# An Overview of Histrionic Personality Disorder

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**Abstract.** As diagnosis criteria of personality disorders are developing, people are more aware of the effects of mental disorders. Histrionic personality disorder (HPD) is one of the ten personality disorders that is classified by DSM-V, which has typical patterns of attention-seeking behaviours. HPD symptoms not only make individuals struggle to properly interact with their surrounding people, but also make them unable to build or maintain long-term relation-ships, which can further lead to mental distresses. Serious consequences of HPD people's unpredictable emotions are also witnessed, such as embarrass-ing or harming others, which disturb normal social orders. This article anal-yses the potential causes, impacts and treatments of HPD based on previous studies on cluster B personality disorders. According to the results, various triggers of HPD include the experiences of being ignored or mildly annoyed by parents and anxious-preoccupied attachment styles, and HPD can lead to serious cooccurring mental disorders including other personality disorders, depression, and also various cognitive issues related to mental disorders. In addition, questionnaires have been developed to diagnose HPD, and effec-tive treatments methods such as functional analytic psychotherapy (FAP) and cognitive analytic therapy (CAT) are used to reduce HPD symptoms.

**Keywords:** Histrionic personality disorder, attention-seeking, personality disorder, hysteria.

## 1. Introduction

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Do not number your paper: All manuscripts must be in English, also the table and figure texts, otherwise we cannot publish your paper. Please keep a second copy of your manuscript in your office. When receiving the paper, we assume that the corresponding authors grant us the copyright to use the paper for the book or journal in question. Histrionic personality disorder (HPD) is a relatively rare condition that affects approximately 1~3% of global population, and is more prevalent in women than men. HPD first appeared in DSM-II under the name of hysterical personality disorder, and is confirmed to have the name of histrionic personality disorder from DSM-III after deliberate discussion [1,2].

Along with other personality disorders in cluster B, HPD is characterized by overly dramatic behaviours that aim to seek attention from others. Specifically, clients with this disorder may feel extremely upset and uncomfortable when they are not in the spotlight. According to DSM-V, an individual with HPD has typical behavioral patterns including feeling upset when not being in the centre of attention, seductive and flirtious behaviours, unpredictable emotions, and overly dramatic body languages when speaking [3].

Previous studies have shown that there is no certain cause that directly led to HPD, so the etiology is still remained unknown. However, a wide range of risk factors have been explored so that people can avoid development of HPD. Interaction with caregivers in childhood and contingencies in past relationships can trigger the development of HPD, which inspires a view of preventing and treating HPD [4].

HPD has a huge influence on an individual's mental health and well-beings. Comorbidity of other disorders has been found significantly related to HPD. Presence of mood disorders, other personality disorders, ADHD, substance use disorders, are all demonstrated to be associated with HPD, and they affect each other which further exacerbates the person's symptoms [5-7]. These co-occurring disorders may lead to an overlap of diagnosis, which makes assessment to HPD more challenging.

Nevertheless, mature methods of diagnosis treatments have been developed to address HPD. Interviews are carried out to observe the clients' behaviours, questionnaires are designed to evaluate how related the individual is to the disorder. Treatments such as functional analytic psychotherapy (FAP) and cognitive analytic therapy (CAT) are commonly used to improve the patients' condition and make them less suffer from the impacts that HPD brings [1, 8, 9].

In conclusion, this article aims to provide an overall understanding and awareness of histrionic personality disorder, from the perspectives of etiology, impacts, and treatments. Future research directions are also suggested in order to improve the view of personality disorders and better preventing mental disorder development.

## 2. Methodology

This paper is a review based on research and studies about histrionic personality disorder (HPD) collected through Google scholar and more with database collection. Basic background information and introduction about HPD is gained from the Diagnostic and Statistical Manual of Mental Disorders: 5th edition.

## 3. Results and Discussion

### 3.1. Etiology

There is no certain factor that directly leads to HPD, and single causes have not been found yet. However, genetic factors and environmental factors may contribute to the development of HPD. From biological perspective, inheritance of genes may take part in HPD, as HPD is commonly found to appear in families [10]. On the other hand, environmental factors such as parenting style and childhood trauma also play a crucial role in personality development, which may significantly affect the potential of having HPD.

