolescence using the semi-structured in-depth interview guide. The participants were selected using purposive sampling. The mean age of participants were 14.3 years and all of them are Malay Muslim. 50% of participants were either youngest or eldest siblings and majority of the participants came from low socioeconomic household. The experience and interpretation of hysteria emerged as ‘Culture Stereotyping’, ‘Idiom of Distress’ and ‘Social Reinforcement Factors’. As the hysteria phenomenon is an intermeshed of deep-rooted cultural influence with the mental health issues, the management would need cultural competence and sensitivity apart from further psychological and emotional evaluation by the health professional.

Keywords: Culture, hysteria, adolescents, idiom of distress

CHAPTER 1: INTRODUCTION

1.1 Dissertation organization

This dissertation is arranged according to the Format B: Manuscript ready format based on the guideline by Postgraduate Office, School of Medical Sciences (2016). The dissertation consists of four chapters. The first chapter introduces the research background, the justifications of the study, the objectives and the methodology of the study. The second chapters would be the study protocol that has been submitted for ethical approval.

Chapter 3 is the manuscript of ‘Mass hysteria among secondary school student in Kelantan; A phenomenological approach’ was arranged according to the new manuscript ready format as aligned by the faculty and follows the SAGE journals submission guidelines. Chapter 4 consists of appendices or supplementary materials for this research.

1.2 Defining hysteria phenomenon

Hysteria phenomenon has been discussed for centuries by many scholars and researchers. Thus, the inclusion of classic and influential studies or researches are needed as it brings the central importance in understanding the theories, insight and ideas of hysteria.

Mass hysteria has been once defined as the occurrence in a group of people of a constellation of physical symptoms suggesting an organic illness but resulting mainly from psychological cause (Small and Borus, 1983). Likewise, “mass psychogenic illness” or “contagious psychogenic illness” is defined as the collective occurrence of a set of

physical symptoms and related beliefs among several individuals without an identifiable pathogen (Colligan et al., 1982). A more recent definition for this phenomenon is 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 (Bartholomew and Wessely, 2002).

Earlier studies have categorized hysteria into few types, which are mainly mass anxiety hysteria and mass motor hysteria (Wessely, 1987). These categories are still acceptable and used nowadays especially when describing the hysteria symptoms which could vary in different localities. Mass anxiety hysteria is characterized by anxiety symptoms such as difficulty in breathing, chest pain, headache, giddiness, fainting, nausea, abdominal pain and palpitation. It predominantly affects school children and is almost always linked to environmental causes, however most of the times there are no credible pathogenic findings. Mass hysteria in Western and European countries in the twentieth-century is said to be gradually changing towards this manner as people are thought to become more concerned about environmental issues (Bartholomew and Rickard, 2014).

A second type (motor hysteria) arises from long-term anxiety and features motor agitation. Common symptoms include twitching, shaking, trouble walking, uncontrollable laughing and weeping, communication difficulties and trance states. Symptoms appear slowly over weeks or months under exposure to longstanding stress, and typically take weeks or months to subside, after the stress has been reduced or eliminated (Wessely, 1987). Motor hysteria predominantly occurs in Non-Western countries (eg. Malaysia,

China and Africa) due to socio-cultural influence towards spiritual elements (Sham, 2015). Wessely (1987) suggested that almost all cases of motor hysteria are preceded with pre-existing tension. While anxiety hysteria has been found to affect predominantly in school children, this type of hysteria can occur at any group of age (Wessely, 1987).

1.3 Hysteria as a sign of mental health issues

Hysteria is recognized and categorized as a mental and psychiatric disease. Kaplan and Sadock 's Synopsis of Psychiatry in 11th edition, stated that conversion disorder was originally combined with the syndrome known as somatization disorder and was referred to as hysteria, conversion reaction or dissociative reaction (Kaplan et al.,2015). According to *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*, somatoform disorders established in previous editions of the criteria were extensively reconceptualized into a new section of “somatic symptom and related disorders” which includes Somatic Symptom Disorder, Conversion Disorder (Functional Neurological Symptoms Disorder), Factitious Disorder, Other Specified Somatic Symptom and Related Disorder, Unspecified Somatic Symptom and Related Disorder (American Psychiatry Association, 2013). Another classification under DSM-5 is Dissociative Disorder which had finally obtained a separate diagnostic category as people believed that dissociative disorders are common, under recognized, and very important which also related to hysteria. Kaplan and Sadock's Synopsis of Psychiatry, 11th edition defined dissociative disorder as an unconscious defense mechanism involving the segregation of any group of mental or behavioral processes from the rest of person's psychic activity (Kaplan et al., 2015). It involves this mechanism so that there is a disruption in one or more mental function such

