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Modeling Symptoms of Histrionic Personality Disorder Based on Perceived Stress: The Mediating Role of Cognitive Emotion Regulation

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A B S T R A C T

Objective: This study aimed to model the symptoms of HPD based on perceived stress with the mediating role of cognitive emotion regulation.

Methods and Materials: This study was a descriptive correlational research using structural equation modeling (SEM). The statistical population included undergraduate psychology students from the North Non-Profit University in the 2023-2023 academic year. From this population, 205 students were selected through multistage random sampling as the sample for this study. Data were collected using questionnaires related to HPD symptoms, perceived stress, and cognitive emotion regulation. The data were analyzed using structural equation modeling.

Findings: The results indicated that perceived stress is positively associated with HPD symptoms. Additionally, cognitive emotion regulation mediates this relationship. In other words, perceived stress increases HPD symptoms through its effect on cognitive emotion regulation.

Conclusion: The findings of this study suggest that cognitive emotion regulation plays a significant role in the relationship between perceived stress and HPD symptoms. Interventions that focus on improving cognitive emotion regulation may be beneficial in treating HPD. Future research should explore the precise mechanisms of the relationship between perceived stress, cognitive emotion regulation, and HPD symptoms. Furthermore, studies should examine whether interventions aimed at improving cognitive emotion regulation can reduce HPD symptoms.

Keywords: *Histrionic Personality Disorder, Perceived Stress, Cognitive Emotion Regulation, Structural Equation Modeling.*

1. Introduction

Histrionic Personality Disorder (HPD) is characterized by symptoms such as self-dramatization, suggestibility, and attention-seeking. Additional symptoms displayed by individuals with this disorder include superficiality, egocentrism, theatricality, and being easily hurt (Yalch et al., 2023). Furthermore, these individuals often exhibit a tendency towards provocative sexual behaviors (Sorokowski et al., 2016). The most prominent cognitive feature of individuals with HPD is their dysfunctional beliefs, where they feel inadequate and thus must attract others' attention through charm and seduction to feel valuable (Benjamin, 2002; Pretzer & Beck, 2005). These beliefs drive individuals with this disorder to seek excessive attention, display intense emotions, and engage in inappropriate seductive behaviors (Yalch et al., 2023). Their seductive behaviors are not limited to individuals they are sexually or romantically attracted to but extend to other contexts such as social, professional, and workplace relationships, where such behaviors are socially inappropriate (Sorokowski et al., 2016; Yalch et al., 2023).

One factor that may play a role in the manifestation of HPD symptoms is perceived stress. Perceived stress refers to the extent to which an individual considers an event stressful, leading to various psychological and social responses to the situation (Flesia et al., 2020). Stress is a psychological state that causes an individual to interpret their psychological and physical well-being as threatened (Klatzkin et al., 2019). In essence, perceived stress reflects an individual's feelings toward external environmental stimuli (Wang et al., 2023). Individuals with high levels of stress will feel helpless, fatigued, anxious, and vulnerable (Alipour & Heydarinasab, 2023). They become so consumed by their problems that their interest or ability to establish and maintain relationships with others may diminish. Essentially, perceived stress depends on whether an individual perceives an event as threatening and stressful, while another individual might perceive the same event as harmless and non-threatening (Valiente-Barroso, 2013). Persistent stress can lead to symptoms such as depression, anxiety, insomnia, nervous tension, decreased attention, fatigue, and cardiovascular disorders (Galéra et al., 2017).

No study has yet examined the role of perceived stress in HPD symptoms. However, Loghmani et al. (2019) examined the relationship between dark personality traits—narcissism, psychopathy (antisocial), and Machiavellianism—and job burnout with the mediating role of perceived stress. Their results indicated that psychopathy and Machiavellian personality traits predict job burnout through the mediation of perceived stress. Additionally, Demirkol et al. (2020) showed that perceived stress is higher in individuals with Borderline Personality Disorder than in healthy individuals (Demirkol et al., 2020).

