

Symptoms description, cognitive and other psychological aspects of individuals with balatung: the startle matching syndrome of Pampanga

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Abstract: The study intended to present the symptoms, cognition, and other psychological aspects of individuals exhibiting *Balatung* (Startle matching syndrome of Pampanga). It employed an exploratory of the descriptive type design to investigate the characteristics of five (5) Kapampangan individuals exhibiting balatung in a variety of context, focusing on the symptoms, cognition, and other psychological aspects. The information was gathered through the administration of psychological tests, checklist, observation checklists, and conduct of in-depth interviews. Results shows that the respondents cognitive domain suggest that their general intellectual ability as related by this intelligence test alone fall mostly on the lower extreme and one below average. Lastly with the other psychological aspects, it shows that majority of the five respondents have issues in attention.

Keywords: Startle Matching Syndromes, Culture Bound Syndrome, Balatung

1. Introduction

A *balatung*, an example of a startle matching syndrome, is a reaction involving a surprise or severe panic, crying or screaming, replication of words, gestures and even action, and automatic obedience after a command that an individual would not typically follow [27]. These reactions were also be seen in some countries in Asia particularly Malaysia, Japan, Indonesia, Siberia, etc. [35]. Winzeler added that such reactions made a striking impact upon the individuals who watched them. It is because the sufferer presented a loss of self-control that was not typical individual who place importance upon self-respect, distinction, nobility and self- esteem. It was well accepted among the locals who knows them, but they viewed it as a personal peculiarity than a form of mental impairment.

Related conditions of these phenomena called startle matching syndrome are observed in the Philippines, known as *mali-mali* [27]. It is called usually as *balatung* in Pampanga, a province in the central region of Luzon [38]. Simons personally witnessed these individuals when he went to observed different variations of hyperstartling around the Philippines. He was able to described them as persons who screams unconsciously, mimics everything

they hears, will uttered obscene words and will follow whatever the *mamalatung* (the person who usually pokes a *balatung*) will be telling the person to do [36].

Characteristics and features about the *balatung* in Pampanga have just become a topic of inquiry that is we have to know more and conduct study regarding these. In lieu of forgoing, this study distinguishes and makes this research a ground-breaking effort to break new grounds as to answer on this line of curiosity and interest. Also, it is the goal of the study to describe these balatung individuals in terms of their symptoms, intelligence and other psychological aspects like attention, mood and conduct.

Essential to the understanding of the startle matching syndrome particularly the *balatung* of Pampanga is the fact that all of the number of culture specific symptoms of the syndrome consist of sets of most of the essential elements, culturally entrenched, but readily identifiable across culture [27]. This study attempted to give a sample of indications supporting this contention.

2. Roots of Startle Matching Syndrome

Saint Hilaire [23] reported that the etiology of the startle matching syndrome appears to be situational since it has various kinds of response, the odd conditions of onset, and clinical progress. They discussed that startle matching syndrome is a behavior that is associated to a certain situation and can be best explain via operant conditioning. They stressed that the sufferers are constantly ticklish and responds to a hasty stimulus more strongly than usual.

Gilmore Ellis [23] reported that startle matching syndrome was genetic, in that it affects a big percentage of the family members usually middle to late adult women than younger ones. Likewise, Ellis also considered startle matching syndrome in neurological positions as having its beginning with hysteria and hypnotism in a neurosis which reduces nerve force and carries about an abnormal reflex flow of it.

Conversely, Chiu, Tong and Schmidt [5] made a clinical survey regarding the states of persons having the startle matching syndrome. In their investigation they found out that sufferers perceived that what might triggered their hyperstartling condition would ranging from bereavement, childbirth, physical illness, and sexual dreams are the primary cause of this phenomenon.—They added that numerous explanations for their status based from their observations. The authors established that it is not about “racial” issues but the condition is closely tied to social role [5]. If the suggesting stimulus embroils another person, especially a male individual, this appears to require an impulsive movement or sudden physical contact. In some cases the startle reaction is an anticipatory response to what seems as a sexual cue. Without doubt, startle matching syndrome is socially established as an “attention-seeking pattern”, and it is further believed that it offers one of the limited circumstances where women can show excitement, aggression, and/or open sexuality [5].

3. Characteristics of Individuals Exhibiting Startle Matching Syndrome

An individual who do exhibits hyperstartling at the same time who also match and obey was to a certain extent interesting. Although rarely such individuals may turn up almost anywhere, there are many places in the world where we come across them. These individuals who display the startle matching syndrome appear to be numerous here in Southeast Asia but substantial numbers of them can be located in variety of rather diverse cultural milieu as well. In each of the places where the syndrome is abundant, it has been particularized into a complicated of experiences, behaviors, standards, and beliefs that is obvious, recognized and bears the name. Each culture specific embellishment is colored strongly by the local culture; it has a local name, and entrenched in local tradition.

Simons [28] cluster together patterns that are having hypersensitivity to unexpected fright, usually with echopraxia, echolalia, command automatic obedience, and dissociative behavior and label it as startle matching taxa. The startle matching taxa is composed of *latah*, jumping Frenchmen of Maine, *ataque de nervios* and hyperekplexia. In the Philippines, there are similar symptoms of this syndrome called *mali-mali*.

Afar from the initial exaggerated startle response, the crucial features of startle matching syndrome cross-culturally are the automatic performance of certain atypical behaviors during a period of time subsequent stimulation of the startle response []. They are depicted in order of expanding severity, and about dwindling observed frequency.

Geertz [11] describes the symptoms of *latah* an example of a startle matching syndrome of Malaysia as: as “an involuntary blurting of obscene words or phrases, compulsive imitation of the words or actions of others, and compulsive unquestioning obedience when ordered to perform actions which may be ridiculous, improper, or even dangerous” [11 p. 93]. The person exhibiting *latah* can be startled by any precipitous loud sound, by a tickling prod in the ribs, or by a hasty gesture. Habitually, the word blurted out is a male or female genital. The words or actions which are spontaneously mimicked are not definite but are typically chosen by the teasing prime mover as actions which are considered comical. Furthermore, Geertz [11] explained another theme which is a profound fear of psychological shock, a concern of being unexpectedly startled which for the *latah* person, a remarkably important and extensive concern. “It is though that any sudden sound or physical shock disorients a person so that he loses his bearings, his psychic defenses drop, and becomes vulnerable” [11p. 94].

Geertz [11] reported that this kind of startle matching syndrome is commonly studied to be merely an unusual condition, just like stuttering and palsy. The person is not considered to be abnormal or sick but a usual condition and symptom models were uncovered which are almost similar to those have been studies in other Asian countries like Indonesia, Malaysia, Mongolia, Japan, and among a 19th century Protestant communal sect identified as the “Jumpers” of Maine and Canada [11].

