THE NARCISSISTIC MANAGER, AVOIDANT ORGANIZATION, AND
INTERRUPTIONS IN ORGANIZATIONAL LEARNING

Lynn Godkin and Seth Allcorn*

ABSTRACT. This paper describes how Avoidant Organization Disorder, a
common form of narcissism, thwarts organizational health and performance.
Avoidant Organization Disorder is juxtaposed with interruptions in
organizational learning. A model illustrating the possible relationship
between the two and how Avoidant Organization Disorder may precipitate
interruptions in organization learning is presented.

INTRODUCTION

Human nature is an omnipresent aspect of the twenty-first
century workplace. The values and ideologies held by individuals in
the workplace determine what it is like to work within it. Under-
appreciated in the selection and hiring process is the contribution the
various forms of narcissism make to organizational performance.

Narcissism in its expansive and most commonly discussed form
can improve organizational performance. Many narcissistic people
who are talented and possess intellectual giftedness combined with
grandiose fantasies and strong self-investment do have sustained
periods of successful academic, professional, or creative

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accomplishments (Ronningstam, 2005). They may, however, also tend to at times interpret tasks and events as opportunities to demonstrate their superiority and when criticized they may overestimate their own contribution while ignoring and devaluing the contributions of others and those who are critical of them. If this tendency is pervasive within an organization it may be identified as containing narcissistic features. Table 1 is informed by DSM-IV (First & Tasman, 2004, p. 1258) and further explains these features.

### Table 1

**Narcissistic Organizational Features**

<table>
<thead>
<tr>
<th>Description</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>The organization and some of its members are bigger than life caricatures.</td>
<td>Paternalism and/or paternalism are present along with idealization of the organization and its leaders.</td>
</tr>
<tr>
<td>The organization is often in the spotlight and its leaders seek opportunities to show off themselves and their organization to receive attention and recognition.</td>
<td>Organizational resources are used to reward supporters and used against or withheld from the out-group.</td>
</tr>
<tr>
<td>The organization, its mission and accomplishments are described in grandiose terms accompanied by grand thoughts and ideas for the future. Denigrating comparisons are offered regarding other organizations, regulators and competitors.</td>
<td>Leaders are sensitive to and overly responsive to criticism as are many of the organization’s executives, managers and employees.</td>
</tr>
<tr>
<td>There also coexists an inattention to the details required to successfully implement the grand ideas creating marginal outcomes and failures that are covered up, forgotten, dismissed or preempted by more grand plans. Scapegoats may also be sacrificed.</td>
<td>There is a history of occasionally killing the messenger or ignoring and marginalizing others who may call into question what is going on (not a team player).</td>
</tr>
<tr>
<td>Splits are present in the form of those who are loyal supporters (in-group) and those who are neutral or not supporters (out-group).</td>
<td>There is evidence of insensitivity to customers and clients and their needs as well as some disregard for laws and ethics where the disregard does not cause others to disrespect the leader.</td>
</tr>
</tbody>
</table>
Also to be considered are instances where the quality of one’s narcissism leads one to withdraw from others to avoid rejection, disappointments, criticism, threats, abuse and issues around coercion and submission. These individuals often just want to be left alone to do their work as though this is truly possible in twenty-first century organizations filled with complexity, interdependencies and demanding needs for coordination and cooperation. DSM-IV (First & Tasman, 2004), which is published by the American Psychiatric Association and covers all mental health disorders for both children and adults, informs the creation of ten criteria associated with Avoidant Organization Disorder which we introduce later.

Important for this discussion is the fact that we have no choice but to embrace narcissism in the workplace and deal with the accompanying psychologically defensive outcomes. In particular consideration has to be given to organizations that contain overarching themes and qualities of being withdrawn and detached from their operating environments as though they exist within a larger context that has no bearing or relevancy for the organization. We refer to this organizational context as an Avoidant Organization Disorder and it may be understood to introduce interruptions to organizational learning.

In this paper we describe and define Avoidant Organization Disorder. Subsequently, we introduce interruptions in organizational learning and link those to Avoidant Organizations in order to support the following position statement.

