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Why Healing is Hard for High-Conflict People

(Divorce Options for High-Conflict People in Addendum Below This Article)

Jan 4, 2017 713 views 107 Likes 14 Comments [Share on LinkedIn](#) [Share on Facebook](#) [Share on Twitter](#)

“Just get over it,” I remember the judge saying in court to a divorced man and woman, who had returned to court for the umpteenth time arguing about what he did and what she did with their children recently. “I got divorced ten years ago, and I got over it! And my 20-year-old son got over it, too!” the judge exclaimed.

Unfortunately, some people don’t “just get over it” – even years later. Why is this? What should they do? And what should professionals do to help them - and their children? This article aims to explain why grieving and healing are extremely difficult for high-conflict people and why focusing on their emotional healing may be a mistake, whereas other approaches may really benefit them.

The Grieving Process

Fifty years ago, in her classic book *On Death and Dying*, Elizabeth Kubler-Ross explained five stages of the grieving process that people go through when facing the deaths of those close to them and when facing our own. Since then, we have learned that the same grieving process applies when facing any major loss, including loss of a marriage (divorce), loss of a job, loss of a house and loss of a good friend who moves away. Even the person who initiates leaving a job or a partner of many years goes through the grieving process. Here are the five stages she identified:

- 1 Denial: “It can’t be happening to me. I don’t believe it. It can’t be true.”
 - 2 Anger: “If it is happening, I’m mad as hell and I’m going to fight this all the way.”
 - 3 Bargaining: “If I just really do this different and that different, can I avoid this loss?”
 - 4 Depression: “Now I really feel sad. I don’t want to go out; talk to anyone. I cry a lot.”
 - 5 Acceptance: “I realize she’s not coming back and it still hurts a little, but doesn’t stop
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me in my tracks anymore.”

You can see how this can apply to many situations over a lifetime, and how we need to grieve and heal to move forward in our lives. Yet this is where high-conflict people have a lot of trouble.

High-Conflict People

From my observations and studies over the past decade and a half, high-conflict people (“HCPs”) seem to be stuck in a narrow range of behavior that includes:

- A preoccupation with blaming others
- Lots of all-or-nothing thinking
- Unmanaged emotions (including rigidly controlled in some cases)
- Extreme behaviors (that 90% of people would never do, even under stress)

They also seem to have some traits of personality disorders, if not a full personality disorder.

Personality disorders also have some of the above characteristics, except that many of them are not preoccupied with blaming anyone in particular. The ones who are HCPs appear to be the ones with a “target of blame” who they are willing to attack verbally, physically, financially, legally and/or publicly. They are generally stuck in this behavior and can’t focus on themselves and changing their own behavior. They are repeatedly stuck in the past, defending their past behavior and criticizing others’ past behavior – and talking about this with anyone who will listen.

It’s as if they cannot grieve and heal the past, which causes them to increase conflicts rather than resolving them. That’s why they’re called “high-conflict people.” But don’t call them this; they will attack you back – sometimes for months or years. Remember, they easily get stuck. This is true no matter how smart, beautiful, experienced and skilled they are at their jobs and other successful endeavors. It’s all about close relationships.

Why Can’t They Heal?

HCPs seem to get stuck in the Anger stage of the grieving process. It really seems that they can’t handle the Depression stage, with its full-blown sadness and sense of vulnerability. They seem psychologically defended against having those feelings by staying angry and preoccupied with others – sometimes holding on to them through extended conflicts. (We see high-conflict divorce cases that last many more years than the marriage – fighting over children, past finances, etc.)

My belief is that this has to do with “attachment theory” and that many personality disorders (or those with just traits) are really attachment disorders. This means that in early childhood they did not have a secure attachment with a parent (or other person) which is necessary to develop many skills and capacities – including a sense of safety to feel extreme emotions and manage them. Infants gain emotion management through mirroring their parents’ (and other attachment figures) management of emotions.