4. Cognitive Aspect of Balatung

As defined, cognition denotes to the mental manner implicated in achieving of knowledge and comprehension, thinking, knowing, remembering, judging and problem solving. These are advanced level utilities of the brain and include language, imagination and learning [40]. Review of existing studies mentioned that persons who have the features of startle matching syndrome were described to be normal and possibly even above average intelligence, to one side from their episodes [20]. Conversely, startle matching syndrome as seen in Sarawak by Chiu, Tong &

Schmidt [5] stated that there seems to be no certain connotation with education, intelligence or IQ level and social class.

A number of researchers have examined aspect aspects like social [31], personality [34], emotional [9] cultural [15; 31] and even anthropological [31; 27] features of the individual exhibiting the traits of startle matching syndrome, but no research emerged to study their cognitive aspect. With this regard, this study would describe the individual with *balatung* cognitive process by which a person become conscious of, perceives, or grasps ideas. However, cognitive ability may foster beliefs and understanding about being able to satisfy his or her day to day activities and duties, since there is evidence that intellectual execution is associated to control beliefs concerning daily rational assignments that are pertinent to everyday functioning [14].

The research attempted to present the cognitive functions particularly fluid intelligence, knowledge, working memory, quantitative reasoning and visual-spatial processing of persons experiencing *balatung*, as part of their profile to further understands them.

5. Other Psychological Aspects of *Balatung*

Behaviors of a person can be normal or strange depending on the standards that bound a certain individual. It is mentioned that there is a direct association between the behavior and social norms [6]. Describing the behavioral aspect of the *balatung* will allow the revealing of the purposes behind such response and how it assumes its manifestation socially.

Several investigations have outlined different psychological aspects commonly observed among individuals with startle matching syndrome [12; 34; 11; 27]. The signs seem in effect of a *fright* or some other impulsive emotion; the startled person shouts, after which she mimics everything that is uttered; besides she obeys everything she is asked to do, which includes actions entirely contrary to her behaviors and dispositions [39].

These unavoidable signs and symptoms can be set aside up as long as the individual exhibiting the startle matching syndrome desires by using the component of fright over and over and that they vanish as soon as the sufferer is spoken to gently and calmed [39]. In addition to that, immediately after the anxiety, the sufferer talks about mostly sexually lewd words, in general the same words are repeated over and over again; or it may be that the individual asks reckless queries or makes comments to her master, about which the person occasionally is very much ashamed subsequently after that made the person believed "a fool of him or herself".

Furthermore, startle matching syndrome can be considered as symptomatic behavior with the implication of "I don't do what I am" so the person suffering from the

condition is not to be liable for what he is acting out nor is society [15]. The long-term effect of an illogical participation can be understood as follows. General systems theory has studied symptomatic behavior to be an inconsistent type of communication, utilized by individual in a one-down position in a matching association with a goal to control the circumstances [15]. This suit startle matching syndrome's occurrence in marginal social status [18]. The sufferer is perceived to be out of control. Therefore she cannot be thought responsible for acting/uttering what she is not permitted to in a typical situation. The community considers being her husband not necessarily needs to react for the reason that she is not her "real" self. Hence her unmannerly statements are neither what they are, nor aimed to the community, her husband.

Behavioral susceptibility can be splendidly explain the occurrence of startlers. Individuals with this susceptibility may be selected in cultures with definite prohibitions. Startle matching syndrome's challenge, by ways of symptomatic behavior, in a contradictory way their marginality, which may have been initiated originally by their behavioral vulnerability, while alleviating at the same time balance in their community or family. This may give details the unambiguous culture-bound essentials of startle matching syndrome-behavior such as automatic obedience to orders of individuals nearby when rattled.

Startle matching syndrome is irrefutably a fascinating topic to be learned. This research can work as an inventive effort in understanding and describing the *balatung* of Pampanga. The absence of accessible literature on *balatung* is an apprehension that can hamper the psychological development of individuals with such experiential behavior. Describing the profiles of *balatungs* can impact and specify the aspects and factors that contribute to the occurrence of such behavior. Also by presenting a basic sketch of *balatung* from the point of view of numerous experts, it is apparent that there is a requiring psychological description on the condition. The substantial effect of culture on the advancement and manifestation *balatung* may assume it to be a culture bound syndrome. The need to stipulate such perspectives gives a profounder and clearer description of the phenomenon and its causes.

The purpose of this study is to describe the profiles of individuals with *balatung*. Particularly, the study sought to answers to these following questions:

1. How would the symptoms of participants exhibiting *balatung* be described?
2. How would the participants exhibiting *balatung* be describe of:
 - a. Cognitive Level
 - b. Other Psychological Aspects

6. Method

6.1. Participants

Samples that were picked had the features of a *balatung* phenomenon based on the report of the startle matching syndromes from referrals. They have the behavioral manifestations of imitations of movements and utterance of obscene words based from the interview given to their significant others. The five participants were all women between the age 50 to 80 years old Kapampangans and all living in Pampanga. The research engaged a purposive sampling methods since the preferred sample for the study is exceptional and very hard to trace and recruit for a study.

6.2. Instruments

In this study, standardized test instrument was administered that would described the aspects of individual exhibiting the *balatung* namely of the Kaufman Brief Intelligence Test, Second Edition (K-BIT2).

Validated checklist for the *balatung* cases were utilized in conducting this research namely the Startle Matching Syndrome Symptoms Description and Checklist for Attention, Mood and Conduct. These checklists were translated in Kapampangan dialect. Questions then were back translated into English to further validate the items. To ascertain validity of the semi- structured interview guide, these checklists were submitted and screened to a pool of experts to establish ease of validity of items, their applicability, and significance to the study goals.

6.2.1. Kaufman Brief Intelligence Test

The Kaufman Brief Intelligence Test, Second Edition (K-BIT2) is an assessment tool intended to measure an individual's cognitive abilities. As mentioned by Kaufman and Kaufman [16] K-BIT2 has subtests that briefly and validly assessed verbal and nonverbal intelligence of a person. It can be given to persons with age ranging from 4 through 90 years old. Although on its short characteristic as a cognitive ability test, their verbal subtest has a similarity with intelligence test like as Wechsler's, and SB-4. While K-BIT2's nonverbal test composed of matrices similar with the theoretical paradigm on certain schemes that can be seen in Raven's Progressive Matrices test.

K-BIT2 has respectable psychometric properties that can keep at pace with other cognitive measures. According to its manual [16], the mean internal consistency reliabilities of .91 for verbal domain .88 for nonverbal domain and .93 for the IQ composite were from respondents ages 4 through 90. Thus, test-retest reliabilities were also attained for the test that were gathered from administering on 271 participants age ranging from 4-89 on a 6-56 days of interval with an average interval of about 4 weeks. The results obtained for verbal domain were from .88 to .93 (mean = .91) nonverbal domain were from .76 to .89 (mean = .83) and for the IQ composite of .88 to .92 (mean = .90).

