Dysfunctional Leadership in the Public Service

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Abstract

Dysfunctional leaders, habitually depicting narcissistic behaviour, are distressingly detrimental to the wellbeing of individual employees and an organisation in its entirety. To enhance the wellbeing of both individual employees and organisations at large, it is essential to understand the harmful consequences of dysfunctional leaders and to acquire knowledge on how to manage such leaders. This understanding depends upon mindfulness of their behaviour and an awareness of *who they are*. The article elucidates the characteristic traits of dysfunctional leaders based on their behaviour, which is often imprinted in a psychological origin. Self-Psychology Theory is used to delineate the psychological origin of the dysfunctional leader's behaviour. As the underlying psychosomatic causes to leaders' behaviour are often unheeded in Public Administration, the phenomenon of dysfunctional leadership is not approached from a traditional management perspective, but rather from a psychological standpoint. The research revealed conspicuous resemblances between the traits of a dysfunctional leader and that of a narcissist. The article also brings to the fore that the behaviour of dysfunctional leaders frequently leads to psychological distress amongst employees. Taking appropriate measures to deal with dysfunctional leadership can hold far-reaching constructive results, worthy of the wellbeing of both the individual employee and the organisation. In this regard, the article provides recommendations on managing dysfunctional leadership in an organisational context in the South African Public Service. The synthesis and findings of the research is based on theoretically grounded premises and the interpretation of conceptual perspectives from theory.

Keywords: Dysfunctional leadership, narcissism, narcissistic personality disorder, psychological origin, psychological distress, self-psychology theory.

Introduction

Realising the objectives of the National Development Plan (NDP), Vision 2030 (SA, 2011), the Sustainable Development Goals (SDGs), (UN, 2015), and the South African democratic developmental state, requires a concerted effort from the South African government to steer

activities and employees towards performance in this regard. It can be realistically assumed that these mammoth public programmes demand effective political and administrative leadership to navigate the public sector towards achieving its objectives.

Regrettably, leaders in the South African public sector do not unswervingly exhibit outstanding leadership behaviour. Public leaders often dismally fail in terms of accountability, nation-building, introspection, political will (Gumede, 2012: 11-15), corruption (Ramphele, 2012: 3; Malala, 2016, 176; 206-207), social justice, competence, integrity, professionalism and upholding the rule of law (Ramphele, 2012: 2; 208-215). The injurious results this leadership hold for the South African society include substandard educational outcomes (Malala, 2016: 48-58), high levels of unemployment (Malala, 2016: 152; 208-209), a deficiently performing health system, high levels of crime, uncertainty (Ramphele, 2012: 149; Gumede, 2012: 37; 39), and poor service delivery (Malala, 2016: 152), to name a few.

Gumede (2012: 36) contends that the ineptness of leadership in the public sector has caused it to become places of benefaction for the elite of the ruling party. The Public Service does not cushion the erroneous and ill-advised decisions from undexterous political leaders; hence, administrative leaders become an extension of the political leadership's maladroitness (Gumede, 2016: 36). The derivation of these physiognomies of poor political leadership, extended to administrative leadership, anguishes not only society, but public sector employees alike.

The public sector, as all other institutions, depends *inter alia* on its employees for organisational performance. The responsibility of public leaders to motivate employees and improve their wellbeing is critical to the effectiveness of the state since the Public Service, as the executive authority of the state, is dependent on not only its employees' skills, competencies and attributes to successfully achieve its mandate, but also on its employees' commitment. Employees' commitment is often linked to their motivation, morale and wellbeing in the organisation. Research revealed that motivation notably influences an employee's performance - positively or negatively (Cooke & Meyer, 2007: 1–2; Shadare & Hammed, 2009: 8; Oyedele, 2010). Consequently, effective leadership is required to inspire, develop, and steer employees towards performance, as "the signs of outstanding leadership appear among the followers" (De Pree, sa).

Undesirably, leaders are not invariably mentally and emotionally equipped to provide visionary, encouraging and supportive guidance. In certain instances, leaders are even dysfunctional, thereby doing both their employees and organisation a disservice (Wilson-Starks, 2003; Lipman-Blumen, 2005b: 30; Tavanti, 2011: 127; Wilson, 2014). Moreover, dysfunctional leadership can result in psychological distress for employees (Balda & Balda, 2015), that holds extensive destructive consequences for an organisation's performance, and contributes to a high turnover of employees and the loss of talented employees (Kets de Vries, 2003; Jones, 2003; Branham, 2005 in Tavanti, 2011: 128).

Frequently, public managers and policy alike, focus considerable attention on organisational systems and structures, as opposed to the wellness of Public Service employees. It can be argued that only a leader, sensitive to the complexity, disillusionment, ambitions, emotions, strengths, weaknesses and motivating factors of human beings, can provide effective leadership. This requires a leader with emotional intelligence, an essential element to effective leadership since it entails guidance to, and interacting with humans, not with technology, structures and processes (Doty & Fenlason, 2013: 59). Leaders need to be aware of their own emotions, know how to manage them and demonstrate perceptiveness for the emotions of their employees (Kets de Vries, 2006: 173). With dysfunctional leaders, more often than not characterised by toxic and narcissistic behaviour, emotional intelligence is non-existent (Doty & Fenlason, 2013: 55; 59).

Considering the sweeping harmful consequences of dysfunctional leadership, the article aims to establish approaches to manage it in organisational context in the Public Service. Recommendations are made to this effect. In viewing the phenomenon through a clinical lens, the psychosomatic causes for leadership behaviour are considered in these approaches. In this regard, the psychological origin of the behaviour of dysfunctional leaders is explicated through Self Psychology Theory.

