

Epidemic Hysteria in a Malaysian Chinese Extended Family*

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Summary

An only recorded epidemic hysteria affecting a Chinese extended family over a 13 days period occurred in four nuclear families staying in a rural squatter area seven miles from Kuala Lumpur. Data were collected during personal interviews, home visits, field trips and hospitalization of two of the siblings.

On the first night, during a religious ceremony for a sister-in-law who died during puerperium, a brother ran out and screamed that evil spirits were chasing him. By the third day, five siblings and a brother-in-law were involved. A brother was brought to a general practitioner on the fifth night. While the active managements of a bomoh and some spirit mediums were going on the sixth day, friends felt restraint to accept an offer to hospitalize a brother for psychiatric treatment. This brother was subsequently brought for hospitalization on the thirteenth day while another brother was hospitalized on the eighth day.

Lay and psychiatric diagnoses and management in a Malaysian socio-cultural background were discussed.

Introduction

EPIDEMIC HYSTERIA occurred among Malaysian (1, 2), English (3) and Japanese (4) school girls. All accounts of epidemic hysteria show that symptoms occur within a unified group against a background of fear and ignorance, and are triggered off by some particular event (5). With the closely-knitted

traditional extended family, one may expect epidemic hysteria to occur among its members. Survey of literature and enquiry among local populations revealed only one recorded case among a Malaysian Indian family (6) and there was no discussion of its occurrence among members of extended families.

Aims of this study

To understand an outbreak of epidemic hysteria in an extended family and to study the lay, indigenous therapeutic approach and psychiatric management.

Methodology

A local Chinese newspaper appealed for help on behalf of an extended family in which six members were affected by "Hsieh-ping" (7), a Chinese term which meant possession by evil spirits. The author decided to study this outbreak by personal interviews (of the affected individuals, relatives, friends, bomohs and spirit mediums), home visits, field trips and where appropriate facilitating admission to and undertaking management in a hospital. He identified himself as a University Hospital psychiatrist who had responded to the appeal for help, but requested anonymity for professional reasons. Cantonese was the language used throughout the contacts except in dialogue with two youths and a reporter from the Chinese newspaper, when Mandarin was used.

Setting

The mass hysteria occurred in an extended Chinese family staying in a squatter area occupying an old mining land, seven miles from Kuala Lumpur. There are numerous shrines and temples in the area.

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Findings

The three brothers, two sisters and a brother-in-law who were affected stayed on the same side of a main road connecting Sungei Besi and Serdang. The deceased sister-in-law stayed across the main road. Three of the houses, where Y.S., S.K. and the couple A.I. and B.H. stayed, adjoined each other. Y.W. and A.K. stayed with their aged parents about a hundred yards away. None of these houses had tap water and electric supply.

Figure 1 shows the composition of the extended family and members who were involved in the epidemic hysteria.

Chronology of the epidemic hysteria

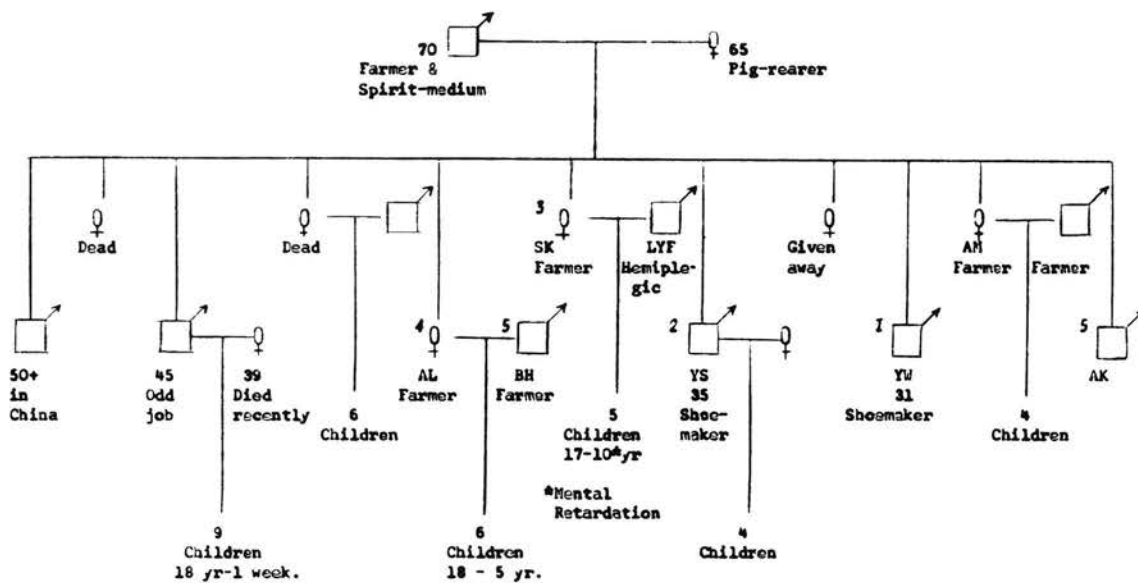
On the first night, 18/5/74, during a religious ceremony for a sister-in-law who died during puerperium, Y.W. ran about four hundred yards, across a main road, along an unlit mud-path lined by wooden houses, back to his home - screaming that evil spirits were chasing him. The previous night, he had gone in a trance voluntarily, praying for his sister-in-law's recovery. At home was his father, a 70-year old, agitated man with a slurring

