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HİSTERİDEN HİSTRİONİK KİŞİLİK BOZUKLUĞUNA
FROM HYSTERIA TO HISTRIONIC PERSONALITY DISORDER

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ÖZET

Histeri, belki de tarihin en eski zamanlarına dayanan psikolojik bozukluklardan biridir, Hipokrat'ın bile tedaviyi tanımlamaya ve bulmaya çalıştığı psikolojik bozukluklardan biridir. Histeri, dönüşüm, amnezi, ani ve açıklanamayan anksiyete atakları ve diğer semptomları olan nevrotik bir hastalıktır. Tanı amaçlı bir terim olarak histeri modern psikiyatrik sınıflandırma sisteminde artık kulanılmamaktadır. Mevcut tanı sistemindeki histerik kişilik, Histrionik Kişilik olarak değiştirilmiştir. Günümüzde genellikle disossasyon bozukluğu, somatoform bozukluk, travma sonrası stres bozukluğu, histrionik kişilik bozukluğu ve sınırda kişilik bozukluğu olarak histeri kaynaklı bozukluk tanıları kullanılmaktadır. 2000'li yılların başlarında, histrionik kişilik bozukluğu insidansı % 1.84 olarak bulunmuştur ve bu kişilik bozukluğunun çoğunlukla kadın popülasyonunda görülen bir kişilik bozukluğu olduğu varsayılmaktaydı, ancak çalışmalar cinsiyetler arasında herhangi bir fark olmadığını göstermiştir. Histrionik kişilik bozukluğu aşırı duygusallık ve dikkat çekme davranışları ile karakterizedir. Histrionik kişilik bozukluğu DSM-5'te küme B kişilik bozukluklarında yer almaktadır. Bu kişilik bozukluğuna sahip kişiler fiziksel görünümlerini başkaların dikkatlerini çekmek için kullanır, yoğun duygular, bencil davranışlar sergilerler. Ayrıca, fiziksel çekiciliğe son derece önem verdikleri için, dikkat çekmediklerini düşündüklerinde tedirginlik yaşarlar, dikkate alınmadıklarını ve göz ardı edildiğini düşünürler. Bu çalışmada histerik kişilik psikanalitik açıdan ele alınmış, histrionik kişilik bozukluğu ile farklılıklar ve benzerlikler DSM bakış açısı çerçevesinde incelenmiştir. Savunma mekanizmalarına örnek vermek amacıyla Stefan Zweig tarafından kaleme alınmış 'Çöküşün Hikayesi'nden Madam dePrie karakteri ele alınmıştır.

Anahtar kelimeler: Histeri, Histrionik Kişilik Bozukluğu, Savunma Mekanizmaları, Kişilik Bozuklukları, Stefan Zweig

ABSTRACT

Hysteria is perhaps one of the psychological disorders which history dates back to the oldest times, it is one of the psychological disorders that even Hippocrates was trying to define and find the treatment. Hysteria is a neurotic disorder with conversion, amnesia, sudden and unexplained anxiety attacks and other symptoms. Hysteria as a diagnostical term is not used more in the modern psychiatric classification system. Hysterical personality in the current diagnostic system is changed to Histrionic Personality. Today, disorders derived from hysteria as a dissociative disorder, somatoform disorder, posttraumatic stress disorder, histrionic personality disorder, and borderline personality disorder are generally used. In the early 2000s, the incidence of histrionic personality disorder was found to be 1.84% and this personality disorder was supposed as a personality disorder that is seen in women population, but studies show that there is no any difference among genders. A histrionic personality disorder is characterized by pervasive and excessive sensuality and attention-seeking behaviours. A histrionic personality disorder is in cluster B personality disorders in DSM-5. Persons with this personality disorder adjust their physical appearance remarkably. Although they exhibit intense emotions, they have a superficial affect. These people exhibit selfish behaviour. Also, because they are extremely fascinated with physical attractiveness, become very uneasy when they think they do not draw attention. They also think that they are not taken into account and they think that they are ignored. In this study, hysterical personality will be discussed from the psychoanalytical point of view, differences and similarities with a histrionic personality disorder will be discussed in the frame of DSM point of view, exampling the defence mechanism with the character from 'The Story of Collapse' written by Stefan Zweig.

Keywords Hysteria, Histrionic Personality Disorder, Defence Mechanisms, Personality Disorders, Stefan Zweig.

Introduction

At the end of the 19th century, hysteria had become one of the most common diagnoses referring to a nervous system disorder. In 1912, Chauffard stated that there were nearly no more patients in clinical services diagnosed with hysteria (Tournay, 1967). After the both World Wars attention of psychiatrists were attracted to hysteria – hysteria came back to where it had been before Charcot i.e. Indeed available clinical experiences suggested that hysteria dis not disappear at all.

