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THE NEW ELEPHANT IN THE ROOM: WHY ALL PROFESSIONALS NEED TO LEARN ABOUT PERSONALITY DISORDERS

Bill Eddy*

ABSTRACT

Approximately 10% of adults worldwide have a personality disorder, according to the diagnostic manual of mental health professionals currently known as the *DSM-5-TR*. Unlike other mental health diagnoses, personality disorders are primarily interpersonal disorders leading to frequent conflicts with those around the person due to enduring patterns of rigid behavior, exaggerated interpretation of events, difficulty managing emotions, and impulse control problems. Yet dispute resolution professionals and other professionals generally have little knowledge of personality disorders and the role they play in their work, especially with "difficult" clients or "high conflict" disputes. Indications suggest personality disorders are increasing in family disputes, workplace conflicts, and legal disputes, leading to a great deal of stress and frustration for professionals and society-wide impacts. This article posits that it is time for all professionals to understand personality disorders, talk openly about them without judgment, and learn how to work more effectively with them. The author proposes

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widespread education similar to the expanded cultural awareness of the past fifty years about alcoholism (approximately 7% of the adult population), which was previously considered a taboo subject for discussion as the unaddressed "elephant in the room." Ways to assist those with personality disorders and those in conflicts with them are briefly addressed, with an emphasis on out-of-court dispute resolution, as well as efforts to avoid stigmatizing or discriminating against those with these disorders in providing professional services.

I. INTRODUCTION

In 1984, the children's book *An Elephant in the Living Room* was published to help children learn about alcoholism[1]—a topic that was too taboo to discuss or acknowledge even though researchers estimate "at least 7 percent of the U.S. adult population suffer[ed] from alcoholism" at the time.[2] Not only children but also most adults hesitated to discuss alcoholism.[3] For example, even doctors found alcoholism difficult to discuss with their patients.[4] Yet, over the past forty years, society has learned a great deal about alcoholism, including how to recognize it, set limits on its related behavior, and treat it.[5]

The prevalence of personality disorders has similarly presented obstacles in today's society —a topic that has been taboo up to the present, even though the 2022 Diagnostic and Statistical Manual of Mental Disorders (DSM) estimates that over 10% of the

[1] *See generally* JILL M. HASTINGS & MARION H. TYPPO, AN ELEPHANT IN THE LIVING ROOM: THE CHILDREN'S BOOK v (1994) ("Imagine an ordinary living room . . . chairs, couch, coffee table, a TV set and, in the middle, a LARGE, GRAY ELEPHANT . . . Since no one ever talks about the elephant, you know that you're not supposed to talk about it either.").
[2] Jonathan Segal, *Elephant in the Living Room*, HR MAG. (Mar. 1, 2012), https://www.shrm.org/hr-today/news/hr-magazine/pages/0312legal.aspx.
[3] *See* Frank Seixas, *Alcoholism in the 1980s*, 7 FAM. & COMM. HEALTH, 28 (1984).
[4] C. Scott Smith et al., *The Elephant in the Waiting Room: An Alcoholism-awareness Tool for Medical Curricula*, 68 ACAD. MED. 783, 783 (1993).
[5] Interview with L. Georgi DiStefano, LCSW, High Conflict Institute (Apr. 23, 2023). Ms. DiStefano has been in the field for over forty years and was one of twenty-four honored guests at the Alcoholics Anonymous 2005 International Convention in Toronto, Canada for her contributions to the field of alcoholism studies. She is the author of the Paradigm Developmental Model of treatment and the award-winning book PARADIGM CHANGE: THE COLLECTIVE WISDOM OF RECOVERY (2017).

adult population meet the criteria for a personality disorder, and most do not have a formal diagnosis.[6]

As a major study by the National Institutes of Health (NIH) addressed in the early 2000s, personality disorders are a public health problem comparable to alcoholism in their ability to impact the lives of those with such disorders as well as cause marital problems, workplace conflicts, and even criminal behavior.[7] Therefore, all professionals, especially those involved in dispute resolution in legal cases, workplace conflicts, and family problems, must learn about personality disorders, talk about them openly, and take these significant issues into account in their work. This article provides a background on (1) how personality disorders are interpersonal disorders; (2) the growing societal impact of personality disorders; and (3) concerns about stigmatization and discrimination.

II. INTERPERSONAL DISORDERS

There are several fundamental differences between personality disorders (PDs) and other mental disorders. PDs are primarily interpersonal disorders marked by interpersonal dysfunction, meaning the difficult behavior presented by such disorders emerges in relation to other people.[8] As a result, many more people are impacted by PDs than just the individual who has the disorder.[9] A review of over 120 studies on PDs noted this phenomenon:

> Personality disorders are defined in the current psychiatric diagnostic system as characterized by pervasive, inflexible, and stable patterns of thinking, feeling, behaving, and interacting with others that cause significant distress or impaired functioning in interpersonal or professional domains . . . . The importance of interpersonal dysfunction in defining personality disorders is clearly evident in their

[6] AM. PSYCHIATRIC ASS'N, DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS: DSM-5-TR 734 (5th ed, rev. 2022) [hereinafter AM. PSYCHIATRIC ASS'N, DSM-5-TR]. "A review of epidemiological studies from several countries found a median prevalence of . . . 10.5% for any personality disorder."

[7] Bridget F. Grant et al., *Prevalence, Correlates, and Disability of Personality Disorders in the United States: Results from the National Epidemiologic Survey on Alcohol and Related Conditions*, 65 J. CLINICAL PSYCHIATRY 948, 948 (2004).

[8] *See* Sylia Wilson et al., *Interpersonal Dysfunction in Personality Disorders: A Meta-Analytic Review*, 143 PSYCH. BULL. 677, 677 (2017).

[9] *Id.* at 678.

> descriptive features and diagnostic criteria—each personality disorder, as defined in the most recent edition of the *Diagnostic and Statistical Manual of Mental Disorders* . . . is described by a problematic approach to interpersonal interactions, or by characteristics that are likely to interfere with adaptive interactions and relationships.[10]

A. LACK OF SELF-AWARENESS

Another way PDs are different from other forms of mental illness is that most people with PDs do not know they have a disorder or even a problem.[11] As treatment expert L. Georgi DiStefano describes, most mental disorders are "ego dystonic," meaning the person is aware they have a problem, but personality disorders are "ego syntonic," meaning the person does not think they have a problem.[12] Cognitive therapists Aaron Beck, Arthur Freeman and associates note this issue in their classic book, *Cognitive Therapy of Personality Disorders*:

> Personality-disordered patients will often see the difficulties they encounter in dealing with other people or task as external to them, as generally independent of their own behavior or input. They often describe being victimized by others or, more globally, by "the system." Such patients are apt to have little idea about how they got to be the way they are, how they contribute to their own problems, or how to change.[13]

This lack of self-awareness is so central to understanding personality disorders that the second edition of this book in 2004, over fourteen years later, contained the same exact paragraph with only minor changes.[14]

The result of this lack of self-awareness and self-proscribed victimization can contribute to significant conflicts in families, in the workplace, and in legal disputes.[15] People with PDs frequently claim others mistreat them when they are not necessarily mistreated,

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[10] *Id*. at 677–78.
[11] *See* AARON T. BECK ET AL., COGNITIVE THERAPY OF PERSONALITY DISORDERS 6 (1990).
[12] Interview with L. Georgi DiStefano, *supra* note 5.
[13] BECK ET AL., *supra* note 11, at 5–6.
[14] *Id.* at 3.
[15] BILL EDDY, HIGH CONFLICT PEOPLE IN LEGAL DISPUTES 60 (2d ed. 2016).

but merely *perceive* they are.[16] They may over-react to mild rejections, or people may actually reject them because of their behavior.[17] Of course, based on this author's own experience as a therapist, lawyer, and mediator, there are many people with personality disorders who are also victims of crime, targets of domestic violence, or have received personal injuries and so forth.[18] Therefore, dispute resolvers developing the requisite knowledge and skills to handle such conflicts is essential not only for the benefit of people with PDs, but also those who are the targets of their blame.

