The Hysterical Character Structure
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The hysterical character is common in people without frequent or even striking hysterical symptoms.

Rather, it is shaped by the subjective experiences they have, which are colored by the dynamics that create them. While it is more seen more in women, it is not uncommon in men as well. (Sigmund Freud viewed himself as a hysteric.)

People with hysterical characters have high anxiety, high intensity, and high reactivity, especially interpersonally. They tend to be warm, energetic, and intuitive 'people people', attracted to situations of personal drama and risk. They tend to be drawn to high-visibility professions.

Drive, Affect & Temperament

Powerful appetites may be characteristic of hysterical characters, as they crave oral supplies, love attention and erotic closeness. They seek stimulation but get overwhelmed by too much of it, and they have trouble processing distressing experiences.

They may have the sensitivity of schizoid characters, but they tend to move towards people rather than away from them.

Hysterically organized people are impressionistic, global and imaginal; they can highly creative with a rich imagination of intellectual and artistic sensibility.

Developmentally, they tend to be fixated at oral and oedipal issues.

Hysterical characters are notable for their high level of anxiety and their vulnerability to both shame and guilt. Often thought of as having 'shallow affect', they actually struggle with intense affect that terrifies them, against which they erect distinctive defenses.
Defensive & Adaptive Processes

People with hysterical characters use repression, sexualization, and regression. They act out in counter-phobic ways, usually related to preoccupations with the fantasized power and danger of the opposite sex. They also tend to use dissociative defenses, in a way that always has them evacuating their circumstances.

Freud regarded repression as the primary defense of the hysteric, and he was fascinated by the phenomenon of amnesia. He wondered how we manage to ‘forget’ things that at some inaccessible level we also 'know'.

He began to see how repressed and forgotten emotional and psychological realities became converted into bodily symptoms, which would then become the focus of attention for the hysteric, instead.

He saw that hysterical ailments provided a primary gain in resolving a conflict between a wish (being sexual) and a prohibition (not being sexual), and also provided a secondary gain, as the ailment in the form of concern and care from others.

*People who repress erotic strivings and conflicts that seem dangerous or unacceptable tend to feel both sexually frustrated and vaguely anxious.* Their normal wishes for closeness and love become amplified, as if energized by unsatisfied sexual longing.

They may be highly seductive (the return from repression), but unaware of the implied sexual invitation in their behavior (naïve). They are often shocked when their actions are construed as initiating a sexual connection.

Moreover, if they proceed with such an encounter (as they sometimes do, to both placate the frightening sexualized object, and to assuage their guilt over the effects of their behavior), they generally do not enjoy it erotically.

When using the defense of regression, they may become helpless and childlike in an attempt to fend off trouble by disarming potential rejecters and abusers. Hysteros also tend to be quite suggestible, especially when in high states of anxiety, and can engage in behaviors like the “Stockholm syndrome”.

*Acting out in hysterical people is often counter-phobic.* They approach what they unconsciously fear. Behaving seductively when they feel dread is only one example of this. Or when they are unconsciously ashamed of their bodies, they may tend to make a display of their physical appearance, or become the center of attention.
While counter-phobic enactments are clearly the most striking of the purely behavioral phenomena associated with hysterical characters – and they are certainly the ones that gain the most attention – the meaning of these behaviors is also important to understand.

- The most pressing internal characteristic of the hysterical style is anxiety.

Because hysterically organized people have an excessive amount of unconscious anxiety, guilt, and shame, and because they can be temperamentally intense and subject to overstimulation, they are easily overwhelmed.

Experiences that are manageable for others may be traumatic to hysterical people. Consequently, they may use dissociative mechanisms to reduce the amount of ‘affectively charged’ information that they must deal with all at once.

There is considerable overlap between hysterical and dissociative character structures.

**Relational Patterns in Hysterical Psychology**

For the female gender, little girls are painfully aware when one or both parents greatly favor her brother(s), or where she senses she was supposed to have been a boy.

