Broad Sketches on Misfit as an Organisational Psychopathology

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Fit as Wellness

Person-environment (PE) fit remains 'an elusive construct'. This phrase, apparently originating from Rynes and Gerhart (1990), has prefaced countless studies of fit, particularly person-organisation (PO) fit. After two decades of research into PE fit, this statement remains true. We now have at least sixteen discrete types of fit (e.g. Billsberry, Ambrosini, Edwards, Moss-Jones, Marsh, van Meurs & Coldwell, 2008), a concept of multidimensional fit, different conceptualisations of fit (supplementary and complementary) and different forms of fit (i.e. objective and subjective) confusing the discipline.

This construct elusiveness is just the tip of the iceberg. In addition to problems with its definition and conceptualisation, data from empirical studies has been difficult to relate to managerial implications. Should managers try to increase levels of fit or not? How do circumstances affect how managers consider fit? How does fit relate to performance, creativity, flexibility or responsiveness? The research has not produced definitive answers to these important questions. We know that people's perceptions of their fit are related to a large number of other psychological constructs: job satisfaction, tenure, intent to leave, organisational commitment, stress, work/life balance and organisational citizenship behaviours to name but a few. But whilst fit is related to this broad collection of variables, there is considerable doubt as to whether fit represents anything more than a general feeling towards the employing organisation. Recently, Judge (2007, p.436) questioned whether fit is illusory and 'mostly a general impression that may say as much about a person's general attitude towards his or her organisation'.

This paper extends this line of thinking. The premise is that the construct of fit is little more than a generalised measure of employees' relationships with their employers. In short, fit is seen as a measure of 'organisational wellness'; a measure of how employees relate to their employers that defines those people who have a generally positive relationship. Viewed in this way, fit may become very uninteresting. Some people will be 'more fit' than others, but all are 'fit'. A sporting analogy illustrates the point. In a football team, someone will have greater speed, another player greater strength, another greater aerobic fitness, and another greater anaerobic power. These forms of fitness make each player more or less suited to each of the various playing positions. But all are fit enough (for their positions) and injury-free to play on the team. The differences in fit-related components simply make the blend required for specialisation and teamwork.

This sporting analogy highlights that a base level of fitness is the crucial element. If a person is not fit enough to make the team, the player must first achieve the required level of fitness before coming into consideration for selection. If a player loses fitness, he or she loses his or her place in the team. This analogy of physical

fitness highlights the centrality of wellness as the overarching concern in fit-related research.

Misfit as Psychopathology

Viewing 'fit' as 'wellness' changes the focus of attention. Whilst it is interesting to look at differences in wellness, it is important to look at the associated illness. Wellness is a state of satisfaction in which people are content. Illness, on the other hand, is a state of pain, infirmity, incapacity, disability and unpleasantness. Trying to improve people's wellness is admirable, but the pressing concern must be to prevent, reduce or eliminate the illness. People can thrive in conditions of wellness, but they suffer in conditions of illness.

In organisations, most people have the required level of 'wellness'. These are the people who go about their everyday work blissfully unaware that there is such a thing as 'fit'. They get on with their jobs, they have perfectly acceptable relations with people around them, and they contribute meaningfully to the organisation. Misfits, on the other hand, are only too conscious of their misfit (Talbot & Billsberry, 2007). When prompted, they produce richly elaborated cognitive maps of their misfit and talk eloquently and angrily about their sense of misfit.

It is well established that people want to join organisations where they believe they will fit in and organisational selectors want to recruit people who they believe will fit (Cable & Judge, 1996, 1997; Rynes & Gerhart, 1990; Schneider, 1987). Hence, when someone becomes a misfit, it is an unwanted condition, which is illustrated by the remedies that misfit resort to in order to rid themselves of the condition. A key text in the fit literature argues that misfits seek to alleviate their symptoms through organisational exit (Schneider, 1987). This is a desperate remedy such is the dislocation, disruption and uncertainty caused by organisational change. As noted by Billsberry (2007, p.92), 'the main reason for someone applying for a job from outside the company is for reasons of salvation'.

Kristof-Brown and Jansen (2007) have drawn attention to a group of people who do not fit who choose to remain because they hope to ride out the storm through individual or environmental change. Van Vianen and Stoelhorst (2007) suggest that some misfits find themselves a niche within which to shelter. All of these remedies illustrate that the state of misfit is an abnormal state that people wish to 'cure' themselves of. Organisational misfit, it seems, is a real malady with dire consequences for the unfortunate sufferer. If a sense of fit is the desired state, then misfit is the psychopathology.

Implications for Misfit Research

Adopting this definition of misfit that positions the condition as an illness or a psychopathology opens up a completely new research agenda. Although I hesitate to suggest a clarification agenda to this literature, there is a need to identify the symptoms of misfit. How does the condition present itself? What do the sufferers experience? Given the painful consequences of the condition, misfit might seem an easy condition to locate and study. However, the reality may be very different as misfits are keen to disguise their state lest they lose their jobs and organisations can be reluctant to acknowledge the presence of misfits (Talbot, personal communication, 2008).