B. LACK OF BEHAVIOR CHANGE

The definition of a PD in the diagnostic manual begins with: "[A]n enduring pattern of inner experience and behavior that deviates markedly from the norms and expectations of the individual's culture."[19] Based on this author's experience in training a wide range of dispute resolvers, professionals often struggle to accept this pattern of behavior as *enduring*, so they keep trying to convince their clients with PDs to change without success.[20] Similarly, many victims of domestic violence (also known as intimate partner violence or IPV) stay with their abusers because they keep wishing and hoping for a change that does not come.[21] This is unlikely when their partner has an enduring personality disorder, as research indicates that many do.[22] Likewise, workplace

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[16] ALAN A. CAVAIOLA & NEIL J. LAVENDER, TOXIC COWORKERS: HOW TO DEAL WITH DYSFUNCTIONAL PEOPLE ON THE JOB 11 (2000).
[17] EDDY, *supra* note 15, at 28.
[18] *See generally id.*
[19] AM. PSYCHIATRIC ASS'N, DSM-5-TR, *supra* note 6, at 734; *see also Personality Disorders*, NIH, https://www.nimh.nih.gov/health/statistics/personality-disorders#:~:text=Personality%20disorders%20represent%20"an%20enduring,Edition%20(DSM%2D5) (last visited Feb. 25, 2024) ("[Personality Disorder] patterns tend to be fixed and consistent across situations and leads to distress or impairment.").
[20] EDDY, *supra* note 15, at 28. The author has observed many lawyers chastise their PD clients, judges lecture their PD litigants, and mediators urge their PD clients to become flexible, only to become frustrated and often angry when there is no change in behavior.
[21] *See Why Don't Victims' Just Leave?*, CIRCLE OF HOPE DOMESTIC VIOLENCE CTR., https://www.gacircleofhope.org/why-dont-victims-just-leave (last visited Apr. 8, 2024) ("Hope for Change:… Those in committed relationships have often built their lives around the relationship, and they hope for change.")
[22] Kathrine L. Collison & Donald R. Lynam, *Personality disorders as predictors of intimate partner violence: A meta-analysis*, 88 CLINICAL PSYCH. REV. 10 (2019) ("At the global, 'total' IPV perpetration level,

managers assume employees with extreme behaviors know when their behavior is inappropriate and will stop themselves, but when employees with personality disorders are involved, their behavior is usually enduring and their cases often turn into legal disputes.[23]

Judges and juries often do not recognize an individual's dysfunctional interpersonal patterns and instead accept their stories, which may be significantly distorted or knowingly false, at face value.[24] Ironically, judges and juries are supposed to determine the credibility of a witness without realizing many people with PDs in legal disputes thoroughly believe the distorted statements they make, and without realizing that people with PDs are skilled at blaming others—they can be persuasive blamers—and therefore appear very credible, sometimes even more than the true victims of their hostile behavior.[25] For this reason, courts may get these cases backwards.[26] Therefore, negotiations would be more successful and legal decisions would be more accurate if dispute resolvers understood the true dynamics and needs of people with PDs around them.[27]

C. NOT A TRADITIONAL "MENTAL ILLNESS"

PDs are usually not initially obvious in most social situations and may not be diagnosed until later in adulthood, if at all.[28] People

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every PD except for histrionic PD and OCPD demonstrated significant and positive effects. Perhaps unsurprisingly, the largest effect sizes were found for ASPD and BPD, which are also the two most widely studied PDs in relation to IPV.").

[23] CAVAIOLA & LAVENDER *supra* note 16, at 12 ("Presently our legal system is beginning to recognize the fact that harassment and discrimination cases often involve individuals with personality disorders who are either the plaintiffs or defendants in these cases.").

[24] *See* EDDY, *supra* note 15, at 244.

[25] BILL EDDY & RANDI KREGER, SPLITTING: PROTECTING YOURSELF WHILE DIVORCING SOMEONE WITH BORDERLINE OR NARCISSISTIC PERSONALITY DISORDER 47–49 (2d ed. 2021).

[26] Bill Eddy, *Confirmation Bias: Getting it Backwards in High Conflict Disputes*, HIGH CONFLICT INST. (Feb. 23, 2023), https://www.highconflictinstitute.com/hci-articles/confirmation-bias-getting-it-backwards-in-high-conflict-disputes ("But in today's complex world of information and high conflict disputes, it's easy to get cases backwards. This is especially true when people with personality disorders or traits are involved, because of their cognitive distortions, lack of self-awareness, and lifetime history of blaming others—sometimes quite persuasively.").

[27] *Id.*

[28] AM. PSYCHIATRIC ASS'N, DSM-5-TR, *supra* note 6, at 736.

with PDs may not realize they have such a disorder and those around them may also be unaware until a crisis or close interpersonal relationship conflict arises.[29] Individuals with PDs can be very successful in life, while others may be unable to keep a job.[30] Experts generally consider those with PDs capable of knowing right from wrong (especially under the law), but they often spin their perceptions (known as cognitive distortions) to see things in all-or-nothing terms or jump to conclusions, which then may be used to justify their extreme actions or over-reactions.[31]

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) includes a chapter on diagnosing personality disorders for mental health professionals.[32] However, legal professionals have not historically considered PDs to be a mental illness, often associating these conditions with someone who does not have control over their own thinking or actions.[33] For example, in the high-profile kidnapping case of Elizabeth Smart in 2002, there was a question of whether Smart's kidnapper was competent to stand trial or whether he had a mental illness, such as schizophrenia, that would prevent him from understanding the proceedings.[34] The court of appeals determined, based on expert testimony, that Smart's kidnapper had narcissistic personality disorder (NPD) and antisocial personality disorder (ASPD), but that he did not have a mental illness and therefore was competent to stand trial, for the following reasons:

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[29] Wilson et al., *supra* note 8, at 677. ("Although studied to a somewhat lesser extent, a growing body of empirical research has also considered associations between personality disorders and the quality of functioning in specific interpersonal relationships, such as with one's children, parents and siblings, peers, and romantic partners.").

[30] PAUL T. MASON & RANDI KREGER, STOP WALKING ON EGGSHELLS: TAKING YOUR LIFE BACK WHEN SOMEONE YOU CARE ABOUT HAS BORDERLINE PERSONALITY DISORDER 46 (3d ed. 2020).

[31] *See* EDDY, *supra* note 15, at 28.

[32] AM. PSYCHIATRIC ASS'N, DSM-5-TR, *supra* note 6, at 733–78.

