

## The Need for Islamic Medicine Practitioner among the Teachers to Manage Hysteria According to Islamic and Religious Psychology

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### Abstract

*Genie possession, scientifically known as hysteria, is a phenomenon that often occurs among teenagers. In reality, happenings like this harm and damage the victim's psychology. Extensive analysis is critical to solving this problem. Hence, this research intended to identify the leading causes and factors that contribute to hysteria. It aimed to find a solution to this problem, which is becoming more prevalent. This study used qualitative and quantitative methods through data collection instruments and content analysis. The results of this study revealed that most hysteria occurrences are among school teenagers who have personal problems. The conclusions also confirmed that most teenage respondents have internal issues related to Allah SWT. After a comprehensive analysis of the fundamental concept of Islamic medicine, the researcher realised that Islam had established clear guidelines to protect human beings from all kinds of disturbances by demons, jinn and devils. Unfortunately, not all the guidelines are known to educators and students. The lack of Islamic practice is the top cause of hysteria among them. This research is germane because it can assist policymakers in discovering and elucidating the growing symptoms of hysteria, especially among school students. Through this breakdown, the stakeholders can strengthen the education system by teaching Islamic medical education to educators. These endeavours will lower the symptoms of hysteria among students and teachers. Ultimately, executing it relieves the cases of superstition, black magic, witchcraft, and hysteria among school and college students.*

**Keywords:** Genie, Hysteria, Psychology, Teenagers.

## INTRODUCTION

### Concept and Theory of Hysteria

From the standpoint of Western psychology, hysteria is a somatic disorder with symptoms such as paralysis, loss of vision, loss of sense of taste, hallucinations, and docility (APA Concise Dictionary of Psychology, 2009:236). Hysteria is also named a neurotic disorder, which is characterised by fluctuating emotions, withdrawal and submissiveness. An essential feature of this disorder is conversion hysteria, which is a state of mental conflict that is converted into physical symptoms such as paralysis, blindness and unconsciousness. Other markers are sleepwalking, withdrawal or loss of memory and multiple personalities, i.e. individuals displaying various personalities unconsciously. (Chaplin, 1968:228).

From an Islamic psychology stance, hysteria is هرع or هستيرية, which implies a functional disorder associated with anxiety without a solid reason (Fakhir Aqil, 1985:54). Faraj Abdul Qadir Taha (1993:825) mentioned الهستيرية (hysteria) as a neurotic psychiatric illness which is one of the mental illnesses and bears distinctive

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symptoms and characteristics. He added that hysterical patients typically possess memory disorder, subservience, emotional fluctuations, anxiety or disorders of some bodily functions.

Musfir bin Said al-Zahrani (2005:606) reported that various definitions are given to the term hysteria. Nonetheless, he limited the definition of hysteria to a state of disturbance in the human mind in which the individual becomes unaware of what he is saying and cannot relate what has been said and what he is about to say. Individuals seem to lose their memory due to troubles in the brain's nervous system. Mental disorder patients experience a loss of control of their movements that compels them to perform actions without a purpose. This statement is in line with the view of Western psychology (Mahmood Nazar Mohamed, 1990:409), which remarked that individuals suffering from hysterical delirium complain of losing some of their bodily functions and that this disorder is beyond the individual's control and has no fundamental organic foundations. Individuals may communicate loss of sight, hearing, incapability to speak, or paralysis of part or the whole body.

There are several theories underlying hysteria. From the point of view of Western theory, psychoanalysis is among the psychological streams that discuss hysteria and offer a theoretical view of it. The founder of psychoanalytic theory, Sigmund Freud (1856-1939), interpreted the symptoms of hysteria as an individual's defence of guilt against his sexual impulses. Nonetheless, currently, other conflicts are also pinpointed than purely sexual symptoms. Freud also included the dissociative state (isolation) in his concept of hysteria, which is now called separate disorders (APA, 2009:236).