She feels deeply rejected on the basis of her gender, yet she also senses that femininity has a strange power over men.

It has often been observed that the fathers of hysterical women were both frightening and seductive. Men easily underestimate how intimidating they are to their young female children. A father who is angry is particularly formidable, perhaps especially to a sensitive female child.

It is the particular combination of maternal inadequacy and paternal narcissism that often can be found in the early history of a hysterical character.

“Whether the mother is resigned to a weak, ineffectual role or is threatened by the child and reacts competitively, the basic issue remains one of not having achieved a mature mutuality…

Or whether the father’s adequacy conflicts are expressed through a hostile, pseudo-masculine exterior or directly in warm, sexual or collusive ways with the daughter, he reveals his own immaturity…

The fathers tend to be self-centered and possessive, viewing their relationships as extensions of themselves.”

- Mueller and Aniskiewicz
• A frequent source of hysterical character making is the sense that one's sexual identity is problematic.

The outcome of an upbringing that magnifies simplistic gender stereotypes - such as men are powerful but narcissistic and dangerous; women are soft and warm but weak and helpless – is for a woman who has been raised this way, to seek security and self-esteem from attaching herself to males she sees as particularly powerful.

• Power becomes sexualized but sexual satisfaction is curiously absent or ephemeral.

The Hysterical Self

The hysterical sense of self is that of a small, fearful, defective child coping as well as she can be expected in a world dominated by powerful others and alien others.

Although people with hysteric personalities may come across as controlling and manipulative, their subjective state of mind is quite the opposite.

*Their manipulations are secondary to their quest for safety and acceptance.* Their orchestration of others involves efforts to achieve an island of security in a frightening world, to stabilize self-esteem, to master frightening possibilities by initiating them, to express unconscious hostility, or some combination of these motives.

• Self-esteem in the hysterical character is often dependent on their repetitively achieving the sense that they have as much status and power as the people they fear.

The psychologies of groupies who idealize artists or politicians has this feel.

• Another way hysterical characters attain self-esteem is through caretaking and rescue operations.

The phenomenon of sweet, warm, loving females falling in love with predatory, destructive males in the hope of ‘saving’ them is bewildering but familiar to those connected with hysterical young women.

*An inability to feel power in womanhood becomes an insoluble and self-perpetuating problem for the hysteric.*

Because heterosexual women with hysterical dynamics feel that the only potency in femaleness is sexual attractiveness, they may be overinvested in how they look, and subject to a greater-than-typical dread of aging.
Any hysterically inclined client needs to be encouraged to develop other areas besides attractiveness in which self-esteem may be sought and realized, to counter the tendencies toward vanity and seductiveness.

Hysterically structured people are not internally empty and indifferent; they charm *people* not because they crave any attention that fills a void, but *because they fear intrusion, exploitation, and rejection*. When these anxieties are not aroused, they tend to be genuinely warm and caring.

The attention seeking behavior of hysteric characters has the unconscious meaning of attaining reassurance that they are acceptable – in particular that their gendered body is appreciated, in contrast to their childhood experiences.

Hysteric people tend to feel unconsciously castrated; their tendency towards exhibitionism is thus *counter-depressive*.

Similar considerations illuminate the ‘shallow affect’ perception associated with hysteria. It is true that when hysteric characters express feelings, there is often a dramatized, inauthentic, exaggerated quality to what they say.

Their superficiality and playacting derive from their having extreme anxiety over what will happen if they have the temerity to express themselves to someone they see as powerful.

Having been infantilized and devalued, *they do not anticipate respectful attention to their real feelings*. Thus, they magnify them to get past their anxiety, and convince themselves and others of their right to self-expression.

Underneath announced or exaggerated affect are real feelings, drenched in conflict.