[33] *See* Adam K. Magid, *The Unabomber Revisited: Re-examining the Use of Mental Disorder Diagnoses as Evidence of the Mental Condition of Criminal Defendants*, 84 INDIANA L.J. 1, 10 (2009) ("Although Kaczynski did not directly explain his multi-decade bombing spree, he did provide reason to think that his resort to violence was the product of measured consideration. 'Well, let me put it this way . . . I don't know if violence is ever the best solution, but there are certain circumstances in which it may be the only solution.'"); *see also* Fletcher v. State 245 P.3d 327, 334 (Wyo. 2010) ("Finally, evidence indicating Fletcher's behaviors may have stemmed to a degree from a paranoid personality disorder which, as conceded by Dr. Holmberg, is not a mental illness under Wyoming law.").

[34] *See* U.S. v. Mitchell, 706 F. Supp. 2d. 1148, 1227 (2010).

> Based on the evidence presented at the competency hearing, the analyses of [two psychiatrists], and the court's analysis as set forth above, the court finds that Mitchell does not presently suffer from a mental disease or defect that impedes his rational and factual understanding of the nature and consequences of the proceedings against him or his ability to consult with his lawyer with a reasonable degree of rational understanding.[35]

However, this traditional legal interpretation of personality disorders may be changing depending on the nature of a dispute and the jurisdiction ruling on a case.[36] For example, in 2020 the Supreme Court of the State of Victoria in Australia issued a landmark decision when it determined a woman who set numerous fires should receive a different sentence for treatment rather than simply being sent to prison.[37] The court found the woman's PD affected her judgment and behavior: "An offender diagnosed with a personality disorder should be treated as in no different position from any other offender who seeks to rely on an impairment of mental functioning as mitigating sentence in one or other of the ways identified in [prior case which denied this relief]."[38]

D. TREATMENT OF PERSONALITY DISORDERS

The DSM-5-TR describes ten personality disorders.[39] Some people with these PDs may change by learning self-management skills, such as those taught in dialectical behavior therapy (DBT) for borderline personality disorder.[40] This method teaches techniques to better manage emotional upsets and extreme thinking, as well as stabilize relationships.[41] DBT and other therapies can hugely impact

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[35] *Id.*
[36] *See generally* Magid, *supra* note 33; *see also Daylia Brown v. The Queen* (2020) 62 VR 491 (Austl.)
[37] *Id.*
[38] *Id.*
[39] AM. PSYCHIATRIC ASS'N, DSM-5-TR, *supra* note 6, at 733.
[40] Martin Bohus et al., *Evaluation of Inpatient Dialectical-Behavioral Therapy for Borderline Personality Disorder—a Prospective Study*, 38 BEHAV. RSCH. & THERAPY 875, 884–85 (2000); *see generally,* MARCIA M. LINEHAN, COGNITIVE-BEHAVIORAL TREATMENT OF BORDERLINE PERSONALITY DISORDER (1993).
[41] LINEHAN, *supra* note 40, at 19.

a person's life, with some therapy clients even overcoming the diagnosis.[42]

Some people with narcissistic personality disorder may also make progress in counseling, especially using Schema Therapy to help change their thinking and behaviors.[43] However, those with antisocial personality disorder (e.g., highly aggressive, deceitful, lack of remorse, or with criminal behavior) may not benefit from group counseling because their disorder can be deeply hard-wired and/or hereditary.[44] However, individuals with antisocial personality disorder (ASPD) may see symptoms decrease with age.[45]

Overall, few people with PDs are in treatment because they see their problems as "external to them, and generally independent of their behavior or input."[46] Furthermore, as this author has observed over forty years, when a person also has a high conflict personality, their fundamental preoccupation with blaming others usually prevents them from working on their own behavior patterns.[47] High conflict personalities (without any formal diagnoses) are widely regarded in the legal community for perpetuating endless conflicts and prolonging cases given these individuals' unmanaged emotions, preoccupation with blaming others, and use of all-or-nothing thinking.[48] This is particularly evident in the context of family law: "High conflict cases are those in which 'the parties simply can't resist the temptation to do anything and everything to subvert, attack, demean and literally try to destroy the child's relationship with the other parent.'"[49]

The cross-over (known as comorbidity) of personality disorders with other problems is common, as the major NIH study in the early 2000s indicated, "a number of personality disorders, including avoidant, dependent, paranoid, schizoid, and antisocial

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[42] John Cloud, *The Mystery of Online Borderline Personality Minds on the Edge,* 173 TIME 42, 435 (Jan. 19, 2009) ("Most show some improvement within a year").
[43] JEFFREY E. YOUNG ET AL., SCHEMA THERAPY: A PRACTITIONER'S GUIDE 422–24 (2003).
[44] *See* Simon Gibbon et al., *Psychological Interventions for Antisocial Personality Disorder*, 9 COCHRANE DATABASE SYST. REV. 1, 41 (2020) (noting results after 19 studies found "insufficient evidence to support or refute the effectiveness of any psychological intervention for ASPD").
[45] AM. PSYCHIATRIC ASS'N, DSM-5-TR, *supra* note 6, at 749–50.
[46] BECK ET AL., *supra* note 11, at 6.
[47] *Id.* at 5–6.
[48] *See generally* EDDY, *supra* note 15.
[49] Rosecky v. Schissel, 833 N.W.2d 634, 641–42 (Wis. 2013).

personality disorders, were associated with considerable emotional disability and impairment in social and role functioning."[50]

While there is no medication for treating personality disorders, people with PDs can treat comorbidities with medications to better cope and learn new skills:

> People with personality disorders are often difficult to get along with and many times, they even find it tough to deal with their own feelings and emotions on a day-to-day basis. So, it's no surprise that this group also suffers with other psychiatric conditions such as depression and anxiety. Psychiatric medications may help relieve these comorbid conditions, but they can't cure the underlying personality disorder. That job falls to therapy, which is aimed at building new coping mechanisms.[51]

E. CLUSTER B PERSONALITY DISORDERS

Legal professionals are most likely to pay attention to Cluster B personality disorders which may appear in behaviors that are "dramatic, emotional, or erratic," and often present challenges and confusion.[52] The NIH review of over 120 studies suggests why this is: "Antisocial, borderline, histrionic, and narcissistic personality disorders, historically classified as Cluster B (dramatic-emotional-erratic) personality disorders, all showed moderate-to-large and significant associations with domineeringness, vindictiveness, and intrusiveness."[53] These behaviors occur especially in the close relationships, as evidenced by the emphasis of research: "A growing body of empirical research has also considered associations between personality disorders and the quality of functioning in specific interpersonal relationships, such as with one's children, parents and siblings, peers, and romantic partners."[54] Domineeringness and vindictiveness are commonly associated with "high conflict" behaviors in legal and family disputes, described with terms like "subvert, attack, demean" and destroy.[55] It appears to this author that many lawyers are not used to such behavior and often over-react (unnecessarily escalating their

[50] Grant et al., *supra* note 7, at 956.
[51] *Medications for Treatment of Personality Disorders*, HEALTHYPLACE, (Jan. 27, 2022), https://www.healthyplace.com/personality-disorders/personality-disorders-information/medications-for-treatment-of-personality-disorders.
[52] AM. PSYCHIATRIC ASS'N, DSM-5-TR, *supra* note 6, at 734.
[53] Wilson et al., *supra* note 8, at 691.
[54] *Id.* at 678.
[55] Rosecky v. Schissel, 833 N.W.2d 634, 641 (Wis. 2013).

cases) or under-react and become overwhelmed (and not an effective advocate), perhaps because they grew up without experience with such personalities—or perhaps because they did.

