A Reevaluation Of Hysterical Relatedness

I am interested in the behaviors and ways of relating which express the character traits we call hysterical. In my view, close examination of the interpersonal processes of hysterical engagement will clarify the development of hysterical pathology and lead to a clearer picture of the underlying psychic structure.

In what follows I will paint the picture of hysteria in broad strokes. It may appear I am describing the whole personality, or asserting all hysterical people are the same. I know this is not so. Each of the qualities I describe should be viewed on a continuum, ranging from deep pathology to normality. If I focus on the negative extreme, it is to clarify those underlying issues which are obscured in more subtle description. In hysterical fashion, I have chosen not to specify the diagnostic criteria of hysteria but will try to evoke interest in those qualities which give hysteria its flavor and style.

Furthermore, in my own thinking, I do not focus on the totality of the hysterical personality. I am interested in what I see as the mechanisms of hysteria—which in fact appear in all persons under the right conditions. In the throes of hysterical processes—laughing, crying, flirting, or telling a joke—any of us may illustrate the mechanisms I will describe, if only as a fraction of his personality.

The frustration of analytic technique and confusion of symptomatology in hysteria were first questioned by Marmor (1953). His hysterical patients showed mixed character traits and were not amenable to the rapid analytic cure predicted by the libidinal model. Sexuality, while flagrant, did not seem primary. He argued that hysteria in fact embodied more evidence of oral need and dependency than oedipal issues. Among disciples of Freud there have been several theoretical reformulations (see Khron, 1978). The problem such authors face is how to maintain the conclusions reached by Abraham (1924), Reich (1933), and Fenichel (1945), which place hysteria at the peak of the libidinal hierarchy, and still account for the fact that many seemingly hysterical characters exhibit pre-genital levels of pathology. The conceptual contortions required to explain this dilemma creates the peculiar position of having to agree with Zetzel (1968) and Easser & Lesser (1965) that the patients who look the most floridly hysterical are not in fact hysterics, but borderline or hysteroid, while true hysterics hardly look hysterical at all.

Let me review how various writers have described hysterical relatedness. Freud (1931), writing about the erotic personality said, "Loving, but above all being loved, is the most important thing in life" (to them). Marmor (1953) focused on the hysteric's over-concern for what others think of them and their need to please. Hall (1967) saw them as manipulating their responses out of excessive fear of losing continued interest and affection, and similarly, Berblinger (1960) called them magnificent adaptors, as long as the affective bond continues. Khron (1978) and Seigman (1954) stress their use of emotionality as an interpersonal tool designed to elicit approval. In trying to interpret the motives for their expectant other-directedness, Chodoff & Lyons (1958) describe them as dependently demanding, as did Miechenbaum (1966). Finally, Slipp (1977), Wisdom (1961), Easser and Less, (1965) and Myers (1969) address the erotization of their relationships to extract symbolic gratification while controlling or manipulating the environment (See Andrews, 1984).

Three major themes emerge. (1) The inner experience of hysteria is one of chronic need and desire. (2) What is sought from the object is love, affection, approval; that is, clear positive affect. (3) And the object is enticed, controlled or manipulated into the service of fulfilling this so-called need. Each of these aspects presents a certain puzzlement. Though many authors, analysts, and patients themselves use words like "needy" and "dependent," hysterical desire is a special type of emotional demand. Hysteric requires reaction more than support. Care-taking is desired as a sign of concern and affection, rather than because care itself is required.

So hysterical need is false need. Similarly the hysterical says he seeks love, but what is wanted is the romantic "true love" written of by the songwriters, not the enduring mutuality described by the philosopher. The hysterical seeks sustained interest, excitement, and especially approval. And finally, though hysteria desperately seeks objects, they are sought as audience, not for their own traits or qualities. Hysteria may be indiscriminate and promiscuous, emotionally as well as sexually.

What are the implications of studying hysterical style from an interpersonal point of view? First of course it means looking at hysterical behaviors as the operation of a self-system designed to obtain security and diminish anxiety in the interpersonal field, rather than as defenses against internal impulses.

All interaction involves a multitude motives, such as security, self-definition, reflected approval and narcissistic enhancement. The various personality types may be defined by how such goals are achieved.

In my view, what is uniquely hysterical is the emphasis on approving acceptance rather than agreement—the seeming over-concern about the other at the expense of the self. While all interacting persons manipulate others to fulfill personal needs, the hysterical achieves his particular goal by seeming relatively helpless and dependent. Clear assertion is rare. The most frequent direct demands the hysterical will make are to ask his listener what he thinks, or feels, or wants, that is, to make explicit his reactions and whether he approves. Hysteria is a form of interaction regardless of its intrapsychic existence. Like the soundless falling tree in the forest, hysteria may be considered to exist only in the presence of a responding person. The internal experience of hysteria, including self-image, cognitive functions, affect, fantasy, drives and needs, can best be understood through recognition of the profound implications of this disturbance in genuine relating.

Several questions come to mind at this point. What is unique about such approval seeking? How is it different from what is generally seen as dependency? And how is the hysterical character different from others in the need for approval, which is certainly a basic human requirement?

To respond to the last question first, what differentiates hysteria is its addiction to approval seeking as its primary mode of interaction. The wish for approval is a normal residue of childhood dependency, concomitant to more global attachment needs. As a defensive operation of the self-system, approval seeking appears in moments of stress where direct or internal sources of self-esteem are inadequate. It resolves internal distress through interpersonal maneuver. It is that dimension of communication which monitors whether the listener is nodding in agreement or fidgeting in his seat. To the extent that I am hysterical I care more that you like me than that you agree with me or even understand me.

The search for approval is a narrow aspect of the issue of dependency. Our language reflects confusion of the meanings and motives of neediness. We have trouble describing what exactly is wanted from others, confounding the wish to be loved, that is, cared for, with the wish to be taken care of—to be held or helped. Hysterical approval seeking is a search for emotional holding, though phrased as if help is what is needed. The hysterical can behave quite independently as long as a fantasy is maintained that another presides over that activity as parent, authority, seat of power, and fount of love.