- *A hysteric is someone who goes through life pretending to be who he really is.*
  – R.D. Laing

- *The dilemma of the hysteric is the tragic inability to convince others of the authenticity of his or her own subjective experiences.*

In a therapeutic atmosphere of scrupulous respect, the hysteric character will eventually feel sufficiently heard to become able to describe anger and other feelings in a credible, direct way, and to augment a reactive, impressionistic style with a proactive, reflective one.
Transference and Countertransference with The Hysteric Character

Transference was originally discovered with clients whose complaints were in the hysterical realm.

Hysterical characters are strongly object-related and emotionally expressive.

Because hysteric personality is a psychology in which gender-related issues may dominate the patient’s way of seeing the world, the nature of initial transferences may differ, as a function of the sex of both client and practitioner.

With male practitioners, heterosexual female clients may be excited, intimidated, and defensively seductive. With female practitioners, they are often subtly hostile and competitive. With both, they may seem somewhat childlike.

The transferences of male hysterics will vary depending on whether their internal organization assigns greater power to maternal or paternal figures.

Most hysterical clients are cooperative and appreciative of the practitioner’s interest, but less evolved hysterical characters can be difficult to work with because they act out destructively and feel so menaced by the therapeutic relationship.

Occasionally the transference of a person with hysteric dynamics becomes more intense before he or she has sufficient trust in the practitioner to bear that intensity.

Early in the process, there is a tendency to want to flee from the sessions, due to the strength of their attraction, or fear, or hatred – and the anxiety it evokes – that is driving them away. Even though the frightening reactions may coexist with warm feelings, they can be too upsetting to tolerate.

Many male practitioners can end up being fired by their hysteric clients who become too obsessed with winning their love to benefit from the treatment.

Countertransference with hysterical clients may include both defensive distancing and infantilization. This is most prevalent with a male practitioner, especially if he has narcissistic tendencies, and a female client.

It can be hard to attend respectfully to what feels like pseudoaffect in hysterical clients; the self-dramatizing quality of these anxious clients invites a kind of ridicule, and patronizing amusement.
There can be transference of a pervasive sense of devaluing, even if subtle, that elicits the temptation towards a condescending attitude and hostile reaction towards a female hysteric, and a tendency to treat her like a little girl.

- **The use of defensive regression from a hysteric is to be expected.**

It is surprising to see how many practitioners accept the invitation to act out omnipotence with their clients, in the face of their regression. The appeal of playing out ‘Big Daddy’ to a helpless, grateful young person is quite strong.

- **Regression should not be confused with helplessness.**

Because regression in most hysterics is defensive – protecting them from fear and guilt that accompany adult responsibility – it should not be confused with genuine helplessness.

- **Being afraid and being incompetent is not the same thing.**

The problem with being too indulgent and too commiserating with a hysteric character, even if that stance lacks any hostile condescension, is that the client’s diminished self-concept will be reinforced.

An attitude of parental solicitude is as much of an insult as one of scorn for the client’s ‘manipulativeness’.

It should be obvious and self evident that any sexual acting out by the practitioner in response to seductiveness from the client has disastrous effects.

*What hysteric clients need* – as opposed to what they may feel they need – when their core conflicts are activated in therapy, *is the experience of having and giving voice to powerful desires that are not exploited by the object of those desires.*

*** Trying and failing to seduce someone is profoundly transformative to hysteric people, because – often for the first time in their lives – they learn that someone they depend on will put their welfare above the opportunity to use them, and that the direct exertion of their autonomy is more effective than defensive, sexualized distortions of it.

**Therapeutic Implications of the Diagnosis of Hysterical Personality**

Standard psychoanalytic treatment was invented for people with hysterical character structure, and it is still the treatment of choice with healthier clients in this category.
The practitioner’s posture is relatively quiet and nondirective, addressing process more than content, and deals with defenses rather than what is being defended against, and addresses resistances as they appear in the transference.

“Hysterical clients make contact immediately, and it is a reparative contact they seek...such clients give the clearest and most accessible evidence of transference. The crux of the treatment for the hysteric is the transference. We can give wrong interpretations, and we can correct them. But if we mishandle the transference, the treatment is in trouble. Mishandling of the transference or failing to establish a therapeutic alliance is almost the only vital mistake, and it is exceedingly difficult to repair.”

