

# Psychiatry and politicians: the 'hubris syndrome'<sup>†</sup>

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**Summary** Lord Owen has alerted us to the dangers of ill health in heads of government, especially if they strive to keep their illnesses secret. The description of the hubris syndrome is still at an early stage but Owen has provided psychiatrists and other physicians with useful guidance on how to recognise its appearance in persons who hold positions of power. He has also provided advice to doctors caring for such persons.

**Declaration of interest** None.

Lord Owen presented his ideas on the psychiatry of politicians at the 2009 General Meeting of the Royal College of Psychiatrists to a packed audience. Hitherto his work has been published in books and in general medical journals.<sup>1–3</sup> This review is intended to make it available more directly to psychiatrists.

David Owen has had a rich and varied career. He moved rapidly from medicine (including a significant psychiatric input) to the higher echelons of politics (parliamentarian, foreign secretary, Social Democratic Party leader and peace envoy to the former Yugoslavia). He became an influential, albeit controversial, political thinker. In writing on the medical aspects of prominent politicians' behaviour during the past 100 years he has approached his subject from a unique vantage point, combining the mindsets of clinician and politician. Four main themes can be discerned in his writings. First, he describes the crucial importance of ill health in heads of government, whose decisions may gravely affect the interests of people they represent. Second, his case histories reveal the common tendency for heads of state to keep their illnesses secret thereby avoiding the best medical advice and treatment. Third, he has identified the 'hubris syndrome', a condition also likely to impair the behaviour and decision-making of politicians. Finally, he has proposed remedial measures to minimise the impact of ill health on the politicians' ability to deal with affairs of state.

The hubris syndrome has great appeal to psychiatrists, partly because it is a new concept, but also because we find it difficult to resist the conundrums of the psychiatric classification industry. David Owen's general contributions to the psychiatry of politicians should not be eclipsed by the novelty of the hubris syndrome. Although his work mainly focuses on politicians, it also has relevance for psychiatrists and physicians who care for patients who hold other powerful professional positions.

### Historical accounts of ill health in heads of government

Owen has closely examined the numerous ways in which physical or mental illness may impair the quality of

decisions made by heads of governments. He has covered the past 100 years through the presentation of clinical vignettes of statesmen, ranging from Theodore Roosevelt and Woodrow Wilson in the early 1900s to Ronald Reagan and Boris Yeltsin in more recent times.<sup>1</sup>

Further depth has been added through a detailed historical analysis of four leaders whose illnesses had a profound effect on world events, Anthony Eden, John F. Kennedy, the Shah of Iran and François Mitterrand. In order to maintain a psychiatric emphasis in this article, only the first two will be further discussed, but a third person will be added in whom frank mental illness was evident. These accounts are necessarily brief and run the risk of not doing justice to Owen's scholarly researches especially into the available medical records. However, an interplay will be demonstrated between fluctuations in the three men's health and their political skills.

### Anthony Eden

Anthony Eden's career came to an end following the Suez crisis (October–December 1956). He had decided to take military action in Egypt, in alliance with the French and the Israelis, following President Nasser of Egypt's seizure of the Suez Canal. The operation was a military success but a political disaster, especially in terms of relations between the USA and the UK, President Eisenhower not having been consulted. Eden's judgement was considered to be seriously impaired with regard to crucial decisions. There was no doubt he had been seriously ill as a result of a bile duct injury due to a failed surgical operation, leading to recurrent episodes of cholangitis and high fever. Another factor was the injudicious prescribing of drinamyl tablets ('purple hearts', combined amphetamine and barbiturate). Eventually, Eden came to suffer from severe exhaustion. His physician, Horace Evans, was adamant he should resign on health grounds, and he did so on 10 January 1957.

### John F. Kennedy

Owen describes well how President Kennedy's political astuteness (or lack of it) was dependent on his state of

<sup>†</sup>See commentaries, pp. 145–150, this issue.

health, and especially the quality of the treatment he received.

At 43, John F. Kennedy was the youngest US president ever elected (November 1960). Despite his youth his health was already compromised. He had Addison's disease, a fact he kept secret in spite of a definite diagnosis in 1947. He was also prone to severe back pain due to injury sustained when the small torpedo boat he commanded was sunk by a Japanese destroyer in 1943. He required an operation in 1954 when a metal plate was used to stabilise his lumbar spine, but the site became infected and the plate had to be removed a few months later.

The first example of Kennedy's lack of political skill was the failed attempt to destabilise Fidel Castro in Cuba. The American policy was to lend support to 1500 Castro opponents as they landed in the Bay of Pigs in Cuba in April 1961. Kennedy sensed that open military support was politically risky, but he was indecisive in overseeing the concealed US military adventures. In the event of failure there was an agreed plan for the American evacuation of the opponents of Castro, but this too was unsuccessful.

Kennedy's political failure can be attributed to his medical condition and the poor coordination of treatments, because he selected his own doctors rather than accepting advice from others to appoint recognised specialists. For his back pain one doctor used muscular infiltrations of procaine. Another prescribed amphetamine by mouth or intramuscular injections, at times supplemented with steroid drugs in doses above the usual replacement therapy.

In contrast, Kennedy displayed consummate political skill in the way he handled the Cuban Missile Crisis of October 1962. The Soviet Union leader, Khrushchev had previously decided to install nuclear missiles in Cuba, a move to support Communism in Cuba and in Latin America. Over the course of 2 weeks, Kennedy's demeanour and concentration were vastly improved compared with his approach to the events in the Bay of Pigs. He had set up a special executive committee whose advice he followed. He veered away from using air strikes in favour of naval blockade, a more effective method. He gave Khrushchev the opportunity to say 'I saved Cuba: I stopped an invasion'.<sup>1</sup> Through private diplomacy with Khrushchev, Kennedy offered as a *quid pro quo* the removal of US missiles from bases in Turkey.