Administering only the verbal or nonverbal only portions of KBIT2 is suggested if both cannot be

administered validly. With this flexibility, administering only the nonverbal subtest which includes matrices could be done by following guidelines given by the manual; if the examinee is a non-English speaking individual or with a limited English proficiency, if the examinee's non-mainstream cultural background may have affected knowledge acquisition and verbal development, examinees who were deaf or hard hearing, is diagnose with dyslexia or illiterate, or those who have moderate to severe speech or language problem or action.

6.2.2. Symptoms Description Checklist

The researcher came up with the Symptoms Description Checklist to check the existence of different signs and symptoms of startle matching syndrome as presented in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR). As a result, this checklist helped the researcher identified and validated the symptoms of the components of startle matching syndrome. Startle matching syndromes symptoms description became the basis for tracking indications of *balatung* having its four facets namely:

1. Coprolalia - the habitual expression of lewd words [22]
2. Echolalia - psychopathological mimicking of words or phrases of one person by another; tends to be recurring and constant [22]
3. Echopraxia- pathological imitation of movements and gestures of one person by another [22]
4. Other Symptoms of Startle Matching Syndrome - hypersensitivity to unexpected warnings, display of altered state of consciousness, making involuntary movements, exhibition of socially inappropriate behaviors, obedience and submission to commands, and the like. (Sadock & Sadock, 2003).

6.2.3. Checklist for Attention, Mood and Conduct

The checklist was constructed to check and measure the psychological aspects such as attention, mood, and conduct of the participants. This was also to validate if *balatung* symptoms markedly distress the one's performance on day to day routines. Through this checklist, it can describe how the participants behave in a certain manner and react to stimulus. To be specific, the checklist focused on the following aspects defined as:

1. Attention- Amount of effort used in focusing on particular portions of an experience; Ability to endure a focus on one task; Ability to concentrate [22]
2. Mood- Persistent and constant emotion subjectively experienced and reported by a person and observed by others [22] Conduct- behavioral traits in which an individual behaves and acts towards other people [22]

6.3. Procedure

The succeeding outline of procedures took place in the collection of data in this study:

1. Before the data collection, checklists went through

validation measures. Experts consisting of a psychiatrist and a clinical psychologist validated the said instruments. Afterwards, revisions were made upon the recommendation of the panel of experts.

2. Five participants displaying the symptoms of startle matching syndromes were given a briefing regarding the study giving emphasis on confidentiality issues and asked them the permission if they can be part of the study. Interviews were administered and at the same time direct observation to the cases.
3. It will be followed by administering the Kaufmann Brief Intelligence Test, Second Edition (K-BIT2), *Balatung* Symptoms Checklist, and the and Checklist for Attention, Mood and Conduct that was given at the Psychology laboratory of Holy Angel University at Angeles City, Pampanga. Scoring and interpretation followed after test was administered.
4. To validate the results from the checklist, an interview followed.
5. After all the instruments were administered to all participants, a de-briefing was given.
6. Analysis followed to answer all questions presented on this study and to give an insight about the *balatung* phenomenon being studied in this research after data has been gathered.

6.4. Data Analysis

Data analysis entails of examination, categorization, tabulation, testing or otherwise recombination of both the quantitative and qualitative evidences [38]. The best way for conducting case analysis is to have a general analytic scheme and in this study the scheme to be utilized in particular is *case description*. According to Yin [38], a case description approach is developing a descriptive context for structuring case study and the descriptive framework systematizes the case study analysis.

To present the characteristics of the *balatung* phenomenon:

1. The K-BIT2 that was administered to all participants was scored and interpreted through the use of its manuals.
2. A checklist having the customary symptoms of *balatung* was devised and further looked into these signs and symptoms, an interview was given. The data collected from these instruments were synthesized by matching similar replies to others and involving these to the propositions made early in the study.
3. Member checking was also observed to strengthen the results of all the checklists given.
4. All data gathered from tests and checklists were analyzed using the content analysis method, a research tool that is used to ascertain the existence of certain words or models within texts or group of texts. The researcher quantified and analyzed the existence, significance, and connection of words and models that was collected from the interview among the participants of the study, then will have meaningful

interpretations and descriptions from it.

7. Results

7.1. First Case: Toring

7.1.1. Symptoms Description

Toring described her *balatung* symptoms gradually manifesting at the age range of her 20's. "*E pa man panahun ning hapon makanyan na ku*" (Long before Japanese took control over the country, I already have this condition). She is certain that her condition was primarily influenced by her friend, also a *balatung* wherein they always go out and meet for a certain event.

In her narration, an altered state of consciousness can be significantly observed, from a normal range of actions to inappropriate behaviors. At one point, as she was peddling her goods in a circular basket, she throws it to the air because she was surprised. The *mamalatung* even paid 400 pesos to compensate on Victoria's income. "*Binuga ke tang metung kung apu, I kagawad megastus ya. Tang beronga ku seli neng panulu.*" (I threw something on one of my grandchildren, our councilor paid for the medicine) as she stated. Under the state of *balatung*, she follows orders immediately and complies instantly after a stimulus, she doesn't think twice when ordered to perform a behavior. As accomplishing the task, she is usually agitated and restless. When asked to dance in an unexpected fright, she immediately obeys and even makes involuntary and weird movements. An indication of hypersensitivity to cautions.

On the duration of *balatung*, she is incapable of regulating her speech and movements. "*Potang mipakirut ku, asasabi ku ngan ita*" (When I am being startled, I can say a lot of things). She makes involuntary articulations of offensive and threatening words. "*Aydayo, pamaten dakayu!* and *ayy burat nang kabayu!*" (You bastards, I will kill you all! Oh big penis of a horse) as she expressed. She impulsively swears obscene phrases that are culturally unsuitable when used out of context that annoys other people. Also, she copies the phrases that she heard previously, repeats back questions being addressed to her and usually has a louder intonation of voice rather than normal. She is obedient with uncritical responses when asked for something. Aside from reiterating of words, she manifests meaningless repetition of others movement spontaneously. "*Potang teterak la, tumerak ku. E malyaring ali*" (When they dance, I also dance. That's inevitable).

When she feels that a dangerous act might occur, she usually avoids it. "*Patugutnan yu nako*" (please stop, spare me) as she narrated. When she comes back to her consciousness she doesn't recognize the events that took place during the episode of *balatung*. Her memory is vague and unclear on what had occurred. She has a hard time recalling events and manifest abnormal reactions right after the state of *balatung*. Subsequently, she experiences catching of breath with difficulty, gasping of air, chest pain

and fatigue. She just let her body rest to cope up after an encounter to regain her energy and consciousness.

7.1.2. Cognitive

During the test, Toring was neat and looked a little thin. She sat quietly and nodded her head when each instruction was read. She asked for a direction to be repeated or to be explained further in Kapampangan. At the start of the test, she sat with her back straight and hands resting on top of the table. She seemed more comfortable and confident in answering subtests that involve pictures, and during these subtests, she answered quickly but had to lean forward to see the pictures better.

She appeared to have more difficulty on items that require verbal skills and output. She gave her answers in Kapampangan. She gave the impression that she had difficulty with these subtests especially as each subtest became more complex. She mouthed her answers silently before articulating them, making her appear unsure of herself.

