Hysteria—A Psychodemographic Study

R. PonnuDurai, M.B.B.S., D.P.M., M.N.A.M.S.,
O. Somasundaram, M.B.B.S., D.P.M., M.R.G. Psych.,
S. Balakrishnan, M.A., D.M., & S.P.
Radha Srinivasan, M.B.B.S.

Summary

The study refers to sixty-five cases, diagnosed as Hysteria in the course of one year in a general hospital clinic. High occurrence was seen in the age group of 16-20 years. Mean age was 19.1 years. Females formed the majority of the patients (63.1%). Occurrence was higher in unmarried males and females. Illness was more common in persons with lower education and socio-economic status. Nuclear families harboured greater number of the patients. Various psychogenic factors and the symptoms observed are discussed. During the follow up period, which was spread over a period of two years, it was observed that twenty-two patients (33.8%) got rid of their symptoms altogether whereas fourteen of them (21.5%) had only partial relief.

Hysteria has bedevilled mankind, long before Hippocrates labelled it to be a malady of women, for the term 'hysteria', derived from the Greek 'hysterin' which means uterus, was probably first applied to the emotional state into which devotees of the Goddess Aphrodite worked themselves up during the orgies that took place on New Year's day when the annual festivals of the Goddess were celebrated. From then on, all through the ages Hysteria has been a focus of attention partly due to its intriguing nature and the complexity of the problem. In the recent past, the psychological, demographic and other factors have attracted the attention of the Psychiatrists all over the world. The present study was undertaken to scrutinise some of these factors.

Material and Method

The sample consisted of sixty-five cases of Hysteria who were attending the Department of Psychiatry, Govt. General Hospital, Madras in the year 1978. The diagnosis was made as per the general guide lines laid down in D.S.M. II (1968). Patients over the age of 35 were excluded from the study.

Each patient was interviewed on an average for quarter to half an hour per session, once in a fortnight. The progress notes were entered in the case sheets maintained for each patient. Investigations like electro-encephalogram, psychological testings including abreaction were done whenever necessary. All the patients were instructed to report to us once in a fortnight for our regular follow up which was spread over a period of two years from the time of their first attendance in 1978. Patients who had either failed to visit us or left the local area were contacted by letters or home visits to evaluate their progress.

Results and Discussion

Table 1 describes the various socio-demographic characteristics of the sample.

Age & Sex: The average age in our study for males was 19.6 years with a standard deviation of 6.9 and for females 18.8 years with a standard deviation of 4.4. The females (63.2%) were signi-
Table 1

| Age (in yrs.) | Male (N=24) | Female (N=41) | Total (N=65) |
|---------------|-------------|---------------|--------------|
| 0—10          | 8.3         | 0             | 3.0          |
| 11—15         | 20.8        | 19.5          | 20.0         |
| 16—20         | 33.3        | 58.6          | 46.1         |
| 21—25         | 8.3         | 4.9           | 4.3          |
| 26—30         | 25.0        | 4.9           | 12.3         |
| 31—35         | 4.3         | 2.4           | 3.1          |

| Marital Status | Male (N=24) | Female (N=41) | Total (N=65) |
|----------------|-------------|---------------|--------------|
| Married        | 29.2        | 41.5          | 36.9         |
| Unmarried      | 70.8        | 58.5          | 63.1         |

| Socio-Economic Status | Male (N=24) | Female (N=41) | Total (N=65) |
|-----------------------|-------------|---------------|--------------|
| I                     | —           | —             | —            |
| II                    | —           | 4.9           | —            |
| III                   | 20.8        | 17.0          | 17.0         |
| IV                    | 66.7        | 78.1          | 75.0         |
| V                     | 12.5        | —             | —            |

| Educational Status | Male (N=24) | Female (N=41) | Total (N=65) |
|--------------------|-------------|---------------|--------------|
| Illiterate         | 4.2         | 7.3           | 6.1          |
| upto V             | 20.8        | 43.9          | 35.4         |
| VI to X            | 75.0        | 39.0          | 52.3         |
| College            | —           | 9.8           | 6.1          |

| Family Structure | Male (N=24) | Female (N=41) | Total (N=65) |
|-----------------|-------------|---------------|--------------|
| Nuclear         | 66.7        | 61.0          | 63.1         |
| Joint           | 33.3        | 39.0          | 26.9         |

Significantly more affected than the males (36.9%).

