

From hysteric personality to histrionic personality disorder essay



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“ In a classroom, party, or at some other gathering, there is frequently one person who is seeming to bask in the glow of celebrity. Often this person is physically attractive, flirtatious, and given to provocative and seductive dress. His or her actions and mannerisms in the presence of others suggest a kind of emotional theatricality, almost a stage performance” (Friedland, 1991, pg. 44).

As Friedland illustrated in the paragraph above, there are individuals in our social circles who are charming, energetic and outgoing. With their ability to entertain they get everybody’s attention easily and one is typically impressed with the ease by which they express their thoughts and their feelings (Millon, 1985). Even though there are many positive things about being outgoing, friendly and charming, when these characteristics and theatrical behavior are carried out to the extreme a Histrionic Personality Disorder is most likely to be underlying the behavior (Friedland, 1991).

On January 20th, 2003 Time magazine announced that as much as 9% percent of the population is thought to suffer from some kind of personality disorder, and as many as 20% of all mental –health hospitalizations may be the result of such conditions (Song, 2003). In the same article, Song also compared common mental conditions, such as anxiety disorders, eating disorders and depression with personality disorders, saying that the latter cannot be treated easily through talk therapy or melted away with medications because they are marbleized through the entire temperament.

Referring to narcissists and histrionics she pointed out that the problem starts with persuading most of them to see a therapist, and an even harder

problem is when the patient denies the existence of the problem. This paper will be an attempt to consolidate the most important information on Histrionic Personality Disorder. The materials included were published by researchers from the time when the disorder was still called hysterical personality and by the more recent researchers who refer to it as a Histrionic Personality Disorder (HPD).

The paper will have a limitation in that the treatment technique suggestions will be only briefly presented and not thoroughly examined. Clinical Picture Individuals with histrionic personality disorder function out of constant need for approval, affection and admiration of others. In contrast to individuals with dependent personality disorder, histrionics are not passively loyal to one source of security, putting their fate in the hands of others but actively seek reinforcements and esteem from multiple sources avoiding the constant jeopardy of losing security.

They acquire friends easily with their apparent care and warmth, but also abandon them fast if they cease to be objects susceptible to their manipulative style. With time, histrionics develop a sensitivity to the moods and thoughts of those they wish to please and their hyperalertness enables them to quickly assess what maneuvers will succeed in attaining the ends they desire (Millon, 1981). This “other-directedness” turns into a life-style full of emotional and behavioral fickleness and results in capricious pattern of personal relationships (Millon, 1981).

Behavioral appearances of histrionics usually range from affected in milder variations to theatrical in severely pathological forms. Women usually appear

seductive and flirtatious while men often appear charming (Millon, 1985). They spend a considerable amount of money on clothes and grooming in order to look desirable and attractive. Bornstein (1998) has found that more attractive HPD women had a more varied and supportive social network, exhibited more negative behaviors in important relationships, and showed greater use of immature defenses, and less reliance on image-distorting, self-sacrificing, and mature defenses.

Physical attractiveness seems to be more central to the interpersonal dynamics of HPD women than in men. Researchers suggest that males use alternative social influence strategies to obtain gratification from others such as verbal intimidation rather than pseudo-sexual seductions (Bornstein, 1998). Some other theorists have suggested that in men, histrionic tendencies are often expressed indirectly, taking the form of antisocial traits rather than overt histrionic behaviors (Bornstein, 1998).

Both females and males produced similar results in link between attractiveness and using immature defense styles. Also, both men and women often display an interesting mixture of being carefree and sophisticated, on the one hand, and inhibited and naive, on the other. In the sphere of sexuality, for example they are quite at ease while “ playing the game” but become confused, immature, or apprehensive once the matter gets serious (Millon, 1981).

Researching the self-attributed dependency needs, Bornstein (1998) found that HPD individuals displace their need for support and reassurance from a valued other to the world at large, behaving in such a way to ensure that

others are focusing on him/her, yet typically denying any overdependency-related needs or motivations, thus maintaining a facade of independence. The defense mechanism of repression seems to be used here to cope with unpleasant emotions and anxiety –producing emotional responses.

Pervin (2000) has listed eight functional domains in histrionics: (a) behaviorally affected, (b) interpersonally flirtatious, (c) cognitively flighty, (d) dissociation mechanism, (e) fickle mood, (f) sociable self-image (g) shallow internalizations (h) disjointed morphological organization (pg. 364) Even though they function in these domains, histrionics see themselves as sociable, friendly, gregarious and agreeable people. Most of them lack insight and fail to recognize and admit signs of inner turmoil, weakness, depression or hostility.

