



EFFICACY OF THE INTERVENTION IN HISTRIONIC PERSONALITY DISORDER: A CASE STUDY

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Abstract

The patient Mrs. L, who had the symptoms of generalized body pain, continuous seeking excitement, seductive behavior, giving importance to appearance, and colorful dress, poor sexual performance, suicidal attempt by consuming rat poison, and lack of concentration, came to the hospital for treatment. The duration of the complaints was 7 years and severity was 6 months. Psychopathic deviate scales of multiphasic questionnaire (MPQ), and Global Assessment of Functioning Scale (GAFS), were used before administering Pharmacotherapy and Psychological therapy. Assessments by using the scales were also done after the therapies and at follow-ups. Report of the patient and her family members was collected for the care and support of her. She overcame her problems after the intervention and maintained at follow-ups. Results showed a change in the scores of Psychopathic deviate scale of MPQ, and Global Assessment of Functioning Scale for the controlling Histrionic personality disorder.

INTRODUCTION

Personality disorders are developmental conditions, appearing in childhood or adolescence and continue into adulthood. This disorder affects 30 to 40 percentage of the general population. The patients have inflexible and maladaptive personality traits, and they have complex and challenging problems. They have been deeply ingrained schemas which are unlikely change within short period (Beck 1997; Young & Lindemann, 1993). They seek consultation for their problems of maladaptive patterns of behavior (Namboodri, 2005). They frequently have considerable difficulties in their family, academic, occupational and other roles. These difficulties cause subjective distress and significant impairment in social and occupational functioning or both (Hales, Yudofsky & Talbott, 1999). Patients with Histrionic personality disorder experience illness as a threat to the patient's masculinity or femininity (Geringer and Stern 1986). Overly formal style activates the patient's fear of loss of attractiveness or lovability (Heiskell & Pasnan 1986; Miller, 2001), which in turn activates patient's illness. The person's behavior deviates from normal range of variation found in the majority of people, resulting in significant impairment of adaptive functioning and or personal distress. Histrionic patients are often unaware their real feelings which are essential for therapeutic process (Sadock & Sadock, 2010). They concern with observable features of emotional instability and attention seeking, and their desire for attractiveness leads to inappropriate seductive or protective dress and flirtatious behavior (Hales, Yudofsky, & Talbott, 1999). They do not feel anxiety about their maladaptive behavior (Kaplan & Sadock, 1999) and do not perceive pain from what her society perceives as her symptoms (Gelder et al, 1996).

OBJECTIVES

They were i) to use psychological scales to assess Histrionic personality disorder, ii) to use appropriate intervention strategies for the management of Histrionic personality disorder, and iii) to assess the qualitative changes in the patient after the intervention and at follow-ups.

METHOD

Design: Pre and post Research design was used for the study. The patient Mrs. L, who had symptoms of personality disorder for 7 years and severe for 6 months, came to the hospital. Antidepressants with Psychological Therapy were given to the patient. The duration of the therapies was 15 sessions, each for 50 minutes session. Data were collected before, after, and follow-ups by using the scales. Self-report and family members' report was also collected for support and care.

Description of the Scales

Psychopathic deviate scale of MPQ (Lakshminarayan, Satyavathi, & Murthy, 1968) consists of 34 items, each with true / false response. This scale was used for the assessments in before, after, and follow-ups. It requires 30



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minutes to complete the test. Global Assessment Functioning Scale (Endicott et al, 1976) was 100 point single item scale with values ranges 1 to 100, representing the hypothetically sickest to the healthiest persons. The scale is divided into 10 equal 10 point intervals with the 81 to 90 and 91 to 100 intervals for individual, who exhibit superior functioning. The 71 to 80 interval is for persons with minimal Psychopathology. These scales were used at the assessments of before, after, and follow-ups.

Sample

The patient, Mrs. L. in the age of 26 years, owning an old hardware shop, had the symptoms of generalized body pain, continuous seeking excitement, seductive behavior, giving importance to physical appearance and colorful dress, poor sexual performance and a suicidal attempt by consuming rat poison, and lack of concentration, came to the hospital for treatment.

She had not had much problem during teenage period but she liked two boys but she could not continue her contacts after she dropped out from her school. One of them had attempted to marry her but he could not succeed as he belonged to different caste. She gave importance to colorful dressing and drawing attention of others. Even she showed posturing, and winking while talking to others whom she liked to. She had sexual fantasy of having sex with others, mostly genital and oral contacts. She loved a married man and succeeded in marrying him. When he got excitement and moved towards sexual act, she fainted. Often he sprinkled water on her face and made her alright. She spent time with others and tried to seduce young males. She had a few sexual exposures after her marriage. Her husband warned her twice for which she felt sadness for short duration.

