

## Personality Disorders in the Workplace

By Mark P. Unterberg, MD

Of all the psychiatric problems that face organizations today, one of the most insidious can be the otherwise high-functioning person with a severe personality problem. These individuals create multilevel difficulties that defy easy detection and definition due to the intermingling of their health and pathology. They are usually much harder to recognize than the obvious depressive or alcoholic, and their personalities cause repeated but subtle disruption in the workforce and the decision-making processes. This new series uses real-life examples to show how to reach out to such workers and point them toward fulfillment of their true potential.

All business is personal. Success requires technical abilities as well as professional presence, but it is most profoundly determined by personality. Whether on the assembly line or in the corporate boardroom, the workplace is made up of people with complex combinations of personality traits. Other than computers talking with each other, there is no workplace situation that is not affected by personal and subjective attributes of individuals. The common expression, "It's nothing personal, just business," is interesting just because it attempts to deny the significant contribution of personality to the workplace.

Decisions are constantly made in a personal frame of reference that determines workplace perceptions. Even the most determinedly objective choices are ultimately affected by personality style. Productive organizations and good employee mental health require careful attention to individual personality traits and difficulties.

### Personalities that don't adapt

This series focuses primarily on maladaptive personality traits in otherwise reasonably or even exceptionally competent individuals. The impact on themselves and their workplace environments are always significant. There is a subtle interplay between the environment and both the adaptive and maladaptive traits. As circumstances and individuals change, the personality assets and strengths of a relatively healthy employee can undermine the team effort.

Employees who suffer from more recognizable depression, psychosis and even substance abuse may create more obvious problems for the organization. But personality traits that become problematic under stress can create insidious and slowly progressive havoc. Even senior mental health professionals sometimes do not always note maladaptive personality traits. It is essential to maintain business and mental health professionals' awareness of the subtle and sometimes destructive effects of personality in the organizational setting.

There is no way to avoid bringing personality traits to the workplace. The psychological structures that define a unique individual can be neither eliminated nor avoided. Personality is a reflection of emotional defenses (ways of operating) that individuals develop in reaction to interpersonal circumstances over the years. These defenses, called compromise formations, derive from the survival instinct to create a balance between internal emotional needs and the demands of external reality. There are always needs and instinctual desires to be gratified. Under ideal circumstances, personality is a complex set of psychological decisions that help ensure a balance and calmness that foster maximal productivity, creativity and enjoyment.

Established patterns of emotional defenses form personality traits that seek the most harmonious possible adaptation to external realities and present the individual to the world. We are like psychological fingerprints with no other identical in the world. Initially formed in childhood, defenses can be modified by experience. The most adaptive personalities are flexible in response to changing internal and external circumstances. Loss, growth, distress, pleasure and change are ever present. While much has been written about interpersonal relationships in the social arena, there has been far less attention to personality adaptation at work.

## Why disorders are different

Personality disorders represent defects in emotional defenses and resultant compromise formations. The psychological structure set in place to help the individual achieve maximum potential in one environment is poorly adapted to newer circumstances. Perceptions and decisions become nonproductive and even repetitively self-destructive. Unwittingly, maladaptive personality traits now prevent attainment of desired goals.

It is important to remember the difference between personality traits and disorders. Pronounced personality traits can exist without a personality disorder. Personality disorders exist when there is a distinct pattern of excessive, inflexible and consistently self-destructive personality traits.

Adaptive individuals can modify their personality traits through experience. Actions lead to consequences, and assessment of those consequences is used to modify responses to similar problems in the future. In varying degrees, this process goes on throughout life and allows a high degree of balance and well-being. Life in both social and work arenas goes pretty well.

But when there is a personality disorder, actions are unresponsive to their consequences. Faced with adverse feedback from the environment, the same behaviours are repeated over and over. There is a defect in the feedback loop. Adverse consequences are either ignored or not perceived, or else there is an inability to modify behaviour. There is something wrong in the old trial-and-error method.

Most people with personality disorders tend to think that the problem resides with others or in the environment and not within themselves. This allows us to see workplace problems from a psychological perspective. Employees with personality disorders always have positive personality traits and characteristics — otherwise, they would not have been hired in the first place — but the maladaptive and inflexible patterns can emerge under stress.

## Appropriate responses

Figuring out what to do requires good clinical data and judgment to assess personality issues in the workplace and help the employee make necessary changes to become a productive worker. More sophisticated understanding of underlying mechanisms allows the clinical information to be organized into useful and understandable findings and recommendations.

The first instalment of this seven-part series deals with obsessive compulsive personality style. Subsequent instalments will discuss histrionic, antisocial, paranoid, borderline, narcissistic and passive-aggressive traits. All are adapted from the newly published book, "[Mental Health and Productivity in the Workplace: A Handbook for Organizations and Clinicians](#)," edited by Jeffrey P. Kahn, MD, and Alan M. Langlieb, MD, published by Jossey-Bass (a Wiley imprint) and noted in publications as diverse as HR Magazine, Inc., and the New York Times.

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## Personality Disorders in the Workplace: The Overinvolved, Underachieving Manager

Obsessive compulsive employees may work impressively long hours and pay intense attention to details, yet still not produce the results a company needs. In fact, they may be the source of counter-productive disruptions among fellow workers.