In fact, research indicates that children of Cluster B parents may encounter difficulties when growing up that lead to these behaviors:

> A common characteristic of persons with PDs is that they themselves most often do not consider their behavior to be problematic (i.e., the traits are ego-syntonic), yet their way of dealing with other people may represent a major stressor to persons who are close to them. Subsequently, parents with symptoms that are characteristic of BPD, ASPD, and NPD may readily see the faults and flaws in their children (and spouses) but rarely acknowledge that their own behavior or attitude contributes to any problems.
> . . . .
> For the first time, subclinical levels of Borderline, Antisocial, and Narcissistic PD symptoms in parents have been documented to predict behavioral and emotional difficulties in their children as early as the preschool age. When parents were not cohabiting, the variance of the children's emotional problems explained by parental symptoms increased more than six times.[56]

The focus of this study was on parents with "subclinical levels" of these disorders, meaning they had some of the traits but not fully diagnosable personality disorders.[57] The study concluded: "Child service providers need to have knowledge of those deviant personality traits in parents that may represent a possible peril to their children's mental health, even when parental PD is not diagnosable."[58]

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[56] Turid Suzanne Berg-Nielsen & Lars Wichström, *The Mental Health of Preschoolers in a Norwegian Population-based Study When Their Parents Have Symptoms of Borderline, Antisocial, and Narcissistic Personality Disorders: At the Mercy of Unpredictability* 6 CHILD & ADOLESCENT PSYCHIATRY & MENTAL HEALTH 1, 10–11 (2012).

[57] *Id*. at 1 ("Clinical studies have shown that children of parents with mental health problems are most likely to develop psychiatric problems themselves when their parents have a Personality Disorder . . . The question addressed in this study is whether the risk to children's mental health extends to the normal population of parents who have subclinical symptom levels of these disorders.").

[58] *Id.* at 11.

In short, PDs can cause significant internal distress to those who have them as well as confusion and suffering to those around them, especially in their families, work environments, and legal disputes.[59] However, what evidence illustrates PDs are a growing public health problem affecting society at large?

III. GROWING SOCIETAL IMPACT

Over the past forty years, personality disorders have increasingly impacted our society, as suggested in the NIH study's recommendation for further research back in 2004: "Future directions should address the burdens on the healthcare, social services, and criminal justice agencies that result from this disability, as well as the development of models of prevention and intervention."[60]

The following describes the growing awareness of problems and needs to be addressed in these areas.

A. MENTAL HEALTH FIELD

In 1980, the American Psychiatric Association published its third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-3) for the first-time identifying personality disorders as a specific category with specific criteria for diagnosis and treatment.[61] Today, professionals worldwide continue to use the latest version, the DSM-5-TR, published in 2022, to help identify and treat those with any mental disorder, including personality disorders.[62]

In 1990 Aaron Beck and associates published *Cognitive Therapy for Personality Disorders,* a book which they said was the "first to focus specifically on this diverse and difficult group."[63] As a therapist in the 1980s and 1990s, this author was well aware that most clinicians avoided taking on people with personality disorders as clients. Key lessons Beck and colleagues taught were to steer clear of emotional venting and instead focus on helping clients

[59] *See* Grant et al., *supra* note 7, at 948 ("Personality disorders have been associated with severe adverse consequences in the general population, including marital difficulties, occupational dysfunction, and criminal behaviors.").
[60] *Id.* at 957.
[61] AM. PSYCH. ASS'N, DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS: DSM-3 305 (3d ed. 1980) (The author was in training that year as a clinical social worker when two members of the DSM committee came to our clinic to train us in using the DSM-3).
[62] *See* AM. PSYCHIATRIC ASS'N, DSM-5-TR, *supra* note 6, 733–78.
[63] BECK ET AL., *supra* note 11, at ix.

identify and change their core beliefs— "schemas"—driving their emotions.[64]

In 1993, Marsha Linehan published her landmark book *Cognitive-Behavioral Treatment of Borderline Personality Disorder*.[65] The name of Linehan's new method was Dialectical Behavior Therapy (DBT), mentioned above, which focused on teaching interpersonal skills to patients, such as distress tolerance and emotion regulation, in a group and individual counseling setting.[66] Over the past thirty years, DBT has become the "leading evidence-based psychotherapy for the treatment of BPD."[67]

In 2004, the NIH's study examined the prevalence of personality disorders in the United States.[68] The authors described the reason for this study:

> Personality disorders have been associated with several adverse consequences in the general population, including marital difficulties, occupational dysfunction, and criminal behaviors . . . . Clinical studies have shown that personality disorders complicate the course of some [other] psychiatric disorders and are associated with increased likelihood of relapse and treatment dropout, greater global impairment, and decreased psychiatric functioning among substance abusers.
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> . . . .
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> Knowledge of the prevalence of personality disorders contributes to the assessment of the mental health of the nation and determines the scope of those disorders confronting the nation. For policy and prevention efforts, accurate information on prevalence and the identification of vulnerable subgroups of the population might highlight the need for focused planning at both the national and local levels.[69]

The Diagnostic Manual for mental health professionals, currently the DSM-5-TR, continues to include statistics from this

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[64] *See id.* at 4. ("Dysfunctional feelings and conduct (according to the cognitive therapy theory) are largely due to the function of certain schemas that produce consistently biased judgments and a concomitant tendency to make cognitive errors in certain types of situations.").
[65] *See generally* LINEHAN, *supra* note 40.
[66] *See id.*
[67] Adam Iskric & Emily Barkley-Levenson, *Neural Changes in Borderline Personality Disorder After Dialectical Behavior Therapy—A Review*, FRONT PSYCHIATRY 1, 1 (2021).
[68] *See* Grant et al., *supra* note 7, at 948.
[69] *Id.* at 948–49.

study.[70] For example, it refers to the same NIH study, which later reported in 2008 that Borderline Personality Disorder is present in approximately 6% of the adult population.[71]

In 2012, the Norwegian study of 922 children described above specifically analyzed the interpersonal problems associated with each of the Cluster B disorders and how they impact children:

> The PDs that appear to be most strongly associated with hostile behavior and that may affect children are Borderline Personality Disorder (BPD), Antisocial Personality Disorder (ASPD) and Narcissistic Personality Disorder (NPD). These disorders are characterized by features such as difficulty controlling anger (BPD, ASPD, NPD), impulsive and aggressive outbursts (BPD, ASPD), rage when being criticized (NPD), irritability (BPD), aggressiveness and physical assault (ASPD), being tough-minded, exploitive, and non-empathic (ASPD, NPD), lack of reciprocal interest and sensitivity to the wants and needs of others (ASPD, NPD), extreme sarcasm (BPD), being indifferent to having hurt another (ASPD), sudden and dramatic shifts in their view of others (BPD), emotional coldness (NPD, ASPD) and disdainful, arrogant behavior (NPD).[72]

To summarize, PDs are markedly different from most mental illnesses in that they are primarily interpersonal disorders affecting the mental health and welfare of numerous people around the person with the disorder, including their children.[73]

B. LEGAL PROFESSIONALS

A search into the number of appellate court cases using the term "personality disorder" for each decade as the time period in the Lexis data base program showed the following increase: [74]

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[70] *See* AM. PSYCHIATRIC ASS'N, DSM-5-TR, *supra* note 6, at 733–48.
[71] Bridget F. Grant et al., *Prevalence, Correlates, Disability, and Comorbidity of DSM-IV Borderline Personality Disorder: Results From the Wave 2 National Epidemiologic Survey on Alcohol and Related Conditions*, 69 J. CLINICAL PSYCHIATRY 533, 537 (2008).
[72] Berg-Nielsen & Wichström, *supra* note 56, at 1–2.
[73] *See id.*
[74] Lexis Advance Research Timeline statistics retrieved on August 3, 2020. This author entered "personality disorder" as a search term and narrowed the search for each decade over the past forty years.