They dissociate and repress their true selves as a defense mechanism and concentrate on building the image for false selves that will provide them acceptance and make them feel good. Their expression of emotions are overexaggerated and theatrical. They may appear to be much more sad, angry or delighted than it is appropriate in order to “ demonstrate” their compassion or simply shift the attention on themselves. The level of tolerance for frustration of delayed gratification for histrionics is very low.

They tend to be very self-centered and directed to obtaining immediate satisfaction (Friedland, 1991). In the DSM IV-TR manual the following diagnostic criteria can be found for HPD: A pervasive pattern of excessive emotionality and attention seeking, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the

following: (1) is uncomfortable in situations in which he or she is not the center of attention (2) interaction with others is often characterized by inappropriate sexually seductive or provocative behavior (3) displays rapidly shifting and shallow expression of emotions (4) consistently uses physical appearance to draw attention to self (5) has a style of speech that is excessively impressionistic and lacking in detail (6) shows self-dramatization, theatricality, and exaggerated expression of emotion (7) is suggestible, i. e. , easily influenced by others or circumstances (8) considers relationships to be more intimate than they actually are (American Psychiatric Association, 2000, pg. 714).

Prevalence rates of about 10 %-15 % have been reported for HPD in inpatient and outpatient mental health settings, when structured assessment is used. Other researches find prevalence rates of HPD to vary from 1% in some studies to as high as 44% to 63 % in others (Millon, Blaney & Davis, 1999). American Psychiatric Association (2000) suggests a prevalence of Histrionic Personality Disorder of about 2%-3% for general population.

Historical journey from hysteria to histrionic personality disorder
References
to hysterical illness date as far back as an Egyptian medical papyrus from 1900 BC.

The female anatomy was considered an important factor in hysteria: one cause of hysterical behavior was believed to be women's mobile uteruses that wandered up their bodies away from their proper resting point (Thurschwell, 2000). Hippocrates and ancient Greeks accepted this idea and gave it a name hysteria , which came from the Greek word for the womb

hysteron (Millon, Blaney & Davis, 1999). Most late nineteenth-century medical
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practitioners subscribed to one of two conflicting ideas about the causes of hysteria.

Some doctors believed that all hysterics were really just attention-seeking fakers while others assumed that hysteria did exist but was a disease only suffered by women and still connected to disturbances in the female reproductive organs (Thurschwell, 2000). The common treatment for hysteria was firm-handed cures such as throwing water at the patient, slapping their faces or simply stopping their breathing, since the assumption was that they were at least partially faking the illness. With his work at the Salpetriere, Jean-Martin Charcot discarded both of these beliefs about hysteria. Through his hypnotic experiments he showed that hysterics were not malingering; neither was hysteria specifically related to female biology, since some men also manifested symptoms of hysteria. Yet Charcot finally subscribed to strictly physical explanations for hysteria. He maintained the long-standing belief that the hysteria could only develop when there was an inherited degeneration of the brain” (Thurschwell, 2000, pg. 16-17).

In the 1880s and 90s, when Freud began practicing medicine, he shifted thinking about mental illnesses from the physical to the psychological model, suggesting that people could fall ill because their past histories included traumatic events which happened under stressful circumstances but were strategically forgotten because they were too painful to recall. With his colleague Joseph Breuer, he began listening the stories women had to tell and shifted the causes of hysteria from biological to narrative sources (Thurschwell, 2000, pg. 16-17).

In their book *Studies on Hysteria* they write the following about Anna O. : “ She possessed a powerful intellect which would have been capable of digesting solid mental pabulum and which stood in need of it-though without receiving it after she had left school...This girl who was bubbling over with intellectual vitality led an extremely monotonous existence in her puritanically minded family (Freud and Breuer, 1985, pg. 73-74). Freud and Breuer discovered that the hysterical woman was frustrated by the expected tasks of nineteenth- century womanhood.

They have also implemented more human ways of trying to cure hysteria than those used in the 1890s, such as talking and listening, believing that the cure will come from the patients themselves and is somewhere in their story. While listening to his patients, Freud started suspecting that there was a sexual anxiety involved in the hysteria (Freud and Breuer, 1985, pg. 260). While he was emphasizing that sexual link to hysteria, Kretschmer was suggesting that the hysterics show a preference for what is loud and lively and have inclinations for brilliant roles and naive sulky egoism (Millon, Blaney, Davis, 1999).

