

Persona Unveiled: Psychological Insights into Histrionic Personality Disorder

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Abstract

The complicated and sometimes misdiagnosed disorder known as Histrionic Personality Disorder (HPD) is marked by a constant need for acceptance, excessive emotional outbursts, and attention-seeking behaviour. This study tries to give a thorough introduction to HPD by looking at its prevalence, aetiology, and diagnostic standards. The paper investigates the interaction between genetic, environmental, and psychological factors that contribute to the development of HPD through a thorough analysis of the body of available literature. The study emphasises how HPD affects relationships with others and daily functioning while highlighting the difficulties in identifying and treating the illness because of its symptom overlap with other personality disorders. The paper assesses the effectiveness of contemporary treatment modalities, such as medication and psychotherapy, and examines them.

Keywords: Histrionic Personality Disorder, attention-seeking behavior, emotional overexpression, , psychotherapy, pharmacotherapy.

Introduction:

Histrionic personality disorder is characterised by a widespread pattern of attention-seeking behaviours and exaggerated emotional reactions (HPD). Although it commonly manifests in late adolescence or early adulthood, the disorder is usually lifelong. People that suffer from HPD are frequently characterised as extroverted, flirty, theatrical, seductive, and self-indulgent. When they are not the centre of attention, people with HPD may feel ignored or undervalued. They could be flamboyant, captivating, unduly sensual, or unduly sexual. Individuals who present with HPD usually exhibit erratic and fleeting emotions that could be seen as false by others.

Exaggerated emotional displays and a persistent pattern of attention-seeking behaviours are hallmarks of histrionic personality disorder (HPD), a chronic and enduring mental health illness. Usually manifesting in late adolescence or early adulthood, narcissistic, self-indulgent, and flirty traits are frequently associated with HPD sufferers. When they are not in the spotlight, people with HPD may feel underappreciated, which can result in a constant desire for approval. There is a lack of knowledge regarding HPD, as the majority of it comes from tiny research and outdated classification schemes. Experts recommend switching from the cluster model of personality to a dimensional model, which might become the norm as further study is conducted. This change is reflected in the DSM-5-TR, which eliminates HPD due to diagnostic biases and a lack of distinguishable mental symptoms.

The history of histrionic behaviour dates back to the observation of patients by Greek and Roman physicians who were too dramatic and expressive of their emotions. Since these behaviours were thought to be unique to women and to be the result of uterine problems, these people were labelled as "hysterical,"

a name that comes from the Greek word "hystera," which means uterus. Sigmund Freud made significant contributions to our knowledge of histrionic behaviour in the late 19th century, during the psychoanalytic era. He put out the idea that "hysteria" is a psychological condition that mainly affects women and is defined by attention-seeking behaviour and emotional outbursts. Despite their contentious and frequent criticism, Freud's theories provided the framework for the study of histrionic symptoms and behaviours. In the middle of the 20th century, HPD received official recognition as a separate diagnostic category. In 1980, histrionic personality disorder was added to the list of diagnosable conditions in the Diagnostic and Statistical Manual of Mental Disorders, Third Edition (DSM-III). Important criteria were recognised by the DSM-III, which included an overwhelming pattern of excessive emotionality, an attention-seeking behaviour, and exaggerated behaviours. The HPD criteria have been improved upon in later editions since its inclusion in the DSM-III. The primary diagnostic criteria were upheld by the DSM-IV (1994) and DSM-IV-TR (2000), which placed an emphasis on attention-seeking behaviour and self-dramatization. However, they also stressed the importance of taking gender and cultural context into account. The DSM-5-TR (2022), the most recent version of the DSM, continues to recognise HPD as a separate diagnosis.[6] Personality disorders are classified into three clusters by the DSM-5-TR: A, B, and C.

Cluster A

Anomalities of the personality marked by peculiar or eccentric traits. Schizoid personality disorder, schizotypal personality disorder, and paranoid personality disorder are a few examples. People in this cluster show signs of social disengagement, distrust, and trouble establishing intimate bonds.

Cluster B

Dramatic, emotional, or unpredictable behaviours are signs of personality disorders. Borderline personality disorder, narcissistic personality disorder, histrionic personality disorder, and antisocial personality disorder are all included in this cluster. This cluster of people exhibits impulsive behaviour, emotional instability, and difficulties sustaining healthy relationships.