1980 to 1990 = 2,058 cases
1990 to 2000 = 5,548 cases
2000 to 2010 = 10,000+ cases
2010 to 2020 = 20,000+ cases

In the field of family law in particular, PDs are mentioned as far back as 1988 in the context of "'highly conflict[t]ed' couples who are ambivalent about their separation or who have 'severe psychopathology' or 'personality disorders.'"[75] These disputes often escalate into "tribal warfare" as other family members and professionals take sides in such high conflict cases.[76] Some of these cases are described as follows:

> Typically, parents manifesting these patterns of behavior have borderline personality disorders. Often, they split off and project unacceptable feelings onto others in their social world and then struggled in conflictual relations with those others . . . In mediation they are willing to negotiate one day and feel furious and betrayed the next. Settling their custody dispute is tantamount to giving up part of themselves.
> . . . .
> They are friendly, talkative, gracious at one moment; screaming, and stubborn the next.
> . . . .
> Mr. A waxed poetic about the wonders of parenting and his children's "infinite capacity to love and forgive." At other times, he became tense, morose and irritable and neglected them or became harshly punitive. In fact, one night he severely beat his son for not living up to his expectations and lost custody.[77]

In a 1997 article, two mental health professionals with extensive experience as counselors, mediators, and custody evaluators described the primary source of difficulty in their work with PD clients in the field of family law:

> While performing our duties in all of these roles, we have found that clients who engage in protracted adversarial processes, whether personal or litigious, show a high

[75] JANET R. JOHNSTON & LINDA E.G. CAMPBELL, IMPASSES OF DIVORCE: THE DYNAMICS AND RESOLUTION OF FAMILY CONFLICT xiv–xv (1988).
[76] *Id.* at 49.
[77] *Id*. at 119–20.

> percentage of personality disorders. They make up a significant population of the descriptively difficult clients who consume an inordinate amount of time and energy of family lawyers and the family court system.[78]

Yet, as a survey of lawyers and judges more than twenty years later in 2019 explains, the lack of understanding and training in addressing these high conflict PDs persists:

> As we have seen, when litigants with high-conflict personalities enter the family law system, disputes are prolonged, courts experience backlog in their dockets, and collateral damage results to parties, children, attorneys, the court, and even, indirectly, taxpayers. The advice most consistently heard in our interviews and from our collective review of the literature about these cases is that the best way to respond to high-conflict personalities is to recognize the pattern of behavior and to disengage from the conflict. It will take training to learn to recognize and disengage from conflict-driven litigants. Toward this end, our research elicited a series of pragmatic solutions. Our proposals fall into two broad categories: education and training for lawyers in terms of managing these individuals, whether as clients or as opposing parties, and education and training for judges about how to facilitate settlement in cases involving individuals with high-conflict personalities.[79]

In 2008, this author co-founded the High Conflict Institute, LLC with Megan Hunter, MBA.[80] At first, our aim was to educate primarily family law professionals about Cluster B personality disorders and ways of managing their cases more effectively, in court and out of court. Our efforts were recognized in the 2019 research above:

> For insight into the impact of these cases on family members and others in the legal system, there is the work of Bill Eddy, a social worker and a lawyer, and the co-founder of The High Conflict Institute. Eddy has authored several books offering tools and advice for managing high-conflict personalities in

[78] Rhoda Feinberg & James Tom Greene, *The Intractable Client: Guidelines for Working with Personality Disorders in Family Law*, 35 FAM. & CONCILIATION CTS. REV. 351, 352 (1997).
[79] Esther Rosenfeld et al., *Confronting the Challenge of the High-Conflict Personality in Family Court*, 52 FAM. L. Q. 79, 104 (2019).
[80] *See About Us*, HIGH CONFLICT INST. https://highconflictinstitute.com/about/ (last visited Feb. 26, 2024).

> the legal setting. His work offers rich insight into how and why the default structure of our family law system inevitably activates the traits that are the hallmark of those with high-conflict personalities. Eddy's central message draws on his observation that the dominant trait of a high-conflict personality is to view relationships as adversarial.[81]

While the focus of our work with the High Conflict Institute involves training legal professionals, we also receive many requests for our knowledge and skills from professionals in all settings, including human resources, employee assistance professionals, managers, law enforcement, and administrators in healthcare and education.

C. WORKPLACE PROFESSIONALS

Having a personality disorder does not mean someone cannot work.[82] In 2000, Cavaiola and Lavender published the book *Toxic Coworkers: How to Deal with Dysfunctional People on the Job*, bringing attention to the impact of personality disorders in the workplace:

> Our own study of personality factors and stress in the workplace showed that over 80 percent of our sample worked with at least one individual whose behavior was a significant source of stress for them (Cavaiola & Lavender 1999). Moreover, when asked what types of problems these coworkers, bosses, and subordinates caused, the type of characteristics people found most troublesome were similar to or identical to many of the personality disorders described in this book. Personality disorders are a special group of psychological disorders of which the general public and most workplaces are unaware. They are distinctly different and potentially more malignant than other types of disorders, such as depression or anxiety.
>
> . . . .
>
> Individuals with personality disorders often cause their organizations to run in a highly inefficient manner, potentially costing the corporation millions . . . . Workers with personality disorders often cause corporations to pay

[81] Rosenfeld et al., *supra* note 79, at 84–85.

[82] *See* AM. PSYCHIATRIC ASS'N, DSM-5-TR, *supra* note 6, at 736 (Those with a personality disorder "may not come to clinical attention until relatively late in life. A personality disorder may be exacerbated following the loss of significant supporting persons (e.g., a spouse) or previously stabilizing social situations (e.g., a job).").

> millions in damages to victims of their behavior. But bear in mind that this problem is two pronged. Not only do corporations often have to pay for the damage PD (personality disordered) people have wrought against others, but they must often pay for the damage that workers with PDs believe has been done to them.[83]

The authors spend most of their book itemizing how each of the ten personality disorders appear often in workplace conflicts, providing tailored approaches to deal with these individuals.[84] It surprised them that there had been little research or writing on this subject up to that time.[85] Yet, from this author's experience as a trainer and consultant in workplace disputes, there still is little open discussion on personality disorders' present impact in the workplace.