as memory, identity, perception, consciousness or motor behavior. The disturbance may be sudden or gradual, transient or chronic and these symptoms often cause by psychological trauma (Kaplan et al., 2015). In the other hand, *International Classification of Diseases*, ICD 10 (1992) has classified this condition under Dissociative (Conversion) Disorder with the following categories, among others: Trance and Possession Disorders and Mixed Dissociative Disorder.

Most studies of hysteria cases uncovered psychological elements which predisposed to every occurrence. Boss (1997) found that stress, anxiety, psychologic conflicts where precipitating factors of hysteria. The hysteria behavior was found to be adopted by individuals with intra and interpersonal conflicts as a mean to escape from stress and resolve the conflicts (Teoh, 1973). A study by Broderick et al. (2011) found that mass psychogenic illness was more evoked in participants who had traumatic life event and was depressed. A study of mass hysteria among school children by Small (1982) found that majority of the symptomatic students had a history of losses (ie. Death within immediate or extended family) or gone through parental divorces. While, an epidemiologic review in the past revealed that most mass hysteria happen in enclosed groups with excessive demands. Bartholomew and Wessely (2002) in their review suggested enduring exposure to religious, academic or capitalist discipline perpetuated hysteria in view of most cases occurred in female religious boarding schools (Danielle 2007). In a mass hysteria in Taiwan, Chen (2003) found that adolescents who were residing on campus were more vulnerable to be affected by the incident, suggesting strict discipline placed in boarding or dormitory school have great effects on adolescents. In India, precipitating psychological event was identified in most cases of hysteria; scolding being the

commonest followed by school avoidance, examination fear and quarrel with peers (Agrawal et al., 1989). Effects of childhood neglect and emotional and sexual abuse among subjects with conversion symptoms were mediated by comorbid lifetime diagnosis of major depression and dissociative disorders (Sar et al., 2009).

1.4 Hysteria and women

Hysteria has been associated as a women's illness since past centuries, despite some feminists rejecting this statement as male-biased, many reports in recent century conform with this statement. A study conducted suggested that the preponderance of women showing symptoms in outbreaks of mass psychogenic illness (Lorber *et al.*, 2007). In addition, women are found to be 10-fold more frequently to be diagnosed with somatization disorder and psychogenic pain disorder, which are closely related to hysterical disturbances (Bartholomew, 2002). One of the thoughts why female are more susceptible to hysteria is due to narcissist character, sense of concern for others, compared to anaclitic in males as suggested by Freud (Sirois, 1999). Small et al. (1991) also found that in a mass hysteria case in school children, the severity of hysteria was more severe in girls than boys. This was also supported by one prevalence study of conversion symptoms that was conducted among women from general Turkish population that nearly half of participants had a lifetime history of conversion symptoms (Sar et al., 2009). It is suggested that girls near puberty and menarche are most vulnerable to hysteria, which may be due to psychosocial stress in entering a new life stage and perception of being weak biologically (Bartholomew, 2002).

1.4 The contagion

Another significant factor in mass hysteria is modelling and observation, by being in physical and visual proximity to those who are affected (Boss, 2007). One study hypothesized regarding the function of mirror neuron system, which is said to be an important system in imitative learning, in which people who are affected by mass hysteria may have biological inhabitation malfunction (Lee and Tsai, 2010). Many studies have proved that mass hysteria are spread through auditory and visual transmission. Lorber et al. (2007) proved in a randomized control trial that psychogenic illness can be simulated by confederate.

Furthermore, psychogenic symptoms were more prominent among participants who observed the same gender of confederate, which suggests of emotional contagion. This modelling effect is further enhanced by social hierarchy and status. Many mass hysteria cases were found to be initiated by an index case who has an important role or high status (Teoh and Yeoh, 1973).