### The case

*Herbert Kroft is a 34-year-old single man who was hired to head up the accounting section of a medium-sized firm. He replaced a recently retired, popular manager and was assigned the task of revamping the department's collection methods. He dressed impeccably and spoke with precision.*

*After six months, four out of nine employees in his department had tendered their resignations. They complained that Herbert was impossible to work with. No matter what they did, it was never good enough for him. Management and Herbert's supervisor found that their own interactions usually went well and that a major overhaul of the department was proceeding quickly and precisely.*

*In the next six months, Kroft continued to impress management with his marathon work hours, but his leadership reputation suffered. Three more people left, two of them complaining that the office atmosphere was oppressive. Kroft's accusers called him moralistic, judgmental and tyrannically perfectionistic. They felt that his only concern was for the production of his section, with little thought for employee morale. He would cancel vacations on short notice and was clearly irritated by leave requests for personal problems.*

*Despite Kroft's long work hours, over the next year, more and more of his reports and projects were late. Kroft also started a pattern of frequent visits to his supervisor's office to discuss minute details of accounting system flaws, sometimes in heated terms. He was starting to miss the big picture.*

*Events came to a head on the day his department threatened to resign en masse if the supervisor didn't do something about department morale. The supervisor called Kroft to his office, and as usual, Kroft didn't budge. He figured that his subordinates were only trying to shirk their responsibilities. He couldn't see their point of view or even acknowledge that they might have some legitimate grievances. After talking with the CEO, the supervisor recommended that Kroft see a consulting psychiatrist or accept suspension until the situation was reviewed.*

*In treatment, Kroft began to understand that he had a problem. With much work, he was able to start changing his approaches to people at work. Gradually, his behaviour became more appropriate and less of a problem for his supervisor. He was still more concerned with fine details than others, but therapy helped him to use this skill for productive work. He also learned to recognize that even his less obsessional subordinates could do first-rate jobs if only he let them. Although his workers gradually noticed the change in him, his reputation lingered. Kroft stayed in individual therapy for a year and a half. He was happy enough with his experience to recommend treatment to others.*

## Diagnosis

Obsessive-compulsive personality style is usually an asset to a business, because of the intense dedication to work that it may entail, often to the exclusion of family and other outside life. When the traits become excessive, however, there can be a detrimental increase in inflexibility and perfectionism and an emotional need to make the world conform to a personal perception. Since obsessional traits make it hard to see what went wrong, further difficulties can result from confrontation, isolation or termination.

Obsessive-compulsive personality is not the same as obsessive-compulsive disorder, which grossly interferes with functioning and is accompanied by intense anxiety. In fact, the personality style is felt as quite appropriate, while others are blamed for any problems.

The etiology of obsessive-compulsive personality disorder is uncertain, but is thought to derive primarily from early difficulties in dealing with the emotional environment. In the workplace, traits can be exacerbated by increasing intensity, complexity or importance of work or by a perceived decrease in support from superiors. There is always a push for perfection, and with more variables it gets harder to achieve that end. Perhaps more important, a perceived loss of support intensifies inner emotions and need for perfection. Too often, the forest can't be seen for the trees. Increasing brittleness and tension begins to have a strong effect on co-workers, who then see a humourless, difficult, moralistic or aggressive colleague.

### Diagnostic Criteria:

#### *Obsessive-Compulsive Personality Disorder*

A pervasive pattern of preoccupation with orderliness, perfectionism and mental and interpersonal control, at the expense of flexibility, openness and efficiency, beginning by early adulthood and present in a variety of contexts, as indicated by four (or more) of the following:

1. is preoccupied with details, rules, lists, order, organization or schedules to the extent that the major point of the activity is lost
2. shows perfectionism that interferes with task completion (e.g., is unable to complete a project because his or her own overly strict standards are not met)
3. is excessively devoted to work and productivity to the exclusion of leisure activities and friendships (not accounted for by obvious economic necessity)
4. is overconscientious, scrupulous and inflexible about matters of morality, ethics or values (not accounted for by cultural or religious identification)
5. is unable to discard worn-out or worthless objects even when they have no sentimental value
6. is reluctant to delegate tasks or to work with others unless they submit to exactly his or her way of doing things
7. adopts a miserly spending style toward both self and others; money is viewed as something to be hoarded for future catastrophes
8. shows rigidity and stubbornness

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## Workplace management and referral

Obsessive-compulsive employees are difficult to recognize in the workplace. They usually work hard, see themselves as productive and appropriate, and blame others whom they see as less than perfect. Problems are most commonly pointed out by co-workers and subordinates, and less

often are immediately recognizable in the obsessive-compulsive employee by their superiors. And it is not always easy to discuss the problems with someone who sees the causes lying elsewhere. When usual performance evaluation and management approaches are not sufficient, referral for psychiatric evaluation may be helpful.

The prognosis for introspective employees is good. The ability to recognize their contribution to the problems is essential to their understanding and then modifying their counterproductive behaviour. In fact, modification of personality defenses will often permit a higher level of productivity and personableness than before. Recognition of change requires careful supervisory awareness, as well as attention to possible future problems.

## **Psychiatric management**

The initial consultation reviews the current problem and past history, and looks for associated life events and mood disorders that may have made things worse. Once a need for psychotherapy has been established, the initial phase of therapy is used to establish a nonthreatening atmosphere.

Obsessive-compulsive traits have typically been used for emotional self-protection since childhood. The early phase of treatment also allows initial recognition of counterproductive behaviours and associated emotions. The counterproductive traits are often intensely driven psychological defenses against threatening hidden emotions and fears.

A central goal of psychotherapy is to uncover fears of what would happen if behaviour is modified and if a more balanced life is then attempted. In particular, therapy focuses on interactions with other people.

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## Personality Disorders in the Workplace: Reviewing the Drama Queen

Attractive and engaging at first, the histrionic employee can cause chaos by overreacting and constantly demanding attention.