In 2015, Harvard researchers Michael Housman and Dylan Minor conducted a study entitled *Toxic Workers*, finding that hiring a superstar employee saves a company approximately $5,300, while avoiding a toxic employee—either by not initially hiring them, by "converting them to an average employee," or firing them—saves a company approximately $12,500.[86] While the researchers did not use the term "personality disorder," their descriptions of toxic workers closely resemble those in the *Toxic Coworkers* book regarding PDs in the workplace.[87] Their idea that some of these workers can convert into "average employees" fits with the reality that some people with PDs or PD traits may receive coaching to learn and practice skills that help them self-manage to become more positive employees.[88]

Also in 2015, this author co-wrote a book with L. Georgi DiStefano, LCSW on managing personality disorders in the workplace, entitled *It's All Your Fault at Work: Managing*

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[83] CAVAIOLA & LAVENDER, *supra* note 16, at 3, 11 (emphasis omitted).
[84] *See generally id.*
[85] *Id.* at 2 ("When we began to look into this phenomenon more deeply, we were struck by the dearth of literature dealing with these issues.").
[86] Michael Housman & Dylan Minor, *Toxic Workers*, 19–21 (Harvard Bus. Sch., Working Paper No. 16-057, 2015).
[87] *Id.* at 2. ("However, more damaging to the firm is a worker who engages in behavior that adversely affects fellow workers or other company assets; we label this type of worker 'toxic.' Thus, a toxic worker is defined as a worker that engages in behavior that is harmful to an organization, including either its property or people.").
[88] *See id.* at 24 (understanding "individual and situational factors that lead to a worker engaging in objective toxic behavior" can aid in its management and overall reduction).

Narcissists and Other High Conflict People.[89] We won a 2015 Axiom Business Book Award (Bronze Medal) in the Human Resources / Employee Training category.[90] Ken Blanchard, the coauthor of *The One Minute Manager*—one of the most successful business management books of all time—even endorsed us and recognized this subject's importance:

> This book belongs in every leader's library. Although I believe there's a pearl of good in everyone, some people's pearl is hard to find. You may not be able to change a high conflict personality, but by using Bill Eddy's and Georgi DiStefano's techniques, you'll be able to keep the focus on solutions rather than arguments.[91]

Yet in our workplace trainings, many hosts dissuade us from mentioning personality disorders and prefer we talk about "high conflict situations." Moving forward, we must do more training in this important, yet barely acknowledged area.

D. MEDIATION PROFESSIONALS

In 2020, the American Bar Association (ABA) approached this author to contribute a chapter to a new book on mediation ethics. In 2021, this book, *Mediation Ethics: A Practitioner's Guide,* was published and included my Chapter 8: "Dealing with Difficult Parties."[92] This author reported behaviors mentioned in a variety of legal cases that defined difficult parties, including "exaggerated emotions, adamant directives, attacking and demeaning behavior, difficulty compromising, a preoccupation with blaming others, repeated interruptions, bad-faith participation," and so forth.[93] Instead, this author offered a different approach:

> Any realistic approach to the mediator's role must recognize that mediation parties cannot always be treated the same. For example, the Model Standards state in Standard VI, Quality of the Process, that "[i]f a party appears to have difficulty comprehending the process, issues, or settlement options, or difficulty participating in a mediation, the

[89] BILL EDDY & L. GEORGI DISTEFANO, IT'S ALL YOUR FAULT AT WORK: MANAGING NARCISSISTS AND OTHER HIGH-CONFLICT PEOPLE (2015).
[90] *Axiom Business Book Awards 2015 Results*, AXIOM AWARDS (May 27, 2015), https://axiomawards.com/69/award-medalists/2015-medalists.
[91] Ken Blanchard, *Back Cover to* EDDY & DISTEFANO, *supra* note 89.
[92] Bill Eddy, *Chapter 8: Dealing with Difficult Parties*, *in* MEDIATION ETHICS: A PRACTITIONER'S GUIDE 165, 165–86 (Omer Shapira ed., 2021).
[93] *Id.* at 166.

> mediator should explore the circumstances and potential accommodations, modifications or adjustments that would make possible the party's capacity to comprehend, participate and exercise self-determination.[94]

In 2021, this author co-authored a book entitled *Mediating High Conflict Disputes* with Michael Lomax, a Canadian mediator with experience in both family and workplace mediation.[95] The book includes over 100 tips and tools for helping difficult clients remain in mediation, stay calm, and resolve their disputes.[96]

Nationwide, legislatures and courts are increasingly requiring mediation for a full range of disputes, instead of or prior to litigation.[97] Given that the DSM-5-TR indicates that over ten percent of the adult population meets the criteria for a personality disorder, professional mediators must be prepared to understand the unique dynamics and methods for assisting people with PDs in completing this process, as they are inevitably included in the increased number of mediations.[98] When mediation fails, parties often proceed to litigation, which is usually worse for those with PDs from this author's experience because their inherent adversarial thinking remains stuck. While courts are supposed to facilitate an adversarial process of conflict "resolution," those with PDs, particularly Cluster B, often reject court decisions because they tend to be stuck in conflict without resolution due to their perpetually adversarial thinking.[99]

IV. DISCUSSION OF STIGMA AND DISCRIMINATION

When addressing mental health issues in a public manner, there are always concerns about avoiding stigma and discrimination:

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[94] *Id.* at 167.
[95] BILL EDDY & MICHAEL LOMAX, MEDIATING HIGH CONFLICT DISPUTES 132–43 (2021).
[96] *Id.*
[97] *E.g.*, Conn. Gen. Stat. § 52-190c (2023) (requiring "mandatory mediation for all civil actions brought to recover damages resulting from personal injury or wrongful death" due to alleged "negligence of a health care provider"); *see also* Mont. Code Ann. § 39-71-2408 (requiring insurer and claimant to engage in mediation for benefit-related issues, with the mediator issuing a recommended solution "before either party may file a petition in the workers' compensation court," unless specified otherwise).
[98] AM. PSYCHIATRIC ASS'N, DSM-5-TR, *supra* note 6, at 734.
[99] EDDY & LOMAX, *supra* note 95, at 77 (explaining that adversarial individuals often engage in prolonged unresolved conflicts).

> Mental illness tops the list of stigmatized conditions in current society, generating the kinds of stereotypes, fear, and rejection that are reminiscent of long-standing attitudes toward leprosy. Mental disorders threaten stability and order, and media coverage exacerbates this situation by equating mental illness with violence. As a result, stigma is rampant, spurring family silence, discriminatory laws, and social isolation. The pain of mental illness is searing enough, but adding the layer of stigma affects personal well-being, economic productivity, and public health, fueling a vicious cycle of lowered expectations, deep shame, and hopelessness.[100]

Yet, as discussed throughout this article, PDs are different from other mental illness diagnoses because they are fundamentally interpersonal disorders directly impacting more people with potentially extreme negative behavior in not only the individual diagnosis, but also their close relationships.[101] For this reason, education regarding PDs is needed for professionals and the public, as described below.

In this author's opinion, the goals for educating professionals about PDs is quite different from educating the public. By educating professionals, the goal is to be more effective at directly working with these clients rather than avoiding them, resulting in less stigma and discrimination. In educating the public, the goals are to teach people methods of managing their relationships more effectively with difficult people, while also learning how to avoid becoming someone's target of blame—by possibly limiting engagement with certain individuals based on their behavior rather than a diagnosis.