Hysteria, from the point of view of psychoanalytic theory, commenced when its founder, Sigmund Freud, was interested in Charcote's literature on hysteria. Consequently, Freud tried to develop the idea by referring to the findings of his friend Breuer in a study involving a patient named Anna O. As a result of the modification of Breuer's technique, which led to the production of stress techniques and interpretation techniques and analytical structuring, Freud concluded that hysteria was caused by violence or childhood sexual abuse and incest. He further proposed treatment for hysterical patients, including protection in a safe place, tracking the memory of the trauma that occurred and recounting the details of the incident, as well as the feelings at the time of the incident, in detail. (Freud & Breuer 1985).

In his analysis, Freud related mental illnesses, including hysteria, as a symbolic manifestation of the stress and conflict undergone by the patient. A subconscious way to balance can help him face this life. These pressures and conflicts of the soul have failed to be eliminated naturally. Formulations made by Freud based on case studies of his patients linked hysteria to traumatic sexual experiences during childhood. One of the books that recount in-depth hysteria from a psychological point of view is *The Hysteria*, published in 1985 by Sigmund Freud and Joseph Breuer. This book contains the results of the case studies of the two therapists on their clients suffering from hysteria. Another famous piece of literature on hysteria is *Dora: An Analysis of a Case of Hysteria* (Sapora Sipon, 2008).

In the early stages of the development of psychoanalytic theory, two distinct outlooks on hysteria existed. One sentiment is seen from a neurophysiological point of view, while the other is from a psychological point of view. Breuer chose the neurophysiological method, while Freud preferred to see hysteria from a psychological point of view (Sapora Sipon, 2008). Freud, who elaborated on hysteria, commented that anxiety (psychological) is embodied in the symptoms of the soma (body), and individuals suffering from this delirium may become blind, deaf or unable to speak and form paralysis in some of their bodies. Emotional conflict and anxiety are transformed or embodied into symptoms that influence physical functioning in specific ways. Freud, through a psychodynamic approach, expressed that hysteria is the result of anxiety that occurs from suppressed sexual impulses. The anxiety is converted into symbolic physical symptoms, such as paralysed legs (Ramli Hassan, 1990, p. 84).

Additionally, based on psychoanalytic theory, hysteria symptoms are a statement of a psychological conflict that has been repressed by the patient and is not realised by that individual. In certain stressful situations that may cause anxiety, feelings of shame or anger, this conflict is revived and converted into neurotic symptoms by using the defensive mechanism of embodiment or disassociation. The physical disorder represents a 'change' from a stress disorder to a physical disorder (Ramli Hassan, 1990, p. 84). For example, in the case of

Anna O, one of Freud and Breuer's breakdowns of hysteria, Anna suffers from coughing symptoms, paralysis on the right side of the body, and impaired vision, hearing and speech. Anna also experiences hallucinations and sometimes loses her memory. When diagnosed, she suffered from hysteria due to stress and traumatic sexual experiences during childhood, which, through embodiment, the mental energy associated with the conflict was converted into physical symptoms. (Freud & Breuer, 1985).

The perspective of Islamic psychology perceives hysteria as a disorder of physical function that is related to the mental state of an individual who is in a state of restlessness or disturbance. Disrupted physical function is due to a mental disorder that afflicts the individual, either due to an unsettled soul factor or demonic possession. Amran Kasimin and Haron Din (1995:93), in the book *at-Tibbu'n-Nabawi*, mentioned this hysteria-like illness called *al-sar'u* (possession), which occurs as a result of possession by evil spirits that harm the human spirit that can render adverse effects on the victim's body. These evil spirits are jinn and devils that enter the human bloodstream, leading them astray through behaviour beyond mental and spiritual control.

The symptoms of the entry of jinn in the form of evil spirits into the human body are also described by Sheikh Abdussalam Bali (2010), who noted *al-sar'u* (الصرع), a symptom of lack of function that impacts the human mind that makes one does realise what he says and unable to connect between what has been said and what he will say. People affected by this circumstance experience memory loss due to the disorder in the brain's nerves.