In addition, she looked in other directions and played with her ring when she was not confident with her answers. She took a while, often looked into space, before she gave answers to items she did not know. Some items were repeated twice to make sure she heard them correctly. She has manifested her hesitancy and trouble on the verbal subtests through her actions and gestures.

Toring's general intellectual ability level falls in the lower extreme range. Her verbal ability is also on the lower extreme. Her performance is equal to that of a normal 11 years old. She encounters difficulty on activities that require the retrieval of general information from long-term memory. On the other hand, her nonverbal reasoning ability is below average. She performed approximately similar to that of a normal 4 years old. The result suggests unfavorable visual information processing and reasoning skills. It is indicative of her lack of skill in determining analogous and sequential relationships as well as her inability to focus on details.

If compared to the average scores of people her age, she only surpassed about 4 percent (4%) of the population who took the test for the non verbal component and one percent (1%) for both the verbal and overall intelligence score. The nonverbal component is measured using matrices. This implies that she really has difficulties in facilitating nonverbal cues. The score she had implies poor intellectual abilities.

All matrices items are made up of pictures. Scoring at the lower extreme means that her ability to determine or find meaning on abstract concepts is very low especially when compared to people of similar age as her. Her abstract thinking skills were not well-developed.

7.1.2. Other Psychological Aspects

7.1.2.1. Attention

She affirmed that she performs mistakes such as slip-ups inattentively; when asked "*palpa ka?*" (a word in

Kapampangan used to describe slip-ups) "*wa, antimo neng mamangan ku ngeni, balamu pandalasan ku, agaganaku ku pin ita pung samba ku*" (she is referring to her work)" (yes, for instance when I eat, in a haste, I remember or I am preoccupied in my job).

She was observed to have a hard time concentrating on task which requires her focus and attention. For instance when cooking, she admitted being easily disturbed as well as being angry when disturbed. She was observed to be struggling with getting a task done. She manifest having difficulty organizing things or even thoughts, the last count was her interview when it is required on the interviewer to repeat the questions asked. Her attention gets easily directed from one point to another. She was observed to avoid doing task which demands focus and attention.

She manifest forgetfulness; such as trouble doing tasks which requires remembering most usually after being in the state of *balatung*. She recounts that most often and not much is known or retained from her memory regarding what she did when she was in the state of *balatung*. Furthermore aside from the state of being *balatung*, she was not able to remember the month of the year when she was asked to do so. She as well was not able to recall her sister's age, and her eldest daughter's age. In her statement "*antimo keng ngeni ating kung darala, eke balu nung nokarin ke binili*" (I'm carrying something, I don't know where I had putted it), was observed to be one of instances that manifest her forgetfulness. Though marked with forgetfulness in doing certain task, she has a good memory of significant accounts in her life, such as the death of her spouse, not fighting with her spouse and other aspects and history of her life. She relates that she exhibits inability to remain calm and compose "*Opo itang balamu mipapaquirul*" (yes, it's like being surprised/shock), as well as when after in the state of being *balatung* that she feels tired from the experience.

7.1.2.2. Mood

She was observed to have a decrease of interest on eating and abrupt changes in weight of the body primarily due to her condition and preoccupied thoughts with other things. There is no related change in her sleep patterns, though she sometimes experiences disruptions of sleep. She was observed to have the tendency to withdraw from pleasurable and enjoyable activities that is as she related was already evident when she was still young. She does not initiate a talk, "*nung magtinda ku magtinda kumu kayi muli nku*" (If I am selling goods, I would just do the job and go home afterwards). She was observed to avoid social contact through isolation, though she recounts that she does not want to be alone unless with her grandchildren. Also when having problems she relates wanting to be with others. When asked if she is having thoughts of ending everything in her life, she admitted that she does say it and having thoughts of it always, such as relating her thoughts or preoccupied thinking about her grandchildren if they would have something to eat. Furthermore, her ideations of

ending everything in life is her feelings of exhaustion she experiences in life. She was marked to have a low self-esteem, such as when asked if she is beautiful, she strongly insists she isn't.

7.1.2.3. Conduct

She does not manifest initiating physical violence, but only when harmed or her sense of self is threatened "*antimo neng kayi magtinda ku pilako-lako da ing tinda ku, talagang mikapali ku buntuk pamasibasan ko kanta a ilang mag-umpisa*" (they are removing my goods, I really get hot-headed, then I hit them, they started it). Another recount; "*ai opo eraku akayi keng pag makipate eku burig ismolan*" (oh yes, they can't stop me when fighting, I don't like being under-estimated/look upon lowly). She does not use any hand-held weapons for threat purposes, or demonstrate cruelty towards others unless she was fought.

7.2. Second Case: Auring

7.2.1. Symptom Description

Auring believes that she started manifesting the symptoms of a balatung after she was diagnosed with diabetes at the age of 45. She also believes that she was influenced by her friend due to frequent conversation to one another. In an interview on December 23, 2011 she described in details her balatung symptoms.

She is hypersensitive to forewarnings that are unexpected. She usually gets surprised and makes movements that are uncontrollable. She cannot even regulate her movement and speech after an abrupt fright. Under the state of balatung, she manifests repetitive movements and sounds. She reiterates other people's words/phrases involuntarily and repeats back the question being asked to her. Also, last words being heard from someone are duplicated. At sudden fright, she exhibits loud outburst of offensive words and compulsive swearing that are customarily unacceptable. "*Katuki ke, timpa naku mamanagkas na kung mamanagkas*" (When someone tap me unexpectedly, I will irresistibly speak obscene words). She manifest impulsive outburst to racial insults which causes annoyance to others due to inability to articulate involuntary responses. She also mimics and imitates the movement of others compulsively.

She displays an altered state of consciousness wherein she had an abnormal response once alarmed with a stimuli. She is submissive, compliant, agitated and manifests no hesitation when ordered to demonstrate a certain behavior. At her worst, she threw all her goods (Sampagueta) when she was asked to, a sign of a quick yet uncritical response. She also displays socially inappropriate behaviors like involuntarily raising of hands and dancing impulsively. She doesn't usually realize what she does during the state of balatung.

When she recovers from the balatung state, she couldn't recognize the events that took place during the episode. After such manifestations, she had a hard time recalling what had happened. She gets surprised that she actually done a particular act that is embarrassing. She described her feeling

of exhaustion and fatigue after an attack. She lets her body and mind rest to cope up with a tiring state of balatung.

7.2.2. Cognitive

It was observed during the test that Auring answered easy questions without difficulty. However, her performance gradually deteriorated as the questions became more complex for her. Based from the results of the test, Auring's general intellectual ability level is below average. This means that when compared to individuals with the same age as her, she fall with those who have poor intellectual ability; she belongs to the lower three percent (3%) of the population in terms of verbal ability, nine percent (9%) on the nonverbal, and five percent (5%) for the whole intelligence component.

