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Short Communication

Development of a brief screening questionnaire for histrionic personality symptoms



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ABSTRACT

Compared to other personality disorders such as borderline or antisocial, histrionic personality disorder has received comparably little attention in the research and clinical literature. Currently, there is no freely accessible, stand-alone clinical measure for histrionic symptoms. In this article, we report two studies that examined the reliability, convergent validity and factor structure of a new measure of histrionic personality disorder symptoms, the *Brief Histrionic Personality Scale* (BHPS). Study 1 describes the initial development of the measure with 661 young adults. An initial pool of 36 items was narrowed down to a 11-item, reliable scale that converged highly with the Colligan/Morey/Offord MMPI scale for histrionic symptoms, as well as with a measure of extraversion. Exploratory factor analysis revealed a two-factor structure to the measure. In study 2, confirmatory factor analysis found that the two-factor model was a good fit to the data on a sample of 340 young adults. Taken together, these results suggest that the BHPS is a promising research and clinical tool for histrionic personality disorder.

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1. Introduction

Histrionic personality disorder (HPD) is a clinical syndrome in which individuals assume an interactional style marked by seductiveness, emotional shallowness, and dramatics (American Psychiatric Association, 2013). As described in the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5; American Psychiatric Association, 2013), individuals diagnosed with HPD are motivated to seek the center of attention, are seductive, flirtatious or sexually provocative with others, use highly theatrical expressions of emotion, are emotionally shallow and often inconsiderate of the emotions of others. Due to their theatrical and extraverted nature, individuals with HPD may have clusters of admirers, although often present with difficulties in maintaining deep, mutually satisfying relationships. Prevalence rates estimate that about 2–3% of the population is diagnosable with HPD (Kraus & Reynolds, 2001). The condition is most often diagnosed in women (Millon & Davis, 1996), although some research has suggested greater equality in the prevalence of HPD (Nestadt, Romanoski, Chahal, Merchant, et al., 1990).

Kraus and Reynolds (2001) state that histrionic personality disorder is associated with increased risk for an array of other

disorders, including depression and anxiety, suggesting that HPD may be an important clinical syndrome for investigation. Histrionic personality has been found to be associated with a number of potential negative outcomes including decreased marital satisfaction and success (Disney, Weinstein, & Oltmanns, 2012), increased rates of hypochondriacal concerns (Demopulos et al., 1996), and increased rates of depressive disorders (Bockian, 2006). Compared to other Cluster B personality disorders, HPD has received comparatively little research attention. For instance, conducting a “subject” search on PsychINFO (10/20/13) with the search term “Histrionic Personality Disorder” returned 405 hits. By contrast, a similar search with “Narcissistic Personality Disorder” returned 1573 hits, and “Antisocial Personality Disorder” returned 4694 hits (the related term psychopathy returned 1716 unique hits). Moreover, “Borderline Personality Disorder” returned 6104 hits. Of the 12,776 search hits related to cluster B personality disorders as subjects, HPD accounted for only 3%.

Although there likely are multiple reasons for the paucity of attention to HPD, one element may be related to the lack of a freely-available, easy to use, short, reliable and valid measure of HPD symptoms. The Millon Clinical Multiaxial Inventory (MCMI-III; Millon, Davis, Millon, & Grossman, 2006) is the only major clinical test to include a specific histrionic scale. By contrast, the Minnesota Multiphasic Personality Inventory (MMPI-2; Hathaway & McKinley, 1989) does not include a specific HPD scale, although

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histrionic personality traits might be inferred from other scales. Colligan, Morey, and Offord (1994) developed a reliable and valid histrionic scale for the MMPI-2. However, using this MMPI-2 scale is inconvenient as no scoring template exists for clinicians. Neither the MCMI-III nor MMPI-2 scales are necessarily problematic, but they are imbedded in larger personality measures that are long and costly and, in the case of the MMPI-2 histrionic scale, scoring is inconvenient. As such, there would appear to be room for a clinical measure of HPD that is brief, yet reliable, free-standing, easy to score and freely available to the clinical and research community. This article describes the development of a new clinical HPD measure, the *Brief Histrionic Personality Scale* (BHPS) across two studies.

2. Study 1

2.1. Method

2.1.1. Participants

Participants in study 1 consisted of 661 young adults recruited from a public university in the Southeastern region of the United States. Regarding gender, 431 (65.2%) were female and 230 (34.8%) were male. Regarding ethnicity, 472 (71.4%) self-identified as non-Hispanic White, 82 (12.4%) as Hispanic or Latino/a, 54 (8.2%) as African American, 20 (3.0%) as Asian American, and 33 (5.0%) as “Other.” The average age of participants in this sample was 19.19 years ($SD = 2.52$). Their average level of education was equivalent to a college sophomore.

