

RESEARCH ARTICLE

The difference in the world perception between a hysteric and a neurotic

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ABSTRACT

The research significance is determined by the necessity to gain a more profound comprehension of the influence of mental disorders on an individual's perspective of the world. The research intends to conduct an empirical study to identify and compare the levels of personal indicators of world perception in individuals with hysterical and neurotic disorders. The methodology employed in investigating this issue involved surveying participants, which gathered data on the psychological condition and perception of the environment among the individuals involved in the study (n=62). The study employed various methods of scientific inquiry, including system analysis, comparison method, logical analysis, classification, synthesis, and deduction, in addition to conducting interviews with the respondents. It defines the terms “neurotic” and “hysteria”, describes the causes and consequences of an unstable emotional state, determines the connection between an unstable emotional state and neurotic and hysterical personality disorders, uncovers potential physiological causes for the development of these disorders, lists and describes physiological and sociocultural factors that shape a person's worldview, and explores personal factors that influence. The research materials possess practical significance as they provide empirical evidence of the impact of hysterical and neurotic personality disorders on an individual's perspective of the world.

Keywords: emotional state lability; personality disorder; brain functioning; nervous system; stress

1. Introduction

Exploring the difference in worldview between a hysteric and a neurotic is necessary for a deeper understanding of mental disorders and the development of more effective treatments. The term “hysteria” has been used in the history of psychiatry to describe a variety of symptoms, such as loss of sensation, paralysis, blindness, and aphonia, but nowadays it is not used and is not included in the list of mental disorders. Since neurotics and hysterics belong to different groups of mental disorders, their personalities and perceptions of the world may be different. For example, hysterics often display emotional instability and tend to dramatize situations, while neurotics may be more withdrawn and suspicious. Studying this difference can help doctors improve the diagnosis and treatment of mental disorders. Research on this issue can help in understanding what factors cause different mental disorders.

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The research issue is that difference in worldview between a hysteric and a neurotic is not sufficiently studied and is defined relatively, which can lead to ambiguity. In this study, the term “hysteric” refers to a hysterical personality, as this is the term used in modern psychiatry and psychology. Researching the difference in worldview between a hysteric and a neurotic can be challenging, as there are many common symptoms of these conditions. Both individuals may demonstrate emotional instability, anxiety, depression, aggressiveness, and other signs that may be associated with neuroses or mental disorders. In this regard, the study of the difference in worldview between a hysteric and a neurotic requires careful patient selection and the use of a detailed clinical assessment to ensure accurate identification of pathological symptoms. The term “hysteria,” derived from the ancient Greek word “hysteria” meaning uterus, refers to a medical condition that was commonly used in the past to describe a combination of physical and psychological symptoms in women. These symptoms were often accompanied by vague pain or abnormal behavioural manifestations. “Hysteria” is characterised by a range of symptoms including numbness, paralysis, seizures, general discomfort, involuntary actions, and memory loss. This condition is often linked to emotional stress, conflict, and anxiety. With the advancement of modern psychiatry and psychology, the term “hysteria” has been replaced by more precise and valid diagnostic categories, such as conversion disorders and dissociative disorders. These categories offer a more contemporary and scientific understanding of the symptoms. Incorporating the historical definition of “hysteria,” even though it is not currently listed as a mental disorder, provides significant context and educational perspectives. This aids readers in comprehending the development of psychiatric terminology and the evolving nature of mental health diagnoses. Nevertheless, opting for this choice can sometimes result in perplexity or seem less pertinent to individuals who are exclusively seeking information about current mental health subjects, contingent upon the particular circumstances and audience of the conversation^[1].

Sihn^[2] analysed changes in the understanding of neuroses and psychoses in a historical context. The research indicates that attitudes toward neuroses and psychoses have often been determined by political and cultural factors. Barlow et al.^[3] argue that neuroticism, defined as a general tendency to have negative emotional reactions to stressors, can play an important role in the emergence of some disorders such as depression, anxiety, panic disorder, and post-traumatic stress disorder. Gugushvili et al.^[4] argue that neuroticism is a contributing factor to problematic social media use, and the fear of missing out (FoMO) may strengthen this connection. Liang^[5] showed that obligatory civic behaviour is highly related to conformity, and this relationship varies depending on the individual’s level of neuroticism. A high level of neuroticism increases the impact of civic pressure on a person’s conformity, while a low level of neuroticism reduces this impact. Kondracki et al.^[6] showed that neuroticism is associated with an increased number of cognitive errors in everyday life. However, the results of the analysis revealed that this effect was mitigated among those individuals who highly evaluate their consciousness.