In other words, hysteria, from an Islamic point of view, is caused by a spiritual disorder that stems from a distorted peace of mind that then extends into a physical disorder. Apart from disturbed peace of mind, the existence of jinn and devils who lead people astray also affects the cause of individuals experiencing hysteria. Due to that, hysteria from the Islamic point of view is also perceived as a symptom of possession or (*al-sar'u*), which is the entrance of evil spirits from among the jinn and devils that enter the human body to disturb the sanity of the mind and soul. This coincides with the Prophet Muhammad PBUH's hadith, which explain about jinn and devil trying to enter the human body and mislead human souls:

"Verily, Satan flows through the human being like blood flows".

From the point of view of psychiatry and clinical psychology, DSM-IV (Diagnostic and Statistical Manual of Mental Disorders) describes hysteria as a somatophoric disorder, which means that this disorder generally involves physical symptoms without a clear physical cause that includes somatic disorder, conversion disorder and pain disorder (Pain Disorder) (First & Frances et al., 2004). Somatophoric disorder, based on the DSM-IV classification of mental disorders, is a category used to describe physical (somatic) illnesses but does not have an organic basis. The DSM-IV splits Somatophoric disorders into seven categories, and one of them is embodied disorders known as hysteria' (Mahmood Nazar Mohamed 1990:409).

The state of 'somatophoria' is closely related to the mental stress faced by a person. When the pressure cannot be managed well, then it will escape by any means from the person's cognitive system. Physical ailments and disorders are how stress is released from the individual's soul. Maar of Redzuan & Haslinda Abdullah (2004: 312) mentioned that somatophoria is a physical illness that a person feels without pathological reasons. The term somatophora is related to the body. The somatophoric state is characterised by physical symptoms (pain), but the physical illness or injury does not exist. These symptoms are not caused by biological factors but by psychological factors.

ICD-9 (International Classification of Diseases) reported that hysterical neurosis is a mental illness that occurs when motives that the patient does not usually realise cause either a narrowing of the field of consciousness or a disturbance of motor or sensory functions that have psychological benefits or symbolic value. Its essential features are the phenomenon of incarnation or the phenomenon of disengagement. Incarnation syndrome has symptoms of psychogenic dysfunction in parts of the body, such as chest pain, headache, paralysis, muteness, back pain, and seizures. The principal characteristic of disengagement syndrome is reduced consciousness, usually followed by selective amnesia (Ramli Hassan, 1990, p. 84). There are also victims of separation syndrome who show screaming, yelling, hitting and various other aggressive actions (Amran & Zulkarnain 1994:vi).

Most of the causes of hysteria from a psychiatric point of view are related to the individual's psychological aspects, which he embodies in certain behaviours to describe the stress he experiences. The behaviour changes or disengages from oneself in the form of subconscious behaviour, such as feeling paralysed or losing the function of the body's senses, feeling confused and docile, and convulsions in certain bodies, even though these things are not real. Some of them, too, become more aggressive, such as screaming and lurching or trying to hurt themselves or others. In this situation, hysteria in the Western psychological and clinical context is understood to occur due to neurotic disorders that are mostly caused by psychological factors and emotional disturbances.

### **Islamic Medicine and its Role in Dealing with Hysteria**

Islamic medicine is a healing measure based on the Quran and Sunnah as well as the practices of authoritative scholars. The main objective of Islamic medicine is to seek healing to overcome physical and spiritual diseases (Haron Din, 2011). Based on the belief that every disease has a cure, Islamic medicine conveys the concept that healing is the absolute power of Allah S.W.T. For that, Islamic medicine, which is sourced from the Quran and Sunnah, as well as authoritative scholarly *ijtihad*, tries to find alternatives to mainstream medicine, i.e. *Alopathy* in addition to *Homeopathy* and *Ayurveda*, by offering the holistic concept of healing, which includes physical and spiritual ingredients.

