Unmasking Obsessive Compulsive Behaviors in Leaders –
A Dark Side of Leadership

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Individuals in the workplace interact with peer constituents displaying various personality behaviors that influence productive workplace relationships. Sometimes, the darker side of leadership is masked and camouflages disturbing personality behaviors. Leaders are no exception to the array of personalities hindering productive follower relationships. Obsessive-compulsive disorder (OCD) is an anxiety disorder characterized by recurrent, obsessive thoughts and compulsive behaviors. Obsessive-compulsive disorders (OCD) in leaders manifest themselves in a variety of ways and have the potential to deter satisfactory relationships with followers. Subordinates are subjected to higher instances of employee surveillance, matriculate attention to detail, extraordinary communication and feedback, repetitive reprimands, and fear tactics to motivate desired behavior. Although these practices are within management scope, manifestations of OCD leader tendencies and their effect on followership cannot be ignored. As the level of anxiety in Americans continues to increase, organizations may observe higher instances of OCD-related behaviors in leaders. This paper addresses OCD behaviors in leaders and its effect on followership and productivity.

Keywords: obsessive compulsive disorder, anxiety, leadership

INTRODUCTION

Most of us have experienced leadership varying leadership personalities in the workplace. These personalities shape the leadership styles adopted for individual leaders. Some leaders are lassie faire and believe in a hands-off approach. A stark contrast, one has also observed the micromanager who avoids delegation, gives detailed instructions, exerts excessive control, discourages others from making decisions, requesting frequent updates and focuses on minute detail. Then, there is the leader who strives for perfection and demands the same from subordinates. What's wrong with perfectionism? Afterall, perfectionists share admiral qualities—attention to detail, highly organized, hardworking and stellar performance levels. However, perfection, while seemingly a good thing, can also be bad. Though we might recognize a leader who strives for perfectionism, we may not know if the leader also suffers from an obsessive-compulsive anxiety disorder known as –OCD.

Obsessive-compulsive disorder is an anxiety disorder characterized by recurrent thoughts and behaviors. Non-work-related examples of obsessions include fear of germ contamination, checking to ensure a stove or iron is not inadvertently left on, and having the need to ensure things are "just right". Some individuals go through extreme measures to relieve themselves from the pressure the fear causes, and these measures cause delays in other daily activities.

Yet, in the workplace, manifestations of OCD behaviors can look very different—especially when leaders suffer from this disorder. Leader OCD behaviors have the potential to impact performance expectations and ruin leader-follower relationships. This research proposal would address how OCD behaviors in leaders can impact those relationships. Due to the rising levels of anxiety individuals have experienced post-pandemic, there is a need to illuminate anxiety disorders—especially in the lives of working women and millennials.

WHO IS AT RISK?

Researchers revealed that women are 1.6 times more likely to experience OCD than men, with lifetime prevalence rates of 1.5% and 1.0%, respectively (Fawcett, E., Power, H., and Faucett, J., 2020). In another study, the prevalence of subclinical Obsessive-Compulsive Symptoms (OCS) were relatively higher in women than in men (Politis S, 2017). As organizations attempt to break the glass-ceiling, more women are being promoted to leadership positions. And since we are seeing more women in leadership positions, it stands to reason that we understand those behaviors that could negatively impact success.

Also, trends reveal younger adults are more likely to experience OCD in their lifetimes than older adults. Unawareness often leads to dysfunctional behavior not being addressed. Some students who experience anxiety also exhibit OCD behaviors, including perfectionism. Symptoms of OCD behaviors among students in undergraduate classroom settings have been reported by university professors. Students striving for perfection may pay extraordinary detail to graded assignments, deadlines, and other integral course components. They also expect perfection in those who instruct them and have challenges with any deviation from schedules and syllabus. As these students matriculate into the workforce, they also bring dysfunctional and unrealistic expectations into the workplace.

BRAIN FUNCTION AND OCD

Numerous studies have focused on the association between executive functions of the brain and OCD disorders. Interestingly, neuropsychological findings have confirmed that damage in the prefrontal-cortical circuits of the brain can produce obsessive-compulsive disorder (La Paglia F, 2014). Neural circuits are known to control executive brain functions. This area of the brain plays a key role in behavioral inhibition and attention processes. Prefrontal executive functions are cognitive tasks that enable individuals to predict, plan, organize, set goals, self-regulate, initiate behaviors, exercise flexibility, expand memory and attention span, and relay feedback. (Anderson P. 2002). Functions associated with this area of the brain are critical to tasks leaders are expected to perform. However, in studying OCD, it is critical to acknowledge that individuals may vary concerning one's ability to inhibit their behavior. The term inhibition describes one's ability to refrain or resist compulsive behaviors. This might also include one's ability to stop exercising an obsessive-compulsive behavior appropriately. In this literature, further attention is given to executive functions as they relate to leader responsibilities and the consequences of uninhibited behavior. Emotional control, memory impairment, planning capabilities, shift, and self-monitoring behaviors are functions that warrant further discussion.