An example: After working several years to overcome an entrenched system of disturbing sexual fantasy, a patient had an experience of achieving orgasm without the fantasy. She reported the event with pleasure, then realized she was waiting for me to comment. She observed that whatever I said, she would be hoping to hear as praise. Then she said that if I questioned her she would feel she had not done enough and I wasn't satisfied. In the next hour she said that despite realizing she had been telling me to keep quiet, she felt forlorn at my lack of excitement. She now worried that I was bored and uninterested in her symptom. Between sessions she had had a puzzling experience which she feared was a setback but she now could not tell me because of my disinterest. She also felt she would be letting me down if I actually did have some secret pleasure in her progress. Finally, she wished to withhold from me to punish my lack of reaction.

Any vignette of this sort has many levels of meaning. I use it here to illustrate the patient's difficulty experiencing and integrating progress as her own. She is busy asking me if it is alright for her to feel pleasure; transforming the issue away from her own experience and into our relationship. She is more concerned about stimulating excitement in me than in herself. She diffuses her sense of ownership, responsibility, and separation.
Conversions and Sexuality

So far I have slighted what many would consider defining qualities of hysteria—conversions and sexuality. I won’t review the historical relationship between somatic conversion and the hysterical character. As a symptom, conversions are essentially hysterical operations. They involve the substitution of physical distress for emotional distress. Sullivan (1956), Chodoff (1954), Rabkin (1964) and others have described the function of conversion in achieving exactly the sort of interpersonal goals I’ve described. Physical symptoms convey need and helplessness, and demand involvement from others. They evoke concern and assistance without overt demand. They free their victim from responsibility.

The issue of sexuality requires somewhat more discussion. Freudian theory seizes on the blatant sexuality of certain hysterics as reflecting the central problem. Kron (1978) defines hysteria simply as the result of unconscious sexual longings for the opposite sex parent, along with conflictual fears of retaliation, as well as secondary longings for the same sex parent, and concomitant fears of the destructive power of the phallus.

Certainly among the interpersonal tools at our disposal, sex ranks as one of pivotal importance and dramatic impact. That such a powerful weapon is appropriated by hysteria is hardly surprising. Given the interpersonal goals I’ve outlined above it should be clear that sex operates even better than conversion symptoms to attract and engage, to evoke response and involvement. Sex is the payoff the hysteric promises in return for acceptance and approval. In this sense, the hysteric’s sexuality is hardly sexual at all. It is not an expression of genital erotic desire. Women with hysterical personalities are more likely teasers than temptresses. They are often aghast when their friendly behavior is responded to as a sexual offer. Female hysterics are usually promiscuous or sexually frigid (or both). In any case, they prefer cuddling to fondling, seeking contact rather than pleasure. The male hysteric is often characterized as either the hypersexual Don Juan or the gay queen. I would argue that these stereotypes are based on the libidinal model of hysterical pathology and describe only a fraction of men who in my view are hysterical characters. None the less, both these caricatured types are more concerned with the exploitation of sexuality than with erotic enjoyment.

Another feature of hysteria is its tendency toward eroticization rather than true sexuality. Hysteria exaggerates the sexual dimension. Mundane encounters become romantic interludes. Freudians see this as evidence of basic sexual preoccupation and underlying psychic conflict. This hypothesis offers the paradox of arguing that hysterics engage consciously in the very behaviors they have unconsciously repressed. Such reasoning seems tortured and unconvincing. I believe the facts become clearer if we accept that sex becomes pressed into the service of underlying interpersonal need (Celani [1976], Marmor [1953], Ortmeyer [1982]). Sex is appropriated by hysterics in their desperate attempt to obtain reassurance and love.

I would not imply however that sexual issues have no role in the development of hysteria. Later I will consider the history of hysterics-to-be, and describe the special emphasis on sexual interaction in the hysteric’s family.

It is not remarkable that most papers concerning hysteria say little about Sullivan’s views. He had little fondness for what he saw as a perversion of relatedness. His analysis of hysterical style and character is brief, sketchy, and, to put it mildly, uncharitable. None the less, as always, his clinical perceptions were astute. Sullivan (1956) sees the hysteric as tailoring his appearance in the world so as to avoid blame. The hysteric does not live in the world of other people. He is self-absorbed, focused on internal fantasy and pleasure. The self-system is unusually simple and diffuse, organized wholly to keep unacceptable impulses from being recognized. Sullivan makes the intriguing comment that “as soon as the other person makes a fairly well aimed guess as to what the dissociated impulse is, the whole thing shifts.” The shifting self-system he describes, I believe, resembles what others have called its use of substitution.

Unfortunately Sullivan did not go further to consider the implications of this shifting self-system, how such a structure could be both variable and stable, and what is the nature of the inner self this system protects.

Havens (1973) speculates that Sullivan disliked hysteria because he was uncomfortable with its blatant sexuality. I wonder whether part of Sullivan’s discomfort might have come from the conceptual difficulties of explaining such properties of self-involvement.
without a more fully developed theory of intrapsychic structure (See Wolstein, 1983).

**Formation of the Sense of Self**

Hysteria uses relation in the interest of self-definition. Peculiarly the more the hysteric interacts the less intimacy is experienced. I will consider the operations of self and self-system which account for this paradoxical phenomenon.

In contrast to Freudian writers who assume the "true personality" is repressed or suppressed, interpersonal writers argue that the hysteric's inner self is relatively unformed and unintegrated. Angyal (1965) believed massive early repression causes the hysteric to feel empty of his genuine personality, resulting in vicarious living through transient identifications.

