# STUDY GUIDE

## CHAPTER 12

1. Define these basic terms: personality, traits, trait theories, temperament, character, and personality disorder.
2. What is the five-factor model (FFM)? How are the concepts of factors and factor analysis relevant in thinking about the five-factor model? What traits characterize the Big Five?
3. Name and define the *DSM* and *ICD* personality disorder categories.
4. Outline the various distinctions made between antisocial personality disorder, psychopathy, and sociopathy? Besides defining these three terms, also distinguish primary versus secondary psychopathy, successful versus unsuccessful psychopaths, and acquired sociopathy.
5. Describe the *DSM-5* alternative model for personality disorders and the *ICD-11* dimensional overhaul of the personality disorders.
6. Outline arguments for and against the shift away from categorical diagnosis and toward dimensional diagnosis of personality disorders.
7. Explain how clinicians often differ from researchers in their attitudes toward categorical versus dimensional approaches to personality disorders.
8. What was the ancient Greek philosopher Galen’s bodily humor classification of personality types?
9. Define mania without delusions (*manie sans délire*), moral insanity, and psychopathic personalities. How did these historical terms influence modern-day conceptions of personality disorder?
10. What is the presumed role of serotonin in antisocial and borderline personality disorders? What is the presumed role of dopamine in schizotypal personality disorder?
11. Identify common drugs prescribed for personality disorders. Explain what polypharmacy is and how it is relevant in thinking about drugs prescribed for personality disorders.
12. Outline the debate over the effectiveness of medications for personality disorders.
13. How are brain volume, the prefrontal cortex, the temporal cortex, and the amygdala implicated in antisocial personality disorder/psychopathy?
14. How are brain volume, the hippocampus, and the amygdala implicated in borderline personality disorder?
15. Explain the importance of brain ventricles and brain volume in schizotypal personality disorder.
16. How heritable are the Big Five personality traits usually suspected of being? What heritability estimates have been offered for personality disorders?
17. How might genetics research help us understand the high rates of comorbidity among personality disorders?
18. Why do some researchers question genetics research results on the heritability of personality disorders?
19. What candidate genes have been a focus of attention in studying various personality disorders?
20. What doubts do some people express regarding genetics research on violence and criminality?
21. Explain these two evolutionary theories of personality disorders: the frequency-dependent selection hypothesis and the obsessive-trait complex hypothesis.
22. What do more traditional medical model critics complain about regarding evolutionary theories of personality disorder?
23. How are cytokines and immune system inflammation potentially important in personality disorders?
24. Summarize criticisms of biological perspectives on personality disorders.
25. What are the origins of personality disorders from a psychodynamic perspective?
26. How might psychodynamic theorists explain narcissistic, borderline, and obsessive-compulsive personality disorders?
27. Outline how the *Psychodynamic Diagnostic Manual* (*PDM*) conceptualizes personality disorders. What are borderline-level and neurotic-level personality disorders?
28. In what way do psychodynamic perspectives tend to see early attachments and object relations as critical to personality disorders?
29. How do psychodynamic therapies for personality disorders use transference and countertransference to provide patients with a corrective emotional experience?
30. Summarize research findings on the effectiveness of psychodynamic therapies for personality disorders.
31. Summarize problematic main beliefs that cognitive-behavioral perspectives generally see as important in personality disorders. What are the presumed origins of these main beliefs?
32. Explain how schema therapy conceptualizes and treats personality disorders.
33. What is the research support for schema therapy?
34. Explain how dialectical behavior therapy (DBT) conceptualizes and treats borderline personality disorder.
35. What is the research support for DBT?
36. Why do humanistic therapists dislike the term “personality disorder?”
37. What are difficult process and fragile process? How do humanistic therapists use these terms to explain what others call “personality disorders?” What therapeutic approach do humanistic therapists take with fragile process clients and why?
38. What is the evidence base for humanistic therapies for fragile process?
39. What is the overall status of research on the effectiveness of psychotherapy for personality issues? Which therapies are most often recommended and which have the strongest body of research?
40. Explain the cultural relativism versus cultural universalism debate over personality disorders.
41. Are personality disorders conceptualized differently in different cultures? Give examples.
42. From feminist and social justice perspectives, how are personality issues explained?
43. Describe the feminist view of personality disorders as gender biased.
44. What two fictitious personality disorders did Marcie Kaplan propose in the 1980s to illustrate sexist bias in the personality disorders?
45. Does research support the feminist view of personality disorders as gender biased?
46. What role is trauma suspected of playing in personality issues?
47. How does a feminist social justice perspective reframe personality disorders as due to trauma rather than defective personalities?
48. What is the relationship between SES and personality issues? Between racism and personality issues?
49. What attitudes do mental health professionals tend to have toward clients diagnosed with personality disorders, especially borderline? How can these attitudes affect client and therapist behavior?
50. What is self-stigmatization and how is it relevant to personality disorders?
51. What is the service-user/survivor perspective on personality disorders?
52. How do systems perspectives conceptualize personality issues?
53. What are borderline families? What three kinds of borderline families have been identified?
54. How has DBT been adapted for use with families and couples where borderline personality patterns are an issue?
55. Summarize criticisms of sociocultural perspectives on personality issues.
56. What arguments does Walter Mischel offer that challenge the idea of a stable personality? How do social constructionists think about personality disorder?