Dysfunction occurs when one person's behavior has control over others or when one person allows others to control him/her through the use of manipulative rules accompanied by self-defeating behaviors in the emotional, psychological, or behavioral realms. Examples of people who are dysfunctional among student services personnel include the person who has no life away from the office; individuals with substance abuse problems; staff who plan every minute and cannot tolerate schedule changes; people who cannot say "no" to a request from a student or peer; individuals searching for a compliment; and the person who lives from one new project to the next without completing the last one. The difficult part is for individuals to see themselves as they are. For students, student professionals need to be good role models. For themselves, they need to examine their own behaviors. Organizations need to allow people to be healthy participants in healthy organizations. Student services personnel can work to overcome the infection of dysfunction and begin to infuse health back into organizations, students, and themselves. (ABL)
The Dysfunctional Workplace: Frankenstein on Campus or Meeting the Monsters We Create

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All of us are familiar with the story of Frankenstein, the scientist who decides to create a new man in his image and instead creates a monster who carries out all of his creator's failings. Eventually creator and creation meet and destroy one another before the monster can reproduce itself. As educators it is one of our goals to pass on values, knowledge, skills, and a little bit of ourselves. Perhaps, like Frankenstein we pass on more than we intend.

The 70's were the "WE" generation, the 80's were the "ME" generation, and the 90's seem to be the "dysfunctional" generation. The literature on dysfunctional families, relationships, people, and activities has exploded. Many experts are agreeing that nearly all Americans are suffering from a mild to severe dysfunctionality while still others are now theorizing that all Americans are affected to a degree. The wounds of dysfunction can stretch from the slightest of scratches to the deepest of fatal wounds. The dysfunctions can be characterized as guilt, depression, character disorders, toxic shame, neurosis, codependencies, avoidance of pain, 'flaky-ness', or any other term we use to describe behaviors that allow individuals to escape the pain of dealing with their lives and true feelings.

Many a programmer/student life professional as they read these words are already thinking of programs that they could construct, workshops that could be organized, and support groups that could be established to help students deal with these problems. I contend that, before we look to solving the dysfunctional problems of our students, we need to be solving our own personal dysfunctional problems.

If the statistics and estimates are correct, we, the programming professionals, have our own issues to deal with before we can begin truly helping our students, colleagues, and society. My purpose in this paper is not to make anyone an expert in treatment or identification of the dysfunctional problems we meet in our lives, but to simply make us as professionals more aware of our own "baggage" (dysfunction(s)).

Where does all of the dysfunction come from: families, friends, ourselves, expectations, unresolved anger, unresolved relationships, and unresolved pain. How many of us have seen workaholics, alcoholics, super-achievers, super-pleasers, individuals incapable of maintaining relationships, individuals lost in activities, individuals with a fear that 'secrets' will be revealed, and people who seem to wear a sign on them that says "walk on me". Do we have to look very far, around the office, on our program boards, at the boss, or, just in the mirror, to find a person who fits the description. We develop roles/defense mechanisms to cope with our worlds and the pain that results from our interactions with the world. The pain may come out in the form
of passivity, aggression, overt anger, dependent behaviors, illness, or other ways that only our minds can create.²

How can we define dysfunction? For a working definition I submit that dysfunction is when another person's behavior has control over others or allows others to control them through the use of manipulative rules accompanied by self-defeating behaviors in the emotional, psychological, or behavioral realms.³ In other words, dysfunction occurs when any outside person, substance, thing, or process limits an individual from being a fully developing person. M. Scott Peck in his book The Road Less Traveled refers to these people as human "doings" rather than human beings, or the person who has no time to "be" because they are so busy with "do".⁴

Characteristics of a dysfunctional person can include: an unhealthy focus on pleasing others at the expense of self, responding on the basis of others' reactions to what you are doing or saying, spending an inordinate amount of time/energy trying to manipulate people to do it "your" way, personal values that face challenge are undefended, self-image is based on what others believe or what is perceived that others believe, feelings are


³ Myers and Kisler, Ibid.

