

Type	Hysterical
General	<p>Preoccupied with issues of gender, sexuality and power</p> <p>Two types: inhibited and flamboyant</p> <p>Inhibited more common in highly structured, moralistic (sub)cultures; emotional reserve, sexual naivete, inexperience and inhibition, conversion symptoms and somatization.</p> <p>Flamboyant (demonstrative) more common in liberal (sub)cultures; tendency toward repeated crises and dramatizations, seductiveness and sexual impulsiveness; problems with achieving full sexual response are common.</p> <p>Hysteric is the term used for neurotically organized individuals and histrionic for those in borderline range.</p>
Affect, Drive, Temperament	<p>Anxiety the major affect lability of affect; may look superficial, artificial, and exaggerated</p> <p>Temperament intense, hypersensitive, and sociophilic - high anxiety, high intensity, high reactivity esp. interpersonally</p> <p>The kind of baby that kicks and screams when frustrated and shrieks with glee when entertained</p> <p>seek stimulation but get overwhelmed by too much of it more dependent on right hemisphere functioning</p>
Defenses	<p>Repression cardinal mental process in hysteria (Freud) repressed memory and associated affect; it is accompanied by the return of the repressed.</p> <p>Symptoms effect a primary gain resolution of a conflict between a wish and a prohibition and a secondary gain concern/interest from the others. The loss of sexual attention is compensated by nonerotic attention to her body and disability.</p> <p>Sexualization may be highly seductive butunaware of the implied sexual invitation</p> <p>Regression to fend off trouble by disarming potential rejecters and abusers.</p> <p>Acting out counterphobic e.g behaving seductively when they dread sex; inclined to exhibit themselves when they are unconsciously ashamed of their bodies, to make themselves the center of attention when they are subjectively feeling inferior to others, provoke when are afraid of aggression etc.</p> <p>Dissociation response to being overwhelmed reduces the affectively charged information they must deal with at once la belle indifference; fausse reconnaissance; pseudologia fantastica.</p>
Object relations/ interpersonal	<ol style="list-style-type: none"> 1) sense of gender assigned powerlessness in the upbringing 2) special relation with father i.e. frightening/seductive 3) combination of maternal inadequacy and father narcissism 4) in males raised in matriarchies where masculinity is denigrated 5) gays with histrionic personality <p>they may evoke the more tender side of a male partner and then unconsciously devalue him for being less of a man (soft, feminine, weak)</p>
Self	<p>Sense of a small, fearful, and defective child coping as well as can be expected in a world dominated by powerful and alien others.</p> <p>They manipulate in order to achieve security, to stabilize self-esteem, to master frightening possibilities by initiating them, to express unconscious hostility.</p> <p>Attachment to an idealized object creates a sense of derived self-esteem.</p> <p>Rescue operations are another way to promote self-esteem set out to change or to heal a present day substitute for a frightening-exciting childhood object i.e., the sweet, warm, loving females falling in love with predatory, destructive males in the hope of saving them.</p>

	<p>They equate their power with feminine attractiveness so that they experience a greater than average dread of aging.</p> <p>The histrionic behavior differs from that of narcissistic persons. They are not internally empty and indifferent. They charm people because they fear intrusion, exploitation and rejection.</p> <p>They feel internally castrated. Exhibitionism they turn the physical inferiority into a feeling of power in physicality. Exhibitionism is counterdepressive.</p>
<p>Transference / Countertransf.</p>	<p>Transference</p> <p>was originally discovered with clients in the hysterical realm</p> <p>the present is misunderstood as containing the perceived dangers and insults of the past; they have difficulty processing new and contradictory information due to the high anxiety level</p> <p>the combination of a hysterical female and a male therapist will immediately evoke the client's central conflicts</p> <p>with male therapists female clients tend to be excited, intimidated and defensively seductive</p> <p>with female subtly hostile and competitive</p> <p>with both child-like</p> <p>most cooperative and appreciative</p> <p>in borderline/psychotic range subjects tend to act out destructively, difficult to manage</p> <p>even high-functioning clients can have very intense transference</p> <p>the transference is a means through which healing is achieved</p> <p>sometimes the patients cannot tolerate the intensity of their transference</p> <p>change to therapists that seem less like the original overstimulating/devalued object may work out well</p> <p>Countertransference</p> <p>defensive distancing and infantilization</p> <p>the most vulnerable relation narcissistic male therapist and female client</p> <p>the pseudoaffect self-dramatizing quality invites ridicule</p> <p>an attitude of patronizing amusement will be injurious to them</p> <p>tendency to accept patient's invitation to act out omnipotence (as the patients would usually regress) the appeal of playing Big Daddy to a helpless and grateful young thing</p> <p>giving advice. Praising, reassuring, consoling are all messages pointing that the patient is weak and foster regression</p> <p>fear and genuine helplessness are not the same thing</p>
<p>Therapeutic implications</p>	<p>What hysterical clients need in contrast with what they may feel they need is the experience of having powerful desires that are not exploited by the object on whom they rely.</p> <p>therapist keeps relatively quiet</p> <p>interprets process rather than content</p> <p>deals with defenses rather than what is defended against</p> <p>limits interpretation to addressing resistances</p> <p>rush to interpret will remind the superior power and insight of others</p> <p>fostering patient's autonomy is therapeutic</p> <p>integration of feelings and thinking is deficient</p>
<p>Differential diagnosis</p>	<p>Hysterical vs. Psychopathic</p> <p>Anecdotal evidence of affinity between the two categories i.e., between histrionic women esp. in borderline range and psychopathic men. Qualities such as sensational, flirtatious, excitable are often construed as hysterical in women and psychopathic in men. However, there are psychopathic women and histrionic men.</p>

In the borderline to psychotic ranges many people have aspects of both pathologies. Hysterical individuals are intensely object related, conflicted, and frightened, and a therapeutic relation with them depends on the clinician's appreciation of their fear. Psychopathic people equate fear with weakness and they disdain therapists who mirror their trepidation. The defensive theatricality of the histrionic person is absent in sociopathy. Demonstrating one's power as a therapist will engage a psychopathic person positively yet will intimidate or infantilize a hysterical client.

Hysterical vs. Narcissistic

Both hysterical and narcissistic individuals have basic self-esteem defects, deep shame and compensatory needs for attention and reassurance, both idealize and devalue. Hysterically organized are basically warm and caring, their exploitative qualities arise only when their core dilemmas and fears are activated; their idealization often has its origins in counterphobia (This wonderful man would not hurt me!) and their devaluation has a reactive, aggressive quality.