

## **Identifying the personality of Malay students experiencing hysteria phenomenon using Drawing-a-Person Test**

**Nagarubini D/O Paramasivam<sup>1\*</sup>, Mohd Zaki Yusof<sup>2</sup>, Albert Feisal Ismail<sup>3</sup>, Muhamad Amin Ab Ghani<sup>4</sup>, Pg Ahmad Hasanuddin<sup>5</sup>, Siti Norazlina Juhari<sup>6</sup>, Mohd Norazmi Nordin<sup>7</sup>**

<sup>1\*</sup>Universiti Malaysia Kelantan, Malaysia

<sup>2</sup>Universiti Malaysia Kelantan, Malaysia

<sup>3</sup>Faculty of Technology Management and Technopreneurship, Universiti Teknikal Malaysia Melaka, Melaka, Malaysia.

<sup>4</sup>Center for General Studies and Cocurriculum, Universiti Tun Hussein Onn Malaysia, Batu Pahat, Johor, Malaysia

<sup>5</sup>Universiti Kebangsaan Malaysia, Bangi, Selangor, Malaysia

<sup>5</sup>Ministry of Defense, Brunei Darussalam.

<sup>6</sup>Faculty of Medical, Universiti Sultan Zainal Abidin, Kuala Terengganu, Malaysia

<sup>7</sup>Faculty of Education, Universiti Kebangsaan Malaysia, Bangi, Selangor, Malaysia

\*Email: [rubininaga8@gmail.com](mailto:rubininaga8@gmail.com)

### **Abstract**

Malay students who are involved in hysteria are always characterized as introverts, insecure, having low self-esteem and have a sense of unworthiness. Majority of them are passive and have inadequacies in life. The hysteria students are observed to have face mind distraction and do not have the capacity to fit in the society. They do not have clear objectives in their lives. They prefer to be alone rather being in the middle of the society. They cannot focus on lessons, tasks and self-management due to the experience of psychological disorders and turbulent emotions and minds. The aim of this study is to identify the personality of Malay students who are involved hysteria phenomenon based on Drawing-a-Person Test. Hysteria is a social problem which always occurs among school students in Malaysia. Around ten hard experienced hysteria students, aged from 13 to 17 from four different schools, were selected for this research. Personality statuses were assessed using Goodenough-Harris Drawing test. The test is a projective personality test commonly used for clinical purposes and intelligence purposes. The types of personalities of hysteria students was recognized after they participated in the drawing test.

### **Keywords**

Malay, Hysteria, Personality of Hysteria Students, School Student, Drawing Test

## Introduction

Mental health encompasses our emotional, psychological and social wellbeing. It affects how we think, feel and act (CDC, 2018). According to World Health Organization (2018), a stable mental health is a state of wellbeing in which an individual realizes his or her own abilities, can cope with normal stresses of life, can work productively and fruitfully and is able to make to his or her own contribution to the community. Mental disorders on the other hand, are one of the leading causes of disability worldwide with the onset of most occurring during adolescence (Vigo, Thornicroft, Atun, 2016).

In the issue of *EClinicalMedicine*, Biswas and colleagues presented data from the Global School-based Student Health Survey (GSHS) on the prevalence of anxiety and suicidal ideation in a large global sample of adolescents across 82 countries (2020). The past year prevalence estimates reported (14% for suicidal ideation and 9% for anxiety) provide the reliable evidence to further justify considering youth mental health and suicide as major public health concerns. In addition to that, important correlates of suicidal ideation and anxiety were also identified. Mental health problems were more common among females and older adolescents, while the strongest protective factors were parental and peer support.

Common mental health problems such as depression and anxiety are distributed according to a gradient of economic disadvantage across society with the poorer and more disadvantaged disproportionately affected from common mental health problems and their adverse consequence. Mental health problems constitute the largest single source of world economic burden, with an estimated global cost of £1.6 trillion (or US\$2.5 trillion) greater than cardiovascular disease, chronic respiratory disease, cancer, and diabetes on their own (Insel 2011).