POSITION STATEMENT

The position of this paper is that dysfunctional narcissism in the form of avoidance can result in Avoidant Organization Disorder and the disorder has symptoms associated with interruptions in organizational learning. Consideration of this topic is strategically significant because avoidant narcissistic leader behaviors are translated into related organizational or group behaviors. This conclusion follows because social networks propagate leadership attitudes. Social relations emerge from psychical proximity and shared opinion developed with social relations (Burt, 2005, p. 79). As a result healthy and unhealthy behaviors do become “contagious”. (Burt, 1982, 1987, 2005; Coleman, Katz, & Menzel, 1957; Valente, 1995). “Something about the network around two people makes
one’s ideas or behaviors contagious for the other” (Burt, 2005, p. 78). Research on contagion (see reviews by Rogers, 1995; Valente, 1995; Burt, 1982, 1987) and various models also inform this contagion perspective (Friedkin, 1998, 2004; Cialdini & Goldstein, 2004).

**CONCEPTUAL ASSUMPTIONS**

To avoid confusion, we would like first to distinguish what we have in mind here from Irving Janis’ (1982) “groupthink.” From our perspective, Janis limited his analysis to decision-making groups. Here, we are speaking of a more spontaneous, fluid condition almost viral in nature. Avoidant narcissistic behavior could inflict a decision-making group and this paper might well apply to such a circumstance. Avoidant narcissistic behavior is not limited to decision-making groups alone, but can be more generally applied to all groups and organizations. Therefore, groupthink, as defined, is outside the scope of this discussion.

In the course of this paper, we refer to “healthy organizations” and “healthy individuals.” In this context we suggest that healthy organizations work toward goal attainment and clear performance while protecting core interests from unethical behavior, gross illegal activity, and aberrant institutional activity. The organization performs vital functions normally and properly avoiding distortions introduced by faulty leadership, corruption, or technology. Healthy individuals contribute this organizational ideal. The Avoidant Organization would be considered unhealthy in this context.

Otherwise, a number of conceptual issues support the position of this paper. In the next section we will address each initially entertaining Contagion.

**Contagion**

Contagion spreads leader attitudes, ideologies, and values throughout the organization. Contagion results from word-of-mouth interaction among organization members. “The gist of the argument is that the cost and benefits of a new idea or practice are unclear. People get a handle on the unknown by asking friends and colleagues about it. As they talk to one another, people converge on a shared
understanding of the new idea or practice” (Festinger, Schachter, & Back, 1950, cited in Burt, 2005, p. 79).

Burt (2005) points to Coleman, Katz, and Menzel’s (1957) study of doctors that determined physicians began to prescribe a drug early in the diffusion process. Subsequent work found that doctors central to the discussion network were early adopters and socialized others (Coleman, Katz & Menzel, 1966). It might be said, then, that people connected by a strong relationship will have similar opinions about issues and follow one another to quickly adopt similar behaviors and attitudes (Burt, 2005). Therefore, we suggest the following:

Proposition One: Dysfunctional individual narcissistic leader behaviors are translated into related organizational or group beliefs and behaviors through contagion.

A contagion perspective speaks to unconscious but shared interpersonal and group dynamics. The Avoidant Organization Disorder may create a self sealing and perpetuating system of thoughts, feelings and intersubjectivity that is perpetuated much like a flu virus throughout an organization’s structure potentially becoming a cultural artifact. A CEO who suffers from avoidant narcissism may seek social isolation as well as try to isolate the organization from coercive elements in its task environment. In turn subordinates who feel cut off from the leader and each other retreat into their respective organizational foxholes thereby perpetuating withdrawal as a way to cope with the stressful nature of organizational life. The application of the following organizational diagnosis may then be used without yielding to reification. The diagnosis may be understood to be a pervasive theme that includes myths and fantasies. We now turn to a description of the Avoidant Organization Disorder.

