

HISTRIONIC PERSONALITY STYLE AND DISORDER

THE HISTRIONIC PERSONALITY TYPE IN A NUTSHELL

“The essential feature of *HISTRIONIC PERSONALITY DISORDER* is pervasive and excessive emotionality and attention-seeking behavior.”¹

Individuals who have a *HISTRIONIC PERSONALITY TYPE* may engage in relationships that contain heightened emotions. They typically pull people in through emotionality (including overt seductive behaviors) and then blow up the relationship in overly dramatic emotional outbursts. After the explosion, they will reel the person back in for another round on their emotional roller coaster. The cycle continues over and over with close or intimate contacts.

A CLOSER LOOK

Sometimes therapists have a hard time differentiating between *BORDERLINE PERSONALITY DISORDER* and *HISTRIONIC PERSONALITY DISORDER*. There is a possibility that the two can co-exist. The combination of both conditions is usually considered as the decomposition of the histrionic personality structure.

In one respect, the differences between the two are a matter of degree. Both include a fear of being alone and a fear of abandonment – with the borderline being frantic in their efforts to avoid those conditions. Both are also impulsive – again, with the borderline being potentially dangerous in their impulsive actions.

In another respect, however, there is a very significant difference in self-image. The histrionic individual has a higher level of functioning in the respect that they are interactive with their interpersonal environment. They openly use attention-seeking efforts to seek and maintain relationships.² The borderline is much more frantic in their relationship efforts. Also, the borderline individual has a propensity toward paranoid ideations and severe dissociative symptoms. These are usually not present with the histrionic individual.

¹ American Psychiatric Association: *DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS, FOURTH EDITION, TEXT REVISION*. Washington D.C., American Psychiatric Association. 2000, p. 711.

² In both disorders, the individuals fear being alone. The histrionic individual, however, believes that they can do something to avoid abandonment. Thus, they use whatever assets they have (including overt sexuality, attractiveness, and other flamboyant measures) to secure relationships so that they can avert being alone. The borderline individual has either forfeited those efforts or they see those efforts as largely a failure.

THE BOTTOM LINE

Although securing lasting relationships with significant people is the primary need of these individuals, they have not learned enough about their own self image to secure a lasting and stable relationship. Thus, all of their efforts are simply attention-seeking behaviors. Without a thorough understanding of self these individuals cannot differentiate themselves from others enough to maintain the relationships that they seek.

There is often a confusion between feeling and fact with these individuals. What they feel is often what they believe. Thus, if they “feel” stupid, then they are stupid. If they “feel” ugly, then they are ugly. They cannot differentiate between feeling and fact. In a relationship, this inability to differentiate results in their abandonment terror. If, for example, they have some “feeling” of abandonment in a relationship, then certainly the relationship must be over! Facts regarding commitment and the history of the relationship are not considered.

TECHNICAL DSM-IV-TR CRITERIA FOR DIAGNOSIS OF A FULL PERSONALITY DISORDER

The official DSM-IV-TR diagnostic criteria for *HISTRIONIC PERSONALITY DISORDER* are:³

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.

[The therapist is reminded that the above criteria must be (1) a pervasive pattern, (2) and must begin by early adulthood. If those main criteria cannot be met, a personality disorder cannot be diagnosed (technically). If many of the other criteria are present, the therapist should understand that the personality style has drifted toward undesirable and maladaptive behaviors associated with the disorder. Treatment techniques described below should be used to move the personality toward style rather than disorder.]

³ *DSM-IV-TR*, p. 714.

DIFFERENTIAL DIAGNOSIS

There are a number of other disorders that contain similar characteristics to *HISTRIONIC PERSONALITY DISORDER*. This list contains some of those disorders. The therapist is encouraged to research these similar disorders using the DSM-IV-TR.

BORDERLINE PERSONALITY DISORDER. Dual diagnosis can be made, if appropriate criteria are met for both disorders.