Describing a Hysterical Personality, Crow (1978), said: “ Behavior of this disorder manifests itself in excitability, emotional instability, and overactivity. These individuals tend to dramatize and seek attention that may be seductive even though they may not be aware that it is. They tend to be vain, self-centered, and dependent on others” (pg. 156). It was not until the DSM-II that hysterical and histrionic personality made it in the manual and became one using both names.

The symptoms for hysterical personality (histrionic personality disorder) were however closer to modern conception of histrionicity than to contemporary models of hysteria (Millon, Blaney, Davis, 1999). Some theorists, like Kernberg, did not agree with this merging of the two disorders, arguing that they were very distinct and independent. He argued that hysteria represents the most profoundly disturbed manifestation of HPD (Millon, Blaney, Davis, 1999). In DSM-III a separate category of HPD came in, while hysterical personality completely dropped out, as well as Freud's sexuality.

The symptoms of HPD were divided into two categories: overly dramatic behavior and characteristic disturbances in interpersonal relationships. The DSM-III-R and DSM-IV that followed, gave much more details and descriptions of HPD but were still holding on to attention seeking and shallow distorted relationships (Millon, Blaney, Davis, 1999). Etiology, Age, Gender, Culture

There is no more fundamental force in the human mind than the craving for love. It originates in the child's needs toward its parents and it survives in the adult.

It comes to expression in many forms. It appears as needs to be dependent on others, as demands for praise, recognition, understanding, acceptance. It comes to expression in a hunger for superiority, fame or money. It seeks satisfaction in sexual love and infatuation... These cravings may be intense enough to prevent the child from leaving its parents or to hinder its development. Though partly overcome, under life's pressures these longings for good parents and for all the gratification desired of them can be reawakened.

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They are the most important sources of frustration and so of hostility, which is also generated as defense against them because they hurt adult's pride (Saul, 1947. pg. 48). The underlying cause of all psychopathology, including HPD is a love deficit. Especially in early childhood, forming meaningful attachments that offer unconditional love and acceptance are crucial for healthy emotional and cognitive development. If that is provided the individual builds a healthy self-esteem and self-efficacy that enables him/her to function separately from his /her caregivers and develop into a healthy independent adult.

Crow (1978) reminds that: Personality disorders may occur if, for some reason the individual is unable to outgrow dependent tendencies of childhood... In attempt to make a satisfactory adjustment, an individual may vary from making a slight deviation to that of serious maladjustment. One failure after another to make a satisfactory adjustment may have an accumulative effect and become the basis of continued failures with the result that he becomes less and less able to make adequate adjustments in the situation (pg. 129).

There are several elements that can shape one's personality and influence psychological development. Neither of these can stand on it's own and be taken to be solely responsible for the developed psychological maladjustment. They go together, intertwining all the elements into unique circumstances for each individual. Genetic predisposition, physically and emotionally neglected children, and those exposed to extreme stress and trauma at a young age seem to be at a high risk of developing a Histrionic Personality Disorder (Friedland, 1991). Heredity.

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Millon (1985) believes that histrionic disorder has biogenic temperamental foundations. It seems reasonable to expect that histrionic adults would have displayed a high degree of emotional lability and responsiveness in their infancy and early childhood. On the other hand, biogenic influences are not alone in shaping the disorder. Environment. Parental inconsistent reinforcement, histrionic parental models, and learned manipulative behavior are the main factors that foster the development of the Histrionic Personality Disorder (Millon 1985).

Parents who engage in minimal punishment and criticism but inconsistently reinforce “ performance” of their children are more likely to encourage children’s attempts of extracting the praise and excessive efforts to seek approval, and show off. Their feelings of competence and self worth will be solely dependent on the approval of others. They will fail to grasp exactly what behavior has been reinforced and therefore expand the search for approval to include as many behaviors as possible until they start behaving as if they are constantly seeking for approval (Millon, 1985).

Parents often model dramatic histrionic behavior themselves and children naturally acquire some of those same behaviors. In order to capture the attention and love of their parents, children employ in manipulation very early as part of sibling rivalry. They use their cuteness, charm, attractiveness, and seduction to obtain parental reinforcement. This competitive manipulation stays as a behavioral and cognitive pattern throughout adolescence and adulthood, changing only its object. Gender.