Madubata et al.^[7] found a direct link between neuroticism and non-suicidal self-injury among students. In addition, it was found that a more conscious attitude toward one’s own national identity can offset the impact of neuroticism on the desire to self-injure. When studying the peculiarities of hysterical disorders that occur as part of mood disorders and schizophrenia, Barkhatova et al.^[8] found that hysterical disorders that occur as part of these diseases have common features with a classical hysterical disorder, namely hyperemotionality, mood lability, drama, emotional instability, attention seeking, and obsession with sexuality while being accompanied by certain features at the emotional and behavioural levels, such as impulsivity, attention deficit disorder, unreasonable moods and states, and suicidal tendencies.

The research aims to study personal factors in the worldview of people with neurosis and hysterical disorder, to compare these results, and to draw a conclusion about the possible difference in the worldview of

these two categories of people.

2. Material and methods

To study and compare the worldview of people with neurotic and hysterical disorders, the following research methods were used: system analysis, comparison method, logical analysis, classification, synthesis and deduction methods, and questionnaires.

The main research method was a questionnaire survey, which allowed to collection of data on the psychological state and attitude to the world of the participants of the experiment. The participant selection process in the research study was carefully carried out to ensure a sample that is both representative and homogeneous. The researcher initially defined the target population as individuals (n=62) between the ages of 30 and 45, based on the relevance of the research question. The participants were chosen through a purposive sampling technique, which involved identifying and recruiting individuals who met specific criteria through different channels, such as community centres and local organisations. The intention was to ensure a fair and equal representation of both genders in the sample, using specific strategies to achieve a nearly equal distribution. This study did not take into account race, ethnicity, or other demographic variables. The main emphasis was on age and gender. In general, the process of defining and selecting participants was carried out to create a sample that could effectively meet the research objectives while maintaining methodological rigour. The participants of the experimental groups had to meet the following requirements: to have a hysterical or neurotic personality disorder confirmed by a psychologist or psychiatrist. Thus, two experimental groups of participants were formed: with the neurotic disorder (n1=20), with the hysterical disorder (n2=21), and one control group (n3=21), whose participants did not have pronounced psychological characteristics. Given the absence of a precise definition of hysteria in the DSM or ICD (as previously mentioned, it is an outdated term), the selection process for the n2 group primarily involved women whose symptoms aligned with those traditionally associated with hysteria. All participants exhibited symptoms such as conversion disorders and dissociative disorders, which provide a contemporary and scientific explanation for hysteria. The survey was conducted online. All participants took part in the survey voluntarily and confidentially.

The survey was conducted using two standardized questionnaires: The Eysenck Personality Questionnaire (EPQ)^[9] and an Inventory for the Measurement of Self-Actualization^[10]. The method of comparison was used to compare the test results of the experimental groups n1 (neurotics), n2 (hysterics), and the control group n3. This method revealed differences in personal indicators of worldview between neurotics and hysterics, as well as differences in these indicators from individuals without psychological characteristics. The use of logical analysis is due to the need to accurately define the terms used in this study.

The Eysenck Personality Questionnaire^[9] is a prevalent self-report questionnaire specifically created by the British psychologist Hans Eysenck and his wife Sybil Eysenck to evaluate personality traits. The EPQ is founded upon Eysenck's personality theory, which highlights the significance of three fundamental dimensions: extraversion/introversion (E), neuroticism/emotional stability (N), and psychoticism/superego (P). The EPQ evaluates personality characteristics according to Eysenck's three-factor model, encompassing:

(1) Extraversion (E): This dimension measures the degree of sociability, loquacity, assertiveness, and inclination to pursue stimulation.

(2) Neuroticism (N): Neuroticism assesses emotional stability, encompassing the inclination to encounter negative emotions such as anxiety, depression, and anger.

(3) Psychoticism (P): Psychoticism is a less frequently employed dimension that evaluates characteristics such as aggression, impulsivity, and indifference towards societal norms.

The EPQ is a self-administered survey in which individuals respond to a set of statements or questions regarding their characteristics or experiences. Participants provide their level of agreement with each statement using a Likert scale, which typically spans from “strongly disagree” to “strongly agree.” The EPQ encompasses both concise and extensive versions, rendering it flexible to accommodate diverse research and clinical requirements. The EPQ has been employed in various cultural contexts, and scholars have scrutinised its suitability and credibility among heterogeneous populations. The EPQ has been employed in both research and clinical contexts. Researchers employ it to examine the correlations between personality traits and different outcomes, while clinicians occasionally utilise it to acquire an understanding of a patient’s personality composition^[9].