Avoidant Organizational Disorder

As was the case for narcissism, DSM-IV (First & Tasman, 2004) informs the creation of the ten criteria associated with Avoidant Organization Disorder listed on the left side of Figure 1. Since no organization is expected to contain all of these criteria, we suggest seven of these ten criteria need to be present for identification. A composite picture of what we will term the Avoidant Organization can be drawn from the criteria.
### FIGURE 1

**Avoidant Organization Disorder and Interruptions in Organizational Learning**

<table>
<thead>
<tr>
<th>Criteria Associated with Avoidant Organizational Disorder</th>
<th>Interruptions in Organizational Learning</th>
</tr>
</thead>
<tbody>
<tr>
<td>The organization and its leaders are withdrawn and isolated from the world</td>
<td>√ √ √ √</td>
</tr>
<tr>
<td>The organization has developed its own peculiar self-reliant philosophy and worldview that is sustained at all costs even when there are indications that it threatens organizational survival.</td>
<td>√ √ √ √ √</td>
</tr>
<tr>
<td>There are elements of fear, anxiety and paranoia about internal and external events that fuel hypersensitivity and feelings of being set-upon, used and abused, and coerced.</td>
<td>√ √ √</td>
</tr>
<tr>
<td>Individual achievement is emphasized along with imagery of a solitary great man or woman working alone to accomplish great feats.</td>
<td></td>
</tr>
<tr>
<td>External influences are viewed with distaste and as something to be avoided since they are felt to contain implicit and explicit coercive qualities requiring change to adapt.</td>
<td>√ √</td>
</tr>
</tbody>
</table>
FIGURE 1 (Continued)

<table>
<thead>
<tr>
<th>Criteria Associated with Avoidant Organizational Disorder</th>
<th>Interruptions in Organizational Learning</th>
</tr>
</thead>
<tbody>
<tr>
<td>There exists a pervasive sense that doing nothing is an option. Planning, goal setting and achievement may be largely absent.</td>
<td>√ √ √ √ √</td>
</tr>
<tr>
<td>There is a quality of being deenergized and there exists a lack of zest for work and an absence of striving to achieve.</td>
<td>√ √ √ √</td>
</tr>
<tr>
<td>The status quo is preferred over change that is usually not thought to be possible as a result of little direction being provided and a pervasive denial of organizational abilities and assets that could be marshaled to create change.</td>
<td>√ √ √ √ √</td>
</tr>
<tr>
<td>Employees and divisions are distanced from each other where getting together is not thought to be constructive and may even to threatening to autonomy.</td>
<td>√ √ √ √ √</td>
</tr>
<tr>
<td>There may exist a belief that someone (a new leader or consultant) will save the organization from itself by solving all of its problems.</td>
<td>√ √</td>
</tr>
</tbody>
</table>
The Avoidant Organization suffers from a distorted world and organizational view held by its leaders, management and often many of its employees. Beliefs and myths are important to the formation and sustaining of organizational culture (Child, 2003) because beliefs and actions are interrelated (Weick, 1995). Rigid managerial and shared organizational beliefs prevent the organization from unlearning unproductive behaviors and they limit new learning (Inkpen & Crossan, 1995). The resulting culture attracts people into a belief system consistent with theirs (Schein, 1985; Weick, 2001). People join the organization because they prefer association with individuals of like beliefs and biases. Thinking contained in beliefs, myths, ideology and operational models motivates shared action. It may also, however, produce a reality distorting outcome that filters reality and inhibits individual, group and organizational learning (Weick, 1995).

Organizations must contain a set of procedures for argumentation and interpretation that facilitates problem solving and decision making (Cohen, March & Olsen, 1972 cited in Weick, 1995). In the healthy organization, conflicts and controversy arise among people with differing perspectives and beliefs (Mailloux, 1990) that promote individual and group reasoning (Schwartzman, 1987; Weick, 1995) and improve the quality of information available to decision makers (Hage, 1980, cited in Weick, 1995). When Avoidant Organization Disorder is in evidence, thematic and cultural expectations carry with them the power to override controversy, differences of opinion and argumentation thereby limiting discourse, inquiry and social construction (Weick, 1995). Avoiding conflict, criticism, competition, coercive expectations, striving for achievement and submission to circumstances become the undiscussable norm.