speech and hemi-paresis, resulting from a stroke two months ago. He was concerned that his own death was impending, especially after his daughter-in-law's death.

On the second night, he put on his red sash, which he wore whenever he went into a trance for diagnosis and healing of illness. He induced a trance, praying that Y.W. took over his job as a spirit-medium. He claimed that both his sons, Y.W. and Y.S. were possessed by his Gods. He contributed to the tension during epidemic hysteria but was not counted among the subsequent total of six people who were involved in the epidemic hysteria because of his voluntary induction of trance.

On the third day, S.K. was affected. A.L. went into a brief trance when she consulted a 60-year old woman spirit-medium, K.C. A.K. and B.H. while trying to calm down Y.W., became agitated. B.H. accused another brother-in-law, L.Y.F. of trying to choke him. Both A.K. and B.H. rushed out of the house, shouting that devils were chasing them. They ran to a nearby village to seek the help of the spirit-medium, K.C. at 2 a.m. K.C. spoke the same dialect, Kao Chow, a variant of Cantonese.

Figure 1: An Extended Family Involved in Mass Hysteria



I, 2, 3, 4 and 5: Numeral referred to the sequence of involvement in the Mass Hysteria.

On the fourth day, in three separate nearby houses, Y.W., Y.S. and S.K. had periodic outbursts of excitement and tried to run out of their houses. Friends helped to restrain them. Relatives, either on the instructions of spirit-mediums or their own decisions, stayed away.

On the fifth day, Y.S. was very agitated. He rushed out of the house, climbed up a 30-foot pine tree. His friends managed to get a guni sack and four of them stood on a table, trying to break his fall when he jumped down. Y.S. landed on his heel, crashed on the wooden table, breaking it. He sustained some bruises when he dropped past some branches. In a nearby house, S.K. was screaming away. She strangled a pet cat of her husband. About 100 yards away in his father's house, Y.W. was gesticulating and muttering. Relatives and friends had brought spirit-mediums to perform healing ceremonies without any success. A local reporter was again requested to appeal for help.

On the sixth morning, a popular Chinese paper in the Kuala Lumpur, Petaling Jaya area headlined in bold red prints the plight of this extended family. Appeals were specifically directed to spirit-mediums, bomohs and Taoist priests to give free aid to this family who had spent considerably amount of money in seeking treatment (8). By 10.00 a.m., a crowd of about twenty people were gathering in front of K.C. a spirit-medium's house about one mile away where three siblings were transported there early in the morning. The following were the conditions of the three people who were still having periodic trances:-

Y.W. was gesticulating and talking distinctly. He said that he was a leper. In response to a spirit medium's assertion that he was not a leper, he was proud and confident in reasserting that he was a leper. He was not hyperventilating. He followed my instructions to lie down flat for a physical examination. But shortly afterwards he rushed out of the room and had to be carried back.

Y.S. was sitting silently with his head bent – as if in a depressive stupor. He was not hyperventilating. Suddenly, he got up and rushed to the door. He too was restrained by his friends.

S.K. was hyperventilating (respiratory rate 40/min.), lying with her extremities flexed, having marked carpo-pedal spasm. She responded to questions and admitted that there was numbness and tingling sensation of the extremities. On request, she breathed slower and deeper.

When I returned to the house after a discussion with the only village general practitioner who had

treated Y.S. the previous night, a bomoh was conducting his diagnostic and healing ritual, three spirit-mediums were waiting to offer their services. When I proposed to give an intramuscular injection to Y.W., the initiator of this epidemic hysteria, a spirit-medium said loudly that Y.W. should not be sedated, otherwise he would die. A spokesman for the friends expressed their appreciation for the offer of help, but decided not to hospitalize Y.W. then.

On the seventh day, friends of the affected siblings took them back to their respective homes on the aged spirit-medium's request. She and her husband felt that they were unable to cope with the brother's occasional violent outburst. They scratched others and broke a few chairs while struggling from physical restraint.

By evening Y.W. had attracted a crowd of about forty people in his house. He sat down calmly in the hall near the altar of his deity. Y.S. still had occasional attacks. S.K. had recovered.