- David Allen

A nonintrusive, warm demeanor, along with a judicious avoidance of self-disclosure, will allow the transference to flourish.

In the unfolding process, it is critical that the practitioner allow the hysterical client to come to his or her own understandings. A rush to interpret will only intimidate someone with hysterical sensibilities, reminding the client of the practitioner’s superior power and insight of others.

Raising gentle questions, remarking casually when the client seems stuck, and continually bringing him or her back to what is being felt, and how that is understood, comprise the main features of effective technique.

- The best contribution one can make to a hysterical character is confidence in the client’s capacity to figure things out and make responsible adult decisions.

- One should be attentive to the integration of feeling with thinking.

“An essential part of craftsmanship in therapy is to communicate within the cognitive style of the patient with full respect for the patient’s feelings and values... In a sense, the hysterical does need to learn how to think and what to connect in thinking, just as the obsessive compulsive needs to learn how to feel and what to connect in feeling.”

- David Allen

More disturbed hysterical clients require much more active and educative work.

**Differential Diagnosis**

**Hysterical vs Sociopathic Personality**

Hysterical individuals are intensely reflective, conflicted, and frightened, and a therapeutic relationship with them depends on the clinician’s appreciation of their fear.
Antisocial people equate fear with weakness, resonate to self-definition themes over self-reflective ones, and disdain practitioners who mirror their trepidation.

Hysterical and antisocial people both behave dramatically, but the defensive theatrics of the hysteric person is absent in sociopathic people.

Demonstrating one’s power as a practitioner will engage a sociopathic person positively, yet will intimidate or infantilize the hysteric person.

**Hysterical vs Narcissistic Personalities**

Hysterical people use narcissistic defenses. Both hysteresics and narcissistic people have basic self-esteem defects, deep shame and compensatory needs for attention and reassurance; both idealize and devalue. But the sources of these similarities differ.

First, hysteresics have self-esteem problems that are usually related to gender identification or to particular conflicts; narcissistic people have esteem issues that are more generalized and diffuse.

Second, hysterical characters are basically warm and caring; their exploitive qualities arise only when their core dilemmas and fears are activated.

Third, hysterical characters idealize and devalue in specific, often gender-related ways; their idealization frequently has its origins in *counterphobia*, and their devaluation has a reactive, aggressive quality. In contrast, narcissistic characters habitually rank all others in terms of better or worse, with the press of powerful feelings.

Hysteric and narcissistic characters may both have unsatisfactory intimate relationships, but the hysteric tends to pick bad objects whom they counterphobically idealize, while the narcissistic character picks adequate objects whom they then devalue.

**Hysterical vs Dissociative Personalities**

It is more common for a dissociative person to be presumed to be hysterical than vice versa.

Because hysteretic characters regress when they are anxious, and have off-putting, self-dramatizing ways of expressing their complaints, a physical illness in a person with hysterical tendencies is in jeopardy of not being thoroughly investigated.
Summary

The hysterical character typically:

- Has an intense and affectionate basic temperament.
- Has an impressionistic cognitive style.
- Defends with repression, sexualization, regression, acting out and dissociation.
- Has had inadequate parenting that includes narcissistic and seductive messages that get replicated in later relationships.
- Has an image of self as small, defective and endangered.
- Has self-esteem burdened by conflicts over sexualized expressions of power.

A useful therapeutic posture includes:

- A careful maintenance of professional boundaries.
- A warm and empathic attitude.
- Small amounts of interpretations of their own struggles, so as not to disempower them.

Transference & countertransference experiences include:

- Strong, competitive and eroticized reactions (that depend on the sexual orientation and gender of the therapist).
- Regressive trends that invite contempt or infantilization from the therapist, rather than respect.
- Eroticized transferences need to be worked through, and not at all engaged.