### The case

*Sandra Green is a 27-year-old single woman who was hired for a middle management position in marketing. She came with excellent references and had impressed the head of marketing with her intelligence, quick wit and extremely attractive appearance.*

*Green quickly became part of the group. Within days, she had personally sought out each of her colleagues, introducing herself and winning them over with her humour, personality, style and helpfulness to the department. She dressed better than anyone else at the office, and her male co-workers particularly liked her. She swiftly established herself at meetings by presenting novel ideas that needed lengthy discussion. Even so, Green didn't actually seem to get much done.*

*Over the next few months, it became increasingly clear to some co-workers that Green needed inordinate amounts of attention. She kept finding ways to put herself on centre stage. She started to date three male co-workers simultaneously, while at the same time her female colleagues found her increasingly competitive, uncooperative and unsympathetic. A crisis developed when Green complained hysterically to her male supervisor that the other women in the office had not invited her to a Friday evening happy hour. She angrily decried how badly they treated by her, despite her own unusually considerate efforts. In dramatic terms, Green said she was a helpless victim of "jealous and competitive" female colleagues. She was very convincing.*

*The supervisor called an office meeting. Green subtly castigated some other employees for not appreciating her work. Several people asked her not to monopolize discussion time at business meetings. Some also complained that she spent more time at coffee breaks with men than on group projects. After the meeting, Green stormed into the supervisor's office. She demanded that a couple of people be threatened with termination if they tried to interfere with her performance or social life. She also suggested that a closer relationship with the supervisor could help them both and suggested continuing the discussion over lunch or dinner. Flattered at first, the supervisor suddenly became aware of Green's seductiveness and her effects on morale. He realized, too, that her work lacked the quality and depth that her references and initial plans had seemed to predict. The next week, he asked her to seek a consultation.*

*In consultation, the psychiatrist recognized the full spectrum of histrionic personality traits, as well as symptoms of a chronic mild atypical depression. Importantly, he also discovered that she had left her previous job after a failed long-term romance with a colleague there. Although that relationship had always been rocky, she felt devastated by the breakup and increasingly despondent about her future social prospects. Green was referred for individual and group psychotherapy and started on phenelzine, an antidepressant. When her mood started to improve within three weeks, there was a marked reduction in office tensions.*

*Even so, Green had great difficulty recognizing and accepting that she played a significant role in her problems. When she was able to see this as a product of early childhood fears and wishes,*

*though, she gradually began to make corrections. Her dress became more appropriate, and she no longer needed quite so much attention. She became increasingly aware of her oversensitivity to others and was able to respond appropriately.*

*In less than a year, co-workers were well aware of the changes that Sandra Green had made. Her work improved, and her romantic life was conducted outside the office. Although she still took up a lot of meeting time, she could catch the hint to finish and would often end a speech with humour.*

## **Diagnosis**

Employees with histrionic traits may initially come across as particularly attractive or seductive. Their dress, behaviour and demeanour all contribute to an emotional, even sexual, allure. Without awareness, they often use their attractiveness to achieve other goals or wishes. Co-workers often perceive an immature or infantile inability to recognize failings or even to acknowledge the potential validity of other people's observations. Instead, there appears to be an insatiable appetite for attention and a dramatically embellished manner of speaking. More problems arise in the workplace when exaggerated emotions bother other employees, stir up competitive and jealous feelings, lead to excessive controversy or contribute to overblown promises and incomplete assignments.

Histrionic personality traits are commonly demonstrated through overly emotional reactions to everyday situations. Tension and emotional excitability are combined with inappropriate exaggeration of relatively normal happy, sad or angry feelings. Histrionic traits are commonly exaggerated under the stress of personal or work problems, or if there is a concurrent depression or anxiety disorder. In particular, atypical depression can be associated with exacerbated histrionic traits. Nevertheless, these two syndromes are thought to have differing causes and treatments.

### **Diagnostic Criteria:**

#### *Histrionic Personality Disorder*

A pervasive pattern of excessive emotionality and attention seeking, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

1. is uncomfortable in situations in which he or she is not the centre of attention
2. interaction with others is often characterized by inappropriate sexually seductive or provocative behaviour
3. displays rapidly shifting and shallow expression of emotions
4. consistently uses physical appearance to draw attention to self
5. has a style of speech that is excessively impressionistic and lacking in detail
6. shows self-dramatization, theatricality, and exaggerated expression of emotion
7. is suggestible, i.e., easily influenced by others or circumstances
8. considers relationships to be more intimate than they actually are

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## **Workplace management and referral**

Histrionic personality traits give an appearance of immaturity. An employee may feel that his attractive qualities entitle him to special treatment and may feel angry at a more emotionally stable supervisor. That anger can lead to unwitting manipulations designed to attract attention from those in authority.

Initially, management should help to set boundaries by providing the employee with clear rules, expectations, feedback and modelling. Here, too, referral for consultation can be useful when problems persist. As with other personality disorders, histrionic employees may take the stance that their problems are caused by other people. It may be especially difficult in the workplace to address any problems of inappropriate relationships, personal dress or seductive style. The prognosis is quite good when there are strengths that can enhance social and work activities and a capacity to develop introspection and change.

## **Psychiatric management**

When therapy begins, the patient often feels upset about undeserved criticisms or losses. There may be substantial, if partially unwitting, attempts to convince the therapist to offer sympathy for the perceived victimization. Unprovoked, behaviours and perceptions from outside soon start to appear within the therapy itself. Drawing a parallel to behaviours at work and at home, the patient can now begin to recognize counterproductive behaviours and painful underlying emotions.

It is important for the therapist to remain empathic with the patient's distress yet not be unduly influenced by the intensely expressed emotions. In fact, therapist awareness of some of the feelings generated will provide information about how others react to the patient outside the therapeutic setting. Gradually, by using observation of behaviours along with exploration of how these may be connected with the past, the therapist can eventually help address the self-destructive traits, while recognizing the positive and engaging elements.

