UNDERSTANDING YOUR DIAGNOSIS

Histrionic Personality Disorder

Also called Histrionic Personality Disorder

A long-standing pattern of big feelings and needing to be noticed. It is a pattern you can change, not a judgment on who you are.

HOW COMMON	OFTEN STARTS	TREATABLE	LONG TERM
About 2 in 100 adults	Late teens to early twenties	Yes - therapy helps	Often eases after midlife

What this is

- This names a long-standing pattern in how you feel and how you connect with people. It is not a verdict on who you are.
- Feeling things strongly and wanting to be seen are human. The diagnosis is about what the pattern is costing you.
- It does not mean you are fake. Your feelings are real, even when other people say the outside looks like a lot.
- Patterns like this do change. Therapy helps people get the closeness and attention they want in steadier ways.

What it can look and feel like

- You feel uneasy, even a little invisible, when you are not the center of attention in a room.
- Your feelings arrive fast and strong and then pass quickly, and people sometimes say the display seems overdone.
- You may charm or flirt without meaning to, including with people you barely know or in places where it does not fit.
- How you look matters a great deal, and a lot of time, money and worry go into being noticed for it.
- You may call someone wonderful or awful and then find you have no details to give when a friend asks why.
- You are easily swayed. Whoever spoke to you last can change your mind, and that has cost you before.
- A friendship can feel much closer to you than it does to the other person, and noticing that gap really stings.

What is happening in your brain and body

- The reward part of your brain, the part that answers to attention and approval, seems to switch on more easily.
- Your body's arousal system reacts fast, which is part of why feelings can rise and drop again within minutes.
- Attention comes and goes unpredictably. That on-and-off payoff is the hardest kind of habit for any brain to let go of.
- There is no brain scan for this. It is a described pattern of behavior, not something found on a picture of your brain.
- Stress often shows up in your body as pain, dizziness or fainting, and those symptoms are real even when tests are normal.

What can make it more likely

- Genes play a part. Some people are simply built to feel more, to want more contact, and to chase new experiences.
- Growing up where attention only came when feelings got loud can teach a child that big is the only way to be heard.
- Early experiences where your looks or body brought you care, or kept you safe, can shape how you seek closeness later.
- No single parent, event or choice made this happen. It grew out of wiring and years of experience together.

What to expect

- This pattern often softens on its own after midlife. Therapy speeds that up instead of leaving you to wait it out.
- Expect steady work rather than a quick fix. Many people see real change across **one to two years** of therapy.
- The first gains are usually practical: fewer blowups at work, fewer relationships ending the same way they always did.
- Hard months happen, especially under stress, and one bad stretch does not undo the progress you have already made.

What helps

Treatment works. Most people get better.

Talking therapies

- **Talk therapy** is the main treatment. You meet weekly and work out what your feelings are actually asking for.
- **Cognitive behavioral therapy**, or CBT, asks for specifics: what happened, what you thought, what you did next.
- **Schema therapy** works on old beliefs, such as the idea that you only matter while somebody is looking at you.
- **Group therapy** gives you honest feedback about how you land with other people, which is hard to get anywhere else.
- A good therapist names flirting or boundary trouble early and kindly, as information to work with, never as a shaming.

Medicines

- No medicine treats this pattern itself. Medicine is for depression or anxiety that turns up alongside it.
- **Antidepressants** such as SSRIs can lift mood and settle anxiety, usually working over **4 to 8 weeks**.
- Early side effects like upset stomach, sleep changes or lower sex drive are common and often ease after a few weeks.
- **Benzodiazepines** for anxiety are usually avoided here. They wear off fast and can become hard to stop taking.
- Doses are worked out with your prescriber. Ask for one prescriber and one list, reviewed with you every few months.

Everyday things that help

- Pick one or two goals you can count, such as arguments avoided or shifts finished, so progress is more than a feeling.
- Alcohol and stimulants turn the volume up on everything and leave more to repair the next morning.
- Sleep and food matter more than they sound. Tired and hungry is when a small slight starts to feel enormous.
- Couples or family sessions help when the people around you have learned to answer only the loudest signal.
- Keep one main doctor for physical symptoms rather than a new emergency room each time. You get better care that way.

Get help right away if

- If you are thinking of ending your life, call or text **988** in the US, or go to the nearest emergency room.
- Go to the emergency room if you have hurt yourself, no matter what was going on behind it.
- Call your care team while a crisis is building, not after. No one is measuring how big it looks.

Questions to ask your care team

- *Which type of therapy would you suggest for me, and why that one?*
- *How will we measure progress in things I can actually count?*
- *Is each medicine I take treating something we agreed to treat?*
- *Can my partner or family join a session to learn how to help?*

Where this information comes from

988 Suicide & Crisis Lifeline. (n.d.). *988 Suicide & Crisis Lifeline*. https://988lifeline.org/

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National Alliance on Mental Illness. (n.d.). *Mental health conditions*. https://www.nami.org/about-mental-illness/mental-health-conditions/

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NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.