Research Methodology

The research design took into consideration the purpose of the article - to establish the behaviour of dysfunctional leaders, the psychological origin thereof (based on Self Psychology Theory), the resultant psychological distress it causes employees and society, and the management of this phenomenon (dysfunctional leadership). A scholarly literature study was conducted on the phenomena of dysfunctional leadership, narcissism, Self-Psychology

Theory and psychological distress. The article follows an explanatory approach, which aims to provide an explanation of phenomena (Durrheim, 2009:44). In this instance, the narcissistic behaviour of dysfunctional leaders, the resultant psychological distress of employees, and the ensuing effect on society are elucidated. Also, the psychological origin that is likely to produce dysfunctional behaviour in leaders is expounded upon.

Further to an explanatory approach, the research design was developed in consideration of the interpretive paradigm. The interpretive paradigm sustains the belief that the reality being studied consists of people's subjective experiences of the external world (Terre Blanche & Durrheim, 2009: 7). In this article, it is argued that the behaviour of dysfunctional leaders emerges from their psychological origin that unconsciously influences their perceptions of life and relationships with others. To discern the unconscious fears and motivations of dysfunctional leaders it is necessary to consider the unconscious psychodynamic processes and structures that influence their behaviour. Therefore, the behaviour of dysfunctional leaders, in particular their narcissistic nature, is interpreted through its psychological origin. The synthesis and findings of the research is based on theoretically grounded premises and the interpretation of conceptual perspectives from theory.

Behaviour of Dysfunctional Leaders

As alluded to, the Public Service is reliant on organisational performance to achieve its objectives. Jones (2005; 2014) suggests that although several factors play a role in poor organisational performance, it is usually as a result of dysfunctional leadership. When employees with good technical skills are promoted into managerial positions, they almost instantaneously discover that they cannot function if they lack the ability to manage the boundless opposing opinions, interests and personalities of employees (Jones, 2005; 2014). Dysfunctional leaders are often skilled and experienced in their occupations, but unfortunately, they tend to create a toxic environment for their employees (Tavanti, 2011: 129). In contrast, an effective leader practices servant leadership, enabling employees to grow as persons, become healthier, wiser, encourage autonomy and guide them towards becoming servant leaders themselves (Balda & Balda, 2015).

Since leaders spend many hours of their time relating to others, interpersonal and social skills are indispensable to the makeup of an effective leader (Kets de Vries, 2006: 172). Leaders should realise that human beings are multifaceted social beings and they have inherent worth

and talent that exceed their salary level or the position they hold (Wilson-Starks, 2003). Leaders ought to view employees in their entirety and accept the profile of an individual as a combination of various dimensions, in addition to the occupational dimension (Murphy, 2013). To appreciate the complexity of an employee, their personal, social, emotional, financial and spiritual dimensions must also be understood (Madsen, 2015). Further, leaders should know how to read and manage the emotions of employees, respond to those emotions, be empathetic, be emotionally stable and establish and maintain relationships to be deemed effective leaders (Kets de Vries, 2006: 173). Moreover, as a person progresses in position within an organisation, emotional intelligence becomes essential and the technical skills less significant (Kets de Vries, 2006: 32). An effective leader can therefore be described as a visionary individual that has a strong sense of service-orientation, possesses astute interpersonal and social skills, exhibits a high level of emotional intelligence and empathy, and appreciates the employees in their entirety.

On the other hand, dysfunctional leaders, also known as toxic leaders, are individuals who display personality traits such as self-promotion, illusions of grandeur, entitlement, abuse of power, and pertinent characteristics of narcissism and self-deception (Kets de Vries, 2003). Doty & Fenlason (2013: 55) support the notion that dysfunctional leaders are abusive and posit that narcissism is a grave and significant segment of the dysfunctional leadership archetype. Moreover, Doty & Fenlason (2013: 56) assert that dysfunctional leaders are self-centred, self-serving individuals who are engrossed with their own ambitions and ego, which result in unfavourable consequences to an organisation and its employees (Lipman-Blumen, 2005b: 30; Kets de Vries, 2006: 67; Wilson, 2014).

Dysfunctional leaders betray, mislead, intimidate, threaten and bully employees and punish them unfairly (Myatt, 2014). They, more often than not, are arrogant, self-destructive and neurotic (Lacida, 2012). They are disrespectful and antagonistic, become personal, offend others, and their behaviour typically diminishes employees' motivation and morale (Jones, 2014). Considering the public sector demands posed by the objectives of the NDP, the SDGs and the democratic developmental state, dwindling morale and motivation among its employees will provide no positive contribution towards the achievement of the objectives of these enormous public programmes. The *modus operandi* of the dysfunctional leader, through bullying, threatening and intimidating employees, will most probably smother the morale and motivation of employees, thereby debilitating their productivity and performance towards the

attainment of the Public Service's goals.

In addition to the abovementioned encumbering behaviour of dysfunctional leaders, Doty & Fenlason (2013: 55) denote that dysfunctional leaders also micromanage. They let their personal goals dominate organisational goals and often terrify employees through aggression (Business Psychology Consulting, 2016; Doty & Fenlason, 2013: 55). This type of leader perceives leadership as being in control (Wilson-Starks, 2003) and their leadership approach is grounded in power (Myatt, 2013). Dysfunctional leaders favour a top-down approach (Wilson, 2014). They do not allow for a difference of opinion due to their insecurity, pride and self-importance and thus rather create a "fear-based environment" (Jones, 2014). However, employees who are willing to be submissive to the ego-centred dysfunctional leader will be supported and promoted, irrespective of their competence, but competent employees that are not submissive or not beneficial to the dysfunctional leader's agenda are methodically excluded (Lipman-Blumen, 2005a).