Aug. 1, 2003

## Personality Disorders in the Workplace: Shaking Down the Con Man

Always trying to beat the system, the aggressive antisocial employee can wreak havoc in the workplace by guiltlessly satisfying his own sense of entitlement

### The case

*Phil Dixon is a 35-year-old recently divorced shipping department employee who had impressed the job interviewer with his intelligence and style. Dixon worked hard at first and impressed his supervisor, but within a few months he started a pattern of calling in sick and taking family leave days. Sometimes his job assignments got fouled up or had to be completed by someone else, and there were increasing reports to the supervisor about Dixon's lack of consideration for co-workers. Meanwhile, several expensive items had disappeared from the shipping department.*

*Still, Dixon was a likeable man who socialized with the others. He found it easy to get personal loans from co-workers, as well as advances on his salary, but that was partly because people wanted to avoid the irritability and aggression that surfaced easily if they disagreed with him or crossed him.*

*Dixon's difficulties culminated when housekeeping discovered some of the missing items in his locker during routine cleaning. When Dixon was confronted, he claimed that someone must have planted the items to sabotage his job status. He was so tearful and convincing that the supervisor thought he was telling the truth. But co-workers had long suspected Dixon and had not had much luck getting their money back. Some of their own things were missing too. When Dixon met with the supervisor again, he became irate and threatened to walk off the job.*

*Feeling confused and threatened, and recognizing a significant personality problem, the supervisor asked Dixon to see a psychiatric consultant. Dixon said that he was going for therapy, but it was nearly a month before the supervisor realized that Phil Dixon never even went for the consultation.*

### A second case

*At age 46, Tom Newman was a senior vice president of the Zeilig Manufacturing Company. The busy CEO had recognized his accomplishments, and Newman had risen rapidly through the ranks. Although there had long been quiet rumours about Newman's engaging in improper activities, most of the stories came from disgruntled former subordinates and were passed off by the preoccupied CEO. Eventually, a former female employee filed suit against Newman and the company, claiming he had intimidated her into a sexual relationship. Four similar stories from four other past and current employees quickly surfaced.*

*Further investigation included review of Newman's extravagant travel expenses. He had apparently padded as much as \$80,000 over four years. A careful second look at his initial job application revealed that he had been suspended twice from college for cheating and theft, that he hadn't actually gone to graduate school at all, and that he had failed to acknowledge a conviction for tax evasion in his 20s. Confronted with these allegations, Newman denied any impropriety. When his explanations were questioned, he became irate and implored the CEO to*

*fire the individuals who had confronted him and even tried to fire a few of them himself. As the file on Newman grew, the CEO put him on leave and considered legal action.*

## Diagnosis

Sociopaths in an organization want to beat the system. They will try to satisfy their own sense of entitlement, with little concern for the personal or professional effects on others. Notably, there is an apparent absence of guilt about these behaviours.

Assessment of antisocial personality must consider past history, as well as recent events. The pattern begins in adolescence and typically encompasses all spheres of activity. Antisocial patterns are likely to be present from school, other employers and at home. It is important not to confuse isolated dishonest behaviour under emotional stress with the more pervasive and intractable behaviours of antisocial personality.

Causes for antisocial personality disorder are uncertain. Antisocial patterns may partially reflect maladaptive adult role models from childhood or adverse socioeconomic factors. They may also be an extreme variant of narcissistic personality traits, with cold detachment from other people and feelings of angry entitlement. An inherited component has been suggested, possibly associated with somatization disorder.

## Diagnostic Criteria:

### *Antisocial Personality Disorder*

- A. A pervasive pattern of disregard for and violation of the rights of others occurring since age 15 years, as indicated by three (or more) of the following:
  - 1. failure to conform to social norms with respect to lawful behaviours as indicated by repeatedly performing acts that are grounds for arrest
  - 2. deceitfulness, as indicated by repeated lying, use of aliases or conning others for personal profit or pleasure
  - 3. impulsivity or failure to plan ahead
  - 4. irritability and aggressiveness, as indicated by repeated physical fights or assaults
  - 5. reckless disregard for safety of self or others
  - 6. consistent irresponsibility, as indicated by repeated failure to sustain consistent work behaviour or honour financial obligations
  - 7. lack of remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated or stolen from another
- B. The individual is at least age 18 years.
- C. There is evidence of Conduct Disorder... with onset before age 15 years.
- D. The occurrence of antisocial behaviour is not exclusively during the course of Schizophrenia or a Manic Episode.

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## Workplace management and referral

Antisocial personality traits wreak havoc in the workplace. Not only are the behaviours themselves destructive, but their occurrence can insidiously undermine morale. Manipulations, cons and improper conduct are hidden at first, then earnestly denied. The apparent lack of guilt about harm to others can be especially destructive. Workplace recognition usually follows the overt association of a problem or pattern of problems with the responsible party. When the responsibility does become clear, management must be quite firm and set clearly defined rules of

conduct. If the employee stays with the organization, close supervision and carefully structured work responsibilities are a necessity. In particular, the employee should not be allowed to make unsupervised decisions that could hurt other employees or the organization. Significant antisocial personality traits are an indication for prompt referral for nonjudgmental treatment.

Without treatment and careful reinforcement of workplace rules, there is little hope for change in antisocial personality disorder. Even so, prognosis is always guarded, since there is limited ability for those with these traits even to recognize that a problem exists and few internal safeguards to prevent manipulation of the treatment itself. Return to work is possible only when the damage done is minor and future risk is small. Otherwise, morale can be seriously affected by the anger of co-workers and supervisors over past behaviours and ongoing concern about continuing lack of concern and betrayal of others. Prognosis is far better when there has been only an isolated episode of dishonesty, in the absence of true antisocial personality.

