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## **UNIT 3 DEPENDENT AND HISTRIONIC PERSONALITY DISORDER**

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### **3.0 INTRODUCTION**

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In your social interactions you might come across such persons who are extremely dependent on other persons. They behave in extremely submissive way. They show acute discomfort at the possibility of separation or sometimes of simply having to be alone. They build their lives around other people and subordinate their own needs or views for the sake of other persons, even when their needs are justified and their views are right. The persons having these characteristics are labeled as suffering from dependent personality disorder. On the other hand, you might come across to such persons are typically concerned about their looks. They are inclined to express their emotions in an exaggerated fashion; for example hugging someone they have just met or crying uncontrollably during a sad movie. Their self-esteem depends on the approval of others and does not arise from a true feeling of self-worth. These are the characteristic features of histrionic personality disorder. In the present unit we will discuss the nature and symptoms of dependent and histrionic personality disorders. We will also attempt to understand the causes and treatment of dependent and histrionic personality disorders.

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### **3.1 OBJECTIVES**

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After completing this unit, you will be able to:

- Explain the meaning of dependent personality disorder;

- Describe the diagnostic features of dependent personality disorder;
- Distinguish dependent personality disorder from other forms of personality disorders;
- Elucidate the causes of dependent personality disorder;
- Explain the treatment of dependent personality disorder;
- Define histrionic personality disorder and explain its symptoms;
- Delineate the diagnostic features of histrionic personality disorder;
- Distinguish histrionic personality disorder from borderline and dependent personality disorders;
- Analyse the causes of histrionic personality disorder; and
- Describe the psychotherapies used for the treatment of histrionic personality disorder.

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### **3.2 DEPENDENT PERSONALITY DISORDER**

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Dependent personality disorder, formerly known as asthenic personality disorder is a personality disorder that is characterised by a pervasive psychological dependence on other people. Persons affected by dependent personality disorder have a disproportionately low level of confidence in their own intelligence and abilities and have difficulty in making decisions and undertaking projects on their own. They rely on others to make ordinary decisions as well as important ones. Their pervasive reliance on others, even for minor tasks or decisions, makes them exaggeratedly cooperative out of fear of alienating those who help their needs. Individuals with dependent personality disorder sometimes agree to other people when their own opinion differs, so as not to be rejected (Hirschfeld, Shea, & Weise, 1995). They are reluctant to express disagreement with others and are often willing to go to abnormal lengths to win the approval of those on whom they rely. Their desire to obtain and maintain supportive and nurturant relationships may lead to their other behavioural characteristics (Bornstein, 1997), including submissiveness, timidity, and passivity. Another common feature of the disorder is an exaggerated fear of being left to fend for oneself. Adolescents with dependent personality disorder rely on their parents to make even minor decisions for them, such as what they should wear or how they should spend their free time, as well as major ones, such as what college they should attend or which career they should choose.

In the *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition Text Revision (DSM-IV-TR)*, the American Psychiatric Association states that five of the following criteria should be present for a diagnosis of dependent personality disorder.

Has difficulty making everyday decisions without an excessive amount of advice and reassurance from others;

Require others to take responsibility for major decisions and responsibilities beyond what would be age-appropriate (e.g., letting a parent choose a college without offering any input on the decision);

Has difficulty expressing disagreement with others because of fear of loss of support or approval;

Has difficulty initiating projects or doing things on his or her own (because of a lack of self-confidence in judgment or abilities rather than a lack of motivation or energy);

Goes to excessive lengths to obtain nurturance and support from others, to the point of volunteering to do things that are unpleasant;

Feels uncomfortable or helpless when alone because of exaggerated fears of being unable to care for himself or herself;

Urgently seeks another relationship as a source of care and support when a close relationship ends;

Is unrealistically preoccupied with fears of being left to take care of himself or herself.

Dependent personality disorder is more common in those who have suffered from chronic illness in childhood.

A child may also exhibit dependent behaviour in response to a specific stressful life event (such as the death of a caregiver or divorce). However, it should not be considered a potential symptom of dependent personality disorder unless the behaviour becomes chronic and significantly interferes with day-to-day functioning and/or causes the child significant distress.