Volowitz (1971) described the "pseudo-self" of the hysteric designed to evoke emotional responsiveness from others at the expense of building internal coherence. Celani (1976) goes further to consider the psychic problem the hysteric generates in focusing on performance and response rather than the inner experience of activity and potency. Self perceptions and self attitudes are distorted by perpetual adaptation to external rather than internal cues.

Chrzansowski (1977), quoting Sullivan's final formulations of self, tells us that the self represents an experiential matrix. Cumulative self image is based on the central notion "that we satisfy the people that matter to us and therefore satisfy ourselves, and are spared the experience of anxiety." He goes on to say "the total self appears in awareness only when there is no anxiety." (A state of internal ease which hysteria never attains.) Chrzansowski illustrates the reciprocal interplay between the emergence of self and the operations of the self system which defends against anxiety laden interaction. Barnett (1980) expands the notion of self by distinguishing between two experiential components of self, the "operational self" and the "representational self." "Operational self" includes will, choice, decision and action, as well as the self as subject in interaction. "Representational self" refers to image and ideal, resulting in systems of positive and negative self regard. Such distinctions are useful in the conceptualization of inner experience, however my observations suggest further categories are required to explicate fully the phenomena of hysteria.

To understand the hysteric's inner experience I would conceive of two distinct aspects of Barnett's so-called operational self: the internalized self-as-actor responsible for one's own behavior, versus the sense of self known through interaction with others, the self as object of others affect, approval or rejection. This idea parallels the concepts recently described by Miller (1985) in connection with feminine identity formation. She calls these alternatives "self-as-agent" versus "self-in-relation." Miller argues that self-in-relation is a viable alternative to self-as-agent. I believe however that in healthy development these aspects of self occur in reciprocal interaction.

Normally, reflected appraisal or self-in-relation, becomes integrated with the inner experience of one's own behavior, self-as-agent. Self esteem, or in Barnett's term, the representational self, becomes valued, independent and autonomous as a function of the bipolar growth of the aspects of the operational self.

In hysteria, the experience of self-in-relation is wholly incorporated into a defensive self-system. Interpersonal anxiety is deflected through the relational posture of approval seeking. To the extent the person sustains this defensive stance, entertaining, performing, seducing the other to elicit positive affect and avoid anxiety, the reciprocal process of inner self consolidation is not operative. Self as agent does not solidify. Responses are not felt to be reflections of one's self but are score cards on one's performance. At the same time these responses are also not believed to be the other's true feelings. They are manipulated reactions to performance. Self and other remain diffuse figures in perpetual interaction but not in genuine relation. So the hysteric sustains himself through his involvement with others but such involvement does not lead to the experience of internal stability. Personifications of self and other are not internalized. The ability to perform is not felt to be real, or an expression of an internal state. Affect, with its infectious ability to evoke response, is prized over reason or discourse, which involve inherent danger of disagreement. But the inner experience of the production of affect (or similarly of fantasy) does not coalesce into coherent structure. It does not grow, differentiate and develop.

Reflected appraisal is usually understood as mirroring the content of interaction. Both motive and impact of one's behavior are responded to as evidence of internal structure. But the hysteric does not ask, "What am I doing?"—instead, like New York's
Mayor Koch, he asks, "How am I doing?" Style is recorded rather than substance, response rather than meaning.

This process results in a lack of inner substantiation which is clear in the way patients present themselves. They don't describe images of themselves, only how others see them. They do not describe their traits or characteristics, only their problems. They are not sad; they are abandoned. They are not dependent; they are uncared for. They are not spendthrifts; they are hounded by bills. The hysteric is the person whose accent changes when speaking to a foreigner. He shows a chameleon-like ability to shift with the demands of the emotional environment. But unlike the lizard, his colors tend to stand out rather than blend in.

Hysteria's tendency to be vivid, dramatic and larger than life, is also a function of the faulty integration of self. Without a gauge of inner strength or outer impact, hysteric use affect like a deaf person uses speech—he shouts because he cannot hear himself.

Ortmeyer (1982) following Barnett, has commented on the exploding rather than imploding of emotion in hysteria. He sees hysteric as unable to clearly distinguish self from other, using outbursts to achieve separation and avoid symbiotic fusion. Such explosive discharge simply creates distance and releases tension. It does not foster internal integration.

**Assertion**

To understand the internal operation of such processes in hysteria it is useful to consider the issue of assertion.

Assertion is the expression of self as agent, the manifestation of internally acceptable, clearly experienced, goal directedness. It implies trust in one's own psyche that impulses are manageable, and affects are appropriate. It also requires trust in the environment that assertion itself is acceptable. But the hysteric seldom knows what he "really" wants or how he "really" feels. Even when wishes are dimly or transiently perceived, they can rarely be pursued directly. The hysteric is known as devious and manipulative largely because goals cannot be simply acknowledged or fought for. To ask for something is to risk disapproval. Personal gain involves maneuvering the other into the position of wanting what the hysteric wants for himself.

An example of this problem occurred in my practice last summer. I offered a vacationing patient the choice of a different hour. Two days a week the patient arrived at the new time, but for 3 weeks the patient came for one session at the previous hour. No until truly frightened at how crazy her behavior seemed could she recognize that in fact preferred the earlier time on that day. She had given it up since she projected that I wanted the change.

Such difficulty in assertion results in a peculiar, almost perverse phenomenon in hysteria which is the lack of a sense of volition. Feelings and behaviors are not experienced as part of their own inner lives. Afflict and impulse happen to them. They have no sense of responsibility. Even if partly owning their behavior, hysteric explain it away, saying "what else could I do?" Social expectation, appeals to tradition or authority are unquestioned requirements. Acting from a sense of coercion not choice, any experience of self-as-agent is attenuated.

