

# DIVORCE WITH A HIGH-CONFLICT PERSON

BY BILL WAGG, RCC

**A**s a family therapist, I've been working with a growing number of divorcing couples fighting over child custody and shared parenting. Typically, one parent comes seeking help, worried the ongoing conflict is harming the children. The parent tells me the children are easily upset and become angry or withdrawn after a visit with the other parent. It may take one to three days for a child to return to normal behaviour. The child may say disturbing things, for example, telling the parent to send support payments or asking how the support money is being spent, which could indicate the other parent is coaching the child to become involved in the conflict and ally with their side.

The parent shares how simple issues, such as managing children's clothes between homes, arranging pick-up and delivery times, or deciding who attends a school field trip, turn into nasty conflicts. The parent receives a barrage of negative, hateful text messages. A phone call becomes a tirade of blame and lectures. Conflict is constant, and the parent always feels defensive.





**AN HCP (HIGH-CONFLICT PERSON) CAN BE RECOGNIZED BY THEIR SELF-ABSORBED FOCUS ON THEIR OWN NEEDS AND BY INFLEXIBLE THINKING THAT'S OFTEN SHAPED BY DISTORTED REASONING.**

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#### **THE HEALTHY / "NORMAL" BREAKUP**

Most couples experience a high level of conflict and struggle during the first year of separation. Most have heated arguments and experience a time of emotional turmoil and anger. But over time, the process of grief and loss unfolds, resulting in acceptance. Emotional intensity changes to a quiet resolve to move on. Both people adapt to the new relationship and put aside past hurts and stop or reduce the fighting, making it possible to work out issues, including those around parenting.

When children are involved, even at the early stages of a breakup, most couples put the children's emotional well-being first. There is willingness to set aside personal hurts when discussing the children's needs, and parents strive to set up visitation or living conditions in the children's best interests.

The key points are the ability to accept (let go or manage the hurt), settle their differences (stop fighting), and move on (create a new life). If, however, after two years of separation, intense conflicts are still occurring, something is amiss.

#### **THE NOT-SO-HEALTHY BREAKUP**

A small number of people do not get over the breakup and remain stuck in anger and resentment. They are unable to take any responsibility for



**HIGH-CONFLICT PEOPLE HAVE GREAT DIFFICULTY PLACING THE NEEDS OF THE CHILDREN FIRST AND REACHING GUARDIANSHIP AGREEMENTS. CHILDREN CAN BECOME A MAJOR SOURCE OF CONFLICT.**

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their actions, continuously blame the other person for their difficulties and the marriage breakup, and portray themselves as victims. A person acting in this manner may have a mental health condition such as an antisocial or narcissistic borderline personality disorder. Someone with a borderline personality disorder often has great difficulty accepting and coping with a breakup. The stress they experience may exaggerate their condition, for example, heightening feelings of threat, inferiority, being ignored, or being dominated. To cope, they try to control the other person through blame, threats, and continuous conflicts. A very small number of people struggle with these mental health issues.

However, there's another group of people who don't have mental health issues but have deeply entrenched, unhealthy personality traits and beliefs that make it very difficult for them to accept a breakup. Their coping strategy is to use controlling and aggressive behaviours. In trying to understand people with these traits, I've found the work of American lawyer and former counsellor Bill Eddy to be very helpful. Eddy, co-founder of the High Conflict Institute

(see page 19), calls this type of person a "high-conflict person" (HCP).

An HCP can be recognized by their self-absorbed focus on their own needs and by inflexible thinking that's often shaped by distorted reasoning. HCPs show many of the following characteristics and behaviours:

- demonstrating inflexibility in their thinking and demands
- making assumptions and jumping to conclusions quickly
- making issues personal either by blaming the other or dredging up the past
- turning small issues into arguments
- petitioning the courts to have their demands met
- recruiting advocates such as lawyers, friends, and family members
- dragging the conflict on for years

HCPs have great difficulty placing the needs of children first and reaching guardianship agreements. Children can become a major source of conflict.