A. PROFESSIONAL EDUCATION

Today's education of professionals regarding PDs helps to avoid shying away from working with these disorders and instead be more effective in this work.[102] Without this knowledge, many professionals avoid clients with PDs, as the following example demonstrates. At one of this author's trainings, a lawyer noted the following:

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[100] STEPHEN P. HINSHAW, THE MARK OF SHAME: STIGMA OF MENTAL ILLNESS AND AN AGENDA FOR CHANGE (2009) (abstract).
[101] Wilson et al., *supra* note 8, at 683.
[102] EDDY, *supra* note 15, at 254.

> [I] learned that I could handle cases that I previously avoided. Right after your training, I went back to my office and pulled a letter out of the outgoing mail. I had written that I was going to terminate this client because she was so difficult. Instead, I kept working with the client and last week we successfully settled her case![103]

Likewise, by adopting more effective mediation approaches, mediators can help clients participate more effectively and reach durable agreements, rather than having their mediations blow up and clients walk out.[104] While people in mediation may be able to talk about their interests, discuss the past, have insights about their own behavior, and process difficult emotions, those with PDs tend to become emotionally overwhelmed with these approaches.[105] Instead, people with PDs tend to have more success when mediators focus on narrow, problem-solving, thinking-based activities which can help those with PDs steer clear of self-sabotaging, emotional reactions.[106]

With professionals, the question of screening arises, which may include screening for interrelated issues like domestic violence before conducting a family mediation for divorce or child custody issues.[107] What is important here is that mediators screen for behavior, not for the presence of a PD or other mental illness.[108] Based on specific history of aggressive or violent behavior, a mediation may be adapted to best fit the situation (such as including separate rooms, virtual mediations, or the presence of lawyers) or not conducting the mediation at all.[109]

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[103] On May 5, 2007, this author gave an all-day training in Albuquerque, New Mexico titled: "Handling High Conflict Personalities in Collaborative Divorce." On October 17, 2008, this author gave an all-day seminar for the New Mexico State Bar Association, Family Law Institute, in Albuquerque, titled: "Handling High Conflict Divorces." During a break, an attorney came up and made this statement regarding the impact of the prior year's training on her work.

[104] Eddy, *supra* note 92, at 124.

[105] EDDY & LOMAX, *supra* note 95, at 25–29.

[106] *Id.* at 49–54.

[107] *Id.* at 43–45.

[108] *Id.* at 45–46.

[109] *See* Pohlman v. Pohlman, No. 344121, 2020 Mich. App. LEXIS 798, at *21–25 (Mich. App. Jan. 30, 2020) (Gleicher, J., dissenting) (stating that a singular domestic violence screening at the beginning of mediation is insufficient to ensure victim safety, recommending instead for a process of periodic screenings throughout the duration of mediation).

In this author's experience, it's not unusual to hear of seasoned lawyers and mental health professionals screening out "difficult" clients at the start of a case (such as the lawyer's example above) even when there are no concerns about violence. Education regarding the dynamics of PDs can make a huge difference in helping professionals manage their cases effectively even with clients who have high-conflict or difficult behaviors.

B. EDUCATING THE PUBLIC

Educating the general public is also in the best interest of people with PDs, just as it has been for those with alcoholism and other substance abuse disorders.[110] People become more compassionate when they understand a person with a PD may not have self-awareness of their challenging or aggressive behavior.[111] It helps to learn that personalities develop in childhood as a result of heredity, early childhood experiences, and the behavior modeled by the larger culture around them—a "nature-nurture" interaction that none of us has control over growing up.[112] This in turn can help build empathy for someone with a PD.[113] However, it is not always possible to have compassion when trying to discern how to protect oneself from another's aggressive behavior.[114]

As the DSM-5-TR indicates, few people are officially diagnosed with having a PD, and if they are, such a diagnosis is often not until later in life.[115] Therefore, it stands to reason that when people avoid those with PDs, it is because of their actual behavior, not an unknown diagnosis of mental illness.[116] For those on the receiving end of someone's dysfunctional interpersonal behavior, it

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[110] *See* MASON & KREGER, *supra* note 30.

[111] RANDI KREGER, THE ESSENTIAL FAMILY GUIDE TO BORDERLINE PERSONALITY DISORDER: NEW TOOLS AND TECHNIQUES TO STOP WALKING ON EGGSHELLS xi (2008) ("Borderline disorder has been surrounded by many myths that leave people with the disorder and their family members feeling very helpless. This should not be so because there are many actions that can be taken to markedly reduce the effects of borderline disorder on those who have it and on their families.").

[112] BECK ET AL., *supra* note 11, at 24.

[113] *See* Bill Eddy, *Compassion for People with Personality Disorders*, PSYCH TODAY (Sept. 22, 2018), https://www.psychologytoday.com/us/blog/5-types-people-who-can-ruin-your-life/201809/compassion-people-personality-disorders.

[114] *See id.*

[115] AM. PSYCHIATRIC ASS'N, DSM-5-TR, *supra* note 6, at 736.

[116] *See* Bill Eddy, *Who Are High Conflict People?*, HIGH CONFLICT INST. (May 15, 2019) https://highconflictinstitute.com/high-conflict-strategies/who-are-high-conflict-people/.

can be quite distressing and confusing.[117] The reality is that an individual with PD's dysfunctional interpersonal behavior already draws attention to them.[118] Most people in relationships with people who have PDs fear or exhibit great caution in how to interact with these individuals, often "walking on eggshells."[119] With Cluster B PDs, as described above, the behavior tends to be dramatic, emotional, or erratic, as well as domineering, vindictive, and intrusive.[120] Therefore, it is understandable that people already avoid those with Cluster B PDs because of these social impairments.[121]

Public awareness regarding PDs may motivate some with high-conflict personalities to get help. It will then take enlisting in a program to change, if change is even possible, such as a year or more of DBT.[122]

C. HIGH CONFLICT PERSONALITIES

When educating the public and professionals, it is important to note that not all people with PDs have behavior that is potentially domineering, vindictive, and intrusive.[123] The DSM-5-TR indicates that Cluster A personalities are more commonly "odd or eccentric" and Cluster C disorders "often appear anxious or fearful."[124] While there is a "moderate-to-large and significant association with domineeringness, vindictiveness, and intrusiveness" with Cluster B personalities,[125] based on this author's experience as a therapist working in psychiatric hospitals and outpatient clinics, not everyone with those disorders has these characteristics. For example, some people with borderline personality disorder blame themselves; some with narcissistic personality disorder are simply self-centered without blaming others; and some people with antisocial personality

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[117] *See* KREGER, *supra* note 111, at xi.
[118] *See* Eddy, *supra* note 113.
[119] *See generally* MASON & KREGER, *supra* note 30.
[120] AM. PSYCHIATRIC ASS'N, DSM-5-TR, *supra* note 6, at 734; *see also* Wilson et al., *supra* note 8.
[121] *See generally* MASON & KREGER, *supra* note 30.
[122] *See* Cloud, *supra* note 42, at 45.
[123] *See* Bill Eddy, *Narcissistic and Antisocial Personalities: Similar but Different*, PSYCH TODAY (Feb. 5, 2023), https://www.psychologytoday.com/us/blog/5-types-of-people-who-can-ruin-your-life/202302/narcissistic-and-antisocial-personalities ("These descriptions accurately describe many people with each of these personalities (but not all).").
[124] AM. PSYCHIATRIC ASS'N, DSM-5-TR, *supra* note 6, at 734.
[125] Wilson et al., *supra* note 8, at 696, 713.