Kennedy's vastly improved political skills were thought to be due to a marked improvement in his health. By then he had appointed a recognised specialist, Dr Hans Kraus, who demanded total control of the medical treatment, relying more on structured physical therapy and reducing the harmful combination of amphetamine and steroids.

### Lyndon Johnson

When John F. Kennedy was assassinated in 1963, he was succeeded by his vice president, Lyndon Johnson. Johnson's health was already in doubt as he had suffered a serious heart attack in 1955, at the age of 46. Although mood swings with clear-cut depressive episodes had been part of his character, he developed a deep depression following the heart attack. At present little is known about what, if any, drug treatment for depression was given to Johnson then and during the years he was president.

In 1965 Johnson had a cholecystectomy for the removal of gallstones. He experienced postoperative depression bad enough to contemplate his resignation from the presidency, but was dissuaded from doing so. In 1965, close observers noted his increasingly irrational behaviour, his inner resistance having been undermined by external events – the Vietnam War – and crumbling public support.

Johnson was a suspicious character and did his best to hide information about his medical condition. There is little doubt about the fact that he had deep depression throughout his life; some psychiatrists have interpreted his coarse and volatile behaviour as due to hypomania. In 2006, the review of biographical sources of American presidents considered that during his presidency Johnson exhibited the features of bipolar I disorder. He went through long periods of stress through 1965–1967 and anguish over Vietnam. In late 1967 his physicians warned Johnson's wife, Lady Bird, of concern over her husband's health, but already he had confided in her that he would resign before the 1968 presidential election. He announced on television that he would not stand again.

Clark Clifford (advisor to presidents Truman, Kennedy, Johnson and Carter) is quoted as saying that 'had it not been for Vietnam, Johnson would have been one of the most illustrious presidents'.<sup>1</sup> His early time in the White House was outstanding in terms of legislative social reforms, particularly on civil rights. However, he became haunted by the war in Vietnam, which, in combination with his declining health, led him to resign.

### The hubris syndrome

In explaining his term 'the hubris syndrome', Owen states that his aim is to establish 'the causal link between holding power and aberrant behaviour that has the whiff of mental instability about it'.<sup>2</sup> He carefully avoids explicit terms such as madness or psychosis. In fact, he relies on the language of Bertrand Russell, who describes what may happen when 'the necessary element of humility' is missing: 'When this check upon pride is removed, a further step is taken on the road towards a certain kind of madness – the intoxication of power'.<sup>4</sup>

The word 'hubris' comes from the Greek meaning 'inviting disaster' as well as 'arrogance'. Much of the evidence used by Owen to develop his thesis on the hubris syndrome is derived from observations on the US President George W. Bush and the British Prime Minister Tony Blair. He focuses his critical comments on their decision to go to war in Iraq without apparently planning adequately for the aftermath of the conflict. He says there is a mass of knowledge about the genesis of these events and mentions his personal contacts with Blair during the period 1998–2003. Owen does acknowledge that his case histories on Bush and Blair do not have 'the perspective of a greater distance from the period of history they describe'.<sup>1</sup> In my own commentary I shall bypass these views on Bush and Blair for the very reason that a fuller historical perspective is wanting. Instead, I shall examine two examples of heads of government whose histories have been carefully described and more prudently argued as illustrating the hubris syndrome. They are David Lloyd George and Richard Nixon.

## David Lloyd George

Lloyd George achieved prominence during the First World War when he manoeuvred himself into leading the coalition government of Liberals and Conservatives. His power over the War Cabinet 'was due to force of talent and personality rather than to the inherent strength of his position... He set much store by conciliation'.<sup>1</sup> He initiated several significant interventions during the war. When it ended in November 1918, Lloyd George was acclaimed as 'the man who won the war'.<sup>1</sup>

The coalition obtained renewed support after the election in December 1919 and Lloyd George remained prime minister. There was agreement that he was a genius as prime minister. He obtained a reputation as a successful peacemaker. He also achieved important social reforms such as the Unemployment Insurance and creating a new Ministry of Health. However, by 1921–1922 there was a reversal of fortunes, as observed by Beaverbrook (1963): 'Then his virtues turned to failings. He committed the crime of arrogance. His structure of self-confidence and success came tumbling down'.<sup>1</sup> His reputation as a successful peacemaker was damaged following the failure of the League of Nations. It is concluded that Lloyd George's downfall was due to mistakes 'borne out of hubristic actions'.<sup>3</sup> He was fascinated by the world stage and developed the 'conference habit'. He also began a presidential style of government, interfering with the responsibilities of other senior ministers.

## Richard Nixon

Nixon was extremely successful in his early political career and was selected US vice president during the presidency of Dwight Eisenhower. He ran for the presidency in 1960 but was narrowly defeated by John F. Kennedy. However, when he ran again in 1968, he was successfully elected and re-elected for a second term by a landslide victory in November 1972. He had been consistently ahead of his democratic rival in opinion polls, so that it was puzzling why the 1972 committee to re-elect the president engineered the break-in at the Democratic National Committee headquarters at Watergate, Washington DC. President Nixon's staff conspired in a cover-up and eventually it was revealed that he himself had been implicated. When he faced near-certain impeachment, he resigned on 9 August 1974. On 8 September 1974 his successor, President Gerald Ford, granted him an absolute pardon. Biographers have found it difficult to assess Nixon's achievements during his presidency. There is much on the positive side, including ending the war in Vietnam and achieving an improved era of relations between the USA and China. Owen, however, is uncompromising, stating that Nixon's abuse of power should never be forgotten.