Personality is the behavioural characteristics that distinguish one person from others and show continuity (Bergner, 2020). Allport (1937) described personality as 'an internal dynamic organization composed of psychophysiological systems that determine one's original adaptation to the environment.' A personality disorder is the physical, intellectual and mental characteristics that disrupt the adaptation to the environment, daily functioning, create tension or anxiety state and deviate from the expectations of the culture (APA, 2013). However, these features need to be continuous. In patients with personality disorders, pathological thoughts, feelings and behaviour

patterns are available (Krause and Reynolds, 2001). They have difficulty adapting to others and experience functional impairment.

DSM-5 (Diagnostic and Statistical Manual of Mental Disorders), (APA, 2013) has 10 'Personality Disorders'. These personality disorders are divided into 3 clusters according to their descriptive similarities. The first is Cluster A. This cluster includes paranoid, schizoid and schizotypal personality disorders. Individuals with these disorders often appear peculiar or eccentric. The second is cluster B. This cluster includes antisocial, borderline, histrionic and narcissistic personality disorders. Individuals with cluster B personality disorders often appear to be dramatic, emotional, or disorganized. The third is the cluster C. This cluster includes avoidant, dependent and obsessive-compulsive personality disorders. Individuals with cluster C personality disorders often appear anxious or fearful.

Hysterical personality is mentioned as a histrionic personality in DSM (APA, 1952, 1968, 1980, 1987, 1994, 2000, 2013). Today, hysteria is not used in psychiatric classification systems. Instead, disorders derived from hysteria (North, 2015) in the 19th century (dissociative disorder, somatoform disorder, posttraumatic stress disorder, histrionic personality disorder and borderline personality disorder) are used.

Hysteria From Past to Present

According to historical records, the term hysteria appeared for the first time in oldest medical papyrus named 'The Kahun Gynaecological Papyrus', dated around 1990 BC. The earliest record is as: 'distinctive abnormalities produced by movements of the uterus, moving upwards from the pelvis, applying pressure on the diaphragm and giving rise to bizarre physical and mental symptoms'. Later Plato (c.-429-347 BC) in his 'Timaeus' dialogues touch on the issue of hysteria, instead of the widely accepted opinion of 'wandering womb' he attributed to an itinerant psychic force which derives from the womb: sexual desire perverted by frustration (Adair, 1995). Following Plato, Hippocrates (c. 460-377 BC) in his writing named 'Hippocratic Corpus' for the first time used the term 'hysteria' (Catonné, 1992). The origins of the word 'hysteria' were taken from the Greek word 'ὑστέρα (hystera)' indicating the womb. He believed that this disease is caused by the movement of the uterus, and also he suggested the idea of a migratory and restless uterus. In Rome, Aulus Connelius Celsuc (1st century BC) gives an accurate and good clinical description of hysterical symptoms in 'De re Medica' work. Another physician and philosopher Claudius Galen (2th century AD) put forth his theory of hysteria which is very similar to Hippocrates; Galen describes hysteria as a 'hysterical passion is the name, but various and several are its symptoms', according to him disease shows itself with divergent symptoms but always refer to the uterus. As it is seen, many different studies were done on hysteria over centuries, but hysteria was still maintaining the symbol of 'feminity' (Edwards, 2015).

For the first time Thomas Willis (1621-1675) propounded a new explanation of aetiology of hysteria; he presented the idea that hysteria is related to the nervous system and brain rather than to uterus. Later, English physician Thomas Sydenham (1624-1689) published 'Epistolary Dissertation on the Hysterical Affections' where he vacillates between the psychological and somatic explanation of hysteria (Tasca, Rapetti, Carta and Fadda, 2012).

As it is seen some physicians proposed the aetiology of hysteria connected to the brain rather centred uterus. It may indicate that these findings and thoughts advance the idea that the hysteria is

not a disease only special to females, it can affect males also. But this thought it is not yet manifested, this idea stays on the background of this disease for a long time. French neurologist Jean-Martin Charcot (1825-1893) was using the hypnosis for hysteria treatment and he conceptualized psychogenic theory of hysteria. According to Charcot, the hysteria is a neurological disorder – due to hereditary degenerations of the nervous system and he called it 'traumatic hysteria' which was differentiated from 'female hysteria', also he put forth the idea that both male and female can be stricken by this disorder, in his works he presented cases of male and children with hysteria (Micale, 1990). Pierre Janet (1859-1947) who team up with Charcot in the psychological laboratory in Salpêtrière, had the same ideas according to aetiology of hysteria as Charcot, and he studied five hysteria's symptoms: abulia, motor control disease, anaesthesia, amnesia, and modification of character. His perspectives on hysteria are a very important base for the development of work of Breuer, Freud and Jung. Charcot devised the concept of 'dynamic lesions' and recognized the role of traumatic events, physical or psychological, in the triggering hysteria (Didi-Huberman & Hartz, 2003).