Yet the problem of assertion is secondary to its more powerful cousin, aggression. The role of aggression and hostility in hysteria first generated the questioning of the libidinal fixation hypothesis. Clearly many aspects of hysterical pathology involve orality in its diverse forms. In a previous paper (1984) I described how aggression is used by the hysteric in situations where the desired interpersonal connection is disrupted. Aggression is used to protest the objects not remaining gratifying and to reestablish the emotional bond. This conception of hysterical aggression might seem at odds with the views of Ortmeyer (1982) and Barnett (1980), how aggressive emotion serve to both separate from the other and also reestablish connection?

The pressure of approval seeking exaggerates identity diffusion and the sense of symbiotic merger. A solution to the loss of self is found in hysterical emotionality and rage reactions which create a whirlwind of affect, achieving relief rather than resolution. The personality is cleansed and consolidated with the expulsion of noxious unacceptable feelings. I believe it was Talullah Bankhead who captured the intrinsic quality of the hysteric's ego despite its flamboyant display, when remarking about a starlet at a cocktail party, she said, "Darling, there's less there than meets the eye!"

Shifting to an interpersonal view of hysteria raises questions about the primacy of hostility in the hysteric's dynamics. If one assumes psychopathology is a function of repressed conflictual impulses then it may follow that the approval seeking I have de-
cried hides resentment, competitiveness and frustration, as described by Gelfman (1971) in his study of emotionality. Or, as Chodoff (1954) suggests “the impulse repressed and converted at least partially a hostile one.” However, if the search for approval seen as the primary hysterical security operation as I have asserted, then hostility is understood as a result of the frustration and disappointment of failed performance.

In clinical experience, hysterics seldom express clear anger. Typically, they complain, whine, plead, or nag. He is the anxious back seat driver, neither taking over the wheel nor getting out of the car. One patient told me he understood the Mafia’s use of the siss of death. At work he only smiles at subordinates whose work falls short of his expectations. He cajoles them into better performance but could not dare alienate them by showing annoyance. The worse their performance, the warmer his smile, until finally, fed up, he gets someone else to fire them. Another patient reported her husband’s confusion that she seemed endlessly patient with their children’s behavior but would suddenly explode over a trivial event. In her outburst she lists incidents over the week which no one realized had had any impact on her.

Both of these patients would also work themselves up into a state of angry self-justification if a situation did require clear assertion. They could only make demands if they felt as though they were dealing with an enemy. The self-as-agent capacity was strengthened by the experience of rage which then diminished the importance of the object as the giver of approval. After such acts of assertion they would feel guilty and apologetic. They worried about hurting the object’s feelings and quickly restored a posture of needy compliance.

The issues of identity diffusion, lack of assertiveness and denial of emotional reality, each of which I have tried to show are a function of the hysterics interpersonal security system, are topics discussed by D. Shapiro (1965) as aspects of cognitive style. He declares that the vague impressionistic way of perceiving the external world has its counterpart in a diffuse and chaotic inner reality. He sees hysterics as constitutionally incapable of sharply focused attention, detailed analysis or careful logic. I do believe that the future study of temperament will throw light on hysterical development, but for the present, I would argue that the same interpersonal milieu which creates the emotional climate for hysterical personality elements also breeds hysterical cognitive style. Reliance on biological givens would lead us to conceptualize a continuum along which hysterics might be graded on a single dimension of pathology. For example, how diffuse is their thinking, or how strong is their right brain reliance. Clinically however what we see are radical differentiations within the hysterical personality. One patient seen recently in consultation, took two sessions to give me the vaguest picture of her long time therapist, and to describe her fear of being trapped in a deeply regressive relationship with him. Then, telling me how she would spend her time while he was on vacation, she quickly summarized a sophisticated consulting project she was doing for a multi-national corporation. The patient, whose major concern is impressing her mother-in-law or competing with the neighbors, might even be called compulsive about cleaning her house and has an uncanny eye for specks of dust. She can also usually catalog every item in her refrigerator or her jewelry box, and can be counted on to recall every outfit worn to her sessions over periods of months.

It seems that so-called hysterical cognition is activated only in certain areas of life and only in certain, usually interpersonal, circumstances. I believe in fact, that many people with a basically hysterical personality, to obtain approval from significant others who demand achievement rather than engagement, use typically obsessional mechanisms in the interest of hysteria. To be the “good girl” has traditionally required coy seductiveness and emotional enticement. To be the “good boy” requires more so-called masculine styles of thinking and behavior. Careful examination of style and motivation along the axis of approval seeking and self definition through relation may help us refine our diagnostic skills and recognize how many males are actually affected with this hysterical mechanism.

Development

Any discussion of the childhood roots of adult pathology runs the risk of accepting as truth the distortions of patients memories, attributing causation to what may be coincidence, and generalizing from the few to the many. None the less I will try to touch on some issues I see as central to the development of hysterical mechanisms.

The literature on the family life of hysterics is confusing and
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Contradictory. They may be first borns or last borns. Mother may be adequate but uninvolved, or defective but over-involved. One frequent idea is that hysterics turn to father to seek substitute gratification for perceived maternal deprivation. This shift in parent object is often used to explain to the pseudo-sexuality of hysterical women. Most writers describe fathers as charming but dependent and weak, often alcoholic, sometimes abusive. Such gross description does not generate a picture of what the hysterics experiences in the development of self. I will consider some particular qualities of interaction which foster hysterical reaction.

Schecter (1973) describes of an incident which I see as proto-hysterical. A child of 6 months is happy in moving toward a tantalizing object—a TV set. The mother becomes anxious about the child's activity. She scolds but does not stop the child. The toddler displays what Benjamin calls the "anxious smile", clearly ambivalent, unable to integrate his own pleasure in doing with his fear of maternal displeasure.

To quote Schecter:

If it is true that the child experiences his disturbed or anxious mother as both strange and familiar at the same time, we would imagine that this would lead to inner conflict, undermining the child's capacity to trust not only his mother (and intimate others) but also his own anticipation, perceptions and judgements; that is, his self.

