An Interpersonal Approach to Hysteria

BY DAVID CELANI, PH.D.

The author defines hysteria in terms of specific observable classes of interpersonal behaviors and examines the impact of these behaviors on the receiver. The hysterical communicates frailty and helplessness, thus structuring the interpersonal environment to ensure attention and inhibit aggression. The development of these roles is shown in histories of female hysterics, who were selectively reinforced for frailty, seductiveness, and passivity as children. The major classes of symptoms shown by adult hysterics—conversion symptoms and dissociative reactions—reflect these interpersonal roles. The author concludes that hysteria is a relatively specific interpersonal style that results from cultural, social, and interpersonal influences.

In the past, “hysteria” was defined exclusively by the presence of specific symptoms, defense mechanisms, or dynamics. The publication of Chodoff and Lyons’ paper on the behavioral characteristics of hysterics (1) began a trend in which hysteria was perceived as a personality type that was correlated with certain symptoms but essentially independent from them. Other papers that followed used the behavioral diagnosis and focused on descriptive and demographic material (2, 3), somatic disturbances (4), as well as the characteristics of interpersonal (5) and verbal (6) behavior. Despite this trend, there is still a lively debate within the psychodynamic school regarding the oral or phallic origins of the conflict that ultimately produces hysterical behavior (7). This paper is an attempt to present a unified picture of this personality type from the interpersonal-communicational viewpoint.

CLINICAL DESCRIPTION

In females, the most general description of the hysterical interpersonal style is an exaggeration and overplaying of the feminine social role. Chodoff and Lyons’ behavioral description of hysteria (1) was abstracted from the existing dynamically oriented literature and accurately portrays the extreme state of this personality type.

The hysterical personality is a term applicable to persons who are vain and egocentric, who display labile and excitable but shallow affectivity, whose dramatic, attention seeking and histrionic behavior may go to the extremes of lying and even pseudologia phantastica, who are very conscious of sex, sexually provocative yet frigid, and who are dependently demanding in interpersonal situations. (1, p. 736)

Most of these behaviors can be seen at infrequent intervals in nonhysterical women since they are appropriate (in moderation) to the feminine social role; it is possible that they will be seen less as the concepts of women’s liberation become part of the culture. It would be difficult if not impossible for a male to qualify as a hysteric if these behavioral characteristics were the absolute arbiters. Males can have hysterical personalities (8) without necessarily conforming to female sex-role behaviors. The problem lies in defining hysteria in terms of specific behaviors without considering the interpersonal purpose or impact of the behaviors.

The most basic assumption in the interpersonal approach is that all behaviors of individuals in interactions represent attempts to produce in the other person an emotional state that will tend to elicit a predictable response (9). A second assumption is that all individuals have a need to keep their behavior in line with their self-perceptions and their perceptions of others. Neurotics are viewed as individuals with faulty self-perceptions that require constant confirmation by others. To achieve this end, they adopt powerful although limited roles that elicit the interpersonal confirmation (praise, rejection, nurturance, etc.) that they crave. When the definition of hysteria is expanded to describe a specific type of interpersonal communication with a specific interpersonal goal, then both sexes can be judged independently of cultural stereotypes.

Halleck (5) assessed the interpersonal impact of the hysterics’ behaviors on the receiver and concluded that these behaviors were an effective means of coercing others to respond in a predictable manner.

The hysterical’s demandingness, histrionics and dishonesty should be viewed as purposeful actions designed to structure the interpersonal situation so that she can manipulate the responses of others in a manner which assures their continued interest and affection. (5, p. 750)

When a male is confronted by a female who uses the previously described interpersonal behaviors, his responses will probably include interest, helpfulness.
and guidance. Behaviors that would be inhibited include expressions of aggression, countercomplaints of weakness, and disinterest. The male may also be tempted to respond to the provocative behavior with subtle (or not so subtle) messages about his sexual interest and prowess. Thus we have a situation in which the hysteric’s communications about herself have created an emotional climate in the receiver that limits and directs the respondent’s behavior to a few choices (9). If neither party actively recognizes what is going on and if the male responds with “continued interest and affection,” the interaction will proceed smoothly. If, however, the male attempts to follow up the initial message of provocativeness with sexual behavior, the interaction will often take a turn for the worse, ending with the hysteric outraged at his advances. Halleck (5) views this approach-avoidance behavior as the result of the hysteric’s need to control others: “Her sexual charms are suitable weapons in a quest for power since she is less dominated by a need to gratify erotic drives than she is interested in ultimate control of the sexual object” (5, p. 751).