#### **WORKING WITH AN HCP CLIENT**

It is a difficult undertaking to work with an HCP who is seeking your support and credentials in order to vindicate their beliefs, decisions, and behaviours. The HCP can be very convincing in their depiction of the ex-spouse as malicious and the cause of suffering. HCPs want your support to achieve their goals and can enmesh you in their mode of operation. If this happens, you can become a negative advocate, supporting the HCP's beliefs and behaviours. To avoid this, which may not be possible, listen to your intuition when something doesn't sound right, note it, and ask questions to explore the issue.

Be careful of your assumptions when listening to the HCP's story. Notice if you are buying into their story. When I catch myself buying in, I try to expand the focus on the story and use open questions to explore the HCP's history

and management of conflict. This often shifts the focus to the HCP's participation and reflects on their own behaviours. The HCP will have great difficulty reflecting on their own behaviours and will strive to focus on the failings of the ex-spouse.

Take your time when exploring the presenting problems; draw out the facts and seek what is truly happening. Note the HCP's inability to clarify issues and skills to solve problems and follow through. HCPs are weak with these skills, which is symptomatic of the dysfunctional ways they struggle with life's challenges. I have often found the HCP will blame others for their problems, presenting themselves as powerless and a victim. I will feel like I am blocked into a corner with no resolution to the problem. There is often a tendency for the counsellor to put more time, energy, and effort into solving a problem, allowing the client to be a more passive contributor. I notice

this when I believe I have a solution to the problem, and I am trying to convince the person to take a certain action. Or I find myself arguing with the person about what they should be doing. This is transference and counter transference, and I am now locked into my client's patterned behaviour. To avoid this, provide factual information and coach them through the process of problem solving.

Encourage the HCP to be responsible for their actions and the consequences: i.e., Is this working for you? What is the price you are paying for constantly taking this to court? When there are negative consequences resulting from their actions, coach them through how their reactions, beliefs, and behaviours brought about this result.

At the core of the work, is the HCP's long history of conflict resulting from cognitive distortions and often also emotional dysregulation. The HCP doesn't want to change but wants your

support to continue in this mode of behaviour. This I have experienced as a continuous recycling of the negative story of blaming the other and staying in the "head." The storytelling is the HCP safe place, and the person will resist my invitation to explore their contribution to the conflict. I have found myself feeling like a shadow boxer getting nowhere. I strive to remember the HCP lives in a state of conflict and suffering. The HCP can be charming, engaging, and wholly convincing in presenting the emotional intensity of being victimized. By hearing only one side of the story, a counsellor can be vulnerable to vindicating the HCP's position.

Ultimately, providing counselling, being aware of transference and boundaries, and working towards helping the HCP understand their own beliefs, emotions, behaviours, and consequences is a challenging undertaking requiring skill and diligence. ■

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**RESOURCE** HIGH CONFLICT INSTITUTE ([www.highconflictinstitute.com](http://www.highconflictinstitute.com))

has a dedicated website to help potentially high-conflict families that are facing separation and divorce: [www.newways4families.com](http://www.newways4families.com).

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## WHEN YOUR CLIENT'S EX-SPOUSE IS AN HCP

**When working with a client whose ex-spouse is an HCP, I strive to help my client understand they are being hooked into an HCP's mode of operation. They cannot change the HCP, but they do have a choice in the ways they engage and respond in order to limit or shut down opportunities for attacks and to take control of their own responses. Here are some helpful skills I recommend they cultivate and apply:**

**Don't take it personally.** The HCP's anger, blaming, and demands are their personal issues, not yours.

**Set up personal boundaries.** In doing so, it's important to see the HCP as a distinct person with their own issues and agenda. Try to get in touch with a calm, confident inner place where you know you have the right to be treated with respect.

**Don't give in to demands or provide support if you disagree.** An HCP often has a repertoire of tactics to get what they want. If you give an inch, they will often take a mile.

You don't have to take on their emotional state, and you have a right to say no to their demands without feeling guilty or being intimidated.

**Recognize bullying for what it is.** End the conversation, which sets clear boundaries about which behaviours are acceptable, and more importantly, are unacceptable.

**Self-care is critically important.** Seek support from good friends and family. Learn about stress and its impact (see Jon Kabat-Zinn's mindfulness talks on YouTube). Exercise, eat well, and make time for fun.