Marital Status:

In our country, traditionally and customarily girls are married at an earlier age than the boys, which might have contributed to the higher percentage of unmarried males (70.8%) over the unmarried females (58.5%). Nevertheless the unmarried group had out numbered the married group in both the sexes.

Socioeconomic Status:

Majority of our patients hailed from the very low socio-economic status and belonged to the Social Class III and IV (Kuppuswamy, 1962). Correspondingly most of those who sought the treatment were housewives, agriculturists, semi skilled workers and unemployed. However, these findings have their inherent limitations, since our hospital, being a premier Government Institution caters mainly to the need of the poor for whom, up to an income of Rs. 300 p.m. the medical aid is free.

Educational Status:

An overwhelming majority of males (75%) had their education ranging from Vth to Xth Standard whereas among the females 43.9% had a low level of education and 39.02% had high school education.

Illiterates constituted 42.0% and 7.3% among males and females respectively. This deviation from the widely accepted hypothesis that hysteria is more in illiterates, may be because the study was undertaken in a state capital city which is not lagging behind other cities in the educational forefront.

Family:

It can be observed that the incidence was higher in the Nuclear families of both males and females.

Psychological Factors:

The occurrence of a mental conflict prior to the manifestation of hysteria may be revealed by a painstaking history of the illness. Such a conflict is provoked by changes in the life situation of the patient. Apart from traumatic conflict producing incidents, some of the other psychogenic factors in operation, are worthy of mention. 41.5% of females were found to be in great need of love and affection from the parents, spouses or in-laws. Probably the feminine role inherently sanctions greater reliance on others for love, affection and solace. Such psychological need was forthcoming only from 25% of men. Conflicts in the sexual sphere (e.g. exposition of pre or
extra marital relationships, dyspareunia, loss of libido) were observed in 29.27% of the females whereas the same was noted only in 4.27% of males. Sibling rivalry was evident in 9.86% of females and 8.3% of males. Imitation was detected in 4.9% of females and 4.2% of males. Some of the other factors in force were, increased responsibility, loss of self esteem and the like. The nature of the conflict and its possible symbolic relation with the symptoms were correlated in some of the cases and in others requires further investigation.

Symptomatology:

In our study the commonest symptom was fits which constituted 31.71% in the females and 25% in the males. Fainting attacks were noted in 26.8% of females whereas in males it was 12.5% only. Headache was observed in 17% of females. Giddiness was prominent in 16.67% of males and 9.7% of females. Paralysis manifested in 12.5% of males and 2.4% of females. There were various other symptoms including breathing difficulty (7.2%), Tics (4.88%), aphonia (1.5%), hiccup (4.88%), and possession states (1.5%).

Follow-up Study:

During the follow up period which was spread over a period of two years, it was observed that twenty two patients (33.3%) got rid of their symptoms altogether whereas fourteen of them (21.5%) had only partial relief. However in three patients (4.6%) the symptoms persisted till their last visit to our department in spite of various methods of treatment resorted to. At any rate, notwithstanding the persistence of the symptoms these patients had returned to their jobs and responsibilities. The progress of the remaining twenty five cases (38.5%) was not known since their symptoms persisted at the end of the first visit and they failed to report after that. Further our best effort to contact them by correspondence and home visits became futile, because of their places of abode were not within easy reach.

Another noteworthy observation in one patient who initially complained only giddiness was that he gradually developed withdrawn behaviour, inappropriate laughter and wandering tendencies and hence the authors had to revise the diagnosis in favour of schizophrenia. Two cases relapsed after two years and had altogether new symptoms, thus required our renewed care.

Thirty patients (46.2%) did not report subsequently after the first visit. Nine patients refrained from seeking our help after the first two visits in less than a fortnight. Another twenty one cases had been frequenting our O.P.D. only for about three months and four cases for about 6 months. Only one patient continued to visit us on and off for about a year.

We therefore conclude that hysteria is a syndrome with a psychogenic background which starts early in life, occurs mainly in females and manifests through multitudinous symptoms, which require a regular follow up for a considerable length of time.

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REFERENCE

KUPPUSWAMY, B. (1962). Manual of Socio-economic Status scale (urban). Delhi: Mansayan.