Test–retest reliability was examined on a smaller, independent sample of 37 individuals drawn from the same population of young adults. Their demographic characteristics were similar to those of the larger sample above, in that the majority was female (70%) and non-Hispanic White (70%), and they averaged 21.3 years in age ($SD = 2.32$).

2.2. Convergent validity measures

2.2.1. MMPI histrionic scale

Colligan et al. (1994) developed and validated a scale for HPD from items comprising the MMPI-2. The MMPI Histrionic scale consists of 13 true–false items and, given the sometimes murky MMPI-2 questions, consists of items presumably linked conceptually to HPD symptoms. Colligan et al. (1994) developed their scale from a pool of theoretically relevant items that were then empirically tested for their ability to discriminate between individuals psychiatrically diagnosed with HPD from normal controls. Coefficient alpha for this scale with our current sample of participants was .60.

2.2.2. Extraversion – International Personality Item Pool (IPIP; Goldberg et al., 2006)

An established ten-item Likert-scale questionnaire representing the “Big-Five” construct of extraversion was drawn from the IPIP. Scales drawn from the IPIP have well established reliability and validity in the research literature, and are freely available. With our sample the extraversion questionnaire obtained a coefficient alpha of .89. Given that charm, seduction and attention seeking are key components of HPD, it is expected that individuals with HPD features will score highly on measures of extraversion. Histrionic traits and extraversion have been known to have been linked for some time (Gore, Tomiatti, & Widiger, 2011; Paykel & Prusoff, 1973).

3. Results

Initially, we generated a pool of 36 potential items that related conceptually to DSM-5 criteria for the diagnosis of HPD. The

measure consisted of 4-point Likert-type statements with response anchors ranging from “never true” to “always true.” Items forming the initial version of our BHPS are presented in Appendix A (final version items are marked with an asterisk).

The initial 36 items demonstrated a coefficient alpha of .80, lending confidence that we had established a robust pool of conceptually consistent items. In this initial stage of development, we endeavored both to eliminate any poor items and to narrow down the pool of items to a shorter, but reliable and valid measure that would be easy to use. We began by conducting a factor analysis to examine for high loading between items. Our intent was not to examine subscales within the BHPS but rather to eliminate redundant items to shorten the survey without losing reliability.

Exploratory factor analysis was conducted using maximum likelihood extraction with promax rotation. Promax rotation was used as the factor structure was expected to be oblique in nature. Results indicated nine separate clusters of items. These clusters were examined for items with very high factor loadings (.60 or above) which likely indicated conceptually similar items. This resulted in the pruning of 12 items. Item-total correlations for the remaining scale were then examined all items with correlations below .30 were eliminated. This narrowed down the number of items to 11.

The factor analysis was then re-run as before, resulting in a more concise two-factor solution. Rotated factor loadings for the two factors are presented in Table 1. Unrotated eigenvalues were 3.35 for the first subscale and 1.44 for the second. Parallel analysis using Monte Carlo PCA (Watkins, 2006) supported the extraction of these two factors (criteria eigenvalues were 1.21 and 1.15). These two factors were correlated .52. This final 11-item scale achieved a coefficient alpha of .76. The first subscale (Seductiveness) had a coefficient alpha of .67 with the second (Attention seeking) of .74.

3.1. Test–retest reliability

The test–retest reliability of the full scale and factor subscales were examined using a smaller ($n = 37$), independent sample of young adults. Participants completed the BHPS twice with a one-week interval in between test sessions. Results indicated good overall test–retest reliability for the BHPS with a test–retest coefficient of .91. Test–retest reliability for the seductiveness subscale was .82 and for attention seeking .91. These results offer preliminary evidence of the test–retest reliability for the BHPS.

3.2. Convergent validity

Convergent validity of the BHPS was tested against the Histrionic scale developed by Colligan, Morey, and Offord (1994) from the MMPI-2 as well as the IPIP extraversion index. BHPS total scores were correlated against these measures. The interpretation

Table 1
Factor loading for individual items in Study 1 and Study 2.

Item number	Study 1 (Exploratory)	Study 2 (Confirmatory)
<i>Seductiveness</i>		
2	.66	.62
6	.31	.41
10	.58	.58
28	.49	.46
32	.41	.33
35	.59	.58
<i>Attention seeking</i>		
4	.64	.67
5	.62	.51
20	.73	.68
24	.48	.53
27	.53	.48

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