In the UK, the estimated costs of mental health problems are between £70-£100 billion each year and account for 4.5% of GDP (Davies, 2013). In the same country, 70 million days are lost from work each year due to mental ill health (i.e. anxiety, depression and stress related conditions), making it the leading cause of sickness absence (Insel, 2011). There are strong links between physical and mental health problems. A 2012 report by The King's Fund found that 30% of people with a long-term physical health problem also had a mental health problem and 46% of people with a mental health problem also had a long-term physical health problem.

The first mental disorder attributable to women and for which we may find an accurate description since the second millennium BC is undoubtedly hysteria. The first description referring to the ancient Egyptians dates to 1900 BC (Kahun Papyrus) and it identifies the cause of hysterical disorders in spontaneous uterus movement within the female body (Angermeyer, Holzinger, Carta, Schomerus, Biogenetic, 2011) & (Sigerist 1951).

Hysteria is in scientific and medical terms categorised as a mental and psychiatric disease. This phenomenon is clinically analysed by the concept and characteristics referred as neurotic and somatoform disorders. In the Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV) which lists various mental disorders in psychiatric and clinical fields, somatoform

or somatization disorders are divided into seven types, one of which is a conversion disorder or commonly known as hysteria (American Psychiatric & Association, 2004), (Kasimin, Din, 1990). Somatoform disorder is a disturbance of physical symptoms without a clear physical cause and this disorder is characterised by physical symptom (pain) without physical disease or injury. It is triggered not by biological factors but by psychological factors. This disorder may be identified by two characteristics i.e. conversion disorder and dissociative hysteria.

The American Psychological Association has changed the diagnosis from hysterical neurosis, conversion disorder to conversion disorder. (American Psychiatric Association, 2013). Psychology today recognizes various types of disorders historically known as hysteria, including dissociative and somatic symptom disorders, and related disorders. The rationale for many terms and definitions of collective hysteria depends on perception. Hysteria is defined as the term conversion disorder and is a state of tension or arousal that can lead to loss of emotional control (Brooker2005). According to Balaratnasingam & Janca (2006), the various terms used are probably the result of the derogatory nature of collective hysteria. Bartholomew & Wessely (2007) confirm that most community members are reluctant to diagnose mass hysteria. They feel that collective hysteria is a tremendous concept and that it happens to people outside their community. Most healthcare consumers are afraid to diagnose mass hysteria and recognize it as an acceptable disorder (Jones, 2008).

Malaysians often use the term hysteria when it refers to the disease as a result of subtle disturbance or ghost disturbance. Such trust arises because Malays believe that the hysteria is caused by disturbing creatures which are subtle and supernatural (Amran & Zulkarnain 1994, Roslina 1992). The outfit is understandable stems from the subtle beings that permeate the human body and penetrate in part of the brain which is the main focus of the attack of the subtle beings on humans (Amran, Kasimin, 2008). It causes humans to experience emotional disturbances during the day or night. Mass hysteria, mass sociogenic illness, mass conversion disorder, hysterical contagion and medically unexplained epidemic illness have been defined as the acute onset and rapid spread of constellations of symptoms. They are suggested as organic or neurological illness but without an identifiable pathogen or medical cause, and which are therefore assumed to be of psychogenic origin, as described by Bartholomew and Wessely (2000) & Siroi (1999).

Hysteria is regarded as a symptom of emotional disturbance and mental disorder that is common among adolescent girls. It often occurs in schools during classes. Hysteria often begins with one student and subsequently spreads to other students of 20-50 at one time. The bizarre symptoms include sudden shouting, struggling, crying for no reason, talking unintelligibly and body paralysis (Fariza, 2012).

#### Materials and Methods

Many psychological tests have been conducted on hysteria students. The first known psychological test was drawing test. The first formal development of a projective drawing technique was designed by Goodenough (1926) known as Draw-a-Man Test. It is used solely to estimate a child's cognitive abilities as reflected in the quality of the drawing. It assumes

that the accuracy and number of details contained in a child's drawing indicates the child's level of intellectual maturity. This test or DAP in short, assesses personality disturbances in the individual in psychotherapy, school, and research settings. This test may also be useful to be used with the culturally disadvantaged, educationally deprived, mentally retarded and the aged. It is usually presented to children, adolescents and adults. No time limit is given to this test and the scoring is hand keyed by the examiner. The examiner is the one who provides the materials needed in this exam, like a blank sheet and a soft pencil. The paper should be placed in a flat desk surface and with sufficient room illumination. To do the test, the examiner must assume that the subject is in the usual or relaxation state so that, any physical tension can be assumed to be endogenous.