Observing a close friend increased the chance of being affected (Chen, 2003), possibly because they felt vaster empathy and understanding towards their 'sick' friends (Small, 1991). Apart from that, Sirois (1999) formulated that narcissistic identification catalyzed the 'contagious' process, whereby the younger followed the affected older or the more admired ones.

1.6 Sociocultural Elements

Socio-cultural element has an immense influence in hysteria. Chen (2003) believes that cultural credence acts as a catalyst in boosting mass hysteria . This is one of the

reasons for different presentations of mass hysteria in different countries and cultures (Balaratnasingam and Janca, 2006; Wessely, 1987). In Malaysia, possession-like conversion are a typical illustration of hysteria in schools, though seems odd to Western culture, it is coherent and accepted by Malay folk beliefs (Bartholomew and Sirois, 1996). Malay cultural belief of hysteria caused by spirit is also evidenced with the presence of or in contact with spiritual healer (Teoh, 1973). Furthermore, hysteria was observed to be easily transmissible to those who had strong belief towards supernatural or spirit components and were highly distressed or frightened, as discovered by Chen (2003) and Sham (2015). Social transmission helps in enhancement of mass hysteria when the society gives validation and contributes the occurrence to a culturally-conform cause, which unintentionally reinforcing the act, and consequently inducing and escalating anxiety in nearby people (Wessely, 1987). This cultural credence is said to be cultivated through education, technology, social interaction and environment, and religion (Radzi, 2015).

1.7 Personality traits

There have been studies that related hysteria to certain personality traits. In a case of hysteria studied by Teoh (1973) using the Eysenck Personality Interview, found that individuals affected by mass hysteria showed more extrovert and neuroticism. A literature survey done to identify historical trends by Bartholomew and Wessely conclude that few studies found that it is linked to paranoia, neuroticism and hysterical traits, however few more studies found no correlation (Bartholomew & Wessely, 2002).

1.8 Justification of study

Hysteria is a mental health problem and failure to intervene has high risk to develop into future psychiatric disorder (Sham, 2015). In Malaysia, hysteria occurs mostly among school adolescents which can cause adverse effects on social and psychological development of adolescents. This situation is worrying because such occurrences also impeding the process and continuum of teaching and learning (Sham, 2015). Despite the rising incidences and cases of hysteria in Malaysia, the study in relation to it is still limited. Hysteria represents, one of the most intriguing examples of the recognition of psychiatric illnesses throughout history (Micale, 2000).

The clinical implication of this study is that, the detailed exploration of the interpretation of hysteria expression that is unique in the local community will be revealed through interpretative phenomenological analysis. The interaction of cultural influence and the other factors that will be highlighted in this study and the authors are hopeful that these would provide additional assistance and guide so that appropriate measures as well as interventions can be made.

1.9 Objectives

1.9.1 General Objective

To explore the experience of hysteria phenomenon among secondary school students affected by mass hysteria in Kelantan

1.9.2 Specific Objectives

The objectives of the study are as follows:

- i. To explore participants experience on hysteria.
- ii. To explore the interpretation of hysteria phenomenon.
- iii. To explore the sociocultural factors that influence hysteria expression.

1.9.3 Research Questions

- i. What are the participant's experience and the interpretations behind hysteria phenomenon?
- ii. How are the sociocultural factors influence and shape hysteria phenomenon?

1.10 Methodology

Interpretative phenomenological approach is use in this study because the purposes of this study is to provide comprehensive examinations of individual lived experience in its own terms rather than taking into account the pre-existing theoretical preconceptions and acknowledge that this is an interpretative attempt as humans are sense-making organisms (Alase, 2017). Researchers adopting IPA as an approach with two main aims. Firstly, to listen intently to the concerns expressed by the participants in order to obtain the individual thought of the phenomenon under study and secondly, to interpret these accounts in order to gain an understanding of what it means for those people to have those concerns in that particular context (Larkin et al., 2006).

The face to face interviews were conducted in the selected school from August 2018 to July 2019. The schools that were affected by the mass hysteria outbreak in 2016 were selected. The sampling that was adopted is purposive sampling and the data collection was stopped once saturation was achieved. There were total of 20 participants of secondary school student using the semi-structured interview guide. The transcripts and field notes were managed using the qualitative data analysis software ATLAS.ti 8 qualitative data analysis.