Individuals with HPD have difficulties in cognitive emotion regulation. Cognitive emotion regulation is the process of initiating, modifying, and altering the intensity, manifestation, and persistence of internal feelings (Molavi et al., 2020) and emotions related to the individual's social, psychological, and physical processes for achieving their goals (Herpertz et al., 2018). In other words, emotion regulation includes processes by which individuals control and manage their emotions, learning how and when to change and express them (Garnefski et al., 2001; Kraaij & Garnefski, 2019). Through the mechanism of cognitive emotion regulation, individuals consciously or unconsciously modify their emotions to achieve a specific outcome (Gratz et al., 2020). Cognitive emotion regulation strategies are divided into adaptive and maladaptive strategies (Garnefski et al., 2001; Gratz et al., 2020). According to developmental neuropsychological studies, emotion regulation (adaptive and maladaptive) is directly related to cognition (Chapman, 2019) and collaborates in performing activities and analyzing information (Southward & Cheavens, 2020). It can be stated that emotion regulation plays a role in monitoring, changing, and producing emotions (Hill & Updegraff, 2012). Emotional regulation deficiencies are seen in every psychological disorder (Hosseini et al., 2017).

Rashidi et al. (2022) studied 200 women and girls who were educated and visiting cosmetic surgery clinics in Karaj, showing that cognitive emotion regulation can predict the tendency toward cosmetic surgery in women with HPD traits (Rashidi et al., 2022). Additionally, Tabatabaee Pour et al. (2020) studied 395 male and female students at Azad Universities in Tehran and found that positive cognitive emotion regulation has a direct and negative effect on cluster B personality disorders, while negative cognitive emotion regulation has a direct and positive effect on cluster B personality disorders (Tababaeipour et al., 2022).

Previous studies have revealed the role of perceived stress in depression, anxiety, insomnia, nervous tension, decreased attention, fatigue, cardiovascular disorders, and personality disorders. However, no study has investigated the role of cognitive emotion regulation in HPD. Examining the role of perceived stress and cognitive emotion regulation within a

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conceptual model, especially the mediating role of cognitive emotion regulation in the development and persistence of HPD symptoms, has not yet been done. Understanding the etiology of this disorder helps us better understand HPD and identify its underlying and maintaining factors, aiding in both prevention and treatment. Therefore, the present study aimed to model the causal symptoms of HPD based on perceived stress with the mediating role of cognitive emotion regulation. The following conceptual model was tested in this study.

2. Methods and Materials

2.1. Study Design and Participants

The present study was a descriptive correlational research using structural equation modeling (SEM). The statistical population included undergraduate psychology students at the North Non-Profit University during the 2023-2023 academic year. Since the population size was ... individuals, based on the Morgan table, a sample of ... individuals was required. Therefore, 205 individuals were selected through multistage random sampling. Data collection began after obtaining necessary permissions from the North Non-Profit University. Eleven psychology classes (Faculty of Humanities) were randomly selected, and in each class, 19 students were randomly chosen. After explaining the procedure and objectives of the study, questionnaires were distributed. Students were assured that their names were not required, and all information would remain confidential and be analyzed in groups. Four incomplete questionnaires were discarded (collected between November and December 2023). The inclusion criteria were a minimum age of 18 years and a maximum age of 45 years, and willingness to participate in the study. The exclusion criterion was incomplete questionnaire responses.

2.2. Measures

2.2.1. Histrionic Personality

The Minnesota Multiphasic Personality Inventory (MMPI) is a standardized questionnaire for assessing a range of self-descriptive traits, initially developed by Hathaway and McKinley in 1943. Cannon reduced the MMPI to 71 questions in 1967. Akhavat et al. normed this scale on male and female students in 1975. This scale includes 11 items (3 validity scales and 8 clinical scales). The reliability and validity of the Iranian (short) form are acceptable (Akhavat & Daneshmand, 2018). In this study, the validity scales and the 24-item short form MMPI-2 histrionic scale were used, with responses marked as true or false.