Cognitive Dysfunction Manifestations in Leaders With OCD

Studies have found a significant correlation between emotional control and obsessive-compulsive symptoms (McNamara JP, 2014). Individuals who cannot control and manage emotional responses daily may experience distressful episodes that lead to obsessive-compulsive disorders and anxiety. Individuals experiencing OCD may be unaware of their disorder and related anxieties and result in compulsive behaviors as a means of reducing anxiety. Anxiety can also interfere with the attention process in leaders with OCD. Individuals with OCD may also have difficulty starting and completing tasks or maintaining attention because they are often engrossed in obsessions and compulsions. And due to the anxiety, these individuals may focus solely on certain stimuli related to the OCS and may have trouble avoiding other stimuli.

Theories addressing memory impairment postulate that individuals with OCD have a general memory defect, may not trust their memory, and are sometimes unable to distinguish between real and imaginary memories. A possible explanation for the distrust in memory can be attributed to compulsive and checking actions (Saddock, B.J., 2015). When obsessions occupy the working memory, it can diminish the capacity available for storing and processing other important information. Memory distractions on behalf of a leader can have significant consequences for organizational productivity.

Also, studies have found that components of organization and planning skills are linked to obsessive-compulsive symptoms (Past, N. 2015). In the workplace, leaders may be involved in organizing schedules, meetings, and allocation of resources—people, equipment, money, and clients. Obsessions and compulsions may consume the time that leaders need to facilitate such tasks. Prior research also suggests that people with OCD have memory deficits and may encounter trouble planning, strategizing, and organizing resources efficiently. Hinderance of these activities could ultimately affect performance and disrupt organizational goals.

Research studies have revealed a significant correlation between shift and OCS. One's ability to exercise shift between varying situations acts as a predictor of obsessive-compulsive symptoms (Shin NY, 2014). Examples of one's ability to shift include switching attention from one topic to another, the ability to transfer thoughts, or switch attention from one topic to another. Leaders are expected to display both emotional intelligence and emotional labor in professional situations. The inability to shift attention, irrational thoughts, and emotions may become problematic in challenging interpersonal encounters. While individuals with OCD may be reminded of wrong thoughts, they may continue to cling to these obsessions. In other words, they may be incapable of ignoring obsessive thoughts due to the inability to effectively shift. For example, leaders embracing implicit biases may not alter beliefs that counter fair decision-making practices related to hiring, promoting, and developing followers.

Finally, it is noteworthy to mention the correlation between self-monitoring and task monitoring related to OCS (Bouvard M, 2018). As indicated earlier, individuals with OCD face problems with prefrontal striatal-thalamic circuit, and damage in this area leads to OCS. Simply stated, brain circuit impairment is associated with monitoring tasks. Part of this system in the brain monitors events and generates error signals when risk boundaries have been crossed (Gehring, WJ 2000). Leaders are expected to exhibit strong self-monitoring behavior, including self-presentations and expressive and nonverbal behavior. Yet, individuals with OCD are overwhelmed with their obsessions; therefore, they have trouble monitoring their actions and may be unaware that boundaries have been crossed. An inability to discern boundary limitations could have a profound effect on interpersonal relationships with both peer leaders and followers.

PERFECTIONISM AND OCD

While we acknowledge the challenges of OCD and executive functions, it is important to also mention a caveat to the behavioral dysfunction. Some leaders nurture perfectionism as a personality characteristic and often project this behavior onto their followers. Hollender (1978) defined perfectionism as demanding higher performance quality than required by an organization or a social situation. While perfectionists possess admirable qualities (attention to detail, hardworking, task-time oriented, highly organized), research has found that striving for perfection damages personal relationships at work and within the family unit. (Elliot & Metsner, 1991; Ferguson & Roadway, 1994). Hence, negative perfectionism is the term coined to describe performance at unrealistic levels that cannot be reached or maintained.