Historically, women were ones who were more often diagnosed with histrionic disorder (Renzi and Scrams, 1991). This is not surprising since they were traditionally taught that dependant behavior is desirable and that woman's role is to be entertainment to her husband. She was viewed to be emotional, excitable and attention seeking. It was expected of her to be weak and be able to faint gracefully when appropriate. In order to accomplish their goals in a world of men, women learned to manipulate and use their appearance and seductiveness.

These skills were passed from generation to generation, from mothers and aunts to young girls and daughters, who were learning by observing or by being suggested what to do by more experienced females. It is no wonder that some of those young women grew up to be emotionally handicapped and in constant need for love and approval. As Pate & Pate (2000) noticed, even the baby boomers generation was subtly taught the sex-role expectations through the Lucy Show or the Fred and Wilma relationship in the Flinstones.

They were not taught to have their needs met through honest communication but through being overly emotional and manipulative.

Women were expected to be taken care of financially by their husbands and not be understood by them (Pate & Pate, 2000). Men, on the other hand, were expected to be clever and aggressive but not antisocial, to be sophisticated and suspicious but not paranoid, and to be hard working and efficient but not compulsive (Rienzi and Scrams, 1991). The question that has been raised is, can personality disorders partially be exaggerations of gender roles?

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With the emergence of feministic movement in the western world, women's role began to slowly change. Access to education and ability to work, support themselves, and be independent seemed to decrease the number of HPD diagnoses in women. However, the current research finds that women in many settings still receive up to 81% to 100% of all HPD diagnoses (Millon, Blaney, & Davis, 1999). Culture. Some authors found that that Hispanic and Latin Americans should be diagnosed more frequently with HPD than individuals from an Asian ethnic background since they are on two different poles of emotional inhibition and vividness (Millon, Blaney, & Davis, 1999). In Asian culture sexual seductiveness is often frowned upon, while it is expected and valued among Latino and Hispanic individuals, especially among women. Age. The underlying characteristic of histrionic behavior is manipulation. Manipulative, attention-seeking behavior can be developed at any age. However, as Millon (1985) states, it is usually developed in childhood and adolescence.

Therefore, in children HPD is associated with overt manipulateness, demandingness, and immaturity while in adolescents it is associated with seductiveness, pseudo-hypersexuality (seductive behavior with underlying fear of sexuality) and theatricality (Millon, Blaney, & Davis, 1999). Makaremi (1990) has conducted a study on Iranian high school and college students and obtained evidence that histrionic personality tendencies showed gradual improvement with increasing age, showing no sex differences. This was congruent with Crown and Crisp's study on British college students (Makaremi, 1990). Associated Disorders

There are several comorbid disorders with HPD. On Axis I those are anxiety disorders, somatization disorder, dissociative disorders and dysthymia while on Axis II HPD is associated with antisocial, narcissistic, borderline and dependent personality disorders (Millon, 1985). Several studies have also shown comorbidity with paranoid, obsessive-compulsive, and avoidant personality disorders but are considered to be isolated studies that require replication (Millon, Blaney, & Davis, 1999). Histrionic personality is especially vulnerable to separation anxiety because they set themselves up for interpersonal isolation.

They become bored very quickly with their current sources of stimulation and support and are alone for the time in between sources. At that time they feel very isolated and empty. The fear of such periods is fear of separation from current support and it is often overdramatized in order to receive the attention they crave (Millon, 1985). “ The obsessional symptoms in histrionics are usually defined as recurrent, persistent thoughts or ideas that occur frequently but lack a specific locus. They are prone to experience free-floating sexual impulses, hostility, and general emotional lability ” (Millon, 1985).

It is truly hard for a histrionic to be obsessive compulsive about details or anything that has to do with order and consistency, except their own thinking and feeling patterns that they've developed and followed over the years. Somatic problems are, however, common in histrionics. Conversion reactions are the most prevalent of the somatoform disorders likely to be seen among histrionic personalities. They are described as a loss of

alteration in physical functioning that suggests physical disorder but which instead is apparently an expression of psychological conflict or need.

The disturbance is not under voluntary control and after appropriate investigation cannot be explained by any physical disorder or known pathophysiological mechanism (American Psychiatric Association, 2000). The open and dramatic display of these symptoms is apparently an attempt to seek support from those around them. The hypochondriacal symptoms are also of a great value to histrionics as generators of attention, sympathy, and support. As Millon (1981) states, “ To be fussed over with care and concern is rewarding for most individuals. In histrionics, it is ‘ like a drug’ that is needed to sustain them.