Islamic medicine has its theory for dealing with emotional and spiritual conditions such as hysteria. One of the causes of hysteria is emotional disturbance and emotional stress that happens continuously to a person's soul and mind. As a result, one cannot control oneself or one's feelings, and one channels the pressure by doing things such as screaming, crying, and running away, which is abnormal, and ultimately, one loses one's sanity. This situation often results in the possession of spirits who take advantage to attack vulnerable human spirits. Genies finds it easy to disturb someone who feels scared. This extreme fear comes from the incarnation of creepy ethereal beings that disturb the minds and emotions of those involved. Hence, they will react hysterically, and this fear spreads to many people, as it usually happens in schools.

### **RESEARCH METHOD**

This analysis utilised a survey research design with a questionnaire-based data collection method. Survey research collects information by asking questions to a sample of individuals selected from a population to be studied (Sabitha Marican, 2005). The respondents consisted of 54 students who experienced hysteria at one of the secondary schools in Selangor. This research aspired to find out the causes and factors of hysteria. The questionnaire used by the researcher was tested for reliability and validity, and a Cronbach Alpha value of 0.91 was obtained. The Cronbach Alpha value obtained was high - above > 0.9.

### **RESULTS AND DISCUSSIONS**

The questionnaire distributed was intended to investigate the factors that can cause hysteria to occur among teenagers. Two factors were tested in looking at the causes of hysteria, which are psychological and religious factors. Questionnaire data were analysed descriptively based on frequency and percentage. The results of a descriptive analysis of psychological factors obtained percentage values as in Table 1 below:

**Table 1: Psychological Factors**

Item	Frequency	Percentage
I am stressed with life	41	75.9%
I am hesitant and confused about taking action / making decisions	43	79.6%
I am disappointed in my studies	34	63%
I am hopeless in a romantic relationship	22	40.7%
I am disappointed with my family	21	38.9%
I am worried about my health	25	46.3%
I am not satisfied with my physical shape	27	50%
I feel guilty for past mistakes	25	46.3%

I easily get scared for no reason	24	44.4%
I get restless easily	32	59.3%
I get angry easily	32	59.3%
I rebel easily	18	33.3%
I keep my feelings to myself	23	42.6%
My soul is empty	14	25.9%
I easily feel extreme sadness	16	29.6%
I like to be alone	26	48.1%
I feel lonely	23	42.6%
I hate myself	15	27.8%
I lack self-confidence	36	66.7%

Source: Questionnaire: 2010

An analysis of the psychological factors of hysteria victims determined that the highest percentage that led to the occurrence of hysteria was stress with life (75.9%) as well as doubt and confusion in taking action or making decisions (79.6%). Most psychologists believe that the top cause of hysteria is mental or emotional stress experienced by the victim. A person reacts in such a way as a way out of the pressure he goes through to avoid responsibility and to get attention and love (Landy, 1987). Hans Selye, a psychologist who analysed stress extensively, represented stress as an uncertain or non-specific reaction of the body, which is a non-specific reaction to a situation faced (Fariza, 2005, p. 6). Teenagers who undergo uncontrollable stress can cause them to express that stress during the hysteria. The analysis of these two psychological factors, being stressed with life and confused in making decisions, received the highest percentage of other psychological factors.

Other psychological aspects observed in hysteria victims are a lack of self-confidence (66.7%), disappointment in studies (63%) and guilt over past mistakes (46.3%). Victims also easily feel restless (59.3%) and easily get angry and hot-tempered (59.3%). Students easily feel scared for no reason (44.4%), keep feelings to themselves, feel lonely (42.6%) and like to be alone (48.1%). Those emotions are a moderate percentage and are a part of the emotional disturbance or feeling often associated with the onset of hysterical behaviour. Uthman Najati (1991:67) noted that hysteria is closely related to emotional disorders, including depression, stress reactions and some physical disorders. Unstable emotions can cause hysteria (Fariza et al., 2010, p. 3). Amran Kasimin & Zulkarnain Zakaria (1994:10) discovered that some individuals who had been the victims experienced stress, anxiety, depression and some other emotional disorders.

### Significance of Educators as Islamic Medicine Practitioners

Educators often deal with cases of hysteria in schools. They are responsible for the student's control of the situation at school during the teaching and learning process. Therefore, educators must master knowledge and skills in Islamic medicine to overcome hysteria in schools.