Expectations are a blessing to the healthy organization and the bane to one characterized by Avoidant Organization Disorder. This is the case because people filter information and determine their actions on the basis of group expectations. False expectations result in false definitions of circumstances thereby evoking dysfunctional behavior and making the original misconception come true (Darley & Fazio, 1980; Jones, 1977; Snyder, 1984, 1992). As a result, organization members act as though avoiding conflict, competition, and coercive interpersonal encounters is critically important. Interactions that contain differences of opinion become something to
be avoided. The outcome is a comforting stability that compromises learning and inquiry. The result can be increased experience of stress. Organization performance can lag paradoxically reinforcing this defensive dynamic (Snyder, 1992; Weick, 1977). Also to be noted is that pursuit of this stable social world, while never realizable, may allow some organization members to consider other aspects of their situation and creating a double bind that is hard to resolve (Weick, 1995). Bringing up these divergent insights may well promote an anxious and defensive response from leadership.

This steadfast avoidance of intergroup and interpersonal conflict raises important issues regarding organizational learning so important to group performance. Double-loop learning (Argyris & Schön, 1996) in the healthy organization is an outgrowth of contradictions in institutional goals, values, and performance criteria (Rothman & Friedman, 2003). Through double-loop learning, actors reach understandings about the meaning of differences between them. Similarly, organizational learning in the healthy environment is a part of team learning and the building of common frames of understanding between participants (Nonaka & Takeuchi, 1995; Senge, 1990). Healthy organizations seek to generate functional and resolvable conflict as a means to increase goal achievement. People grow together as common understanding grows among them (Rothman & Friedman, 2003). In contrast, the Avoidant Organization is at best passive toward the learning that may arise from intergroup and interpersonal conflict and many times actively opposes it preferring rather to suppress contradictions, problem recognition and dialogue.

The Avoidant Organization must endure the mental models, assumptions and premises held by top management that are most often embraced by many others. This circumstance is particularly troublesome in complex organizations and those using complex technology because assumptions and premises seep into the innermost reaches of those organizations. Management assumptions dominate organizational direction (Adler, 1986). Top management may end up permeating the organization with assumptions driven by their own, but also shared world and organizational views. In the case of the Avoidant Organization, these assumptions implicitly contain apathy, paranoia, and fear of being coerced by others and events. This is an agenda making it harder for individuals in the
Avoidant Organization to reliably perform. If organizational premises are “...imposed by managers who feel threatened by the potential loss of their authority or by designers who want to centralize decisions, promulgate rules, and differentiate tasks, then technologies will be run with less judgment than is necessary to manage and comprehend their complexity” (Weick, 2001, p. 171). More specifically, delegation premises concern what individuals may do and directive premises detail what they cannot do. Avoiding the coercive nature of external dictates regarding what one is expected to do or may not do forms the basis of the Avoidant Organization Disorder. In this context the following is suggested:

Proposition Two: Individual avoidant narcissistic leader behaviors are translated into related organizational or group beliefs and behaviors through contagion.

Proposition Three: Avoidant Organization Disorder results among organizational members when individual avoidant narcissistic behaviors are exhibited by their organization’s leaders.

**Interruptions in Organizational Learning**

Our contention is that interruptions in organizational learning result from Avoidant Organization Disorder and interruptions in organizational learning are symptomatic of Avoidant Organization Disorder. Avoidant Organizational Disorder can be diagnosed when any seven of the ten criteria introduced above and found on the left side of Figure 2 are present. A pattern emerges when the characteristics of Avoidant Organization Disorder are juxtaposed with interruptions in organizational learning located at the top of that same figure. The importance of this potential relationship lies in the fact that organization learning is linked to technology transfer, sense making, strategizing – aspects of organizational life that may be experienced as stressful evoking an avoidant response.