When histrionics feel a sense of emptiness and isolation, they desperately seek a diet of constant concern and approval. To be ill is a simple solution since it requires little effort yet produces guaranteed attention” (pg. 144-145). During periods of strain and adversity, it is not uncommon to see histrionics lose what little cognitive organization they do possess. The result may very well be the Axis I dissociative disorder psychogenic fugue. This disorder is characterized by sudden unexpected travel away from one’s home or customary place of work with inability to recall one’s past (American Psychiatric Association, 2000).

These symptoms result from the histrionics need to acquire new forms of stimulation or support because they feel unwanted or deprived (Millon, 1985). Relatively mild episodes of depression, called dysthymic disorders, tend to be manifested through dramatic and eye-catching displays in

histrionics. When anticipating or feeling isolation or abandonment, they tend to philosophize about their existential anxiety or the alienation that we all share and enter the hypomanic phase of frenetic search for attention, releasing the tension through hyperactivity (Millon, 1985).

A common association has been found between the histrionic and the narcissistic personalities. Some theorists note that Narcissistic Personality Disorder is often applied pejoratively to men, just as the label of hysterical or HPD is most often applied to women, but that it is unlikely that these differences are fully explained by the actual prevalence of these disorders in men and women (Rosenbluth, 1997). Those who score high on MCMI histrionic and narcissistic personality scales tend to be clever, charming, flippant, and capable of weaving fanciful images that intrigue and seduce the naive.

These individuals are notably thrill seeking, easily infatuated, and overly, but transiently, attached to one thing or person following another. There is often a lack of social dependability, and disdain for the effect of one's behaviors, as the individual pursues the restless chase of satisfying one whim after another. There may be a capricious disregard for agreements hastily assumed, and a trail may be left of broken promises and contracts, squandered funds, distraught employers, and so on (Millon, 1981, 146-147).

The combination between histrionic and antisocial personality can also be prevalent, especially in prison populations and other criminal-related detention centers with a notion that in one of the recent studies HPD and ASPD were not found to be sex-typed alternative manifestations of

psychopathy (Cale, Scott & Lilienfeld, 2002). Millon (1981) describes the mix of these disorders in one of the patients in the following manner: This patient's behavior is typified by a veneer of friendliness and sociability.

Although making a superficially good impression upon acquaintances, his more characteristic unreliability, impulsive tendencies, and deep resentments and moodiness are seen frequently among family members and other close associates. The socially facile life-style may be noted in a persistent seeking of attention and excitement, often expressed in seductive and self-dramatizing behaviors. Relationships are shallow and fleeting, frequently disrupted by caustic comments and hostile outbursts. Impulses are acted upon with insufficient deliberation and poor judgement.

The patient is frequently seen as irresponsible and undependable, exhibiting short-lived enthusiasms and immature stimulus-seeking behaviors. Not likely to admit responsibility for personal or family difficulties, he manifests a testy defensiveness and vigorous denial of psychological tensions or conflicts. Interpersonal difficulties are rationalized and blame is projected upon others. Although egocentrically self-indulgent and insistent on attention, he provides others with minimal loyalty and reciprocal affection.

The patient is fearful lest others see him as indecisive or soft-hearted, and antagonism is often expressed toward those upon whom there is dependence. Tendencies to act out antisocially may be present. When mildly crossed, subject to minor pressures, or faced with potential embarrassment, this patient may be quickly provoked to anger, often expressed in a revengeful or vindictive way. A characteristic undercurrent of defensive

vigilance and hostility rarely subsides. The air of superficial affability is extremely precarious and he is ready to depreciate anyone whose attitudes touch a sensitive theme.

Temper outbursts may reach intense proportions and sudden, unanticipated violence may be expressed. Although infrequent, when the thin veneer of sociability is eroded there may be momentary upsurges of abuse and uncontrollable rage (pg. 147). A histrionic can often be found mixed with the borderline personality in a union, called an “infantile personality” because it is noted by labile and diffuse emotions, childlike pouting and demanding-clinging behaviors as well as a crude and direct sexual provocativeness (Millon, 1981).

Histrionics in society Relationships. Self-centeredness and a victim-like attitude make forming successful relationships for individuals with histrionic behavior quite difficult. Their interpersonal style and demands for constant attention may seem threatening to their same gender friends while their overdependency, emotional manipulation and non-selective seductiveness make it difficult for partners to stay romantically or sexually involved with histrionics (American Psychiatric Association, 2000).