ANTISOCIAL PERSONALITY DISORDER. *ANTISOCIAL PERSONALITY DISORDER* engages in manipulation to gain power and profit while *HISTRIONIC PERSONALITY DISORDER* engages in manipulation to gain nurturance.

NARCISSISTIC PERSONALITY DISORDER. Both disorders involve attention seeking. *NARCISSISTIC PERSONALITY DISORDER* uses attention seeking to gain superiority over others and *HISTRIONIC PERSONALITY DISORDER* uses attention seeking because the individuals are willing to be viewed as fragile.

DEPENDENT PERSONALITY DISORDER. *DEPENDENT PERSONALITY DISORDER* is not characterized by flamboyant, exaggerated emotional features while *HISTRIONIC PERSONALITY DISORDER* contains those elements.

PERSONALITY CHANGE DUE TO MEDICAL CONDITION. Dual diagnosis can be made. *HISTRIONIC PERSONALITY DISORDER* must exist prior to the onset of the medical condition.

CHRONIC SUBSTANCE ABUSE. Dual diagnosis can be made. *HISTRIONIC PERSONALITY DISORDER* must exist prior to the onset of chronic substance abuse.

COMMONLY ASSOCIATED AXIS I DISORDERS

There are a number of *DSM-IV Axis I Disorders* that are commonly associated with the *HISTRIONIC PERSONALITY TYPE*. The therapist should be aware of each of these *Axis I Disorders* and screen for them, if such screening seems appropriate.

SOMATIZATION DISORDER. *Somatization Disorder* may be present in the *HISTRIONIC PERSONALITY TYPE*. This disorder results in significant physical complaints that involve repeated visits to a medical doctor. In order to meet criteria for the disorder, the physical complaints must be from four categories: *pain symptoms*, *gastrointestinal symptoms*, *sexual symptoms*, and *pseudoneurological symptoms*. These physical manifestations may be a result of the attention-seeking behavior of this personality type.

CONVERSION DISORDER. *Conversion Disorder* is the presence of physical symptomology related to motor or sensory function. Symptoms vary widely including *paralysis*, *difficulty swallowing*, *lump in the throat*, *urinary issues*, *loss of touch or pain sensation*, *double*

vision, blindness, and deafness.⁴ These symptoms usually simulate neurological or other medical conditions quite closely. *Conversion Disorder* may only be diagnosed when a medical doctor has completely ruled out a medical source for the seemingly medical issues. *Conversion Disorder* among individuals with the *HISTRIONIC PERSONALITY TYPE* may be associated with *attention-seeking behaviors* and the *excessive emotionality*.

MAJOR DEPRESSIVE DISORDER. Relationships associated with the *HISTRIONIC PERSONALITY TYPE* are often roller coasters. When relationships fail, there is a possibility of a *Major Depressive Disorder*. The general emotionality of this disorder may also precipitate depression.

DYSTHYMIC DISORDER. *Dysthymic Disorder* contains many of the same elements as *Major Depression*. One of the main differences is the prolonged nature of the depressive symptomology (existing over at least a two-year period). Although the symptoms may be less severe, they include a depressed or “blue” mood. The tendency of the *HISTRIONIC PERSONALITY TYPE* toward *Dysthymic Disorder* may be related to their consistent interpersonal conflicts.

SOCIAL PHOBIA. Due to the potential for consistent interpersonal conflict experienced by the individual with a *HISTRIONIC PERSONALITY TYPE*, the prospect of a *Social Phobia* is a distinct possibility.

ANXIETY DISORDERS. Again, due to the prospect of consistent interpersonal conflict, this individual may experience various anxiety disorders.

THE HISTRIONIC PERSONALITY CONTINUUM

All personality flows on a continuum from order to disorder – from function to dysfunction. Internal and external stressing events are the “triggers” that motivate a personality that is functioning in an orderly fashion to move toward disorder. Since each personality is different, not all stressing events hold the same impacting “value” for each person. A stressor that might cause significant personality disruption in one person might not effect another at all.