In 1885, Sigmund Freud worked under the supervision of Charcot in Salpêtrière, experiencing the sessions with Charcot patients who were diagnosed with hysteria. After returning to Vienna Freud, made two presentations on hysteria, the presentations were based on Charcot views concerning traumatic (physical) aetiology. The cases named Pin and Porez (1886) were cases of male. Freud saw that cases at Salpêtrière; later he presented one more case of a male with hysterical hemianastesia, this case did not seem to have an experience of physical trauma, but there was 'fear' underlying it. He supported the ideas of Charcot, but also he supposed to look at hysteria as a traumatic neurosis. At the same paper, Freud introduces the clinical data with the details on the distinctions between organic and hysterical paralysis so herald the notion of 'conversion hysteria'. Freud (1886-1899) argued that at work of hysteria there is no place for an organic lesion, for sure because, its symptoms are contrary to anatomic laws. The present invention reveals that previous organic arguments about hysteria were not sufficient. In his famous 'Studies on Hysteria' written with Joseph Breuer, for the first time term 'conversion' were used to explain the cases of Cacilia M. and Emmy von N.; the distinction between organic and hysterical paralysis was made in that paper. It implied the hauling of intrapsychic conflict by an attempt to resolve through somatic symptoms. 'Conversion Hysteria' term appeared for the first time in Little Hans case (1909), to differentiate it from the 'anxiety hysteria' – which was introduced by Wilhelm Stekel (1908) for the explanation of phobia (Freud, 1959), the substitute object focuses on anxiety, whilst, there is no substitute object is present in Freud's 'anxiety fear neurosis'. The alteration of Freud's savvy of hysteria aetiology changed after the case of Dora (1905), belief in the sexual origins of all hysterical symptoms clarified. He put forward the thesis that there is one or more premature sexual experiences at the bottom of every hysteria case. But, later, in 1897, he in the letter to his friend, Wilhelm Fliess, he claimed that he is not assured anymore that this premature sexual experience happened to his patients, but instead, he generates a new theoretical argument based on 'phantasmatic' seduction and abuse, the phantasies was invented to replace and enshroud the traumatic memories.

In general, Freud separated three types of hysteria:

Defence Hysteria – in which there is a defence against traumatic representations

Retention Hysteria – in which the subject was unable to discharge own affects emotionally through 'abreaction'.

Hypnoid Hysteria – This was Breuer's concept of hypnoid state in response to previous frightening trauma.

Hysteria can be considered as the basis of all psychoanalytic studies. The original conceptualization of the hysteresis is on conversions and the main reason for the hysteria is the sexual fantasies that are forbidden and unspoken (Ender, 2019).

Besides, McWilliams asserts that individuals with a hysterical personality structure experience high anxiety, high intensity, and high responsiveness, especially in interpersonal relationships.

Freud, in 'Some Psychological Consequences of the Anatomical Distinction between the Sexes' text, which he wrote in 1925, in the article on hysteria, has mentioned the fixation with the oral and oedipal period. According to McWilliams (2011), a summary of this explanation is as follows: 'A hungry baby needs to respond to the basic needs of his mother. But this baby girl is disappointed when her mother doesn't respond to her needs. Later, when this girl approaches the oedipal period, she leaves her mother worthless. The unfulfilled needs of the oral period are directed towards his father, who affords him, intense love, to strengthen the dynamics of the oedipal period. On the one hand, the girl who needs her mother and on the other hand devalues her mother remains in the dilemma, which causes her to be stuck in the oedipal period'. After Freud, mental health professionals kept getting their attention to hysteria. Until the 1950' classical definitions of hysteria were mostly influenced by Freud ideas until APA attempt to constitute a better nosological classification of mental disorders eventuated in the constitution of DSM. In the DSM-I (APA, 1952) the term hysteria was absent 'dissociative reaction' which was described as conversion hysteria with 'conversion reaction' in a division for 'psychoneurotic disorders' were used. In DSM-II (APA, 1968), both conversion and dissociative reactions were included ; in DSM-III (APA, 1980) disorders previously named as hysterical neurosis have been assigned to 2 categories: dissociative disorders and somatoform disorders, and hysterical personality has become a histrionic personality disorder, for the first time somatization disorder (Briquet's syndrome) appeared, it included conversion disorder. Dissociative disorders were further separated in DSM-III-R (APA, 1987). DSM-IV (APA, 1994) and DSM-IV-TR (APA, 2000) the term 'conversion disorder' were used still referring the Freud concepts. In DSM-5 (APA, 2013) somatization disorder were removed, and 'functional neurological disorder' was preferred to conversion disorder, as an affirmation of the evidence that the terms conversion and hysteria are no longer employed in present classification of mental disorders. That is how hysteria disappeared or 'dissolved' in the classification of mental disorders.