Schecter is here talking about the emergence of what I have called Self-as-Agent.

All children must face the problem of integrating the strange and familiar mother. The mother of the hysterics-to-be cloaks her strangeness in specific ways. She distracts, cautions, and teases while reprimanding. She conveys an ambivalent double message. She neither teaches what to do nor what not to do, but rather creates substitutive processes through which the child's experience and attention are shifted. The hysterics mother neither mirrors the child nor neglects him, but binds him to herself as his source of gratification. She is likely to create a fairy tale world where he is reigning royalty. She pays homage but doesn't truly nurture. She over-stimulates (She has difficulty identifying sources of distress and directly being soothing, so she distracts) She doesn't help internalize limits or integrate the child's own abilities. Such mothers are more concerned with how they look to observers than interested in what

they communicate to the child. Sullivan describes the parent as using the child as a plaything, a decoration to her own personality rather than a growing personality in its own right.

As an interpersonal system, the kinds of hysteria-forming parental behavior I describe probably fall on fertile soil. The individual characteristics of the infant also call forth complementary actions from the parents. Just as it certainly makes it easier to be narcissistic if one has looks, or position, or money, and a sharp intelligence enhances obsessionalism, constitutional equipment probably helps to build every successful, even if pathological, character. For example, hysteria seems more apt to flourish in a temperament which is lively and vivacious. There are certainly hysterical elements in many thoughtful observing types, but such traits seem to be like lava working its way through bed rock rather than the bubbling stream of garden variety hysteria. The proto-hysterics is a sensualist, a child who delights in being stimulated and pampered. Being cute (not necessarily beautiful), alert, responsive and cheerful are common attributes. Budding hysterics often seem to have an innate sense of humor. They spontaneously clown and entertain. They show a quick wit, making use of analogy and metaphor in a fashion which indicates a mind capable of absorbing and filing random bits of information. Sullivan, in a remarkably hysterical statement, called hysterics "the greatest liars to no purpose in the wide range of human personalities." He was referring to their propensity for dramatization and exaggeration which he saw as contemptuous of reality. Far from becoming engaged approvingly by their immersion in fantasy and dreams, he was repulsed by this manipulative self-centeredness. His disdain prevented him from considering the qualities of mind underlying the ability to create such lies.

The families of hysterics are often characterized by the emotional attributes of hysteria. There are passionate, often physical, demonstrations of love as well as punishing rage. Interaction may be at a fever pitch. One patient described her early years as having the noise level of a boiler factory. Another patient tells of her five younger siblings running for cover when their abusive father returned from work, never knowing which one he might randomly smack. As his favorite, the princess, she was immune from physical harm. However, if dinner was late, milk was spilled, or a sibling caused trouble, she was harangued for her stupidity. She became
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unable to distinguish acts which reflect on her intelligence from those which are functions of other character traits. She also cannot figure out what is or is not her responsibility, or what is or is not her motivation. Whatever goes wrong simply means she is dumb.

Despite Freud's renunciation of the seduction theory, either real, or more often symbolic, parental seduction is often a factor in the hysteric's early life. Marmor (1953) remarks that the type of parent who accentuates oral dependency will also foster over-involvement in oedipal issues. Encouraging the child's approval seeking plays an important role in the parents' narcissism. Though others have described a shift in the hysteric's dependency to the father as seeking a solution to maternal deprivation, I suspect such a shift may be more apparent than real. A child's flirting and coyness may have special significance for the father. He is pleased by the eroticized idealization while feeling safe from the demands of adult relatedness or sexuality. Many parents of hysteric's undergo a dramatic transformation when the child reaches puberty. They overreact to emerging sexuality. With daughters they may be angry, withholding, critical and jealous. One father greeted my patient's first date in his underwear. Another refused to allow boys into the home causing the patient to develop her sexuality in guilty, silent, secrecy. Other parents become irrationally over-involved in their children's sex lives. They delight in seductive clothing and encourage their teenagers to confide tales of conquest.

Negatively and positively, sexuality is overemphasized in the world of hysteria. Sex, like all other human qualities, is less valued for its own sake than for the sake of enticement. It is not integrated as an autonomous satisfying dimension of self, nor does it contribute to the substantiation of the self concept or enhance self-esteem. Like so many weapons in the hysteric's armory it is exaggerated and impressive, but none-the-less shallow and empty.

Development of the Self

Fairbairn (1954) characterized the hysteric's environment as populated with exciting objects which are too exciting and frustrating objects which too frustrating. The model I am trying to develop addresses the child's struggle to define a coherent, consistent, internalized self out of the chaos of contradictory other-directed experiences. Unlike in the early life of schizophrenics, responses to hysteria are not devastating to the self; instead, they are confusing, but often gratifying. While hysteric's may have a negative self image and low self esteem, they are not fragmented.

Khron (1978) writing within the classical Freudian tradition, titled his recent book Hysteria, the Elusive Neurosis. What I see as most elusive about hysteria is the sense of inner self. It is both powerful and weak, solid and fragile, strong yet full of holes, too big and too small. Such paradoxes may be resolved by careful consideration of the themes outlined above. Addicted to responsiveness, the hysterics subsumes himself to the ego of the object: Though declaring a single-minded wish to please others, he seldom asks what the other really wants. He projects his own wish and fear. He has no real idea of what it means to be "related" through mutuality and sharing. Thus he is seen as superficial, and egocentric, or downright manipulative.

None the less, the hysterics who possesses a firm defensive structure has the capacity to so entice us that we participate with him in his performance. This participation is quite unlike that aroused by the charismatic narcissist. We revere and idealize well integrated narcisism. It rouses us to champion causes, make ideological commitments, become followers or believers. In contrast, we fall in love with hysteria, we enjoy it, laugh or cry with it. We get caught up in epidemic forms of hysterical acting out. It is especially interesting that in the throes of such contagion, each participant feels that he is personally experiencing the hysterical emotion.

