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Is it Hysteria?

No it is Excessive Emotional Reactivity!!!

The term hysteria is often used in popular media and common usage to refer to extreme laughter, crying, or unmanageable emotional outbursts in women. In the last issue of The Health Planters we saw that this is wrong usage of the term "Hysteria", and that it actually refers to a mental disorder that causes bodily symptoms which cannot be traced to any physical cause and cannot be explained by a general medical condition.

In this issue we will try to understand Excessive Emotional Reactivity Disorder (wrongly labeled Hysteria in colloquial use) characterized by wild emotional outbursts. Excessive Emotional Reactivity Disorder (ERD) is actually a bouquet of irritating, often manipulative behaviors, with overly intense reaction to another person or situation. The disorders in this bouquet have various clinical diagnostic labels attached to them, but are linked together by the underlying emotional reactivity. PERDs have random, unpredictable, and excessive emotional reactions to some people or situations. They react violently to ordinary criticism, which they experience as a blow to their self-esteem. They may react with rage to a disappointment or minor slight; or may perceive a short separation as abandonment.

ERD may be characterized by: the young woman who reacts to the arguments of her boyfriend by cutting her arms with a blade; or the businessman, who reacts to his wife's concern over an evening of heavy drinking with his friends, with violent anger and smashing of household objects.

There is never a calm, peaceful, and stable relationship with a person with ERD (PERD). In romantic relationships, they are controlling, abusive, manipulative partners who can ruin not only the relationship, but also the self-esteem, finances, and reputation of the partner. The parent with ERD abuses, neglects, ignores, or psychologically damages their children. As a friend they may be irresponsible, selfish, unreliable, dishonest, and often create significant problems in the relationship.

As a family member, they maintain themselves as the center of attention and keep the family in an uproar. Their need to be the center of attention and control those around them ensures a near-constant state of drama, turmoil, discord, and distress. Holidays, family reunions, outings in the community, travel, and even shopping are often turned into a social nightmare.

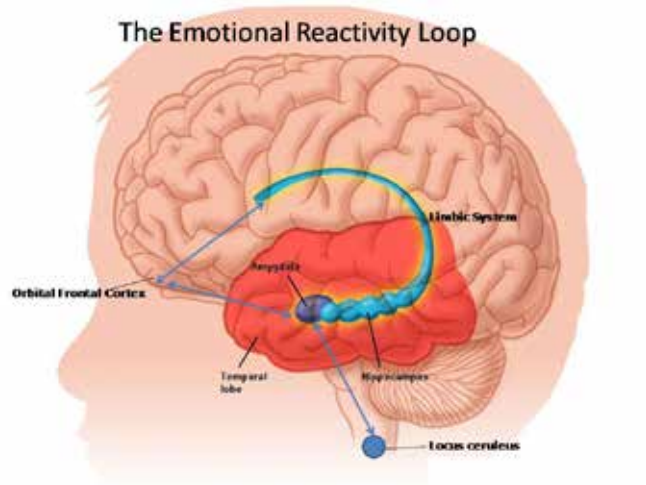
The person suffering from the disorder, however, experiences bewilderment, bitterness, and sense of helplessness at the swirl of shifting emotions and insistent impulses that roil their daily life. They are unable to understand what they have done wrong and why others are avoiding them or finding fault with them.

A healthy individual has a variety of strategies to deal with daily personal, social, and emotional needs, including requesting, making deals, taking personal action, or using manipulation. Manipulation (buying someone a gift, or making comments and giving hints that something is desired etc., to get what you want) is only ONE of the many social skills of a healthy person.

However, for the PERD, manipulation is their ONLY and preferred method of obtaining their wants and needs. The manipulations of a PERD can be extreme. They may create dramatic situations, threaten self-harm, or create social embarrassment. They may even injure themselves to get what they want.

Persons with (PERDs) have a higher emotional baseline. If most people's emotional baseline is 20 on a 0 to 100 scale, then PERDs are continuously at 80. PERDs also have a hard time calming down and stay upset longer than others without the disorder. In a person with average emotional intensity, if an emotion fires in the brain for around 12 seconds, in PERDs the emotions fire for around 20 seconds. PERDs are very sensitive to environmental circumstances.

There is never a calm, peaceful and stable relationship with a person with ERD. PERDs translate their anger or disappointment into impulsive action without reflecting upon the situation or delaying their response, as a person with healthy emotional reactivity would.



They experience intense abandonment fears and inappropriate anger, when faced with a realistic time-limited separation or when there are unavoidable changes in plans (e.g., becoming very angry with someone for being a few minutes late or having to cancel a lunch date; or a violently angry outburst by a woman when her husband says that he has to attend a business meeting, when she wants to go out with him). PERDs see this as rejection and may believe that this abandonment implies that they are "bad", and that they are being avoided because they are not wanted.

The perception of impending separation or rejection, can lead to profound changes in self esteem, self-image of the PERD. The PERD may try to bolster what she sees as an attempt by the other person to devalue her self, by verbally (and sometimes physically) attacking and devaluing the other person.

These abandonment fears are related to an intolerance of being alone and a need to have other people with them. When feeling alone and abandoned, she may behave recklessly to stimulate the worry and involvement of others. This may include impulsive actions such as self-mutilating or suicidal behaviors. To onlookers, these behaviors may appear manipulative because their purpose is to bring another person to attend to the PERD's needs.

But because of their heightened sensitivity to the availability of others, PERDs often feel that they are not in charge of their own emotions—their emotions depend on the behavior of those around them, and that the other person is responsible for

the behaviour. They find themselves trying to control the behavior of people they depend upon and care about, in an attempt to control their own feelings. Repeated again and again, these patterns of behavior lead to strained and broken relationships.

