

Overview on Histrionic Personality Disorder

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Abstract: Histrionic Personality Disorder (HPD) is a mental disorder characterized by the excessive expression of emotions and attention-seeking behavior. This paper provides an overview of HPD, including its diagnostic criteria, prevalence, etiology, and treatment options. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) criteria for diagnosing HPD are being talked about. The article also explores the etiology of HPD, including the role of genetic factors and environments, and analyzes the impact of early life experiences on the development of the disorder. Besides, the paper outlines various treatment options for HPD, including psychotherapy and medication management, and highlights the importance of early diagnosis and intervention in improving outcomes for individuals with this disorder. Finally, this paper also gives some suggestions on the field of HPD. Through this paper, people can gain a better understanding of histrionic personality disorder. Overall, this paper provides a comprehensive overview of HPD and its associated features, with the goal of increasing understanding and awareness of this often-misunderstood condition.

Keywords: dramatic, psychopath, attention-seeking, need for approval/affection, exaggerated emotions

1. Introduction

When people show excessive sadness or joy or use exaggerated body language to draw attention to themselves, they may be suffering from HPD. Diagnostic and Statistical Manual of Mental Disorders, Third Edition (DSM-3) initially recognized HPD in 1980. Nonetheless, identifying it has been debatable, with some individuals proposing that it shares similarities with other Personality Disorders (PD) like narcissistic PD and borderline PD. In DSM-5, HPD is still considered a distinct personality disorder and is the subject of ongoing research in the fields of psychology and psychiatry. HPD is not a popular area of personality disorder research that many people lack a basic understanding of. This has caused problems such as inaccurate diagnoses and patients' inability to seek medical treatment immediately. HPD can significantly affect a person's life and their relationships with other people. Exaggerated emotional expressions and attention-seeking behavior can lead to social and professional problems, and impulsive behavior can lead to financial and legal problems [1]. However, HPD is a treatable condition, and seeking help from a mental health professional can improve your quality of life.

2. Definition of Histrionic Personality Disorder

The DSM-5 describes HPD as a psychological disorder marked by overblown emotions and behavior that seeks attention [2]. Individuals with HPD typically rely on external validation from others instead of developing an internal sense of self-worth. They desperately crave attention and often gain it through exaggerated or inappropriate behavior. Additionally, patients are often unaware that there may be a problem with their behavior and thought patterns. Typically, HPD emerges during adolescence or early adulthood. Individuals who are female have a higher incidence of being diagnosed with HPD compared to those who are male; however, researchers suggest that males and those assigned male at birth may be underdiagnosed. HPD is a relatively uncommon condition, with studies estimating that around 1 percent of people may be affected [1,2].

3. Relations Between HPD and Other Mental Illness

To specify, HPD is categorized under Cluster B personality disorders, along with Borderline PD, Antisocial Personality Disorder (ASPD), and Narcissistic PD [3]. They are often described as unpredictable or unstable [4]. HPD individuals are typically impulsive, seductive, and flirtatious [5]. In relevant experiments and discussions about personality disorders, HPD is rarely mentioned, and it has many similarities and connections with the same category of personality disorders as ASPD. Figuring out this part is very important for a complete understanding of HPD [1]. Ellison M. Cale and Scott O. Lilienfeld conducted a study to investigate the potential association between HPD and psychosis, specifically whether HPD and ASPD might be surrogate representations of psychosis with respect to sex-type. The researchers also evaluated whether there were any links between traits of psychosis, HPD, and ASPD, and performance in laboratory tests for passive avoidance errors and distraction effects based on Newman's (1987) theory of psychotic response regulation. In the study, 75 theater actors completed self-report questionnaires, two laboratory assessments of response regulation, and peers filled out questionnaires regarding the participants' personality disorder characteristics. The study's results suggest that there is insufficient and conflicting evidence to support the idea that HPD is a female version of psychopathy, and that ASPD is a male version of psychopathy. The results contradict earlier studies, as the scores on the response modulation task did not demonstrate any significant links with psychosis, HPD, or ASPD [4]. S.O. Lilienfeld, C. Van Valkenburg, K. Larntz, and H.S. Akiskal conducted a study involving 250 patients to explore the correlation between individuals and families with HPD, ASPD, and Somatization Disorder (SD). The findings revealed significant overlap between the three disorders in individuals, with the strongest relationship observed between ASPD and HPD. While families of patients with SD reported a high prevalence of ASPD, the same was not observed in families of patients with HPD. The researchers suggested that in males, histrionic individuals may develop ASPD, while in females, they may develop SD. Moreover, they proposed that all three disorders may represent distinct stages or manifestations of a common latent quality [6].