On the eighth evening, a friend who recognized the author as he was on his way to visit Y.W. asked for a referral to University Hospital. The father had refused to allow his sons to be hospitalized but Y.S.'s wife had decided to ask his friends to bring him to hospital. A spirit-medium from Malacca had informed the family that his pulse was weak and he needed hospitalization. Y.S. was hospitalized on the same night.

On the ninth day, a sign stating: "Thanks but unable to entertain any visitors" was put up about 10 yards away from Y.W.'s house. The father and Y.W. both appeared relaxed. But Y.S. continued to have periodic trances until his hospitalization, with his father's consent, on the 13th day. During a trance state, he had climbed up a neighbour's roof and swam in a water-storage tank in his house.

Lay Concept and Management

Spirit-mediums, bomohs (Malay medicine-men who frequently seek the help of spirits) and some local inhabitants with traditional view-points believed that the victims had offended or accidentally crossed the path of some spirits. A spirit-medium's husband said that the father must have done some things evil in his youth, so the punishments were meted out to his children. Spirit possession is known locally and in Taiwan as Hsieh-ping (7).

A bomoh chanted some prayers and prescribed rituals such as bathing with "jampi" (magic) water and squeezing of lime on the head. A spirit-medium gave a talisman, consisting of magico-religious symbol on a yellow paper. The ash then was to be

burnt and stirred in water, then later to be drunk as "medicine". These therapeutic acts were conducted in public. A brother-in-law, L.Y.F. attributed his wife's improvement to drinking of "medicine" and carrying of a talisman. This was a Chinese paper fan with some cryptic Chinese characters on it.

Psychiatric Diagnoses and Management

The following family and individual psychodynamics emerged:

Members of this extended family were closely knit. Mutual financial and physical help occurred. But there was hardly any open conversation among the siblings or parents.

About two months before the death of the sister-in-law triggered off this epidemic hysteria, the aged father nearly died from a stroke. But none of the family members talked about the reality of the impending death of the father or discussed the major issue of carrying on of the father's role as a spirit-medium, so that some one would feed the spirits of the Eight-sided Grand Lord; otherwise misfortune might then descend on the whole of the Y family.

Except for a sister A.M., all the other siblings, had an altar for their patron God, the Eight-sided Grand Lord. This is a rather rare patron God in Malaysia. The parents conversed with their children in Kao-Chow, a minority linguistic group among the predominantly Cantonese and Hakka community.

All affected members had the diagnoses of hysterical dissociative reaction.

(a) Y.W.

He showed the following psychiatric symptoms during his hospitalization:- occasional ideas of reference (he felt that other patients laughed at him, talked about him), auditory hallucination of a derogatory nature ("He said that I went to prostitute" and "He said that I took a male pig along") and paranoid ideation ("They wanted to catch me and harm me"). Six years ago, the patient had a history of loss of consciousness in a motor-cycle accident which resulted in the death of the pillion rider, a friend. He felt guilty about his death. Within a month of the accident, one of his sisters died, the death vaguely attributed to the delayed effects of child birth. The last 2-3 years he had repeatedly told one of his sisters that villagers ridiculed him for being a son of a pig-rearer. The secondary diagnosis of paranoid schizophrenia was made.

Specific management during his seventeen days of hospitalization included use of a phenothiazine, chlorpromazine, 50 mg. to 150 mg., three times a

day. Four treatments with electro-convulsive therapy on alternate days were given after a sudden episode of nearly homicidal excitement during his acute paranoid state.

Supportive psychotherapy involved working through his current grief over his sister-in-law's death and his delayed pathological grief (9) of his sister and a friend, two brief sessions with his brother, Y.S. and two sessions with his girl-friend.

(b) Y.S.

During the night of his admission, while his abdomen was palpated, he exclaimed, "Don't touch! Be careful. There are several (children) still inside." In the early morning, he came very agitated. Intramuscular injection of Diazepam 10 mg., followed half an hour later by 100 mg. of chlorpromazine, had to be given. He developed slight hypotension and slept nearly for thirty hours, waking up to take some fluid. During his recovery, he denied any belief in spirit possession. He was aware of his worries over his sister-in-law's death and how busy he was with the funeral. He was depressed over his inability to give financial aid to his brother. He had complete amnesia of his behaviour during his trances. His secondary diagnosis was reactive depression.

During his eight days of hospitalization, an anti-depressant, Imipramine, 25 mg. tid. was prescribed when he became ambulatory. He, and his brother, Y.W. although seeing each other in the same ward, did not talk to each other.

Psycho-therapeutic management included discussion of his personal conflicts individually, and during joint-sessions with his wife. Family planning was discussed. During two joint-sessions with his brother, Y.W., both of them cried when the death of the sister-in-law and their feelings of helplessness, financially and emotionally, were discussed.

(c) S.K.