Perhaps the most important research agenda is to discover the causes and epidemiology of misfit. The literature has been quite vague on this important issue. In the early days, it was assumed that people joined organisations with a degree of fit (especially value congruence) that, for most, gradually improved over time through socialisation (e.g. Chatman, 1989, 1991). Misfits emerged over time as it became apparent that their values did not align well with those of the organisation. More recently, Billsberry et al. (2004) showed that apparently trivial events could trigger people into a misfit condition, which was supported by Talbot and Billsberry (2007). Unfortunately, these gradual and immediate explanations have not been systematically tested and therefore we do not know how influential they are in misfit creation.

In looking at the causes of misfit, it seems likely that the Diathesis-Stress model (Zubin & Spring, 1977) that explains the emergence of most mental disorders (Gleitman, Reisberg & Gross, 2007) will have relevance. According to this model, two sets of factors interact to create the mental disorder. The first set of factors (the diathesis) is a predisposition or a risk for the disorder. The second set of factors (the stress) triggers the predisposition and creates the disorder. So someone might possess lots of predispositions or risk factors for a particular disorder but never have them triggered and thereby live a disorder-free life. Alternatively, someone might have a relatively obscure predisposition and be unlucky that they happen upon the only circumstance that ignites it. Currently, we have very little idea what the predispositions or the triggers might be in the case of misfit.

Another interesting avenue of research that this line of thought conjures is the search for preventive actions. If we accept that misfit is undesirable and often harmful, we would want to do all we could to prevent it exhibiting itself. Just as sterile procedures protect against infection, is it possible to remove the stressors? Alternatively, is it possible to identify the preconditions that will be triggered in particular circumstances and select these out of the workforce? Taking the medical metaphor further, is it possible to develop a vaccine to inoculate people against the triggering of the disorder? Clearly, this is unlikely to be an actual vaccination, but it might be a training course or similar intervention that anticipates and reduces the impact of the interaction of diathesis and stressor.

Finally, the psychopathological approach draws attention to cures and remedies. At present, the literature has a fatalistic attitude towards misfits. As noted earlier, misfits either they leave the organisation (Schneider, 1987) or they find niches to hide away in (Van Vianen & Stoelhorst, 2007). The medical analogy prompts us to look for alternative cures and remedies. When someone exhibits symptoms of misfit, are there things that can be done to turn the situation around? Once full-blown misfit sets in, what palliative care can be offered? Are there things that can be done to prevent relapses?

Misfit as a Mental Disorder

To this point, this paper has considered the implications of a medical metaphor where fit equates to wellness and misfit equates to illness. Such a metaphor draws attention to misfit as an abnormal and undesired psychological state (i.e. a psychopathology) and, as shown, generates a research agenda. However, the medical metaphor prompts a further thought: Is misfit more than a psychopathology; is it an actual mental disorder?

The American Psychiatric Association (1994, p. xxi) classify mental disorders thus: 'a clinically significant behavioural or psychological syndrome or pattern that occurs in a person and that is associated with present distress (a painful symptom) or disability (impairment in one or more important areas of functioning) or with significantly increased risk of suffering death, pain, disability, or an important loss of freedom'.

This commonly cited definition of a mental disorder puts tight boundaries around our conceptualisation of misfit (a welcome change in the fit literature!). To be considered suffering from a form of misfit that is a mental disorder, a misfit must experience distress or disability or have significantly increased risk of doing so. This definition eliminates those people who are still able to go about their organisational life with minimal disruption. To be thought of as a misfit, the sense of being an outsider must be debilitating and distressing. A person exhibiting such an extreme form of misfit is illustrated in Billsberry, Marsh and Moss-Jones (2004). The following quote from the interviewee is her account of her misfit-related symptoms.

> *Not fitting had a serious effect on me. It got to the point I felt I was having a nervous breakdown. I totally lost my nerve. I remember being in a supermarket, queuing up and I had this paranoia attack. I just wanted to get out of there and for weeks I just felt I couldn't cope with anything. I just went to pieces. Some days I couldn't be bothered and I wouldn't make an effort to speak to people.*

Clearly, this is a miserable condition to inhabit; one that no one would wish upon themselves. Indeed, such a condition would surely border on clinical depression. But after twenty or more years of fit-related research, we are no nearer knowing why such conditions emerge or how to help people who are so suffering. Perhaps it is time to turn the tables on fit and give prominence to misfit.

Conclusion

The broad strokes presented in this paper began with a conceit: What happens if we think about 'fit' as 'wellness'? Does that make 'misfit' illness? If it does, this suggests that whilst the study of fit is interesting, it is the study of illness that is important. When medical researchers consider clinical depression, for example, the majority of their study focuses on those with the condition, its symptoms, causes, and cures, rather than those not exhibiting it. The same is true of almost every ailment. Why is it different for fit and misfit?

In considering fit through this medical analogy, the broad strokes in this paper also prompt a second question. Is there a form of misfit that might be considered a mental disorder? In the short space available, it has not been possible to explore this question in much depth, but it certainly seems that there might be occasions when people's misfit satisfies the accepted criteria of the American Psychiatric Association. If so, this moves us into a whole new ballgame. Perhaps there is a clinical element to fit research that should be given primacy.

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