A similar conclusion was reached by Farber (10), who views hysteria as a disorder of the “will,” specifically, as excessive willfulness. Willfulness denotes the expansion and distention of the will to the point where the hysteric is completely unyielding to external influences and dominates and subjugates all those in his/her environment. This is accomplished by the forceful use of “personal decoration” in communications with others. The theatrics and histrionics that accompany the communications from hysteric completely overwhelm the content and emphasize the style of the sender. The listener is forced to choose between style and content, and the former easily dominates. The result is that the listener is reduced to making an “aesthetic response,” which is usually a response to one of the two implicit questions, “Am I pretty?” and “Am I bright?” Farber also sees conversion symptoms as expressions of willfulness; however, in these cases the body is the object of domination: “What he would not move was paralyzed: what he would not hear deafened him: what he would not see blinded him” (10, p. 106).

**BASIC INTERPERSONAL MESSAGE**

Imbedded within the hysteric’s dramatic overlaid communication is a second-level message or meta-communication. This metacommunication arises from the incongruity of an adult acting like a child or, most commonly, a woman acting like a young girl. The impact of the message is derived from the summation of excessive affectivity, coy provocativeness, gross exaggerations, and play acting. The message basically states, “I am a weak, helpless, frail child and am at your mercy.” Although, as Farber (10) points out, there can be variations of this implicit message. The covert metacommunication produces the affective response (emotional climate) in the listener, which in turn limits and directs his behavior toward the hysteric. Kell and Mueller (11) observed this aspect of hysterical communication and commented on the incongruity of a message of “weakness” that was very forcefully presented: “Often these clients will utilize a tremendous affective barrage involving highly dramatized speech, tears, and marked affective changes, all of which are intended to intensify the power of the communication that they are fragile” (11, p. 49).

All of the hysterical characteristics I have described are designed to create and fortify the basic interpersonal message, which can be considered the cardinal interpersonal diagnostic sign of hysteria. There is nothing inherent in the communication of frailty and helplessness that excludes males, and a few men do use this interpersonal style (11, p. 53). Luisada and associates (8) reported that the most commonly seen symptom in male hysteric was suicidal thoughts, which tend to elicit attention, concern, and helpfulness when reported to others. Thus it appears that males use different interpersonal behaviors to get the same message across. In fact, only 4 out of the 27 male hysterics in the Luisada and associates study (8) used effeminate interpersonal behaviors.

Paradoxically, the apparently helpless hysteric acts as a powerful agent of interpersonal and environmental control. By simply adopting the helpless role, he/she structures the overall relationship, captures attention, and motivates others to please him/her. Szasz (12, p. 13) originated the concept that the weakness-helplessness role of childhood was the psychological prototype for hysteria; however, his focus was on the implicit communications of conversion symptoms rather than on the overt communicative behavior of hysteric.

Berblinger (6) focused his analysis of hysterical communication on the vagueness and evasiveness of the hysteric’s speech. He concluded that the central deficit in hysteria was a lack of introspective ability. The interpersonal approach assumes that the communication and the impact on the receiver is the primary goal of the individual and that internal states (lack of introspective ability) are the result rather than the cause of the adopted role. The same analysis can be applied to the hysteric’s vague and global perceptual style (13). When a hysteric is presented with an inkblot stimulus that resembles an animal, her response might be to cover her eyes and look away to demonstrate her fright. Similarly, her verbal report might be “Oh! A wild animal!”—again, emphasizing her fearfulness and weakness. Shapiro (13) argues that this type of perceptual style is a purely internal set; however, it is equally possible that the social and interpersonal consequences of this behavior act to reinforce and maintain the perceptual style. In either case, the affect-laden, vague, and global verbal behaviors convey the specific type of interpersonal message that restricts the future responses from others to those few interactions that confirm the faulty self-perceptions of the hysteric.

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INTERPERSONAL GOAL

There is some slight disagreement as to the interpersonal purpose of the hysterics’ role, although Farber’s questions (“Am I pretty?” “Am I smart?”) can be subsumed under Halleck’s general observation that hysterics crave continued interest and attention. In both cases, the hysteric appears to want to be personally engaged with others, but on her own terms. MacKinnon and Michels (14) view the hysteric’s interpersonal style as a method that allows partial satisfaction of a desire to relate to others but at the same time avoids the possibility of a clear-cut rebuff: “Seductiveness and superficial warmth with the opposite sex permit the avoidance of deeper feelings of closeness, with consequent vulnerability to rejection” (14, p. 120).

The purely interpersonal analysis of the goal of the hysteric’s behavior relies on the previously mentioned congruency hypothesis. In this case the hysteric creates an interpersonal world that responds to her in a manner that is congruent with her own self-attitudes. These include feelings of weakness, powerlessness, and worthlessness (except as a sex object). Thus the world responds to her exactly as she predicts it will, and her essential sense of self remains secure.