## **Psychiatric management**

True antisocial traits present a problem for psychotherapy. These employees may agree to therapy solely because it is less painful than losing a job or going to jail. Characteristically, these employees present with pseudocompliance as a conscious resistance to treatment. It is important, then, to have as much clinical information as possible from outside sources (which does not necessarily mean breaching patient confidentiality).

Because antisocial individuals do not always share the same emotional and behavioural monitoring system as others, they can quite readily agree with any interpretations and comments about their behaviour. This gives the appearance of participation in therapy but without true introspection, insight or change. Ultimately, change requires that the patient realize intellectually that existing behaviour patterns will lead to dreadful pain and suffering. Antisocial patients are far more likely to be concerned about their own pain than they are the pain they cause others. At least a year of consistent therapy is usually needed for any chance of deep emotional change. Ideally, treatment also enables the patient to incorporate some of the psychiatrist's values through emotional attachment and emulation.

Aug. 15, 2003

## Personality Disorders in the Workplace: The Distrustful, Suspicious Employee

Misinterpreting friendly efforts and fuelling mistrust between friends, co-workers and family, the paranoid employee has a hair-trigger response to perceived anger or harm.

### The case

*Ethan Waterman is a 34-year-old married man who was recently elected union shop steward after seven years at his firm. Waterman was known as a good worker, but had always seemed quiet, humourless and a bit discontent. Although he was cordial to his superiors, he tended to keep his distance and was more comfortable talking to one or two people than in a larger group. Even before his election, Waterman would get angry about management and occasionally raise questions that imputed prejudiced motives. After he became enraged during a meeting with company managers, he was referred for a confidential consultation.*

*After several interviews, it was clear that Waterman harboured tremendous resentment of authorities at work, within his union, in politics and in his family. His questions of the psychiatrist were at first belligerent and accusatory. He felt that there was no relationship between his intensified anger and the near simultaneous arrival of elective office and of a first child. He said that his anger had increased because of a new realization about the depth of company efforts against him. Waterman saw no reason to continue treatment.*

*Waterman was convinced that the company exploited and harmed union employees. He often used the power of the union shop to deliver attacks without any real basis in reality. Much of his angry fire was directed at managers who had previously offered him advice, helpful supervision or constructive criticism. He was also spending far more time rallying workers against the company than trying to resolve the perceived problems. He spent even less time completing his work assignments. Finally, Waterman angrily threatened to sue the vice president for human resources. In front of other people, he also made obscene comments and appeared physically intimidating.*

*Faced with the prospect of termination and aware now that something was troubling him, Waterman agreed to enter treatment. Discussions of his earlier combativeness with the psychiatrist led to some awareness of his adversarial view of authority figures. He realized that his view of management had been collared by emotions from his personal life and upbringing. Gradually, he became better able to separate his emotions from his perceptions of the company. Although Ethan Waterman remained more suspicious of company motivations than others did, he could now assess each situation individually.*

### Diagnosis

Paranoid personality traits are more commonly heightened by accomplishments than by criticisms. The newly elevated role feels more precarious and subject to the malevolence of others. This can be a realistic perception to some extent, because managers and leaders draw more attention than employees with less authority. But a paranoid perception can make newly found attention feel like attack.

Paranoid personality disorder is different from paranoid psychosis. Psychotic disorders allow little capacity for reality testing, are more likely to appear bizarre, pose a greater risk of danger, and usually need medication or hospitalization. A psychotic employee, who talks to others solely through his own fantasies, is often recognizable to everyone.

Paranoid personality traits, which lead to constant concern about potentially harmful environments and people, are thought to derive from early failure of intimate relationships. Rather than risk feeling abandoned by other people, an individual with paranoid traits substitutes an adversarial attachment. But there is an ongoing mistrust of friends, colleagues and family. Feelings are strongly projected onto others, with the possibility of hair-trigger reactions to perceived anger or harm. Since the anger can be palpable to others, it can lead unwittingly to adversarial relationships, and thus become a self-fulfilling prophecy. Paranoid personality traits make some appear like "lone wolves." Kindness and a soft underside beneath the angry exterior can invite friendship and helpfulness. Unfortunately, paranoid traits carry a deeply felt fear of hostile intentions, and friendly efforts sometimes stir up an angry reaction.

Hypervigilance and self-protective data gathering can also be a major asset. High-functioning employees with paranoid traits are often able to make accurate observations about other individuals. These are commonly critical observations, perceived from a hostile position, conveyed as objective truth and designed for self-protection. Colleagues may find it difficult to determine the frame of reference, especially of someone in a position of power. And apprehensiveness about people in general can include particular mistrust of those who are more trusting.

## **Diagnostic Criteria:**

### *Paranoid Personality Disorder*

A. Pervasive distrust and suspiciousness of others such that their motives are interpreted as malevolent, beginning by early adulthood and present in a variety of contexts, as indicated by four (or more) of the following:

1. suspects, without sufficient basis, that others are exploiting, harming or deceiving him or her
2. is preoccupied with unjustified doubts about the loyalty or trustworthiness of friends or associates
3. is reluctant to confide in others because of unwarranted fear that the information will be used maliciously against him or her
4. reads hidden demeaning or threatening meanings into benign remarks or events
5. persistently bears grudges, i.e., is unforgiving of insults, injuries or slights
6. perceives attacks on his or her character or reputation that are not apparent to others and is quick to react angrily or to counterattack
7. has recurrent suspicions, without justification, regarding fidelity of spouse or sexual partner

B. Does not occur exclusively during the course of Schizophrenia, a Mood Disorder With Psychotic Features, or another Psychotic Disorder and is not due to the direct physiological effects of a general medical condition.