What sort of self can be so powerful a magnet yet so deficient in active direct expression?

Most models of self development conceive of reciprocal processes through which self-structure grows in conjunction with experience with the external object world. Internalization proceeds in steps, each a function of satisfying interaction. In hysteria, the experience of satisfaction does not result in the elaboration of a coherent inner self experience. And, although hysteria desperately seeks relation, it also does not result in the capacity for true attachment in which the other becomes valued for himself.

In the world of hysteria, maternal caretaking is not a "right connected to legitimate need, it is a gift bestowed in response to impressive performance. What is received is not necessarily correlated to what is requested, much less to what is really required. The child, of course, seldom knows what is required or even de-
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sired. He learns that he feels gratified but without clear correspondence between what has been given and what had been experienced as internally lacking. The hysteric’s experience in the world is essentially disjunctive. Inner experience is positive but chaotic. The consequence of such satisfaction is condensation of internal reality around potentials for pleasure without clear connections between motive behavior, and goal. Certain aspects of ego and self become solidified, but it is as if structure forms without content. The child feels comfortable and satisfied but not grounded in that sense of self which achieves this satisfaction. The sources of satisfaction are the parents who are perceived as the sole possessors of the resources to avoid anxiety. The child learns to obtain these resources through providing pleasure to the parents. Life is an ongoing exchange of performance in return for pleasure. Though skilled in the arts of performance, self-as-Agent is not consolidated into the inner experience of self because it is conditional on the requirements of the audience.

Further, the parent’s participation demands that the child approve and accept what they offer, even if their nurturance is misguided or inappropriate. Avoidance of anxiety entails becoming the gracious recipient of the unwanted gift.

The picture painted so far describes those more fortunate hysteric whose life is essentially gratifying, if confusing or unrelated. But even the parent who is intent on gratifying will incur dissatisfaction if the child’s own needs are too inaccurately read: Often, experiences of inconsistency and substitution leads to disappointment and frustration. Hysteric are severely handicapped in dealing with such negative experiences. Inner discomfort is at odds with both the need to resume pleasing to extract consolation, and the need to enhance maternal self-esteem and avoid anxiety.

Drawing again on the work of Schecter (1978), we know that a healthy child, when unhappy, uses processes of detachment to re-direct his energies into himself. He builds security through internalizing the ability to soothe himself. Instead, for the hysteric, the image and experience of detachment is avoided at all costs. The hysterical self strives to be, or at least look, always connected to the other. Such bonding however is not true or healthy attachment. Hysterical attachment is sought for exactly the kind of defensive protection others achieve through detachment. The individuated self of the detached position is feared and denied. The hysteric treats assertion or separation as if he has done something wrong. The expression of “ego” is an offence.

Just as detachment signals rejection and abandonment for the hysteric, true attachment signals loss of even the most rudimentary sense of separateness. Recall the earlier mention of how affect is used to create distance. In my experience, outbursts and tantrums happen in two different but parallel instances. Explosions occur when the hysteric’s pseudo-dependency is severely threatened, either by too great a real need or by too strong an assertive stance, that is, too strong attachment or detachment, either of which would normally increase consolidation of internal self.

Certain questions about sexuality in hysteria can be understood from this perspective. The hysteric shuns the ecstatic merger resulting from gratifying sexuality. Frigidity preserves the integrity of the unformed self. Even masturbation may be avoided because it creates an inner experience of self gratifying self. Many hysterics masturbate without fantasy, a kind of mechanical tension release rather than a personal-interpersonal experience. (See Edward Ruskie & Turini [1981], p. 39)

Two other issues bear on the description of the hysterics inner self: the existence of hypnoid states and the role of fantasy. The mind of the hysteric shows a peculiar propensity for dissociation. Hypnotizability is one example. Major dissociations such as fainting spells, amnesias and multiple personalities are gross manifestations of severe breaks with reality, but they are only extremes of the continuum which includes somatization, day-dreaming and even imagination. The ability to shift attention and the ensuing capacity to deny noxious experience, maintains a relatively stable psychic state. Reality is secondary to internal control. Hysteric maintains itself at the expense of grappling with the real world.

Mahler (1975) suggests that pre-schizophrenic children in fact differ from others in the biological equipment needed to deal with trauma. I believe the processes used in the formation of hysteric are examples of one way the non-pre-schizophrenic child deals with his world. In hysteric a particular kind of splitting is accomplished so that negative experience is separated off and gratifying real or fantasy experience is substituted. The pre-hysterical child cannot psychologically retreat or detach to mourn the lost object, thus integrating its aspects into the self and working through the grief, rage, and frustration of separation. Instead, the object re-
personifies himself as child, needy, but expectant. Such a self is something like an infrastructure or skeleton. It has the potential to carry different veneers, different attitudes or roles depending on the requirements of others. At the same time this self is solid enough to permit the establishment of a more permanent overlay if the conditions for internal growth and development are offered.

Let me further examine the hysteric’s inner experience of this elusive self. Although hysterics claim to have no sense of who they are, clinical experience shows they are characterized as bad—me.” In an early paper Fairbairn (1932) hypothesized that hysteria is distinguished by the good object being externalized and preserved to counterbalance the effects of the wholly internalized bad object. Ortmeyer (1982) translated the hysteric’s interpersonal posture as “If only I am good I will be happy,” coupled with “One day I will be rescued and live happily ever after.” Hysteria provides our world with its “Pollyannas” and “Candides,” naively believing that virtue succeeds. Inevitable disappointment and frustration lead to a paradoxical consequence. Since the object remains the source of power, pleasure and approval, it cannot be perceived as bad. If this good object is not giving me what I want, I must be the one that is bad. Celia, in T. S. Eliot’s “Cocktail Party” (p. 132), tells her analyst:

... I should really like to think there’s something wrong with me—because if there isn’t, then there’s something wrong, or at least very different from what it seemed to be, with the world itself—and that’s much more frightening. . . . So I’d rather believe there’s something wrong with me that could be put right.