To summarise, the Eysenck Personality Questionnaire is a widely acknowledged instrument for evaluating personality characteristics according to Eysenck’s three-factor model. The instrument possesses qualities such as reliability, validity, and cross-cultural applicability, rendering it a valuable tool for both research and clinical purposes. However, it is not devoid of limitations.

Using logical analysis, the following terms and concepts were defined: hysteric, neurotic, labile psyche, neuroticism, and worldview. In addition, the logical analysis helped to investigate the relationship between the labial psyche and hysterical and neurotic personality disorders. To consider the human mental state as a complex system whose components interact with each other and influence each other, a system analysis was used. This method of cognition helped to form a clear system of factors that can equally influence the psychological state of a person, become the root cause of mental disorders or, conversely, facilitate their course. The classification method was used to divide the factors shaping a person’s worldview into the following groups: genetic, cultural, social, personal, and those related to knowledge and experience. The classification method also helped to identify the following personal indicators of a person’s worldview: neuroticism, extraversion, openness to new things, friendliness, and conscientiousness.

The method of deduction was an auxiliary research method and was used to make logical reflections and conclusions. Since the issue of worldview is rather ephemeral and cannot be measured accurately, the deduction method was used to describe the results of the experimental part of the study. The method of synthesis was used to process the information obtained through the use of other research methods, which made it possible to describe a clear difference in the worldview between a person with a hysterical disorder and a person with a neurotic disorder.

The empirical data is statistically processed and graphically represented with the statistical package SPSS Statistics 17.0 and the standard package of the MS Excel programme. After analysing the respondents' answers, the results were calculated and the levels of neuroticism were derived.

3. Results

3.1. Neurotic personality disorder

A neurotic is a person who tends to have neurotic reactions, which include a strong emotional reaction to stressful situations and certain physical symptoms, such as anxiety, depression, panic attacks, phobias, and other manifestations of emotional discomfort. This term is used to describe psychological traits and conditions, as well as in the diagnosis of various mental disorders. People with high levels of neuroticism may be more prone to developing certain mental disorders, such as anxiety disorder, depression, and post-traumatic stress disorder. Neuroticism can contribute to the development of these psychological disorders, through its impact on emotional regulation and cognitive function. For example, high levels of neuroticism can reduce the effectiveness of emotion regulation and increase the tendency to think negatively. In addition, neuroticism may

be associated with lower levels of serotonin, which plays an important role in regulating mood and emotions^[11].

A labile psyche is a condition in which the human psyche reacts very easily and quickly to changes in the environment, as well as to one's own emotions and feelings, which can lead to dramatic changes in mood, behaviour, perception of the world, and difficult interpersonal relationships. Mental lability can be caused by various factors, such as genetic or environmental factors, chronic stress, trauma, or mental illness. People with a labile psyche may be more vulnerable to emotional overload, and more prone to various phobias, anxieties, and depression. Labile mental health can affect various aspects of a person's life, including work, personal relationships, and overall health. Because labile mental health can be caused by a variety of factors, treatment may include medication, therapy, and lifestyle changes. Mental lability refers to mental characteristics that indicate the instability of emotional and volitional processes, which is manifested in frequent mood changes, attention span instability, increased suggestibility, and emotional sensitivity. This characteristic is often associated with the concept of "neuroticism," which reflects a tendency to emotional instability, anxiety, and depression. For example, people with high levels of neuroticism and labile psyche may be more sensitive to stressful events and experience them more intensely and may also be prone to overestimating negative events and being too critical of themselves^[12].

Neurotics can react to external stimuli with increased sensitivity and suffer from nervous system agitation. This is associated with the increased activity of the limbic system, which is responsible for emotions and mood regulation. Neurotics may experience increased activation of the part of the brain that processes emotional stimuli and increased production of neurotransmitters such as serotonin and norepinephrine, which regulate emotional state and stress response. As a result, neurotics may be more prone to developing various mental disorders, such as depression, and anxiety. People with neurotic disorder may have organic features of the body. Individuals may have an increased activity of the sympathetic nervous system, which is responsible for the stress response. This can lead to increased levels of stress hormones such as cortisol and adrenaline. Neurotics may also have reduced activity in the anterior cortex, which is responsible for regulating emotions and behaviour^[13]. This can lead to decreased emotional regulation and increased susceptibility to stress and anxiety. However, it is worth noting that neuroticism is not directly related to specific organic problems but is more complexly explained through the interaction of genetic, psychological, and social factors.