Whicker (1996: 66), who originally coined the term *toxic leaders*, asserts that dysfunctional leaders are oppressors and fail to uplift or encourage others. She describes them as "maladjusted, malcontent, and often malevolent and malicious people". As opposed to stimulating leadership in others, they seem to celebrate the trials of others (Tavanti, 2011: 127-128). The destructive behaviour and toxic personal traits of dysfunctional leaders wreak substantial and long-term damage on individuals, organisations, societies and even the nations they lead (Lipman-Blumen, 2005b: 30).

Lacida (2012) notes that dysfunctional leadership is conveyed through a lack of self-awareness, an intrinsic trait of emotional intelligence (Kets de Vries, 2006: 25; Doty & Fenlason, 2013: 59), already established above to be a characteristic of effective leadership. Dysfunctional leadership is a leadership approach that psychologically injures the employees and the organisation through the suppression of employees' enthusiasm, innovation, creativity and autonomy (Wilson-Starks, 2003). Considering the importance that the government places on innovation in the Public Service, through the formation of the Centre for Public Service Innovation (CPSI) in 2008, established to cultivate and encourage innovation in the Public Service (SA, 2016), the psychological wounds caused by dysfunctional leadership will indubitably have a reverse effect.

Taking into account the qualities required to be deemed an effective leader (as outlined above), it is evident that neither the destructive behaviour nor the character traits of a dysfunctional leader will inspire motivation, confidence or productivity. On the contrary, it will more likely result in adversity, low morale, unproductivity, and even psychological distress amongst the employees. Cogitating the objectives set out for the Public Service in its development programmes, dysfunctional leaders, who allow their personal goals to dominate organisational goals, can have calamitous consequences for the performance of the Public Service. Moreover, the community that is dependent on the Public Service for service delivery and the augmentation of their welfare, is disadvantaged. Similarly, progress towards the government's democratic developmental mandate is stifled as the Public Service cannot fulfil its responsibilities in terms of the social contract.

The psychological infliction of dysfunctional leadership on employees through the obliteration of their enthusiasm, creativity and autonomy, is likely to adversely affect talented employees who often thrive in autonomous circumstances where they can exercise creativity and innovative thinking (cf Amabile & Khaire, 2008; cf Jacobs, 2014). Further, the self-centred, self-serving and bullying narcissistic nature of dysfunctional leaders will ostensibly inhibit employee empowerment.

Narcissism and Its Similitude with Dysfunctional Leadership

As mentioned, the personality traits of dysfunctional leaders are primarily narcissistic in nature. According to Psychology Today (2016), narcissism is a personality disorder. It is, however, necessary to take note that there are varying degrees of narcissism that can be apprehended by means of a continuum, from *constructive narcissism* (normal) to *narcissistic personality disorder* (pathological), with differing degrees in between (After Narcissistic Abuse, 2015). Limited narcissism, regarded as *constructive narcissism* (normal narcissism), is necessary for self-esteem and self-identity and is necessary in moderate doses in leaders as self-confidence and creativity cannot exist without it (Kets de Vries, 2006: 8; Whitbourne, 2012). Therefore, narcissism can be positive (Whitbourne, 2012). Lunbeck (2014) supports the notion of constructive narcissism, stating that narcissism is needed to sustain life and is the basis for imagination, drive and ideals. However, people with *narcissistic personality disorder* do not exhibit narcissistic characteristics moderately, but rather in an extreme manner, which is detrimental to those around them (After Narcissistic Abuse, 2015).

Elements Behavioural Health (2016) indicates that a *personality disorder* is typically characterised by a person's constant use of dysfunctional techniques throughout their adult life to manage themselves. Individuals with personality disorders experience significant adversities in both their personal and professional lives (Elements Behavioural Health, 2016). *Narcissistic personality disorder* includes arrogance, a need for admiration, manipulative behaviour, self-centredness, selfishness, importunateness and a lack of empathy (McLean, 2007: 40; 42; Silverstein, 2007: 27; Psychology Today, 2016). With narcissists, whether consciously or unconsciously, the entire focus is on themselves, their achievement, their career, and their ego (Doty & Fenlason, 2013: 56). Wagner (2002) supports the view that narcissistic individuals are inclined to be egotistical, manipulative and self-interested (cf Silverstein, 2007: 27). He continues to state that narcissists are also abusive and often have larger-than-life self-confidence; therefore, they do not consider others' advice and opinions as valuable contributions (Wagner, 2002). They take more recognition than they deserve, often at the expense of others (Wagner, 2002) and react to criticism with anger, humiliation or embarrassment (Doty & Fenlason, 2013: 56).

When a comparison is drawn between dysfunctional leadership and narcissism, the traits and behaviour are essentially indistinguishable. Although a dysfunctional leader is not *per se* a narcissist (cf. Goldman, 2009: 17), various leadership specialists and psychologists affirm the inimitable resemblance between the personal traits of a dysfunctional leader and a narcissist and deem narcissistic behaviour as deep-rooted in the characteristic profile of a dysfunctional leader (Whicker, 1996: 66; Kets de Vries, 2003; Wilson-Starks, 2003; Lipman-Blumen, 2005b: 30; Tavanti, 2011: 127-128; Lacida, 2012; Doty & Fenlason, 2013: 55; Myatt, 2014; Jones, 2014; Psychology Today, 2016). To strengthen this notion, Doty & Fenlason (2013: 55) suggest that the vast majority of dysfunctional leaders, if not all, are narcissists.