CHAPTER 2: STUDY PROTOCOL

2.1 INTRODUCTION

Hysteria has been a very interesting topic for centuries and it continues to be a clinical dilemma and a challenge even today. Mass hysteria has been once defined as the occurrence in a group of people of a constellation of physical symptoms suggesting an organic illness but resulting mainly from psychological cause (Small and Borus, 1983). Likewise, "mass psychogenic illness" or "contagious psychogenic illness" is defined as the collective occurrence of a set of physical symptoms and related beliefs among several individuals without an identifiable pathogen (Colligan *et al.*, 1982). A more recent definition for this phenomenon is 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 (Bartholomew and Wessely, 2002). Some studies have categorized hysteria into few types, which are mainly mass anxiety hysteria and mass motor hysteria (Wessely, 1987). Mass anxiety hysteria is characterised by anxiety symptoms such as difficulty in breathing, chest pain, headache, giddiness, fainting, nausea, abdominal pain and palpitation. It predominantly affects school children and is almost always linked to environmental causes, however most of the times there are no credible pathogenic found. Mass hysteria in Western and European countries in the twentieth-century is said to be gradually changing towards this manner as people are thought to become more concerned about environmental issues (Bartholomew, 2002).

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agitation. Common symptoms include twitching, shaking, trouble walking, uncontrollable laughing and weeping, communication difficulties and trance states. Symptoms appear slowly over weeks or months under exposure to longstanding stress, and typically take weeks or months to subside, after the stress has been reduced or eliminated (Wessely, 1987). Motor hysteria predominantly occurs in Non-Western country (eg. Malaysia, China and Africa) due to socio-cultural influence towards spiritual elements (Sham, 2015). Wessely (1987) suggested that almost all cases of motor hysteria preceded with pre-existing tension. While anxiety hysteria has been found to affect predominantly in school children, this type of hysteria can happen at any group of age.

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segregation of any group of mental or behavioural processes from the rest of person's psychic activity. It involves this mechanism so that there is a disruption in one or more mental function such as memory, identity, perception, consciousness or motor behaviour. The disturbance may be sudden or gradual, transient or chronic and these symptoms often cause by psychological trauma. In the other hand, *International Classification of Diseases*, ICD 10 (1992) has classified this condition under Dissociative (Conversion) Disorder with the following categories, among others: Trance and Possession Disorders and Mixed Dissociative Disorder.

In Malaysia, most of mass hysteria cases reported occur among Malay community, with highest prevalence among school children. This suggests that hysteria has a strong socio-cultural influence. Malays have strong belief of animistic entities and evil spirit (Radzi *et al.*, 2015), hence the solid link of hysteria with demonic possession. This belief has been passed from older generations, influenced by the view that hysteria mostly affected women in the past, known for their gentle nature to be 'possessed' by spirits (Sham, 2015).

2.2 LITERATURE REVIEW

2.2.1 Overview

Hysteria happened in Malaysia regardless of locality. Many scholars had attempted to develop a formula to assist in diagnosing and identifying the source as well as to prevent further spreading, however there is no universal standardization of hysteria criteria to date. Mass hysteria has more or less brings impact to the society, economically and psychologically. Particularly when a mass hysteria occurs in schools or work settings,

operations need to be halt and closed down for investigations and epidemic control, whilst cost are accounted when emergency and medical procedures are utilized (Boss, 1997)

From previous studies done, there are a few suggestible vulnerability factors that can be identified. A study of hysteria among youth in a secondary school in Malaysia in 2008 and 2009 reported that frequently among adolescent student (Sham *et al.*, 2012).

Apart from that, hysteria was found more common in the lower socio-economic status and large size families (Agrawal *et al.*, 1989) (Owens and Dein, 2006) .

This study also found that the eldest or youngest siblings of the families were found to be more prone to develop hysteria. Past history of more than 50 percent of patients of hysteria and 18 percent of their parents revealed subtle behavioral abnormalities, (Agrawal *et al.*, 1989) which indicating strong family history and presence of genetic predisposition would be one of the risk of hysteria.