There were clear disturbances in Nixon's mental state during his presidency and strong evidence indicative of the hubris syndrome, especially after winning re-election.<sup>1</sup> His personality is described as that of a loner, showing a paranoid temperament with anxiety, depression and alcohol misuse. At one time, there was so much concern about his mental stability that James Schlesinger, defence secretary, told the joint chiefs of staff not to carry out any decisions of the President involving military matters without consulting

him. Nixon's mental state deteriorated further during his last 18 months in office with the growing threat of his impeachment.

By early 1975, Nixon's health was improving. He regained respect as an elder statesman in the area of foreign affairs. He had a severe stroke on 18 April 1994 and died a few days later.

## Clinical features of the hubris syndrome

A long list of behaviours considered typical of the hubris syndrome has been compiled.<sup>5</sup>

### Criteria

The behaviour is seen in a person who:

- 1 sees the world as a place for self-glorification through the use of power
- 2 has a tendency to take action primarily to enhance personal image
- 3 shows disproportionate concern for image and presentation
- 4 exhibits messianic zeal and exaltation in speech
- 5 conflates self with nation or organisation
- 6 uses the royal 'we' in conversations
- 7 shows excessive self-confidence
- 8 manifestly has contempt for others
- 9 shows accountability only to a higher court (history or God)
- 10 displays the unshakable belief that he will be vindicated in that court
- 11 loses contact with reality
- 12 resorts to restlessness and impulsive actions
- 13 allows moral rectitude to obviate consideration of practicality, cost or outcome, and
- 14 displays incompetence with disregard for the nuts and bolts of policy-making.

Among the 14 behaviours, 5 are called 'unique' (5, 6, 10, 12 and 13) in the sense that they do not appear among the criteria of personality disorders in DSM-IV.<sup>6</sup> Owen & Davidson state<sup>5</sup> that at least 3 of the 14 defining behaviours should be present, of which at least 1 should be among the 5 unique components, to satisfy the diagnostic criteria of the hubris syndrome.

### Context

Key to the diagnosis is that the person is in a position of substantial power and has been in this position for a certain period of time, as a precursor of developing some of the above behaviours. The behaviours are likely to abate once power is lost.

### Predisposing personality characteristics

The very personality traits which enable a person to acquire a position of power are those which, when exaggerated, contribute to the hubris syndrome.<sup>5</sup> When distorted these personality characteristics become abnormal behaviours which would also qualify the person for a diagnosis of a personality disorder as defined in DSM-IV. Three such disorders have been identified:<sup>5</sup>

- 1 narcissistic personality disorder
- 2 antisocial personality disorder
- 3 histrionic personality disorder.

Moreover, 7 of the 14 defining behaviours are also among the criteria for the narcissistic personality disorder.

Use of performance-enhancing drugs and/or misuse of alcohol may accentuate the features of the hubris syndrome. The diagnosis should be confined to those who have no history of a major depressive illness,<sup>5</sup> an excluding criterion to separate the syndrome from bipolar affective disorder.

### Classification and pathogenesis

In choosing the term 'the hubris syndrome', Owen has reached a cautious compromise allowing the identification of abnormal behaviours for purposes of diagnosis without necessarily ascribing a frankly pathological status thereto. In other words, he avoids the concept of disease and even that of illness. Both DSM-IV and ICD-10 evade the difficult task of defining the nature of the entities that are being classified and instead adopt the term 'disorder' as the currency unit in psychiatric classification.<sup>6-8</sup> Some of the problems with the term disorder can be avoided by referring to unitary syndromes, which are merely collections of symptoms that tend to cluster together.

Owen has reached a compromise, but he has also edged his bets: 'Whether [the hubris syndrome could be validated] as a separate psychiatric diagnosis, or whether it could emerge as a sub-type of narcissistic personality disorder does not really matter'.

An acquired subtype for narcissistic personality disorder (Axis II) has been favoured, which post-dates the acquisition of power and remits after power is lost. Owen & Davidson suggest alternatively that the hubris syndrome may be an Axis I disorder with an environmental onset akin to a stressful experience, thus resembling an adjustment disorder as defined in DSM-IV and ICD-10.<sup>5</sup> They appear to have been deterred by the title of the article on the adjustment disorders as a 'fault line in the psychiatric glossary'.<sup>9</sup> Nevertheless, the marginalisation of adjustment disorder (at least in epidemiological studies) has been regretted as a result of an over-elastic concept of depression and the rigid criteria of ICD-10 and DSM-IV.<sup>9</sup>

### Recast diagnostic criteria of the hubris syndrome

Owen's concept of the hubris syndrome has the merit of caution, but his long list of abnormal behaviours suffers from being 'operationalised', with none of them being a necessary criterion for the diagnosis. It is therefore desirable to recast the framework of the hubris syndrome, which may also render it more palatable to future judges of DSM editions.

#### Context

The context is all-important in that the person developing the disorder should be in a position of power.

#### Disturbances of behaviour

Rather than list a wide range of behaviours, a judgement should be made whether the person affected is behaving in a dysfunctional manner resulting in unwise and risk-laden decisions to the detriment of the people he or she represents. This is difficult because only those in close contact with the decision-making process are likely to pick up changes in behaviour.<sup>2</sup> Moreover, this judgement must remain detached from the content of the political process itself.

#### Politician's excessive reactions to stressful political events

The individual's deterioration can be seen to be an excessive reaction to personal and political life events, understandable as a coping mechanism in the face of serious threats (e.g. impending war or a catastrophe such as that of 11 September 2001). The stresses are often compounded by politicians being pilloried by hostile media.