The enervating behaviour of dysfunctional leaders can cause the Public Service to suffer considerable harmful consequences. The corrosive results can in all likelihood range from a decline in individual performance and the consequential dwindling of organisational performance, the loss of talented employees, and a malignant organisational culture, where employees are demotivated and psychologically distressed. Being the provider of the welfare of the public, the Public Service cannot afford the damage that can be done by dysfunctional leaders. Employees that suffer psychological distress as a result of dysfunctional leadership will most likely not be motivated to selflessly serve, thereby fail to execute the Constitutional

values and the *Batho Pele* principles. The psychological distress of employees, caused by dysfunctional leadership, conspicuously holds noxious consequences for, not only the employee, but for the organisation in its entirety.

Psychological Distress of Public Service Employees

Not only is the behaviour of dysfunctional leaders antithetical to effective leadership, it also reaps diametrically different results – both with employees' wellbeing and performance. When employees are continually exposed to the behaviour of dysfunctional leaders they are inclined to develop physical as well as psychological illnesses (Balda & Balda, 2015). Further, research conducted by Cardoza *et al*. (2012: 2), connects work and job-related stressors to psychological distress. It is understandable that the incessant subjection to the toxic and narcissistic behaviour of a dysfunctional leader - being ridiculed, bullied, criticised, controlled and intimidated, and the enthusiasm and creativity hampered or hard work overlooked - can cause substantial and lasting harm to individuals that could culminate in psychological distress.

Psychological distress "refers to the general concept of maladaptive psychological functioning in the face of stressful life events" (Abeloff *et al*., 2000: 556). Other than biological mental disorders, psychological distress is a reactive disorder, triggered by external stress (Lincoln *et al*., 2011: 279). Psychological distress can also be described as a state of emotional and inner hardship, marked by manifestations of depression and anxiety, that causes a challenge to subsist in daily life (Drapeau *et al*., 2012: 105; Arvidsdotter *et al*., 2015), and can lead to functional incapacities and behavioural problems (Drapeau *et al*., 2012: 107). Psychological distress, therefore, are elicited by stressful conditions (in this case dysfunctional leadership), culminating in palpable emotional distress such as depression or anxiety.

As mentioned, psychological distress can also manifest in physical symptoms (Nathan *et al*., 2012; Arvidsotter *et al*., 2015), which can result in distress and impede the work focus or productivity of an employee. Considering that these physical aspects are in actual effect only symptoms of the underlying psychological distress of the employee, exacerbates the problem. Often, the employees are unaware of their psychological condition and would consult a physician who tends to treat the physical symptoms instead of the actual illness (Lincoln *et al*., 2011: 278). This increases the danger that undiagnosed mental illnesses, such as

depression, reduces the quality of life of a person and can even lead to committing suicide (Lincoln *et al*., 2011: 278).

Research conducted by Arvisdotter *et al*. (2015) revealed that experiences of living with psychological distress are demonstrated in the following expressions: Discouragement and hopelessness towards the future; misery and stress; self-depreciation; social isolation and loneliness; withdrawal into oneself; and somatisation - the expression of psychological needs through physical symptoms (Feder, 2015; Al Busaidi, 2010: 180; Farlex Partner Medical Dictionary, 2016). Psychological distress incites anguish, mental discomfort, despair, disorientation, a decline in concentration, and a feeling of unworthiness, which may cause permanent emotional damage to an individual (Ridner, 2004: 538-539). Evidently the symptoms of psychological distress can hold extensive harmful consequences to a Public Service employee. The loss of joy, enthusiasm and energy, and the constant awareness of hopelessness, loneliness, unworthiness and anxiety, are likely to lead to low self-esteem, weakened concentration, and a disinterest in the job task. This then is likely to cause an inability to comply with work demands and an eventual decline in performance, which, if it escalates over time, can lead to disciplinary measures against the employee, or even dismissal. In this circumstance, when employees realise that their performance evaluations or job security may be threatened, it will likely place them under even more strain that may intensify their psychological distress. It can be argued that dysfunctional leaders, by nature of their narcissistic, abusive and controlling behaviour, and by reason that they lack empathy and emotional intelligence, are unlikely to demonstrate the necessary sensitivity or understanding to an employee suffering psychological distress. The result is that a proactive observation of the individual, as well as subsequent proactive steps in terms of wellness support to the employee, do not materialise. The dysfunctional leader will in all likelihood rather criticise and punish the employee and highlight his/her failures or even humiliate the employee, thereby leading to further distress. Ironically, this is a destructive circle of behaviour that was brought into action by the dysfunctional leader's behaviour and runs full circle back to the dysfunctional leader's behaviour.

Bearing in mind the enormity of damage that can result from psychological distress not dealt with accurately and timeously, it is strongly recommended that the Public Service appoints trained professional clinical psychologists who will recognise the underlying psychological distress of the physical symptoms (Turner & Kelly, 2000: 124; Trivedi, 2004: 12).

Investments can also be made in employee wellness programmes. Whereas employee wellness programmes traditionally focussed only on physical factors such as exercise, diet, nutrition and smoking, it now includes aspects such as stress management and mental health (Palmer, 2014). Emotionally and mentally healthy employees are likely to have reduced stress levels and be more energetic and productive (Griffin, 2016; cf. Baickler, Cutler & Song, 2010: 304; Fonarow *et al*., 2015: 483), thereby culminating in improved performance which would ultimately benefit the citizen in terms of service delivery. Employee wellness programmes are therefore useful support mechanisms to treat employee psychological distress (cf. Pitt-Catsouphes *et al*., 2015: 263; Grawitch, 2015).