⁴ M. Scott Peck, The Road Less Travelled, Simon and Schuster, New York, New York, 1978,
denied or 'numbed' out, a high degree of control is required, intimate relationships are non-existent and unobtainable (which can lead to relationship 'hopping' or relationship addiction), always feeling responsible for the emotional responses of others, has low or no self esteem, is often suffering from some ailment or injury, lives in a state of high stress that they deny, has some secret (real or imagined) that cannot be shared or revealed, and there is an insatiable need for new sensations and new experiences.\textsuperscript{5} John Bradshaw frames a definition in terms of sacrificing 'self' for something or someone else.\textsuperscript{6} These characteristics can come out in various ways and forms ranging from messiahs to dependant followers.\textsuperscript{7}

We ask ourselves: "Who are these people? What do they look like? Where are these people on my campus?" Here are some examples of dysfunctional behaviors that can be found among our staff, our students, our peers, or in ourselves.

- People who have no life away from the office or campus activities. They live at the office, and never seem to leave. Every conversation and every moment seems focused on the office 'situation,' the current problem, the students, or some other work related topic. They seem disoriented and lost if they are not at

\textsuperscript{5} Myers and Kisler, April 2, 1990.


work, and have been known to come in over vacations and on days off. They say things like "I thought about this all night long," and it is certain that they did. The boss who expects everyone to be there when he is, and time off is frowned upon even when earned, deserved, or needed.

- Individuals who have substance abuse problems. Individuals who have to have a drink whenever a crisis arises or the day gets out of hand. Every meeting is held in a bar or lounge and alcohol is always present. Statements such as: "I could really use a drink right now" are common, and often arise during both stressful and non-stressful times. Double standards exist where the individual is involved. For example: the staff person lectures to his students about not drinking at conferences and then goes out and demonstrates irresponsible drinking habits. The substance can become the excuse for poor behavior; "I ate so much I got sick and couldn't..." Any substances can be used in place of alcohol: drugs (illegal or legal), food, credit, sex, power, etc.\(^8\)

- Staff members who have every minute planned and cannot tolerate any schedule changes or challenges. We all have met people who must have their way by making demands that seem unreasonable in light of their behavior. They expect meetings to be run formally and to start on time, yet they are frequently late and are disruptive to the meeting process. They will spend hours

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\(^8\) Terry Monahan, "From Habit To Addiction: How Do You Know When You've Crossed The Line?", Minnesota Monthly, May 1987, pp. 45, 46.
on plans, accounting for every detail but cannot tolerate any changes or criticism of their plan(s). To even suggest a change can mean another marathon session for reworking the plan infinitum, cause the project to be abandoned because "no one appreciates my work," or they heap guilt upon the individuals suggesting the changes, claiming the changes as a personal attack. Flexibility is not in this person's lexicon except as it applies to everyone else, and everyone can give in but 'me.'

- The person who cannot say "no" to a request from a student or peer (even if it means extra work, long hours, etc.). These people have no lives of their own. They have no boundaries for self protection, or in many cases, even a sense of self. Life is an endless beckoning call from someone else. Life is serving others at their own expense. They volunteer for every committee, project, or assignment. The sense of worth only comes from serving others; "I have no self unless I am serving someone else." It can be worse when the 'boss' falls into this category and starts either expecting staff to follow suit, or begins assigning unwilling staff to pick-up his over-committed projects and pieces. Sometimes it is the student with this type of disorder that we inadvertently enable/abuse in our daily operations: the one who will work the extra shift, the one who will stay afterwards and help, the one who will skip class to cover a program, and the list goes on. Some of us in this profession may have come out of this type of experience.