disorder engage in financial scams without blaming any individual.[126]

Therefore, for all professionals other than mental health professionals (who are the only ones authorized to make diagnoses), this author recommends discussing behavior rather than diagnosis. This can be done by communicating in terms of "high conflict" behavior or "high conflict personalities" when a pattern of behavior exists with the following four characteristics: (1) a preoccupation with targets of blame; (2) all-or-nothing thinking; (3) unmanaged emotions; and (4) extreme behaviors.[127] If these characteristics continually repeat, or a pattern emerges, it indicates the individual has a high conflict personality.[128] The term high conflict personality is helpful a term of art as it avoids the need for a diagnosis amidst conflict and describes the individual's behavior rather than labeling the person.[129] The goal is to find the best balance between respecting those with high conflict personalities while protecting those around them from their high conflict behavior.[130]

It is also noteworthy that not all people with high conflict personalities have personality disorders.[131] Some individuals have more flexibility and ability to engage in self-awareness, rather than an enduring pattern of dysfunctional behavior.[132] All of these important points are taught in trainings at the High Conflict Institute.[133]

D. AVOID UNNECESSARY LABELING

Because there is a wide range in the severity of behavior exhibited for those with PDs and high conflict personalities, publicly using these labels is not helpful.[134] Saying "you're a narcissist," or "you're a high conflict person" may intend to motivate the person to

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[126] *See* Keyne C. Law & Alexander L. Chapman, *Borderline Personality Features as a Potential Moderator of the Effect of Anger and Depressive Rumination on Shame, Self-Blame, and Self-Forgiveness*, 46 J. BEHAV. THERAPY & EXPERIMENTAL PSYCHIATRY 27, 32 (2015).
[127] Eddy, *supra* note 113.
[128] *Id.*
[129] *Id.*
[130] *Id.*
[131] *Id.*
[132] *Id.*
[133] *See* HIGH CONFLICT INST., https://highconflictinstitute.com (last visited Mar. 7, 2024).
[134] AM. PSYCHIATRIC ASS'N, DSM-5-TR, *supra* note 6, at 737 ("Personality disorders must be distinguished from personality traits that do not reach the threshold for a personality disorder."); *see also* Eddy, *supra* note 113.

behave better in a legal dispute, but based on this author's experience and observations, instead this language often makes matters worse by triggering defensiveness and leading to further stigmatization and discrimination.[135] Instead, what is more important is to understand the specific types and patterns of behaviors that the person exhibits.

For example, in a family court case regarding child custody, it may be helpful to explain to a judge that a parent has a long-standing pattern of yelling and throwing items at the children, or repeatedly lying to healthcare professionals about the child's healthcare needs.[136] While the parent may have borderline, narcissistic, or antisocial or histrionic personality disorder, what is most effective is describing the specific patterns of behavior and what decisions are necessary to protect the child in a shared parenting situation.[137]

Likewise, in the workplace when there is a difficult employee, it is more helpful to identify what are the employee's specific behavioral difficulties.[138] For example, if a mid-level manager displays frequent arrogance and demeaning comments in emails toward their employees, it can help to have the manager receive coaching in writing emails, such as using the BIFF Communication™ method.[139] If their behavior improves with this coaching, then it may be possible to retain the manager.[140]

However, private working theories regarding a specific person's pattern of behavior can also be developed to adapt behavior and be more effective.[141] For example, if person has a borderline personality (whether a formal diagnosis of the disorder or merely exhibits traits), then having empathy and clear boundaries for the person using the EAR Statement™ method may be beneficial.[142] If

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[135] *See* Eddy, *supra* note 113.
[136] *See id.*
[137] *Id.*
[138] BILL EDDY, BIFF: QUICK RESPONSES TO HIGH CONFLICT PEOPLE, THEIR HOSTILE EMAILS, PERSONAL ATTACKS AND SOCIAL MEDIA 10–13 (2d ed., 2014).
[139] *Id.* at 23, 24. BIFF stands for written communications that are Brief, Informative, Friendly, and Firm.
[140] *Id.*
[141] *Id.*
[142] *See generally* BILL EDDY, CALMING UPSET PEOPLE WITH EAR: HOW STATEMENTS SHOWING EMPATHY, ATTENTION, AND RESPECT CAN QUICKLY DEFUSE A CONFLICT (2021). Using statements such as "I can see your frustration with this"; or "I'll pay attention, tell me more;" or "I respect your efforts to resolve this;" tends to calm people and help to connect with an upset person. This book has nearly 30 sample conversations demonstrating EAR Statements in many settings including with law clients.

a person has a narcissistic personality, then focusing on using words that show respect, avoid insult even if they insult you, and emphasizing setting limits by explaining policies so they don't feel personally attacked may help.[143] These thoughts can remain private while being open to the possibility that the theory or approach may be wrong. If necessary, discussing the use of this private working theory with a team of people can be beneficial—such as in a law office or doctor's office—so long as the goal is to help the person or those close to them.

V. CONCLUSION

This article calls to recognize that PDs are as serious of a public health problem as alcoholism and other addictions.[144] PDs are interpersonal disorders which mostly do not change.[145] Yet, PDs continue to be misunderstood and treated as a taboo subject, ruining the lives of many who have these disorders as well as those close to them, professionals who work with them, and society at large.[146] These are not dramatic terms, but rather a description of the reality of our modern world.[147] Understanding PDs helps explain many of today's conflicts, from domestic violence and child abuse, to workplace harassment and sexual assault, and other social problems.[148]

PDs cause problems for more than just the person with the disorder; therefore, educating professionals and the public is necessary to successfully manage these problems. Not all people with PDs cause others significant distress. The difficulties primarily accompany those who also have high conflict personalities and are preoccupied with blaming others.[149] Therefore, we must have compassion for those with PDs while also educating as many people as possible to protect themselves from becoming targets of blame.[150] According to the DSM-5-TR, PDs comprise at least 10% of the adult

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[143] *See id.*
[144] *See* HASTINGS & TYPPO, *supra* note 1; Segal, *supra* note 2; Smith et al., *supra* note 4.
[145] *See* Wilson et al., *supra* note 8; AM. PSYCHIATRIC ASS'N, DSM-5-TR, *supra* note 6, at 645 ("A personality disorder is an enduring pattern of inner experience and behavior that deviates markedly from the norms and expectations of the individual's culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment.").
[146] *See* Grant et al., *supra* note 71, at 948.
[147] *Id*.
[148] *Id.*
[149] *See* EDDY, *supra* note 15, at 16.
[150] *Id.*

population,[151] a larger percentage than those with alcoholism.[152] All professionals who work with people and the general public need to learn about these disorders. We can no longer ignore this new elephant in the room—and everywhere else in today's world.

[151] AM. PSYCHIATRIC ASS'N, DSM-5-TR, *supra* note 6, at 734.
[152] *See* Segal, *supra* note 2.