Hysteria has been associated as a women's illness since past centuries, despite some feminists rejecting this statement as male-biased, many reports in recent century conform with this statement. A study conducted suggested that the preponderance of women showing symptoms in outbreaks of mass psychogenic illness (Lorber *et al.*, 2007). In addition, women are found to be 10-fold more frequently than men to be diagnosed with somatization disorder and psychogenic pain disorder, which are closely related to hysterical disturbances (Bartholomew, 2002). One of the thoughts why female are more susceptible to hysteria is due to narcissist character, sense of concern to others, compared to anaclitic in males as suggested by Freud (Sirois, 1999). (Small *et al.*, 1991) also found that in a mass hysteria case in school children, the severity of hysteria was more severe in

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Another significant factor in mass hysteria is modelling and observation, by being in physical and visual proximity to those who are affected (Boss, 2007). One study hypothesized regarding the function of mirror neuron system, which is said to be an important system in imitative learning, in which people who are affected by mass hysteria may have biological inhabitation malfunction (Lee and Tsai, 2010). Many studies have proved that mass hysteria are spread through auditory and visual. Lorber *et al.*, proved in a randomized control trial that psychogenic illness can be simulated by confederate. Furthermore, psychogenic symptoms were more prominent in participants who observed the same gender of confederate, which suggests of emotional contagion. This modelling effect is further enhanced by social hierarchy and status. Many mass hysteria cases were found to be initiated by an index case who has an important role or high status (Teoh and Yeoh, 1973). Observing a close friend increased the chance of being affected (Chen, 2003), possibly because they felt vaster empathy and understanding towards their 'sick' friends (Small, 1991). Apart from that, Sirois (1999) formulated that narcissistic

identification catalysed the ‘contagious’ process, whereby the younger followed the affected older or the more admired ones.

2.2.3 Psychological elements in hysteria

Most studies of hysteria cases uncovered psychological elements which predisposed to every occurrence. Boss (1997) found that stress, anxiety, psychologic conflicts were precipitating factors of hysteria. The hysteria behaviour was found to be adopted by individuals with intra and interpersonal conflicts as a mean to escape from stress and resolve the conflicts (Teoh, 1973). A study by Broderick et al found that mass psychogenic illness was more evoked in participants who had traumatic life event and was depressed (Broderick *et al.*, 2011). A study of mass hysteria among school children by Small (1982) found that majority of the symptomatic students had a history of losses (ie. death within immediate or extended family) or gone through parental divorces (Small, 1982). While, an epidemiologic review in the past revealed that most mass hysteria happen in enclosed groups with excessive demands. Bartholomew and Wessely (2002) in their review suggested enduring exposure to religious, academic or capitalist discipline perpetuated hysteria in view of most cases occurred in female religious boarding schools (Danielle 2007). In a mass hysteria in Taiwan, Chen (2003) found that adolescents who were residing on campus were more vulnerable to be affected by the incident, suggesting strict discipline placed in boarding or dormitory school have great effects on adolescents. At India, precipitating psychological event was identified most cases of hysteria; scolding being the commonest followed by school avoidance, examination fear and quarrel with

peers(Agrawal *et al.*, 1989). Effects of childhood neglect and emotional and sexual abuse among subjects with conversion symptoms were mediated by comorbid lifetime diagnosis of major depression and dissociative disorders (Sar *et al.*, 2009).

2.2.4 Sociocultural Elements

Socio-cultural element has an immense influence in hysteria. Chen (2003) believes that cultural credence acts as a catalyst in boosting mass hysteria (Chen, 2003). This is one of the reasons to different presentations of mass hysteria in different countries and cultures (Balaratnasingam and Janca, 2006; Wessely, 1987). In Malaysia, possession-like conversion are a typical illustration of hysteria in schools, though seems odd to Western culture, but it is coherent and accepted by Malay folk beliefs (Bartholomew and Sirois, 1996). Malay cultural belief of hysteria caused by spirit is more evidenced with the presence of or contact with spiritual healer (Teoh, 1973). Furthermore, hysteria was observed to be easily transmissible to those who had strong belief towards supernatural or spirit components and were highly distressed or frightened, as discovered by Chen (2003) and Sham (2015). Social transmission helps in enhancement of mass hysteria when the society gives validation and contributes the occurrence to a culturally-conform cause, which unintentionally reinforcing the act, and consequently inducing and escalating anxiety in nearby people (Wessely, 1987). This cultural credence is said to be cultivated through education, technology, social interaction and environment, and religion (Radzi, 2015).