- Individuals who are always searching for a compliment. Seeking, searching, and requiring praise and compliments dominate
this individual's professional and personal life. Unless immediate gratification is received, the project or program is seen as bad, a poor reflection, unappreciated by the "swine" attending, or someone else's fault for being a failure. Each moment is lived in fear that someone will pass them over, that they will not be noticed, that someone will not validate them as a person, and that they have no worth as a person except the worth that other give them.

- The person who doesn't seem to stand for anything. These people are afraid to make waves or to rock the boat. Decisions do not come easily, if at all, in either personal or professional life. Every move and step is checked by committee or with the approval of a superior, or friend(s). These people only exist in the minds of others and come into conflict when they are expected to take a stand for themselves (they simply may not be able to take such a stand because of the risk involved). When in positions of authority these people will surround themselves with committees to absorb the risk for making a decision or recommendation. The committees will tend to be large so there can be no charges of favoritism or that any point of view has been overlooked.

- The staff member who is out of touch with reality and who may in fact be working to actively avoid reality. Avoidance of the realities within the organization, within the world, or within the office is the norm. These individuals have their heads in the sand and function extremely well as long as they are sheltered from facing anything which may be perceived as threatening or
uncontrollable. These people may isolate/insulate themselves with paper, people, guilt, work, immediate projects, or disorganization. Phrases like: "As long as I ignore the world it will leave me alone," "I will deal only with what I can control," and "if I close my eyes, you can't see me" would characterize this person.

- The staff member who is chronically ill or injured (the cold that never leaves, the depression that never lifts, etc.). This may not just be the seeking of sympathy or attention seeking, but may instead be a controlling technique designed to keep everyone feeling sorry or used as an excuse to cover failure. Guilt can be applied here; "I'm not feeling well, but I'll get it done on time," or "I'm really very sick, but the office can't function correctly without me." Corollary to being ill is a recurrence of injuries which can be an indicator of a lack of self care or physical self destruction.

- The person who lives from one new and exciting project to the next, never really completing the last one, also is demonstrating this type of dysfunction. For example, the person who pushes and fights to get an 'Alcohol and Drug Lecture' series on campus, tells 'everyone' about it, and then fails to show up to any of the lectures after the first one because he is in meetings planning the "AIDS Awareness" series. The constant need for new sensations, new experiences, and new 'highs.' The thought can also be: "If I finish this, then I won't be needed any more." Feelings are so "numbed out" that the individual is replacing true inner feelings/emotions with sensory experiences to fill the void.
Working around this type of person can mean that every day is an adventure, an adventure in sorting pieces and picking up forgotten commitments and uncompleted projects. Apart from the sensory gratification that occurs, there is a lot of controlling here in that: "I can get you to do be responsible for me, because I'm not capable of being responsible for myself." Others are left to be responsible.

- Underscoring each of these are the people who are responsible for everything. The weight of the world rests on their shoulders, and they cannot release the sense of responsibility. They take care of everyone and everything. They sacrifice all for everyone else, they don't expect any help, but they expect to be asked to help. These people are the more blatant controllers in that nothing can get done without them, their signature, support, and blessing. This person will chronically 'smother' any project, person, or proposal with concern and care to a point of making themselves responsible for everyone, every aspect, every contingency, and every detail.

- Secrets that control a person, the hidden agenda, the secret concern, the unspecified problem, the unnamed roadblock(er), and the suppressed statement, all can indicate a dysfunctional orientation. When secrets and uncertainty dominate the person and their actions there is a lack of mental health here evidenced in the lack of trust in other people. The tragedy is that often the secrets are not so secret, but well known, and all of this energy is spent needlessly. For example: the student who denies that
they have missed work because of a hangover, and insists that it was just a headache. Staff members who will not act or consider a new idea, because of some unspecified concern or someone else's unspecified concern. 9

This list is not complete by any stretch of the imagination. Within the list I see many people I know as well as glimpses of myself in some of them. The behaviors, if not taken to extremes, can be positive; but when they are used to control or be controlled, they become dangerous. When life is dominated by these behaviors and the patterns cannot be broken, then we begin to pass our patterns on to others. Every interaction, every relationship, and every decision is tainted by our 'baggage'; and only by admitting our own failings can we avoid passing them onto our students, our peers, our partners, our kids, our friends, and repeatedly onto ourselves. 10 As Eldridge Cleaver said, "If you're not a part of the solution, then you're a part of the problem."