The ICD- 10 of World Health Organisation lists dependent personality disorder as F 60.7.

Dependent personality disorder is characterised by at least 3 of the following:

- encouraging or allowing others to make most of one's important life decisions;
- subordination of one's own needs to those of others on whom one is dependent, and undue compliance with their wishes;
- unwillingness to make even reasonable demands on the people one depends on;
- feeling uncomfortable or helpless when alone, because of exaggerated fears of inability to care for oneself;
- preoccupation with fears of being abandoned by a person with whom one has a close relationship, and of being left to care for oneself;
- limited capacity to make everyday decisions without an excessive amount of advice and reassurance from others.

### **3.2.1 Diagnostic Features**

The essential feature of Dependent Personality Disorder is a pervasive and excessive need to be taken care of. Individuals with Dependent Personality Disorder have great difficulty making everyday decisions (e.g., what color shirt to wear to work or whether to carry an umbrella) without an excessive amount of advice and reassurance from others (Criterion 1).

These individuals tend to be passive and to allow other people to take the initiative and assume responsibility for most major areas of their lives (Criterion 2).

Adults with this disorder typically depend on a parent or spouse to decide where they should live, what kind of job they should have, and which neighbours to befriend.

Adolescents with this disorder may allow their parent(s) to decide what they should

wear, with whom they should associate, how they should spend their free time, and what school or college they should attend.

This need for others to assume responsibility goes beyond age appropriate and situation appropriate. Because they fear losing support or approval, individuals with dependent personality disorder often have difficulty expressing disagreement with other people, especially those on whom they are dependent (Criterion 3).

These individuals feel so unable to function alone that they will agree with things that they feel are wrong rather than risk losing the help of those to whom they look for guidance.

They do not get appropriately angry at others whose support and nurturance they need for fear of alienating them. Individuals with this disorder have difficulty initiating projects or doing things independently (Criterion 4).

They lack self-confidence and believe that they need help to begin and carry through tasks. They will wait for others to start things because they believe that as a rule others can do them better.

These individuals are convinced that they are incapable of functioning independently and present themselves as inept and requiring constant assistance.

They are, however, likely to function adequately if given the assurance that someone else is supervising and approving.

There may be a fear of becoming or appearing to be more competent, because they may believe that this will lead to abandonment.

Because they rely on others to handle their problems, they often do not learn the skills of independent living, thus perpetuating dependency.

Individuals with Dependent Personality Disorder may go to excessive lengths to obtain nurturance and support from others, even to the point of volunteering for unpleasant tasks if such behaviour will bring the care they need (Criterion 5).

They are willing to submit to what others want, even if the demands are unreasonable.

Their need to maintain an important bond will often result in imbalanced or distorted relationships.

They may make extraordinary self-sacrifices or tolerate verbal, physical, or sexual abuse.

Individuals with this disorder feel uncomfortable or helpless when alone, because of their exaggerated fears of being unable to care for themselves (Criterion 6).

They will “tag along” with important others just to avoid being alone, even if they are not interested or involved in what is happening.

When a close relationship ends (e.g., a breakup with a lover; the death of a caregiver), individuals with dependent personality disorder may urgently seek another relationship to provide the care and support they need (Criterion 7).

Their belief that they are unable to function in the absence of a close relationship motivates these individuals to become quickly and indiscriminately attached to another person. Individuals with this disorder are often preoccupied with fears of being left to care for themselves (Criterion 8).

They see themselves as so totally dependent on the advice and help of an important other person that they worry about being abandoned by that person when there are no grounds to justify such fears. To be considered as evidence of this criterion, the fears must be excessive and unrealistic.

Dependent Personality Disorder must be distinguished from other personality disorders, especially from borderline personality disorder, histrionic personality disorder, and avoidant personality disorder, because they have certain features in common. It is, therefore, important to distinguish among these disorders based on differences in their characteristic features.

### **Similarities and differences**

Both dependent personality disorder and borderline personality disorder are characterised by fear of abandonment.

However, the individual with borderline personality disorder reacts to abandonment with feelings of emotional emptiness, rage, and demands.