Each clinically recognizable *Personality Disorder* has its corresponding *Personality Style*. The goal of the therapist should be to move a disordered personality from a state of disorder to a state of homeostasis – the corresponding *Personality Style*.

According to Sperry,⁵ the optimally functioning *HISTRIONIC PERSONALITY STYLE* contains seven elements. Correspondingly, there are seven elements that indicate the breakdown of each of those seven optimally functioning elements. As an individual “trades off” each of the optimally functioning elements for a maladaptation, they are moving closer to a clinical assessment of full *HISTRIONIC PERSONALITY DISORDER*. The effort, therefore, must be to establish and maintain the optimally functioning elements of the *HISTRIONIC PERSONALITY STYLE* without allowing for diminution toward more maladaptive traits.

⁴ *DSM-IV-TR*, pp. 492-498.

⁵ Sperry, Len, M.D., Ph.D. *HANDBOOK OF DIAGNOSIS AND TREATMENT OF DSM-IV-TR PERSONALITY DISORDERS* (Second Edition). Brunner-Routledge. New York, NY. 2003. P. 133.

Sperry's continuum includes the following seven elements:

Optimal Functioning	Maladaptation
<ul style="list-style-type: none"> • This person enjoys compliments and praise. • This individual is charming, engaging, and appropriately seductive in appearance and behavior. • This person is attentive to their appearance and grooming. • This individual is lively and fun-loving, often impulsive but can delay gratification. • This individual enjoys being the center of attention and can rise to the occasion when all eyes are on them. • This person is sensation oriented, emotionally demonstrative, and physically affectionate. • This individual uses a style of speech that is appropriately global and specific. 	<ul style="list-style-type: none"> • This individual constantly seeks or demands reassurance, approval, or praise. • This individual is inappropriately sexually seductive in appearance and behavior. • This person is overly concerned with physical attractiveness. • This person expresses emotion with inappropriate exaggeration, is self-centered. • This person is uncomfortable in situations where they cannot be the center of attention. • This person displays rapidly shifting and shallow expression of emotion. • This individual uses a style of speech that is excessively impressionistic and lacking in detail.

THE HISTRIONIC PERSONALITY STYLE UNDER STRESS

The following behaviors will likely manifest when an individual with a *HISTRIONIC PERSONALITY TYPE* faces a triggering event. In the case of the *HISTRIONIC PERSONALITY TYPE*, triggering events will be those events that are associated with relationships involving the opposite sex – especially relationships that become emotionally volatile. Simple participation in relationships with the opposite sex is likely to involve at least some stressing symptoms.

- Constant need for reassurance, approval and praise.
- Extreme attention-seeking behaviors (including seduction and use of emotionality).
- Over concern with physical appearance (and attractiveness in females).
- Exaggerated emotional displays including irrational outbursts and temper tantrums.
- Extreme impulsiveness.

- Potential for suicide threats or attempts the focus of which is to draw attention to themselves when other methods fail. However, sometimes these individuals intend to commit suicide and are successful. This is a significant sign of decompensation.
- Development of a significant *Axis I Disorder* during decompensation. This may be the result of the breakdown of the defense mechanism system or it may be an attention-seeking episode (especially in the case of physiological manifestations).

DISORDER ETIOLOGY AND TRIGGERS

Etiology is the study of causes and origins for a malady. The list of etiological causes and origins for this personality type have been compiled from accepted psychological research. Each personality type also has a number of triggers that will likely be associated with movement from optimal functioning toward maladaptation. While this list of triggers is not all-inclusive, this list does contain the most commonly accepted reasons that trigger a maladaptive episode in an individual with a *HISTRIONIC PERSONALITY TYPE*.