#### Previous personality traits and pathoplasticity

These traits comprise attributes which suited a person well to develop powers of leadership and rise to the top. But they may also exert a pathoplastic influence. Pathoplasticity is a term introduced by Birnbaum,<sup>10</sup> who applied it to causal factors contributing to the structure of an illness. It may also apply to personality features and the social context influencing the 'colouring' and the form of a neurotic disorder, as well as its psychological content.<sup>11</sup> Accordingly, the person may appear to switch from a personality disorder to a frank mental illness. Here the concept of an adjustment disorder has much merit.

### Reaction so far to the concept of the hubris syndrome

I have a fellow feeling with anyone who tries to scale the ramparts of DSM and ICD in order to raise awareness of a new syndrome. When I described bulimia nervosa in 1979,<sup>12</sup> I merely had to contend with a punctilious editor who wanted me to specify whether I considered it a 'separate syndrome'. I committed myself to the extent that it was indeed a separate syndrome with diagnostic usefulness but without any implications regarding its causation. I was also fortunate that this was a time when the DSM system was about to undergo a major conversion with the publication of DSM-III, adopting an 'a-theoretical' approach.<sup>13</sup> By then ICD-10 had not yet appeared, but when it did in 1992, it adopted my description of bulimia nervosa without demur.

The planning committees of DSM are generally viewed as following a conservative approach. For them to embrace the hubris syndrome in its fifth edition in 2013 would be surprising. The protagonists of new syndromes are also likely to encounter opposition because of the prevailing zeitgeist. A BBC news health report issued in July 2010 had the following heading: 'Mental health: are we all sick now?'<sup>14</sup> Concern was expressed that DSM-5 would result in almost everyone being diagnosed with a mental condition.

The risk of overdiagnosis has been presented by professionals in a more balanced way.<sup>15</sup> Yet they questioned whether making a diagnosis was really a helpful guide to treatment. They regretted what they predicted to be a slippage from a multidimensional approach to classification as originally promised for DSM-5. Diagnostic labelling must surely be developed, partly as a guide to treatment but mainly to develop a language used by professionals and all who endeavour to understand mental aberrations.

There have been a few specific commentaries on Owen's wish to accord the hubris syndrome some status within classificatory systems. MacSuihbne<sup>16</sup> has written a wide-ranging and thoughtful essay on the conceptualisation of illness, especially mental illness, in which he draws on philosophical approaches: Thomas Szasz at one extreme as

well as other less radical and more subtle philosophers of medicine, Georges Canguilhem and K.W. Fulford. Set against definitions of illness the hubris syndrome is found wanting: 'the problem of leaders growing out of control is a political one. The case of the concept of disease... is simply an error'.<sup>16</sup>

In response, Owen would probably argue that his concept of the hubris syndrome is not simply depending on that of mental illness. Moreover, the article by Pincus *et al*<sup>13</sup> is a salutary corrective for people who believe that it is only justified to reach a psychiatric diagnosis in severely ill patients with organic or psychotic disorders, discarding milder or atypical behaviour as 'merely a social problem', or 'only a personality disorder', or 'simply a political problem'. In their a-theoretical approach, DSM and ICD avoid exclusion hierarchies in the hope that all clinically relevant information would be captured. This has led to a wide range of narrowly defined psychiatric diagnoses, each with operationalised diagnostic criteria. Usually there are no assumptions made about causality which must be based empirically.

Wessely is another author who commented directly on Owen's work.<sup>17</sup> He was lukewarm about the psychiatry of hubris. He pointed out the dangers of using pejorative terms to describe people who exhibit behaviours that are difficult, dangerous or different from others. This is a fair warning, given that in the past technical diagnostic terms have come to be used in a derogatory way, especially when they seep from the medical literature to the lay press. This theme is also echoed by those who fear that DSM-5 is likely to lead to medicalisation of patterns of behaviour and increased stigmatisation.<sup>15</sup> It has always been the case that diagnostic terms, with even a whiff of mental dysfunction, carry the risk of stigmatisation. This was well expressed by Roy Porter when he said dryly: 'The true solution of course to the problem of psychiatric stigmatisation would be the public acceptance, without shame, of mental disorder. But that would be crying for the moon'.<sup>18</sup> Wessely also poses the question of which David Owen has the most telling insights, Owen the doctor or Owen the politician.<sup>17</sup> Owen the politician and historian has certainly illuminated the subject, but his medical contribution to understanding behavioural disturbances in politicians merits further scrutiny. He should also be respected for helping to identify at an early stage those politicians whose health gives rise to concern, when a hubris syndrome may lead to dangerous decisions arising from an inability to foresee undesirable outcomes with the danger of great harm to countless numbers of people.<sup>1</sup>

## Treatment and prevention

### Frank mental illness

Owen lists seven US presidents judged to have had mental illness while in office between 1906 and 2006. He has also identified the common practice among politicians of concealing their illnesses. This is usually because the politicians judge that they will not be elected if such disclosures are made. The secrecy continues while in office

because the politicians dread that their opinions and decisions will be considered unreliable.

Owen discusses with sensitivity the difficult role played by personal physicians to heads of state. They will want to respect totally the confidentiality of their patient, but they may experience serious conflicts. He expresses his views forcefully: 'Doctors must be ready to contemplate that they have a responsibility to their own country that goes beyond their responsibility to their patients. The Hippocratic oath is not an absolute. Very rarely there have to be exceptions' (p.209).<sup>1</sup> In theory this may be the case. In practice, however, a personal physician will feel he owes his primary loyalty to his patient.