Additionally, perfectionists not only set unreasonably high standards but also strain compulsively and unremittingly towards unreachable goals (Smay, 2007). Compulsive actions in pursuit of perfection are characteristic of an anxiety disorder known as obsessive-compulsive disorder (OCD). Projections of perfectionism from supervisor to subordinates could lead to supbar performance evaluations, increased criticisms, and reprimands. In some instances, striving for perfection decreases productivity, lowers career progression, damages workplace relationships, decreases morale and esteem, and impairs health—most likely due to undue stress. Furthermore, subordinates reject offers to engage in leader-follower initiatives.

WORKPLACE RELATIONS AND OCD

Most research studies focus on the manager's reactions to employees that exhibit undiagnosed personality disorders. A survey conducted by the U.S. Bureau of the Census for the National Institute on Alcohol Abuse and Alcoholism gathered information about respondents'' work life and reported personality disorders. Etter, S. (2011) and colleagues found that 18% of men and 16% of women in a representative sample of working adults have at least one personality disorder. Research also found that OCD is the most common personality disorder among both genders. While these percentages appear low, the results indicate a strong likelihood that some employees are either struggling with their own personality disorders or navigating a relationship with a leader or colleague with a personality disorder.

Prior research studies focus on how to coach employees who demonstrate counterproductive team behaviors. Yet, leaders are not exempt from this mental illness and likely exhibit undesirable behaviors. Leaders are ultimately responsible for performance outcomes and may exhibit OCD behaviors while leading their team members.

Personality disorders are often characterized as mental illnesses in which a person has a rigid and unhealthy pattern of thinking and behaving in various situations. The pattern of behavior leads to significant problems and limitations in workplace and home relationships. An important component of obsessive-compulsive disorders is a preoccupation with rules, control, and orderliness. At times, leaders with OCD may be perceived as inflexible and overly focused on details. The unrealistic expectations for perfection extend to both them and their employees. Such expectations are often difficult to achieve, and many tasks are incomplete.

Additionally, leaders with this personality disorder may display overdramatic emotional reactions (incivilities, condescending written and verbal tone, harsh reprimands, etc.). Leader OCD Dysfunctional Behavior impacts those with whom the leader interacts or leads. If OCD behaviors are directed toward subordinates, such could hurt employee satisfaction and employee morale. Unless reported, leaders exhibiting OCD behaviors often go "unchecked". In such case, the behavior continues, presenting a less-than-optimal situation for the employee.

Etter (2011) and colleagues also found that individuals who had OCD, as well as those with antisocial personality disorders and paranoid disorders, were much more likely to experience problems in interactions with coworkers and bosses or be fired altogether. Interaction with a leader or colleague with a personality disorder could devastate an employee and significantly impact job satisfaction. However, this research focuses on leaders who exhibit OCD behaviors. Managers should pay Greater attention to displaying undiagnosed personality disorders and how employees should deal with such occurrences. Confronting managers with personality disorders may prove difficult for employees who do not know behaviors associated with this mental illness. Unfortunately, few employees are equipped to deal with such leaders, especially if confronting the leader would wreak havoc on workplace relationships. This may frustrate employees by their inability to interact effectively with the leader.

OCD LEADERSHIP STYLES

Personality characteristics are an integral part of a leader's success in one's ability to influence followership. Previous research studies have confirmed an integral relationship between self-concept and one's leadership style (Whitney, 1990). The manner individuals perceive themselves will influence both their personal and professional lives. Leaders who experience OCD behaviors may be more apt to demonstrate Theory X leadership practices. McGregor's Theory X/Y is one of the most influential theories in managerial history and organizational behavior. McGregor (1960), is a well-known pioneer for his studies on manager personalities and leadership styles. He coined Theory X to characterize employees as lazy, unmotivated, and avoiding work and responsibility. At the opposite end of the spectrum are more progressive Theory Y managers who develop positive work environments, coach employees, delegate responsibilities, and value results and relationships with staff. Accordingly, Theory Y managers perceive employees as hard-working, independent, cooperative, reliable, and creative.

Essentially, McGregor postulates the notions of different attitudes towards people. Manifestations of leader behaviors depend not only on the attitude one holds toward followers but also the manager's self-esteem. McGregor established a positive, statistically significant relationship between self-esteem and managerial attitude. Bean (2005) also found that a positive, realistic self-perception enables leaders to view others as valuable, responsible, and capable employees. In short, favorable leader self-esteem often leads to favorable evaluations of their followers. Duricova, L. and Sugerekova, T. (2017) contend a negative statistically significant relationship between self-esteem and managers adopting the Theory X leadership style. In other words, managers with low self-esteem may perceive their employees as less likely to take the initiative and prefer directive leadership instead of participative leadership. A less favorable perception of oneself may lead to a less favorable evaluation of followers.