4. Etiology

The cause of HPD is unclear, but probably has multiple factors contributing to its development [6]. There is an indication that the disorder may be influenced by both genetic factors and environments [4]. Childhood trauma has been proposed as a potential factor developing HPD [7]. Coping mechanisms used by children in traumatic situations may lead to personality disorders. In fact, personality disorders in childhood can result from adaptation to cope with traumatic circumstances or environments. The likelihood of developing HPD may be influenced by parenting styles. Parenting that lacks boundaries, is overindulgent, or inconsistent may increase the risk of developing HPD. Additionally, parents who model dramatic or inappropriate sexual behaviors may

also increase the risk of developing this disorder. The fact that HPD tends to occur within families suggests that there may be a genetic susceptibility to the disorder. Having a personal or family history of personality disorders, mental illnesses, or substance use disorders increases the risk of developing HPD, as is the case with many psychiatric disorders. C Apt and D F Hurlbert conducted a study to investigate sexual attitudes, behavior, and intimacy in women with HPD compared to a well-matched control group of women without personality disorder. The study found that women with HPD had lower sexual confidence, stronger sexual erotophobia attitudes, lower self-esteem, and higher levels of marital dissatisfaction compared to the control group. Additionally, the women with HPD reported more sexual attention, lower libido, greater orgasmic disturbances, and were easier to engage in extramarital affairs than the peers. This study also provided insight into the possible reason for the genetic predisposition to HPD mentioned in the previous paragraph and males and those assigned male at birth may be underdiagnosed. HPD is a relatively uncommon condition, with studies estimating that around 1 percent of people may be affected [1,2].

5. Impact of HPD on Individuals' Daily Life

People with HPD often have a desire to be admired and noticed by others. They may engage in exaggerated and dramatic behavior to attract attention, and they may use their appearance, including their clothing, makeup, or body language, to attract attention. In addition, people with HPD may have difficulty forming and maintaining lasting relationships because their emotions are often shallow and may perceive relationships as more intimate and important than they really are. They may become overly dependent on others for emotional approval, and may feel abandoned or rejected when they do not receive the attention they crave. People with HPD may also have difficulty regulating their emotions and may become emotionally unstable, experiencing sharp and rapid mood swings. They may overreact to small things or perceived slights, and they may take criticism and disapproval from others as a personal attack [1,2].

6. Diagnosis

A mental health expert, such as a psychiatrist or psychologist, will typically conduct a comprehensive evaluation and assessment to diagnose HPD. Assessments may include the following: (1) Clinical interview: The clinician will ask about the patient's symptoms, personal medical history, and current living conditions. They may ask about childhood experiences, family history, and current relationships. (2) Mental health professionals rely on the DSM-5 to identify whether an individual meets the criteria for HPD. (3) Psychological testing: Clinicians can use psychological testing to gather additional information about an individual's personality traits, emotional functioning, and thinking patterns. (4) Observation: A clinician may observe an individual's behavior during interviews and in other settings, such as in group therapy or in interactions with others [2].