3.2. Hysterical personality disorder

Histrionic personality is characterized by complex and diversified symptoms, including emotional lability, mood instability, dramatic behaviour and feelings, dependence on the assessment of others, sometimes with symptoms of somatization, low self-esteem, and lack of a realistic assessment of one's behaviour and capabilities. Histrionic personality can manifest itself in various forms, but in general terms, it is a pathological form of personality with characteristic features that are reflected in a person's inability to function healthily in society and at work.

A labile psyche is one of the main symptoms of hysterical personality disorder. A hysterical personality has an increased vulnerability to stress, which can lead to mood changes, increased anxiety and emotional reactivity. These changes can manifest as hysterical symptoms, such as increased anxiety, mood disorders, feelings of helplessness, and uncontrollable emotional outbursts. Since the labial psyche is characterized by the impermanence and instability of the emotional state, it can lead to the development of hysterical manifestations that can vary depending on the situation^[14]. For example, the hysterical disorder can manifest itself through sudden mood swings, emotional lability, increased sensitivity to criticism, and a need for attention that may arise from a constant search for confirmation of one's emotional experiences.

Research shows that the brains of people with hysterical disorder may respond differently to external

stimuli compared to healthy people. Some studies show that in hysterical disorders, there is decreased activity in certain parts of the brain responsible for processing information about the world around us, as well as increased activity in parts of the brain responsible for emotional response and interaction with other people^[15]. This can lead to a distortion of the perception of reality and the experience of emotions and affect how a hysterical person perceives and interacts with other people. Given the above, it can be argued that the brains of individuals with hysterical disorder may respond to external stimuli differently than healthy people, which can affect their worldview and behaviour. However, the precise mechanisms that lead to these differences are not yet fully understood and require additional research.

Scientists continue to investigate the nature and causes of the hysterical disorder, and although they do not yet have definitive answers, some studies suggest that people with the hysterical disorder may have some organic characteristics: it has been found that people with the hysterical disorder have increased activity in some parts of the brain, such as the *gyrus* and posterior parietal area, during emotion-related tasks. The activity of the anterior cortex, which is responsible for processing information about the body, was found to be reduced. In addition, research suggests that hormones may influence the development of hysterical disorder: it has been shown that high levels of cortisol, a hormone released during stress, may be associated with the risk of developing the hysterical disorder^[16].

3.3. An empirical study of the worldview of neuroticism and hysteria

This analysis aims to examine the correlations between personality traits and the perception of worldview in individuals diagnosed with neurotic and hysterical personality disorders, in comparison to a control group. The personality traits taken into account are neuroticism, extraversion, openness to experience, agreeableness, and conscientiousness. The assessment of worldview perception is conducted through the administration of a questionnaire, and the resulting scores from this questionnaire are utilised in the subsequent analysis.

A person's worldview depends on many factors, including:

(1) Genetic factors. Science is establishing a link between certain genes and the perception of certain aspects of the world.

(2) Cultural factors. The culture in which a person grows up can strongly influence their worldview. Cultural stereotypes and traditions can shape the way a person sees themselves and the world.

(3) Social factors. The social environment in which a person grows up (including family, friends, and colleagues) can influence their worldview.

(4) Experience and education. The experience a person has gained throughout their life, as well as the education received at school, university, and other places, can influence the way they perceive the world.

(5) Personal factors. A person's self-sufficiency, level of self-respect, self-control, emotional stability, and other characteristics can influence their worldview.

Personality factors are important determinants of world perception, as personality is formed from childhood and affects the perception and interpretation of the world. One of the main personal factors is the type of temperament. Temperament is a set of characteristics inherent in a person from birth that affect his or her attitude to the world, feelings and reactions to stimuli. A person can be an extrovert or an introvert by temperament and have different levels of sensitivity to stimuli.

Another important factor is personality. Personality is a person's personal qualities that are formed under the influence of upbringing, education, and life experience. Personality includes such traits as self-control, dedication, responsibility, discipline, and benevolence. All these personality factors interact with each other

and influence the perception of the world, including the perception of other people. It is necessary to address these factors when studying a person’s worldview. Personal factors of worldview can be listed as follows:

(1) Neuroticism: a tendency to emotional instability and stress. People with high levels of neuroticism may perceive the world as threatening and unfavourable.

(2) Extraversion: a tendency to actively engage in social interaction and stimulation. People with high levels of extraversion may perceive the world as fun and friendly.