PSYCHOSOCIAL ETIOLOGY OF THE HISTRIONIC PERSONALITY TYPE

The formulation of personality (and, consequently, the potential for disorder) occurs during child development. No parent and no family environment is perfect. Thus, the imperfections of that home environment will lead to the development of some personality “skew.” That skew is called a personality style.

In cases where the home environment was significantly maladaptive, traumatic, or damaging to the psyche of the child, the potential for development of a full-blown personality disorder increases with the onset of early adulthood.

The following list contains likely issues that arose during childhood that precipitated the formulation of the *HISTRIONIC PERSONALITY TYPE*. Many of these issues will not be cognitively accessible to the client and there is a likelihood that many of these issues will be denied by the client. In spite of client denial (which is very common) these are the most commonly accepted reasons for the development of the *HISTRIONIC PERSONALITY TYPE*.

The therapist must recognize the difference between an optimally functioning personality style and a personality that is moving (or has moved) toward disorder. The personality that is not in a state of disorder but skews toward the personality style may contain a few of the events from this list, some items may be repressed, or less severe family behaviors that follow the same “theme” may have existed (but not necessarily with the same intensity).

The therapist should not “automatically” assume that each of these items was a reality in the person’s home of origin. This list should be used for investigation and exploration in order that the therapist might understand the dynamics of the home of origin.

- Lack of maternal emotional nurturance (female child). The nurturance that the child likely received was external in nature. The mother was likely concerned with the appearance of the child and neglected the emotional needs and development of the child. The child turns to the father for emotional gratification. The female child may use a number of methods to gain the gratification of the father. Those methods

will probably be age appropriate and (in the later years) may include flirting and exhibitionism. These methods are all designed to gain the gratification of the father and to hold his emotional attention. Often, these girls become “daddy’s little girl.” In adulthood, however, the lack of maternal nurturance causes the continual cycle of acceptance (of a male figure) and pushing away (of the same male figure). As the female gains the nurturance of the male figure (who is a replacement for her father) she drives him away emotionally since the real deprivation internally is the need for maternal nurturance.

- Lack of maternal emotional nurturance (male child). When a male child is not sufficiently nurtured emotionally by his mother, he too will turn to his father for nurturance. If the father is not able to fulfill his emotional needs, the individual may develop effeminate characteristics later in life. The result may be homosexuality (or latent homosexual desires). However, homosexuality is not the only course that the lack of maternal emotional nurturance may take. The adult may develop a distrust for all females (even though they may be married). No female will be able to satisfy what was missing in the maternal relationship. Macho behavior may result to “prove” that the male is superior. Celibacy is also a strong possibility.
- Family behavior patterns to investigate at the disorder level include being loved for attractiveness or entertainment value, no emphasis on competence or personal strength, relationship with mother was competitive, flirtatious attachment to father figure, father caters to the child, submissive love contingent on looks or entertainment value, child learned to control using appearance, possible unpredictable changes due to parental instability, “interesting” an non-threatening drama and chaos in the home, demands to pretend that everything is OK in the home, and possible nurturing and rewarding of the child for being ill.⁶

[The above list does not contain biochemical considerations associated with the etiology of the *HISTRIONIC PERSONALITY TYPE*. The therapist should understand that there may be biochemical issues associated with this disorder. Those issues are best addressed by a medical doctor or a Psychiatrist.]

DISORDER TRIGGERS

The following list contains the most common triggers that precipitate a crisis event or a full disorder in someone with a *HISTRIONIC PERSONALITY STYLE*.

Participation in Opposite Sex Relationships. The individual with a *HISTRIONIC PERSONALITY TYPE* will engage in volatile relationships that rapidly swing from love to hate. This is largely for the purpose of gaining attention. During the course of these emotionally charged relationships, the histrionic individual may enter a personal crisis. This is especially true when they realize that a reactive relationship is in the process of ending.

⁶ Some of these family behavior patterns are indicated with a full disorder. In the case of a stable and optimally functioning personality style, the therapist may not locate these family behavior patterns, the behaviors may be repressed, only a few behaviors may exist, or less severe family behaviors that follow the same “theme” may be indicated.