The statutory and regulatory framework of South Africa also makes provision for, and supports the protection of the health and wellness of employees in the Public Service. In this regard the Constitution of 1996 (Constitution) and the Employee Health and Wellness Strategic Framework for the Public Service, 2008, are highlighted. Section 10 of the Bill of Rights in the Constitution stipulates that "everyone has inherent dignity and the right respected and protected". Firstly, the dignity of employees suffering psychological distress should be considered in the workplace. An employee should not be treated differently or in a deprecating manner because of a psychological disorder. Secondly, this principle also applies to reasons for employees' psychological distress – dysfunctional leadership in the workplace – which in effect diminishes the dignity of an employee. Section 24(a) of the Bill of Rights also stipulates that each citizen has the right "to an environment that is not harmful to their health or wellbeing", including the work environment.

The primary objective of the Employee Health and Wellness Strategic Framework for the Public Service, 2008, is to enable the development of policies, plans, mechanisms and interventions by the Public Service for the implementation of employee wellness (SA, 2008: 7). The vision of the Framework is to establish employee wellness programmes that can advance, support and sustain healthy, committed, responsive and productive employees within the Public Service (SA, 2008: 2).

The inclusion of employee wellness programmes and clinical professionals in the Public Service, although important and necessary, do not solve the root of the problem - dysfunctional leadership. It is necessary to also find solutions and approaches to manage dysfunctional leaders in an organisational context and therefore it is imperative to understand the psychological origin of their behaviour.

Psychological Origin of the Behaviour of Dysfunctional Leaders

As established, narcissism is an inherent quality of a dysfunctional leader (Kets de Vries, 2003; Doty & Fenlason, 2013: 55). Therefore, narcissistic behaviour is prevalent among dysfunctional leaders (Whicker, 1996: 66; Kets de Vries, 2003; Wilson-Starks, 2003; Lipman-Blumen, 2005b: 30; Tavanti, 2011: 127-128; Lacida, 2012; Doty & Fenlason, 2013: 55; Myatt, 2014; Jones, 2014; Psychology Today, 2016). Based on this premise, Self Psychology Theory is used to explain the psychological origin of the behaviour of dysfunctional leaders, in particular pertaining to their narcissistic traits.

When reference is made to the concept *psychological origin*, it firstly refers to something that is relating to, arising from, or affecting the mind (The Free Dictionary, 2016; Oxford Dictionaries, 2016); or something specifically relating to the emotional or mental state of a person [*psychological*] (Merriam Webster Dictionary, 2016). Secondly, it refers to the point or place where something begins; where it emanates (Merriam Webster Dictionary, 2016); and to the source or cause of something [*origin*] (Merriam Webster Dictionary, 2016). Psychological origin in the context of this article refers to the source of a dysfunctional leader's emotional and mental character, the manner in which it affects his/her mind, what arises from that source, and what caused it. In other words, the psychological origin of the behaviour of a dysfunctional leader refers to the source or cause of his/her emotional and mental state from which narcissistic behaviour arises.

Narcissism is a broader concept than what is understood in the general everyday use of the term; it is the psychological term for "the stage of infantile development that each individual has to pass through and the kind of treatment a youngster receives during this critical period of development colours his or her view of the world right through to adulthood" (Kets de Vries, 2006:83). Self Psychology Theory, a theory of Psychoanalysis, focuses essentially on narcissistic personality disorder development and treatment (Kohut, 1971: xv; Basch, 1984: 23; Kohut, 2011: 1). According to Self-Psychology Theory, narcissistic psychopathology is a consequence of a lack of empathy from parents during the development of an infant (Baker & Baker, 1987: 2; Banai, Mikulincer & Shaver, 2005: 225). The interaction between a child and his/her parents, primary caretakers and/or every person that contributes to a child's

development[1], is a constantly developing process through the construction of *self-objects*[2] (McLean, 2007: 41). Self-objects develop the self-esteem of a person (Kohut, 1971: xiv; Baker & Baker, 1987: 2; Goldberg *et al*., 1978: 7; Morrison, 1984: 75; Banai *et al*., 2005: 225; Fall, Holden & Marguis, 2010: 72) with regard to skills to uphold self-structure, steadfastness and a sense of consistency (Greenberg & Mitchell, 1983 in McLean, 2007: 41). Furthermore, self-objects provide purposes and roles that the infant will understand later and achieve on his/her own as these purposes and roles are built-in into his/her psychic structure (Kohut, 1965: 244; Basch, 1984: 35; Banai *et al*., 2005: 225; Kets de Vries, 2006: 84; McLean, 2007: 41-42; Hoyt, 2011). In instances where self-object needs are not met with empathy, the progression of the emotional developmental process is halted and pathological narcissism can transpire in adulthood (Mackey, 2014; Kohut, 1971: 3; Goldberg *et al*., 1978: 7; Basch, 1984: 28; Baker & Baker, 1987: 2; Kets de Vries, 2006: 80;84; McLean, 2007: 41; Kreger, 2014).

According to Kohut (1971: 26), self-object needs include *mirroring* and *idealising*, which are elements of *transference* (cf Goldberg *et al*., 1978: 6; Fosshage, 1995: 239). Transference ensues at an unconscious level and refers to the fact that all relationships are influenced by previous relationships (Kets de Vries, 2006: 73). Moreover, a relationship that has the most permanent power, influencing almost every other encounter in life, is the one an infant had with his/her parents (Kets de Vries, 2006: 73-74). An individual's relationships in adulthood originate from those with their parents and unconsciously, the individual relives the relationship with their parents which results in the emergence of stereotypical behaviour (Kets de Vries, 2006: 73).

