



Original Article

The effectiveness of schema therapy on the symptoms, severity of early maladaptive schemas, confirm-seeking and self-concept in histrionic personality disorder

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Abstract

Introduction: This research aimed to study the effectiveness of schema-therapy on the symptoms, early maladaptive schemas, confirm-seeking, and self-concept of the individuals with histrionic personality disorder.

Materials and Methods: This research is an A-B single subject research with a sample of five individuals with histrionic personality disorder in Mashhad during 2015-2016. In this research we have used SCID semi-structured interview, Millon Clinical Multiaxial Inventory (MCMI-III), Confirm-Seeking Subscales, Beck's Dysfunctional Attitudes Questionnaire, Beck Self-Concept Test (BSCT), and Young Early Maladaptive Schemas Questionnaire. In this research, the intervention began after the baseline situation, and sixteen individual schema-therapy sessions were hold, and the follow-up sessions were conducted 6 months after the last therapeutic session. Descriptive statistics and diagram visual analysis and improvement percentage were used for analyzing the research data.

Results: This research showed that the severity of the symptoms of histrionic personality disorder, maladaptive schemas and confirm-seeking of the cases decreased after the intervention but their self-concept increased.

Conclusion: The present study showed that the schema-therapies are effective in the improvement of symptoms, maladaptive schemas, confirm-seeking, and self-concept of the individuals with histrionic personality disorder.

Keywords: Histrionic personality disorder, Schema-therapy, Self-concept

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Introduction

Personality disorder appears in forms of the maladaptive, inflexible and very deep and stable patterns of understanding and encountering the environment and the individual him/herself (1). Inflexibility is the main indicator of the personality disorder leading to inability in the social and other important activities such that the suffered individuals fail to correct their behavior or attitude, even when the evidences show that their methods are not effective (1).

Histrionic personality disorder is one of the personality disorders whose main symptom is the excessive excitement and excessive attention seeking. It begins in the early years of the life and it appears in different backgrounds (1). When they are not at the center of the attentions, such individuals feel unease. They are easily affected by others and by environment, and they consider the relationships friendlier than they really are (2). Such patients seem interesting, charming and intimate but the other people believe that they are superficial and insincere and are inconsiderable, egocentric and demanding in their relationships with others (3). This disorder tags along with somatoform disorder, conversion disorder and depression disorder. Its prevalence rate in the general population is 2-3 percent, while its prevalence in the hospitalization mental health clinics is 10-15 percent (4). Such patients believe that the other people exist just to serve and appreciate them. They need excessive attention of the others and believe the others are incompetent and need other people to survive (2).

The observations show that 19 to 49 percent of the mental patients suffer from one of the several personality disorders (5). On one hand, untreated personality disorders can lead to considerable personality confusion. The results of several researches show that the individuals with such disorders consist the highest rate of referring to the mental health centers (6,7). Due to huge costs are spent annually for psychiatric treatment of these disorders (8), the researchers design different psychotherapeutic approaches to treat the individuals with personality disorders. One of the psychotherapeutic treatments is the schema-therapy based on the proposed patterns

by Jeffrey Young. This therapeutic method provides a new system of psychotherapy that has been exclusively designed for the chronic personality disorders and severe personality disorders (9). Young emphasizes on the role of early maladaptive schemas in formation and continuance of the personality disorders. He considers the therapy process as the process of focusing on identification, adjustment and change of the schemas (10). "Early maladaptive schemas" is a key term in the schema-therapy (11). Early maladaptive schemas refer to deeply negative attitudes about one's self, others and the world at large, and such attitudes would be formed during the early years of the life (12). Indeed, the early maladaptive schemas are fixed and exist during whole life and form the cognitive foundations (13,14). Any attempt to change the early maladaptive schemas would lead to the individual's confusion and unease (15). In the case conceptualization, schemas are the main mechanism responsible for the patient's problems. The conceptualizing process on the underline schemas is highly challenging. A part of this challenge comes from the fact that schemas are not easily accessible for the conscious thoughts (16). Young discusses the change and deactivating the early maladaptive schemas and manages to achieve this goal by the cognitive, experimental, communicational, and behavioral techniques (17). The available literature on the effectiveness of schema-therapies in the treatment of borderline personality disorder (BPD) (11,18) and other personality disorders (19,20) report the successfulness of such a treatment. Among all cluster B personality disorder, the histrionic personality disorder has attracted the least researches in the literature (2). A controlled random research on the effectiveness of schema-therapies on the histrionic personality disorder has shown the high rate of effectiveness of the mentioned approach (21).