PERDs idealize potential caregivers or lovers. Therefore they begin sharing the most intimate details early in a relationship, and demand to spend a lot of time together. However, they may switch quickly from idealizing other people to devaluing them (as we saw above), feeling that the other person does not care enough, does not give enough, is not "there" enough.

These individuals can empathize with and nurture other people, but only with the expectation that the other person will "be there" in return to meet their own needs on demand. They are prone to sudden and dramatic shifts in their view of others, who may alternately be seen as beneficent and supporting or as cruelly punishing. Such wild swings in the way they perceive the other person reflects disillusionment of the PERD with the "caring other" whose nurturing qualities had been idealized or whose rejection or abandonment is unexpected. These individuals may then suddenly change from the role of a needy supplicant for help to a righteous avenger of past mistreatment.

PERDs translate their anger or disappointment into impulsive action without reflecting upon the situation or delaying their response, as a person with healthy emotional reactivity would. Their inconsistent and unpredictable violent and impulsive reactions result in straining, and ultimately terminating, relationships. The ending of a relationship, however, is perceived, by the PERDs, as abandonment, and makes them feel desperate and enraged, further complicating matters.

To make themselves feel better, they act in ultimately counterproductive ways, using drugs or alcohol to soothe upset feelings, plunging promiscuously into sexual activity, turning their anger at themselves in self-destructive acts like cutting their arms or wrists, or indulging in impulsive gambling or binge eating. These measures may temporarily alleviate their distress, but they will bring destructive long-term consequences. Beginning in childhood, ERD continues into adulthood with intimidation, threat, anger, manipulation, and dishonesty as the method of relating to others. This defective social style continues, even when those around them are socially skilled, concerned, accepting, and loving.

A person with this disorder will also often exhibit impulsive behaviors and have a majority of the following symptoms:

- Frantic efforts to avoid real or imagined abandonment.
- A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation.
- Impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating)
- Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior
- Significant mood swings with intense episodic

emotional distress, irritability, or anxiety usually lasting a few hours and only rarely more than a few days)

- Inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights)
- Excessive sensitivity to things happening around them in their environment.
- Unstable and intense relationships.

ERD originates from neurobiologic vulnerabilities. Just as each of us differs in hair color, height, or eye color, we differ in subtleties of brain structure and function. These differences are genetic in origin, but they are elaborated by early biologic influences (starting in the womb) and all the experiences that mold us as infants and children.

The end result is our own particular disposition, ways of behaving, and patterns of coping that are called our "Personality". In PERDs these individual differences are extreme enough to lead to significant psychological and social problems such as the person's consistently extreme emotional reactions to simple daily disappointments and frustrations. These differences in temperament can be an asset when mild, —for example, the sensibilities and emotional reactions of an actor, artist or writer. However, they become a liability when they tend to produce "emotional storms" that disrupt relationships.

The orbital frontal cortex (OFC) of the brain (the part that sits over your eyeballs behind your forehead) is involved in the determination of the appropriate time, place, and strategy for environmentally elicited behavioral responses. It is connected to the Locus Ceruleus (LC) or Excitatory Center, through the Amygdala or Threat Perception Center, of the brain. It is also connected to the Limbic System or "Emotional Brain". This can be called the "Emotional Reactivity Loop".

The OFC serves as the "brakes" in this loop. The "brake fluid" for this brake system is a neurotransmitter called serotonin. In persons with ERD the brake fluid is low, the brakes malfunction, the brain is in a constantly excited state, normal responses of others are perceived as threats, emotions go haywire, and impulses toward aggression are not inhibited. The result is angry outbursts, impulsive behaviors, irrational emotional outbursts and self-injurious actions, in response to ordinary daily frustrations. ERD can only be diagnosed by a trained mental health professional, such as a psychiatrist. Family physicians and general practitioners are generally not trained or equipped to make this type of diagnosis. Primarily manifested in irritating behaviors rather than signs more commonly associated with mental illness, the disorder, therefore, frequently goes undiagnosed or misdiagnosed. It is estimated that 2 to 3 percent of the general population suffer with ERD. One in ten people ERD commit suicide. Many people with ERD don't seek out treatment until the disorder starts to significantly interfere or otherwise impact their life.

Treatment of ERD typically involves medication combined with cognitive therapy (psychotherapy). Medication acts to correct the Neurotransmitter (brake-fluid) deficit and reduces impulsiveness, and emotional reactivity, irritability, reactivity, mood swings, impulsive outbursts, and anger. Medication helps the person to perceive the effect of treatment and sets the base for Cognitive therapy.

Cognitive therapy helps the patient to learn what his characteristic maladaptive patterns are, when they are likely to be brought into play, what purpose they serve, and how to substitute more adaptive coping strategies. When the PERD begins to examine his / her behaviour pattern, and takes steps to correct it they will be able to sustain and nurture relationships, thereby improving their self image and self esteem.

So, how can you handle a PERD who is blowing up at you?

- Don't react
- Assess the situation and how it occurred
- Show concern
- Ask what has happened.
- Listen actively to what the person tells you;
- Don't contradict, judge, or say that he / she is overreacting.
- Validate: find something in what happened that makes sense and is understandable; say what that is.
- Ask if you can help, not to solve the problem, but to get through the moment.
- If the person says "No", give him or her space and remember the emotions of PERDs last longer.
- Remember that PERDs can be treated and take steps to seek treatment at the earliest.