A total of ten hard participants were included in the sample for the study. The school girls who experienced mass hysteria came from school A (3), B (5), C (1) and D (1) respectively. Purposive sampling supplemented with snowball sampling was implemented, during which early informants are requested to make referrals to other study participants. Snowball or network sampling takes advantage of social networks and the fact that friends tend to have the same or common experiences (Burns & Grove (2007:346; Polit & Beck 2004:306). In this study, some school girls were recruited by their classmates into the study, because they had experienced mass hysteria.

## Results and Discussion

From the ten respondents who experienced hard hysteria after the Drawing-a-Person test:

### First respondent

This respondent had insecure feeling and uncertainty in life. She was weak and instable. She lived in depression all the time. Even though she seemed matured and active, she did not have solid foundation her life. She easily gave up, didn't have inner peace and lived an imbalanced life. She led a complicated life dominated by conscious mind but at the same time, she did not have the courage to overcome the struggles in her life. She has low self-esteem and inferiority complex problems. She always felt unenthusiastic and not good enough in life. She also displayed regression, which caused by stress, frustration or traumatic event that happened in the past. She got easily stressed and couldn't get along with members in the society. In addition to that, she tended to be impulsive and got easily frustrated. Furthermore, she had hysteria, which could be derived from wild, uncontrolled emotion. She also showed identity confusion since she always depends on her dad or anyone of the opposite gender. She saw obstacles in having social relationships and she might had neuritis pain at the same time. In her perception, the opposite sex people are smarter or possess greater social authority. This respondent forced herself to accept everything in her life which might make her get more stressful thus seeing no point of having specific goal to achieve in life.

This respondent had been brought up in a broken family and she faced a lot of challenges since small. She had accumulated emotional problems which might contribute to her low confidence. She lived in fear because of her abusive father. She portrayed herself as an active

person and acted more matured than her actual age. She wanted to be a guy who could protect herself from her father. She liked to imagine herself as a guy who can beat her aggressive dad. This caused her mind to be easily distracted and non-focused. It somehow caused her the inability to pay attention on her studies and to have deep interest in anything. The upbringing of a cold, conservative family made her keep her emotions all to herself. This respondent is in fact, relived the traumatic experiences marked by distressing, unwanted memories, vivid nightmares and unwanted flashbacks.

#### Summary of first respondent

This respondent tends to have insecure, uncertainty, depression, fear, identity conflict, aggressive behaviour and inferior feelings. This respondent somehow looks matured and active.

#### Second respondent

She tried to fit herself with the environment. This respondent had depression and could not accept reality easily. She had neuritis pressure and lacked moral support. The participant might have brain damage and always in pain. She had the tendency to have illness anxiety disorder formerly known as hypochondriasis. She looked immature but was active. She also had low level of intelligence, showed some aggression, was always paranoid and oddly proud of her intellectuals. She expressed her desire through fantasy. Her intellectual inspiration was combined with grandiosity which refers to unrealistic sense and somatoform disorder.

This respondent had feminism, sensitive and aesthetic qualities. She likes to make herself pretty to attract people around her. She forced herself to accept everything and had pretentious smile. The respondent might have the tendency to be aggressive sometimes. She had however some inferior feelings and lack of confidence. She always tried to hide her weakness by being a dominant person but still maintain social distances. Because of her average features, she has self-doubt and personal problems. Other than that, she does not have good relationships with her female friends. She seemed to be always in pain and lived in depressive and disturbed lifestyle.

#### The summary of second respondent

This respondent suffered from depression, mind disturbance, self-doubt, lethargic feeling and mind full with fantasies. The respondent is immature but active.

#### Third respondent

This person had negative, aggressive and rebellious thoughts but she tried to fit herself in the environment. She was not stable. She was in fact impulsive and got easily frustrated. Furthermore, she had hysterical experience which derived from wild, uncontrolled emotion. Other than that, she also had schizoid problem. From the picture that she drew, we could tell that she liked to socialize with people to make herself feel confident. The drawing that she made was mostly consisted of thin lines but it was not consistent. This might indicate that she is not living in a peaceful life and always in fear.

