CONDITION

Histrionic personality disorder

Histrionic personality disorder is a long-term pattern of strong attention-seeking, emotional expression, and relationship difficulties.

WHAT IT IS
Long-term pattern affecting emotions, attention, and relationships

BODY SYSTEM
Mental health and relationships

MAIN SYMPTOMS
Attention seeking, shifting emotions, suggestibility, relationship difficulties

WHAT CAUSES IT
Unknown; genes, temperament, and experiences may contribute

HOW IT IS DIAGNOSED
Mental health assessment against established diagnostic criteria

MAIN TREATMENT
Psychotherapy and treatment of related mental health conditions

CAN IT BE CURED?
No - but patterns can improve greatly

IS IT AN EMERGENCY?
Sometimes - with suicidal thoughts or immediate danger

LONG-TERM OUTLOOK
Many people improve with therapy, insight, and time

Overview

Histrionic personality disorder, often shortened to HPD, is a mental health condition involving long-standing patterns of intense emotional expression and a strong need for attention or approval. These patterns can affect relationships, work, self-esteem, and decision-making.

A person with HPD may feel uncomfortable when they are not receiving attention. They may express feelings dramatically, be easily influenced by others, or believe relationships are closer than they are. These experiences are not simply occasional reactions. For a diagnosis, the pattern must be persistent, occur across different situations, and cause significant problems or distress.

The word "histrionic" can sound judgmental. It is a clinical term, not a description of someone's worth or character. A diagnosis describes patterns that may be causing difficulty; it does not

define the whole person.

Classification also differs between health systems. The American Psychiatric Association's DSM-5-TR recognizes HPD as a specific diagnosis. The World Health Organization's ICD-11 generally classifies personality disorders by severity and personality traits rather than using HPD as a separate category.

Symptoms

HPD can look different from one person to another. Some people seek help because of relationship conflict, anxiety, depression, or repeated crises rather than because they recognize a personality pattern.

Possible features include:

These features must be understood in context. Being outgoing, emotional, expressive, fashionable, or flirtatious does not by itself mean that someone has HPD. Culture, gender expectations, communication style, and the setting can all affect how behaviour is interpreted.

People with HPD may also struggle with a changing sense of self-worth. Praise and attention can feel especially important, while criticism or rejection may cause intense distress. Relationships may begin quickly and feel very close, but conflict can develop if the other person experiences the connection differently.

- Feeling uneasy or overlooked when not receiving attention
- Using appearance, charm, or dramatic behaviour to attract attention
- Emotions that appear intense but change quickly
- Speaking in a broad, impression-based way without many details
- Expressing feelings in a theatrical or exaggerated manner
- Being strongly influenced by people, trends, or the immediate situation
- Treating new or casual relationships as unusually close
- Behaving in a flirtatious or sexually suggestive way in unsuitable situations

Causes and risk factors

There is no single proven cause of HPD. Research suggests that personality disorders develop through a combination of inherited traits, temperament, relationships, and life experiences.

Temperament means a person's natural emotional and behavioural style. Traits such as strong emotional sensitivity or a need for social approval may play a part. Genetic influences may also contribute, although HPD is not caused by one known gene.

Childhood relationships, family dynamics, social learning, neglect, trauma, or inconsistent attention have been proposed as possible influences. However, these experiences do not always lead to HPD, and many people with the condition do not report them. A diagnosis should not be used to blame parents, families, or the person affected.

Personality develops over many years. The presence of one risk factor cannot predict whether someone will develop a personality disorder.

Diagnosis

There is no blood test, brain scan, or questionnaire that can confirm HPD on its own. Diagnosis requires a detailed assessment by a qualified mental health professional.

The assessment usually explores emotions, behaviour, relationships, self-image, coping patterns, and how long the difficulties have been present. Information about physical health, medication, substance use, and other mental health symptoms may also be relevant.

Under DSM-5-TR criteria, HPD involves a broad pattern of excessive emotional expression and attention-seeking that begins by early adulthood. Several specified features must be present across different parts of life. The pattern must cause meaningful distress or difficulty and should not be better explained by another condition, substance use, or a medical problem.

Some features overlap with borderline, narcissistic, dependent, and antisocial personality disorders. Bipolar disorder, attention deficit hyperactivity disorder, trauma-related conditions, anxiety, depression, and substance use can also affect emotions or behaviour. More than one condition may be present.

Assessment may take more than one appointment. This allows the clinician to understand long-term patterns rather than judging a person during one stressful event. If a diagnosis does not seem to fit, it is reasonable to ask how the conclusion was reached or seek another professional opinion.

Treatment and management

Psychotherapy, also called talking therapy, is the main treatment. It aims to help you understand emotional patterns, build a more stable sense of self, and develop ways to manage relationships and distress.

Different forms of psychotherapy may be used. Treatment can focus on recognizing triggers, tolerating uncomfortable emotions, communicating needs directly, and examining beliefs about approval or rejection. A consistent therapeutic relationship with clear boundaries is important.