Note: If criteria are met prior to the onset of Schizophrenia, add "Premorbid," e.g., "Paranoid Personality Disorder (Premorbid)." Reprinted with permission from the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision. Copyright 2000 American Psychiatric Association.

## **Workplace management and referral**

People with paranoid traits are often most comfortable in a relationship that is supportive, consistent, fair and emotionally non-intimate. That kind of anchoring relationship offers a degree of emotional stability and reality testing. Although a treating psychiatrist can fill that role, treatment also involves ultimate discussion of deeper emotional concerns. In the workplace, a manager can set up periodic brief meetings to discuss ongoing projects and organizational concerns. Those meetings also serve as a safe place to express grievances confidentially without fear of reprisal. Unlike a therapy session, the focus is entirely on work projects, without consideration of emotional relationships at home or in the workplace.

Objective data collection and feedback are often reassuring. This kind of process can be effective only if the paranoid employee has sufficient trust in the supervisor to tolerate a differing opinion. Care must be taken not to get caught up in paranoid beliefs. Although optimal treatment and management may still leave some continuing fears of persecution, consistent reality testing can keep them in check and minimize effects on workplace relationships.

## **Psychiatric management**

As with any other personality style, the initial task of treatment is formation of a treatment alliance, based on the therapist's ability to instill a sense of trust, stability and reliability in the relationship. The task is complicated because the general mistrust of others applies to therapists too, though careful perseverance can allow even this obstacle to be minimized. It is helpful to acknowledge how real the mistrustful perceptions are, but without challenging their accuracy.

After an alliance has been formed, work can begin on recognizing the general mistrust of others and the reality that not everyone is actually hostile or even paying attention. A focus is also placed on learning to differentiate between reality and fearful perceptions. Greater change is accomplished through further understanding of hidden emotions and their childhood origins. Not infrequently, concurrent depressive or anxiety disorders require use of medication.

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## Personality Disorders in the Workplace: The Impulsive, Divisive Employee

Subtly influencing co-workers, employees with borderline personality traits can prove a real challenge for management.

### The case

*Jane Tryen is a 37-year-old somewhat overweight former sales clerk, who joined Paycash Stores at an entry-level management position. She had always been an underachiever, but got this new job through hard work, intelligence and because of a company effort to have well-seasoned sales personnel in lower management. A few months later, her office seemed to be struggling with morale. Projects that required teamwork and collaboration were falling behind. When employees were interviewed individually about the problems, they kept mentioning Tryen.*

*Tryen would take provocative and angry positions against opposing views, while at the same time gathering passionate supporters for her side. In effect, she played people against each other. Even in social interactions, co-workers would sometimes feel angry at each other until they realized that Tryen had somehow set up their disagreement. Tryen liked to gossip about people but was pretty much unaware of her effects on them or the extent of their discussion about her. She did feel that there were co-workers who were causing problems for her but would laugh and gossip with them, even while campaigning secretly for their dismissal.*

*Tryen felt that any criticism of her was unfair, especially considering her current personal crises. After her recent third divorce, her ex-husband was not making alimony payments. They would sometimes argue late into the night, and Tryen would be tired and tense the next day at work. Actually, she always had a complicated personal life. Her emotions would shift from one extreme to the other; it took little to provoke her anger, and there was always the desperate loneliness. Increasingly estranged from co-workers and spending her limited funds on appropriate business attire, Tryen now felt both emotionally and financially impoverished. Eventually, she became so enraged that she abruptly threw some of her files across the room. Later that week, she stormed out of a meeting with her supervisor and left for home.*

*The supervisor realized that Tryen had become an increasing liability and a cause of other employees' dissatisfaction. Co-workers were spending enormous amounts of time and energy dealing with Tryen and with the results of her actions. Even so, the company had invested considerable time and energy in her training, and she had completed some successful projects. When Jane Tryen was referred for consultation, she loudly ridiculed the idea to anyone in the office who would listen.*

### Diagnosis

Borderline personality traits can cause seriously disruptive effects in the workplace. Intense emotions, impulsive behaviour, subtle divisiveness and disaffection all contribute to discord and disunity. Causes of borderline personality are thought to include unstable or disruptive early childhood relationships, as well as comorbid anxiety and depressive disorders. Panic disorder is especially common.

Theorists have also pointed out that borderline personality disorder is associated with certain characteristic styles of emotional defenses. For instance, hidden anger at expectations of emotional rejection and despair is diffused through such mechanisms as splitting (divisiveness) and over-idealization or devaluation (seeing people as all good or all bad).

## **Diagnostic Criteria:**

### *Borderline Personality Disorder*

Pervasive pattern of instability of interpersonal relationships, self-image and affects, and marked impulsivity beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

1. frantic efforts to avoid real or imagined abandonment. Note: Do not include suicidal or self-mutilating behaviour covered in Criterion 5.
2. a pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation
3. identity disturbance: markedly and persistently unstable self-image or sense of self
4. impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating). Note: Do not include suicidal or self-mutilating behaviour covered in Criterion 5.
5. recurrent suicidal behaviour, gestures or threats, or self-mutilating behaviour
6. affective instability due to a marked reactivity of mood (e.g., intense episodic-dysphoria, irritability or anxiety usually lasting a few hours and only rarely more than a few days)
7. chronic feelings of emptiness
8. inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights)
9. transient, stress-related paranoid ideation or severe dissociative symptoms

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## **Workplace management and referral**

Employees with borderline personality traits are challenging for management. Although there can sometimes be overt evidence of impulsive or disruptive behaviour, the problems are more often manifest in more subtle ways. Unwittingly, the employee can have a divisive influence on co-workers — for instance, by persuasive and emphatic expression about how other people have been either always helpful or always harmful to them.