She was immature and passive too. She wanted a peaceful life without fear but she was afraid and fearful of her future. She had obsessive expression and wanted to reject the mental pain that she was going through. Her sense of living a sinful life was obvious. She might have inadequate intellectual ability. She rather rejected her own intellectual control in order to satisfy the impulsive needs. She was, however, a feminine, sensitive and aesthetic person. She was not a bad-tempered person, but she displayed primitive and harsh behaviours. She tends to have erotic oral dependent personality.

Despite all the descriptions given above, she was actually an aggressive person. She tried to control her ability or intellectuality. She was quite stiff and had enemies. She was very anxious all the time. She displayed self-control but tended to be impulsive. This person liked to maintain social distances. She tried to be dominating but always felt weak inside. Literally, she was a weak person with lots of self-doubt. She lacked self-confidence and autonomy. She did not complete the picture during the test which meant she might experience sexual abuses. She didn't have enough strength to defend herself.

#### Summary of the third respondent

Respondent had negative thoughts, was aggressive, had uncontrolled emotions, was weak and lived with fear. The respondent was immature and passive.

#### Fourth respondent

This person had adaptability skills which means she was opened and willing to learn new things, take on new challenges and make adjustments to suit the required transitions in any environment. She was an insecure person, who extremely lacked self-confidence and she was not flexible. She always felt sorry for herself and to other people when she looked at them. She lived in depression. She tried to control everyone by being dominant. She tried controlling her own stiffness from the beginning. But, she was generally a very dominant type, aggressive and had the interest for self-expansion. She had lots fantasy or imagination power too (a fantasy is a situation imagined by an individual that expresses certain desires or aims). Despite all these, she wasn't consistent, rather impulsive and easily got frustrated. She experienced hysteria and mood swings between the short periods of mild depressions. She was not a matured or an active person. The participant was in fact, an arrogant and at times displayed hostility. She felt rejected easily and had a sense of inadequacy in her life. She tended to direct blame or impose punishment toward other persons rather than making any intropunitive punishment. She also had identity conflict. She had narcissistic personality disorder which involved inflated sense of self-importance, high need for excessive attention and admiration, troubled relationships and lack of empathy for others. Moreover, she had obsessive compulsiveness. She was however sensitive, feminine and concerned with beauty or the appreciation of beauty. But, at the same time, she had hysteria-related characters and egocentrism which involved the inability to differentiate between herself and others. She also had a regression which referred to an unconscious, emotional defense mechanism where an individual's personality reverts to an earlier point of development. She was an aggressive person. She was sarcastic, cynical and always felt inferior. She was also stubborn and a

defensive person. She always wanted to punish people and seemed to be lacking the control to not being aggressive and expressive. She rejected most social contacts. She tried to fit in the social environment but persistently felt inferior and tended to be a psychopath. She seemed to be in control of her lust and desire. The waist drawn by her during the observation, indicated homosexuality with signs of excessive self-control but was infantile in psychosocial aspect. The long and big leg indicates that she tried to achieve authority but rather stayed ambivalent. She tended to be obsessive with sexual objects and showed the curiosity on abnormal things especially male sexuality.

#### The summary of forth respondent

This respondent lacked self-confidence, showed depression signs, had a mind full of fantasies, lived in fear and experienced identity conflict. The respondent was nevertheless a matured and active person.

#### Fifth respondent

This respondent was dominant and hyperactive. She was a fantasy-minded person. She used her imaginations to express certain desires or aims. Other than that, this respondent could adapt with any situation. She liked to gossip and look immature.. She suffered from identity confusion within. The person could control either the thoughts or activities for only short periods of time. She was always full of energy and wanted to be stronger than men. She felt it was not good enough to be just a female. While in the class, she always showed her authority and tried to control her friends. She was also a revengeful person and had hurt and harmed her friends and relatives for some unknown reasons. At the same time, she was an arrogant person. She expected freedom but due to family restrictions, she felt depressed. She tried to control all her desires because of the society standard. She was not in favor of the idea as a dependent person, so she tried to live independently. She had high sexual desire but, she had to be in control because of the pressures from her family and the school. She liked to do oral sex which meant using mouth, lips or tongue to stimulate her partner's genitals or anus. She got along well with sexual things. But, all of these had to be stopped since such norms were not accepted in her religion. So, in return, she was always in depression.

