

Understanding Character Flaws: Navigating Challenging Relationships with People At Home and At Work

Presented by

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Neither Dr. Joseph Shannon, the presenting speaker, nor the activity planners of this program are aware of any actual, potential or perceived conflict of interest.

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COURSE OBJECTIVES

Participants completing this program should be able to:

- 1. Identify core features of character-flawed individuals.*
- 2. Discuss how character flaws are organized in key personality and personality-related disorders.*
- 3. Describe strategies for working or living with people that have character pathologies.*
- 4. List strategies for protecting the health of health professionals that are in regular contact with people with character flaws.*

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**UNDERSTANDING CHARACTER FLAWS:
NAVIGATING CHALLENGING RELATIONSHIPS
WITH PEOPLE AT HOME AND AT WORK**

Many people may have certain defects of character. Recent studies in the behavioral sciences estimate that as many as one in five individuals is personality-disordered. A personality disorder is a syndrome of both character-based and biogenetic abnormalities that often goes undiagnosed and untreated. Personality-disordered individuals are profoundly flawed in that they have ingrained, recurring destructive patterns of thinking, feeling and behaving that create unnecessary disharmony, distress and even danger for themselves and for other people.

To the uninformed observer, character-flawed and personality-disordered individuals can appear normal, even “super-normal.” They are typically intelligent, educated and gainfully-employed. Many are physically attractive, well-groomed, articulate and socially skilled. It is not unusual for high-functioning personality-disordered individuals to have truly exceptional abilities, talents and other socially-desirable qualities that set them apart from the ordinary. They can establish and sustain relationships and can hold a vast variety of positions of responsibility and importance. However, character-flawed and personality-disordered persons invariably sabotage their relationships and fail to meet their responsibilities consistently. These failures are costly to themselves and others, both financially and emotionally. Severely personality-disordered individuals rarely develop insight into their destructive patterns. Relatedly, they have a truly uncanny ability to project blame onto others for the problems they themselves create. Many will evidence little or no empathy for the distress and despair that they can cause others. When confronted with their toxic behavior, the personality-disordered person will often react defensively and then later withdraw or retaliate in an aggressive or passive-aggressive fashion.

In this highly pragmatic program, participants will learn both fundamental and advanced strategies for quickly recognizing and dealing strategically with individuals with character flaws and disorders of personality. Specifically, participants will learn:

1. How to differentiate between a character flaw and a disorder of personality;
2. How to quickly assess the critical signs and symptoms of personality disorders in members of their family, friends and business associates;

3. How to observe key principles for managing relationships with character-flawed and personality-disordered individuals. These principles include:
 - a. Character-flawed and personality-disordered individuals should be treated with respect, kindness and compassion.
 - b. You must be realistic about the potential danger and destructiveness of these individuals. This will involve setting and enforcing clear, reasonable boundaries and following through with appropriate consequences when these boundaries are challenged or violated.
 - c. Understand that your persistent difficulties and problems with another individual are often a bi-product of their character/personality pathology.
 - d. You were likely drawn to the flawed person in part because of their attractive qualities, positive attributes and substantive achievements. This paradox may explain your wildly-conflicted feelings about this person and your reluctance to detach from them.
 - e. Most individuals with disorders of character or personality will not accept the fact that they are mentally ill, will refuse treatment, and therefore will never change.
 - f. Competent and compassionate mental health treatment can be helpful to anyone being held emotional hostage by a disordered individual.

4. How to implement specific strategies for navigating especially destructive relationships when avoiding the flawed individual is not an option, e.g., they are your boss or supervisor. These strategies include:
 - a. Managing difficult conversations through active, empathic listening and conflict resolution techniques;
 - b. Understanding and addressing cognitive distortions;
 - c. Practicing mindful-based stress reduction;
 - d. Focusing on where you have control and letting go of what is beyond your control; and
 - e. Knowing when it is time to disengage completely.

5. How to detox from a pathological, stressful or otherwise toxic relationship and how to avoid these relationships in the future.

In the program, case history data from Dr. Shannon's 40 years of clinical practice along with film clips from motion pictures will be used to elucidate personality and character pathology. Participants will also have the opportunity to assess the likelihood that they are currently in a relationship with a character-flawed or personality-disordered individual.

I. What are personality flaws?

- A. “(They) are brain-based dysfunctions of thinking and impulse control that lead to persistent patterns of personality and behavior that betray trust and destroy relationships.” (Yudofsky, 2005).
- B. A pathological pattern (in place by adolescence) of thinking, feeling and behaving that creates pain and distress for self and others. This problematic pattern can be a function of numerous factors including temperament, character, culture, religious and political beliefs, brain chemistry and poor nutrition. (Shannon, 2018).

1. Temperament (Traits)

- a. Harm avoidance (timidity vs. risk-taking)
- b. Novelty seeking (passivity vs. intrusiveness)
- c. Reward dependence (indifference vs. indulgence)
- d. Persistence (apathy vs. fanaticism)
- e. Socialization (introverted vs. extraverted)

2. Character (Habits) (Cloninger and Svrakic, 2000)

- a. Self-directedness
-Disciplined, responsible, purposeful, resourceful, self-accepting
- b. Cooperativeness
-Empathic, kind, compassionate, helpful, principled
- c. Self-transcendence
-Idealistic, spiritual, intuitive, imaginative, acquiescent

* Social and behavioral scientists view character as the person’s ability to modulate basic drives and emotions such as aggression, hunger, greed and sexual pleasure.