TREATMENT COURSE FOR HISTRIONIC PERSONALITY ISSUES

The following is a summary of treatment objectives when a therapist is dealing with a *HISTRIONIC PERSONALITY TYPE*. As is the case with any client engagement, when the therapist feels that they are not capable of dealing with a specific case, the case should be referred to another therapist. Furthermore, in the event that a therapist takes on a specific case and after an appropriate time period does not see progress, the case should be referred.

POTENTIAL MALADAPTIVE DEFENSE MECHANISMS

While it is possible for any individual in crisis to use any of the maladaptive defense mechanisms, there are maladaptive defense mechanisms that certain personality styles “favor” over others. The therapist should thoroughly research all defense mechanisms that the client might be using.

There are eight major defense mechanisms that are commonly used by individuals with the *HISTRIONIC PERSONALITY TYPE*. Six of those involve some type of image distortion and may indicate a significant problem leading toward psychosis (any defense mechanism above Level #2).

Repression. The client consciously learns to block out disturbing wishes, thoughts, behaviors, or experiences from the conscious mind. Affective states may remain even though the cognitive aspects have been repressed. [Level #2 – Mental Inhibitions Level]

Undoing. With this mechanism, the histrionic individual uses words or behaviors to negate or make amends for unacceptable thoughts, feelings, or actions. This is all part of the histrionic attention-seeking “game.” [Level #2 – Mental Inhibitions Level]

Devaluation. The client attributes exaggerated negative qualities to themselves or to other people. The histrionic individual uses *Devaluation* as a mechanism to gain attention – either by *Devaluing* themselves or by *Devaluing* others for the purpose of attention. [Level #3 – Minor Image Distortion Level]

Idealization. The client attributes exaggerated positive qualities to other people. With the histrionic individual, this idealization may only last as long as the emotional affect associated with the *Idealization* has significant impact on their relationship. The *Idealization* is part of the attention-seeking behavior. [Level #3 – Minor Image Distortion Level]

Projection. The client falsely attributes their own unacceptable feelings, impulses, or thoughts onto another person without justification. In the histrionic individual, this is usually a reaction to their own perceived negative aspects. Rather than deal with those aspects in themselves, they *project* them onto someone for purposes of judging the negative aspects. [Level #4 – Disavowal Level]

Splitting. The client is unable to integrate positive and negative qualities of self or others into cohesive images. They compartmentalize opposite affects. Opposite emotions cannot be experienced simultaneously. The image of self, others, and even objects tends to alternate between polar opposites. Something or someone is either totally good or totally bad. *Splitting* most likely occurs in the histrionic individual due to the conflicted state of maternal nurturance and affection. [Level #5 – Major Image Distortion Level]

Acting Out. The client commits physical actions directly in response to internal reflections, feelings, of affective states. These actions may be dangerous actions at times including attempted suicide and acts of violence toward others. For the histrionic individual these *Acting Out* events may include a number of other relationship associated acts. [Level #6 – Action Level]

Apathetic Withdrawal. The client withdraws from any attempts to deal with the internal or external stressing events or the emotional states associated with those stressors. The client no longer wishes to discuss the stressor nor do they desire to work toward resolution. The client is now “frozen” in their crisis. When this occurs in the course of treatment for a *HISTRIONIC PERSONALITY TYPE* the therapist should be aware of the potential for suicide or suicide gestures. [Level #6 – Action Level]

THE TREATMENT PROCESS

Prior to Therapeutic Intervention

The first course in treatment for the *HISTRIONIC PERSONALITY TYPE* is to get a broader conceptualization of the individual. In cases of significant personality dysfunction or maladaptation, there are undoubtedly family structure and home of origin issues that are important. Thus, the *Foundations Assessment* is a vital tool for the therapist to administer prior to actual therapeutic intervention. The client’s current levels of anxiety and depression are also important. Therefore, either *QuikTest* or the *Personal Crisis Inventory* should be administered. The *Addictions and Dependency Scale* may also be an important tool since it will reveal a broad range of both addictions and codependent behaviors.