The hard part is seeing ourselves as we are and then being willing to confront ourselves and our problems. We need to aggressively face who we are, and we need to reestablish the links between who we are and what we think of ourselves. Separation needs to occur between our self-image and our expectations. We are good people, but we may not do such 'wonderful' things; and


only through acceptance of those things can we begin to work through our dysfunctions.

We need to realize that many of these problems arise from the primary relationship in life: our parents/family. The problems of the parents are passed on to the children, generation to generation, and in many cases they may never be resolved. Anger can build up buried beneath layers of "nice." Children need to know that they matter and that their parents are okay before they can begin to develop normally.11 How many of us consciously or unconsciously have worked to create a family or 'homey' environment within activities programs, activities offices and within our union buildings. This concept has been formally a part of ACU-I thought since at least the 1930's.12 In doing this we set ourselves up to become surrogate parents and surrogate families. Thereby, we have the responsibilities of behaving and trying to promote growth like the parents we are replacing. The obvious danger is that we will pass along our own dysfunctions to our 'children,' and when we think about how many generations of students we affect over the course of a career, the numbers of dysfunctional individuals we create can be staggering.

What can we do for our students? We can watch for the students who do seem over committed and keep volunteering for more,


and limit their future volunteer efforts. We can look for the "people pleasers" and help them to establish the courage to express their own points of view. We must demonstrate to the inflexible the value of being flexible. Teach responsibility along with how to set reasonable limits of control and privacy. Model behaviors that allow for growth, that is consistent with good mental health, and have the courage to confront our own dysfunctions. Allow for growth through risking, failing, learning, and ultimately succeeding. Programs and support groups have their purpose in teaching self-reliance and self worth, but demonstrating our own behaviors will teach our students more about living than lectures, workshops, or seminars. We need to live what we are teaching.

What can be done for ourselves? We need to challenge ourselves to examine our own behaviors and where they stem from. We need to seek professional help if we are out of control of our lives. We need to be open with our students about dealing with our feelings and how they must learn to deal with theirs. We need to lead examined lives. We need to be open about conflict and how we deal with conflict. We need to say "no," "enough," "I can't," or some other phrase when the projects are too much; and we need to slow down. We need to be responsible for our own well-being, and saying "enough is enough" can be a step toward that end.

What can be done for our organizations? Our offices and buildings need to be homes away from home, but they need to be healthy, functioning homes. Dysfunctional organizations result from dysfunctional people having their needs met by the organization.
The organization allows them to hide, 'boss,' 'bully,' control, 'guilt' and compensate for individual dysfunctions. Like the individual, the organization needs to confront and claim its dysfunctions so that health can be initiated (or restored).

Individuals should not be used as fodder for the production/programming mill. We must stop abusing our workers, student employees, peers, ourselves, etc. and make an effort to promote healthy work habits and reasonable work loads. Realization that our organizations are fueled by the people who work in them is crucial. We must stop enabling the sick/hurting people in our organizations, realize they need help, and see that they get help. Organizational secrets need to be exposed, conflicts need to be resolved openly, and people need to be allowed to be healthy participants in a healthy organization.

Like Frankenstein's monster, we recreate students in our own image (knowingly or not); and like Dr. Frankenstein, we can stop the monster from creating more monsters. Instead, let us strive to create healthy creatures that will reproduce other healthy creatures.

Together we can work to overcome the infection of dysfunction and begin infusing health back into our organizations, our students, and ourselves.
REFERENCES