2.2.6 Personality traits

There have been studies that related hysteria to certain personality traits. In a case of hysteria studied by Teoh (1973) using the Eysenck Personality Interview, found that individuals affected by mass hysteria showed more extrovert and neuroticism. A literature survey done to identify historical trends by Bartholomew and Wessely (2002) conclude that few studies found that it is linked to paranoia, neuroticism and hysterical traits, however few more studies found no correlation.

2.2.6 Others

Other conclusions made were the fact that mass hysteria in schools usually takes place during a festive event, and most and arousal is somehow a triggering intermediate step in progressing to a mass hysteria (Sirios, 1999).

2.3 PROBLEM STATEMENT

Sporadic and recurrent bouts of hysterical attack among secondary school children predominantly Malay ethnicity and worldwide similar reported incidences.

Problems relating to mass hysteria have puzzled and worried the medical practitioners, traditional healers, psychologists, educators, traditional healers and parents. None of these professionals have identified, if any, the specific etiological factors, but they described symptoms or they speculated on what mass hysteria entails through psychoanalytic theories, biological factors, behavioral or psychosocial perspectives.

In our study setting, mass hysteria tends to affect more Malays females compared to other culture groups. It is also less prevalent in male teenagers within same cultural grouping. The study seeks to explore the reasons behind it of any possible factors, what is the role of belief system, if any in these cultural group other than exploring the precedents or predisposing factors contributing to the occurrence.

2.4 JUSTIFICATION TO CONDUCT THE STUDY

Hysteria is a mental health problem and failure to intervene has high risk to develop into future psychiatric disorder. In Malaysia, hysteria occurs mostly among school adolescents which can cause adverse effects on social and psychological development of adolescents. This situation is worrying because such occurrences also impeding the process and continuum of teaching and learning (Sham, 2015). Despite of rising incidences and cases of hysteria in Malaysia, the study in relation to it is still limited. Hysteria represents, one of the most intriguing examples of the recognition of psychiatric illnesses throughout history (Micale, 2000).

The clinical implication of this study by using a qualitative research we can explore more regarding the underlying psychosocial issues and even any underlying mental health problem in individual whom experiencing hysteria. Thus, with the recognition and establishment of the above factors, early and appropriate measures as well as interventions can be made.

2.5 RESEARCH GAP

In Malaysia, the study in relation to hysteria is still limited despite the worrying consequences and rising of incidences.

Apart from that, to date, there is limited studies in Malaysia especially, that really explore the vulnerability factors that can precedes the hysteria and its contagion. Hence, this study aims to explore and understand causes behind mass hysteria in schools in Malaysia.

2.6 OBJECTIVE

2.6.1 General Objective

To explore the experience of hysteria phenomenon among school students affected by mass hysteria in Kelantan

2.6.2 Specific Objectives

The objectives of the study are as follows:

- i. To explore participants experience on hysteria.
- ii. To explore the interpretation of hysteria phenomenon.
- iii. To explore the sociocultural factors that influence hysteria expression.

2.6.3 Research Question

- i. What are the participant's experience and the interpretations behind hysteria phenomenon?
- ii. How are sociocultural factors influence and shape the hysteria phenomenon?

2.8 CONCEPTUAL FRAMEWORK



- Spread/Contagion:
- Modelling and observation
 - Emotional Contagion- confederate
 - Index case of higher status/important role

2.9 METHADODOLOGY

2.9.1 Study Design

This is a Interpretative Phenomenological Approach of Qualitative study.

2.9.2 Study Period

Study will be conducted in between December 2017 till September 2018.

2.9.3 Study Population

- i. Reference population: All secondary school student at Kelantan.
- ii. Source of population: All secondary school students at Kelantan who were affected during hysteria outbreak in April 2016.
- iii. Study population: All secondary school students at Kelantan who were affected during hysteria outbreak 2016 and fulfil the inclusion and exclusion criteria for this study.

2.9.4 Inclusion criteria

- i. Secondary school students whom experienced the hysteria in mass hysteria outbreak in 2016.
- ii. Secondary school students that willing or consented to participate in the study.