S.K. was the only one who hyperventilated during this epidemic hysteria. She gave vivid descriptions of how the devils possessed her. During her dissociated state, she abreacted a great deal of her intrapsychic conflict. The cat which she strangulated was a pet of her husband. Her marital relationship and financial situation had further deteriorated after the gradual onset of her husband's right hemiparesis one and a half years ago. He had applied for a visa to China for medical treatment - with contributions from relatives and friends. Her youngest, ten year old boy was mentally retarded following a febrile illness at one and a half year old.

(d) *A.K., B.H. and A.L.*

A.K. the single, tractor-driver who came home infrequently and B.H., a brother-in-law were briefly affected. They had acute anxiety panic while trying to calm down Y.W. B.H. admitted that he was very frightened and denied that the devils possessed him. A.L.'s brief trance is not unusual among clients who consult spirit-mediums. Occasionally, the client goes into a trance. A.H. and B.H. are spouses and their marital relationship and financial conditions were satisfactory.

Discussion

Local lay concepts and management of this epidemic hysteria ranges from the traditional to the seeking of modern approaches – representing a society in transition. Taib Osman (10) discussed how it was possible for a Malay patient to seek both traditional medical spiritual healing by bomoh and modern therapy. Some Malaysian Chinese behave similarly – seeking help from spirit mediums, bomohs and doctors. Many of these local healers may achieve significant therapeutic results, (11, 12, 13). For neurosis, situational reactions or crises in interpersonal reactions or changes in life, the local magico-religious healing may be useful and more economic (13).

When patients, occasionally 'referred' by the native healers themselves, come for modern management, physical aetiology or complications need to be assessed. The accepted International Classification of Disease (14) is individual – orientated and took little recognition of group and socio-cultural influences on psychiatric conditions. Numerous authors, for example, Kiev (15) and Yap (16) discussed the influence of culture on manifestations and management of psychiatric symptoms. Both the patients could have been classified as culture-bound reactive syndrome with disturbance of consciousness, spirit-possession type (16). Spirit-possession, in a community that believes in the supernatural, provides safety valve for the abreaction of conflicts without fear of been stigmatized as mentally sick. All of the six members involved in the epidemic hysteria were reacting to intrapsychic and interpersonal stresses. Two of them required intensive treatment during their psychic decompensation.

Awareness of the tendency for initial trials with indigenous therapy will help to establish rapport with the patients. Knowledge of the psychodynamic and social factors involved in these cases will contribute to effective supportive management of these cases in addition to the use of appropriate physical therapy.

References

1. Tan, E.S. (1963) Epidemic Hysteria. *The Medical Journal of Malaya*, 18: 72-76.
2. Teoh, J.I. (1972) Epidemic Hysteria in Malaysia. *Proceedings of the 7th Malaysia-Singapore Congress of Medicine*, Pg. 73-78.
3. McEvedy, C.P., Griffith, A. and Hall, T. (1966) Two School Epidemics, *British Medical Journal*, 2: 1300-1302.
4. Daido, S. (1969) Epidemic hysteria with hyper-ventilation syndrome. *Journal of Japanese Psychosomatic Society*, 9: 42.
5. *British Medical Journal*, (1966) Editorial, Epidemic Hysteria. 2: 1280.
6. Teoh, C.L. and Dass, D. (1973) Spirit possession in an Indian Family – A Case Report. *Singapore Medical Journal*, 14: 62-64.
7. Lin, T.Y. (1953) A study of the incidence of mental disorder in Chinese and other cultures. *Psychiatry*, 16: 313-336.
8. *Malayan Thung Pau Daily News*, Thursday, 23 May, Pg. 1.
9. Lindemann, E. (1944) Symptomatology and management of acute grief. *American Journal of Psychiatry*, 101: 141-148.
10. Mohd. Taib Osman (1972) Patterns of Supernatural Premises underlying the institution of the Bomoh in Malay Culture, in *Bijdragen tot De Taal, Land-En Volkendunde*. 128: 219.
11. Frank, J. (1961) *Persuasion and Healing: A comparative study of psychotherapy*. London: Oxford University Press.
12. Chong, T.M. (1971) Trance states in Singapore and their role in the community for healing. *Proceeding of the 6th Singapore-Malaysia Congress of Medicine*. Pg. 138-145.
13. Teoh, J.I. (1973) Chinese spirit-mediumship: Its socio-cultural interpretation and psychotherapeutic aspects. *Singapore Medical Journal*. 14: 56-61.
14. *International Classification of Diseases*, (1965), Vol. 1 Geneva: World Health Organization.
15. Kiev, A. (1972) *Transcultural Psychiatry*, Middlesex; Penguin Books.
16. Yap, P.M. (1969) The Culture-bound reactive syndromes, in Caudill, N. and Lin, T.Y. (Ed.) *Mental Health Research in Asia and the Pacific*. Honolulu: East-West Centre Press, Pg. 33-53.