March and Olsen (1975) and Kim (1993) suggest seven interruptions in organizational learning can be identified. Each is discussed below along with the linkages between interruptions in organizational learning and the appearance of Avoidant Organization Disorder suggesting the next proposition:

Proposition Four: Avoidant Organizational Disorder results in interruptions in organizational learning.
Role Constrained Learning

Healthy management and interpersonal actions facilitate the movement of knowledge throughout an organization. As organization members see other organizations adopting new modes of operation successfully, they are compelled to share that knowledge with colleagues in their own organization. Role-constrained learning appears where individuals grasp such reality, but are unable to respond effectively (March & Olsen, 1975). There is a disconnect between belief and action (Bethoin Antal, Lenhardt, & Rosenbrock, 2003) precipitated by prevailing role definitions and operating procedures embedded in the larger social context (Granovetter, 1985; Kieser, 1977). Some behaviors are rewarded and others punished or ignored (Child & Heavens, 2003). To be noted is that there is a difference between ignorance and confusion when it comes to locating or generating and sharing information. "To remove ignorance, more information is required. To remove confusion, a different kind of information is needed, namely, the information that is constructed in face-to-face interaction that provides multiple cues...." (Weick, 1995, p. 99) something the Avoidant Organizational Disorder discourages.

The Avoidant Organization may be characterized by role-constrained learning for a number of reasons. For example, the Avoidant Organization has a self-reliant philosophy that may be maintained at all costs. There is fear, anxiety and a sense of paranoia about internal and external events keeping individuals from presenting differing views of the world. Most important and contrary to learning and adapting there exists a sense of apathy within the Avoidant Organization. Doing nothing is an option and the status quo is a preferred option even if it introduces non-adaptive outcomes and operating dysfunctions. The world may seem to pass the organization by. These conditions promote role-constrained learning. We speculate that organization members must respond to Avoidant Organization expectations under these circumstances. "Consequently, the organization can require its members to adopt highly 'artificial roles', roles that the members are not necessarily able to willing to identify with" (Kieser, Beck, & Tainio, 2003, p. 602). Therefore:

Proposition Five: Role constrained learning may be symptomatic of Avoidant Organization Disorder.
Audience Learning

Healthy managers seek to institutionalize valuable knowledge that they have acquired. Audience learning (March & Olsen, 1975) arises in situations where managers are able to change their own behaviors, but are hindered by roles, rules and structure from bringing about corresponding systemic changes. Roles, rules, and organizational structure validate action taken and provide meaning for organization members (Weick, 2001). Standard operating procedures however “… frequently induce organizations to act unreflectively and automatically” (Starbuck & Hedberg, 2003, p. 337). As a result knowledge is accepted or rejected on the basis of the erroneous assumptions contained within the roles, rules and structure. Errors are created or perpetuated leaving the organization in a state of ignorance (Blackman, Connelly, & Henderson, 2004).

Changing organizational rules can be a politicized exercise (Cross & Prusak, 2003). Individuals are “… socialized to take up the norms of the particular groups and the society to which we belong, and this restricts what we can do as we particularize the generalized norms in our moment-by-moment specific action situations” (Stacey, 2006, p. 136). Entrenched organizational beliefs and myths sustain organizational practices both positive and negative (Johnson, 1990). Under conditions of audience learning, there is simply no intrinsic reward to be gained by managers (they may in fact be rejected and punished) from the knowledge sharing process. As a result, managers end up keeping innovative knowledge to themselves.

The Avoidant Organization can be associated with audience learning. Changing rules is more difficult because of rigidity brought about by a self-reliant philosophy and fearful climate where organization members are not trusting and are distanced from one another. Decision makers deny the necessity for organizational change and inhibit the ability to change.

Perhaps the most important contribution to understanding audience learning from a psychodynamically informed perspective is pervasive passivity of the Avoidant Organization where doing nothing and maintaining the status quo are preferred and leadership and the organization are withdrawn and isolated from the world, thus minimizing the need to learn and change. “Consequently, the organization can require its members to adopt highly 'artificial roles',
roles that the members are not necessarily able or willing to identify with" (Kieser, Beck, & Tainio, 2003, p. 602). Therefore:

Proposition Six: Audience learning may be symptomatic of Avoidant Organization Disorder.

Superstitious Learning

Healthy managers seek to determine the likely consequences of their actions. They accept the consequences of their decisions and labor to learn from them. Superstitious learning (March & Olsen, 1975) arises when well intentioned individuals misinterpret the consequences of their actions and filter data and reports to justify their actions (Kieser, Beck, & Tainio, 2003). This circumstance makes it difficult to learn from feedback. The timeliness and accuracy of learning in terms of its immediate or future use is critical (Dibella, 2003) Managers under superstitious learning often believe that they are facilitating change despite a reality to the contrary (Weick, 2001). They are resistant and avoid feedback loops and management may simply come to understand the reality of their actions too late to be of practical use.