### Comprehensive Concept and Philosophy of Islamic Education

The involvement of educators in Islamic medical science shows the comprehensiveness of the concept of Islamic education, which does not simply deal with cognitive issues or common sense but reaches out to pattern a person's life so that it is always in line with the will of the Quran and the Sunnah. In this context, the true nature of the philosophy of Islamic education needs to be seen as stated by the Malaysian Ministry of Education that Islamic education is a continuous effort to impart knowledge, skills and appreciation of Islam based on the Quran and the Sunnah to form attitudes, skills, personality and outlook on life. A servant of Allah is accountable for building oneself, the community, the environment, and the country to achieve goodness in the world and eternal well-being in the afterlife. This shows that educators, who are the key agents in making the philosophy of Islamic education a success, must equip themselves with various knowledge and skills, including Islamic medical knowledge. In addition, it also establishes that Islamic education teachers are the leading and exclusive group that should be involved in Islamic medicine because they have the foundation and background of formal Islamic studies.

### Added Value of Islamic Medicine Practitioners

Being an Islamic medical practitioner is an advantage for every Muslim individual, especially an educator. This

is due to the significance and necessity of this knowledge as a *fard kifayah* demand and *habl min al-Nās* practice. An educator can expand his role, function, and responsibility to teach in class and help the community solve various problems inflicted on them, especially involving students disturbed by this hysteria problem. As a practitioner of Islamic medicine, an educator will be more concerned with ensuring that the student's learning process is not interrupted due to the hysteria that hurts their lives and hinders their daily activities as students. Educators as Islamic medicine practitioners *mu'ālij* can offer the community an alternative medicine based on the Quran and Sunnah as well as the practices of authoritative scholars.

### **Educators as Preachers**

An educator should be a preacher in his field of educational duties. In this context, as a practitioner of Islamic medicine, an educator has the opportunity to carry out the responsibilities of *al-Amr bi al-Ma'ruf* and *'an al-Munkar* effectively. For instance, preaching to the parents of students who are involved in hysteria is imperative so that they do not seek the easy way out by seeking shamans and black magic practitioners to cure their children's illnesses. Educators need to advise students and their families by explaining the dangers of witchcraft and the consequences that eventually lead them to the act of shirk, which is a major sin that Allah S.W.T. does not forgive. Unfortunately, today's society still believes in superstitious elements to the extent that they are willing to damage their beliefs in seeking cures for diseases they suffer from, particularly diseases associated with magic and ethereal beings such as hysteria.

### **Involvement of Educators as Islamic Medicine Practitioners and The Concept of Five Mims**

The concept of the Five Mims outlined by Kamarul Azmi Jasmi and Halim Tamuri (2007) clarifies the role of educators, primarily Islamic education teachers. Teachers have at least five roles: *mudarris*, *mu'addib*, *murabbi*, *murshid*, and *mu'allim*. The concept of the Five Mims needs to be used as a yardstick to prove the compatibility between Islamic medicine and the responsibility and role of an educator.

#### **Mudarris**

In the Islamic medicine context, an educator who knows Islamic medicine can act as a *mudarris* with a noble personality, skilled, efficient teacher, professional in his duties as a teacher and other qualities that serve as role models for his students. As a *mu'ālij* or Islamic medical practitioner, these qualities help them get closer to Allah S.W.T. In Islamic medicine, *ruqyah* and prayer are the predominant tools, especially in overcoming diseases caused by disorders of subtle beings such as hysteria. Hence, the fulfilment of an Islamic medicine practitioner's prayers depends on his iman, reflected in her noble attitude and personality.

#### **Mu'addib**

In addition, by becoming a practitioner of Islamic medicine, a teacher can become *mu'addib*, and it will ensure that the students not only excel academically but also as people with *mu'addab* who keep noble character and morals. By practising Islamic medical science, the process of *ta'dib* will be more prosperous and able to produce students who are well-rounded physically, mentally, emotionally and intellectually and who are not prone to be impacted by hysteria.