#### The summary of fifth respondent

The respondent was hyperactive but experienced identity confusion, sex addiction, fantasy mindedness, depression and aggression. The respondent was immature and active.

#### Sixth respondent

This respondent didn't have the courage to handle all the struggles in her life. She had low self-esteem and always felt bad about herself. She felt unlovable, awkward and incompetent. She always had anxiety which involved feeling or showing worriness, nervousness or uneasiness especially for things with uncertain outcomes. This person got frustrated all the time. She was by the way, a matured but a passive person. She didn't like to be in control and simply rejected authority. She seemed to be trapped in her past and find it hard to come out from that situation. She was actually an aggressive person inside but chose to be passive at

school. She always felt unwell and hardly mingled with her friends. She did not give attention to her physical strength too. Her mind was always distracted and could not focus on many things. She was inconsistent in her behaviour and spent most of her time fantasizing on something. She forced herself to simply accept everything in her life but showed interest for social dominance (which refers to relationships wherein the goals of one individual prevail over the goals of another individual in a systematic manner). This person had inferior feeling which meant she felt incomplete, unworthy and unacceptable as a person no matter what she did, had achieved or thought about herself. She was actually being controlled by her family but she refused to depend on them. That was why this person was emotionally brittle, introverted and tense.

#### Summary of sixth respondent

The respondent was living in fear, had low self-esteem, experienced anxiety, showed aggressiveness, rejected authority and had mind distraction issue. The respondent was matured and passive.

#### Seventh respondent

This respondent was not brave enough to handle her struggles in life. She had low self-esteem and always felt bad about herself. She felt unlovable, awkward and incompetent. She always felt anxious and showed worriness, nervousness or uneasiness about things with uncertain outcomes. This person rather lived in the past and thus she got frustrated all the time. She was immature even though she was an active person. She showed the desire to be an independent person but she seemed to be living in fear and rage all the time. She always imagined and got satisfaction from fantasies. Unfortunately, this person didn't have certainty in her life (which refers to a situation in which something is not known, or something that is not known or certain). She was however a spiritual person. She had a faith and believed that everything happens for a reason. Nevertheless, she always felt depressed especially because of her studies. She felt like she was not good enough in everything. She didn't like to be controlled and preferred to be independent. Her mind was always distracted when it came time to focus and she didn't have clear objectives in life. Other than that, she felt a persistent inadequacy in her life which was related with her inability to catch up with the society demands. As a conclusion, this respondent felt that she could not fit in the society. She might have conflicts with people and showed the tendency to be aggressive.

#### Summary of seventh respondent

This respondent lived with fear, showed low self-esteem, got anxious most of the time, felt unloved, loved to fantasize and was aggressive in general. This respondent was immature and active.

#### Eighth respondent

This respondent was not brave enough to handle all the struggles in her life. She had low self-esteem and always felt bad about herself. She lacked self-confidence and felt like she was not good enough as a person. She didn't like to be in control and rejected authority. She was a



kind of an aggressive person. She always lived in anxiety and got stress all the time. She was however a matured person. She often engaged in serious thoughts although she lacked precious encouragement in her life. She seemed to feel depressed all the time. She continuously had negative thoughts and showed a rebellious character. At the same time, she had guilty feelings in her life and thus felt distress. This respondent persistently felt weak and useless all the time. This person didn't have certainty in her life and she felt like she was not good enough in everything especially which involved physical activities. She didn't like to be controlled and preferred to be independent. She felt like she was unable to do many things thus she decided not to have clear objectives in her life. Other than that, she kept feeling inadequate. As a conclusion, this respondent felt that she could not fit in the society. She might have conflict with the people and the tendency to be aggressive.

#### Summary of eighth respondent

The respondent felt fear, showed low self-confidence, rejected authority, was aggressive, experienced anxious thoughts, was stress, depressed and had negative thoughts. Respondent was in general matured and passive.