The individual with dependent personality disorder reacts with increasing appeasement and submissiveness and urgently seeks a replacement relationship to provide caregiving and support.

Borderline personality disorder patients show a typical pattern of unstable and intense relationships.

Individuals with histrionic personality disorder, like those with dependent personality disorder, have a strong need for reassurance and approval and may appear childlike and clinging.

However, unlike dependent personality disorder, which is characterised by self-effacing and docile behaviour, histrionic personality disorder is characterised by gregarious flamboyance with active demands for attention.

Both dependent personality disorder and avoidant personality disorder are characterised by feelings of inadequacy, hypersensitivity to criticism, and a need for reassurance.

However, individuals with avoidant personality disorder have such a strong fear of humiliation and rejection that they withdraw until they are certain they will be accepted.

In contrast, individuals with dependent personality disorder have a pattern of seeking and maintaining connections to important others, rather than avoiding and withdrawing from relationships.

### **3.2.2 Causes**

Although the exact cause of dependent personality disorder is not known, it most likely involves both biological and developmental factors.

Some researchers believe an authoritarian or over-protective parenting style can lead to the development of dependent personality traits in people who are susceptible to the disorder.

It is commonly thought that the development of dependence in these individuals is a result of over-involvement and intrusive behaviour by their primary caretakers.

Caretakers may foster dependence in the child to meet their own dependency needs, and may reward extreme loyalty but reject attempts the child makes towards independence.

Families of those with dependent personality disorder often do not express their emotions and are controlling.

They demonstrate poorly defined relational roles within the family unit.

Some other researchers suggest that dependent children are insecurely attached to their mothers or other caregivers and may not have had close and trusting relationships with others during childhood.

Individuals with dependent personality disorder often have been socially humiliated by others in their developmental years. Hence they may carry significant doubts about their abilities to perform tasks, take on new responsibilities, and generally fear to function independently of others. This reinforces their suspicions that they are incapable of living autonomously.

In response to these feelings, they portray a helplessness that elicits care giving behaviour from some people in their lives.

### **3.2.3 Treatment**

The primary treatment for dependent personality disorder is psychotherapy with an emphasis on learning to cope with anxiety, developing assertiveness, and improving decision-making skills. The most effective psychotherapeutic approach is one which focuses on solutions to specific life problems the patient is presently experiencing.

Long term therapy, while ideal for many personality disorders, is contra indicated in this instance since it reinforces a dependent relationship upon the therapist. While some form of dependency will exist, no matter of the length of therapy, the shorter the better in this case. Examining the client's faulty cognitions and related emotions (of lack of self-confidence, autonomy versus dependency, etc.) can be an important component of therapy.

Assertiveness training and other behavioural approaches have been shown to be most effective in helping treat individuals with this disorder.

Group therapy can also be helpful, although care should be utilised to ensure that the patient doesn't use groups to enhance existing or new dependent relationships. Challenging dependent relationships the client has with others that may be unhealthy for the client should generally be avoided at the onset of therapy.

As therapy progresses, these challenges can occur but must be done carefully; restraint must be used if the individual is not ready to give up these unhealthy relationships.

Termination issues will likely be of extreme importance and will virtually be a litmus test of how effective the therapy has been.

If the individual cannot end therapy successfully and move on to become more self-reliant, it should not be seen as a therapeutic failure. Rather, the individual was not likely seeking life-changing therapy in the first instance but instead solution-focused therapy.

**Self Assessment Questions**

1) What do you mean by dependent personality disorder?

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2) Discuss the diagnostic features of dependent personality disorder.

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3) How does dependent personality disorder differ from other personality disorder?

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4) Explain the causes of dependent personality disorder.

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5) How can dependent personality disorder be treated? Discuss the methods of treatment.

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**3.3 HISTRIONIC PERSONALITY DISORDER**

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Histrionic personality disorder is a type of personality disorder in which the affected individual displays an enduring pattern of attention-seeking and excessively dramatic behaviours beginning in early adulthood and present across a broad range of situations. Individuals with histrionic personality disorder are highly emotional, charming, energetic, manipulative, seductive, impulsive, erratic, and demanding. Individuals with histrionic personality disorder tend to be so overly dramatic that they often seem almost to be acting which is why, the term *histrionic*, which means theatrical in manner, is used.

The Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition- Text Revised (the *DSM-IV-TR*) classifies histrionic personality disorder as a personality disorder. More specifically, histrionic personality disorder is classified by *DSM-IV-TR* as a Cluster B (dramatic, emotional, or erratic) personality disorder. The personality disorders which comprise Cluster B include histrionic, antisocial, borderline, and narcissistic. Histrionic personality disorder is defined as a personality disorder characterised by a pattern of excessive emotionality and attention seeking including an excessive need for approval and inappropriate seductiveness usually beginning in early adulthood. These individuals are lively, dramatic, enthusiastic, and flirtatious.

*DSM-IV-TR* lists eight symptoms that form the diagnostic criteria for histrionic personality disorder. An individual having at least five of the below characteristics might be considered to have a histrionic personality disorder:

- Center of attention: Patients with histrionic personality disorder experience discomfort when they are not the center of attention.
- Sexually seductive: Patients with histrionic personality disorder displays inappropriate sexually seductive or provocative behaviours towards others.
- Shifting emotions: The expression of emotions of patients with histrionic personality disorder tends to be shallow and to shift rapidly.
- Physical appearance: Individuals with histrionic personality disorder consistently employ physical appearance to gain attention for themselves.
- Speech style: The speech style of patients with histrionic personality disorder lacks detail. Individuals with histrionic personality disorder tend to generalise, and when these individuals speak, they aim to please and impress.
- Dramatic behaviours: Patients with histrionic personality disorder display self-dramatisation and exaggerate their emotions.
- Suggestibility: Other individuals or circumstances can easily influence patients with histrionic personality disorder.
- Overestimation of intimacy: Patients with histrionic personality disorder overestimate the level of intimacy in a relationship.

The ICD-10 of World Health Organisation lists histrionic personality disorder as (*F60.4*) Histrionic personality disorder is characterised by at least 3 of the following:

- self-dramatisation, theatricality, exaggerated expression of emotions;
- suggestibility, easily influenced by others or by circumstances;
- shallow and labile affectivity;
- continual seeking for excitement and activities in which the patient is the center of attention;
- inappropriate seductiveness in appearance or behaviour; and
- over-concern with physical attractiveness.

It is a requirement of ICD-10 that a diagnosis of any specific personality disorder also satisfies a set of general personality disorder criteria.



### 3.3.1 Diagnostic Features of Histrionic Personality Disorder

Excessive attention-seeking behaviour and emotionality is the essential feature of histrionic personality disorder. Individuals with histrionic personality disorder tend to feel unappreciated if not the center of attention, and their lively, dramatic, and excessively extraverted styles often ensure that they can charm others into attending to them.

In seeking attention, their appearance and behaviour are often quite theatrical and emotional, as well as sexually provocative and seductive. They are inclined to express their emotions in exaggerated fashion; for example hugging someone they have just met are crying uncontrollably during a sad movie (Pfohl, 1995).

They are often seductive in appearance and behaviour, and typically concerned about their looks; for example they may spend a great deal of money on unusual jewelry. Their style of speech may also be dramatic but is quite impressionistic but often vague, lacking in detail, and characterised by hyperbole.

The cognitive style associated with histrionic personality disorder is impressionistic (Shapiro, 1965) characterised by a tendency to view situations in very global, black-and-white terms. Individuals with this disorder are usually able to function at a high level and can be successful socially and professionally.

People with histrionic personality disorder usually have good social skills but they tend to use these skills to manipulate other people and become the center of attention.

Furthermore, histrionic personality disorder may affect a person's social or romantic relationships or their ability to cope with losses or failures.

Their sexual adjustment is usually poor (Apt and Hurlbert, 1994) and their interpersonal relationships are stormy because they may attempt to control their partner through seductive behaviour and emotional manipulation, but they also show a good deal of dependence.

Usually they are considered to be self-centered, vain, and over-concerned about the approval of others. People with these disorders have also distorted self-images.