Progress may be harder when therapy brings up shame, criticism, or fears of being ignored. Some people stop treatment suddenly or seek help mainly during a crisis. Discussing these reactions openly can become part of the work.

There is no medication that specifically treats HPD itself. Medication may be considered for a co-occurring condition such as depression or anxiety. It may also be used briefly for particular symptoms in some circumstances. The choice should be based on a full clinical assessment rather than the personality disorder label alone.

Helpful management approaches may include:

Couples or family sessions may sometimes help address communication and boundaries. They are not suitable in every situation, particularly where there is abuse or coercive control.

- Keeping regular therapy appointments, including when life feels calmer
- Noticing patterns around rejection, praise, conflict, or impulsive choices
- Practising direct communication instead of testing relationships
- Building several sources of support rather than relying on one person
- Following a plan for managing intense distress or thoughts of self-harm

Complications

HPD can affect close relationships. Misunderstandings may arise when one person experiences a relationship as more intimate or committed than the other does. Strong reactions to criticism, separation, or reduced attention can add to conflict.

At work or in education, difficulties may involve feedback, routine tasks, changing motivation, or relationships with colleagues. Some people make quick decisions when emotional or seek reassurance in ways that leave them vulnerable to manipulation.

Depression, anxiety, substance-related problems, and other personality disorders can occur alongside HPD. These conditions may account for much of a person's immediate distress and need their own assessment and treatment.

Self-harm, suicidal thoughts, or threats of suicide can occur, especially during rejection, loss, or another crisis. Every statement about suicide should be taken seriously, regardless of whether

others view it as dramatic or attention-seeking.

Prevention

There is no established way to prevent HPD. Its causes are complex, and personality develops through a mixture of influences that cannot all be controlled.

Early support for trauma, emotional difficulties, unstable relationships, or repeated crises may reduce harm and improve coping. It cannot guarantee that a personality disorder will be prevented.

If long-standing patterns are already causing problems, seeking help early may limit their effects on relationships, work, finances, or safety.

Living with it and what to expect

HPD is described as a long-term condition, but that does not mean every symptom remains unchanged. Personality traits can become less intense over time, and people can learn more effective ways to manage emotions and relationships.

Progress is often gradual. You may notice change through fewer conflicts, more stable relationships, better tolerance of criticism, or less need for immediate reassurance. Stressful events, break-ups, loss, or changes in social support can bring old patterns back for a time.

Some people remain socially confident and expressive while gaining more control over behaviours that previously caused harm. Treatment does not aim to remove warmth, creativity, sociability, or emotional openness. It focuses on increasing choice and reducing distress.

Long-term outcomes are not the same for everyone. They are influenced by the severity of the difficulties, other mental health conditions, willingness to remain in treatment, and access to steady support. Many people continue to work, study, form relationships, and have meaningful lives.

When to get medical help

Arrange a routine mental health appointment if repeated emotional or relationship patterns are causing distress, affecting work, or leading to choices you later regret. Help is also appropriate for persistent anxiety, depression, substance use, or difficulty coping with

rejection and conflict.

Routine follow-up is important if you already have a diagnosis and symptoms are becoming harder to manage. A review can look for co-occurring conditions and whether your current support still meets your needs.

Seek urgent help if you are thinking about self-harm or suicide, feel unable to stay safe, or are experiencing a rapidly worsening mental health crisis.

Call emergency services or go to an emergency department if you have acted on suicidal thoughts, made a suicide attempt, seriously harmed yourself, or are in immediate danger from yourself or someone else. If possible, stay with a trusted person while help is arranged.

Common questions

Is histrionic personality disorder the same as being dramatic?

No. Many people are naturally expressive or enjoy attention. HPD involves a persistent group of patterns that affects several areas of life and causes significant distress or impairment. One behaviour is not enough for a diagnosis.

Can someone with HPD have genuine feelings?

Yes. The feelings are real, even if they change quickly or are expressed intensely. Describing emotional expression as dramatic does not mean that the person is pretending.

Is HPD the same as borderline personality disorder?

No. They can share features such as intense emotions, sensitivity to rejection, or unstable relationships. Borderline personality disorder more typically involves marked instability in identity, chronic feelings of emptiness, and recurrent self-harm or suicidal behaviour. Only a full assessment can distinguish overlapping patterns.

Can HPD improve without treatment?

Some traits may become less intense with age or changing circumstances. However, long-standing relationship and coping patterns may continue without support. Psychotherapy can provide a structured way to understand and change them.

Can people with HPD have healthy relationships?

Yes. Relationships may improve as a person learns to communicate needs clearly, tolerate disappointment, respect boundaries, and judge closeness more accurately. Both people's safety and needs remain important.

Is HPD more common in women?

Older clinical reports diagnosed it more often in women, but this may partly reflect gender stereotypes and assessment bias. Current diagnostic criteria should be applied without assuming that emotional or attention-seeking behaviour has the same meaning across genders or cultures.

Sources

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