For example, when a baby is screaming bloody murder and Mom or Dad come over and say soothing words in a comforting tone of voice, the infant slowly calms himself or herself down to match the mood of the parent. This happens over and over again when a child has a “secure attachment” with one or more parents (and other attachment figures, such as grandparents, siblings, etc.). But imagine if the parent came over to the child who was screaming and slapped the child and yelled at the child. The child’s upset will grow and the child will feel even more distressed and not learn to calm him or herself, and will not feel safe to share upset feelings.

“Dissociation” is the term that mental health professionals use to describe when such an infant shuts off his or her feelings and goes into a trance-like state, if their distress becomes too extreme. Many people with personality disorders describe experiencing this state of dissociation (although they may not remember what happens during it) and many therapists have seen clients momentarily drift off in the middle of discussing very upsetting issues – as though they had left the room and were no longer there. This is especially true for people who were physically and/or sexually abused as young children. It’s an extreme coping mechanism. It also may become a daily way of dealing with emotional and physical neglect.

On the other hand, many people suffering an insecure attachment or repeated child abuse learned to go into a rage to cope with their distress. This is another way of avoiding the painful feelings of absence of a secure emotional connection. Dissociation and rage are both defense mechanisms against the feelings of sadness and emptiness that are touched on when experiencing a loss. They are there for a reason and many people with personality disorders have these defense mechanisms because of insecure attachments, severe childhood abuse or other emotional losses.

Lastly, some HCPs grew up being indulged and constantly praised, from which they learned to feel entitled to whatever they wanted. So they never learned the skills of coping with loss and lack the “brain wiring” that most people learn from falling down and getting back up again. I once worked with a 60-year-old man who had been successful all his life, but finally hit career roadblocks because of his age and he couldn’t cope. He made a very serious suicide attempt and would have died except that someone came home unexpectedly. He had to slowly learn how to deal with career and age-related losses with a lot of therapy. He couldn’t handle it all at once.

What’s to be Done?

1. Don’t criticize them:

No one chooses to have an attachment disorder or personality disorder. High-conflict people are used to being criticized and they can get very defensive. They don’t take criticism as a helpful process. It can feel like a life-and-death struggle, because criticism triggers feelings associated with unresolved hurts from a lifetime – for which they don’t have a mechanism for healing. In other words, criticizing high-conflict people for being upset is hurtful and usually makes them more upset – and is the opposite of what they need.

2. Don’t try to persuade them logically:

It is very common for professionals, family and friends to try to persuade high-conflict people to just “turn off” their negative thinking, their extremely upset emotions and their inappropriate behavior. Yet logical arguments miss what the HCP is experiencing – emotional pain. Until this is addressed, logical thinking may be inaccessible to the HCP. In our brains, intense emotional upsets shut down our logical problem-solving abilities, so that pressuring them to think differently triggers more defensiveness and resentment – and even more troublesome behavior. Again, it’s the opposite of what professionals, family and friends intended, but done out of misunderstanding what HCPs need.

3. Don’t try to open up their feelings:

Over the past two decades, many mental health professionals have realized that opening up the emotions of possible personality-disordered clients can be counter-productive. If high-conflict people lack self-soothing skills and self-restraining skills, then opening up unmanageable emotions can be extremely painful and de-stabilizing for them. In many cases, they “act out” with self-destructive behavior which they can’t manage themselves.

Some such clients stay stuck in outpatient therapy for years (and cycling through inpatient therapy in some cases), because they can never “vent” their emotions enough to feel better – because that isn’t their problem; they need to manage their emotions. They need to develop skills to manage their distress, strengthen their relationship skills so they don’t inadvertently contribute to the bad experiences they are trying to avoid, and to learn skills for restraining their impulses rather than giving in to them.

It’s a mistake to focus on “healing the divorce” with such clients or to focus on getting them to admit responsibility for past bad behavior, when instead they need skills first. It’s like throwing them into the deep end of the pool, instead of teaching them to swim in the first place.