Histrionic Personality Disorder

The histrionic personality is derived from the Latin word 'actor' (Krause and Reynolds, 2001), for the first time it appears in DSM-II named – 'hysterical personality disorder'. It was identified with: vanity, attention-seeking, excitability, self-dramatization, emotional instability, immaturity, dependence, self-centeredness and over-reactivity. Later, in subsequent evaluation, in DSM-III 'hysterical' was renamed to 'histrionic', probably the most important underlying reason for that was a wish to manumit it from its roots of hysteria. In DSM-III new criteria manipulative use of suicide manifested with gestures and attempts; angry and irrational outbursts were added but because of overlap with Borderline personality disorder it was removed in DSM-III-R. Other criteria that were added in this edition are inappropriately sexual seductive behaviour and appearance, 'excessively

impressionistic style of speech lacking in detail'. In DSM-IV 'easily influenced by others or circumstances' criteria were added.
According to DSM-5 a histrionic personality disorder is a summary of previous criteria and researches done on histrionic personality disorder. Criteria are as follow: extreme emotionality and seeking attention and 8 criteria as use of physical appearance to draw other's attention, shallow, rapidly changing emotions, and compulsion to be the centre of attention, inappropriate, sexual, provocative or seductive behaviour during the interaction with others, exaggerated theatrical emotional expression, easily influenced by the situation or others, dramatic impressionistic speech that is lack of details, assumes relationship are more intimate than they are.
The alteration of terms hysteria, hysterical personality and histrionic personality disorder have pointed to the continuous attempts to develop and identify a different psychopathology model.

In the early 2000s, the incidence of histrionic personality disorder was found to be 1.84% and this personality disorder more frequently seen in women (APA, 2013). Fox (2015) stated that the prevalence of histrionic personality disorder is not related to gender, this personality disorder can be seen in both men and women and this frequency is related to the number of visits to the clinic. Apt and Hulbert (2008), in their study investigated the sexual attitudes, behaviours and close relationships of individuals with a histrionic personality disorder, compared women with a histrionic personality disorder to women without any disorder. According to the results of this study, it was seen that women with histrionic personality disorder had lower sexual desire ($t(64) = -2.202$, $p = .03$) and more less sexual assertiveness ($t(64) = -2.116$, $p = .036$) than the control group. In addition, low self-esteem ($t(64) = 3.471$, $p < .01$) and greater marital dissatisfaction ($t(64) = 8.538$, $p < .001$) were found in women with histrionic personality disorder compared to the control group.
Fox (2015) divided the components that make up the histrionic spectrum into three categories. The first is mild and moody, the second is moderate and theatrical, and the last is severe and disordered (histrionic personality disorder). The individual in the mild and moody category tends to be generally social and friendly. They are also sceptical, emotionally expressive and superficial. People in the moderate and theatrical category are trying to attract the attention of others. In the last category, when they are rejected, they need to be approved by another object to repair their self-worth. The histrionic personality disorder, previously referred to as hysterical personality, appears to be the centre of attention and the person always appears to perform and is characterized by some kind of oddity (Kernberg, 1986). People with histrionic personality disorder believe that other people exist to serve and admire them. They often complain about their health and they exaggerate these health problems. McWillams (2017) argues that hysterical women who are stuck in the oedipal period regard men as strong and women as weak and worthless. While hysterical women admire men for being powerful, on the other hand, they unconsciously hate men. So he uses his sexuality to gain access to the power of men and to think that they are weak about sexuality.

Defence Mechanisms

Sigmund Freud developed the drive theory, therein he explained defence as a form of compromise born of inner conflict between a desire, a wish or an impulse and a prohibition toward them; one or both parts of conflict are partially or fully unconscious. The term 'defence' was first described in 1894 by Freud in his article 'Defence Psychoneuroses'. Defence mechanisms have been used in the

sense that the self can resist unpleasant or unbearable fantasies or affections. Anna Freud contributions to the area of defence mechanisms (1936/1962) encouraged further studies. Defence mechanisms are very important constituents of the capability to preserve emotional homeostasis of the psyche (Bowins, 2004). Vaillant (1971/1992) proposed the ego defence mechanisms are conceptually structured in the hierarchy as mature (reality-based), neurotic and immature defence mechanisms. Immature defence mechanisms are mostly used by people with a personality disorder. Projection and dissociation are immature defence mechanisms related to histrionic personality disorder (Carvalho, Reis and Pianowski, 2019).