There has been recent publicity regarding Mo Mowlam when she was Secretary of State for Northern Ireland and allegedly lied regarding the benign or malignant nature of her brain tumour. Her doctor thought that this tumour could contribute to her behavioural disturbance and poor judgement: 'But there was nothing I could do. I was her doctor. I was responsible for her care, even if she would not let me keep records in a proper place or write to her GP. I told her to tell [the British Prime Minister Tony] Blair but she didn't, she lied...I was trapped...She was also my patient and I owed her confidentiality'.<sup>19</sup> On this issue there is frank opposition to Owen's concept of the doctors' responsibility to their own country.<sup>20</sup>

Owen has suggested a part-solution to the dilemma. This is that the role of a personal doctor as the advisor to the patient should be upheld and the practice stopped of the personal doctor also being the voice of the patient in public. It seems good advice to separate the responsibilities of a personal physician and a second doctor, officially appointed, who would issue reports for public consumption.

### The hubris syndrome

The nature of this disorder leaves the person with impaired insight so that it is difficult for the personal physician to impose treatment even if treatment were effective. The examples of solutions proposed by Owen are partly of a political nature, for example setting fixed-term limits of office, such as the two 4-year terms for US presidents. But there should be room for general management such as mobilising help from close relatives and friends. Individuals with hubristic syndrome may accept help for complications such as depression, alcohol-related problems, or related family difficulties. Owen is hopeful that psychological treatment of personality disorders is becoming more effective and the individual might be more willing to seek help if he knew that he would receive greater benefits and more sympathetic treatment than in the past.

## Conclusions

Owen has made important contributions to the psychiatry of politicians and others in positions of power, which should be warmly welcomed. The description of the hubris syndrome may require further refinement before entry into the recognised psychiatric classifications. With this in mind Owen's original diagnostic criteria have been recast and simplified. His advice of doctors caring for persons in

positions of power will give rise to controversy among professionals and those who believe that private lives should not belong to the public. Nevertheless, he has begun a useful discussion on this subject, including a proposal for the division of responsibility between the patient's personal doctor and a second doctor who would interpret the person's illness for the benefit of the public.

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## Psychiatry and politicians – afterword

### Commentary on... Psychiatry and politicians<sup>†</sup>

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**Summary** Contempt is one of the more important signs of hubris syndrome. Lying to Parliament or the courts is often a sign of someone in thrall to hubris. In business and banking, collective or corporate hubris is not uncommon as is hubris syndrome among its most powerful leaders. BP, RBS and HBOS need to be the subject of serious case studies for hubris, 'group think', tunnel vision, closed minds or silo thinking. There are indications of a neurobiological explanation for the intoxication of power in hubris syndrome.

**Declaration of interest** None.

It is not for me to comment on Gerald Russell's assessment of what I have called hubris syndrome.<sup>1</sup> I am impressed, however, at both the precision and the selection of what he has written. His suggestion for recasting the diagnostic

criteria is exactly the sort of informed criticism that is needed for I am all too conscious that I have insufficient psychiatric experience and knowledge. I think I can best write an afterword to Russell's analysis by examining the interconnections between the psychological states of the leaders of business in which for the past 15 years I have made my living, and my earlier exposure to political leaders.

<sup>†</sup>See special article, pp. 140–145, and commentary, pp. 148–150, this issue.

In the examination of hubristic behaviour it is worth stressing the element of contempt over which the ancient Greeks were much exercised. I referred to contempt in the political and business world as part of my lecture to the Royal College of Psychiatrists in 2009 and after that in my autobiography *Time to Declare*,<sup>2</sup> in a chapter on the financial crisis that began in 2007.<sup>1</sup> In the Diagnostic Interview for Narcissism, the 11th point, under interpersonal relations, has ‘The person devalues other people including feelings of contempt’, and overtly disdainful behaviour is linked to narcissistic personality disorder.<sup>3</sup> Lying to Parliament or to a court of law is very serious because it undermines an essential safeguard in our democracy. It is hubristic because the risks entailed in lying suggest the recklessness of someone who has lost touch with reality and the dangers that lie ahead, such as being found out by a court. That loss of touch with reality is itself one of the symptoms of someone in thrall to hubris and the penalty for such loss of touch with reality often is nemesis.

## Hubris in corporate business – case studies

### Collective hubris in BP

An interesting case study of hubris is the multinational oil company, BP. It is very likely that a culture of hubris existed in BP for some years<sup>4</sup> and began to develop during the tenure of its then chief executive, Lord Browne. It appears that Lord Browne, after the death of his mother, who had a profound influence on him, developed many of the features of hubris syndrome during the last few years of his tenure. He had to resign in May 2007 as chief executive of BP because Mr Justice Eady referred publicly to his ‘willingness to tell a deliberate lie to the court’.<sup>5</sup> He said of the lie that ‘it may be that it should be addressed as contempt or as some other form of criminal offence’, although he added that he had decided not to refer the case to the attorney general for possible prosecution. Eady did say, however:

‘I am not prepared to make allowance for a ‘white lie’ told to the court in circumstances such as these – especially by a man who prays in aid his reputation and distinction, and refers to the various honours he has received under the present government, when asking the court to prefer his account of what took place.’

When Browne’s attempts to overthrow this ruling were rejected by the Law Lords, and the injunction was lifted, he had no other option than to step down.

Collective hubris may well prove to be a contributing factor in the risk-taking behind the explosion on the Deepwater Horizon drilling rig with its massive oil leak into the Gulf of Mexico in 2010. Tony Hayward, chief executive of BP, who took over from Lord Browne in 2007, told the *Sunday Times* that he was ‘gobsmacked’ at the lack of technical and safety rigour in BP.<sup>6</sup> There is good evidence that Hayward was trying to change that culture.