Fosshage (1995: 240) explains that a child needs to be recognised, accepted, cherished and affirmed by a parent to feel appreciated and capable, which is referred to as *mirroring* needs. When a parent fulfils this function effectively and develops the full potentialities thereof, it leads to a healthy sense of grandiosity and the fulfilment of early narcissistic needs (Kohut, 1971: 107; Morrison, 1984: 75; Fall *et al*., 2010: 73; Hoyt, 2011). Fosshage (1995: 240) further indicates that a child needs to feel safe and protected by the parents whom he/she admires. This is referred to as *idealising* needs (Fosshage, 1995: 240). When mirroring and

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[1] Parents, primary care takers and/or persons contributing to the development of a child, are collectively referred to as *parents*.

[2] The concept is termed self-objects since an infant is unaware that they are not part of himself/herself (Kohut 1971:3).

idealising experiences have been wholesome and safe, a child will internalise the care and confidence from the parents to seek balanced relationships on their way to mature, healthy interdependence (Mackey, 2014; Hoyt, 2001). Inversely, when these experiences were wayward, "narcissistic impairments at this level of the developing self may result in isolation from others, an inability to connect with basic human needs that lies between differences between people and a false sense of superiority" (Mackey, 2014). Deficient interactive relationships between a child and parents usually lead to the child, as an adult, to behave like the attention seeking baby he/she used to be; a baby who had not been heard and reaches out for attention and affection (Kets de Vries, 2006: 86); and a disorder of the self is likely to develop (Fall *et al*., 2010: 73; Kohut, 1978 in Hoyt, 2011). This is the case with narcissists, where typically the self-object needs were not met by the parents through empathy, mirroring and idealising, culminating in adults who experience people in general as self-objects to meet their needs.

As grownups, narcissistic persons waver between irrational aggrandisement of the self and irrational emotions of inadequacy (Firestone, 2013), and depend on others to construct their self-esteem and render them a sense of worth, principally looking for an empathic response that was not received during their development as a child (Basch, 1984: 25; Baker & Baker, 1987: 2; McLean, 2007: 41). However, narcissistic individuals are uneasy and fearful of meeting a lack of self-object needs as an adult. Therefore, they exhibit an attitude of supremacy in the interpersonal domain in order to feel in control of their destiny and as a result of their autocratic behaviour, narcissists usually have a history of failed relationships (McLean, 2007: 42). Although narcissists rely on self-object transferences to develop a positive self-image, they paradoxically behave in a manner that significantly lowers that possibility by wrecking personal relationships (Gildersleeve, 2012: 404). Due to their narcissistic nature, this typically is the behaviour of dysfunctional leaders.

The narcissistic behaviour of dysfunctional leaders, can be considered with insight, once its psychological origin (as explained through Self-Psychology Theory), is understood. Their behaviour hails from an inability to demonstrate empathy, as they never experienced it as infants. Empathy, as seen earlier, is one of the cornerstones of emotional intelligence. The narcissistic nature of dysfunctional leaders, explicated through Self-Psychology Theory, therefore explains the lack of emotional intelligence amongst dysfunctional leaders, culminating in a range of superior behaviours. Since dysfunctional leaders typically did not

see their self-object needs met, their self-identity, trustworthiness and self-esteem did not develop into that of emotionally mature individuals. This causes them to seek from others (i.e colleagues, subordinates and even society) to fulfil these self-object needs through mirroring and idealising. The destructive ripple effect of the behaviour of a dysfunctional leader on the Public Service employee, society and the attainment of national goals, is illustrated in the Table 1 below.

Table 1. Psychological behaviour patterns of dysfunctional leaders in the Public Service: Its effect on Public Service employees, society and the attainment of national objectives

Psychological behaviour patterns of dysfunctional leaders in the Public Service	Effect on the Public Service employees	Effect on society and the attainment of national objectives
Self-aggrandisement / Entitlement / self-centred / supremacy	Feel inferior and experience that their opinions are not valued Feel their contributions are dismissed Feel treated as "lesser than" Innovation is hampered because "competition" is not tolerated Experience the leader as unapproachable	Personal power base and status of the leader become more important than the needs of society Accountability from leaders diminish Corruption may ensue Service delivery suffers
Betray, mislead, intimidate, threaten, bully, abusive, disrespectful, antagonistic, offensive, manipulative	Feel belittled and ridiculed Experience the leader as unapproachable Do not trust the leader Experience insecurity and abuse Feel unworthy	Distrust in the leaders increase Experiences that democratic vote did not make a difference Corruption may ensue Social justice diminishes The rule of law weakens Integrity and professionalism are hindered
Controlling / Autocratic	Feel their opinions are disregarded Feel they are not trusted Experience communication as top-down only Feel they are not trusted with autonomy and/or responsibility	Declining democratic values Societal needs do not receive prime priority
Micromanage	Feel they are not trusted Feel they are not trusted with autonomy and/or responsibility Turnover of (especially) talented staff	Lesser capacity, skills and innovation to address societal needs (due to employee turnover)
Personal goals dominate organisational goals	Feel opinions / contributions are not valued if it doesn't serve the leaders personal agenda Decrease in participation	Personal power base and status of the leader become more important than the needs of society Accountability from leaders diminish