Thus, considering the little researches on the histrionic personality disorder and its treatment, and the impacts of this disorder on the social and individual life, this research aims to study the effectiveness of schema-therapy on the intensity of early maladaptive schemas and the symptoms

of histrionic personality disorder in general and confirm-seeking and improvement of self-concept in particular.

Materials and Methods

In this research, we have A-B single subject plan with follow-up. The statistical population included all individuals with histrionic personality disorder of Mashhad city (the second populous city of Iran) who had referred to the Psychological Clinic of Ferdowsi University of Mashhad during the years 2015-2016. Since the suffered individuals usually don't refer for their treatment, the research sample were selected after a public recall and based on the purposive sampling method and SCID interview and Millon's questionnaire. After the subjects referred to the clinic of Ferdowsi University of Mashhad and after conducting the SCID interview, the individuals who were diagnosed as the cases of histrionic personality disorder and rolled out of comorbid disorders at I and II axes, five cases were selected. The inclusion criteria included diagnosis of the histrionic personality disorder, aged 18 to 40 years, and having high school diploma or higher educational level. The exclusion criteria included having the clinical disorders of the axis I, suffering from other personality disorders, addiction to substance or alcohol abuse, being confronted to any severe situational crisis, and consuming the psychiatric medications at the time of the research. The moral considerations of the research included the followings: Permissions from the Research and Ethical Committee of the Ferdowsi University of Mashhad, the voluntarily participation, safe intervention, confidentiality, respecting the person and his/her will, the tight of relinquishment for all participants in any phase of the research, informed consent of the participants, anonymity, and ensuring the participants on the confidentiality of the data. The clinical trial code of this study was registered at the Iranian Center for Clinical Trials, No. IRCT20180731040648N1.

Prior to beginning the therapeutic sessions, the therapeutic schemas we administered in six 90-minutes session. Before and after the sessions, the research participants completed Millon's

questionnaire, early maladaptive schemas, dysfunctional attitudes inventory and the self-concept questionnaire. One month after the therapy, a follow-up session was hold for reevaluating the participants. The schema-therapy sessions were hold as follows: in the first, second and third sessions, the schemas were identified and the conceptual model was trained. In fourth and fifth sessions, the cognitive techniques were administered. In sixth, seventh and eighth sessions, experimental techniques of the schema-therapy was implemented. Ninth and tenth sessions were assigned to the pattern-breaking and behavioral techniques. In the eleventh to sixteenth sessions, we focused on the active schemas, behavioral techniques and the symptoms of histrionic personality disorder.

Research instrument

A) Millon Clinical Multiaxial Inventory (MCMI-III): This instrument includes 175 items under 28 separate scales that are scored based on the changeability indicators, clinical personality patterns, severe personality pathology, clinical symptoms and severe symptoms. Khajeh Moogahi et al. evaluated the psychometric properties of this test and obtained the validity coefficient of MCMI-II scales with the re-test method. Their results showed a range of 0.78 (histrionic) to 0.87 (delusional) with an interval between 7 to 10 days. In this study, the mean of internal consistency was obtained as arrange between 0.69 (delusional disorder) to 0.92 (borderline) with a mean of 0.84 based on Kuder-Richardson (K-R)-20 method. In another study, Sharif et al. obtained a range of 0.82 (borderline) for the correlation of the raw scores of the first implementation and its retest (22).

B) Structured Clinical Interview (SCID): This interview is an instrument for diagnosis based on DSM-IV scales. Arntz et al. used a joint reliability plan to evaluate the reliability of SCID-II form on a sample of 70 patients. The obtained Kappa was at a range between 77% for the obsessive-compulsive personality disorder (OCPD) to 82% for the avoidant personality disorder. The Kappa weight for all disorders was equal to 80% (23).