2.2.2. Perceived Stress

Developed by Cohen et al. in 1983, this scale has 4, 10, and 14-item versions (the 14-item version was used in this study). The questionnaire includes 14 questions scored on a 5-point Likert scale (0-4). Items 4, 5, 6, 7, 9, 10, and 13 are reverse scored. The minimum score is zero, and the maximum score is 56. The psychometric properties of this scale have been previously evaluated in Iran, confirming its reliability and validity. Cohen et al. reported a Cronbach's alpha coefficient of 0.87 for this scale (Atadokht et al., 2020; Maroufizadeh et al., 2014).

2.2.3. Cognitive Emotion Regulation

Cognitive Emotion Regulation Questionnaire (CERQ): Developed by Garnefski and Kraaij in 2006, this questionnaire identifies individuals' cognitive coping strategies following negative events or situations. It contains 18 items assessing nine subscales: self-blame, acceptance, rumination, positive refocusing, planning, positive reappraisal, perspective-taking, catastrophizing, and blaming others. Scores range from 1 (almost never) to 5 (almost always). Garnefski and Kraaij reported Cronbach's alpha coefficients between 0.62 and 0.80 for the subscales. The questionnaire's psychometric properties were assessed in Iran by Hasani (2011), with Cronbach's alpha coefficients ranging from 0.68 to 0.82, and it was reported as valid and reliable (Kraaij & Garnefski, 2019; Molavi et al., 2020).

2.3. Data analysis

Structural equation modeling was used to test the research hypotheses, employing SPSS 28 and SmartPLS 3 software.

3. Findings and Results

The sample size consisted of 205 individuals. Of these, 85% were female, and 15% were male. Regarding age, 4% were between 18 to 23 years, 70% were between 24 to 29 years, 13% were between 30 to 35 years, 4% were between 36 to 40 years, and 9% were between 41 to 50 years.

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Table 1

Mean and Standard Deviation of Participant Scores on Histrionic Personality Disorder Symptoms, Perceived Stress, and Cognitive Emotion Regulation

Variable	Mean (M)	Standard Deviation (SD)
Histrionic Personality Disorder Symptoms	45.27	5.68
Perceived Stress	33.41	6.34
Cognitive Emotion Regulation	28.96	4.12

The results in Table 2 show that all Cronbach's Alpha and Composite Reliability values for the research constructs are greater than .70. Additionally, the AVE values for the constructs are greater than .50, indicating that the reliability and convergent validity of the research model are acceptable. For discriminant validity, we use the matrix developed by Fornell and Larcker (1981).

Table 2

Cronbach's Alpha, Composite Reliability, and Average Variance Extracted

Research Construct	Cronbach's Alpha	Composite Reliability (CR)	Average Variance Extracted (AVE)
Histrionic Personality Disorder Symptoms	.915	.926	.506
Perceived Stress	.945	.953	.602
Cognitive Emotion Regulation	.928	.938	.506

The results of the discriminant validity assessment are presented in Table 3.

Table 3

Discriminant Validity of Research Constructs

Research Construct	Histrionic Personality Disorder Symptoms	Perceived Stress	Cognitive Emotion Regulation
Histrionic Personality Disorder Symptoms	.776		
Perceived Stress	.626	.963	
Cognitive Emotion Regulation	.711	.901	.920

The discriminant validity results in Table 3 show that the square root of the AVE for each construct is greater than the correlation of that construct with other constructs; therefore, it can be said that the latent variables in the research model interact more with their own items than with other constructs. In other words, this table demonstrates the desirable discriminant validity of the model, indicating that the model has satisfactory validity.

In Figure 1, all the T-value significance coefficients are greater than 1.96, confirming the significance of all relationships among the variables at a 95% confidence level.