Since a leader's evaluation of oneself has the potential to influence the perceptions and behaviors of followers, one might also conclude that other elements of the leader's personality can influence both the perception of followers and manifestations of treatment towards them. Given that an individual's leadership philosophy may correlate to their personality, the relationship between OCD leader behaviors on leadership styles warrants greater attention. Individuals suffering from obsessive compulsive disorders experience a lack of trust in their own actions and may also project this deficiency in others. Hence, leaders with obsessive-compulsive disorders might be more likely to adopt Theory X leadership practices as opposed to leaders who do not suffer from personality disorders.

Self-reported incidents of leaders displaying OCD characteristics include: 1) High employee surveillance—for example, unusual monitoring employee's attendance and making commentary notes on observations. 2) Matriculate attention to detail—exploiting simple requests and drawing unusual conclusions that the average person would not surmise. 3. Providing extraordinary feedback communication-While it is common to receive a few sentences or even a paragraph in email correspondence, some individuals have reported receiving lengthy feedback on several occasions. 4. Finally, consistent use of reprimands to shape employee behavior and use of fear tactics in communication.

OCD AS A DISABILITY

Obsessive-compulsive behavior is classified as a disability under the Americans with Disabilities Act (ADA; United States Justice Department, 1990). Common obsessions include fear of contamination from germs, imagining having harmed self or others, excessive religious or moral doubt, intrusive sexual thoughts or urges, forbidden thoughts, a need to have things a certain way and a need to ask, tell, or confess (American Psychiatric Association, 1994).

According to ADA stipulations, employers must provide reasonable accommodations as they relate to 1) equal opportunity in applying for work, 2) allowing a qualified individual with a disability to perform essential job functions, and 3) ensuring that employees with disabilities enjoy equal benefits and employment privileges. As such, leaders with obsessive-compulsive disorders have protection and cannot be terminated based on this disability. However, the secrecy and lack of attention this disorder receives in the workplace makes it almost invisible to everyone except the individuals who suffer from it. If untreated and without appropriate support and accommodations, OCD creates difficulties in the lives of women and others who suffer from it.

Many individuals, especially women with OCD, realize that their rituals are excessive but have no idea the behavior is classified as a disability or disorder. Furthermore, the guilt and embarrassment associated with compulsive behavior cause them to remain silent. The silence may be exasperated in leaders, as they are expected to demonstrate the utmost behavior in an organizational setting. Yet, relationships with co-leaders and subordinates may suffer as an unfortunate outcome.

RECOMMENDATIONS

Considering this research, it is important to understand that personality disorders account for significant workplace dysfunction. Employee Assistance Programs personnel should be trained to identify and aid

employees who have personality disorders. These employees might require different treatment approaches than employees who experience anxiety, depression, or suffering from addiction. Regardless of the approach, EAPs should prepare to provide appropriate strategies for reducing workplace conflict and offer employee support.

Given the status of a leader's position within an organization, those who acknowledge the disability may be ambivalent about seeking and asking for accommodations related to their disorder. Some may fear their OCD will be used against them. Key to empowering leaders with OCD is the knowledge that OCD qualifies as a disability under the ADA. With appropriate accommodations, leaders with OCD can succeed in their workplace roles. Special Accommodations made for employees will vary from individual to individual. The creation of accommodation should be a collaborative effort between employers and leaders with OCD. Collaborations promote open communication and further facilitate the OCD workers' sense of ownership, independence, and recovery.

Companies should also take the initiative to increase awareness and intervention strategies before dysfunctional behaviors wreak havoc on organizations. Peer-to-peer intervention is the most effective among leaders. Human resource leaders should offer training that discuss unproductive work behaviors, online support groups for employees, hotlines, and support groups for employees who have been damaged by leaders with personality disorders. HR programs might incorporate climate surveys to address employee morale issues or supervisor-subordinate concerns. Participants should know evaluations are confidential, or else employees will be skeptical about sharing information within the organization. Finally, conduct annual evaluations of leader performance-including 360-degree feedback that includes responses from followers. In higher education, we are evaluated by our students every semester. The same model could be utilized in professional settings more frequently to give management a well-rounded perspective of leader performance.

Ramifications of OCD in the workplace include both emotional and financial cost to the organization. Establishing awareness programs and OCD education in the workplace can reduce tangible and intangible costs in the U.S. labor force. As such, Employees and employers might recognize the symptoms beforehand and seek help sooner. Earlier and seek appropriate help sooner. With proper education, appropriate treatment, and adequate support, leaders with OCD are successful and bring unique and valuable assets to their jobs.

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