The therapist should begin by reviewing all Assessment results. That includes review of other elevated personality styles included in this report. In all likelihood, the therapist will find that more than one personality type will be elevated above the 50% threshold. This is not abnormal.⁷ Each personality type that is elevated should be analyzed and cross-correlated. The therapist should look for common elements among all of the elevated personality types. Those elements that are common to all personality type elevations will likely be significant issues for the client

⁷ If an individual displays four or more elevated personality styles, this may present a problem. The therapist should understand that the more personality styles the individual displays, the more the personality tends to become disassociated from a unified and consistent core. A personality that contains more than three personality types will likely score on the *DSM Personality Cluster* score in the *MARET COUNSELING AND ASSESSMENT PERSONALITY STYLE ANALYSIS*. The therapist should carefully examine those results.

Objectives of Therapy

During the initial interview phase of therapy the therapist must determine the reason that the client has been presented to therapy. Current home issues should also be discussed. The potential for *Axis I Disorders* should be considered during the interview. Finally, prior to the actual treatment phase of therapy, the therapist should conduct an investigation of the client's home of origin. This information should be gathered in hopes of correlating the results of the *Foundations Assessment* and the personality type elevations.

This individual is usually dramatic, impulsive and manipulative. They can often be seductive, especially females. They may use temper tantrums and illogical thinking as part of their behavioral reactions. All of these characteristics are an effort to gain the attention of others.

There are some elementary starting points that the therapist should consider when engaging an individual with the *HISTRIONIC PERSONALITY TYPE*.

- The therapist should understand that the *HISTRIONIC PERSONALITY TYPE* can decompose into the *BORDERLINE PERSONALITY TYPE*, especially when in crisis and when established defense mechanisms fail. This condition might result in the dual diagnosis of both disorders. This event will significantly complicate the counseling process.
- Since these individuals are attention-seekers, they can be seductive (especially as females). The therapist of the opposite gender should realize that transference may involve erotic or seductive behaviors toward the therapist. This can be used to the benefit of the therapist during therapy by explaining to the client what is happening.
- Treating the histrionic individual will usually present a considerable challenge to the therapist. This is even more so when the individual is a lower functioning individual.
- Lower functioning individuals should be counseled as the therapist would normally address and treat a borderline individual.
- Higher functioning individuals readily develop a therapeutic relationship. The client must be aware, however, that the client may tend toward a dependant role. There is a possibility in a positive client-therapist relationship that the client will begin to view the therapist as a savior or a rescuer. The therapist cannot allow this feeling to exist for too long.
- The therapist can reduce this savior mentality by involving the client in the establishment of goals very early in the process. When the therapist and the client collaborate on goals, there is less likelihood of the client becoming dependant on the therapist. As time progresses in the therapeutic relationship, the therapist must insist more and more on the client becoming independent.
- The client will tend to set broad and non-specific goals. The therapist must help them set specific and concrete goals. This effort will be largely resisted by the client.

- From the beginning of therapy, the therapist must teach the client how to control their impulses. Controlling impulsiveness will be a key factor in client progress.
- The client who has a histrionic mindset will focus on attention-seeking behaviors. They largely ignore or do not understand their own real needs and feelings – only those needs and feelings that fulfill their need for attention. The therapist must help the client come in contact with their own real needs and feelings rather than attention.
- During the course of counseling, the therapist needs to keep track of the methods that the client uses to gain the attention of others. The therapist should instruct the client about their attention-seeking behaviors and help them see the nature of those behaviors.
- Impulsivity is a major issue with individuals who have a *HISTRIONIC PERSONALITY TYPE*. They tend to “fly off” in interpersonal situations, acting before thinking. Impulsivity can be curtailed by telling the client to stop before reacting. This technique will give them two skills: 1) the ability to recognize an impending impulsive event, and 2) the ability to think through various responses prior to taking action.

