

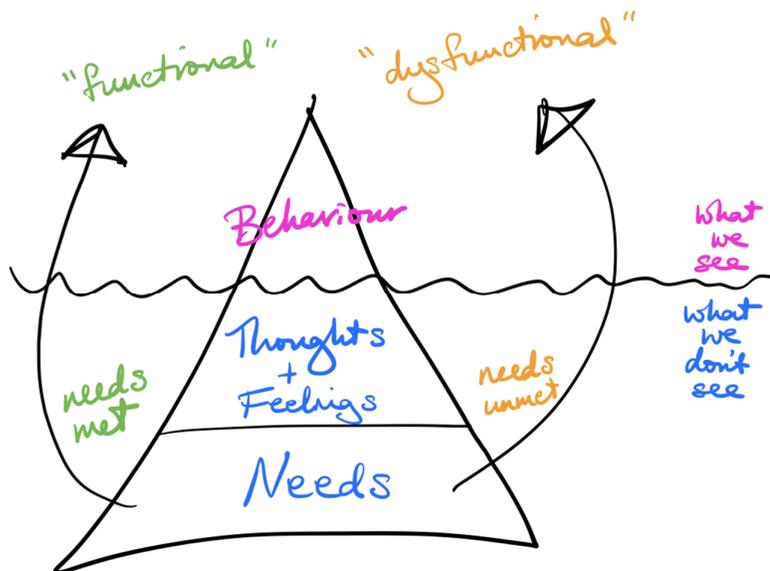
People Are Not Their Behaviour

The first time I heard the phrase 'people are not their behaviour' was in a three-day leadership and culture workshop way back in 2001 and I genuinely thought the speaker was nuts. Of course people are their behaviour, I thought, what on earth else are they? How profoundly wrong I was.

By the end of that workshop, I had begun to understand that what you can observe about another person - their behaviour (what they do and say) - is the tiniest tip of a massive iceberg. Before that I had considered myself a reasonably intelligent, empathetic person, but the reality I was forced to confront through that experience was that I simply had no clue how much was going on under the surface.

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A model I've always liked, which I'm reasonably sure I didn't invent but can't for the life of me remember where I got it from (if anyone knows, please tell me so I can attribute it correctly), is one that looks like an iceberg with behaviour above the waterline, thoughts and feelings at the next level down and needs below that. I've sketched it out below.



I'm sure there are plenty of psychologists who will squirm at this dramatic simplification of the human condition, but I've always found the simplest models to be the most useful, not least because they're easy to remember.

So according to this model, if people's needs are met their behaviour will be broadly 'functional' and if their needs are not met, their behaviour will be broadly 'dysfunctional'. We all know it's always more complicated than that, but this is nevertheless a helpful idea. *Needs - met or unmet - drive behaviour.*

Some years ago I was delivering a program on interpersonal communication skills to staff in the emergency departments of public hospitals across Victoria. The government had discovered that, when patients and their carers were dissatisfied with the service they received, they almost always put their dissatisfaction down to the fact that 'he or she didn't care'. They sensibly hoped that improving the interpersonal communication skills of the front line staff would improve patient satisfaction.

I used this model, to great effect, in that program. It was useful because, when someone is yelling in your face demanding you see them or their loved one first and they are the tenth person to treat you that way that day, it's more useful to look at their behaviour as a function of their unmet needs than as a function of their basic decency as a person.

Behaviour is not a function of decency.

In that particular situation, the patient or carer's needs were almost always some combination of knowledge and reassurance. So while the yelling was happening, the staff member could be thinking 'how can I meet this person's need for knowledge or reassurance and change the way they are behaving?'

Thinking this way allowed the staff member to 'get on the balcony' of the interaction and not get sucked into simply reacting to the challenging behaviour. It also made them realise that, whilst they couldn't control the behaviour of another person, they most certainly could influence it - and that gave them a sense of empowerment they had been lacking. So once we know that needs, met or unmet, drive behaviour, it's particularly useful to know what humans need most. All the latest neuroscience shows that humans need belonging more than they need anything else - even food, water or shelter.

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So if you're seeing some 'dysfunctional' behaviour from someone in your team, it may be that their most basic need, for belonging, is not being met in your team or workplace (or elsewhere in their lives). Ask yourself, what can I do to meet this person's need for belonging? The answer might be just what is needed to shift their behaviour in the right direction.



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