Among all the risk factors, one of the most influential factors is the way that parents look after their children. Attention-seeking behaviours that develop in the patients' later life may be led by a lack of caring behaviours in their childhood, such as being praised or rewarded when they do something well. As a result, people with HPD may wrongly quest care from surrounding people in order to replace the absent attention in their childhood, since they often perceive themselves as having a deficit of attention [11]. Another theory is that the attention-seeking behaviours are obtained through social learning and conditionings. For example, if parent usually have overwhelming or overdramatic behaviours and emotion expressions, children tend to imitate these models and present similar behaviours in other situations, which often leads to a potential of HPD development [11]. Moreover, if a child is rarely paid enough attention by the caregiver, and the child is only noticed when performing dramatic behaviours, the child can easily associate exaggerated emotions and behaviours with the reinforcer of "being in the spotlight" [2]. Consequently, the person may consider being in the centre of attention as an important element of the life and constantly seeking it. In other words, parenting styles are highly responsible in triggering or preventing HPD, as the way that caregiver acts is the prior behavioral pattern that can learned and adopted by children.

From biological perspective, children learn how to process emotional information from their parents by developing mirror neural networks, and are likely to produce similar response to their parents towards external stimulus [12]. Consequently, if the children's caregivers are often attention-seeking, the children will also be likely to produce dramatic response to external stimuli. According to Monica's results, childhood trauma is strongly correlated with clinically mental disorders, which

indicates that children with childhood trauma that associated with over-dramatic behaviours of parents have a higher possibility of developing HPD patterns in the rest of their life [13]. In other words, contingencies happened in early childhood have a significant effect on the development of personalities, while improper interactions with close families can lead to personality disorders.

Additionally, attachment styles can be taken for a trigger of HPD. Attachment style is acquired based on the early experiences of a person in terms of how they were treated by their caregiver. In cases of HPD, people commonly have preoccupied attachment style, especially anxious-preoccupied attachments style [11, 14]. Anxious-preoccupied attachment style is characterized by consistent requirements of validation and assurance from others, which is a similar way to attention-seeking behaviour of HPD patients [14]. This phenomenon suggests a view of a prospective connection between HPD and attachment styles.

### 3.2. Impact of HPD on Other Mental Disorders and Cognitive Issues

One of the most concerning effects of HPD is the co-occurring disorders which can further lead to other mental health problems, and even influence their surrounding people and their emotional relationship.

Mood disorder such as depression is significantly associated with HPD. Previous studies had demonstrated that 24.18% of HPD people can have follow-up symptoms of major depressive disorder [15]. Negative thinking ways can be fostered during the process of seeking attention, since people with HPD prioritize the state of being in the spotlight. As a result, failing to gain attention is likely to cause their thoughts of worthless [3]. Furthermore, social rejection or ignorance can stimulate their mood changing rapidly. For example, they may feel extreme upset when they are not paid enough attention, which often make them wrongly think the rejection as a symbol of doubting their own worth [11]. In addition, isolation from friends and loss of relationships due to attention pressures also contribute to their disappointment. As a result, they can struggle with regulating moods, which further increases the risk of developing depression. Some HPD people may even present depressive behaviours such as suicide and self-harm led by extreme depression in order to get attention and care from others [16].

Apart from mood disorders, HPD is frequently found along with other personality disorders in cluster B [16]. Cluster B personality disorders are characterized by dramatic behaviours and cognitions, and are distinguished by particular features that indicate certain disorders. For instance, both HPD and antisocial personality disorder (ASPD) have symptoms of excitement seeking, manipulative, seductive, and impulsiveness [3]. While ASPD typically has antisocial behaviours and denial of others' rights, HPD people can subsequently develop ASPD symptoms if they carry out antisocial or illegal activities to seek for attention, which further exacerbates their abnormality [16]. Another example is narcissistic personality disorder (NPD) morbidity alongside HPD. Features shared by HPD and NPD include proactive and seductive behaviours, while NPD is typically considered as self-centred and willing to acquire admiration from others [8, 17]. If HPD people think themselves as the only person to be in the attention centre, NPD is likely to develop later after. Thus, HPD has a strong impact on an individual's overall mental well-being.