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Figure 1

Model with T-Values

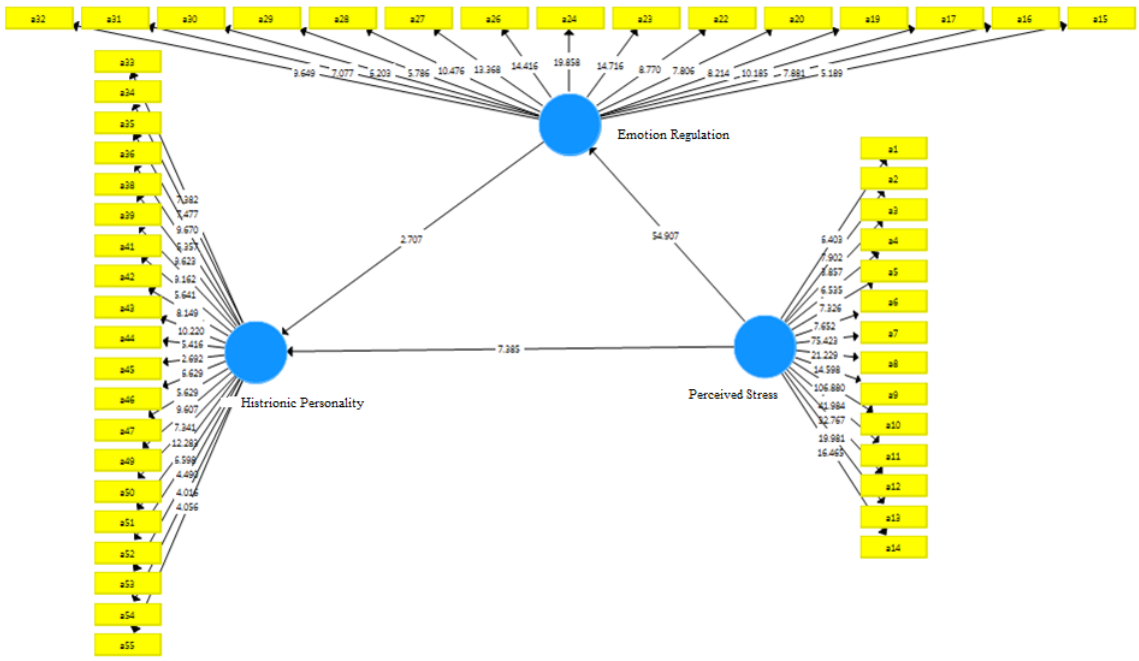

Table 4

Path Analysis of Direct Effects Between Main Research Variables

Path	Hypothesis	Path Coefficient	T-value	Result
Perceived Stress → Histrionic Personality Disorder Symptoms	H1	.715	7.385	Supported
Cognitive Emotion Regulation → Histrionic Personality Disorder Symptoms	H2	.276	2.707	Supported
Perceived Stress → Cognitive Emotion Regulation	H3	.901	54.907	Supported

According to Table 4, the path coefficient between perceived stress and histrionic personality disorder symptoms is .715, and the corresponding T-value is greater than 1.96, thus supporting the first hypothesis. It can be concluded that perceived stress has a direct effect on histrionic personality disorder symptoms. Additionally, the path coefficient between cognitive emotion regulation and histrionic personality disorder symptoms is .276, with a T-value greater than 1.96, supporting the second hypothesis. Therefore, cognitive emotion regulation has a direct effect on histrionic personality disorder symptoms. Furthermore, the path coefficient between perceived stress and cognitive emotion regulation is .901, with a T-value greater than 1.96, supporting the third hypothesis. Therefore, it can be concluded that perceived stress has a direct effect on cognitive emotion regulation.

Table 5

Results of the Main Hypothesis

Indirect Effect	Sobel Test Result	Outcome
Perceived Stress → Cognitive Emotion Regulation → Histrionic Personality Disorder Symptoms	.258	2.205

Based on the results in Table 5, given that the Z-value in the Sobel test is greater than 1.96, it can be said that the research hypothesis is supported, and cognitive emotion regulation has a mediating effect on the relationship between perceived stress and histrionic personality disorder symptoms.

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4. Discussion and Conclusion

In this article, we examined and modelled the symptoms of histrionic personality disorder (HPD) based on perceived stress and analyze the mediating role of cognitive emotion regulation in this relationship. HPD, characterized by flamboyant, dramatic, and extroverted behaviors, can be influenced by perceived stress and individual emotion regulation management.