Thus, while experiencing himself as weak, helpless, and bad, the hysteric’s self-blame embodies grandiose fantasies of power. Dreams will come true if only he appears good enough or performs convincingly. Negative feedback from the object is grounds for self blame and the pervasive sense of having done something wrong. Hysterics are forever apologizing, explaining, and defending. He says “excuse me,” when his toe is stepped on. One patient told me how she worried when she heard a fire truck. Simply seeing a policeman evokes many a hysterical confession. And a note from the IRS probably stimulates the hysteric in all of us.

Classical theory explains this internal badness as the development of an overly strict superego required for repression of strong...
conflictual impulses. I think the hysteric feels “bad” because he has not pleased. There is little genuine remorse or resolve to behave differently. Often the person cannot even figure out what they have done that they feel badly about. Such experiences, by the way, are one more reason that hysterics are thought shallow, superficial and manipulative.

Another aspect of the internal sense of badness is feeling phony. Hysterics complain they don’t feel real. They have no solid attributes or strengths and they fool people all the time. When asked who it is that is doing the fooling they are confounded—and are usually uninterested in the question.

In a similar vein, creativity may be fraught with difficulty for such people. Though seemingly suited to the freedom and spontaneity of creative life, they are often paralyzed by the emotional risks of open expression of real feelings. They may settle for semi-creative fields such as advertising or interior design where the rules are clearer and the audience is defined. This is perhaps why the theater is notoriously appealing to hysterical types. There is an audience, a director and a script. All that is required is the display of emotional lability in a clearly defined range. In return, one can try on different personalities and roles, and is rewarded by approving applause.

In summary then, I see hysteria as a form of psychic pathology, characterized by a perversion of relatedness. The developing self is fractured by the perpetual pressure of needing to please and seek approval. That aspect of self which engages with others, self-in-relation, becomes over-developed. But, it doesn’t contribute to the growth of the inner experience of power and competence—self-as-agent. The inner self incorporates feelings of badness and phony ness which stem from the hysteric’s need to preserve the good object which gratifies but seldom satisfies. Pseudo-relatedness is addictively sought since approval from the other affirms and confirms the performing self.

Treatment Issues

I had originally intended to focus this paper on questions of the treatment of hysteria, specifically transference and countertransference, as illuminated by recognition of the hysteric’s interpersonal posture. My interest in understanding psychic structure got the better of me because I felt one must know something more about what underlies pathology before one can fully address how to change it.

Nonetheless I suspect my presentation will bring me less approval if I fail to at least touch on the implications of my ideas for clinical work. I’ll briefly sketch some of the special issues presented by hysterical patients and how they might be addressed.

Hysteria is the author of transference, both historically and in every day practice. The hysteric appears the ideal patient, who freely associates, who talks about his distorted reactions, erotic desires and parental idealizations toward the analyst. Classical theory abides by Fenichel’s (1945) conviction that hysterics are the most amenable to analytic treatment, and the availability of florid transference material often lures us into believing this is true. Ironically, behavioral therapies are outstandingly successful with hysterics, as was hypnosis 100 years ago. They offer exactly what hysteria craves; authority, suggestion, reward and punishment. In traditional psychoanalysis, interpretations of hidden sexual longings also collude with the hysteric’s needs, corroborating guilty badness while engaging in eroticized exchange. Farber (1961) wryly described this pattern as the doctor trying to make science out of sex while the patient is making sex out of science—a contest which the patient usually wins.

Although the interpersonal posture I’ve described is not given the central position it deserves, it has been observed and considered by several authors. Lesser and Lesser (1966) write of the confusing aspects in hysterias seemingly solid analytic engagement. They speculate the approval seeking compliance is a pseudo-transference, serving as a resistance to the “true” transferential position, hiding oedipal longings, while achieving substitute gratification by transforming the analytic relationship into the regressive child-parent paradigm.

Myerson (1969) focuses on the idealization of analyst and interpretation by hysterics, which he sees as enactment of an implicit bargain. The patient treasures the analyst’s participation, extracting substitutive pleasure in return for being the symbolically castrated, child-like, good patient. Interpretations are not internalized. They are gratefully received as gifts, and appreciated as evidence of mutual admiration. For example, one of my patients felt lost if after an hour she did not go home with what she called her “bag of goodies.” She described munching on my interpretations
and reconstructions—not chewing them over to derive insight but savoring the taste and using them to keep me with her until the next hour.

Myerson stresses the danger of becoming caught up in the hysterics implicit bargain. The idealization and pledge of obedience inherent in the child-patient posture, enhances the analyst's narcissism. It falsely imitates confirmation of the power of interpretation.

These authors focus on the optimistic hysterist who expects that his performance will be approved. Khan (1975) and Zaphiropoulos (1974) look at the resentful, disappointed hysterist who demands satisfaction but expects rejection. Khan sees the hysterist carrying a life-long grudge because erotic supplies have been withheld. In the hysterist's resistance, he sees retaliation for transferential deprivation. Zaphiropoulos expands this view into an interpersonal posture of mutual withholding. He describes the hysterist's script as reading “I promise to myself the very thing I know you are going to disappoint me about in order not to get angry with you if I thought you promised it to me and then you disappointed me.” Mutual promise and expectation are followed by denial and withdrawal when payment is demanded.

I understand such problems of treatment of hysteria in terms of the analyst's being confronted with the flamboyant presentation of the patient's self-in-relation, while the traditional goal of analysis is expansion of the experience of self as agent. The positions mentioned above see self-in-relation presented as a resistance or defense, shielding and hiding the inner self, avoiding the experience of unacceptable impulses. I believe this is inaccurate. It appears true because interpretations of hidden meanings are welcomed and accepted in place of more disorganizing recognition of inner shallowness. Self-as-agent is not simply suppressed, it is underdeveloped and inadequate. The obstacle to its development stems from anxiety engendered by the threatened loss of the protective posture of self-in-relation. Self-definition requires relinquishing being defined by the approving other.