#### Ninth respondent

This respondent was a dominant person. She was a fantasy-minded person which meant she used imagination to express certain desires or aims. She was strong literally but because of her struggles, sometimes she felt weak and not in peace and gradually gets depressed. She tried to show her physical strength but she could not. She was however matured though passive and spiritual. She had a faith and believed that everything happens for a reason. She didn't like to be controlled and preferred to be independent. She loved to give attention to her attire. She loved to praise her self-appearance. This respondent found it was hard to control her desire and lust. She was aggressive and had even attacked some of her friends. She was always paranoid because she felt like someone was watching and following her. She was not an active person. She loved having fantasy in her mind. Her mind got distracted all the time and she didn't have clear objectives in life. Other than that, she felt an inadequacy in life and found out that she couldn't cope with society's expectations. As a conclusion, this respondent did not feel that she could not fit in the society. She might have conflicts with people.

#### The summary of ninth respondent

This respondent was dominant, weak, fantasy-minded, always felt depressed, rejected authority and experienced mind distractions. This respondent was matured and passive.

#### Tenth respondent

This respondent was not brave enough to handle life struggles. She had low self-esteem and always felt bad about herself. She felt unlovable, awkward and incompetent. She always lived with anxiety and showed worry or uneasiness about anything with uncertain outcomes. This person preferred to live in the past and gets frustrated all the time. She was immature but an active person. She was also an independent person. Unfortunately, she lived in fear and

not with inner peace most of the time. She liked to imagine and got satisfaction through fantasies. She fantasized even when she was in a group. This person however didn't have certainty in her life. But, she was a spiritual person.. She believed that everything happens for a reason. Sometimes this person felt depressed because of low performance in her studies. She felt like she was not good enough in everything especially in doing physical activities. She didn't like to be controlled and preferred to be independent. She was energetic but chose not to give attention to her physical strength. She was a self-absorbed person who was often concerned about her feelings, thoughts and emotions. She had sexual desires but due to being overly controlled, this pushed her into depression.

#### Summary of tenth respondent

This respondent had insecure feeling and uncertainty which led to her depression most of the time. She easily gave up but tried hard to have inner peace and a balanced life. The respondent was active and matured. The respondent was brave in general although she lacked of self-confidence and enthusiasm to fit in the society.

#### Summary of the drawing test for 10 respondents

Majority of the respondents faced senses of insecurity, depression, lives full with fear, anxiety and low self-confidence. Four of them had identity confusion which meant that they had trouble managing their feelings and moods. They tended to 'discharge' the confusions on people around them. Also, out of these ten respondents, eight were introverts, which were often thought as quiet, reserved and thoughtful individuals.

Those four students who had identity confusion, they showed the need to be in the opposite gender (boy). They felt weak as females and experienced inevitable depression. Due to the pressure from the society, they suppressed their own needs and felt insecure about life. They thought of the opposite sex as smarter or possess greater social authority. In reality, they were actually highly depending on the opposite gender as a model. They wanted to be masculine and strong like the men. As young girls, they didn't have healthy support and interaction with the family members. This probably made them feel awkward to fit in the society.

Three of all the respondents had dominant personality. Dominance here referred to using power, coercion and intimidation in group situations while demonstrating valuable knowledge and skills and desire to earn respect. These respondents wanted to control the peers by using their power. Even though they having dominant personality but they still feel insecure and face uncertainties in lives. They tended to be homosexual and play along with sexual desires.

Some of them were fantasy-minded and preferred to live in the past. Fantasy personality is normally observed in a person who experiences a lifelong, extensive and deep involvement in fantasy. This disposition is usually an attempt to lead a life which is commonly described by a popular term as "overactive imagination" or "living in a dream world". Respondent with this trait (termed as a fantasizer) might have difficulty differentiating between fantasy and

reality and might experience hallucinations as well as self-suggested psychosomatic symptoms.