II. What makes personality flaws dangerous? (Yudofsky, 2005)

Personality flaws are dangerous if one or more of the following is true:

- A. The person with the flaw does not perceive that they have a problem.
- B. The person with the flaw has no desire to change.
- C. The nature of the flaw is such that it cannot be treated/cured/corrected.
- D. The nature of the flaw is such that there is the probability of future physical harm occurring to you or to others.
- E. The nature of the flaw is such that there is the probability of violations of the law by the individual with the flaw.

- F. The nature of the flaw is such that there is the probability that the person with the flaw will involve you in the breaking of the law.

III. What is a “Personality Disorder”?

- A. A persistent pattern of cognitive, emotional and behavioral impairment that is the result of both temperamental and characterological flaws.
- B. Common properties: (Masterson, 1981; Millon, 1981; Beck, Freeman and Davis, 2003)

1. Adaptive inflexibility – rigid, lack insight
2. Vicious cycles – tendency to repeat destructive patterns
3. Tenuous stability – periods of stability punctuated by periods of dysfunction
4. Pathological problem-solving – “DRAMA”
5. Denial or indifference re: impact of behavior on others
6. Disorder is ego-syntonic – They see themselves as normal.
7. Tendency to project blame/abdicate responsibility
8. Strong transference/countertransference – They project unresolved issues from past onto their relationship with you; they know how to “push your buttons.”

C. Most significantly flawed personality types:

1. Paranoid (1 to 2%)
2. Schizotypal (1 to 2%)
3. Anti-social/Sociopathic (4%)
4. Borderline (4 to 6%)
5. Histrionic (2%)
6. Narcissistic (6 to 8%)
7. Compulsive/Perfectionistic (2%)

IV. What Causes Personality Flaws and Disorders?

- A. Atypical brain chemistry (refer to Appendix A)
1. Inherited?
 2. The result of physical, emotional, sexual trauma?
- B. Developmental fixation, i.e., arrested development
- C. Poor learning experiences i.e., parents may have been poor role models
- D. Skill deficits resulting from life experience.
- E. Maladaptive beliefs or “schema” that are largely learned. (refer to Appendix E)
- F. Impact of culture, social class, religion, “political” climate
- G. Impact of one’s generational identify, e.g., “baby-boomers”
- H. Impact of gender, gender-role and gender socialization

V. Personality Disorders At A Glance...

A. Paranoid (1 to 2%)

1. They are unduly suspicious of the motives, intentions and behavior of others; they are distrustful.
2. They take everything personally; humorless; non-disclosing.
3. They believe they are being treated unfairly; they will complain that they are being oppressed and feel they are objects of hostility.
4. They have gross disdain for persons who seem weak, soft, defective or emotionally vulnerable.
5. They fault-find, are highly critical.
6. They rarely get along with co-workers.
7. They project blame onto external causes and people.
8. If not in charge, they sabotage or flee.
9. They fear yet invite the dislike of others.
10. They have the highest incidence of domestic violence as perpetrators.
11. They are highly susceptible to alcohol abuse and dependency.
12. They have an extremely high rate of psychosomatic illness, esp. GI problems.
13. They are prone to extreme, fanatical religious/political beliefs.
14. They rarely seek treatment; often court-ordered into treatment and have questionable motivation at best.

B. Schizotypal (1 to 2%)

1. They can appear schizophrenic-like, but they do not respond to anti-psychotic medications.
2. They will drift from one endeavor to another with low investment/enthusiasm.
3. They will appear odd, eccentric in behavior and appearance; will often have major hygiene problems, e.g., terrible body odor.
4. They are often agitated, irritable and can be aggressive with little or no provocation.
5. They will experience acute discomfort with close relationships; especially uncomfortable with displays of affection.
6. You will never get a "thank you" in response to an act of kindness/consideration.
7. They can be highly intelligent but will evidence little or no "common sense".
8. They have a terrible prognosis for recovery.

C. Anti-social/Sociopathic (4%; men outnumber women 4:1)

1. They display a pattern of disregard for, and violation of the rights of others.
2. They are typically pathological liars; they come to believe their lies and distortions and will easily "pass" a lie-detector test.

3. They have great difficulty sustaining employment and are typically overtly hostile to people in positions of authority.
4. They do not abide by social rules and laws; “Rules are for fools – I don’t let anybody tell me how to live my life...”.
5. They have deep financial difficulties largely because:
 - a. They can’t keep a job.
 - b. They are highly impulsive/reckless with their money.
 - c. They may engage in criminal behavior resulting in a wildly-fluctuating income.
 - d. They may spend much of their lives in and out of jail/prison.
 - e. They have a voracious appetite for stimulation, e.g., gambling, sex with prostitutes, drug/alcohol abuse, etc.
 - f. They can have expensive bills for legal representation.
6. They are callous and show little or no remorse for the pain that they cause others.
7. They lower their anxiety/insecurity by raising yours.
8. They attack in anticipation of being attacked; they are hyper-vigilant.
9. They have a great need to impress others.
10. They are sexually aggressive.
11. They achieve pleasure in the misfortune of others.
12. They are con-artists; they view others as vulnerable and will likely take advantage of them.
13. They have zero insight and tend to blame others for all of their difficulties.
14. They have the highest incidence of substance abuse of any psychiatric diagnosis; they start abusing drugs as teens or younger; they tend to be poly-substance abusers.
15. Terrible prognosis for recovery.

D. Borderline (4 to 6%; women outnumber men 4:1)

1. They straddle the “border” between sanity and madness.
2. Psychotic thinking and behavior is triggered by interpersonal stress, especially real or perceived abandonment.
3. They have profound feelings of emptiness and boredom which can alternate with hypomanic-like feelings of excitation, agitation, irritability or euphoria.
4. They have boundless rage, which is either introjected (e.g., self-harm) or acted-out aggressively towards others.
5. They are highly manipulative, most especially when they sense you are distancing from them.
6. They hold their families hostage with outbursts of rage and suicidal threats.
7. They see themselves as victims or martyrs who need to be pitied or rescued.
8. They do not know how to differentiate between their projections and reality; are known for distorting the truth and making false accusations.