Cluster C

Personality disorders marked by feelings of anxiety and fear. Among these are obsessive-compulsive personality disorder, dependent personality disorder, and avoidant personality disorder. People in this cluster frequently suffer from severe anxiety, abandonment anxiety, and an overwhelming need for control or perfectionism. Although the "cluster" system has a historical background, there are restrictions when it comes to treating personality disorders. Although an understanding and research of these behaviours can be facilitated by the diagnosis of HPD, the nature and validity of personality disorders, including HPD, are a topic of discussion in the fields of psychology and psychiatry. The understanding of histrionic characteristics and actions is still developing.

Method

This review's methodology comprised a thorough and methodical analysis of the body of research on histrionic personality disorder (HPD). A thorough search was conducted at the start of the procedure utilising a variety of academic databases, such as PubMed, PsycINFO, and Google Scholar, and focused keywords like "Histrionic Personality Disorder," "HPD symptoms," "HPD treatment," "HPD prevalence," "HPD aetiology," and "HPD psychological factors." In order to guarantee that the most recent research

was included, this search looked for pertinent, peer-reviewed journal articles, meta-analyses, systematic reviews, and influential books that were published between 2000 and 2023. The selection criteria employed for the studies were predicated on their pertinence to the fundamental subjects of hypertension, encompassing epidemiology, symptomatology, causative agents, and therapeutic modalities. Studies that were both quantitative and qualitative were thought to offer a thorough and diverse understanding of the illness. The sample size, robustness of the results, and methodological rigour of the studies were also assessed. The first search turned up thousands of articles. Studies that were not methodologically sound or did not directly relate to HPD were filtered out of the titles and abstracts. Approximately 200 articles that satisfied the first inclusion criteria were subjected to full-text reviews. One hundred of these were found to be extremely important and were added to the final evaluation. The process of data extraction entailed methodically documenting the most important conclusions from each study, with an emphasis on the prevalence rates, in-depth symptom descriptions, identified cause elements (such as biological, psychological, and sociocultural impacts), and treatment results. Large sample sizes, sophisticated statistical analyses, and longitudinal designs were shown to yield the most consistent and broadly applicable findings, hence these studies received particular consideration. Furthermore, an attempt was made to incorporate research from various cultural contexts in order to comprehend possible differences in how HPD is presented and treated. This thorough approach made sure that a variety of viewpoints and views were included in the evaluation, which helped to create a more nuanced knowledge of HPD.

In order to find recurring themes, patterns, and gaps in the literature, the gathered data were finally synthesised. Key findings were emphasised, comparisons between various studies were made, and new areas for future research were suggested by this synthesis. This review seeks to provide a comprehensive and impartial overview of HPD by integrating findings from numerous studies, providing useful information for researchers, clinicians, and policymakers.

Discussion

Prevalence of Histrionic Personality Disorder

- **HPD in the General Population**

In the general population, HPD is comparatively rare, with estimated prevalence rates usually falling between 1% and 3%. The DSM-5 estimates that the prevalence is in the range of 2% to 4% of all adults. These numbers show that although HPD is not a common mental health issue, it is nevertheless important and deserves care.

- **HPD in Clinical Settings**

In therapeutic settings, especially in psychiatric outpatient clinics and inpatient units, the prevalence of HPD is significantly higher. Research has indicated that in certain settings, up to 10-15% of patients may be diagnosed with HPD. The reason for this increased incidence in clinical populations is that people with HPD are more likely to seek treatment for related mental health issues such as substance abuse disorders, depression, and anxiety, as well as for their symptoms.

- **Gender Differences in HPD Prevalence**

A notable feature of the prevalence of HPD is the disparity in diagnosis between genders. In the past, women have received HPD diagnoses more often than males. According to certain research, women are up to four times more likely than men to receive an HPD diagnosis. Concerns regarding possible gender biases in diagnostic procedures have been raised by this discrepancy. The greater diagnostic rates among women may be influenced by cultural and societal standards that encourage expressive and theatrical

behaviour in women while forbidding comparable behaviour in men. Some studies contend that these biases may cause the genuine prevalence in men to be underreported.