All of them showed signs of depression, little courage, easily giving up and thinking they cannot fit in the society. They didn't seem to have solid foundation in their lives. The other characters include lacking inner peace and imbalanced lives. They did not seem to have the bravery to overcome life challenges. Besides, they showed low self-esteem and had inferior complexity. They were in general felt little enthusiastic about life and thought that they were not good enough. This contributed to feeling stressed and could not get along with the society needs which led to being instable, impulsive and get easily frustrated.

### Conclusion

The experience of respondents in school revealed that Kelantanese's belief in supernatural with regard to women being perceived as weak and submissive (allowing the accumulation of pent-up stress) gender, provides a strong breeding ground for mass hysteria. Moreover, the stress, anxiety and depression led them to hysteria as they were unable to express their emotions and feelings. Their belief in the supernatural power potentially exposed them to suggestions, imagined stimuli, misunderstanding, uncertainties and confusion which might give rise to irrational fears and the contagious effect of mass hysteria. Mass hysteria episodes in Kelantan school students were affected by psychological factor, family background, culture and religious beliefs because the respondents are from typical, underdeveloped traditional state.

### References

1. American Psychiatric Association American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Arlington, VA: American Psychiatric Press, Inc; 2013:271-80.
2. CDC. Learn About Mental Health - Mental Health. <https://www.cdc.gov/mentalhealth/learn/index.htm>. Accessed on 1st October 2018.
3. Balaratnasingam, S. & Janca, A. 2006. Mass hysteria revisited. Editorial Review. *Curr Opin Psychiatry* 19:171-174.
4. Bartholomew RE, Wessely S. Protean nature of mass sociogenic illness. *Br J Psychiatry*. (2002) 180:300–6. doi: 10.1192/bjp.180.4.300
5. Bartholomew, R.E. & Wessely, S. (2007). "Canada's Toxic Bus": The New Challenge for Law Enforcement in the Post- 911 world- Mass Psychogenic Illness. *The Canadian Journal of Criminology and Criminal Justice* 49(5):657-671.
6. Biswas T., Scott J.G., Munir K. Global variation in the prevalence of suicidal ideation, anxiety and their correlates among adolescents: a population based study of 82 countries. *EClinicalMedicine*. 2020 doi: 10.1016/j.eclinm.2020.100395.
7. Burns, N. & Grove, S.K. (2007). *Understanding Nursing Research: Building an Evidence based Practice*. 4th edition. Philadelphia: Saunders.
8. Brooker, C. 2005. Churchill Livingstone's Dictionary of Nursing. Edinburgh: Elsevier.
9. Budhiano, Pawar. S., Hole, Y., Bhaskar, M. (2020). Service quality, its importance in marketing and competitive strategies. *International Journal of Control and Automation*, 13(2s), 27-35.
10. Fariza Md. Sham, Siti Norlina Mohamed, Intan Farhana Saparudin, Salasiah Hanin Hamjah, Rozmi Ismail, Mohd Izhar Ariff Mohd Kashim. (2012). *Faktor hysteria dalam kalangan remaja sekolah*. *Jurnal Teknologi (Social Sciences)* 59: 21-27

11. Insel, T. (2011). *The global cost of mental illness*. [Blog] Director's Blog. Available at: <http://www.nimh.nih.gov/about/director/2011/the-global-costof-mental-illness.shtml>[Accessed 1 September 2015].
12. Jones, T.F. 2000. Mass Psychogenic Illness: Role of the Individual Physician. Online: <http://www.aafp.org/afp/20001215/2649.html>. Accessed 21st February, 2008.
13. Polit, D.F., Beck, C.T. & Hungler, B.P. 2001. *Essentials of Nursing Research, Methods, Appraisal and Utilization*. 5th edition. Philadelphia: Lippincott Williams.
14. Sirois F. Epidemic hysteria: school outbreaks 1973–1993. *Med Princ Pract.* (1999) 8:12–25. doi: 10.1159/000026064
15. Vigo D., Thornicroft G., Atun R. Estimating the true global burden of mental illness. *Lancet Psychiatry.* 2016;3(2):171–178
16. World Health Organization. Mental health: strengthening our response. <https://www.who.int/en/news-room/fact-sheet/detail/mental-healthstrengthening-our-response>. Accessed on 1st October 2018.
17. Yogesh Hole et al 2019 J. Phys.: Conf. Ser. 1362 012121