9. They crave intimacy but ultimately repel it, e.g., making unreasonable demands of a loved one.
10. They have a long history of toxic, unstable personal relationships.
11. They elicit the strongest countertransference reactions from professional caregivers.
12. They are prone to addictive disorders, self-mutilation, excessive body piercings and tattoos and somatic complaints, most especially auto-immune disorders such as fibro-myalgia.
13. Sixty-five percent have a history of sexual abuse.
14. Dialectical Behavioral Therapy is recommended; excellent prognosis for remission of most symptoms – 88% success rate.

E. Histrionic (2%)

1. They have an insatiable need for attention. This may manifest via constant demands for praise and re-assurance.
2. They use sexual seductiveness to gain praise or to manipulate others.
3. They have rapidly changing albeit shallow moods; they may appear “bipolar” in that their moods can change quickly and with little or no provocation.
4. They live in a perpetual state of denial and tend to avoid responsibility.
5. They can be extremely quick-witted, funny, and imaginative. These qualities, combined with a carefully-crafted youthful appearance, can make them very attractive to others.
6. They are easily bored with their spouses and partners; they tend to be flirtatious and will likely have multiple extra-marital affairs.
7. They prefer to be with partners who are detached/unemotional. They initially perceive these qualities as “emotional stability.” Over time they perceive their partners as insensitive, disinterested or unappreciative.
8. They are phobic of aging and will go to great lengths and great expense to look significantly younger than their chronological age. Their personality deteriorates as they age.
9. As they get older, they will be especially prone to developing Somatoform and other psychosomatic disorders. They will use these psychogenic disorders to elicit special attention/empathy from their families and their medical providers.
10. Their primary goal is always affection and attention for themselves. They are rarely, if ever, concerned about the needs of others.
11. They frequently are “loud talkers” so that all will hear them.
12. Psycho-dynamic therapy is recommended with an uncertain prognosis.

F. Narcissistic (6-8%; males dominate at a ratio of 4:1)

1. They can initially appear “normal,” even “super-normal.”
2. They are morbidly self-absorbed and are typically self-centered and selfish.
3. They have an appalling lack of empathy and compassion for others but will expect extraordinary empathy and compassion from those close to them.

4. They have a sense of grandiosity which results in a profound and pervasive sense of entitlement. They are “special” and, as such, they are always entitled to special treatment. In addition, they should not be expected to play by the rules because they are so “special”.
5. Their greatest fear is to be embarrassed or shamed. They tend to perceive any negative feedback as an assault/attack and will retaliate in a vengeful fashion. They never forget or forgive...
6. Relatedly, they fear being exposed as a fraud or failure. Many will exaggerate their accomplishments, educational background, work history and other achievements in order to sustain a grandiose public persona. They are seldom contented to be accepted by others. They want to be envied by others.
7. They are always seeking “the perfect mirror,” i.e., the person who will reflect back all of the wonderful attributes the narcissist believes he possesses, e.g., “You’re the greatest negotiator/deal maker...” But the “mirror” must never reflect the narcissist’s imperfections, faults, or short-comings.
8. Many have serious problems with impulse control and judgement. They bore easily and will often create unnecessary drama/trauma just to assuage their boredom.
9. They rarely, if ever, take responsibility for their mistakes. They typically project blame onto others. If they are your boss or supervisor, they will take credit for your success and blame you for their failures.
10. They are rarely faithful to their domestic partners; they are oftentimes compulsively married and divorced; while married, they will typically have numerous sexual dalliances and affairs.
11. They are prone to addictive disorders, especially alcoholism, workaholism and sexual addictions.
12. They are pathologically self-reflective (“What could be more interesting to contemplate than me?”) but have an astonishing lack of true insight. This dooms them to make the same terrible mistakes repeatedly.
13. They have a very poor prognosis if they enter psychotherapy after the age of 40. Insight-oriented, supportive psychotherapy will often time fuel pathological narcissism.
14. Sub-type: The Malignant Narcissist
 - a. Paranoia, i.e., unduly suspicious of others.
 - b. Prominent anti-social/sociopathic traits.
 - c. Sadistic tendencies, i.e., will derive intense pleasure from causing pain, conflict or turmoil for others; will also have a mean-spirited, cruel sense of humor.
 - d. No known treatment for this form of narcissism.

G. Compulsive-Perfectionistic (1-2%; males have a slight edge...)

1. They are typically preoccupied with excessive orderliness, perfectionism and mental and interpersonal “control”; their obsession with rules and details may undermine speed and efficiency at work.
2. They come across as aloof, cold, critical and joyless. They will not communicate feelings and will see others who do so as weak and inferior.
3. Their life is one endless “checklist.” Many are workaholics and they typically equate their self-worth with doing rather than being.
4. They have the greatest level of occupational stress because they are tireless and fiercely dedicated to their job. As a result, their health and personal relationships both suffer.
5. They are terrible managers/leaders/supervisors:
 - a. They will not delegate; this would result in loss of control;
 - b. They will micromanage every task they must assign to others;
 - c. They have un-godly, unrealistic expectations that few could meet much less exceed;
 - d. They have impoverished social skills and won’t be able to blend in with the group; and
 - e. They are typically perceived as overbearing, controlling, neurotic and highly-critical; they are hypersensitive to negative feedback and are quick to interpret it as a put-down or insult.
6. They are very prone to depressive, anxiety-based and eating disorders. They have an unusually high incidence of alcohol abuse/dependency (60%).
7. Their moral/ethical/religious beliefs are extremely rigid and they are perceived as judgmental.
8. They tend to be miserly/stingy, bull-headed, willful, uncreative and inflexible; they also tend to be covertly hostile toward authority figures.
9. As parents, they have no concept of “unconditional love.” Love is given or withheld based on the child’s submitting exactly to the parent’s way of doing things.
10. The recommended treatment includes:
 - a. Targeted pharmacotherapy, e.g., use of anti-depressants
 - b. Stress-management training
 - c. Training in mindfulness/meditation
 - d. Cognitive-behavioral psychotherapy
 - e. Prognosis: excellent with treatment