C) *Young Early Maladaptive Schemas Questionnaire (YSQ)*: This instrument was designed by Young to measure the early maladaptive schemas (24). The short form of the schemas questionnaire (YSQ-SF) was created for measuring 18 early maladaptive schemas. This latter questionnaire includes 90 questions. In Iran, the reliability of this questionnaire during the time was equal to 0.23 and its content validity was equal to 0.42 (25).

D) *Dysfunctional Attitudes Scale*: This scale was invented by Beck and Weissman (1978) with a suitable validity and reliability. This questionnaire includes 40 statements and the respondent specifies his/her agreement with each of the statements on a 7-point scale. This inventory includes four sub-scales, i.e. successfulness-perfectionism; need for others' confirm; need for others' satisfaction; and vulnerability-performance evaluation (26). Imber et al. (1990) adopted two strong factors out of the dysfunctional attitudes scale by factor analysis on 250 clinically depressed patients. They called these two factors of the psychological understanding as the perfectionism and confirm-seeking. The internal consistency of the scale for confirm-seeking was obtained as equal to 82%. Confirm-seeking DAS has 11 items (26). In this research we used the version by Imber et al. (1990).

E) *Beck Self-Concept Test (BSCT)*: It includes twenty five 5-item questions. In order to evaluate the self-concept test, Bagheri correlated Beck test with Oxford Happiness Questionnaire and found a positive significant relationship between the two questionnaires

($P < 0.0001$ and $r = 0.52$). To evaluate the reliability of the self-concept questionnaire, Bagheri used bisection and Cronbach's alpha methods and obtained the values of 0.76 and 0.86 respectively. These values imply the acceptable reliability coefficients. In this research, we have used bisection method and Cronbach's alpha method whose reliability was obtained as equal to 0.90 in Cronbach's alpha method and 0.88 in bisection method. The psychometric properties of this test were acceptable in Iranian population (27).

Since we have used the single subject method in our research, we couldn't use statistical tests such as t-test, variance, etc. Hence we used the descriptive statistics, diagram visual analysis, and improvement percent in our work. Indeed, the improvement percent is used for investigating the clinical significance of the changes and making the improvement rate objective in the therapeutic process. In the improvement percent formula, we subtract the individual's pretest score from his posttest score and the obtained result is divided by the pretest score and then we multiply it by 100. Nowadays, due to the methods such as improvement percent, no one can claim that the single-subject experimental plans lack the statistical method (28).

Results

The demographic characteristics of the participants were presented in Table 1.

Table 1. The demographic data of the cases

Case	Gender	Age (Year)	Education	Marital status
Case 1	Female	23	B. A	Single
Case 2	Male	29	M. A	Single
Case 3	Female	26	B. A	Single
Case 4	Female	22	Diploma	Single
Case 5	Female	36	B. A	Married

Table 2 shows the subjects' scores in the baseline, intervention and follow-up phases besides the improvement percent at the histrionic personality disorder scale. According to this table, all five subjects showed a reduction of the histrionic symptoms after the intervention and in the follow-up session, such that the score of all subjects reached to the bellow of the

cutting edge of avoidant personality disorder. The highest and lowest rates of the reduction of symptoms belonged to the third and fifth subjects respectively. The subjects' mean of improvement percent was equal to 24%. We can generally conclude that the schema-therapy has reduced the severity of histrionic personality symptoms.