Krohn (1978) proposed three basic principles for the hysteria matrix. The first of these principles is that the hysterical persons experience conflict in the phallic-oedipal period. The hysterical person uses repression, amnesia and dissociation, as well as reaction formation defence mechanisms.

People with hysterical personality use suppression, sexualisation, regression, and dissociative defences (McWilliams,2011). Repression is the removal of undesirable impulses or memories, feelings or desires that will harm the self, unconsciously if it is defined in a simple way (Tükel, 2011). In other words, when the organism encounters a threatening stimulus, the impulse will be repressed in order not to damage the self. Anna Freud (1962) called repression 'motivated forgetting'. Repression occurs when the state of discontent has become more powerful than pleasure (Tükel, 2011). In other words, if the impulse does not reach its purpose, it will create discontent instead of pleasure. Freud saw repression as the most basic mental process in the hysteria (McWilliams, 2011). Freud stated in his book 'Studies on Hysteria' with Breuer in 1895 that these hysterical symptoms disappeared when the repressed memories causing hysterical symptoms were revealed.

Regression is the return of the individual to previous libidinal developmental stages or self-developmental stages in case of strain (Tükel, 2011). This is an effort to alleviate anxiety by withdrawing to a safe and pleasant period. In other words, one goes back to a period in which he is not mature in development (Clark, 1991). Ego in regression is more passive than other defence mechanisms. While other defence mechanisms are triggered by an action of the ego, regression is applied to the ego. Hysteric personalities become desperate and childish when they feel insecure or encounter compelling situations that stimulate unconscious guilt and fear (McWilliams, 2011). Hysteria and libido regress to primary incestuous object relations (Tükel, 2011).

Dissociation is also used in hysteria. An example of this is Freud's Anna O. case. Freud used the following sentences to explain the phenomenon of Anna O.:

'Two entirely distinct states of consciousness were present which alternated very frequently and without warning and which became more and more differentiated in the course of the illness. In one of these states, she recognized her surroundings; she was melancholy and anxious, but relatively normal. In the other state she hallucinated and was naughty' - that is to say, she was abusive, used to throw the cushions at people, so far as the contractures at various times allowed, tore buttons off her bedclothes and linen with those of her fingers which she could move, and so on. At this stage of her illness if something had been moved in the room or someone had entered or left it she would complain of having lost' some time and would remark upon the gap in her train of conscious thoughts' (Freud and Breuer, 1895*).*

Freud and Breuer saw the dissociation of Anna O. as only one aspect of her hysterical disease.

Defence mechanisms are defined in DSM-IV (APA, 1994) as 'automatic psychological processes that protect the individual from anxiety and awareness of internal and external stressors'. According to Dorpat (1987), defence mechanisms are used to soften painful emotions such as anxiety, shame, sadness and guilt that an individual has experienced. Defence mechanisms can be understood as the basis of the functioning mechanism of the personality (Perry et al., 1998). Therefore, it is suggested that a certain type of personality disorder may be associated with certain types of defences (Bond, 2004). Today, defence mechanisms are considered as explanatory structures in understanding normal and abnormal behaviour (Clark, 1991). According to the study by Cramer (1999), people with histrionic personality disorders frequently use projection and denial defence mechanisms. In the study carried out by Bilge (2018), these individuals use projection, rationalization, autistic fantasy, and anticipation and suppression defence mechanisms.

Every individual is unique; therefore, the defence mechanisms are used also unique and personal. So every histrionic personality does not use the same defence mechanism, but some of them are used frequently. We will try to explain defence mechanisms through the main character of the book 'The Story of Collapse' written by Stefan Zweig (2019). When the book is examined, it is seen that Madame de Prie has a personality who loves to draw attention, to create mystery in people and to deceive people. Madame de Prie thought that when she was exiled, she would draw attention and everyone would talk to her. But it didn't. Prie then organized very exaggerated parties to attract attention.

'Suddenly, she wanted to disappear mysteriously and adventurously, and to reconcile his absence with a permanent enigma that stunned the whole palace: because this peculiar trait was his character to constantly fool, to cover her true actions with a lie (Zweig, 2019, p. 3).'

Suppression is a defence mechanism used to distract uncomfortable or unwanted thoughts or feelings from consciousness (Tükel, 2011). The difference between suppression and repression is that repression occurs unconscious but suppression occurs at the conscious level. In other words, the suppressed thought or emotion passes to the preconscious, not to the unconscious.