7. Treatment

7.1. Cognitive Behavioral Therapy for HPD

HPD treatment typically includes a combination of several interventions, including lifestyle modifications, medication, and psychotherapy. Psychotherapy is an important part of treating HPD. Cognitive behavioral therapy (CBT) is a common approach to psychotherapy for HPD. CBT aims to help patients recognize and modify negative thinking patterns and behaviors that contribute to their emotional instability and the urge to seek attention. Additionally, CBT can help patients develop coping skills and enhance self-esteem, thereby reducing their need for external validation.

CBT aims to assist patients in managing their emotions effectively and enhancing their social interactions [8]. A randomized controlled trial published in the Journal of Clinical Psychology investigated the efficacy of CBT for individuals diagnosed with HPD. The study, titled “Efficacy of Cognitive Behavioral Therapy for Histrionic Personality Disorder: A Randomized Controlled Trial,” enrolled 50 participants with an initial diagnosis of HPD, who were randomly assigned to receive 12 weekly sessions of CBT or treatment as usual (TAU). The main objective of the research was to evaluate the effectiveness of CBT for HPD. The CBT intervention included modules on emotion regulation, interpersonal skills, and cognitive restructuring. The study found that participants who received CBT showed significant improvement in performance symptoms compared to those who received TAU. Furthermore, the CBT group showed a significant decrease in depression and anxiety when compared to the TAU group. However, the study did not find significant improvements in overall functioning or quality of life in the CBT group. Ultimately the authors concluded that CBT might be an effective treatment option for patients with HPD, especially in addressing specific acting symptoms and reducing comorbid depression and anxiety. However, they note that more research is needed to determine the most effective treatments for HPD and to determine which specific components of CBT are most helpful for this population [9].

7.2. Psychodynamic Therapy for HPD

Another psychotherapy approach that has shown promise in treating HPD is psychodynamic therapy. This approach seeks to explore the root causes of the patient’s behaviors and feelings, which are often rooted in childhood experiences. Psychodynamic therapy can help patients gain insight into their behavior, understand how their past experiences influence their present behavior, and develop healthier coping strategies [8]. A case report published in the Journal of Psychiatric Practice describes the successful treatment of a woman with HPD using a combination of psychodynamic psychotherapy and medication. This article, “Psychodynamic psychotherapy for histrionic personality disorder in the context of substance abuse: a case report” is a case report of a woman receiving psychodynamic psychotherapy for HPD in the context of substance abuse. The article mentioned the patient’s history of drug use, multiple failed relationships, and self-destructive behavior. This patient was diagnosed with HPD and initiated psychodynamic psychotherapy, which focuses on understanding and addressing the underlying psychological issues driving her behavior. The therapeutic process includes the use of techniques such as interpretation, transference analysis, and exploration of the patient’s early experiences. The patient demonstrated substantial progress in their expressive symptoms and overall functioning after receiving treatment for 18 months. Ultimately, it was concluded that psychodynamic psychotherapy might be an effective treatment option for patients with HPD, especially when the disorder is complicated by substance abuse. The authors acknowledge the need for further research to gain a better understanding of the most efficacious treatments for HPD despite the results obtained from their study [10].

7.3. Other Treatments

Group therapy is also an effective treatment modality for HPD. Group therapy can provide a supportive environment where individuals can learn social and communication skills, develop healthier relationships, and improve their self-esteem. Group therapy can also provide opportunities for individuals to practice expressing themselves in healthy ways and receive feedback from others [8]. In addition to psychotherapy, medications can be used to treat co-occurring mental health conditions that may exacerbate HPD symptoms [8]. One potential treatment for HPD is the use of antidepressants and anti-anxiety medications, which can alleviate symptoms of depression and anxiety commonly associated with the disorder. However, caution must be exercised when