Table 2. The scores of the cases and percentage of recovery index in MCMI-III

Cases	Baseline	After intervention	Follow up	Percentage of recovery
Case 1	64	92	61	30
Case 2	77	99	78	22
Case 3	73	102	73	29
Case 4	68	89	69	23
Case 5	91	75	74	18

Diagram 1 shows the changes of the five subjects at the Millon scale of histrionic personality disorder. Table 3 shows the subjects scores of the Young's maladaptive schemas questionnaire at the baseline, intervention, and follow-up phases besides their improvement percent. Moreover, Diagram 2 shows the subjects' changes in the Young's schemas questionnaire. The results of five subjects indicated the reduced scores of the early maladaptive schemas after the intervention and at the follow-up phase. The highest and lowest rates of the reduction of schemas severity belonged to the third and first subjects respectively. The obtained mean of the subjects' improvement percent was equal to 34%. Generally, we can conclude that the schema-therapy has led to the reduction of the severity of maladaptive schemas in the individuals with histrionic personality disorder. Diagrams 3 and 4 compare the subjects in the self-concept

scale and the confirm-seeking sub-scale of the Beck's dysfunctional attitudes. The visual analysis of the diagrams shows that the scores have been reduced after the intervention and at the follow-up phases in both cases. The highest and lowest rates of the reduction of confirm-seeking sub-scale belonged to the fourth and fifth subjects, respectively. The mean of the subjects' improvement percent of this sub-scale was equal to 31%. The highest and lowest rates of the increase of self-concept scale belonged to the fourth and second subjects respectively. The mean of the subjects' improvement percent of this sub-scale was equal to 33%. In general, schema-therapy can decrease the severity of confirm-seeking and the increase of self-concept in the individuals with histrionic personality disorder.

Table 3. The scores of early maladaptive schema

Case	Baseline	After intervention	Follow up	Percentage of recovery
Case 1	4.1	3.23	3.1	21
Case 2	3.16	2.22	2.28	31
Case 3	3.3	1.9	1.75	42
Case 4	2.7	1.5	1.56	44
Case 5	3	1.9	1.81	36

Table 4. The scores of confirm-seeking

Cases	Baseline	After intervention	Follow up	Percentage of recovery
Case 1	71	53	51	25
Case 2	65	47	47	27
Case 3	73	54	56	26
Case 4	68	42	40	38
Case 5	62	46	44	25

Table 5. The scores of self-concept

Cases	Baseline	After intervention	Follow up	Percentage of recovery
Case 1	61	84	84	37
Case 2	57	62	65	0.08
Case 3	72	97	94	34
Case 4	66	95	97	43
Case 5	59	76	87	28