In Lord Browne’s case, as in the case of President Clinton, but not in the case of the Secretary of State for War in Harold Macmillan’s government, John Profumo, lying about sexual risk-taking was judged as falling into a separate category. A majority of the public seem to understand this and judge a leader’s competence and claims to stay in office as a somewhat separate issue. To some extent they accept

that lying over sexual activity, even in court, is different. This was evident during Clinton’s impeachment procedures. Action under impeachment was the only formal sanction available for his contempt of court; not to have invoked it risked condoning that offence. But, in my view, wisely, the US Congress invoked the impeachment procedure, as they were entitled to do, and used their common sense in reflecting the American people’s toleration of Clinton’s false responses in his deposition. At the very end of Clinton’s period in office, with little publicity, he accepted a 5-year suspension of his law licence in Arkansas and a US\$25 000 fine.

### Hubristic behaviour in UK banks

It appears that a climate of hubris also existed in the Royal Bank of Scotland (RBS) prior to it having to be bailed out by the British taxpayer in 2008 under its then chief executive, Sir Fred Goodwin. Goodwin’s success in the takeover of NatWest appears to have encouraged him and the then RBS chairman to make the decision to take over ABN Amro, which led to disaster. In another UK bank failure at HBOS, which has so damaged Lloyds Bank when it took HBOS under their wing, Peter Cummings, the head of corporate lending, went on lending even after a global economic crisis was in full swing. It appears the HBOS chairman, Lord Stevenson, and the chief executive, Andy Hornby, failed to rein him in.

It is in the public interest that we know more about both Goodwin’s and Cummings’ state of mind and whether it changed during the time they were in positions of power. Other leaders of the UK banking sector during the 2007–2009 financial crisis deserve to come under scrutiny through the Financial Services Authority and possibly in the courts, something already under way in the USA. Such scrutiny will start to reveal not just biographical details but possible information about their psychological state and personality. It is important that the psychiatric profession and other related professions do not stand aside from examining any personality changes that may be shown to have developed. There is a need to try to understand more about the developing and acquired psychological state of leaders in all walks of life, not just politics. There can be disadvantages as well as advantages that stem from hubristic traits in many leaders’ personalities, for the power of their position enables such leaders to wreak havoc when their decision-making goes awry.

In her book *Fool’s Gold: How Unrestrained Greed Corrupted a Dream, Shattered Global Markets and Unleashed a Catastrophe*, Gillian Tett writes: ‘I am still trying to make sense of the last decade of grotesque financial mistakes. I have found myself drawing on my training as a social anthropologist before I became a journalist... What social anthropology teaches is that nothing in society ever exists in a vacuum or in isolation’ (pp. 298–9).<sup>7</sup> The assessment of personality needs psychiatrists, psychologists, neurologists, anthropologists and above all wise, well-grounded people who can spot changes in personality. Such changes often emerge so slowly that people nearest to those affected fail to spot that something has changed.

The recent massive global financial bubble, from the bursting of which we are now all suffering, raises important

questions about collective hubris. When I asked a banker friend why no one had been able to blow the whistle on what was going on his answer was simple. He said that anyone in banking who had had the temerity to argue that his bank was following the wrong course would simply have lost his job. There is some evidence that this did happen to a few whistleblowers. What makes collective hubris so alarming is that it is often built on an ignorance of the facts in the decision-making process, which is blanketed out by the ‘group think’ effect. Those participating at high levels in the financial bubble now confess publicly, as before a few admitted privately, that they simply did not understand the game that they were playing in. The complexity of the securitised financial world, collateral debt obligations, credit default swaps, etc., was beyond many leaders’ comprehension.

### Standards in business culture that contribute to collective hubris

Another feature of collective hubris in business is that individuals become susceptible collectively to what John Maynard Keynes called ‘animal spirits’. Alan Greenspan, the former chairman of the US Federal Reserve Board, called it ‘irrational exuberance’. He has had the grace to apologise for his own contribution to such excess, not something we have heard from many politicians. Yet booms and busts go with the territory of risk-taking capitalism: sweep all risk-taking aside and you are left merely with a bureaucracy. We need to maintain a readiness to take risk, but calculated risk. We also need to be able to assess independently the risk profile as part of good corporate governance and develop mentoring techniques for individuals who are showing telltale early signs of hubris. Independent directors on boards of public companies have the powers to sack powerful decision makers who are becoming uncontrollable. Without such constraints on banking and financial institutions, we can be certain that the ‘animal spirits’ will return.

The American psychologist Robert Hare has done much to bring rigour to the study of psychopathy and related disorders such as antisocial personality disorder. In their book *Snakes in Suits: When Psychopaths Go to Work*,<sup>8</sup> Babiak & Hare point to the tendency of many businesses to abandon the old, massive, bureaucratic organisational structures in which people got on by not rocking the boat, in favour of what has been called a ‘transitional’ organisational style – one that has fewer layers, simpler systems and controls, and more freedom to make decisions. They focus attention on how these organisations encourage the recruitment of people who can ‘shake trees’. In this changed business climate they claim ‘egocentricity, callousness, and insensitivity suddenly became acceptable trade-offs in order to get the talents and skills needed to survive in an accelerated, dispassionate business world’ (p. xii). Yet such people wear these characteristics on their sleeve – and we need to be aware of, and alert to, possible progression.