VI. Key Principles for Managing Flawed Relationships (Yudofsky, 2005)

- A. Dealing with flawed individuals can be difficult, challenging, frustrating, and sometimes destructive. Never-the-less, people with these conditions should be treated with civility, respect and compassion.

- B. You must adapt your behavior and alter your expectations of the flawed individual based on the reality of who they are, not who you think they could or should be. With most significantly flawed individuals, you will need to set and consistently enforce clear boundaries. If boundaries are violated, you will need to follow through with reasonable consequences.
- C. If you are having a serious relationship problem, you are likely in a relationship with a person who has a significant character flaw or a full-blown personality-disorder. You may also have significant character or personality flaws. To address the relationship problem, start by focusing on your contribution to the problem.
- D. You were likely attracted to the flawed person because of their attractive, substantive qualities. Your reluctance to leave the relationship may be due, in part, to this fact.
- E. Character and personality-disordered individuals are excessively self-focused and self-involved. This makes these individuals reluctant (at best) to try to understand and accept other people's points of view. Relatedly, these individuals are typically oblivious to the effects of their behavior on those closest to them; or they simply don't care. There may also be tendencies to manipulate, exploit or otherwise take advantage of others, including close friends, colleagues and even family members.
- F. Disorders of personality and character are complex, multifaceted phenomena. As such, they require a holistic, eclectic, multi-faceted treatment approach to achieve even a small degree of remission. Treatment modalities may include:
 1. Individual, strategic psychotherapy, e.g., cognitive-behavioral therapy, Dialectical Behavioral Therapy (DBT), etc.
 2. Targeted pharmacotherapy, e.g., use of anti-seizure drugs to address problems with emotional stability and impulse control
 3. Nutritional counseling, e.g., use of nutritional supplements to enhance production of serotonin to alleviate anxiety and depression
 4. Substance-abuse counseling and 12-step programs, such as A.A., C.A., and N.A.
 5. Marital/Family therapy, e.g., Family Systems Counseling
 6. Neurofeedback to restore normal brain chemistry following severe trauma, e.g., E.M.D.R. to address P.T.S.D.
 7. Training in meditation and mindfulness to optimize brain chemistry and enhance neurochemical resilience vis a vis stress.
- G. Sadly, many (if not most) people with disorders of character and personality will not accept that they have problems. They will refuse or be non-compliant with treatment. They will not likely change. Relatedly, if you are in a relationship with a disordered individual, they will likely blame you for all of the problems that they themselves create. This is commonly called "gaslighting," named so after a famous motion picture ("Gaslight") wherein the central female character is brainwashed and abused by her psychopathic husband.
- H. Competent and compassionate professional treatment can be very helpful to a person currently in or desiring to relinquish a toxic relationship with a disordered individual. The best treatment will help that person learn how to protect him/herself from the devaluations, distortions and

exploitations that frequently occur in toxic relationships. In addition it will teach the individual how to compute a pro-vs-con “relationship calculus” culminating in a decision regarding their future participation in or detachment from the troubled relationship.

VII. Critical Principles for Recovery and Growth

- A. While there are mental health treatments for disorders of character and personality, they remain largely incurable, untreatable and widespread. Moreover, the vast majority of significantly flawed individuals will never seek mental health treatment. Bottom line: Character- flawed and personality-disordered individuals are not likely going to change. What you see (and don’t see) is what you get.
- B. If complete detachment is not an option, you must develop critical skills for successfully navigating the dangerous waters of character and personality-pathology. These skills would include teaching yourself and others how to:
1. Quickly recognize the obvious and not-so-obvious signs and symptoms of a character/personality pathology, i.e., calling out toxic, manipulative behavior for what it really is vs. “normalizing” bad behavior when it is convenient to do so. E.g., “Sexual Harassment” vs. “Boys will be boys...”
 2. Address and set limits with inappropriate behavior. This is no easy task, most especially if there is a power differential, e.g., the flawed individual is your boss or supervisor.
 3. Adapt/tailor communication style to the flawed personality in question. There is no “one size fits all” approach when it comes to dealing with toxic individuals. For example, it is generally not advisable to confront a narcissist or sociopath directly. This will likely precipitate an extreme, retaliatory, defensive response. A better approach would be to appeal to the individual’s selfish self-interest. (Refer to Appendices B, C and D)
 4. Resist the pull to be drawn into the various “psycho-dramas” of character-flawed and personality-disordered individuals. For example, the person with Borderline personality disorder is interested in seeing herself as a victim. She will work diligently to seduce you into being her next hero, i.e., the person who will rescue her from all of her misery and pain. In a similar fashion, the narcissistic individual will initially try to place you upon a pedestal provided that you always affirm his greatness and never challenge his toxic behaviors.
- C. You must be committed to learning something positive and adaptive from your experience(s) with character-flawed and personality-disordered individuals. In other words, break the pattern, break the cycle before it breaks you. This process of learning and recovery will involve the following steps:
1. Education for you and those you care about (see comments above).
 2. Validation – e.g., helping others through their dark experiences and showing them that they are not alone. Sharing your experiences with others and understanding how you and they

were “conned”, manipulated, betrayed or otherwise abused. Clarifying how you (and others) were “triggered”, i.e., what was your piece of the toxic relationship?