It is then reasonable to assume the Avoidant Organization may be characterized by superstitious learning. The withdrawal of leadership and the wish to avoid information that indicates change is needed coupled with a self-reliant philosophy precipitate superstitious learning. External influences are viewed with distaste and as something to be avoided since they are believed to contain implicit and explicit coercive qualities requiring the taking of action to change or adapt. Therefore:

Proposition Seven: Superstitious learning may be symptomatic of Avoidant Organization Disorder.

Learning under Ambiguity

Conditions associated with learning under ambiguity (March & Olsen, 1975) develop where managers cannot identify changes in the environment or explain changes that they do see. They are unable to answer the question “What’s going on here?” We contend that, in the Avoidant Organization, feedback offered by an individual may be rejected by the group since it implies a problem exists that requires taking action. “When feedback is offered by a change agent, people
wonder why they should believe it and how they should use it” (Weick, 2001, p. 399).

The Avoidant Organization Disorder can be linked to learning under ambiguity. The organization and its leaders are withdrawn from the world and do not seek out accurate reality testing consistent with their self-reliant operating philosophy. External and internal influences are disliked and avoided. There is a tendency for individuals and groups to become isolated from one another. Individuals may be, figuratively speaking, hiding out in their cubicles or offices. Interdivisional interactions can be tortured and are often avoided. This outcome limits the organization’s ability to understand and explain environmental activity. Therefore:

Proposition Eight: Learning under ambiguity may be symptomatic of Avoidant Organization Disorder.

Situational Learning

Healthy managers solve problems and innovate. However, organizational learning is interrupted when such knowledge is not codified for future use. Managers may feel that when dealing with others they have to measure what they say including altering or not sharing at all what they have learned. As a result they do not pass it along, thus creating an outcome consistent with situational learning (Kim, 1993) where learning is limited to one occurrence at a single point in time. Knowledge garnered through situational learning is therefore not open to replication elsewhere or under different circumstances. This outcome is counterproductive and dysfunctional when it thwarts the attainment of organizational goals.

Situational learning may arise from the apathy associated with the Avoidant Organization Disorder. For example, when leaders are withdrawn and a self-reliant philosophy is present, barriers to healthy progress arise reinforced by fear and anxiety about external events and the felt coercive need to act. Executives and organization members generally prefer to be just left alone. Once again it may be pervasively and tacitly thought and felt that doing nothing is an option and that achievement and taking action are to be avoided. Change it may be generally thought is impossible. Employees and divisions may have also distanced themselves from each other further contributing to situational learning. Therefore:
Proposition Nine: Situational learning may be symptomatic of Avoidant Organization Disorder.

**Fragmented Learning**

Fragmented learning results as individuals learn, but are unable to change corresponding organizational mental models (Kim, 1993). Fragmented learning can be confused with audience learning. We equate audience learning with the linkage between individual and organizational actions and the focus of fragmented learning to the relationship between individual and organizational world views (Kieser, Beck, & Tainio, 2003).

The Avoidant Organization Disorder has a negative impact on individual organization members. Individuals are the primary source of knowledge creation for the organization (Inkpen & Dinur, 1998; Kim, 1993; Nonaka, 1994; Nonaka & Takeuchi, 1995). They entertain ideas, or mental models, about how the world works that become more sophisticated with experience. Organizational mental models are formed and evolve when individual mental models are creatively assimilated into the overarching organizational model. Theoretically, both individual and group models grow and change together (Nonaka, 1994; Inkpen & Crossan, 1995). “The cycles of individual learning affect learning at the organizational level through their influence on the organization’s shared mental models” (Kim, 1993, p. 43). The group can be seen as a collective individual with its own set of mental models and groups can be viewed as extended individuals (Kim, 1993).