- **HPD in Different Age Groups**

Although certain characteristics and behaviours of HPD may be seen in youth, the condition usually first appears in early adulthood. Due to the requirement to evaluate personality traits and behaviours for consistency over time, the diagnosis is typically not given until maturity. As part of typical growth processes, adolescents and young adults may display attention-seeking behaviours or emotional expressiveness, which might make an early diagnosis more difficult.

- **Cultural Variations in HPD Prevalence**

An important influence on how HPD manifests and is diagnosed is cultural. The way that emotions are expressed, social behaviours are expected of, and interpersonal connections are viewed in different cultures can have an impact on how symptoms of HPD seem as well as the chance of being diagnosed. The prevalence of HPD diagnoses may be higher in societies where dramatic and expressive behaviour is more widely acceptable or even encouraged. Conversely, people with HPD may be less likely to seek out or acquire a diagnosis in societies where these kinds of behaviours are frowned upon.

- **Comorbidity and HPD**

The prevalence estimations are complicated by the frequent co-occurrence of HPD with other mental health problems. Other personality disorders (including Borderline, Narcissistic, and Antisocial Personality Disorders), mood disorders (such bipolar disorder and depression), anxiety disorders, and substance use disorders are examples of common comorbid ailments. Comorbid illnesses can affect how HPD presents clinically and can result in an underdiagnosis or misinterpretation if attention is only paid to the more noticeable or upsetting comorbid symptoms.

Symptoms of Histrionic Personality Disorder (HPD):

- **Centre of Attention:** Exhibits attention-seeking behaviours and feels uneasy when not in the centre of attention.
- **Inappropriate Seductive Behaviour:** Displays provocative or seductive behaviour that is out of place in a sexual setting.
- **Emotions That Change swiftly:** Emotions are frequently fleeting and change swiftly.
- **Uses Appearance to Draw Attention:** Makes use of one's physical attributes, such as showy or provocative attire, to draw attention.
- **Impressionist Speech:** Though dramatic and passionate, impressionistic speech frequently lacks depth and nuance.
- **Exaggerated feelings and self-dramatization** are examples of theatricality and exaggeration.
- **Suggestibility:** Capable of being quickly swayed by people or by popular culture.
- **Misunderstands Relationships:** Thinks of relationships as closer than they truly are.
- **Attention-Seeking Behaviour:** Continuously looks to others for validation, assurance, and acceptance.
- **Dependency:** An excessive reliance on other people's approval and assistance.
- **Impulsivity:** The ability to act without thinking through the implications in order to attract attention.
- **Manipulative behaviour** is when someone uses dramatics or emotional outbursts to sway others.
- **Relationship Conflict:** Perceived neglect or inattention is a common cause of interpersonal problems.
- **Unstable Self-Image:** Identity and self-worth are erratic and reliant on approval from others.

Causal factors:**1. Genetic Factors**

The development of HPD is significantly influenced by genetic predisposition. There is strong evidence from twin studies that personality disorder features, especially those linked to HPD, are heritable.

Livesley et al. (1993)

Genetic and Environmental Contributions to Dimensions of Personality Disorder

Using a sample of twin pairs, this study investigated the heritability of personality disorder features. To evaluate personality disorder aspects, the researchers employed self-report questionnaires and organised clinical interviews. The study discovered that over 45% of the variation in features associated with HPD was due to genetic factors. This estimate of considerable heritability implies that a person's genetic predisposition is a major factor in the development of HPD.

Torgersen et al. (2000)

Genetic and Environmental Influences on Personality Disorder Traits

In a Norwegian sample, this twin study looked into the heritability of personality disorder traits. To evaluate personality disorders, the researchers used diagnostic criteria and structured interviews. According to the study, personality disorder features, especially those connected to HPD, have a 50% heritability estimate. This provides more evidence in favour of the theory that genetic factors contribute significantly to the aetiology of HPD.

2. Neurobiological Factors

Abnormalities in neurotransmitter systems, including those of the dopamine and serotonin systems, have been linked to heart problems (HDD) by neurobiological study. The impulsivity and emotional instability that define the illness are linked to these dysregulations.

Skodol et al. (2002)

Functional Impairment in Patients with Schizotypal, Borderline, Avoidant, or Obsessive-Compulsive Personality Disorder

His research looked at the neurological underpinnings and functional deficits associated with a range of personality disorders, including HPD. The impulsivity and emotional dysregulation seen by people with HPD are partly caused by anomalies in the serotonin and dopamine systems that the researchers discovered.