As we have reflected earlier, histrionics experience the high rate of unsuccessful relationships which puts them into a vicious circle of overly seeking attention followed by periods of rejection, loneliness and emptiness. Apt and Hurlbert (1994) have found that women with histrionic personality were found to exhibit significantly lower sexual assertiveness, greater erotophobic attitudes toward sex, lower self-esteem, and greater marital

dissatisfaction. At the same time they showed a greater sexual preoccupation, lower sexual desire, or sexual boredom, greater orgasmic dysfunction, and were more likely to enter into an extramarital affair than non-histrionic personality women. In general histrionics tend to have relationships that are tumultuous and dissatisfying because they get tired of people and situations easily and seek for new stimulation. Within marriage, sex can be an arena in which an individual seeks to satisfy a variety of physical and emotional needs, such as physical pleasure, the reaffirmation of relationship, or ego gratification (Apt and Hurlbert, 1994).

The sexual activity often turns out to be unsatisfying for histrionics since they can easily become a subject for criticism and censure. Being preoccupied with their own emotional needs and fear of being criticized they are unable to respond to their partner's needs and set themselves up for failure. The inability to give and to receive true intimacy sabotages the current relationship and sends them either to extramarital affair or to fantasy, where all their needs are fulfilled according to their own terms.

Workplace. On their workplace histrionics initiate jobs and projects with great enthusiasm, but due to their inability to handle the delayed gratification, they get easily frustrated and lose their interest quickly (American Psychiatric Association, 2000). In his article, Dorgan (2000) describes a histrionic worker as the one who dazzles others and persuades them to back up their plans and projects and then fail to follow through with the particulars, specifics and details of the plan.

These individuals are the workers who constantly require reassurance (approval) and feedback (applause) from others in order to maintain their self-confidence, yet their behavior causes rejection and disapproval. Dorgan (2000) includes some suggestions for sharing a work place with histrionics: Don't get swallowed up by their behind-your-back manipulations and their in-your-face maneuvers. Don't quarrel or wrangle with them. Don't sulk. Don't pout. Don't dawdle. Later, when things have settled down, be gracious but firm about what you need from them. It's not easy to stay close to or team up with histrionic people.

And it's never stress-less or hassle-free to be in a working relationship with them, even though they can sometimes be captivating and affable. It is important to remember that the exaggerated emotional behavior of the histrionic individual is calculated for effect (pg. 1). In theater and literature. Both Webb and Brustein have, within two years, found histrionic experience interesting enough to write about. Brustein opened his article with a few marvelous sentences: " The theater can be a source of instruction and amusement. It can serve as a catalyst for painful emotions.

It can operate as a criticism of life and society. It can create a link between the individual and the world. It can build a temporary community among strangers. And not least it can provide great roles for strong actors" (2002, pg. 28). He continued by illustrating the roles different actors played through the years. From Arturo Ui and Sheakspeare's Richard III played by Al Pacino, to Chaplin's The Great Dictator, Julius Caesar and the garden scene from Goethe's Faustus we could see overly dramatic, self-centered histrionic characters that were played so strongly.

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It is interesting to think of writers such as Shakespeare and Goethe who were able to capture histrionics of their time in all their “ greatness”, years before we knew about histrionicity and preserve them through the literature and theatre. Even more so I find it amazing that actors such as Chaplin and Al Pacino were able to grasp them and bring them back to life on the stage. Brustain reminds us of Chaplin hilariously nailing Hitler down as a self-besotted maniac bouncing a balloon globe off his buttocks (2002, pg. 8). Focusing on Goethe’s Faustus, Webb (1999) digs deep in trying to understand this histrionic character, and the reason why he won’t be saved, pointing out how full of self- dramatisation his speeches are. He writes: “ Faustus’ speech to Helen seems another instance of self-dramatisation distracting Faustus from the truth, and so helping him to damn him...Being histrionically ‘ resolute’ in his wrong choices helps to ease Faustus further towards really choosing the moral inversion” (Webb, 1999, pg. 5).

Many times he would call himself ‘ Faustus’ generating the impression that he stands outside of himself, applauding the self which he is playing and make anti-Papist jokes about hell, a Franciscan friar and God, even though he is aware that this will take him to eternal fire. Faustus perfectly illustrates the dichotomy between the true self and false self histrionics experience, the superficiality, the theatricality and the dissociative style of defense, that all together lead him into a vicious cycle of seeking immediate gratification without ability for introspection, resolving conflicts or integrating unpleasant thoughts and emotions.