3. Healing/Transcendence – Here you shift the focus from the disordered individual to you. This may involve:

- a. Identifying and mourning losses;
- b. Clarifying what you may have gained from the toxic experience, e.g., wisdom;
- c. Developing healthy boundaries and enforcing them consistently;
- d. Identifying self-esteem defects that may have made you more vulnerable to victimization. Remediating these through cognitive-behavioral therapy; and
- e. Clarifying what healthy and unhealthy relationships look like.

4. Freedom:

- a. You can clearly and quickly identify disordered individuals; the fog has lifted...
- b. You have no illusions about changing or transforming the disordered individual. Their condition is toxic and likely terminal.
- c. You recognize that nothing positive or of substance can be gained from interacting with this individual. If you must interact with this person, you will do so in a mindful, strategic and peaceful way.
- d. You will devote your energy to psychologically healthy, empathic, reciprocal individuals.
- e. You understand that you deserve to be with people who respect, love and care for you. Bottom line: surround yourself with safe, respectful and supportive people and offer them these same qualities.

VIII. Appendices

- A. Primer on neuro-psychology of personality disorders
- B. Five critical strategies for reasoning with individuals with disorders of character and personality
- C. Specific listening skills for avoiding unnecessary conflict with disordered individuals
- D. A model for having especially difficult conversations with disordered individuals
- E. Cognitive distortions for personality disorders

IX. References

***Appendix A:**
Biological/Neurochemical View of Personality Flaws and Disorders

- A. Personality-disordered patients have atypical brain chemistry.
- B. The atypical brain chemistry may be the result of a biogenetic predisposition, pre-birth trauma, birth trauma, post-birth psychological or physical trauma, physical or emotional neglect, medical conditions or a combination of these factors
- C. While many areas of the brain may be affected, the primary locus of the imbalance will be in the cerebral cortex, the prefrontal cortex and sections of the limbic system notably the amygdala and the hippocampus.
 - 1. Prefrontal cortex abnormalities will include:
 - a. Impaired executive functions:
 - (1.) Sociopathic manipulation alternating with:
 - (2.) Lack of forethought/impulsivity in making another decision; and
 - (3.) An unwillingness to change/alter one's course of action.
 - b. Impaired impulse control and emotional regulation:
 - (1.) Inability to sense/respond appropriately to the emotions of others (e.g., empathy)
 - (2.) Pathological risk-taking
 - (3.) All forms of addiction
 - (4.) Inability to delay gratification
- D. Neurotransmitters, notably serotonin, dopamine and norepinephrine, will figure prominently in the chemical imbalance which underlies the personality pathology. These neurotransmitter excesses or deficits will have profound effects on the patient's mood, motivation, interpersonal behavior, impulse control and affect regulation/modulation.
- E. Effective treatment will need to include a pharmacological intervention targeted to specific symptoms along with strategic psychotherapy and other treatment modalities.

* From: Carlen, M. (2017). What constitutes the prefrontal cortex? In: Science, (358). 478-481.

Appendix B:
Critical Pathways For Effective Reasoning

1. Assuring that the person feels heard.
 1. Active Empathic Listening
 2. Emotional healing begins when the patient's feelings, observations and concerns are validated by the healthcare provider.

2. Focus on feelings.
 1. What are the patient's emotional triggers/suppressors?
 2. What feelings get triggered, e.g., anger?
 3. What does the patient currently do to calm/soothe themselves once triggered?

3. Focus on beliefs/schema.
 1. What core beliefs are being triggered?
 - "I'm not good enough."
 - "I'm being abandoned."
 - "I'm entitled."

 2. What makes these beliefs so compelling?
 - Reinforced by parents/peers?
 - Maintain patient's identity?

 3. What can be done to challenge/change these beliefs?
 - Cognitive-behavioral psychotherapy?
 - Thought-stopping?
 - "Where's the evidence/data to support this belief?"
 - "Can I change my narrative?"

4. Identify the patient's core strengths:
 1. Resilience
 2. Intrapersonal skills, e.g., self-soothing, distracting techniques
 3. Interpersonal skills, e.g., easily connects with others in a group such as AA or NA

4. Emotion regulation skills:

- deep breathing; use of imagery
- counting slowly from 1 to 10
- the ice-cube strategy
- waiting 24 hours before expressing anger

5. Core emotional concerns:

1. To feel understood
2. To feel appreciated
3. To be given the benefit of the doubt
4. To be treated as an equal
5. To be treated respectfully
6. To have the freedom to decide

6. Beyond reason:

1. Rage
2. Acute mania
3. Delirium
4. Substance-induced states
5. Psychosis
6. Dementia/Organic Brain Syndrome

Appendix C:
Active Empathic Listening Skills

1. Face the speaker.
2. Maintain eye contact.
3. Remain calm and relaxed:
 - a. Breathing deeply
 - b. Monitoring your voice
 - c. Seeing the unreasonable individual as a “gift”
 - d. Defensive behavior seen as a measure of pain
4. Be attentive.
5. Be open-minded and flexible.
6. Listen to the words for meaning.
7. Summarize/paraphrase what the person says.
8. Watch the person’s body language for clues.
9. Be aware of your body language.
10. Refrain from interrupting.
11. Wait for the person to pause before speaking.
12. Ask open-ended, clarifying questions.
13. Do not judge the other person.
14. Try to understand what the person is feeling and validate that feeling.
15. Use statements like, “I understand how you feel.”

From: Leutenberg, E.A. & Liptak, J. J. (2012). Coping with Difficult People Workbook.