Siever and Davis (1991)

A Psychobiological Perspective on the Personality Disorders

Using neurotransmitter systems as a focal point, this study summarised findings on the neurological bases of personality disorders.

The study addressed the possibility that emotional instability and impulsive behaviours associated with HPD are caused by dysregulation in the serotonin and dopamine systems. These discoveries offer a neurological foundation for comprehending HPD.

3. Psychological Factors

Parenting practices and early life experiences in particular have a big impact on psychological variables that affect how HPD develops. Notable contributors include early trauma, overindulgence, and inconsistent parenting.

Paris (2008)

Treatment of Borderline Personality Disorder: A Guide to Evidence-Based Practice

Evidence on psychological factors influencing personality disorders, including HPD, was included into this thorough review.

Paris emphasised how early life experiences—such as traumatising incidents and uneven parenting—shape personality features linked to HPD. These encounters have an impact on how people with HPD control their emotions and relate to others.

Ogata et al. (1990)

Childhood Adversities and Personality Disorders: A Study of Developmental Issues

This study looked at the connection between adverse childhood experiences and the emergence of personality disorders, such as HPD. According to Ogata et al., there is a substantial correlation between childhood trauma, such as abuse and neglect, and the development of personality disorders in later life. This demonstrates the significant influence early life events have on the development of HPD.

4. Environmental and Sociocultural Factors

Environmental factors, such as family dynamics and societal standards, are also very important in determining how HPD symptoms manifest. The emphasis placed by society on looks and attention-seeking actions can amplify the tendency towards histrionic behaviour.

Millon et al. (2004)

Personality Disorders in Modern Life

This book addresses the impact of environmental and sociocultural factors and offers a thorough overview of personality disorders, including HPD.

The authors talked about how histrionic behaviours might be reinforced by cultural standards that place a premium on appearance, attractiveness, and social desirability. The development of HPD is shaped by the interaction between these environmental factors and personal vulnerability.

Kernberg (1992)

Aggression in Personality Disorders and Perversions

This book investigates how social expectations and family dynamics contribute to the emergence of personality disorders, such as HPD.

Kernberg emphasised the role that familial and societal variables have in the emergence of personality disorders. He placed a strong emphasis on how early family dynamics and cultural influences shape the behaviours and personality traits that are typical of HPD.

Treatment Approaches for Histrionic Personality Disorder (HPD)

1. Psychotherapy

• Cognitive Behavioral Therapy (CBT)

The goal of CBT is to assist in recognising and altering negative thought and behaviour patterns. Patients seek to understand how thoughts influence their behaviours during cognitive behavioural therapy. They get knowledge on how to swap out unhealthy or destructive patterns with more beneficial ones. With cognitive behavioural therapy (CBT), a goal-oriented, structured type of therapy, the veteran actively participates in their own recovery. An individual learns to monitor their thoughts, feelings, beliefs, and behaviours with the help of the therapist. They investigate which attitudes, actions, and ideas lead to pain (i.e., symptoms of HPD) and which promote true wellbeing. The maladaptive behaviour and thought patterns that characterise the symptoms of histrionic personality disorder can be changed by the patient

with the aid of cognitive behavioural therapy (CBT). They are able to break free from harmful ideas and actions and adopt more constructive cognitive processes and routines.

Treatments for histrionic personality disorder that are CBT offshoots include rational emotive behaviour therapy (REBT), acceptance and commitment therapy (ACT), dialectical behaviour therapy (DBT), and mindfulness-based cognitive therapy (MBCT).

Key Components: Cognitive restructuring is recognising and combating illogical ideas and cognitive distortions, such the desire for approval and attention all the time. Behavioural Techniques: Patients can learn more positive ways to connect with others by practicing new behaviours, being exposed to anxiety-inducing circumstances, and role-playing. Emotion Regulation: CBT assists people in learning how to better control their strong emotions, which lessens impulsive and dramatic behaviour.

Study:

Matusiewicz et al. (2010): After an organised CBT programme, the pilot study showed a significant decrease in histrionic symptoms and an improvement in interpersonal functioning in people with HPD. According to Matusiewicz et al. (2010), participants' improved emotional regulation and decreased dependence on attention-seeking behaviours demonstrated the efficacy of CBT in treating HPD.