"Organizational learning is accomplished when individuals make their mental models explicit and mutually modify them to create shared organizational mental models" (Friedman, 2003, p. 400). The process of embedding individual understanding into the organizational mental model is not simple. “Much knowledge, particularly tacit knowledge, can be lost in the process due to lack of connections between people or parts of the organizational structure” (Taylor & Osland, 2003, p. 215). Fragmented learning can be seen in psychologically healthy as well as troubled organizations. For example, decentralized organizations with limited networking capability often encounter fragmented learning (Bethoin Antal, Lenhardt, & Rosenbrock, 2003).
The presence of fragmented learning alone does not imply that the organization has Avoidant Organization Disorder. However, Avoidant Organization criteria share much in common with this description of fragmented learning. Fragmented learning can be the result of organizational isolation, a self-reliant philosophy, a climate of fear and anxiety, and employees who have distanced themselves from each other. Similarly Avoidant Organization Disorder passivity and apathy lead to a lack of zest for work and inquiry. Importantly, the organization leadership may not recognize the benefit of internal individuals seeking to promote knowledge because of their searching for the “great man” or “great woman” who will be able to magically solve their problems. Therefore:

Proposition Ten: Fragmented learning may be symptomatic of Avoidant Organizational Disorder.

Opportunistic Learning

Opportunistic learning appears where there is asymmetry between individual initiative and organizational operational procedures requiring individuals to circumvent existing rules to bring about change (Kieser, Beck, & Tainio, 2003; Kim, 1993). Unintentional learning is characteristic of psychologically healthy and troubled organizations. People learn to bend the rules to their needs in all sorts of bureaucratic circumstances. This is, however, a two edged blade. When teams are put into place to improve organizational performance by integrating interdepartmental coordination they may incorporate dysfunctions as well. Undesired, dysfunctional behaviors and anxiety responses may be simply learned along with “best practices....” (Maier, Prange, & von Rosenstiel, 2001) as a result.

“Bending the rules” is a fact of life in the bureaucratic organization. It is required for effective customer service on occasion. Yet, the Avoidant Organization Disorder criteria suggest that opportunistic learning may accompany avoidant behavior. An organization may bend the rules to further perpetuate protective barriers, reality filters and avoid being held accountable thereby locking out coercive influences. It may also be the case that organizational leadership and many in the organization hold expectations that someone will effortless lead them to success and solve their problems – a new leader or consultant perhaps. This
organizational context may be exacerbated where leaders are apathetic toward proactively dealing with issues and where interpersonal and inter-group isolation is an established norm. Therefore:

Proposition Eleven: Opportunistic learning may be symptomatic of Avoidant Organization Disorder.

CONCLUSION

It is the position of this paper that dysfunctional narcissism in the form of avoidance can result in Avoidant Organization Disorder and that the disorder has symptoms associated with interruptions in organizational learning. The juxtaposition of the two as illustrated in Figure 2 supports this conclusion. The literature and logic suggest linkages exist between specific Avoidant Organization Disorder characteristics and particular interruptions in organizational learning. Those relationships are noted with corresponding ticks on the grid contained in that figure.

Implications for Human Resources and Improving Organizational Performance

The paper raises many interesting questions important to academics and managers alike. For example, what are the relationships between dysfunctional narcissistic leader behaviors and groupthink (Janis, 1982) in decision-making groups? How might emotional intelligence (EI) (Goleman, 1995, 1998) be encouraged throughout the organization to protect what we might term “organizational health”? The implications for human resource management and improvement of organizational performance are also instructive.

Progressive human resource professionals have a stake in improving organizational performance. Contributions are made in many areas such as hiring, supervision training, facilitating progressive discipline, implementing effective evaluation systems and in many instances proactively improving performance via serving as internal consultants. Understanding organizational culture and what it may contain such as dysfunctions like avoidant organization disorder and related interruptions to organizational learning is crucial to fulfilling a role of internal consultation.
Standard procedures, roles, position descriptions and rules induce people to act without thinking. Critical thinking may be actively discouraged. Employees many times just do what is expected. If a unit under the influence of Avoidant Organizational Disorder is inordinately influencing policy development or implementation, problems are bound to result. Resultant errors in behavior can be made in a state of ignorance. Undesired, dysfunctional behaviors and anxiety responses may be simply learned along with “best practices....” (Maier, Prange, & von Rosenstiel, 2001) as a result. Diagnosing and intervening in dysfunctions such as these can clearly add value to organizational performance. The framework presented here provides a readily understood means of effectively intervening in these types of organizational dynamics.