	Loses trust in, and respect for, the leader Feel powerless	Corruption may ensue Social justice diminishes The rule of law weakens Integrity is hampered
Inability to demonstrate empathy	Experience despair, misery, and even anger Feel powerless Experience a lack of communication possibilities Do not trust the leader	Experience is that societal needs do not receive prime priority Accountability from leaders diminish Corruption may ensue Service delivery suffers
Create toxic environment	Feel uncomfortable, depressed, anxious, demotivated Becomes uncooperative	Accountability from leaders diminish Corruption may ensue Service delivery suffers Integrity and professionalism are hindered
Looking for empathetic response	Feel that there is a constant expectation to praise the leader, without reciprocation	Creates the impression that society should forgive the leaders for any missteps Experience as that the leader's needs take precedence over societal needs
Lack of emotional intelligence	Inability to understand employees' challenges and personal dimensions Feel powerless to communicate ideas/ innovation Experience powerlessness to communicate with the leader	Inability to understand society's challenges Inability to identify the most significant priorities
Wreck personal relationships	Loses trust in, and respect for, the leader Experience difficulty to communicate with the leader Experience an uncooperative work environment	Lose trust in leadership Impedes integrity

Table 1 above indicates the archetypal experiences/feelings of employees, exposed to particular narcissistic behaviour from dysfunctional leaders. These experiences/feelings, are quintessential work and job-related stressors that are likely to culminate in psychological distress, as alluded to earlier. The frequency of experiences such as a decrease in trust, communication and participation, observed in the second column in Table 1, are noteworthy. It can be argued that diminished trust, communication and participation can contribute to, neither the empowerment or performance of an employee, nor to the productivity or performance of an organisation and therefore, the eventual attainment of the government's developmental mandate. Employees' experiences of inferiority, insecurity, powerlessness, despair, misery, anger, unworthiness, lack of autonomy, demotivation and anxiety, are characteristic causes of psychological distress.

Considering the effect of dysfunctional leadership in the Public Service on society and the national goals, eminent from the third column in Table 1 above, is that the effect of dysfunctional leadership on society may result in weakened accountability, poor service delivery and ensuing corruption amongst leaders. It also accentuates the fact that the personal power base and status of the leader may become more illustrious than the needs of society. Although Table 1 focusses predominantly on the direct effect of dysfunctional leaders' behaviour, it is also incumbent to consider the indirect effect – the destructive effects of dysfunctional leadership on society through the emotional harm imposed on Public Service employees. These employees are responsible for the collective performance of the Public Service and for the achievement of the government's developmental mandate. Once they become inept to serve their duties effectively, or are lost to the Public Service through resignations, the primary victim is society, who is dependent on the Public Service for service delivery and the augmentation of their welfare.

Considering the far-reaching destructive consequences to Public Service employees, society and the attainment of national goals, as illustrated in Table 1 above, it is clear that the Public Service should have measures in place to manage dysfunctional leaders.

Managing Dysfunctional Leaders

If the Public Service is deficient in tools to shield employees and the organisation from dysfunctional leaders, anyone prone to dysfunctional leadership will be likely to dominate and it will become an institutional cancer (Wilson, 2014). It is therefore necessary to find a

resolve for dysfunctional leadership. The following recommendations can assist the Public Service in protecting its employees and the organisation itself from the harm of dysfunctional leadership.

Psychotherapy

Psychoanalysis, originally coined by Freud in 1856, continues to be a usable and effective option for individuals suffering from mental illnesses (Beystehner, 1998; American Psychoanalytic Association, 2016), of which narcissistic personality disorder is classified as one. According to Freud (1949: 51), the fundamental purpose of psychoanalysis is to eliminate neuroses, thus curing patients by reversing the damaged ego to its normal state. According to Kets de Vries *et al*. (2000: 50), one of the primary purposes of psychoanalytic psychotherapy is to enhance people's emotional intelligence. It has been established that dysfunctional leaders lack emotional intelligence. Doty & Fenlason (2013: 60) posit that emotional intelligence can be learned and developed through psychotherapy.

As alluded to, in considering the psychological origin of dysfunctional leaders' behaviour, it is necessary to consider the unconscious psychodynamic processes and structures that influence their behaviour. Narcissism is a deep-rooted cause of the behaviour of dysfunctional leaders that can best be addressed through psychotherapy (cf. Doty & Fenlason, 2013: 60). However, the dysfunctional leader will have to give consent to receive therapy, which by implication means that he/she should first acknowledge the dysfunctional nature in his/her leadership style and the underlying factors of his/her behaviour.

Training and Development

Although leadership training and development are not likely to address the root problem of dysfunctional leadership (narcissism), the leader can acquire knowledge and skills of the various leadership approaches. It can be argued that a leadership development course should ideally be structured to include the pros and cons of all leadership styles and provide information such that the dysfunctional leader can recognise him/herself in the characteristics of a dysfunctional leadership style. Ideally such courses should be structured with the input of behavioural and clinical psychologists since they possess the knowledge of the underlying psychological causes of dysfunctional behaviour (Trivedi, 2004).

Leadership quizzes for self-assessment can be utilised although the narcissistic nature of dysfunctional leaders may hinder them to be objective in their responses. The assessment of work behavioural styles through the DISC-profile instrument (1978) may also be helpful, provided that open and honest discussion is facilitated on the results and it is followed up with a plan of action. As leadership development begins with the self (Doty & Fenlason, 2013: 60), the success of leadership training and development will be reliant on the attitude and cooperation of the dysfunctional leader.