Repression, in its simplest meaning, is pushing something to the unconscious (Tükel, 2011). The individual pushes all thoughts, behaviours and emotions which he perceives as a threat to the unconscious and this reveals the suppression defence mechanism.

'Madam extended the conversation so much that she forgot the letter which wrinkled in her hand (Zweig, 2019, p. 2).'

The ***rationalization*** is a logically coherent and acceptable explanation for one's attitudes, thoughts and actions, in which one does not perceive real motives. Rationalization is a defence mechanism used in daily life as well as psychoanalytic texts (Tükel, 2011). Rationalization tries to justify rejected behaviour with acceptable expressions (Clark, 1991). In other words, the person does not accept his / her responsibilities and blames others. 'Sour grapes' is an idiom used to describe this situation. When Madame de Prie reads the letter, she realizes that she will be exiled and she does not want anyone to hear about it. So she says to the officer there:

'Your Majesty is very worried about my health and they want me to leave this heat-scorching city and retreat to my castle. Tell His Majesty that I will fulfil his wishes immediately (Zweig, 2019, p.

2).' The fact that she was exiled to Normandy is of concern here. However, hearing this event will cause further anxiety. Therefore, it seems that it distorted the real truth and made it plausible.

Projection involves first suppressing the intolerable and irresistible life, then reflecting the life onto the object (the other), and finally separating the person from the object (the other) to strengthen subjects defensive effort (Tükel and Şahin, 2011). In other words, the person imposes unacceptable behaviour on someone else. Projection is another way in which one places responsibility for his or her disabilities on other things or. 'She started to make the child angry and torment him. She had never been a traitor, but in it, he needed revenge for everything; he would avenge his enemies' victory, deportation from Paris, and unanswered letters' (Zweig, 2019, p. 22). Here, Prie is angry that she was exiled and her letters were not answered. It is seen that she reflected this anger toward the young man who came to him. Although the boy is innocent, she reflects her guilt and her anger on the young man and gets angry with him.

Fantasy is the defence mechanism through which the person satisfies their unfulfilled or unsatisfied needs through dreaming. Denial is the refusal to confront a real unpleasant situation. In other words, one ignores the unpleasant situation. Denial can also be done by daydreaming to achieve false happiness (Freud, 1936). Desperate and unhappy Madame de Prie, who has been ordered to be exiled, for a moment imagine that this situation may be temporary and may return to the palace. In this section, the defence mechanism that we see in fantasy and denial. Because she thinks that this situation will be temporary, she denies the situation and she is happy to think that she is back again.

Regression is when the person reverts to an earlier peaceful period in current anxiety situations. If a person is stuck during one of these developmental periods, it is called fixation (Tukel, 2011). 'Her restless, fidgety spirit, which always wanted something new, found an extraordinary appeal to deliver herself to the crystal-clear provincial summer day. She was enthusiastic by making a thousand mischief, she had fun trying to catch the butterflies that were flying, jumping over the fence, running on tree-lined roads like a little girl who had thought that she had been and had already died, wearing pale ribbons in her hair and wearing a white dress on her back' (Zweig, 2019, ss. 4-5). Madame de Prie's extravagance and spending the resources of the palace for its luxury and entertainment is an example of the anal period fixation. Anal period (1.5-3 years) is the period when toilet training is started. According to the parental attitudes here, the child may have a very conservative or miserly personality or an extravagant personality in the future. Here it is seen that Prie has an extravagant personality structure as a result of this fixation.

Displacement is the transformation of that thought into another thought with lower intensity to reduce anxiety in a situation that the self sees as a threat. (Tukel, 2011).
'But of course, this person was young, his cheeks were alive, he could laugh again: He had a chance to get rid of him ye't (Zweig, 2019, p. 35). Madame de Prie collapsed and ageing day by day due to her exile and loneliness. For this reason, nothing remains of her beauty and youth. But she thinks that the person who is stealing and trying to give his punishment is still young because he is still young. So she can give him money. It is seen here that Prie's old age and her despair in having no reason to live are displaced.

Reaction formation is also called believing the opposite. Reaction formation is the self-protection of the ego by expressing the opposite of emotions and behaviours, sometimes forbidden or not accepted (Baumeister, Dale and Sommer, 1998). 'Madame visited only Belle- Isle Kont, who is the cause of the exile. The reason she went to her was to show her smile, carefree and trust. She told Kont that she was happy to find the opportunity to rest a little away from the hardship of palace life' (Zweig, 2019, p. 3). Here, although Madame de Prie was very angry at the Belle- Isle Kont, which caused her exile, she went to her and showed the opposite feeling and behaviour. She even told her that she was very happy with this also she had the opportunity for a holiday.