In leadership. When thinking about leadership we often focus on social and cognitive skills of an individual and add that their temperament is usually

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known to be choleric. Feldhusen has recognized histrionic or dramatic skill as another fundamental element to leadership, finding significant correlations between leadership and dramatic skills and between creativity and dramatic skills (1994). The leader is the one who celebrates: the group, individuals, events, and accomplishments and makes the drama for the occasion.

They are the ones who need to communicate their vision through vivid drama in order to motivate and inspire. It is absolutely essential for great leaders to have a measure of a dramatic style for conveying, persuading and activating others. The only question remaining would be how to keep and recognize that measure and not get carried away in the drama or get deceived by a dramatizing leader who seems to be developed an HPD while we were distracted and weren't paying attention, fascinated by his performance. In the church.

The church is often one of the best hiding places for individuals with Histrionic Personality Disorder (Pate & Pate, 2000). With their charismatic "spirituality" they appear to be genuinely caring and compassionate using "God talk" to become the center of the attention. " They often change churches when their audience begins to catch on that their charming, often melodramatic style is not accompanied by a consistent desire to serve others, for example to teach Sunday school or serve on a comitee. Their circle of friends changes frequently, as people discover that they are being used.

However, only the most discerning individuals can see through their smiling masks to the hurting individual side" (Pate & Pate, 2000, pg. 31). What is the

role of the church in dealing with histrionics? The church can also unwittingly encourage and reinforce the characteristics associated with histrionic personality disorders. The way histrionics immediately bond with strangers and their overly emotional appeal can be seen as a desired trait for bringing new people into the church and for evangelization (Pate & Pate, 2000).

Pastors can easily fall into a histrionic individual's trap as well and give them all the attention they ask for, constantly being focused on their intense and over dramatized demands and requests for prayer and "spiritual" conversation while neglecting other less intense members. Pate & Pate (2000) gave ten ideas on how to help histrionics and save yourself from abusing relationship: 1. Look behind the facade to the wounded souls. Help them to become authentic human beings by not rescuing them from the consequences of their actions. 2.

Set a clear boundaries with the person with histrionic personality disorder and stick with those boundaries. 3. Be mindful of the individual's pattern of interpersonal relationships. While he or she may make you feel loved and affirmed, be aware that the histrionic does not sustain relationships. If you expect faithfulness, you will most likely be disappointed. 4. Remember that the histrionic typically has a hidden agenda. Confront them when they are manipulative. Bring them out in the open by asking questions rather than providing answers. 5.

Depend on others for emotional support rather than on a histrionic. If he or she cannot hook you through being vulnerable to feelings of guilt, for example, it is more difficult for the histrionic to manipulate you. 6. Do not

equate “ God talk” an feigned interest in others with spirituality. Look to see if the individual has, over time, walked the walk, instead of just talking the talk. 7. Be wary when an individual has “ church hopped” frequently or often has a new circle of friends. 8. For pastors, kindly, but firmly, refuse to give the histrionic any more of your time than you give other members. 9.

Acknowledge their need for attention and approval by genuinely caring for them. 10. Help them develop the habits of honesty, self-reliance, and faithfulness by modeling, encouraging, and expecting these behaviors from them as well (2000, pg. 37-38). Assessment Diagnosis of HPD are mostly given based on DSM-IV-TR manual. However, personality tests such as MMPI and Rorschach were found to be useful for diagnosing the HPD (Blais, Hilsenroth, & Fowler, 1998). Schotte, Doncker, Maes, Cluydts and Cosyns (1993) found a correlation between the histrionic diagnosis and the clinical scales 9 (Ma) and O (Si) on MMPI. These scales tend to reflect sociability and extraversion in the histrionic group; low scorers are versatile in their interactions with others, may be unable to delay gratification, and may be emotionally undercontrolled” (Schotte et. all, 1998). Current theoretical approaches assessment and treatment According to Ward (2004) patients from the cluster B of personality disorders (the dramatic, emotional, or erratic) can be excessively demanding, manipulative, emotionally unstable and interpersonally inappropriate to work with.

They may attempt to create relationships that cross professional boundaries and to place physicians and counselors in difficult compromising positions.

Counselors and physicians often experience strong emotional reactions to these patients and must be aware of the issues of manipulative behavior, <https://assignbuster.com/from-hysteric-personality-to-histrionic-personality-disorder-essay/>

professional boundaries, limit setting, and monitoring their own emotional state (Ward, 2004). The inconsistencies in the patient's presentation, history, and physical examination can be expected.