Coaching

Subsequent to leadership training and development, the organisation can consider appointing a coach for the dysfunctional leader. Cross (2015) explains coaching as a partnership of trust between the coach and the coachee in which both work to reach a predetermined goal with the intention to beget prolonged behavioural change and transform the quality of the coachee's professional and personal life. Coaches are customarily appointed from outside an organisation, have comprehensive expertise and knowledge, and are skilled at facilitating discussions that may be considered sensitive, complex or forbidden (Cross, 2015).

Since a coach operates in an infinite psychological and emotional space with coachees (Riddle, 2012), mindfulness from the coach is vital in the coaching relationship with a dysfunctional leader. Riddle (2012) asserts that the best coaches practice a strong sense of awareness, providing for open, insightful and reflective exploration. A coach, skilled to observe and sensitive to the psyche of a person, is likely equipped to guide a dysfunctional leader to behavioural change. It can be argued that the coach should ideally focus particularly on the development of relationships with employees, due to the lack of empathy and emotional intelligence among dysfunctional leaders.

Support to Employees

It is sensible for the Public Service to appoint clinical psychologists who can provide therapy and counselling to the employees who suffer from psychological distress. Psychologists will also recognise somatic symptoms as underlying psychological disorders and follow the correct course of treatment (Trivedi, 2004: 12-13).

Employee wellness programmes can also be of value, especially if it provides support in terms of stress management and mental illnesses. Further, employee wellness programmes can assist in creating an awareness of psychological distress amongst employees and encourage them to seek help. In the introductory section of this article, it was mentioned that the signs of outstanding leadership appear among the followers (De Pree, sa). If employees are psychologically distressed, it is a clear sign that the leadership style is ineffective and non-constructive. The Public Service has a responsibility towards its employees with regard to their wellness: The supreme law of the country, the Constitution, demands the rights of citizens, including their right to health and wellness in the workplace; and in addition, the Employee Health and Wellness Strategic Framework for the Public Service, 2008, canvasses for the support of, and the advancement of employees' wellness. The Framework explicitly states that policies, plans and mechanisms, such as employee wellness programmes must be put in place for this purpose (SA, 2008).

Do Not Appoint Dysfunctional Leaders

Although all of the above recommendations are important, the most significant recommendation is to refrain from appointing dysfunctional leaders. Organisations and employees, in particular those who are involved in the selection processes, should distinguish between noble visions and grand illusions. Lipman-Blumen (2005a) asserts the following about noble visions and grand illusions:

- Noble visions establish realistic, but challenging achievements, devised to benefit society; they require cooperative efforts by leaders and employees, bring about the best in people and create opportunities that will enable employees and contribute to the community.
- On the other hand, grand illusions involve unrealistic, ostentatious and impractical illusions; it creates a world that is not refined by advancing the organisation and its employees, but by eliminating poisonous others.

A selection committee should be on the alert to identify candidates who display grand illusions. To assess more than the technical competency and to rely on more than the broad impression of a candidate's personal qualities as portrayed through an interview, it urges the Public Service to rethink its recruitment and selection practices. Recruitment and selection practices may be reconstructed to include a more exhaustive assessment of a candidate's

psychological and interpersonal competency. Presently, an assessment instrument for this purpose is not being utilised in the selection process of Public Service employees; the competency testing, currently used to select Senior Management Service (SMS) members, is predominantly focussed on technical competencies (SA, 2003: 156-181), but do not specifically make provision for the assessment of the psychodynamic processes and structures that influence the behaviour of individuals.

Public Service organisations can also consider personality testing as part of the selection process. In this regard, the Myers-Briggs Type Indicator (MBTI) can be used. The purpose of the MBTI is to clarify the theory of psychological types described by Carl G. Jung and useful in the lives of individuals (Myers & Briggs Foundation, 2016). The essence of the theory is that seemingly random variation in the behaviour is actually quite orderly and consistent due to basic differences in the manner individuals prefer to use their perception and judgement (Myers & Briggs Foundation, 2016). Of the 16 MBTI profiles, a number indicate the possibility of a personality disorder, of which two specifically reveal narcissistic personality disorder traits (MBTI, 2012).

The selection committees are also advised to undertake proper background checks on candidates and review the track records of prospective employees before they are appointed. Reference checks may reveal behavioural characteristics associated with narcissism.

Conclusion

The theoretically grounded premises and the interpretation of conceptual perspectives from theory revealed that the behaviour of dysfunctional leaders result in psychological distress among employees, due to constant exposure to the abusive, manipulative and narcissistic behaviours of such leaders. The psychological distress of Public Service employees is unsurprisingly detrimental to their mental health and result in low morale and demotivated employees. Since employee performance is directly connected to employee motivation (Cooke & Meyer, 2007: 1–2; Shadare & Hammed, 2009: 8; Oyedele, 2010), employees' deteriorating wellbeing leads to a decline in their performance in the organisation. The dwindling individual and organisational performance cause the Public Service at large to fail society in terms of service delivery, the progression of their welfare, as well as the attainment of national developmental objectives.

In establishing the correct manner to manage dysfunctional leaders, it is necessary to understand the psychological undercurrents of their behaviour, rooted in narcissism. The origin of narcissism is explained by Kohut's Self-Psychology Theory, highlighting narcissistic psychopathology as a consequence of a lack of empathy from parents during the development of an infant. As grown-ups, dysfunctional leaders' lack of empathy, and in essence, their lack of emotional intelligence, result in a range of superior, destructive and abusive behaviours.

Recommendations were made on how to address dysfunctional leadership in the organisational context to enhance the wellbeing of both individual employees and the Public Service at large. Most notable of these is to refrain from appointing dysfunctional leaders, implying that the current recruitment and selection practices employed by the Public Service should be revised and adapted.

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