She studied up to 8th standard, and had one son and one daughter who were studying in a school. Her leisure time activities were talking with other men who came to her shop and watching television programs. She had good relationship with others and her family did not have any loans. She did not have any medico - legal problem. No history of mental illness, suicide, epilepsy, asthma, diabetes, and head injury, was reported in her family.

On mental status examination, she was aesthenic build, and fairly clean and tidy. She was cooperative while interviewing her. Her talk was relevant and coherent but she talked freely with display of emotion. Her psychomotor activity was normal. She did not have the psychotic symptoms of delusion and hallucination. She had well orientation to time, place, and person and had good memory by answering relevantly to the questions. Her judgment and insight were intact. Rapport had been established with her. The diagnosis was done as Histrionic personality disorder because the symptoms meet the criteria (DSM-IV TR) of Histrionic personality disorder (Kaplan & Sadock, 1999).

Management

- A. Pharmacotherapy - Antidep 25 mg 0-0-1, was given to the patient for the entire period of treatment by the psychiatrist.
- B. Psychological management

Therapist made every effort to change the behavior in an adaptive manner as she was not aware of her real feeling; therefore clarification of those feelings was an important therapeutic process. Treatment was directed at increasing patients' awareness of how her self-esteem was maladaptive tied to her ability. Psychoanalytically oriented psychotherapy is the treatment choice for histrionic personality disorder to externalize patient's inner emotion.

Supportive psychotherapy- Therapeutic alliance, focus on conscious external events (acute crisis), abreaction, reintegration of self and coping ability, strengthening defenses and adjustment, acceptance of pathology, suggestion for problem solving skills which were tried i) to identify and list problems causing distress ii) to consider what practical course of action might solve problems, iii) to select one problem and try out feasible course of action, and iii) to review the results of the attempt to solve problem. Cognitive rehearsal (modeling and practice through imagination enabled the patient to actively master specific scenarios, which served as a model for a real life achievement), self-control techniques to alleviate his angry outbursts and homework assignments, were also used.



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The patient did self-monitoring by keeping daily records of the problem behaviors and the circumstances in which they appeared. She did self- evaluation by making daily records of his behaviors to assess progress with self-reward for bringing about changes in the recorded behaviors. She was motivated adequately in the therapeutic sessions.

There had been qualitative changes in self-care, communication, habits and leisure time activities, relationship with family members and significant others, and involvement in work due to the involvement of the family members (Beck, 1997) who had got therapy for better adjustments.

RESULTS AND DISCUSSION

Table - 1, Shows the scores of Psychopathic Deviate Scale of MPQ, and Global Assessment of Functioning Scale.

Scales	Before	After (6 months)	Follow-ups-once in 2 months	
PDS	29	10	9	9
GAFS	63	74	76	76

The after assessment of Psychopathic Deviate Scale (PDS) of MPQ score indicated a significant reduction of personality disorder and Global Assessment Functioning Scale (GAFS) score also indicated a significant improvement of histrionic personality disorder and it was slightly improved further at the assessment of follow-up of these scales. The patient did not have complaints/ problems after the training. The family members reported that there were qualitative changes in relationship with family members and significant others. The patient’s symptoms of histrionic personality disorder disappeared significantly and the results of the present study support the findings of the various investigators (Gelder et al 1996, Hales, Yudofsky, & Talbott 1999; Elizabeth, & Richard, 2004; Young, & Lendermann, 1992). The combination of drug and psychological therapies has been effective for the management of patient of Histrionic Personality disorder and his family members’ support and care helped him to acquire knowledge and skills in coping with various situations.

Report of the Patient

The patient did not complaint of generalized body pain, excitement, seductive behavior, giving importance to appearance, and colorful dress, and suicidal ideas. She was able to eat and sleep well, and to involve in day to day activities. She had self-awareness and self-change

Report of the Family Members

She did not give any problems and was able to cope with situations successively. She did not have any distress in family, social and occupational functioning. She had no strained relationship with her husband, family members and neighbors as well as friends.

CONCLUSION

The combination of Pharmaco and Psychological Therapies, such as psychoanalytically oriented psychotherapy and supportive psychotherapy for strengthening defenses and adjustment, suggestion and reassurance for problem solving skills, and cognitive rehearsal, self-control techniques and self-monitoring for controlling behavior was effective in the management of patient with histrionic personality disorder and in handling various situations effectively.

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