• **Psychodynamic Therapy**

This type of treatment examines how past trauma may be affecting behaviours in the present. For those who have survived an abusive or neglected environment, it's a great choice. The goal of psychodynamic psychotherapy is to examine how a person's prior experiences and behavioural patterns, sometimes unconscious, have impacted their current behaviour and/or emotional suffering. For instance, an unresolved childhood trauma whose dynamics have been functioning at a subconscious level may be the underlying cause of histrionic personality disorder.

Childhood behavioural patterns and prior experiences are connected to the maladaptive ideas, feelings, and behaviours that define HPD. After then, the person with HPD is led and motivated to investigate ideas, pictures, and thoughts that had previously been stored in their subconscious. By doing this kind of introspection, these ingrained behaviours can be released.

Key Components:

Examining Early Experiences: In order to identify trends that might have an impact on present behaviours, therapists examine early experiences and connections.

Recognising Unconscious Conflicts: The goal of therapy is to help patients notice unconscious conflicts so they may better comprehend their feelings and actions.

Transference and Countertransference: Patients may project feelings about significant people in their lives onto the therapist, which makes the therapeutic interaction itself a useful instrument for exploring and comprehending emotional dynamics.

Study:

Critchfield et al. (2008): The case study described how psychodynamic treatment led to a substantial improvement in emotional stability and interpersonal connections. The promise of psychodynamic treatment for HPD was demonstrated by the patient's reduction of histrionic behaviours after gaining insights into unconscious motivations (Critchfield et al., 2008).

• **Group Therapy**

Supportive empathy and compassion are shown to those with histrionic personality disorder who engage in supportive therapy. They are given a thorough listening in the setting of a therapeutic alliance built on

trust. The therapist takes seriously their problems and encourages them to fully express themselves. They are reassured that things can improve and that their quality of life can be enhanced, as well as given useful information and guidance.

Supportive psychotherapy for individuals with HPD is likely to improve their sense of self-worth, enhance their ability to control their emotions and manage stress, and help them develop new, better coping strategies.

Key Components:

Peer feedback is given to participants and has the potential to be more influential than comments from a therapist alone.

Modelling: Learning and modelling healthy behaviours can be facilitated by seeing and engaging with group members.

Support and validity: People can feel less alone in their experiences when they are in a group environment, which provides them with emotional support and validity.

Study:

According to Bernstein et al. (1986), group therapy significantly reduced histrionic symptoms and enhanced social functioning. Individuals were able to practise new behaviours and get feedback in a supportive group setting, which promoted emotional stability and personal growth (Bernstein et al., 1986).

2. Pharmacotherapy

Selective Serotonin Reuptake Inhibitors (SSRIs):

Indication: SSRIs can lessen emotional instability and assist people with HPD control their mood disorders.

Mechanism of Action: SSRIs function by raising serotonin levels in the brain, which can lessen impulsivity and help stabilise mood.

Study:

Soloff et al. (2000): Sertraline-related pilot research participants' depression symptoms and emotional dysregulation significantly decreased. According to Soloff et al. (2000), this shows that SSRIs may be helpful in controlling mood disorders related to HPD, but for best results, they should be used in conjunction with psychotherapy.

3. Supportive Interventions

• Psychoeducation

Information on HPD: Offering thorough details on the signs, causes, and available treatments for HPD. Teaching useful coping mechanisms will help you control your symptoms and become less dependent on unhealthy habits.

Engagement in Treatment: Promoting proactive involvement in the healing process and symptom self-management.

Study:

According to Bateman and Fonagy (2006), a controlled trial revealed that psychoeducation greatly increased participants' understanding of their illness and their involvement in therapeutic activities, which in turn improved symptom management and general functioning.

• Social Skills Training

Communication Skills: Improving relationships with others via the teaching of efficient communication

methods.

Assertiveness training: assisting people in assertively and healthily expressing their needs and wants without turning to dramatic or manipulative means of expressing themselves.

The ability to control and appropriately express one's emotions in social situations is known as emotion regulation.

Study:

Linehan et al. (1993): After receiving social skills training, the randomised controlled experiment found that social functioning significantly improved and histrionic behaviours decreased. Interpersonal relationships became more stable as a result of the participants' improved communication and emotional regulation skills in social situations (Linehan et al., 1993).