For people with histrionic personality disorder, their self-esteem depends on the approval of others and does not arise from a true feeling of self-worth.

They have an overwhelming desire to be noticed, and often behave dramatically or inappropriately to get attention.

#### **Prevalence rate**

The prevalence of histrionic personality disorder in the general population is estimated to be approximately 2%-3% (and 10%-15% of psychiatric outpatients). Individuals who have experienced pervasive trauma during childhood have been shown to be at a greater risk for developing histrionic personality disorder as well as for developing other personality disorders.

Clinicians tend to diagnose histrionic personality disorder more frequently in females; however, when structured assessments are used to diagnose histrionic personality disorder, clinicians report approximately equal prevalence rates for males and females. In considering the prevalence of histrionic personality disorder it is important to recognise that gender role stereotypes may influence the behavioural display of histrionic

personality disorder and that woman and men may display histrionic personality disorder symptoms differently.

### **Similarities and differences**

Histrionic Personality Disorder must be distinguished from other personality disorders, especially from dependent and borderline personality disorders because they have certain features in common.

It is, therefore, important to distinguish among these disorders based on differences in their characteristic features.

Both histrionic personality disorder and borderline personality disorder are characterised by manipulative, projection sensitive, and attention seeking behaviours.

However histrionic personality disorder and borderline personality disorder have different emphasis.

Borderline personality disorder is characterised by intense clinging dependency, whereas for the persons with histrionic personality disorder getting the attention of others is a high priority.

Histrionic personality disorder can further be distinguished from dependent personality disorder.

Patients with histrionic personality disorder and dependent personality disorder share high dependency needs, but only dependent personality disorder is linked to high levels of self-attributed dependency needs.

Moreover, persons with histrionic personality disorder tend to be more active and seductive as compared to those persons with dependent personality disorder.

### **3.3.2 Causes of Histrionic Personality Disorder**

The exact cause of histrionic personality disorder is not known, but many mental health professionals believe that both learned and inherited factors play a role in its development. For example, the tendency for histrionic personality disorder to run in families suggests that a genetic susceptibility for the disorder might be inherited.

However, the child of a parent with this disorder might simply be repeating learned behaviour.

Other environmental factors that might be involved include a lack of criticism or punishment as a child, positive reinforcement that is given only when a child completes certain approved behaviours, and unpredictable attention given to a child by his or her parent(s), all leading to confusion about what types of behaviour earn parental approval.

Psychosexual stages of development through which each individual passes determine an individual's later psychological development as an adult.

Early psychoanalysts proposed that the genital phase is a determinant of histrionic personality disorder. Later psychoanalysts considered the oral phase, Freud's first stage of psychosexual development, to be a more important determinant of histrionic personality disorder.

Most psychoanalysts agree that a traumatic childhood contributes towards the development of histrionic personality disorder.

Some theorists suggest that the more severe forms of histrionic personality disorder derive from disapproval in the early mother-child relationship.

Anthony Storr, a psychoanalyst, (1980) has interpreted histrionic behaviour as a pattern that is often adopted by individuals who do not feel able to compete with others on equal terms and believe that no one is paying attention to them.

According to Storr such people may have been disregarded by their parents as children. Although the child repeatedly tried to get the parents to think of him or her as an individual, those attempts failed.

The child then becomes demanding and resorted to all kinds of dramatic behaviour in order to be noticed. The less attention the parents paid to the child, the more the child has to shout or dramatise to get their attention.

Another component of Freud's theory is the defense mechanism. Defense mechanisms are sets of systematic, unconscious methods that people develop to cope with conflict and to reduce anxiety. According to Freud's theory, all people use defense mechanisms, but different people use different types of defense mechanisms. Individuals with histrionic personality disorder differ in the severity of the maladaptive defense mechanisms they use. Patients with more severe cases of histrionic personality disorder may utilise the defense mechanisms of repression, denial, and dissociation.