Appendix D:
Model for Having Difficult Conversations

- A. State your positive intent.
 - 1. Explain your purpose, highlighting the benefit to the other person.
 - 2. Helpful for intent to convey empathy or to affirm other person in some way.

- B. Tell the truth fast.
 - 1. Get to the point quickly.
 - 2. Be factual and specific.
 - 3. Explain impact; i.e., negative consequences.

- C. Listen and understand.
 - 1. Invite reactions and inquire.
 - 2. Listen intently; acknowledge the other person's feelings.
 - 3. Check your understanding.

- D. Find common ground.
 - Summarize your shared interest or goal. e.g., "We both want..."

- E. Identify options and your action plan.
 - 1. Identify possible courses of action and the pros and cons of each.
 - 2. Agree on your approach – a plan of action for both of you.

- F. Express appreciation.
 - 1. Convey positive regard, i.e., thanks, admiration or appreciation. e.g., "This wasn't easy, and I appreciate your openness..."
 - 2. "How are you feeling about our conversation...?"

- G. Trouble-shooting:
 - 1. Beforehand, adopt a positive mindset, or at least a neutral one. Do not come across as frustrated, angry or blaming. Be respectful and open.

 - 2. If the person resists:
 - a. Empathize with resistance.
 - b. Repeat steps "A" through "F" in the face of continuing resistance.

 - 3. If you're on the receiving end, open your mind.

Appendix E:
Cognitive Distortions for Personality Disorders

PARANOID PERSONALITY DISORDER

1. People will eventually try to hurt me.
2. People cannot be trusted. They will always take advantage of me.
3. People will try to bother or annoy me.
4. Don't get mad, get even.
5. Any insult, no matter how slight, directed at me should be punished.
6. Always be prepared for the worst.
7. To compromise is to surrender.
8. Avoid intimacy.
9. If I get close to people they can find out my weaknesses.
10. Keep alert for anyone who has power. They can hurt me.

SCHIZOTYPAL PERSONALITY DISORDER

1. Don't let people get too close.
2. People will try to engulf or control me.
3. Don't express affection or gratitude; others will take advantage of me if I do.
4. My perceptions are more reliable than those of others.
5. I am gifted with a special type of vision, psychic or otherwise.
6. I can't be bothered with trivialities, like paying my bills or daily hygiene.
7. I am more intelligent than most other people.

ANTISOCIAL PERSONALITY DISORDER

1. Rules are meant for others.
2. Only fools follow all of the rules.
3. Rules are meant to be broken.
4. Look out for Number 1.
5. My pleasure comes first.
6. If others are hurt, offended, or inconvenienced by my behavior, that is their problem.
7. Do it now!
8. I will not allow myself to be frustrated.
9. I will do whatever I must to get whatever I want.
10. I am really smarter than most everybody else.

BORDERLINE PERSONALITY DISORDER

1. I am not sure who I am.
2. I will eventually be abandoned.
3. My (psychic) pain is so intense that I cannot bear it.
4. My anger controls me. I am incapable of modulating my behavior.
5. My feelings control me. I cannot modulate my feelings.
6. S/he is so very, very good that I am so lucky.
7. S/he is so very, very awful that I cannot bear them.
8. When I am overwhelmed I must escape (by flight or suicide).

HISTRIONIC PERSONALITY DISORDER

1. Appearances are important
2. People are judged on external appearance.
3. I must be noticed.
4. I must never be frustrated in life.
5. I must get everything I think that I want.
6. Emotions should be expressed quickly and directly.
7. Beauty is the most important consideration in judging someone.

NARCISSISTIC PERSONALITY DISORDER

1. I must have my way in every interaction.
2. I must not be, in any way, foiled in seeking pleasure or status.
3. I am more special than anyone else.
4. I should only have to relate to people like me.
5. I must be admired.
6. No one should have more of anything that I have.

COMPULSIVE-PERFECTIONISTIC PERSONALITY DISORDER

1. There are strict rules in life.
2. By focusing on the details of a situation, one will reduce the chances of making errors.
3. A person is defined by what they do.
4. The better the job you do the better person you are.
5. Rules must be adhered to without alteration.
6. Never discard anything that may be of some value.
7. Emotions must be controlled.

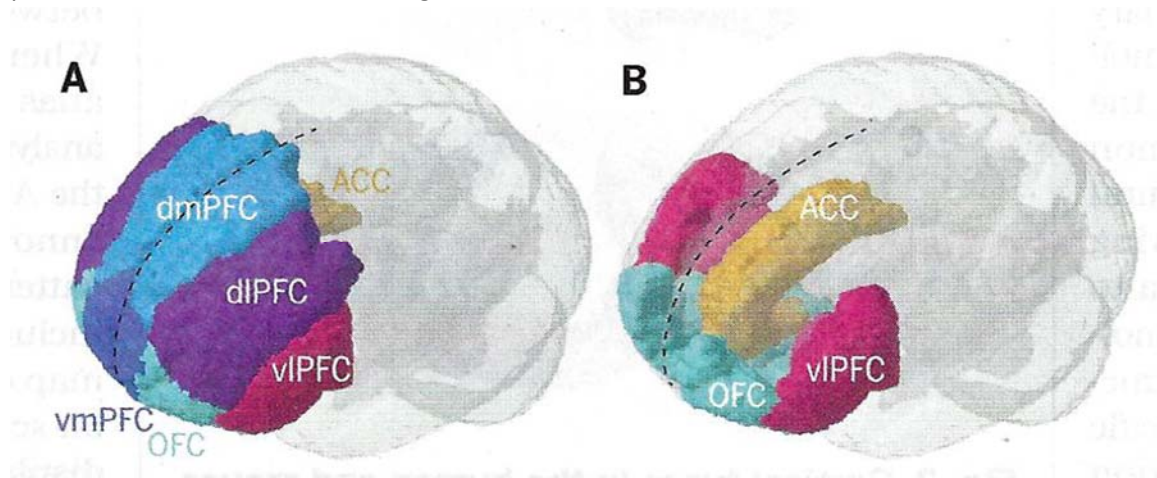
Appendix F:
Character Flaws and the Prefrontal Cortex

Distinct character flaws each identified with malfunctioning of different regions of the prefrontal cortex.