4. Do give them your empathy, attention and respect:

People with high-conflict personalities have been criticized, rejected, humiliated and told to change since a very early age in most cases. Remember the issue of “insecure attachments” earlier in this article. When the people closest to them seem to treat them negatively, they go into a crisis pattern learned many years ago. Personality disorders should really be called “inter-personality disorders,” because their worst symptoms usually occur in relationship distress and crises.

Instead, what they need is to experience relationships in which they are treated with empathy, attention and respect (EAR). Professionals, family and friends who can stay calm and give them EAR statements will find that they can quickly calm HCPs and help them much more than by criticizing them. This takes practice, but can be very rewarding – and can prevent a lot of conflicts.

While it may not help an HCP heal a lifetime of hurt, it may reduce some relationship stress for a few minutes and not add to their problems. Then, move on to a task that

he or she can do, or that you can do jointly. In other words, HCPs generally don't heal losses, but they can get distracted by focusing on tasks and the future – and feel better in the process.

5. Do set limits and educate about consequences:

Just because I am encouraging EAR statements does not mean that the behavior problems of high-conflict people must be ignored. Instead, they must be told there are choices and consequences for their behavior, and then enforce the consequences when necessary. If they choose behavior “A”, then there will be consequence “B”.

Instead of logical persuasion about past behavior, educate them about their choices and consequences regarding future behavior. Say that you can't control their behavior – only they can. But that you can control the consequences for some of their behavior. Emphasize that the decisions are up to them – and that you hope they will make the best decision. You should set limits, but with statements that show empathy, attention and respect.

6. Do teach them skills for self-management in relationships:

Research on teaching skills to clients with borderline personality disorder, such as DBT (Dialectical Behavior Therapy developed by Marsha Linehan in Seattle), has shown that it can make a huge difference in their lives. Many actually outgrow the criteria of personality disorder. This is a very different approach from years ago, when therapists tried to open up feelings and childhood traumas for clients with this disorder – which often went on for years and years without progress.

By learning self-management skills and relationship skills, much relationship chaos and distress is diminished, and the need for “getting over” new break-ups and new traumas is reduced. Professionals, family and friends can be much more helpful to high-conflict people by encouraging them – or requiring them – to get this kind of skills-training help, rather than “supportive therapies” (which often reinforce their negative thinking) or therapies which open up their unmanageable losses.

Paradoxically, by learning self-management skills (flexible thinking, managed emotions, moderate behaviors and checking themselves) – such as those taught in our New Ways for Families® programs – they become more able to cope. Once mental health professionals and legal professionals realize this paradox, they and their clients will become much less frustrated and much more effective in managing life's ups and downs.

Addendum by Ria Severance, LMFT

Divorce Options Workshops and High-Conflict People

DIVORCE OPTIONS FOR HCP'S

Bill Eddy regularly offers trainings for Collaborative Law Professionals. A Collaborative Divorce process better serves HCP's by providing trained mental health professionals, “divorce coaches,” for each partner. Collaboratively trained

Licensed Mental Health Professionals offer HCPs research-based, skills-training in emotion regulation, interpersonal effectiveness, communication, etc.

In contrast, the very nature of a litigated divorce feeds the HCP's black and white thinking, endorses acting out via the legal system, and colludes with a destructive win-lose mentality and related aggressive impulses that are likely to shoot *everyone* in the family in the foot, including themselves, both emotionally *and* financially! That said, there are some HCP's who are simply committed to "fighting and winning" (they hope) in the court system, regardless of the quality of skills training provided.

If you or someone you love is thinking about divorcing an HCP, do what you can to have someone other than yourself explain the pros and cons of the divorce options in a neutral way. If you try to "persuade" an HCP about the viability of a particular divorce process, you risk the HCP feeling as if they are allowing you to "win" by choosing the process.

CPCal (CPCAL.ORG) provides "Divorce Options Workshops" all over the state of California for minimal or no cost (see their website for dates and times near you). Invite your partner to go with you, or offer to go at a different time if that is more comfortable for him/her, and let neutral professionals explain the pros and cons of various options.