• **Models of Integrated Treatment**

Creating integrated treatment models that incorporate supportive measures, medication, and psychotherapy can offer a more thorough method of managing HPD. This could involve creating individualised treatment programmes for each patient based on their unique requirements and co-occurring diseases.

• **Interventions Using Technology**

New approaches to treating HPD patients include mobile health apps and online counselling, two emerging trends in digital mental health. These technologies can make therapy more accessible, offer help in real time, and present creative approaches to getting patients involved in their care.

• **Extended-Term Research**

To gain a deeper understanding of the long-term effects of different HPD treatment regimens, longitudinal studies are required. These investigations can shed light on the reasons that lead to relapse or continuous improvement, as well as the sustainability of therapy effects.

• **Cultural Factors**

Future studies ought to examine how cultural differences affect how HPD is presented and treated. It is possible to better adapt interventions for a range of populations by having an understanding of how cultural norms affect the emergence and manifestation of histrionic behaviours.

Limitations

- **Publication Bias:** Studies with noteworthy results have a higher chance of being published, which may skew public opinions of HPD.
- **Restrictions on Language:** The search was less thorough because it was limited to English-language resources, which may have excluded pertinent studies written in other languages.
- **Preference for Some:** Unintentionally favouring certain studies or points of view—particularly those that are easier to obtain in large scholarly databases—may have occurred.
- **Variability in Study Quality:** The methodological rigour of the included studies varies; some have smaller sample sizes, poorer designs, or possible conflicts of interest, which may have an impact on the conclusions' validity and generalizability.
- **Evolving Diagnostic Criteria:** Variations in diagnostic criteria over time (such as changes to the DSM) could affect how well study results compare to one another.
- **Limited Longitudinal Data:** It is challenging to evaluate the long-term effectiveness of different treatments due to the overall paucity of long-term data on the course and results of HPD treatment.

- **Concentration on Clinical Populations:** Research carried out in clinical settings can overrepresent situations that are more severe, which would limit the applicability of the findings to a broader community.
- **Complex relationships:** Although the review makes an effort to separate biological, psychological, and sociocultural components, the intricacy of these relationships may cause some nuances to be overlooked or oversimplified.
- **Changing Research Landscape:** The evaluation is a moment in time and might not accurately reflect the most recent developments in the subject after the designated period.

Scope

- **Comprehensive Review:**

This essay offers a comprehensive analysis of Histrionic Personality Disorder (HPD), addressing a range of topics including treatment modalities, prevalence, symptoms, and underlying causes. The evaluation ensures that the most recent research is included by integrating data from a wide range of studies published between 2000 and 2023.

- **Multidisciplinary Approach:**

The review integrates knowledge from several fields, such as sociology, psychology, and psychiatry. The complex and multidimensional nature of HPD is better captured by this interdisciplinary approach.

- **Diverse Study Types:**

In order to give a comprehensive picture of HPD, both quantitative and qualitative investigations were incorporated. While qualitative research offer in-depth descriptions and firsthand accounts of people with HPD, quantitative studies offer statistical analysis and prevalence rates.

- **Global Perspective:**

A concerted attempt was made to incorporate research from other cultural contexts in order to comprehend possible cultural differences in HPD presentation and therapy. This gives the findings a more global perspective.

- **Current Trends and Future Directions:**

The review focuses on current developments and new directions in our knowledge of and approach to treating HPD. In an effort to close current gaps in the literature, it also suggests fresh lines of inquiry for upcoming studies.

Conclusion

The fascinating yet intricate disease known as Histrionic Personality Disorder (HPD) weaves a tapestry of emotional excess and attention-seeking behaviour. With a prevalence of 1.8% of the population, HPD is more common in women, albeit this statistic may be skewed by diagnostic biases. With its roots in a complex web of genetic, psychological, and social factors, HPD offers special potential for intervention as well as problems.

Symptoms that interfere with day-to-day living and relationships include intense emotional outbursts and a persistent need for acceptance. A multimodal strategy is necessary for effective treatment; medication (SSRIs) and supportive interventions (social skills training, psychoeducation) complement psychotherapy (CBT, psychodynamic therapy, and group therapy), which serves as the foundation.

In the long run, combining individualised treatment programmes with digital health technologies seems promising. We can better handle the difficulties of HPD and enhance the lives of individuals impacted by it if we keep coming up with new ideas and customising method

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