Notes on Diagnosis and Intervention

Understanding some or possibly much of the organizational context and being able to describe it as containing disrupted learning and the Avoidant Organization Disorder is but the first step in creating organizational change.

Diagnosis

Evidence of interruptions in organizational learning does not necessarily imply the presence of Avoidant Organization Disorder. However, it does suggest that the disorder may be present. It is our contention, then, that interruptions in organization learning may serve useful diagnostic criteria for diagnosing the Avoidant Organization Disorder. The above discussion and accompanying Figure 2 demonstrates the linkages and even probability that the disorder has an additional set of indicator disruptions to learning. Indeed if a number of the learning disruptions are preset, it is important to consider the Avoidant Organization Disorder is an underlying commonality. The implications are important for performance appraisal and organizational analysis.

A good diagnosis requires considerable information to be gathered, some of which is written down and some of which is subjective and must be acquired through individual interviews and focus groups (Allcorn, 2003, 2005; Diamond, 1993; Garbriel, 1999; Levinson, 1972; Stein, 1994). For example, an organizational history needs to be developed that notes key events, growth rates,
leadership styles across time and what it was like to work here at different times along the time line. A walk through the organization and a general orientation to its work yields general observations that inform subsequent listening and analysis. Data must be collected regarding mission, values, performance and success and failures. The scope, consistency, quality and intensity of members’ splitting and projection and transferences onto management, sections of the organization or leader or consultant leading the change should be noted. An organizational narrative should emerge from the analysis that offers an interpretive basis for developing a diagnosis (Diamond & Allcorn, 2003).

The labeling of an organization as suffering from this or that malady is only part of the work. Organizations may also have attributes consistent with more than the diagnosis described here (Allcorn 2005, 2008). Parts of organizations may differ significantly from their counterparts and the organization. It is also the case that while one of the diagnoses may be primary others may also be present and emerge into prominence from time-to-time (Kets de Vries & Miller, 1984). It is therefore important to remain open-minded when diagnosing organizational dysfunctions.

**Intervention**

Organizations that are diagnosed with Avoidant Organization Disorder may be regarded as defective containers of anxiety where developmental failures, avoidable problems and a pathological culture do not allow for the development of an acceptable soothing object – the organization in mind. Narcissistic injuries may have created a culture filled with rage, depressive withdrawal and dependency on idealized images of the organization and its leaders who will save it. There may well also exist a confused, distorted and dysfunctional sense of organizational identity – which we are (Diamond, 1993). Organizations that are effectively run and managed usually include nurturing elements that include positive attachment. They are usually not overly controlling or engulfing. In contrast less effectively led organizations that do not promote a positive sense of well-being lack authentic caring and nurturing. Changing this type of organization culture and identity requires caretaking and the assumption of anxiety-containing roles on the part of executives, managers and even employees as well as
consultants. Care taking and containment of anxiety create the context of a holding environment that permits the emergence of non-defensive inquiry and play consistent with transitional space (Winnicott, 1988, 1989). Should this occur, a change in organization culture or identity will arise. A holding and transitional organizational culture that contains playful, reflective and creative spaces and times represents a form of organizational idea where personal integrity, interpersonal authenticity, true self and organization arise in the absence of destructive narcissistic qualities.

SUMMARY

The position of this paper, that dysfunctional narcissistic behavior can result in Avoidant Organization Disorder and that the disorder carries symptoms associated with interruptions in organizational learning seems to have initial support. The juxtaposition of these two disparate points of view provides the practitioner an alternative way to view leadership in various organizational settings. Linking the Avoidant Organization Disorder with the interruptions in organizational learning provides researchers a psychoanalytically informed perspective from which to improve the human resource-planning process.

REFERENCES


Experiencing Risk, Spontaneity, and Improvisation in Organizational Change (pp. 124-141). New York: Routledge.