### **3.3.3 Treatment of Histrionic Personality Disorder**

Histrionic personality disorder, like other personality disorders, may require several years of therapy and may affect individuals throughout their lives. Some professionals believe that psychoanalytic therapy is a treatment of choice for histrionic personality disorder because it assists patients to become aware of their own feelings. Long term psychodynamic therapy needs to target the underlying conflicts of individuals with histrionic personality disorder and to assist patients in decreasing their emotional reactivity. Cognitive behaviour therapy, group therapy, and family therapy have been used for treating histrionic personality disorder.

#### **3.3.3.1 Cognitive Behavioural Therapy**

Cognitive therapy is a treatment directed at reducing the dysfunctional thoughts of individuals with histrionic personality disorder. Such thoughts include themes about not being able to take care of oneself. Cognitive therapy for histrionic personality disorder focuses on a shift from global, suggestible thinking to a more methodical, systematic, and structured focus on problems. Cognitive behavioural training in relaxation for an individual with histrionic personality disorder emphasises challenging automatic thoughts about inferiority and not being able to handle one's life. Cognitive behavioural therapy teaches individuals with histrionic personality disorder to identify automatic thoughts, to work on impulsive behaviour, and to develop better problem-solving skills.

#### **3.3.3.2 Group Therapy**

Group therapy is suggested to assist individuals with histrionic personality disorder to work on interpersonal relationships. Psychodrama techniques or group role play can assist individuals with histrionic personality disorder to practice problems at work and to learn to decrease the display of excessively dramatic behaviours. Using role-playing, individuals with histrionic personality disorder can explore interpersonal relationships and outcomes to understand better the process associated with different

scenarios. Group therapists need to monitor the group because individuals with histrionic personality disorder tend to take over and dominate others.

### **3.3.3.3 Family Therapy**

To teach assertion rather than avoidance of conflict, family therapists need to direct individuals with histrionic personality disorder to speak directly to other family members. Family therapy can support family members to meet their own needs without supporting the histrionic behaviour of the individual with histrionic personality disorder who uses dramatic crises to keep the family closely connected. Family therapists employ behavioural contracts to support assertive behaviours rather than temper tantrums.

### **3.3.4 Prognosis**

The personality characteristics of individuals with histrionic personality disorder are long-lasting. Individuals with histrionic personality disorder utilise medical services frequently, but they usually do not stay in psychotherapeutic treatment long enough to make changes. They tend to set vague goals and to move toward something more exciting. Treatment for histrionic personality disorder can take a minimum of one to three years and tends to take longer than treatment for disorders that are not personality disorders, such as anxiety disorders or mood disorders.

Research indicates that a relationship exists between poor treatment outcomes and premature termination from treatment for individuals with Cluster B personality disorders.

#### **Self Assessment Questions**

1) Define histrionic personality disorder and describe its symptoms.

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2) Discuss the diagnostic features of histrionic personality disorder.

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3) Distinguish histrionic personality disorder from dependent personality disorder.

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| 4) Explain the causes of histrionic personality disorder.<br>.....<br>.....<br>.....<br>.....                                 |
| 5) Discuss the psychotherapies used for the treatment of histrionic personality disorder.<br>.....<br>.....<br>.....<br>..... |

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### 3.4 LET US SUM UP

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Dependent personality disorder is characterised by a pervasive psychological dependence on other people. Persons affected by dependent personality disorder have a disproportionately low level of confidence in their own intelligence and abilities and have difficulty in making decisions and undertaking projects on their own. They rely on other to make ordinary decisions as well as important ones. The essential feature of Dependent Personality Disorder is a pervasive and excessive need to be taken care of.

The cause of dependent personality disorder is not known, it most likely involves both biological and developmental factors. It is believed that an authoritarian or over-protective parenting style can lead to the development of dependent personality traits in people who are susceptible to the disorder. It is commonly thought that the development of dependence in these individuals is a result of over-involvement and intrusive behaviour by their primary caretakers other caregivers or did not have close and trusting relationships with others during childhood.

The primary treatment for dependent personality disorder is psychotherapy with an emphasis on learning to cope with anxiety, developing assertiveness, and improving decision-making skills. The most effective psychotherapeutic approach is one which focuses on solutions to specific life problems the patient is presently experiencing. Long-term therapy, while ideal for many personality disorders, is contra-indicated in this instance since it reinforces a dependent relationship upon the therapist.

