

# The Hysterical Character (Genitality with Anxiety)

Elsworth Baker, M.D.

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The American College of Orgonomy

The Hysterical Character (Genitality with Anxiety) Hysteria has been known since ancient times and was the first emotional disorder to be recognized as having a sexual connotation. It has been pandemic at certain periods in history, especially during the Middle Ages. It was extremely common at the turn of the last century. It is still common but the marked manifestations earlier writers described, such as fugues, fits, and paralyses, are comparatively rare today. A few decades ago only the severe cases sought therapy. Today we see earlier cases and also milder cases because of the widespread acceptance of therapy. However, except that symptoms are less marked, hysteria possesses the same characteristics it has always had, and Reich's description is as accurate today as it was thirty years ago.

## Characteristics and Symptoms

The hysterical character, usually female, has reached the genital level but with anxiety. Thus there is genitality, but genitality which cannot be accepted. There is a constant push toward genital contact with a simultaneous flight from it, so that one finds a constant approaching and running, even during the sexual act. Complete sexual satisfaction is not possible, so there is never a complete discharge of energy. This leads to stasis, which only increases the turmoil and results in an organism which is alive, but restless and flighty.

Sexual energy floods the whole organism. The body movements are not compulsively hard nor phallicly self-confident, but soft, provocative, rolling, accompanied by a specific sort of agility of a definitely sexual flavor. The total impression given by walk and attitude and body shape is very sexual. Flirtatiousness is notable in female hysterics, either plain or covert, in the way of glancing, speaking, moving. Male hysterics will add a feminine facial habit to feminine behavior, seeming too polite and too soft in a masculine context. Both male and female are apprehensive, most particularly when their provocativeness produces the normally expected response. When the sexual goal seems close to attainment, they turn passive or withdraw. In actual intercourse, they will frequently increase activity to overcome anxiety, but feeling will not increase with the increased activity.

They have a tendency to be strongly suggestible and to alter their behavior in unplanned and unexpected ways, together with strong disappointment reactions. They swing from compliance to quick deprecation and groundless

disparagement. Suggestibility predisposes to flights of imagination as well as hypnosis and pathological lying.

Pregenital zones in which there are fixations, such as the mouth and anus, are genitalized. A fearful need to protect the self against the desire to commit genital incest creates the armor; the sexual behavior increases as the hysteric becomes more fearful and apprehensive. The sexual attitude is an illusion, however, because the female hysteric is cut off from sex and cannot accept it. The sexual provocation is actually a testing out of danger, and at the first sign of sexual aggression toward her she runs. It is true that she desires sex, but simultaneously she has an anti-sexual attitude.

Armor is present but is always soft and light and shifting. The body has a good general tone. Symptoms occur when there is an overflow of energy which can neither be bound by the armor nor expressed. The hysteric has little capacity to bind energy by armor and is therefore prone to the development of symptoms. Symptoms other than genital mechanisms are due to pregenital fixations, such as depression from an oral block. There is little direction toward accomplishment in intellectual or cultural areas or toward sublimation. Reaction formations do not appear as often as they do in other character types. In the hysteric, sex energies are neither discharged sexually to relieve stasis nor are they anchored in character armoring. Instead these energies are largely discharged in apprehensiveness and somatic innervations.

Fully developed genital excitations lend themselves only to direct gratification. Where there are no pregenital blocks the hysteric has available as defense only contactlessness and flight. This may manifest itself in two ways: (1) Frantic behavior, in the unsatisfied blocking, such as hysterical fits, laughing, crying, running about, and delirium (from going away in the eyes); or frantic sexual behavior, including nymphomania; or tics (partial frantic behavior); or plain flight to or away from the threat. (2) Calm behavior, in the repressed block, such as paralysis and with-drawal. This may be partial as in hysterical paralysis and anes-thesia, or total as in amnesia and fugue states or in passivity (freezing). Any ocular, oral, and anal blocks give symptoms of these stages.

Overt homosexual activity may be found in some hysterics. This is not true homosexuality, which involves identification with the opposite sex, but is due to a deep fear of the opposite sex and to suggestibility, which allows the hysteric to comply with homosexual advances. Also the Oedipus situation is avoided. Genital sensations reactivate the Oedipus complex and the threat of the competing mother. The hysteric thus must run from the man and, as if to prove further her lack of interest in the father, may take a woman. The hysteric can accept a man either if she has no feeling or is forced. The latter relieves the

sense of guilt. Also what is frequently overlooked -- it reaffirms her need to fear men as dangerous and not to be trusted.

## **Genesis**

The hysteric has grown up essentially healthy and looks healthy until the sexual push at puberty. The father and mother are accepting in early childhood and the child identifies with the parent of the same sex. She could not reach genitality unless the parents were reasonably accepting of the pregenital phases. The hysteric, usually a girl, finds her mother (the boy, his father) moralistic and represses her sexual drive through identification. The problem is a prime Oedipus situation and the child's rejection of sex revolves around the incest barrier, and every man becomes a symbol of her father. Any genital excitation leads to a reaction of "no" in the organism because it awakens the incest prohibition. The Oedipus complex occurs when the natural attraction of the child to the parent of the opposite sex is stopped by the moralistic attitude of the parent of the same sex.

## **Therapy**

The hysteric does not know that she uses her genital strivings to feel out danger, nor does she know she is sexually provocative. She must be unmasked and the infantile anxiety dissolved for effective therapeutic results. The hysteric must be cornered and prevented from running. Some milder cases of hysteria may recover spontaneously through marriage with an understanding partner.

## **Common Types of Hysteria**

1. The pure hysteric. She has no pregenital blocks. This is the typical, curvaceous, sexually attractive, doll-like creature with normally developed breasts and pelvis prominently displayed.
2. The hysteric with an ocular block. She is usually tall and slender but with proportionately well-developed thighs and breasts. Where there is severe ocular blocking, the ego is weak and she has poor integration. These are difficult cases and there is frequently much actual running from therapy. They may be difficult to differentiate from schizophrenics.
3. The hysteric with an oral repressed block. The pelvis and thighs are well developed but the upper part of the body is slender with small breasts. This type is more serious in attitude and shows varying degrees of depression.
4. The hysteric with an oral unsatisfied block. She is usually short and heavily built with broad shoulders, well-developed breasts, heavy shoulder muscles, and an overeating problem from a need to fill the feeling of emptiness in her stomach,

behind which is a fellatio fantasy. Fat is built up to absorb the excess energy. Dieting produces acute anxiety. One such patient who had a very persistent overeating problem and could not tolerate the anxiety produced by dieting brought the following dream: She was in a session with a former therapist. She remarked that she was hungry. The therapist left the room and brought her some food.

She reported that she woke from the dream feeling anxious. At this point she told me that she presently had a peculiar feeling in her stomach. It was not hunger but she had an overpowering urge to eat. I told her the feeling was a displacement from some other part of her body and asked what sensations she had in her mouth. She replied that she had an urge to suck. I encouraged her to give in to the sensations; she was very embarrassed at first but soon gave in to sucking movements. Shortly this urge ceased and she reported that she had developed genital sensations. The peculiar feeling in her stomach with the urge to eat had disappeared.

**5.** The hysteric with an anal block. Compulsive symptoms, and sexual fantasies of an anal type are present.

All of these types seem attractive to men. Their pelvis and thighs are sexually provocative, the mons pubis is prominent, and the genitalia are well developed.