(3) Openness to experience: a tendency to be open to new ideas and open to change. People with a high level of openness to experience may perceive the world as complex and unpredictable but with opportunities for growth and development.

(4) Friendliness: a tendency to help and support others. People with a high level of agreeableness may perceive the world as full of opportunities for interaction and help.

(5) Conscientiousness: a tendency to be organized and responsible. People with a high level of conscientiousness may perceive the world as requiring high standards and.

These personality factors can interact and influence the perception of the world, which was investigated in this paper using a test and a questionnaire. The results of the survey are presented in Table 1.

Table 1. Levels of personal indicators of world perception in hysterics and neurotics, as well as control indicators.

Indicator	Neurotic (n1)		Hysteric (n2)		Control group (n3)	
	Level	Mark	Level	Mark	Level	Mark
Neuroticism	Very high	63+/180	Average to high	33-63/180	Normal distribution in the population	22-43/180
Extraversion	Normal distribution in the population	10-24/48	Above average	19-28/48	Normal distribution in the population	10-24/48
Openness to experience	Normal distribution in the population	2-5/6	Normal distribution in the population	2-5/6	Normal distribution in the population	2-5/6
Friendliness	Normal distribution in the population	5-15/23	Stronger than the population	2-19/23	Normal distribution in the population	5-15/23
Conscientiousness	Normal distribution in the population	27-33/40	Stronger than the population	22-35/40	Normal distribution in the population	27-33/40

The study showed that the participants with the neurotic disorder had a higher level of neuroticism compared to the group of participants with hysterical disorder and individuals without psychological characteristics. Neuroticism is an indicator that characterizes the level of emotional instability and stress vulnerability of a person, so individuals with neurotic disorder showed a higher level of neuroticism compared to individuals without psychological characteristics, as well as individuals with the hysterical disorder, which is characterized by other symptoms and features. A person with a hysterical disorder is characterized by predominantly extroverted traits, which can be manifested in a high level of social activity, a desire to enter new social contacts, and a tendency to emotional expressiveness. However, it is worth noting that this does not mean that all people with hysterical disorder must be extroverts^[17].

Any personality (with or without a disorder) can have any level of openness to new things, so this factor is not relevant in this study, as it depends on the specific characteristics of each person. The hysterical disorder is not associated with an increase or decrease in the level of friendliness, but the survey showed that the level of friendliness of a person with the hysterical disorder is less stable and often depends on the circumstances. The hysterical disorder is characterized by exaggerated emotionality and inconsistent behavioural

manifestations, which can affect the level of conscientiousness. It cannot be argued that people with the hysterical disorder are generally more or less conscientious than healthy people, but the survey showed greater instability of this indicator in people with the hysterical disorder than in neurotics and the control group.

4. Discussion

Braun^[18] explores the history and diversity of ways in which the disease of hysteria has been represented in medicine, literature, art, and culture in general. The author argues that although the term “hysteria” is not used in modern medicine, it is still an important part of the cultural discourse on the human psyche. The research analyses various representations of hysteria in media, literature, and art, including the portrayal of hysteria in film, theatre, and television, and draws attention to how hysteria has created and continues to create a specific image of women that affects society’s understanding of the female psyche. This comprehensive examination of hysteria contributes to an understanding of how the construct has evolved and how prejudices continue to influence the contemporary perceptions and experiences of people experiencing this condition.

The state of mass hysteria among children and adolescents was studied by Zhao et al.^[19]. The study showed that mass hysteria in children and adolescents is relatively rare, but can still occur in different environments, such as schools, and clubs. The authors noted that mass hysteria in children and adolescents can be caused by the following factors: stress, anxiety, hypersensitivity to group influence, as well as psychological and social factors. Although the prevalence of mass hysteria episodes among children and adolescents is lower than among adults, it can have serious consequences for the mental health and social functioning of children and their families. This information points to factors that can trigger hysteria in children and adolescents. The factors described are consistent with those identified in the results of this study, suggesting that the same stimuli may be responsible for hysteria in adults and children.

Haw^[20] examined the audience’s perception of news coverage of refugees and migrants in Australia and how such news can provoke mass panic and hysteria. The study found that many viewers felt that television news was aimed at creating a panic effect and overused sensationalized headlines and images. Most respondents to the survey believed that such news could cause hysteria and excessive fear among the public. Most of the audience also expressed the understanding that such news is politically motivated and aimed at forming a certain opinion and supporting a certain political position. The results of this study demonstrate that media hype and manipulation can provoke several negative emotions in viewers (fear, anger, confusion), which in certain circumstances can lead to hysteria.