1. Impaired Social Judgment: lack of empathy and honesty, grandiosity and narcissism and damage or defect of the orbitofrontal cortex.

2. Impaired Impulse Control and Emotion Regulation: inability to sense emotions of others, risk of all forms of addiction and the ventral prefrontal cortex.

3. Impaired Motivation: at one extreme, low motivation, and at the other, obsessions, compulsions, perfectionism and the anterior cingulate cortex.



Carlen, M. What constitutes the prefrontal cortex? *Science*, 358, 478 – 481, 2017

The brain regions in A show the outside (lateral) aspect and B depicts medial (inside).

Orbitofrontal Cortex (OFC)

Impaired Social Judgment: how damage or defect of the orbitofrontal cortex is related to lack of empathy and honesty, and grandiosity and narcissism. When brain damage is limited to the orbitofrontal cortex, the condition known as Acquired Sociopathy occurs (see reprints including the author Damasio, a world-famous neurologist). There is a form of dementia known as frontotemporal dementia. If damage is limited to the orbitofrontal cortex, we get sociopathic/narcissistic behavior.

Anterior Cingulate Cortex (ACC)

For many years, neurosurgeons removed the anterior cingulate cortex in order to treat obsessive-compulsive disorder. However, when there is damage to both sides of the anterior cingulate, there is a syndrome known as Akinetic Mutism. In brief, the person loses all motivation, even to get out of bed or use the bathroom. Clearly, the anterior cingulate is involved in motivation and what we attend to.

Ventral Prefrontal cortex. (vPFC)

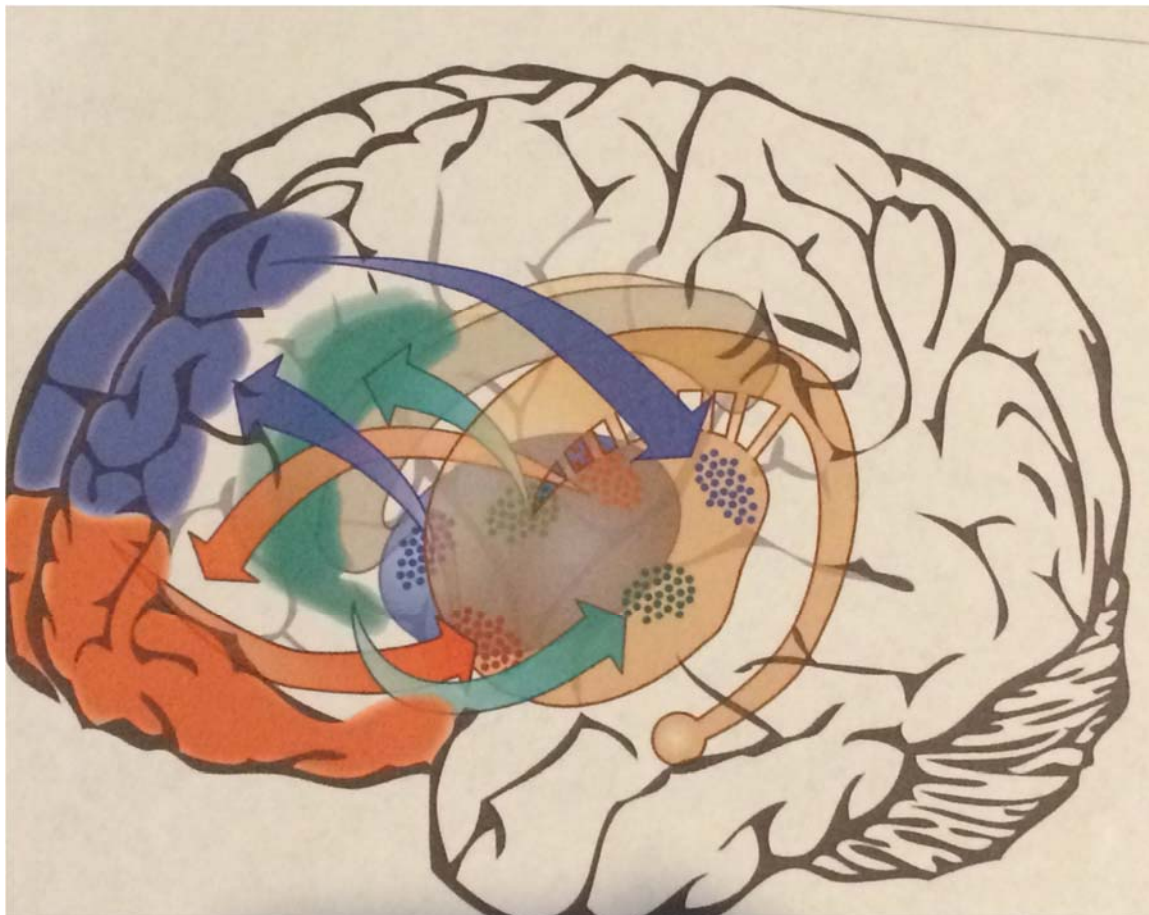
Impaired Impulse Control and Emotion Regulation: inability to sense emotions of others, risk-taking, at-risk of all forms of addiction and the ventral prefrontal cortex.