HPD is a type of personality disorder marked by long-term patterns of dramatic, attention-seeking, and emotional behaviors. Individuals with HPD may constantly seek approval, have shallow relationships, and exaggerate their emotions. Perceived stress refers to the individual's sense of pressure and stress experienced in daily life. This stress can affect an individual's mental and physical health and may exacerbate HPD symptoms (Yalch et al., 2023). Cognitive emotion regulation refers to the processes through which individuals manage their emotions, including changing how they think about a situation or altering their emotional reactions.

The relationship between HPD symptoms and perceived stress can be complex. On one hand, perceived stress may intensify dramatic and attention-seeking behaviors in individuals with HPD. On the other hand, dramatic behaviors can serve as a coping mechanism for stress, where the individual seeks to reduce their stress by gaining attention and approval from others (Benjamin, 2002; Sorokowski et al., 2016). Overall, perceived stress can act as an exacerbating factor for HPD symptoms, and managing this stress can be a critical part of treating HPD. Various treatments, such as psychotherapy, cognitive-behavioral techniques, and group therapy, can help individuals with HPD develop better skills for managing perceived stress.

In explaining the relationship between HPD symptoms and perceived stress, it can be said that individuals with HPD typically have a strong need for attention and approval from others. The lack of such attention can lead to frustration and stress, subsequently increasing perceived stress. Dramatic and exaggerated behaviors can create tension in social interactions and personal relationships, which can further add to the individual's stress and perceived stress levels. The intense and unstable emotions characteristic of HPD can result in strong emotional reactions to daily events, continually raising perceived stress. Individuals with HPD may lack effective strategies for managing stress, leading to greater stress experiences when faced with daily problems and challenges. Disruption in social and personal relationships, resulting from dramatic behaviors and a constant need for approval, can reduce the individual's supportive resources, thereby increasing perceived stress.

In modeling the relationship between these variables, perceived stress can act as a triggering factor for HPD symptoms, while cognitive emotion regulation can serve as a mediating mechanism that moderates the impact of perceived stress on HPD symptoms. In other words, individuals with better emotion regulation skills may be less affected by perceived stress and, consequently, exhibit fewer HPD symptoms (Yalch et al., 2023). To better understand this relationship, research studies can use structural equation modeling to investigate the connections between these variables and the mediating role of cognitive emotion regulation. These models can help us understand how perceived stress affects HPD symptoms and how cognitive emotion regulation can serve as a protective strategy. This knowledge can be useful in developing effective therapeutic approaches for helping individuals with HPD.

Based on the conducted studies, cognitive emotion regulation can effectively reduce the negative impact of perceived stress on HPD symptoms. These findings suggest that developing emotion regulation skills can be used as part of intervention treatments for individuals with HPD. Ultimately, further research is needed to better understand the role of cognitive emotion regulation in managing HPD symptoms and to develop more effective treatment methods. These studies can help us offer optimized strategies for helping individuals with this personality disorder.

5. Limitations & Suggestions

This study has several limitations. Firstly, the sample was restricted to undergraduate psychology students from a single non-profit university, which may limit the generalizability of the findings to other populations or educational settings. Secondly, the cross-sectional design of the study does not allow for causal inferences between perceived stress, cognitive emotion regulation, and histrionic personality disorder symptoms. Additionally, the reliance on self-reported measures may introduce response biases and affect the accuracy of the data. Furthermore, potential confounding variables such as other psychological disorders or life stressors were not controlled for, which might influence the observed relationships. Finally, the study did not consider the long-term effects of interventions aimed at improving cognitive emotion regulation on HPD

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symptoms, suggesting a need for future longitudinal research.

Based on the conducted studies, cognitive emotion regulation can effectively reduce the negative impact of perceived stress on HPD symptoms. These findings suggest that developing emotion regulation skills can be used as part of intervention treatments for individuals with HPD. Ultimately, further research is needed to better understand the role of cognitive emotion regulation in managing HPD symptoms and to develop more effective treatment methods. These studies can help us offer optimized strategies for helping individuals with this personality disorder.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors equally contributed in this article.

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