Her nonverbal reasoning ability is below average as well. Her performance is approximately similar to that of a normal 4 years old. This suggests that Auring has poor visual information processing and reasoning skills. It indicates that she has difficulty perceiving analogous and sequential relationships and ability to focus on details.

The test, as mentioned, utilizes pictures rather than words. However, a good understanding of the English language is needed for other components such as the verbal part. Her verbal ability is on the lower extreme. Her performance is equal to that of a normal 10 years old. Therefore, in Auring's case, though she can understand the language, she still did poorly on the verbal part of the test, scoring below average. A poor score on this component denotes poor ability in using what she has already experienced and learned as well as putting her skills into good use (crystallized intelligence).

7.2.3. Other Psychological Aspects

7.2.3.1. Attention

She reported and was observed to perform slip-ups without sufficient awareness. In her account, she stated her behaviors related in her manifestations of slip-ups. For instance, when they asked her to get an item, she would get the item that she thought it was, but it is not what is asked for. That example is characterized as her being "*palpa*" a Kapampangan word used to describe the slip-ups. Furthermore, she relates when she is not with herself "*ala ku queng sarili ku*", (I do not know what I am doing) if she is holding an object, if she put it to a place, then she has do a task, then later she would remember the object, she would go back to get it.

As the case maybe for her slip-ups, they are as well the same with her distractions on certain task that requires attention. Her distractibility is paired with her description of getting easily diverted to other task. In her account of an experience; "*Halimbawa atin cung gagawan, cayi atin mong sinabi I balu me I cayi mekayi ya, cayi casdan mu acalingwan cuna ita, nung abalican queba o nanu?*" (For instance, I am doing something, then assuming someone said something, hey you know this and that, she was and that, then eventually, I would forgot it, if I was able to get

back or what to it? – referring to the task), altering her attention rapidly.

She was observed to have difficulty in hearing or listening to other people and in doing task that requires completion and obligations. The case was due to her old age. She has a hard time organizing things as well as her thoughts. As mentioned earlier her diversion from one task to another because of disturbances, tends to manifest her shifting of attention from one to another. She was described found to be refraining from task which requires her focus and attention.

She was described to Exhibit forgetfulness very much, especially in doing a task; *“Halimbawa atin cung binili queta o caya atin cung salwan queni, magbalic cu pasibayu canta bau que abalu nanaman”* (Example I drop it there, or if I would buy something there, I’ll would go back again before I knew it again). Most notably her manifestations of forgetfulness was when she is getting an item or object, placing it elsewhere then forget it after sometimes.

7.2.3.2. Mood

After the state of balatung, she was found to manifest agitations and difficulty to maintain calm and compose. For instance if they tap her she would curse relentlessly, moreover if they startle her if she was told to do things she would do it; *“antimo pag tinampa nacu, managcas nacung managcas”* (for instance, if she hit me, I would curse and curse) and *“anyang magtinda cung sampaguita, inugse ku karela”* (when I was selling sampaguita, I threw it towards them). She reports as well of having feelings of tiredness from an experience like that, few times would be required to go back to her natural state or composure.

Stated above, she experience alteration of energy level most usually when after an experience of balatung. She has a heightened level of energy when under the state of balatung and a lowered one after the experience. Her heightened energy level is characterized when she does what she is told with an impulse and obedience for whatever she was asked to do.

She experiences changes in sleep pattern as she related; *“ay ali ku, neng kayi kabukas”* (No I can’t, sometimes it takes until tomorrow). She was described to avoid social contact through isolation, when she admits that with her grandchildren she feels fine.

7.2.3.3. Conduct

Her conduct usually with her condition, she would only get mad to people who made her balatung. She relates with her recount; *“ecu buring makipate”* (I don’t like fighting).

7.3. Third Case: Idang

7.3.1. Symptom Description

Idang began manifesting balatung symptoms during her young adult years with a co-storekeeper who had recurrent interaction with her. She believed that she exhibit the symptoms with slight manifestations while her husband is still living.

As indications, she presents an altered state of consciousness wherein an abnormal level of vulnerability to an alarm can be significantly observed. She involuntarily makes meaningless actions when surprised and demonstrates overacting reactions to unexpected warnings. With the moment, she cannot organize her speech and movement. She involuntarily reiterates the last word she heard from others and repeats back the questions that are addressed to her.

Furthermore, she compulsively swears and makes involuntary articulation of offensive words and phrases that are culturally unacceptable. She irresistibly speaks obscene language with a louder intonation of voice rather than normal. *“Tang eku dapat asasabi, asasabi ku karela. Ay putanaydamung nakputaka tanaydamo pamasibasan daka”* (Words I must not utter, I can’t help to tell others, like you son of a bitch bastard, I can hit you”) as she stated. She also imitates the gestures that she observed and mimics them compulsively.

In addition, she tends to be submissive when commanded by others through obeying with agitated reactions. She has no second-thought when ask to demonstrate such actions. At her worst, she stokes a hammer onto someone’s hand because other people said to do it. With these, she typically displays socially inappropriate behaviors like compulsive dancing and singing. *“Kayi pabasibas do retang tindahan, pamasibasan kula.”* (On the other day, they told me to throw something on the store, I threw things impulsively).

She complies easily but gives back meaningless response. She does not completely realize what she does during the episode. At the interview *“Ali naman, kabud na daratang ali piyadyan”* (It automatically happens without preparation) as she stated when describing if she is knowledgeable during the act.

When she regains her consciousness she cannot distinguish the events that took place during the episode of sudden fright. Her memory with the event is ambiguous and vague which causes abnormal reactions when the event is retold by others to her. She describes her feelings of fatigue and exhaustion after such condition had occurred.

7.3.2. Cognitive

Idang only reached grade two, thus, she has difficulty understanding Tagalog and English. As specified, the intelligence test administered to the client is Kaufman Brief Intelligence Test, Second Edition (KBIT-2). The test measures both the verbal and non-verbal component of one’s intellectual abilities and provides an I.Q. composite in determining the general I.Q. performance of an individual. Since Idang struggles greatly in comprehending English concepts and terminologies, the assessor used the nonverbal component of the KBIT-2 as a measure of the participant’s general intellectual functioning. The test administered is foreign-made and requires strict compliance in its administration of the other components of the test. It is stipulated that translation of any items into

another language or dialect is prohibited.

Based from the results of the test on the Nonverbal scale, her scores fall under the lowest category-the lower extreme. If compared to the average scores of people of her age, she only surpassed about two percent (2%) of the population who took the test. The nonverbal component is measured using matrices. This implies that she really has difficulties in facilitating nonverbal cues. The score obtained in the test by Idang suggests that she has poor intellectual abilities. She has a hard time perceiving relationships and completing visual analogies.

All matrices items are composed of pictures or abstract designs rather than words. Therefore scoring at the lower extreme would only mean that her ability in determining or finding meaning with such abstractions is very low when compared to individuals of her age. She was unable to develop her abstract thinking well.