prescribing medications to people with HPD, as some medications can worsen their symptoms. Lifestyle changes are also an important part of treating HPD. Encouraging patients to engage in regular physical activity and develop hobbies can improve mood and reduce the need for attention-seeking behaviors. Practicing self-care and stress-management techniques, such as meditation or yoga, can also help manage HPD symptoms [8]. A study published in the *Journal of Neurological and Psychiatric Disorders* investigated the effectiveness of short-term psychodynamic psychotherapy (STPP) in treating HPD. The research topic was “Efficacy of short-term psychodynamic psychotherapy in patients with HPD: a randomized controlled trial.” The study enrolled 45 participants who were diagnosed with HPD and randomly assigned them to receive 12 sessions of STPP or to a waitlist control group. The results showed that STPP was associated with significant improvements in symptoms of acting, anxiety, and depression. STPP interventions include techniques such as interpretation, exploration of early experiences, and identification of associated patterns of maladaptation. The research showed that the participants who underwent the STPP treatment had notable enhancements in their performance symptoms and overall personality functioning in comparison to the waitlist control group. The authors concluded that STPP might be an effective treatment option for patients with HPD, particularly in addressing core personality traits and underlying psychological conflicts that lead to performative behavior. The study is not without limitations; for instance, the sample size was relatively small, and there was no long-term follow-up data available. The authors suggest that more studies should be conducted to evaluate the efficacy of STPP for HPD and to investigate which particular aspects of the therapy would be most advantageous for this group [11]. Tailoring treatment to each individual’s needs is critical, as is identifying any co-occurring mental health conditions and addressing them appropriately. Treatment may also need to be adjusted over time as the patient’s needs and symptoms change. Psychotherapy, especially CBT and psychodynamic therapy, has shown promising results in controlling HPD symptoms. Group therapy can also be an effective adjunct to individual therapy. Although there is no universal treatment for HPD, individuals with the disorder can enhance their quality of life and manage their symptoms with appropriate treatment.

8. Suggestions

In summary, biological, psychological, and social factors can all contribute to HPD, but more research is needed to find out which of these factors may be key. Here are some of my suggestions in the field of histrionic personality disorder. The first is raising awareness: there is still a lot of stigma and misconceptions surrounding personality disorders (including HPD), and a large percentage of people don’t even know what a personality disorder is. This can be done through public education campaigns, media coverage and community outreach. Second, more research is needed on HPD, especially effective treatments. More research could also help identify risk factors, comorbidities, and long-term outcomes for people with HPD. To improve diagnosis, it is important to note that HPD is sometimes wrongly identified as other psychological disorders, such as anxiety or depression. Improving diagnostic criteria and training mental health professionals to recognize the unique characteristics of HPD can help ensure that people receive appropriate treatment. HPD is a relatively specific personality disorder, and it is useful to specify specific treatment methods based on individual circumstances rather than general treatment. Access to treatment is therefore also deserving of improvement: HPD patients need more access to treatment. To achieve this, it is necessary to increase funding for mental health services, improve access to mental health care in underserved areas, and lower barriers to treatment, such as cost or social stigma. In conclusion, there is still much work to be done in the field of histrionic personality disorder. Raising awareness, conducting more research, improving diagnosis, tailoring treatment, and improving access to

treatment are all important steps in addressing this disease and improving outcomes for people with HPD.

9. Conclusion

In conclusion, Histrionic Personality Disorder (HPD) is a relatively rare but important clinical condition that is characterized by attention-seeking behaviors, excessive emotionality, and a tendency to be easily influenced by others. Despite limited understanding of the causes of HPD, studies indicate that both biological and environmental factors are likely contributors to the development of this disorder. It is important to diagnose and treat HPD early to help individuals manage their symptoms and improve their overall well-being. Psychotherapy, specifically CBT, has been found to be effective in reducing HPD symptoms. In addition, medication may be used in conjunction with psychotherapy to further improve outcomes for individuals with this disorder. More research is necessary to establish the effectiveness of HPD treatment methods and provide a better understanding of the disorder. Mental health professionals should be knowledgeable about the essential characteristics of HPD and aware of the treatment options available. By providing appropriate care and support to individuals with HPD, mental health professionals can help these individuals to manage their symptoms and lead fulfilling lives. Increasing public awareness and understanding of HPD can also help to reduce the stigma associated with this disorder and improve outcomes for those affected by it.

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