#### **Murabbi**

A teacher who acts as a *murabbi* will guarantee that students are educated with noble values and produce excellent personalities due to the appreciation of knowledge nurtured with awareness and confidence. Islamic medical practice is a science based on appreciation, understanding, and complete belief in the power of healing due to total dependence on Allah. It would be wonderful if it were learned and reflected in a teacher who implements this education. This is the best preventive measure against the problem of hysteria because it rarely happens to knowledgeable students with noble characters and morals.

#### **Mursyid**

In addition, educators or teachers can act as *mursyid* by furnishing direct guidance to students on methods and ways to protect themselves from interference and the evil of the enemy, especially jinn and the devil, with

recitations of the Quran, *ruqyah* and prayers to practice from time to time. This is crucial to build students' inner power, especially those who have experienced problems with distraction. Students who have spiritual strength due to practice are not only not easily disturbed by ethereal beings but can even help other friends involved in hysteria. In addition, as a *mursyid*, the teacher plays a role in conducting counselling sessions with students who have problems, especially those who face emotional stress and mental confusion, whether they have been involved with hysteria or those who have not yet been engaged. Counselling is one of the critical techniques in dealing with hysteria, especially as a preventive measure.

### **Mu'allim**

As *mu'allim*, the teacher can channel knowledge and information to the students about Islamic medicine and its related issues. This aspires to foster students' intellectual confidence and encourage them to think about this issue as the believer of Allah and the Prophet Muhammad PBUH. As a result of mu'allim's teaching, the belief that every disease has a cure and is the absolute power of Allah S.W.T., the wisdom that Allah does not condition healing to something prohibited and learning outcomes that every student should prosper.

### **CONCLUSION**

Educators, in general, and Islamic education teachers, in particular, must be equipped with Islamic medical knowledge. This knowledge is not only crucial for them in dealing with the hysteria that constantly occurs in schools, but it empowers these educators to play a more optimistic and influential part in the community by expanding the scope of their involvement with the universal community, bringing *damah ila Allah*. Therefore, the exposure of Islamic medical knowledge teachers should be given priority either by themselves or by interested parties because the conditions to venture into this field already exist for them, namely:

#### **Steady and Comprehensive Aqidah**

Everyone who ventures into Islamic medicine must have an ideal aqidah, which results from understanding the pillars of faith and implementing the demands of the two expressions of shahadah. A strong faith can protect one from things that invalidate shahadah and iman.

#### **Skilled In Reading the Quran**

The ability to read the Quran well, fluently, and with *tajwid* is critical for a person who studies Islamic medicine because the recitation of prayers and *ruqyah* is the basis of this science. Prayer and *ruqyah* are mostly sourced from the Quran, hadith and prayers practised by authoritative scholars. Misreading can lead to a change in meaning that ultimately fails the healing process.

#### **Knowledgeable in Arabic**

Knowledge of Arabic is an added value that is advantageous in appreciating every prayer and *ruqyah* that is read. Appreciation in praying is critical in obtaining fulfilment because it is performed with complete devotion.

#### **Sincerity in Conduct**

Islamic medicine practice is related to the sincerity of its practitioners, whether students or practitioners. The existence of sincerity in oneself threatens the devil because the devil cannot deceive sincere people.

#### **Trust and Responsibility**

A person who seeks Islamic medical knowledge must have a character and be trustworthy towards knowledge by practising everything learned in the best possible manner. One must also be responsible for doing good deeds consistently and avoiding unnecessarily making things up or adding something extra.

#### **Islamic Character**

When studying Islamic medicine, one must form a highly moral Muslim personality. Noble morals mirror the purity of a person's soul and spirit, reflecting the value of the knowledge learned (Haron Din, 2011).

Ergo, Islamic education teachers must be the predominant body who should maintain Islamic medical knowledge because their contribution in this field can make a considerable contribution not only to dealing with the problem of hysteria in schools but also to directly reaching the philosophical pursuits of Islamic Education.

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