Idang finds it very difficult to deviate from what is seen by average people as well as to facilitate imagination in coming up with her own perception of abstract figures. It was observed during the test taking that she answered the easy questions without any problem but her performance declined steadily as the questions became more complex which caused anxiety on her part as manifested in her expressions.

7.3.3. Other Psychological Aspects

7.3.3.1. Attention

In her Balatung behavior checklist, nine (9) out of 11 items related to attention, were observed to be descriptive of the participant. She was described to exhibit slip-ups without sufficient attention. Such a task that requires her attention; cooking was the example behavior she reported. She recounted that when she was invited by her neighbors or “*kumare*” to go while cooking she would always leave the task. Such task describes her of getting easily distracted, and would characterize her difficulty going back to that previous task. Moreover, she relates her being “*baligo*” characterize as having altered attention such that when performing task would be difficult to focus. Her behavior of being “*baligo*” especially when startled would result her in saying unnecessary things such as cursing. Sometimes her attention is redirected to other things.

Her manifestation of difficulty hearing or listening is evident when she repeats questions given by the interviewer. She was observed to have occasionally having difficulty organizing her thoughts. She observed to exhibit forgetfulness, such a task by the interviewer to repeat certain words (“*relo*” or watch, “*salamin*” or glasses, “*tsinelas*” or slippers) after a few minutes when asked to repeat those words she was able to remember only two words the “*relo*” and “*salamin*” and she stated she forgot the last one. Also most notable mark of forgetfulness observed and reported by the participant is her recounts as follows; “*neng kayi eku na balu nung nokarin ku kebit ita*” (sometimes I do not know if where I had put them – referring to an object), she recounts that it often happens.

7.3.3.2. Mood

She reports as well to exhibit agitation and being unable or having difficulty to remain calm and compose after being in the state of balatung. She reports tiredness from the experience of balatung and a jumpy feeling at the state of balatung.

Having disruptions in sleep was notable when she stated that she experience waking up usually at the middle of the night or noon, she was then having difficulty going back to sleep. She stated it occurred most often at the current year. Her disruptions in sleep according to her are related to some worries she have. She neither was describe to not have any manifestations of having suicidal ideation nor lowered self-esteem.

7.3.3.3. Conduct

In her conduct related behavior, she dislikes fighting. She relates though that in her usual experience in her marriage she had engage to conflict with her husband. Though when contended she reports of fighting back, she does not start a fight. Most usually in her narratives most of the fight she has is related to people to makes her balatung. She would only hit people who make her in a state of balatung. Furthermore, she dislikes being curse, jinx or bad mouthed by others. She reports sometimes that just when she looks at her grandchildren she would curse relentlessly as one effect of her condition. Though she reports that if she hits her grandchildren sometimes, most often it is not exaggerated or bad. She reports that she does not engage in fighting unless contended, one incident was when she recounted that she ran after someone with a knife.

7.4. Fourth Case: Baby

7.4.1. Symptoms Description

Baby began demonstrating apparent symptoms of balatung when she was still an operator of ‘jueteng’. It is illegal causing her to be anxious and frightful at times of sudden arrest of police forces. In addition, she has many friends to interact with who share the same symptoms of balatung.

She is incapacitated of regulating her speech and movement once alarmed causing her to make involuntary movements as a sign of hypersensitivity to unexpected warnings. On the interview, she mentioned that the acts are somewhat automatic having no control on the behaviors that she demonstrates. She often jumps when surprised and shout “*Ayyy*” when startled. When under the state of balatung, she makes involuntary articulation of offensive words compulsively. Her urge of speaking obscene language are unacceptable and culturally unsuitable with a louder intonation of voice. This outburst of impulsive utterance causes annoyance to others. Common to people who shares the same condition, Baby does not manifest Echolalia and Echopraxia, the repeating of words or phrases and imitation of movements of one person by another.

She also displays a changed of consciousness from normal reaction to abnormal and violent responses to sudden stimulation. She is obedient when commanded by others and exhibits no second thought when demonstrating a certain behavior. She is submissive yet manifests uncritical responses with agitated reactions. These behaviors are usually socially inappropriate.

When she is conscious to her being, she can no longer realize the things that she did. The events that took place during the episode of sudden fright are vague and hard to remember. She only remembers things that are unclear and ambiguous when recollecting her thoughts. After the episode, her heart palpitates, her body feels tired and she becomes pale due to excessive movements. She usually rest to regain her energy and consciousness.

7.4.2. Cognitive Aspect

Results of psychological evaluation reveal that Baby obtained scores that falls in the lower extreme for both the verbal component which gauges her crystallized intelligence and nonverbal component which looks into her fluid intelligence. This means that her intelligence is akin to that of a normal 10-year old child for the verbal component and that of a normal 5 year old child for the non-verbal. Results can be related to educational attainment, but no sufficient support for actual school performance.

She is known to have reached until second year high school but was unable to continue her studies due to certain circumstances such as financial aspects. She can understand the English language and is able to utilize it accordingly. However, as indicative of her scores for the verbal component which requires the test taker to know and comprehend English, she still lacks the capability to use skills appropriately as well as utilize knowledge combined with the experiences she has accumulated over the years adequately.

The nonverbal part of the test, as mentioned, is organized using pictures instead of words to estimate an individual's logic and problem solving abilities. As seen from the scores she obtained, Baby lacks the ability to think in a logical manner. She also has difficulty in solving problems in situations which calls for her decision making skills. Furthermore, she has trouble recognizing parallel and chronological relationships. Also, her ability to focus on details is deficient and her capacity to take on nonverbal cues is also wanting.

By and large, her overall intellectual capabilities are poor. Despite being able to go to school and reaching secondary education which other individuals similar to her age and economic status could not do, inherent intellectual deficiency was evident.

7.4.3. Other Psychological Aspects

7.4.3.1. Attention

In her behavioral checklist under attention, reportedly she exhibits being distracted on some task that involves her

attention. Her manifestation of being distracted is in lined with having her attention shift from one point to another. In her statement she admits that it does happen sometimes when she is working. Furthermore, she was observed to exhibit forgetfulness, in relating her accounts about herself and her history her recall is good, but in other aspects it is not. In doing task which requires her to remember, she reports of having difficulty to do so. She had stated some accounts to relate it; "*Uy kayi makanyan makanyan oras, pangabukas karin kupa atandanan*" (hey, it would be this time, then only comes tomorrow I would remember) and another one; "*Binili ke potang kayi ekune balu no que binili*" (I placed it, then afterwards I don't know where I had placed it). It was reported as well that she exhibits agitation, and is having difficulty to remain calm and compose whenever she would be in the state of balatung. As her reports relate it after being balatung she would be saying words she is not supposed to say, would often jump as a response to the balatung and reports of tired such as when her increase in palpitations.