Histrionic personality disorder is classified by DSM-IV-TR as a Cluster B (dramatic, emotional, or erratic) personality disorder. Histrionic personality disorder is a type of personality disorder in which the affected individual displays an enduring pattern of attention-seeking and excessively dramatic behaviours beginning in early adulthood and present across a broad range of situations.

Excessive attention seeking behaviour and emotionality is the essential feature of Histrionic Personality Disorder. Individuals with histrionic personality disorder tend to feel unappreciated if not the center of attention, and their lively, dramatic, and excessively extraverted styles often ensure that they can charm others into attending to them. In seeking attention, their appearance and behaviour are often quite theatrical and emotional, as well as sexually provocative and seductive. The prevalence of

histrionic personality disorder in the general population is estimated to be approximately 2%-3% (and 10%-15% of psychiatric outpatients)

The exact cause of histrionic personality disorder is not known, but many mental health professionals believe that both learned and inherited factors play a role in its development. Early psychoanalysts viewed the genital stage of psychosexual development as a determinant of histrionic personality disorder. Later psychoanalysts considered the oral phase to be a more important determinant of histrionic personality disorder. Most psychoanalysts agree that a traumatic childhood contributes towards the development of histrionic personality disorder.

Some theorists suggest that the more severe forms of histrionic personality disorder derive from disapproval in the early mother-child relationship.

Psychoanalytic therapy is a treatment of choice for histrionic personality disorder because it assists patients to become aware of their own feelings. Long-term psychodynamic therapy needs to target the underlying conflicts of individuals with histrionic personality disorder and to assist patients in decreasing their emotional reactivity. Cognitive behaviour therapy, group therapy, and family therapy have been used for treating histrionic personality disorder.

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### 3.5 UNIT END QUESTIONS

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- 1) Define dependent personality disorder and explain its symptoms.
- 2) Discuss the diagnostic features of dependent personality disorder.
- 3) In what respect does dependent personality disorder differ from other forms of personality disorder?
- 4) Explain the causes of dependent personality disorder.
- 5) How can dependent personality disorder be treated? Discuss the methods of treatment.
- 6) Explain the nature and symptoms of histrionic personality disorder.
- 7) Explain the diagnostic features of histrionic personality disorder.
- 8) In what respect is histrionic personality disorder different from dependent personality disorder?
- 9) Discuss the causes of histrionic personality disorder.
- 10) Discuss psychotherapies used for treating the individuals with histrionic personality disorder.

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### 3.6 GLOSSARY

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**Borderline personality disorder :** Personality disorder involving extreme “black and white” thinking, instability in relationships, self-image, identity and behaviour. Borderline personality disorder occurs in 3 times as many females than males.

**Cognitive-behavioural therapy :** Group of treatment procedures aimed at identifying and modifying faulty thought

processes, attitudes and attributions, and problem behaviours.

**Dependent personality disorder** : Personality disorder characterised by pervasive psychological dependence on other people.

**Histrionic personality disorder** : Personality disorder characterised by pervasive attention-seeking behaviour including inappropriate sexual seductiveness and shallow or exaggerated emotions.

**Family therapy** : Specialised type of group therapy in which the members of the family of the client all participate in group-treatment session.

**Group therapy** : Psychotherapy of several persons at the same time in small groups.

**Narcissistic personality disorder** : personality disorder involving a pervasive pattern of grandiosity need for admiration, and a lack of empathy.

**Oral stage** : First stage of psychosexual development, during which pleasure is derived from lip and mouth contact from need-fulfilling objects.

**Personality disorders** : Characterised by enduring maladaptive patterns for relating to the environment and oneself, exhibited in a wide range of contexts that cause significant functional impairment or subjective distress.

**Phallic stage** : Stage of psychosexual development during which a child begins to perceive his or her own body as a source of gratification. Feelings of narcissism are heightened during this period.

**Psychoanalysis** : Method used by Freud to study and treat patients.

**Psychotherapy** : Treatment of mental disorders by psychological methods.

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