Diagram 1. The changes related to participants in MCMI-III

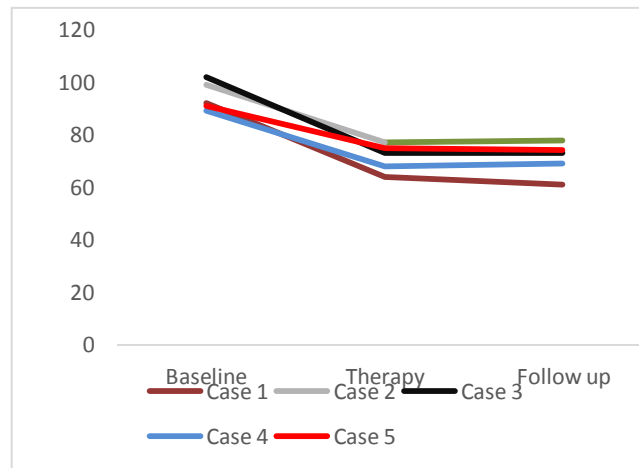


Diagram 2. The changes in early maladaptive schema

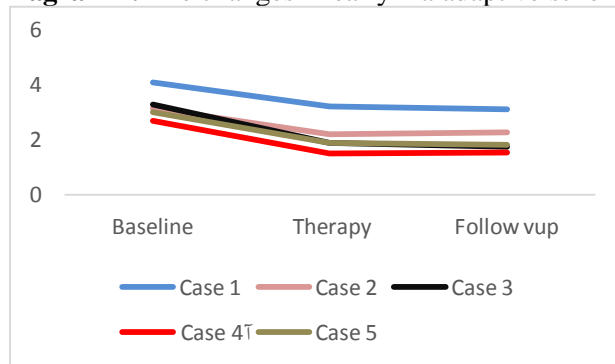


Diagram 3. The changes in confirm-seeking

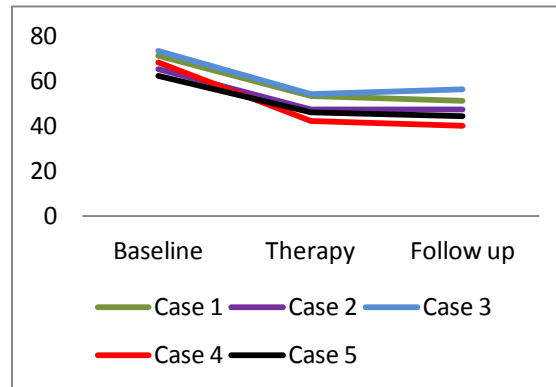
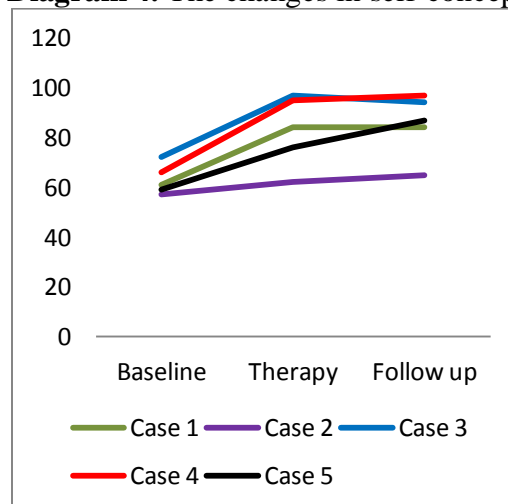


Diagram 4. The changes in self-concept



Discussion

This research evaluated the effectiveness of the schema-therapy on symptoms, early maladaptive schemas, confirm-seeking, and self-concept of the patients with histrionic personality disorder. The results showed that this therapeutic method was able to achieve the effectiveness factors. The symptoms histrionic personality disorder and maladaptive schemas as the target of the therapy have been reduced to the bellow of the cutting edge. Moreover, the confirm-seeking and self-concept improved in all five subjects. The results of this research are consistent with the results by Evers and Arntz (21), Jacob and Arntz (29), Nordahl and Nysæter (10), Nadort et al. (20), Camara and Calvete (30), Renner et al. (31) and Thimm (13) on the efficiency of schema-therapy on personality disorders. The schema-therapy theory believes that the main cause of the personality disorders are the existence of early maladaptive schema and confrontational styles and thus, it believes that the disorder symptoms will improve if the schemas are improved (32). The most important early maladaptive schema in thee histrionic personality disorder is the accept-attraction seeking schema in which the suffered individual just wishes to attract confirm and/or attention of the others. Indeed, the sense of being valuable in such individuals depends on the others' reaction than their own reaction. Acceptance-seeking schema in many cases is in fact the excessive compensation of the emotional deprivation schema and defect schema. The ultimate goal of the treatment of histrionic personality disorder is to increase the emotional security of the patients, in which the therapeutic relationship plays a critical role in the process. Empathetic encounter is a part of the therapeutic relationship through which the therapist sympathizes with the activated schemas in relation to the patient while simultaneously it is shown to the patient that his reaction to the therapist is distorted and

dysfunctional, and such reaction reflect his schemas and encountering style. Moreover, the emotional needs of the patients are met at a suitable and specified limit of the therapeutic relationship through limited re-parenting to identify those needs that have not been met by the parents (24). When the emotional security of the patient increases, his/her confirm-seeking behavior decreases such that the individual uses the confirm-seeking for reinforcing his sense of being valuable less than before. Another problem of the patients with histrionic personality disorder is their sense of incompetence and dependence (2).

One of the limitations of this research was the use of single-subject plan that decreases the generalization capacity. Another limitation was the short-term follow-up of the results. Hence it is suggested that the future researches use complete experimental plan with more sessions and longer period of follow-up process.

Conclusion

The results showed that the schema-therapy is effective to improve histrionic personality disorder. Since the patients with personality disorders are strongly resistant and their treatment is always challenging, we suggest the application of schema-therapy in the treatment of such patients.

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This research was approved by the Ethical Committee of Ferdowsi University of Mashhad. The research is registered in the Iranian Clinical Trial Portal under the code 32960.

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