7.4.3.2. Mood

She reports of having changes in her weight most especially when a decrease in her weight occurs. "*Kakaisip, papayat ku*", (always thinking, I get thinner) in her account she relates that whenever she always thinks most especially when she has problems the weight decrease was observed. She was having mild manifestations of altering energy level from being energetic to apathetic. During a moment in the interview, when an bad information came that is about her family that was caught up with a problem, the interview had to stop due to her current feelings of worry. Changes in sleep pattern as well was reported in her account; "*istung mitutundu ku dapat matudtud ku, pag milagpas ne ita, masakit kung matudtud*" (if I am already sleepy, I should then sleep, if that I would miss that time, it would be difficult for me to get sleep).

7.4.3.3. Conduct

She was reported not showing signs or behaviors of starting a fight or conflict. Though she reports of not instigating a fight, she relates that when her patience is worn-out she would result to fighting back the persistent mamalatung (one who causes the person to balatung). She also relates that most lately because of her disposition in her religion, conflicts or fights that would not turn out good she avoids it. Her plead to ask the mamalatung to stop the teasing that makes them balatung is one account she stated that show signs of her not instigating a fight. In her recount she stated the following that typifies the statements earlier; "*Ui tuknang na kayu*" (please stop it).

7.5. Fifth Case: Ading

7.5.1. Symptoms Description

Ading started exhibiting the symptoms of a balatung at the age of 30 to 40 years old. She believes that her condition was influenced by her friend who as well

manifests the same characteristics.

As indications, she makes involuntary movements when surprised. She is hypersensitive to unexpected warning such as a falling object on their roof. She is usually unable to control her speech and movement after an abrupt fright. When under the state of balatung, she mimics and imitates the gestures of others compulsively together with reiterating of words and phrases. Oftentimes the last words she heard from another person are duplicated and questions that are addressed to her are repeated. She has also an irresistible urge of speaking obscene language. She cannot control her mouth on speaking offensive words "*Ay bolang ka! Murit ka yata.*" ("*You fool!*", "*You stupid!*") She compulsively swears in public which are culturally unacceptable. She usually has a louder intonation of voice when under the condition of balatung.

During the state of balatung, she displays an altered state of consciousness wherein she is submissive when commanded by others. She has no second thought when ordered to demonstrate a certain behavior and exhibits agitated reactions. When asked to do something in a startling manner together with an action of a *mamalatung* she tends to be compliant to commands. "*Kung nanu ngan gagawan na, O syempre balatung ka agagawa mu, Nung teterak ya, tumerak ku rin, Nung lundag ya, lundag ku rin kung mamaril ya, mamaril ku rin*" (All what he does, ofcourse you do it because you're a balatung. When he dance, I dances, when he jump, I jumps and when he shoot, I shoot as well) as she stated. At some point, she exhibits socially inappropriate behaviors such as yelling/hitting other people and singing at loud and most of the times, she doesn't realize what she does.

When she regains her loss of consciousness, she can no longer remember the things that she have done during the period of balatung. After such manifestations, she had difficulty recollecting what had happened. She describes her sentiments after an encounter as very tiring, having excessive sweating, and as if a heart attack would occur.

Her coping mechanism after an attack is drinking a glass of cold water as refreshment. She mentioned that it is hard to be a balatung because it is uncontrollable.

7.5.2. Cognitive Aspects

As was constantly mentioned, the KBIT-2 has strict requirements in terms of language. Since Ading cannot understand and use the English language and she is unable to read or write, only the nonverbal component of the test was administered to her. The category for her raw score falls under below average. This indicates that her fluid intelligence is comparable to that of a normal 6-year old child. Obtained scores may be relative to her lack of proper and formal school instruction.

Based from the results of the nonverbal scale, if compared to the average scores of people of her age, she belongs to the lower nine percent (9%) of the population who took the test. The nonverbal part is determined by using patterns and formats in pictures. Her low score implies her

difficulties in comprehending nonverbal cues. Furthermore, she has a hard time perceiving relationships and completing visual analogies.

Overall, this suggests that she has poor intellectual abilities. Her ability to find the meaning of abstract concepts is inadequate. When compared to adults of the same age, it can be said that her higher order thinking skills were not fully developed.

Additionally, Ading finds it hard to form her own concepts and structures. She is likely to follow what other people suggest they have seen or experienced. She finds it taxing to utilize her own imagination and is unlikely to come up with her own assessment of her abstract experiences. Moreover, her ability to think in a logical manner is also deficient. Problem solving skills are also shown to be ineffective during the test. This can also give an overview of her real-life problem solving capabilities.

7.5.3. Other Psychological Aspects

7.5.3.1. Attention

Her accounts on being forgetful, especially with task that requires remembering are described by the following statements from her. She was asked about the current date, she was not able to remember the year, moreover, recalling her eldest offspring age, her own address as well as her birthday. She was asked to repeat the three words after a few minutes ("cellphone", "relo" or watch and "papel" or paper), she was able to recall them though in a different sequence. Furthermore, is forgetful of faces, "*wa neng kasi malambat muneng e akakit*" (yes, it happens when you don't see them for a long time). Her memory on her history and significant events in her life were good, task that requires her attention were the ones she is having more difficulty with.

7.5.3.2. Mood

She was observed to exhibit agitation, such as vigorous wriggling and squirming especially when under the state of balatung. If she was asked to dance, eat and anything that was told to her when she was startled she would do so. These agitations under the state of balatung were occurring just when she would be startled or in a state she is negligently suggestible to act according to the *mamalatung's* order (*mamalatung*- one who makes a person with balatung act on what they tell the person). Her agitation whenever under balatung and after balatung is evident when she recounted that she is always feels tired and gasping for air and drinks water as a form of refreshment.

7.5.3.3. Conduct

She was observed to be inattentive and often interrupts other's conversation one example is when sometimes she speaks before or simultaneously while the interviewer is speaking. She was observed to be talkative, stubborn and inquisitive. When asked if she was she laugh as a form of affirmation. She mildly executes slip-ups. She also stated

that she gets easily distracted on tasks which requires concentration; “*maistorbo ka syempre awal ke atin kang kayi keng pisamaban*” (you will get disturbed of course, I try to stop them, we have an activity at the church). Her attention then shifts easily from the activity to other activity such as when she would stop the noises. She was observed to manifest difficulty hearing and or listening to people due to her old age. It is evident in the interview when she repeats questions asked. She was observed to have difficulty accomplishing task and obligations due as well with age. She was described to have difficulty organizing things or even thoughts. She was also described to have marked avoidance from task that requires her focus and attention.

She reports having changes in sleep pattern as well as disruptions in sleep. Her recount on this was when she suddenly wakes up at midnight then it would take an hour getting back to sleep. Though she relates that she has good sleep, she believes the disruptions come with her age. She was also found to exhibit mild feelings of shame, such as when the topic was about her being talkative.

She stated that in terms of her behavior related to conduct, it was the *mamalatung* she would hit. She relates that after being induce of *balatung* state, she would rest and run after with a “*pamalo*” (use as a hitting instrument) towards those people. She was as well experiencing being induced with a state of *balatung* by her family and relatives.