The hardest people to be on one’s guard over are apparently ‘normal’ people who acquire hubris syndrome. They do not have bipolar disorder, nor known personality disorders, but they often have hubristic traits which have been present long before they ever exercised power as leaders within their organisation. There is also a difficulty

which business has in relation to detecting hubris that in my experience the political world to some extent escapes. Both attract people with a propensity to hubris and who already may exhibit hubristic traits. But the modern commercial world is collectively more susceptible to hubris, making it harder to single out individuals who are especially hubristic. Andrew Oswald, professor of economics at the University of Warwick, wrote about herd behaviour:

‘Herding happens when relative position matters. Think of sheep in a field or fish in a pool. They cluster together because safety from outside predators comes from being on the inside of the group. Although most do not recognise it in themselves, human beings are like other animals.’<sup>9</sup>

Expanding the business and taking risks to achieve higher profits motivates business people. Of course, there are politicians who are drawn to similarly expansive goals and evince the same willingness to take risks to achieve them; but what politicians primarily seek is re-election and that may often lead them, temporarily at least, to put aside such goals and to eschew risk-taking. Doing little or even on rare occasions nothing is sometimes a wise course in politics in a way that is rarely the case in business. Consequently, hubristic leaders incapable of being cautious tend to stand out in politics and in many instances that brings, at least initially, success, whereas they can be camouflaged in business.

### Hubris and developments in neuroscience

It is fascinating how adrenaline features in so much lay language over hubris. In our article for the journal *Brain*, Jonathan Davidson and I speculated on the neurobiology of hubris syndrome.<sup>10</sup> We mentioned one study that had identified frontostriatal and limbic-striatal dopaminergic pathways as important regulators of impulsive and/or rigid behaviours.<sup>11</sup> There have been many other interesting findings in the area of neuroscience since that article. But one recent study in 2010 is worth highlighting. It showed that, in 35 patients with Parkinson’s disease, an individual’s strength of belief in their being likely to improve can of itself directly modulate brain dopamine release.<sup>12</sup> What Lindstone *et al* call conscious expectation in this randomised study describes the probability the individual is given that they will be receiving active medication with levodopa. Among those who were actually given a placebo but with a 75% probability of it being active medication, there was significant endogenous dopamine release in the ventral striatum. No such release occurred with the lesser probability of 25 or 50%. What we need now are more studies on brain dopamine levels in decision makers. The neurobiological effects of conscious expectation in this experimental context may be similar to the conscious expectations which go along with the intoxication of power in hubris syndrome.

Another neurobiological approach has been described in a review article in *Philosophical Transactions of The Royal Society*.<sup>13</sup> The findings surveyed in this review ‘suggest the possibility that economic agents are more hormonal than is assumed by theories of rational expectations and efficient markets’. A trader on a London trading floor with high levels of testosterone may see only opportunity in a set of facts, whereas the same individual with chronically elevated

cortisol may see only risk. If hormones affect risk-taking, the authors ask whether financial markets might be more stable if there were more women traders to give endocrine diversity since there are grounds for thinking that women may be less ‘hormonally reactive’ when it comes to financial risk-taking. If hormones can exaggerate market moves, Coates *et al*<sup>13</sup> see the age and gender composition among traders and asset managers affecting the levels of instability in financial markets.

Hubris influenced politicians and businessmen in their support for the heady economics of the booming 1990s through to the first years of the 21st century. There are important lessons for the future in trying to prevent this happening again, and psychiatrists have a role in what must be a multidisciplinary approach to analysing the behavioural aspects of such individual decision makers. To help raise funds for such research, the Daedalus Trust has been established (daedalustrust@hotmail.co.uk).

### About the author

**Lord David Owen** is a former Minister of Health, Foreign Secretary and EU peace negotiator in the former Yugoslavia. He trained as a neurologist at St Thomas’ Hospital before entering politics.

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# Mental states and political decisions

## Commentary on... Psychiatry and politicians<sup>†</sup>

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**Summary** The Owen/Russell thesis on the impact of mental illness on political leaders is considered. The importance of the issue is acknowledged. Using the examples of President Kennedy and the Shah of Iran it is argued that what constitutes good decision-making is contingent on circumstances and evaluated by outcomes. There are often alternative explanations to mental impairment for poor decision-making, and that hubris is not the only possible failing. Last, democratic systems have better mechanisms than authoritarian regimes to address the problems posed by leaders who are physically or mentally ill.

**Declaration of interest** None.

David Owen,<sup>1</sup> as interpreted by Gerald Russell,<sup>2</sup> has identified an important issue. We are dependent upon the good judgement of our political leaders, especially at times

of crisis and war. What are the consequences if they become ill, either physically or mentally, at such times? We know of instances of successful conspiracies to hide such conditions from colleagues and the public. This may be done in the belief that the individuals can cope even though in practice they cannot. When the problems are less obvious there

<sup>†</sup>See special article, pp. 140–145, and commentary, pp. 145–148, this issue.

might still be a risk of flawed mental processes leading to flawed decisions. In particular, Owen has identified a condition, which he calls 'hubris syndrome', which reflects an exaggerated belief by an individual in the quality of his or her judgement. Russell believes this deserves careful consideration as a clue to a serious potential problem at the heart of government. This is especially so because politicians are particularly prone to this syndrome. It reflects tendencies which may have helped them to attain power in the first place – the symptoms of high self-confidence and self-regard are considered quite normal in their profession.

### Ill health and decision-making abilities

Not being a psychiatrist myself, I am in no position to comment on whether hubris truly counts as a syndrome or to address questions of diagnosis or treatment. However, as a student of policy-making on war and peace, I can offer some observations on the potential impact of illness at the highest levels. It is not news that some key historical figures, including the British Prime Ministers Winston Churchill and Anthony Eden, have been seriously ill and sometimes in a poor mental state while responsible for very big decisions. Is there, however, invariably a close correlation between ill health and poor decision-making?