Conclusion

In this paper, the differences between histrionic personality disorder and hysteria were explained. Hysterical personality is mentioned as a histrionic personality in DSM (APA, 1952, 1968, 1980, 1987, 1994, 2000, 2013). Today, 'hysteria' as a disorder is not used in psychiatric classification systems. Disorders (dissociative disorder, somatoform disorder, post-traumatic stress disorder, histrionic personality disorder and borderline personality disorder), which are derived from hysteria in the 19th century are used instead. A histrionic personality disorder is characterized by pervasive and excessive sensuality and attention-seeking behaviours. However, hysteria is a neurotic disorder with conversion, amnesia, sudden and unexplained anxiety attacks and many other symptoms.

People with histrionic personality disorders use projection, rationalization, denial, fantasy and suppression defence mechanisms. However, hysterical people use suppression, sexualisation, regression and dissociative defences. Although hysteria is not used in DSM, psychoanalysts still regard histrionic personality disorder as hysteria. DSM is shaped according to political views. For example, homosexuality was previously treated as a disease from DSM (APA, 1952, 1968), but it was removed due to subsequent reactions (Spitzer, 1973). Therefore, a histrionic personality disorder is no different from hysteria in psychoanalysis. Psychoanalysts emphasize the oedipal and oral periods in hysteria. But we think DSM has differentiated it because of its political views and DSM tried to soften the hysteria a little more.

References

Adair, M. (1995). Plato's View Of The 'Wandering Uterus'. The Classical Journal, 91(2), 153-163.

Allport, G. W. (1937). Personality (pp. 173-181). New York: Holt.

American Psychiatric Association. (1952). Diagnostic And Statistical Manual Of Mental Disorders. Washington, Dc: American Psychiatric Association.

American Psychiatric Association. (1968). Diagnostic And Statistical Manual Of Mental Disorders (2nd Ed.). Washington, Dc: American Psychiatric Association.

American Psychiatric Association. (1980). Diagnostic And Statistical Manual Of Mental Disorders (3rd Ed.). Washington, Dc: American Psychiatric Association.

American Psychiatric Association. (1987). Diagnostic And Statistical Manual Of Mental Disorders (3rd Ed.rev.). Washington, Dc: American Psychiatric Association.

American Psychiatric Association. (1994). Diagnostic And Statistical Manual Of Mental Disorders (4th Ed.). Washington, Dc: American Psychiatric Association.

American Psychiatric Association. (2000). Diagnostic And Statistical Manual Of Mental Disorders (4th Ed. text rev.). Washington, Dc: American Psychiatric Association.

American Psychiatric Association. (2013). Diagnostic And Statistical Manual Of Mental Disorders (5th Ed.). Arlington: American Psychiatric Publishing.

Apt, C., & Hurlbert, D. F. (1992). The female sensation seeker and marital sexuality. Journal of sex & marital therapy, 18(4), 315-324.

Baumeister, R. F., Dale, K., & Sommer, K. L. (1998). Freudian defence mechanisms and empirical findings in modern social psychology: Reaction formation, projection, displacement, undoing, isolation, sublimation, and denial. Journal of Personality, 66(6), 1081-1124.

Bergner, R. M. (2020). What is personality? Two myths and a definition. New Ideas in Psychology.

Bilge, Y. (2018). Kişilik Bozukluklari Ve Savunma Mekanizmalari. Electronic Turkish Studies, 13(10).

Bond, M. (2004). Empirical studies of defense style: Relationships with psychopathology and change. Harvard review of psychiatry, 12(5), 263-278.

Bowins, B. (2004). Psychological defense mechanisms: A new perspective. The American Journal of Psychoanalysis, 64(1), 1-26.

Catonné, J. P. (1992). L'hystérie hippocratique. In Annales médico-psychologiques, Vol. 150, No. 10, pp. 705-719.

Clark, A. J. (1991). The identification and modification of defense mechanisms in counseling. Journal of Counseling & Development, 69(3), 231-236.

Cramer, P. (1999). Personality, Personality Disorders, And Defence Mechanisms. Journal Of Personality, 67(3), 535–554. DOI:10.1111/1467-6494.00064, 1999

de Francisco Carvalho, L., Reis, A. M., & Pianowski, G. (2019). Investigating Correlations Between Defence Mechanisms and Pathological Personality Characteristics. Revista Colombiana de Psiquiatría (English ed.), 48(4), 232-243.

Didi-Huberman, G., & Hartz, A. T. (2003). Invention of hysteria: Charcot and the photographic iconography of the Salpêtrière. Mit Press.

Dorpat, T. L. (1987). A new look at denial and defence. Annual of Psychoanalysis, 15, 23-47.

Edwards, M. (2009). Hysteria. The Lancet, 374(9702), 1669.