The interpersonal style of histrionics is a red flag in itself, warning the counselor to be empathetic to their issues, while at the same time avoid responding to their overly emotional, impressionistic, and seductive behavior. There are many different approaches and schools of therapy that were rated as efficient and helpful for counselors in their work with histrionics. From the traditional techniques of psychoanalysis to more goal-oriented, directive and short-term therapies, counselors can find a specific approach that suits the specific client, under the given circumstances.

The Psychoanalytic perspective and psychotherapeutic treatment. Even though psychoanalysis started with Freud and Breuer, they have done nothing in terms of defining hysterical personality or the Histrionic Personality Disorder. The first detailed psychoanalytic description was provided by Reich who was describing hysterical women as having fickle reactions, tendencies to change their attitudes unexpectedly and unintentionally, a strong suggestibility and a tendency to reactions of disappointment.

Following Reich, Fenichel linked hysterical and histrionic traits with sexualizing all nonsexual relations and to turn from reality to fantasy in order to master anxiety (Millon, Blaney, Davis, 1999). At the end they all agreed that hysterical traits were rooted in Oedipal complex, but this notion lasted only until Marmor presented his paper on orality in 1953. Recent scholars

have taken the compromising position stating that there is a spectrum of histrionic personalities and that both Oedipal and oral histrionics can be found (Milon, Blaney, Davis, 1999).

Out of psychoanalytic perspective psychotherapy has grown. Focusing on clients' internal conflicts, experiences and feelings and working through them in a long term therapy can be a very beneficial and effective technique for a client with a histrionic disorder. However, in most cases, this approach is not a reality to the general population because it is costly, lengthy and not covered by managed care. A short-term dynamic approach . The book on short-term dynamic approach written by Jeffrey J. Magnavita is an excellent source for information on a short-term therapy.

He has included a good example of treating a histrionic woman, and has broken the therapy steps down, so that they are easy to understand and implement. The treatment is very directive and goal oriented, emphasizing the extended sessions, shifting therapeutic stances, building boundaries, and increasing intensity and tolerance of affect (pg. 200-217). Here is the summary of treatment time frame: Initial consultation-45 minutes Supportive dynamic phase-six 45 minute sessions, twice a week Extended session-four 45 minute sessions Course of treatment-eight 90-minute sessions, bimonthly Follow up-6 months after termination, 90-minute session Total number of sessions-28 45-minute sessions including follow up Two year phone follow-up (Magnavita, 1997, 202). The Biosocial-Learning perspective and relational therapy. As it was already mentioned above, the source for histrionic behavior of an individual can mainly be found inconsistent attention received

by their caretakers, parents and other significant others in childhood. The unhealthy family systems taught a histrionic to manipulate friends, co-workers or simply anybody who might be contributing to the risk of rejection and abandonment.

Coming from a bio-social learning and family systems background, relational therapy focuses on restructuring the dysfunctional personological system within the family, through assessment, classification and improvement of the family system functioning (Magnavita, 2000). This approach involves family members in the therapy sessions and aims to improve relationships between the members in order to help the individual heal. The Cognitive-Dynamic perspective and cognitive therapy. First theorist to connect hysteria and cognition was David Shapiro in 1965 who pointed out that “ hysterical cognition is global, relatively diffuse, and lacking sharpness...impressionistic” (Milon, Blaney, Davis, 1999). The view of hysterical cognition has evolved to where their cognition, even though still impressionistic was seen to consist of self-gratifying schemas (mental representations) out of which histrionics were acting (Milon, Blaney, Davis, 1999). “ Working within a cognitive model is helpful in that it allows a conceptualization of the disorder that can be shared and understood by the patient. Habitual maladaptive behaviors and dysfunctional beliefs have a negative impact on interpersonal relationships and places a limit on the quality of life it is possible to experience.

Most individuals recognize these maladaptive patterns and most come to believe that if they could make changes in these areas, the quality of their lives could be improved”(Davidson, 2000). By helping a client in recognition of dysfunctional schemas and patterns of their own thinking and through <https://assignbuster.com/from-hysteric-personality-to-histrionic-personality-disorder-essay/>

formulation of new schemas, counselors are able to address most of the life experiences, interpersonal and behavioral difficulties of their clients in the safe environment of collaborative work of making changes.