DEVELOPMENTAL HISTORY

The recurrent interpersonal patterns seen in adult hysterics are the result of long-term social and interpersonal patterns that occurred during the formative years. There is some agreement in the literature that the histories of hysterics are characterized by deprivation of love and attention. What is more significant developmentally are the types of behaviors that were reinforced (albeit infrequently) with love and attention within this generalized state of deprivation.

Much more is known about the developmental histories of female than male hysterics because there are so many more females in this category: therefore, this section will focus on typical histories of female hysterics.

Mothers of female hysterics are often observed to be subtly competitive and envious of their husbands, as well as self-indulgent and unable to spend much time with their children. Often, the only time the mother is willing to pay attention to her daughter is when she is called on to emit behaviors that enhance her and her role, e.g., when her children are sick or hurt and she can demonstrate her “motherliness” to herself and to others. However, she falls short in the less dramatic but more important day-to-day needs of her children, which offer few possibilities for self-enhancement. Thus the child is selectively reinforced for physical disorders: she receives maternal attention only as a result of her frailty, disability, or illness. Hollender (15) feels that this is the crucial moment for the hysteric. The young girl senses that her mother is unable to supply her with the genuine emotional sustenance that she needs: “Young girls, who become hysterical personalities, turn to their fathers not as fathers, but as substitute mothers. Since they barter sexual attractiveness, they grow up to be women who use sex as a means—often the prime means—of obtaining maternal gratifications from men” (15, p. 22).

Not surprisingly, fathers of female hysterics have often been described as superficially charming and mildly seductive. There is often covert strife between husband and wife, which is further exacerbated by the reciprocally seductive relationship between father and daughter. This relationship is often used by the husband as an affront to his wife; thus, the interaction has multiple interpersonal payoffs. In this manner the female child learns that provocativeness is the only sure path to the attention and affection of males and that other females are competitors to be blocked out. Again, as with the mother, the hysteric’s father fails to supply her with noncontingent affection and attention. The hysteric soon learns she is constantly in the “manipulative marketplace” (11) in that she must perform a certain role if she is to get gratification. The constant search for gratification is carried out at a high level because of the basic affective deprivation and because whatever gratification she receives is the result of a clear-cut interpersonal trade rather than a spontaneous expression of affection. As a result, the hysteric is never sure that she is loved, since she has performed strenuously to elicit any love she receives. Only when she stops performing and still receives love can she begin to believe in her own inherent worth. Unfortunately, few take this risk since there is always the possibility of an outright rejection.

SELF-ATTITUDES

The net result of this type of childhood is a group of self-attitudes that are interpersonally crippling. The history of playing the coquette for her father and of experiencing the false motherhood role performed by her mother, coupled with the vague impressionistic perceptual style that hides her real feelings and favors externalization, tends to feed back into the hysteric’s self-perception. Hysterics often report that they perceive themselves as lacking in substance: “It seems that the hysteric’s romantic, fantastical, non-factual and insubstantial experience of the world also extends to his experience of his own self. He does not feel like a very substantial being with a real and factual history” (14, p. 120).

This is the logical result of playing a complementary interpersonal role to others. During childhood the hysteric is called upon to adapt her behavior to the “lead players.” Thus she never gets to experience direct power or success. Rather, she is limited to taking on a limited number of roles at the behest of others. This type of recurrent interpersonal experience does not favor the building of a strong sense of personal history or accomplishment.
A second aspect of the hysteric's self-attitudes is the distortion of their perceptions of worth and power. The child soon learns that she is positively regarded for certain attributes (cuteness, seductiveness, weakness) and ignored when she does not display this limited repertoire of behaviors. The only way in which she can contribute to the outcome of a situation is by skillfully integrating her wishes within her performances. This results in a distorted sense of power, in that the desired outcome has to be disguised within a role. Interpersonally, this translates into adult situations in which the hysteric manipulates others with one of her roles (passivity, illness, seductivity, etc.). The manipulator is never given credit for her accomplishments (or failures) since the activity was mediated by another person. This continues the myth that hysterics are weak and others are strong.