Appropriate limit setting is essential, with a focus on proper workplace conduct, completion of assigned tasks, and due consideration of coworker feelings. The supervisor must also be ready for angry protests and even tolerant of the possibility that the employee will be angry at him or her. Problems and complaints should be discussed specifically and with specific suggestions for improvement. Supervisory meetings should not deteriorate into arguments.

## **Psychiatric management**

Treatment of borderline personality disorder is always a complex process. Because circumstances and other people tend to be seen in all good or all bad terms, there can be difficulty in recognizing that most people have both strengths and weaknesses. Impulsive and angry behaviours are also common complications. Intense emotions combine with inner despair

and limited self-control of behaviour to make for behavioural problems in all relationships, and the therapeutic relationship will similarly follow a stormy course. The psychiatrist will be seen alternately in idealized and highly critical ways.

One early goal of therapy is to foster a therapeutic alliance and point out that other people should be viewed in a more realistic way. Ultimately, the underlying mistrust of relationships and consequent anger at other people must be explored. It should be noted that depressive and anxiety disorders are extremely common in these patients but usually unrecognized. Psychotherapy without appropriate medication for those syndromes will usually have quite limited benefits.

Sep. 15, 2003

## Personality Disorders in the Workplace: Loving Me, Myself and I

Despite being creative and motivated, narcissistic employees are only in it for themselves, and will stop at nothing to reach their goals.

### The case

*Bill Chang is a 41-year-old vice president of manufacturing operations. He had been promoted over several other managers after only 10 years with the company. More than a few colleagues had the feeling that Chang's prestigious position came more through office politics and ingratiation of the president than it did from significant personal accomplishment. Although a few people were resentful, most were impressed by his looks, bearing, charm and achievement. Chang's wife is extremely attractive, well positioned in society and the mother of their two beautiful children. Rumour has it that his expensive cars, showy house and exclusive country club membership were paid for more by his wife's family than by his own income or investments.*

*Gradually, there were increasing complaints from Chang's subordinates. They thought that Chang was unconcerned about their well-being. They also thought that their assignments seemed mostly designed to advance Chang's position and that he was sacrificing production quality and efficiency for his own short-term benefit. Chang sometimes used departmental meetings as a platform for his grandiose ideas or even for outright discussions of his personal power, brilliance and future success. And despite his dazzling success, he was hypersensitive to criticism. Almost everyone agreed that he was intolerant of even the most constructive advice. Still, Chang had quite a following. He sought out those in positions of power. Although he tolerated subordinates who might be useful to him, he had little apparent concern for anyone beneath him. Those who would feel appreciated for a while would eventually end up feeling used.*

*After several months of growing complaints, the president realized that some of Chang's character traits had been exaggerated by the promotion. Besides the obvious impairment of departmental enthusiasm and morale, there were questions about management style and direction. He shared his concerns with Chang and referred him to a consulting psychiatrist. Although the president figured that Chang needed work on some superficial behaviour, his overall respect for him was undiminished. Bill Chang, though, felt rejected and a bit humiliated at first. Later, he realized the importance of the president's referral. In the near term, he was able to start paying more deliberate attention to his subordinates' concerns and to long-term planning for his department. Only much later did he start to understand how his emotional sensitivity had made him seek admiration as a substitute for affection.*

### Diagnosis

Narcissistic individuals can have strongly detrimental effects on the workplace. Through charm, intelligence and very real contributions, they can advance a highly personal agenda that precludes actual concern for others or for organizational goals. Recognition of the problem can be difficult, especially of narcissistic traits in powerful individuals. Ultimately, destructive self-serving behaviour creates significant adverse consequences, so it is usually better to handle the problems sooner than later. At the same time, it is important to remember the significant

difference between ambition and healthy self-advancement on the one hand and destructive self-aggrandizement on the other.

Narcissism is best thought of as a reflection of an underlying inability to find or tolerate emotional intimacy. Instead, narcissistic traits develop as protection against underlying loneliness, fear and anger. At the same time, they offer means of finding substitutes for the missing affection. The replacements can range from preoccupation with power, wealth or material things or with such personal assets as intelligence, beauty or physical strength. These reassurances offer a fragile stability, but are subject to disruption by their loss or by almost any manner of life changes. Major depression and self-destructive behaviour are common consequences.

## **Diagnostic Criteria:**

### *Narcissistic Personality Disorder*

Pervasive pattern of grandiosity (in fantasy or behaviour), need for admiration and lack of empathy, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

1. has a grandiose sense of self-importance (e.g., exaggerates achievements and talents, expects to be recognized as superior without commensurate achievements)
2. is preoccupied with fantasies of unlimited success, power, brilliance, beauty or ideal love
3. believes that he or she is "special" and unique and can only be understood by, or should associate with, other special or high-status people (or institutions)
4. requires excessive admiration
5. has a sense of entitlement, i.e., unreasonable expectations of especially favourable treatment or automatic compliance with his or her expectations
6. is interpersonally exploitative, i.e., takes advantage of others to achieve his or her own ends
7. lacks empathy: is unwilling to recognize or identify with the feelings and needs of others
8. is often envious of others or believes that others are envious of him or her
9. shows arrogant, haughty behaviours or attitudes

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## **Workplace management and referral**

Narcissistic individuals often present organizations with a real dilemma. They can be very motivated and creative and have much to contribute. But ultimately, whatever they do, it is really for themselves. They may see themselves as indispensable and others as unimportant. They may feel such a need to appear perfect that they can't let themselves seek help.

The narcissistic employee needs to be approached in a gentle, non-threatening manner to prevent further blows to his ego and avoid further reaction. Correction should be put in a constructive light and must be balanced by positive input from the supervisor. It is always important to leave this individual with something positive, particularly self-respect.