Once the client has established themselves in therapy and the therapist feels that there is a good working relationship, the therapist can move ahead with more substantial personality reconstruction. The therapist may employ some of these methods:

- Discuss interpersonal situations with the client that did not work out well. Help the client to explore all options that could have been taken rather than the action that they took. Help the client to select a more appropriate response to past situations.
- The therapist can also use role playing for the same exercise, inventing potential situations for the client to resolve.
- Clients should be made to pinpoint what they want in the relationship. Then, the therapist can help them structure interactions in a manner that prevents the usual emotional content of the relational interaction. Since relationships are typically centered around the impulsive emotional reactions of the client, they may have a hard time establishing what they need and want from a relationship. Many times, the emotionality of the relationship is what keeps them in the relationship.
- The therapist may have the client express exactly how it would feel to have a significant change in their life. This should be done to help the client see the difference between the lifestyle that they have and the one that they can have. This can be used in the goal setting process.
- Histrionic individuals typically have a problem understanding cause and effect. As incidents occur during the course of counseling, the therapist needs to emphasize the relationship between cause and effect. “You did this, and this is what happened.” The therapist should understand that the client may have a hard time grasping cause and effect.
- They will have a hard time focusing on homework (although homework is key element in therapy). The therapist will need to explain homework assignments a number of times. The client needs to understand the goal of homework in order to engage in it. Homework assignments will likely be viewed as dull and boring.

- Loss of any significant relationship is always seen as a disaster to the histrionic person. Role playing about the loss of previous relationships or the prospect of the loss of a future relationship may help the client to realize that even though there may be trauma in the loss of a relationship, the loss of a relationship is not the end of the world.
- Later in therapy, problematic interpersonal relationships will need to be addressed. This should only be done when the therapist is confident that the histrionic individual is willing and able to work on those issues. The typical histrionic client will usually engage in interpersonal relationships that contain some “reward” for involvement. The reward is usually the reinforcement of their negative beliefs about themselves. Thus, they will choose relationships where they can use emotional demonstrations, jealousy, charm and seduction as the means of pulling individuals in. After they pull them in, they typically push them away. The client will use emotional outbursts as the key to manipulation in interpersonal relationships. This must be taught to the client and the therapist must help the individual to learn other more reasonable means of dealing with relationships.

Key elements that should be resolved during the therapy process include:

- The client’s belief that they cannot expect the emotional support that they need from others to be met by them. They feel emotionally deprived.
- The client maintains a belief that they are somehow defective, bad, unwanted, or inferior to others.
- The behaviors of the client all focus on seeking the approval of others. They constantly seek to belong at the expense of developing a true sense of self.

Dangers of the Therapeutic Process

There are significant obstacles and potential dangers associated with the therapeutic process for the *HISTRIONIC PERSONALITY TYPE*. These include the following:

- The therapist must be aware of the potential for suicide gestures and attempts. While most of these gestures will be attempts to get attention, the therapist must understand that the client may actually commit suicide, especially as they degenerate in crisis.
- The therapist must understand that histrionics don’t typically stay in therapy long enough to make significant change. Once they begin to “feel better” they usually want to exit therapy. This does not allow for alteration of the long established behavioral patterns that precipitated a crisis in the first place.

Successful Completion of Treatment

Termination of treatment for the *HISTRIONIC PERSONALITY TYPE* is indicated when the therapist has moved the individual substantially or completely to the optimal functioning side of the personality structure.

The key elements that must be accomplished are:

- Alter the client's belief that their desire for emotional support from others cannot be met.
- Change the client's belief that they are defective, bad, unwanted, or inferior to others.
- Eliminate the approval-seeking behaviors of the client. These behaviors diminish the potential for the client to realize a true sense of themselves by constantly seeking the approval of others.

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