#### The case of President Kennedy

Russell cites John Kennedy as someone in whom there appears to be such a correlation. Kennedy's Addison's disease is well documented, for much of his presidency he suffered with back pain, and at times he was taking a dangerous cocktail of medicines. But it is hard to argue that his poor decisions on the Bay of Pigs conflict in April 1961 and his much better decisions during the Cuban Missile Crisis are related to the intensity of his illness. Applying the principle of Occam's razor, in effect that the simplest explanation is usually the correct one, it is possible to explain both decisions without recourse to Kennedy's health. In fact there is considerable continuity between the two cases in that in both, Kennedy was concerned about not appearing weak while trying to avoid escalation. First time round, in 1961, he inherited a policy that was well advanced and he did not interrogate properly the advice being given him by the Central Intelligence Agency and the military. Partly because of this, he was far more careful with the advice he was getting in 1962. Kennedy's improved performance is therefore best explained by the fact that he had been learning while in office, including becoming better at taking and evaluating advice. This is not to argue that his health was irrelevant. He was clearly both in pain and on poor form during the Vienna summit with Nikita Khrushchev in June 1961. But there is no evidence that he took wild or eccentric decisions as a result of any illness. His decisions, for good and ill, can be satisfactorily explained by reference to procedural and substantive factors without needing to consider his physical or mental state.

#### The Shah of Iran

The case of the Shah of Iran, which Owen discusses at length and Russell mentions briefly, raises a different issue. In 1978, with the country facing growing unrest, he was dying of cancer. He was anxious to keep his condition secret, although by the end of that year some began to suspect that he was deteriorating both physically and mentally. In retrospect it would seem that his condition affected him in two ways. First, he became anxious about his legacy and did not want to be associated with civil war. This led him to hold back when he might have taken a more robust response to the incessant demonstrations and strikes. Second, and related to this, as the crisis came to a head he vacillated, confusing both his loyal supporters and Washington and London. He dithered between opening up Iranian politics to the opposition and a ruthless clampdown, and so did neither. It is perfectly possible that if he had been in rude health he would have dealt with the challenge to his regime far more effectively, although it is not clear whether he had any good options by this stage. Moreover, the choices he faced were difficult and they were the result of years of poor decisions, including times when he was perfectly well. This case does confirm that when someone acquires the mantle of supreme leader their personalities become even more important. Being a supreme leader leads to isolation from the effects of decisions, and encourages advisors to be sycophants.

This certainly will encourage hubris. This is a form of arrogance recognised by the ancient Greeks, who made it a central theme of many of their tragedies. It is by definition a problem of the powerful that comes when they exaggerate their own capacity to manage affairs, in part because they have lost touch with reality. It is not hard to imagine why and how this can have dire consequences. Yet some of the symptoms described by Russell may be matters of opinion. How does one judge when self-confidence becomes 'excessive', or when actions which in one context might be bold in another appear as restless, reckless and impulsive, or the point at which moral rectitude should give way to practical prudence, or how much concern for image is disproportionate?

#### Defining good decision-making

What constitutes the benchmark for good decision-making? As behavioural economists have noted, it is unwise to assume rationality as the basis of any decision-making. Well-balanced individuals in positions of responsibility have to cope under time pressures and with imperfect information, often with conflicting objectives, depending on inefficient organisations and analytical assumptions that result in their own biases. So the baseline for the evaluation of the impact of human frailties is not perfect decision-making, in which objectives are clear, relevant information gathered and assessed, options weighed, decisions made and then properly communicated and implemented smoothly. In practice, even without the personal sources of non-rationality there are also bound to be bureaucratic and political reasons for confusion, incoherence and poor coordination.

Then we need to work out what sort of additional frailties we are addressing and how they are aggravated. Russell and Owen are concerned with forms of illness that slow down and distort mental functions. Yet even in those in otherwise robust health the pressures of crisis and conflict can take a toll. If the stakes are high, with lives at risk and national security imperilled, the process will be stressful. Fatigue can soon become a factor, when a crisis persists at a high tempo. And then even with the stakes not high and the tempo more relaxed personalities still make a difference. Some are abrasive and intimidating, deterring candid advice. Others get bored with detail. Yet others have trouble making up their minds and vacillate. For an official, a political leader who is arrogant but decisive might be preferable to one who is ultra-cautious. Hubris is not the only factor that might deserve a syndrome.

Certain personality traits, such as stubbornness and risk-taking, although quite dangerous in one setting can be inspirational in another (Churchill being an obvious example). Consider Margaret Thatcher, whose psychological make-up was the subject of much conjecture. She took an enormous gamble on the Falklands crisis in 1982. It happened to pay off but it might well have not done, in which case her recklessness (and short-lived premiership) would continue to be a subject of great debate. Her next major foreign policy gamble, to conclude that Mikhail Gorbachev as the incoming leader of the Soviet Union was a man she could do business with, was quite different in nature but also turned out to be a good call. She certainly displayed hubristic tendencies, especially at the end of her

premiership when dealing with Germany and the European Union. At this point her cabinet colleagues effectively forced her out of office.

This suggests two points. First, we might agree that it is best if political leaders are not actually deranged and psychotic, but when dealing with traits that come only into the moderately alarming category it is by no means self-evident that they will produce poor outcomes. Sometimes egomaniacs can get things right and it is the sound mainstream consensus that has missed the point. Second, in democratic societies at least there are mechanisms, undoubtedly imperfect, that can check and balance extreme political behaviour and can also provide reinforcement when a leader is indisposed. The problem is thus going to be much greater in repressive autocracies, where paranoia is institutionalised and any hubristic tendencies are going to be encouraged. Compare, for example, the impact of Winston Churchill's 'black dog' depression and the psychoses of his contemporaries, Hitler and Stalin.

### About the author

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