A useful model for working with this transference position was described by R. Shapiro (1985). Using Mahler's concepts of separation and individuation, Shapiro argues that patients maintain a so-called “optimal transferenceal distance.” The patient perpetuates psychic equilibrium through re-creation of a secure interpersonal bond which is not necessarily gratifying so much as it is familiar thereby optimal for preserving the defensive self-system.

The interpersonal posture of approval seeking must be identified and interpreted so that the analyst is perceived as a new kind of authority, uninterested in collusive bargains. Then, reciprocally, patient's difficulty in experiencing himself apart from the interpersonal matrix can be explored. Interpretation of the emergence of self-as-agent in hysteria by his interpersonal posture, moving the patient out of the position of the approval seeking child toward autonomy and self-direction. Such attempts will be resisted and accompanied by deference for assistance and reassurance.

A woman with many siblings mentioned earlier, was deeply schooled in the role of “good little girl.” Through treatment she was struggling to affirm herself. Her unacknowledged rage at the slaved position she felt with authorities, coupled with disorganizing anxiety about giving up the security of this role, had repressed in her never having successfully stayed at a job. During the treatment she became employed for a substantial period, then decided to go into her own business. In this period, she regressed to states of clinging dependency, demands for direction and extra sessions, and even suicidal fantasies. Interpretations focused on her fears of loss of security, distorted sense of inadequacy, expected resentment from husband and children from friends and deprecation from parents, as well as the desire to perform for me, and her ambivalent compliance and feeling that she would be now doing what I might wish. She had feeling that I might be a model for her. Growth required focus on the connection between her inner emptiness and security and her fears of relinquishing the external support which had been her only means of self-definition.

I now briefly turn to issues of countertransference to hysteria sometimes seems everyone is supposed to already know all about. Allusions in the literature have the flavor of common knowledge: taken for granted, off-hand statements. Jokes are about naive male therapists seduced and frustrated by female hysterics. Anticipated disdain, contempt, and rage are ritual manipulation are commonplace. But, aside from one ordinary paper which suggests hysteria may be diagnosed by
aroused sexuality in the analyst (Berger, 1971). I know of no studies of the range of reciprocal countertransference responses.

The analytic atmosphere of relative deprivation through silent attention provides a greenhouse in which hysteria flowers. Students learn the cliche that to encourage transference, “Simply speak less.” As hysteria strives for affirmation, the analyst is treated to a rich display, proportionately presented for his scrutiny but actually for his entertainment. Inevitable requests for confirmation and approval are reflected back to the patient as evidence of resistance or transferential dependency.

Through dress, expression, gesture and affect, hystérics covertly evoke delight and appreciation, concern and care, or disgust and censure. Hysteria seeks warmth and availability in the analyst and rages against distance and aloofness. The analyst faces the perpetual dilemma that responses will be translated into acceptance or rejection, approval or disapproval.

In his recent paper on neutrality, Greenberg (1985) has shown how the so-called classic analytic position may in fact be truly depriving rather than a blank screen for projection of the patient’s feelings. To achieve neutrality with the hysteric is to establish that level of optimal involvement which permits the patient to exhibit his need for approval and self reflection while not re-enforcing submission and the suppression of the active self.

Several authors have observed that it may be necessary in the treatment of hystérics to be unusually active, assuming the role of educator, that is, to provide information which is truly not known, or to give suggestions aimed at enhancing the experience of responsible self-generated activity (See Chodoff, 1978, 1981; Ortmeier, 1979; Allen, 1977). There is the danger of the analyst’s resenting this role on the one hand, or becoming enmeshed in it on the other. Interpreting the meaning of such interactions is therefore paramount. While the analyst lends his more solid sense of self and expertise to shore up the hystérics diffuse un-integrated self experience, he must simultaneously observe how such responses are used in the service of the approval seeking hysterical bargain. The task is to describe and enhance the hystérics inner experience of active self while utracting his own reactions and involvement. Optimal distance, neither too close nor too far, will enable learning without compliance, reaching without direction, confrontation without attack, interpretation without blame; refining the hystéric’s interpersonal skills without increasing his performance, to help him to live within his own skin while becoming more attentive to others as whole separate individuals.

The basic problems of treatment then reflect the defects in the hystéric’s development of self. The twin processes of attachment and detachment must be reconstructed. The pseudo-attachment of hysterical relatedness must be recognized and interpreted, slowly to be replaced by more genuine bonding. Approval seeking performance must become distonic. At the same time, the inner experience of self must be elaborated and expanded through genuine reciprocity. The incorporated personification of “bad-me” must be explored and disbanded. As the capacity to experience the self-as-agent is increased, empty blame is replaced by genuine responsibility, rage gives way to genuine anger, wishing demandiness to clear assertion, clinging dependency to mutuality, and finally, manipulative need may be replaced by the capacity to love.

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HYSTERICAL RELATEDNESS


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Discussion

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Dr. Lionells’ paper makes us reconsider some basic issues about diagnostic entities and approaches to treatment. She has changed the focus from understanding the libidinal conflicts underlying hysterical symptom formation, to how the hysterical relates to the significant people in his life. This is, of course, the interpersonal approach to analysis (Sullivan, 1954). She challenges the usefulness of studying symptoms to understand hysteria, arguing that many authors have observed “hysterical” symptoms in a variety of diagnostic groups. My own research on agoraphobia (supposedly a form of anxiety hysteria) also indicated that this symptom appeared in a wide range of diagnostic types. I would agree therefore that understanding the dynamics of a symptom is not the best way to understand, and help the patient.