The ventral prefrontal cortex calculates the immediate reward-related benefits of an action. It is implicated in all addictive disorders including addictive eating. A properly functioning ventral prefrontal cortex can restrain the habit brain from acting on impulse.

Dorsolateral Prefrontal Cortex (dmPFC)

The ability to plan, identify alternatives, and prioritize effectively relies on the dorsolateral prefrontal cortex. This region of the brain is implicated in executive functions that have to do with sociopathic manipulation and planning, premeditated crimes, and malevolent schemes to defraud, defame, or defile, or harm another person.

The regions of the prefrontal cortex described above have loops between.



The figure above shows the dorsal prefrontal cortex in blue, the orbitofrontal and ventral prefrontal cortex in orange and the anterior cingulate cortex in green. Each area involves a loop that goes to the subcortical habit brain.

Character flaws are based on habits. The loops that go to the habit brain include the following characteristics:

Three major forms of habits

1. **Social/Emotional and Addictive Habits (orange)**: these connect from the area in orange to the dopamine centers of the habit brain, that large structure with a tail and head. The tip of the tail is the amygdala (involved in habitual fear), the lower region is the ventral striatum, the heart of the area where addictive habits are organized. Stress weakens the connections between the restraining power of the social/emotional and reward-centered areas of the prefrontal cortex and the automatic and non-conscious addictive habits in the habit brain.
2. **Obsessive-Compulsive Habits (green)**: these are the habits that are based on the connection between the anterior cingulate cortex (green) and the body of the caudate nucleus. Exposure-based therapies enable the habit brain to extinguish its habits, thus weakening the effect of phobic disorders (amygdala), and obsessive-compulsive habits (body of caudate nucleus).
3. **Executive Habits (blue)**: dorsolateral prefrontal cortex connects with the subcortical habit brain and is involved in automatic thoughts that can be treated through cognitive behavioral therapy. Other cortical fields can impose more constraints on the dorsal prefrontal cortex.

Trafton, J.A., Misra, S. A, and Gordon, W.P. Training Your Brain to Adopt Healthful Habits: Mastering the Five Brain Challenges. Institute for Brain Potential 2017.

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Online Resources

www.greatergood.berkeley.edu: Fabulous site for research, education, and practices related to “the science of a meaningful life”

www.mindful.org: Wonderful practices for nurturing well-being: for example *10 mindful attitudes that decrease anxiety...the 3-minute breathing space practice*

www.thework.com: Byron Katie’s approach to “identifying and questioning the thoughts that cause all the anger, fear, depression, addiction and violence in the world.”

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Self-Test:
“UNDERSTANDING CHARACTER FLAWS...”

1. A personality flaw is:
 - A. Sometimes a habit-based, maladaptive way of thinking or behaving.
 - B. Sometimes the result of a neurochemical abnormality that is either inherited or acquired from trauma.
 - C. Never treatable/correctible.
 - D. A and B are true.

2. Which of the following is a personality trait?
 - A. Harm avoidance (timidity vs. risk-taking)
 - B. Self-directedness
 - C. Cooperativeness
 - D. Self-transcendence

3. Which of the following is a personality habit?
 - A. Novelty-seeking behavior
 - B. Reward dependence
 - C. Cooperativeness
 - D. Socialization

4. Personality or character flaws are dangerous when:
 - A. The person with the flaw does not perceive themselves as having a problem.
 - B. The person with the flaw projects blame onto others for the flaw.
 - C. The nature of the flaw is such that it cannot be treated or changed.
 - D. All of the above are true.

5. Which of the following is not a common property of personality- disordered individuals?
 - A. All are untreatable/incurable.
 - B. Adaptive inflexibility
 - C. Tenuous stability
 - D. Pathological problem-solving

6. Which of the following is not a symptom of paranoid personality-disorder?
 - A. They are unduly suspicious of the intentions and behavior of others.
 - B. They paradoxically have a light-hearted, delightful sense of humor.
 - C. They have the highest incidence of perpetrating domestic violence.
 - D. They tend to be fault-finding and highly critical.

7. Schizotypal individuals:
 - A. Can appear to have schizophrenic tendencies but do not respond well to anti-psychotic medications.
 - B. Are often agitated, irritable and anxious, most especially in social situations.
 - C. Are generally uncomfortable with displays of affection.
 - D. All of the above are true.

8. Anti-social (sociopathic) individuals:
 - A. Have a profound sense of identity confusion.
 - B. Are pathologically obsessed with rules and details and often fail to grasp the “bigger picture.”
 - C. Are pervasively dishonest and disloyal.
 - D. Tend to avoid social interaction.

9. Which of the following statements is true?
 - A. Setting and enforcing clear, consistent boundaries is critical when dealing with flawed or personality-disordered individuals.
 - B. You may need to alter your expectations and adapt your communication style when dealing with flawed/disordered individuals.
 - C. Personality-disordered individuals invariably attract and develop relationships with other personality-disordered individuals.
 - D. All of the above are true.
 - E. Only A and B are true.

10. Which of the following is a critical principal for recovering from a toxic relationship?
 - A. If possible, detach completely from the toxic individual.
 - B. If detaching is not an option, you will need to develop critical skills, such as setting boundaries and enforcing consequences with the toxic person.
 - C. You must resist the pull to be drawn into the “psycho-drama” of the toxic individual’s life, e.g., resist the desire to “rescue the victim.”
 - D. You must be committed to learning something positive/adaptive from your stressful experience with the toxic individual.
 - E. All of the above are critical principals.

Answers: 1. d, 2. a, 3. c, 4. d, 5. a, 6. b, 7. d, 8. c, 9. e, 10. e