8. Discussion

8.1. Symptoms Description

From the interview and checklist results on the five participants, it is explicitly mentioned that their hyperstartling was influenced by friends who manifest the same actions. As for the cases of Toring and Auring, who are known to be mother and daughter, it seems that the occurrence of their hyperstartling is hereditary. This is supported by Ellis [34] who stated that startle matching syndrome was hereditary. Though their ages during the onset of hyperstartling vary, symptoms became apparent during their early adulthood years. According to Grinnell in 2005, similar cases of hyperstartling in Malaysia (known as the *latah*) were commonly observed on middle aged women.

Common symptoms include being in an altered state of consciousness where the individual seems to follow orders from others in agitation and the accompanying actions are exaggerated and socially unacceptable. These socially unacceptable actions include the articulation of offensive language, compulsive dancing and singing and hitting others upon told to do so. These are similar to the symptoms of startle matching syndrome which were described by Geertz [11]. An observed feeling of exhaustion after exhibiting the movements was described by the cases and they seem to have a vague remembrance

of the actions they have manifested. This strongly suggested that they have no knowledge as to what they do whenever they have episodes of hyperstartling.

Pronounced echopraxia and echolalia were also recounted by the cases. Usually they repeated questions addressed to them or the last words they heard with an increase in intonation, an indication that the actions are indeed due to hypersensitivity to a sudden stimuli, a confirmation of Simons [28] observation of the *mali-mali* of the Philippines. Actions done by the *mamalatung* were also mentioned to be repeated by the cases. This is also similar to that of the Jumping Frenchmen of Maine which were described Simons [28] as having excessive startle responses accompanied by forced obedience.

8.2. Cognitive Aspect

Using an instrument to measure intelligence, the intellectual capacities of the participants were measured. On both verbal and non-verbal aspects of the instrument used, the participants scored on the low extreme ranges for the age bracket they belong to. This indicates poor intellectual abilities and problem solving skills. A significant decline in answering the questions was observed as the test progressed. This difficulty in answering complex problems may be due to the fact that all participants have inadequate and interrupted formal education which was caused by financial constraints.

Another observation which may have affected the result is that the participants were not fluent in the English language, the medium used for verbal tests. However, on items which required manipulation of items, matrices and figures, the participants still scored low. This is an implication of how they perceive relationships and details. It may be said that the participants have underdeveloped abstract reasoning and problem solving skills which makes it difficult for them to form concrete ideas and concepts. This is a reflection on how they adjust to problems they experience in their lives. Decision making is difficult for them since logical thinking for them is effortful.

8.3. Other Psychological Aspects

8.3.1. Attention

One common psychological aspect of the participants in this study is their being forgetful. This was manifested during the interview and after every time they are in *balatung* state. They also have a hard time concentrating and maintaining focus on their tasks, a probable implication of their forgetfulness. They also find it difficult organizing their thoughts. The researcher has to repeat the question because of their lack of focus. It was also mentioned during the interview that they exhibited inability to remain calm and frequent slip-ups. Although they tend to forget information, they can recount effortlessly events in their lives which they deem as significant.

8.3.2. Mood

Another psychological aspect common to the participants is their altered energy level. During their *balatung* state, they appear to have excessive energy, but later on declines when they are back to their normal self. They reported feeling tired after being in that state. They also experience changes in sleeping patterns – they find it difficult to sleep and would sometimes stay up until morning. The participants also mentioned that they avoid social contact and would oftentimes isolate themselves from people specially those who tease them for their condition or the *mamalatung*. They even avoid places where they might be insulted.

8.3.3. Conduct

In terms of the aspect of conduct, all of them related that they would not normally start a conflict but if they are crossed or been wronged, they will fight back, especially to their *mamalatung*. They would just keep their opinions, a sign of how much they respect authority. It was also mentioned during the interview that they exhibited inability to remain calm and frequent slip-ups. Although they tend to forget information, they can recount effortlessly events in their lives which they deem as significant.

To summarize, the present study intended to present the symptoms description, cognitive aspect, and other psychological aspects namely attention, mood and conduct of individuals exhibiting *balatung* (startle matching syndrome of Pampanga). It utilized an exploratory descriptive type designed to explore the particular features of individuals with *balatung*. Data were collected through the administration of K-BIT2 and two validated checklist namely The Balatung Symptoms Description and the Checklist for Attention, Mood and Conduct verified by conducting an in-depth interview. The study aimed to provide important and useful information that can be helpful for the participants of the study as well as to future researchers. The study utilized purposive sampling method. Participant must be at least 18 years old, and must be residing in Pampanga. Five participants qualified to participate in the study.

From the results of the research, it was found out that the participants share common symptoms description, cognition and other psychological aspects in terms of their attention, mood and conduct. Particularly it was found out that:

1. The occurrence of hyperstartling is hereditary according to the respondents' responses as supported by study of [34] who stated that startle matching syndrome was genetic.
2. Their ages during the onset of hyperstartling vary; symptoms became apparent during their early adulthood years this is to strengthen that study of Grinnell [12] where he found out those similar cases of hyperstartling in Malaysia were commonly observed on middle aged women.

3. Common symptoms reflected in their symptoms description checklist include being in an altered state of consciousness where the participant follow orders from others which are socially unacceptable. Examples of these include the verbalization of offensive language, compulsive dancing and singing and hitting others upon told to do so. These are parallel to the symptoms of startle matching syndrome which were described by Geertz [11].
4. Well-defined echopraxia and echolalia were also narrated by the cases. They usually mimic actions, movements and wordings of another person with an increase in intonation. An indication that the actions are indeed due to hypersensitivity to a sudden stimulus. These reactions were given confirmation by Simons' [27] as he observed of the *balatung* of the Pampanga and the cases of the Jumping Frenchmen of Maine studied by Simons [28] as having excessive startle responses accompanied by forced obedience.
5. Using K-BIT2 to assessed intelligence, the cognitive capacities of the five participants were measured. Both verbal and non-verbal areas of the instrument were used. Results showed that the participants scored on the low extreme ranges for the age bracket they belong to. This shows poor intellectual capacities and problem solving skills. It was concluded that this difficulty in solving complex problems may attributed to inadequate and interrupted formal education of the five participants primarily because of financial constraints.
6. In terms of their other psychological aspects like attention, being forgetful is one a common behavior among the five participants. All of them were having difficulty concentrating and maintaining focus on their tasks and daily routines, hard time in organizing thoughts, an apparent implication of being forgetful.
7. In terms of mood aspect, participants were observed having changing energy level. Usually if they are under the *balatung* state, have too much energy, but later on declines when they are on their normal state. With this too much consumption of their energy level, they felt tired after being in that state. Concerns also regarding changes in sleeping patterns were reported that they find it difficult to attain and maintain sleep usually staying up until morning.
8. Lastly in terms of their conduct it shows that the participants revealed failure to remain still, composed and usually having slip-ups especially when they were provoked by a *mamalatung*, though in usual situation, *balatung* will not start a fight.

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