Eventually the hysteric believes that she is truly powerless. Her dependency on others is based primarily on her subjective feelings of weakness as well as the necessity of involving another person in order to carry out her plans, since she is unable to assume the instrumental role. As time passes, many hysterics build up large reservoirs of hostility directed at those "in power." Developmentally, all expressions of anger were not reinforced and ultimately became incongruent with the developing self-attitudes of passivity, femininity, and girlishness. The only safe way that the hysteric can vent her rage is within her overlearned roles. Interpersonally, this translates into the celebrated "castration" scene. This interaction occurs most successfully when a male accepts a female hysteric's definition of him ("You are strong") and of her ("I am weak"). Within this framework, the male is often tempted to oversell his attributes. As soon as this occurs, the hysteric can allude to a real or imagined weakness, generally in some area of the male's accomplishment, power, or knowledge. The male is often particularly vulnerable, since he has already overstepped the reality of his accomplishments and either ends up defending a lie or admitting his grandiosity. The apparently powerful are temporarily toppled and the hysteric gains some measure of revenge.

The extreme endpoint of indirect control of others is the situation in which the hysteric uses threats of self-destruction to defeat those in her environment. In this interaction a close bond between the players—usually marriage—is a prerequisite, and the husband is often autocratic. The most effective of indirect attacks is self-destruction that is defined as a loss of control or power on the husband's part. The husband is then reduced to the role of guarding his wife and hiding all potential instruments of self-destruction (pills, alcohol, knives, etc.). In this way, the husband becomes the prisoner of his wife's behavior because his exercise of dominance is under her control.

The same sort of approach-avoidance behavior that characterizes the sexual behavior of hysterics also appears in a more general form in their relationships with men. Often the hysteric uses her entire behavioral repertoire in order to attract a new man. Each untried man holds out the possibility of alleviating the original affective deprivation, as well as providing the strength and success that the hysteric feels is out of her direct reach. As soon as the man shows any signs of weakness, the adequacy challenges begin, i.e., the hysteric becomes doubtful that he is "really strong." It often appears that the hysteric is very intolerant of any male sex-role abdication since it destroys the illusion that the male is a savior. Many men married to hysterics learn (perhaps much to their delight) that they must appear hypermasculine in order to allay the anxieties of their wives.

SYMPTOM FORMATION

When an individual with a well-developed hysterical personality structure is stressed by environmental events, two relatively specific classes of symptoms are likely to develop—conversion symptoms and dissociative states. Conversion symptoms can occur in other diagnostic groups (1); however, when they occur in hysterics, they can be viewed as the most potent interpersonal technique in the hysteric's armamentarium. As Szasz (12) has pointed out, this type of interpersonal role forces others to take care of the hysteric, while at the same time absolving her of blame. Perhaps most importantly, it is a situation in which culturally designated hyperadequate males (doctors) will be interpersonally involved. Continued interest and affection are assured as long as the symptoms persist.

The second class of symptoms displayed by hysteric's dissociative reactions, usually occur when the individual has exhausted the interpersonal environment (16). That is, the hysteric finds herself in a situation in which she is unable to elicit the type of responses from others that confirm her basic sense of self. Feedback that is contradictory to the hysteric's self-attitude increases anxiety and sets the stage for flight. In these cases the hysteric abruptly switches roles, an accomplishment limited to those individuals with a long and successful history of role-playing. Perceptually, the hysteric selectively screens out specific classes of stimuli, and when she shifts roles, the classes of perceived and unperceived stimuli shift as well. The whole process recalls Farber's (10) discussion of willfulness and self-dominination, which in these cases relates to an entire social role.

CONCLUSIONS

Hysteria can be viewed as a relatively specific interpersonal style that results from cultural, social, and interpersonal influences. The definition of hysteria has evolved from a symptom-based definition to an interpersonal diagnosis based on specific overt and covert communications that structure the interpersonal environment. The basic communication is one of frailty,
weakness, and helplessness and can be used by both sexes, although cultural factors favor its use by females. The interpersonal role used by female hysterics is an overplaying of the feminine role, which tends to structure the interpersonal environment in a manner that ensures male interest and attention while inhibiting male aggression. More importantly, by restricting the range of responses from others, the hysteric ensures that those responses which have been elicited will be confirmatory to and congruent with her own self-attitudes. The lack of affective conciseness, coupled with the often superficial and flirtatious relationships with men, suggests that these behaviors help the hysteric avoid commitments and substantive relationships with males that present the possibility of direct rejection. The vague and global perceptions of the hysteric, often thought to be at the core of the hysteric's personality, may be the consequence of external reinforcement, since the style of perception aids in structuring the environment.

The developmental histories of female hysterics suggest that they are selectively reinforced for certain interpersonal roles, including illnesses, frailty, seductiveness, and passivity. These roles probably feed back into the self-attitudes of hysterics, particularly in regard to their feelings of worth and power. Goal-directed behavior is often indirect and limited to influencing the behaviors of others.

Finally, the typical symptoms in hysterics reflect the roles of weakness, passivity, and frailty. Often the symptoms involve the interpersonal engagement of physicians, which is assumed to be highly reinforcing for this group.

REFERENCES