Ender, E. (2019). Sexing the mind: Nineteenth-century fictions of hysteria. Cornell University Press.

Fox, D. J. (2015), Antisocial Borderline Narcissistic And Histrionic Workbook. Treatment Strategies For Cluster B Personality Disorder, PESI Publishing & Media.

Freud, A. (1936/1962). The ego and the mechanisms of defence. London: Hogarth.

Freud, S. (1886), Report On My Studies In Paris And Berlin. (1956) S.E. 1:12

Freud, S. (1927). Some psychological consequences of the anatomical distinction between the sexes. International Journal of Psycho-Analysis, 8, 133-142.

Freud, S. (1959). Preface to Wilhelm Stekel's nervous anxiety-states and their treatment. In The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume IX (1906-1908): Jensen's ‘Gradiva’and Other Works (pp. 250-251).

Freud, S. (1966). Hysteria. S.E., I (1886-1899): Pre-Psycho-Analytic Publications And Unpublished Drafts (Pp. 37-59).

Freud, S. (1966). Some Points For A Comparative Study Of Organic And Hysterical Motor Paralyses. S.E., I (1886-1899): Pre-Psycho-Analytic Publications And Unpublished Drafts (Pp. 157-172).

Freud, S. (1985). Letter From Freud To Fliess, February 4, 1888. In The Complete Letters Of Sigmund Freud To Wilhelm Fliess, 1887-1904 (Pp. 18-21). Cambridge, Ma, And London, England: The Belknap Press Of Harvard University Press.

Freud, S., & Breuer, J. (1895). Studies on hysteria. se, 2. London: Hogarth, 255-305. Kernberg, O. F. (1986). Hysterical and histrionic personality disorders. Psychiatry, 1(19), 1-11.

Kraus, G., & Reynolds, D. J. (2001). The 'abc's' of the cluster b's: Identifying, understanding, and treating cluster b personality disorders. Clinical Psychology Review, 21(3), 345-373.

Krohn, A. (1978). Hysteria: the elusive neurosis. Psychological issues, 12(1-2), VII-VII.

McWilliams, N. (2011). Psychoanalytic diagnosis: Understanding personality structure in the clinical process. Guilford Press.

Micale, M. S. (1990). Charcot And The Idea Of Hysteria In The Male: Gender, Mental Science, And Medical Diagnosis In Late Nineteenth-Century France. Medical History, 34(4), 363-411.

North C. S. (2015). The Classification Of Hysteria And Related Disorders: Historical And Phenomenological Considerations. Behavioral Sciences (Basel, Switzerland), 5(4), 496–517. https://DOI.Org/10.3390/Bs5040496

Perry, J. C., Hoglend, P., Shear, K., Vaillant, G. E., Horowitz, M., Kardos, M. E.,& Kagan, D. (1998). Field trial of a diagnostic axis for defense mechanisms for DSM-IV. Journal of Personality Disorders, 12(1), 56-68.

Slater, E. (1965). Diagnosis of 'hysteria'. British Medical Journal, 1(5447), 1395.

Spitzer, R. L. (1973). A proposal about homosexuality and the APA nomenclature: Homosexuality as an irregular form of sexual behavior and sexual orientation disturbance as a psychiatric disorder. American Journal of Psychiatry, 130(11), 1214-1216.

Tasca, C., Rapetti, M., Carta, M.G., Fadda, B., (2012). Women And Hysteria In The History Of Mental Health. Clinical Practice And Epidemiology In Mental Health. DOI:10.2174/1745017901208010110

Tournay, A. (1967). La Vies De Joseph Babinski. Amsterdam, Elsevier.

Tükel, R. (2011). Gelişmiş Savunma Düzenekleri. Psikanalitik Psikoterapiler. Ed. Köşkdere, A. A. Türkiye Psikiyatri Derneği Yayınları, Ankara.

Tükel, R. And Şahin, S. (2011). İlkel Savunma Düzenekleri. Psikanalitik Psikoterapiler. Ed. Köşkdere, A. A. Türkiye Psikiyatri Derneği Yayınları, Ankara.

Vaillant, G. E. (1971). Theoretical hierarchy of adaptive ego mechanisms: A 30-year follow-up of 30 men selected for psychological health. Archives of general psychiatry, 24(2), 107-118.

Vaillant, G. E. (1992). Ego Mechanisms of Defense: A Guide for Clinicians and Researchers. Washington, DC: American Psychiatric Press

Zweig, S. (2019) Bir Çöküşün Öyküsü. İstanbul: Türkiye İş Bankası Kültür Yayınları. (Story of a Downfall' (1910), published in 2005 as 'Twilight').