## Psychiatric management

Psychotherapy initially fosters a therapeutic alliance and then focuses on developing a fuller lifestyle. The narcissistic preoccupations are not challenged directly. Rather, they ultimately fade in importance as the quality of emotional relationships improves. At the same time, though, initial reality testing is often important. Helping patients see that their behaviours and emotional distancing have effects on other people, and that those effects can hurt them in turn, is essential for their future success. Frequently, it can be helpful to point out conscious conflicts of narcissistically related behaviours with personal moral or religious beliefs.

Oct. 15, 2003

## Personality Disorders in the Workplace: The Underachieving, Compliant Employee

Unaware of the surrounding anger and irritability he's caused, the passive-aggressive employee is content at doing less when asked for more.

### The case

*Richard Sanders is a 45-year-old heavy-set man who has been with the company for over 20 years. He has held the same secure clerical position for the past 10 years, and his career advancement has probably peaked. His section, which had fallen behind in a changing business environment, needed to be turned around. After 15 years on the job, the old supervisor was terminated for poor departmental productivity and his inability to recruit fresh talent.*

*Sanders was not getting along well with the new supervisor, who was trying to reorganize the department and complained to human resources that Sanders was one of the main impediments to change. He felt frustrated by Sanders' apparent avoidance of work and even more frustrated because he couldn't really document the details. Sanders would be quite agreeable to supervisory advice, but there was always a slackening of his output afterward.*

*On the surface, Sanders got along fairly well with others in the department. He had even evolved into a kind of leadership position, although it was unclear exactly where he was leading everyone. His inactivity seemed to inspire it in others. He had little investment in initiating and completing his assigned tasks and seemed to take longer with his work and turn it in later than anyone else — although always with a plausible explanation. At times, he could be difficult to deal with, coming in late to work or leaving essential papers at home. And his computer had many more destructive hard drive crashes than anyone else's in the office. But because of his positions at both the company and the union, extra information would be needed to terminate him. So far, it had been difficult to document that he was avoiding or resisting work. Mostly, he just left people feeling angry at him.*

*Recently, the supervisor proposed a new and potentially exciting direction for the department. Sanders' silent opposition to these changes made it difficult to maintain enthusiasm and excitement from everyone else. Moreover, the supervisor noticed that Sanders' activities were focusing more and more on gathering support for his resentment and oppositionalism. When Richard Sanders was eventually referred for counselling, he had to be pushed for weeks before he made an appointment.*

### Diagnosis

Passive-aggressive traits are difficult to recognize, since most of the resistance is hidden. A key characteristic is the increasing frustration of co-workers and supervisors who try to encourage more productive activity. Meanwhile, the passive-aggressive employee seems to move calmly on, apparently unaffected by the surrounding inefficiency and irritation. The employee will seem unaware of creating anger or expressing aggression by passivity and will be surprised by any confrontation about his or her behaviour.

## Diagnostic Criteria:

### *Passive-Aggressive Personality Disorder*

Pervasive pattern of grandiosity (in fantasy or behaviour), need for admiration and lack of empathy, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

- A. Pervasive pattern of negativistic attitudes and passive resistance to demands for adequate performance, beginning by early adulthood and present in a variety of contexts, as indicated by four (or more) of the following:
  - 1. passively resists fulfilling routine social and occupational tasks
  - 2. complains of being misunderstood and unappreciated by others
  - 3. is sullen and argumentative
  - 4. unreasonably criticizes and scorns authority
  - 5. expresses envy and resentment toward those apparently more fortunate
  - 6. voices exaggerated and persistent complaints of personal misfortune
  - 7. alternates between hostile defiance and contrition
- B. Does not occur exclusively during Major Depressive Episodes and is not better accounted for by Dysthymic Disorder

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## Workplace management and referral

Employees with passive-aggressive traits can be difficult to manage. The harder you try to push them, the less they seem to get done. There may be very reasonable explanations for individual episodes, but in the long run, the supervisory process feels more and more frustrating. To make matters more complicated, the employee is usually unaware of the subtle aggression in his or her inactivity.

Documentation of complaints, low productivity, effects on co-workers and resistance to change is important. In particular, this information is useful in giving feedback to the employee on his or her behaviour and its effects. It is also essential when further action is indicated, such as referral for treatment or probationary work periods.

Sometimes it is easier for an employee to understand the problem if there is similar feedback from co-workers. At other times, this can also lead to greater feelings of resentment and passivity.

## Psychiatric management

Although all personality styles tend to be self-perpetuating, passive-aggressive traits may lead to particularly heightened passive resistance in response to advice or initial psychotherapeutic efforts. Since passive-aggressive personality traits are usually positively self-perceived, the impetus for change does not originate inside the patient. As a result, the best way to initiate therapy is to point out behaviours that will lead to difficulties and suffering. Appealing to concern for others is usually fruitless. As long as other people are seen as uncaring or hostile, it is hard to elicit sincere empathic behaviour. Eventually, though, intelligence and self-preservation allow most to seek more flexible and adaptive personality traits.

Objective data about maladaptive behaviour are especially important early in treatment. Otherwise, the patient will try to rationalize away the details, minimize the nature of the problem, and justify a lack of commitment to treatment and change. Genuine change is no small feat. Childlike emotional defenses need to be discussed in a clear and unembarrassing manner, pointing out when current problems are a reenactment of early childhood relationships. In varying degree, the difficulties tend to occur in all relationships: at work, socially and at home. Effective psychotherapy will be a gradual process, sometimes over an extended period. Changes in passive-aggressive behaviour are significant for both the organization and the employee.

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