Despite of impacts on individuals, HPD can also harm the patients' surrounding people and their emotional relationships. People with HPD are found to be flirtatious and frequently show over familiarity to others. In this case, healthy relationships can be hardly maintained due to the changeable moods and insecure attachment styles of HPD people. In addition, people with HPD sometimes embarrass their friends and families to make others pay attention to them, which may also result in discomfort in relationships [11].

Other impacts of HPD include eating disorders led by excessive care of physical appearance [5]. In addition, there is also a positive correlation found between ADHD and HPD occurrence, as ADHD patients have a rate of 35.2% that also have HPD symptoms, which indicates that HPD has a potential influence on cognitive abilities which lead to ADHD development [6]. Alcohol conditions and substance use disorders are also linked with HPD [7,18].

### 3.3. Diagnosis and Treatment

Diagnosing HPD has been a challenging topic in the last decades, as people with HPD do not always present as abnormal, instead they are often considered as extroverted and seductive. However, it is still an influential disorder that can bring serious consequences. To diagnose and measure HPD, the most commonly used forms are interviews and self-reported questionnaires. Apart from unstructured and semi-structured interviews, MMPI (Minnesota Multiphasic Personality Inventory-2) and PDQ -IV (Personality Diagnostic Questionnaire-IV) are common assessment instruments used to measure personality disorders [1].

Like other personality disorders, HPD is treatable. Functional analytic psychotherapy (FAP) is provided to clients meeting HPD criteria. FAP is an interpersonally oriented psychotherapy that is based on an idea of all people act because of the previous experiences in past relationships, and behavioural concepts are given to patients in terms of reinforcements. Therapists usually provide treatments that specialize in telling the client to change their thoughts of acts and their contingencies, to make them not prioritized to be the centre of attention. During the course, the patients' awareness of the functions of relationships is made to be explicit, and their consciousness is more reinforced by the relationship with the therapist, instead of any previous unhealthy relationships or reinforcements. [8].

Another widely used treatment method is cognitive analytic therapy (CAT). CAT focuses on outlining the triggers that contribute to the patient's conditions and confirm the target problems. Possible causes of disorders are found in a sequential diagrammatic reformation (SDR) that is drawn up based on the client's assessments and history. At the beginning of the session, the therapist will tell the patients what their causes of distress are and what they need to solve the problems. Throughout the course, the client follows the designed procedure to work out their different triggers, until they are able to report a decreased HPD symptom. [4, 17]

## 4. Conclusion

Over time, histrionic personality disorder has undergone quite a few changes and improvements of its definition. This paper suggests a comprehensive view of HPD, emphasizes its etiology, impact, diagnosis and treatment. These findings indicated the complex nature of personality disorder developments, suggesting researchers to be deliberate when studying and addressing this disorder. HPD is typically marked as over attention-seeking and dramatically emotional, which may not only affect the individual's well-being, but also the relationship between people, and their surrounding friends and families. Therefore, accurate assessments and effective treatments should be used.

To prevent HPD development in children, caregivers should especially be aware of the attention given. Since parenting styles strongly affects the personality of an individual, parents should avoid exhibiting attention-seeking behaviors to prevent social learning of children, they should also give enough attention to their children, and interact properly with their kids in order to cultivate secure attachment styles.

Effective diagnose and treatment methods are developed to deal with HPD. Unstructured and semi-structured interviews are used to evaluate the symptoms of the patient, while questionnaires such as MMPI and PDQ-IV are used to address the disorder. Alternative treatments including FAP and CAT are used to treat the disorder by healing and teaching the patients with deliberate guidance from therapists to have a better view when dealing with their relationships. While these therapies make clients less struggling from their symptoms, there are still space to improve understanding of HPD. Due to the comorbidity of other mental disorders, there is still risk of misdiagnosis. Moreover, research on HPD is noticeably less than other personality disorders, which indicates a potential lack of measuring and understanding of HPD. Researchers should focus more on HPD and keep looking form more representative HPD samples in order to identify more specific and more efficient preventions and treatments of HPD.

In summary, HPD is a serious condition that can affect socialization between people and mental growth of individuals by altering their personality traits. Deliberate diagnose and treatments should be used in order to help the suffering patients and improve awareness of general population.

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