Mostowik et al.^[11] focused on the perception of time in the context of mental health and defence mechanisms in patients with neurotic and personality disorders. It was found that patients with neurotic and personality disorders have different perceptions of time, depending on the type of disorder and the defence mechanisms that patients have. Patients with panic disorder and a sense of uncertainty have a more negative perception of time, while patients with adjustment disorder have a more positive perception of time. It has also been found that defence mechanisms can affect time perception in patients with neurotic and personality disorders. In particular, the use of defence mechanisms, such as rationalization or projection, is associated with negative time perception. The subjective perception of time is an indicative difference in the worldview of neurotics, which indicates the need for attention to patients with neurotic and personality disorders, as well as the importance of considering defence mechanisms in the psychotherapeutic treatment of these disorders.

In a study of the impact of small daily events on xenophobia and satisfaction in the context of the COVID-19 pandemic, Junca-Silva and Vilela^[21] found that satisfaction and xenophobia are affected by different levels of neuroticism, namely that low levels of neuroticism contribute to lower xenophobia and higher levels of life satisfaction. The study was based on the analysis of data obtained from a survey of 340 participants who

answered questions about their opinions on xenophobia, life satisfaction, as well as daily events and neuroticism. The study showed that different levels of neuroticism affect the perception of daily events and have an impact on xenophobia. The results of the study can help to understand how neuroticism affects the perception of small daily events and becomes a factor in the development of xenophobia in a pandemic and how this effect can be reduced by increasing life satisfaction and reducing neuroticism.

Frankenbach et al.^[22] examined the relationship between neuroticism, nostalgia, and psychological well-being. The study was conducted using a meta-analysis that considered the results of 19 other studies that measured levels of neuroticism, nostalgia, and psychological well-being. The results of the study showed that there is a positive relationship between nostalgia and psychological well-being, but this relationship depends on the level of neuroticism. People with low levels of neuroticism are associated with higher levels of psychological well-being, while people with high levels of neuroticism do not show this relationship. These findings emphasize the importance of understanding the role of neurotic personality disorder in the processes of emotion regulation and psychological well-being, as a neurotic person may not receive normal feedback from their nervous system compared to a person without a neurotic disorder.

The study of the relationship between interoceptive sensitivity (the ability to perceive internal body signals), introversion, and neuroticism among the adult population was conducted by Pearson and Pfeifer^[23]. The results of the study showed that introversion has no significant relationship with interoceptive sensitivity, while neuroticism has a positive relationship with interoceptive sensitivity. In addition, it was found that interoceptive sensitivity was significantly related to stress and anxiety. The fact that people with a higher level of neuroticism have a greater tendency to perceive internal signals from their bodies complements the findings of this study and reveals the difference in perception of body sensation between neurotic and hysterical people.

The reviewed studies confirm the existence of a difference in worldview between a neurotic and a hysteric, both in terms of emotional reactions to external factors and in the sphere of internal feelings and experiences.

5. Conclusions

Neurotic and histrionic personality disorders were examined in detail in this study through the prism of the perception of the world by individuals with such disorders. The study demonstrated how the ability of the nervous system can affect the psychological state of a neurotic and hysterical person, and also described some organic features that can influence the development and course of neurotic and hysterical personality disorders. Genetic, cultural, social, and personality factors, as well as factors related to a person's life experience that can influence a person's worldview, were considered. The research results showed that the concept of worldview consists of complex interactions between biological, psychological, and social factors that shape a person's perception of themselves and the world around them.

Since this research aimed to examine the difference in worldview between hysterics and neurotics in terms of personality factors, the following was found: a person with a neurotic disorder may perceive the world as more negative and threatening, which can lead to greater anxiety, stress, and emotional instability. It can also lead to suppressed extroversion due to persistent negative feelings and less inclination to new experiences, as high levels of neuroticism can lead to a fear of change and avoidance of new environments. A person with the hysterical disorder, on the other hand, may be more open to new experiences and acquaintances, but may also be less stable in their relationships with other people, as unstable levels of friendliness may lead to more conflict and less ability to compromise, and unstable conscientiousness may lead to less responsibility and self-discipline in completing tasks.

Further research on neurotic and hysterical personality disorders should focus on identifying cultural and social factors that influence the development of these conditions. This will help reduce the number of mental illnesses in the population caused by an unfavourable socio-cultural environment.

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