



Leadership in Covid-19 Era: From Hubris to Political Post-Traumatic Stress

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Abstract

In this opinion paper, we suggest the psychological stress that a political leader, faces when exposed to an unknown and stressful situation, as the COVID-19 pandemic, might influence dramatically the response of the leadership and the outcome of the crisis. The term hubris, from the classic Greek literature, referred to the transgression against the gods, that leads the person to disregard the divinely fixed limits. Hubris was also a civil and penal crime at least from the time of Solon's legislation (6th century BC), and any citizen could bring charges against the person. Nevertheless, now days hubris is used to describe personalities with extreme pride and overconfidence. This type of personalities uses immature coping mechanisms that might lead to the underestimation of a crisis, particularly when facing unknown and unpredictable results. The high levels of stress of the leader, under such conditions, might result to the development of a post-traumatic like behavior -the hubris syndrome- with dramatic outcome.

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Short commentary

Pandemics require more powerful global health governance [1]. Many countries see themselves as distinctive and therefore have handled the pandemic badly, leading to the paradox that countries considered as best equipped to confront a virus such as SARS-CoV-2, to be delivering some of the worst outcomes, as far as the confrontation of the Pandemic is concerned. Thus, the COVID-19 pandemic provides a natural experiment on the public health effects of hubris [2].

Discussion on diagnostic criteria for the demonstration of Hubris Syndrome (HS) in political leaders [3], as well as on further elaboration of the proposed factors that predispose to, or prevent from, the exacerbation of this Syndrome [4] comprises both scientific interest and responsibility for prosocial political behavior, given the fact that political leaders of current times, in the turmoil that the COVID-19 pandemic has caused, are asked to take hard decisions under extreme pressures and in settings that might enhance the "intoxication of power".



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A.J. Baker, 8 years since B. Russell had introduced the term “intoxication of power” [5], wrote about the malady of overconfidence which, in the dark years of World War II, was aptly to be called the “Victory Disease” [6]. According to this perception, a defeat in war can be traced back to the “virus” of irrationality and impulsiveness combined with a strong sense of opportunism. It is possible that such a consideration might be applied to the global battle against a true virus, like SARS-CoV-2, given the fact that eighty years after the outbreak of World War II, overconfidence in national specialness has led to lack of preparedness and prevented collaboration with global health agencies as far as the battle against COVID-19 is concerned. A form of the concept of positive illusion, or illusionary over-optimism, might be recognized in some leaders’ claiming that the virus would disappear “like a miracle” [2].

“Positive illusion” and “Depressive realism” hypothesis [7], may provide an explanation about why a country’s self-flattering image could have caused its leaders to underestimate its vulnerability to SARS-CoV-2.

A large amount of experimental psychological research has shown that normal individuals (i.e., with no depressive symptoms or other psychopathology) tend to be more optimistic than circumstances warrant [8], and often have an excessively unrealistic sense of control over their environment. This normal tendency has been termed “positive illusion”, as opposed to depressive realism [4,7].

A study comprising 50 students of psychology in Spain, has assessed the causality link between participant’s depressive mood and perceived control over a flashing rate that was pre-scheduled in a randomized sequence. A negative beta value β -0.27, indicates that for every single point that raised one participant’s Beck Depression Inventory (BDI) score, a decrease of 0,27 was observed to a 0 to 100 self-evaluation scale, that was used to assess perceived control judgment. Those results suggest that the higher the participant’s BDI score was, the lower the control judgment. In other words, the more depressive one subject was, the more realistic his perception of control became [9].

A meta-analytic review on depressive realism, analyzing 75 relevant studies and comprising 7305 patients, indicates that both dysphoric/depressed individuals and nondysphoric/non-depressed individuals evidenced a substantial positive bias, with this bias being larger in nondysphoric/nondepressed individuals [10].

Hubris Syndrome is often characterized by unrealistic judgments made by leaders, which lead to mistaken and harmful decisions [11]. Those decisions can be destructive in a much more massive scale in the era of SARS-CoV-2, since in now times good leadership and skilled decision making have become crucial for public health and welfare, leaving no space for arrogance, extreme optimism, or reckless incompetence.

We might also bring forward the hypothesis that some governmental considerations of allowing the virus to spread in pursuit of herd immunity could be attributed to diminished empathy of the political leaders in head of these governments.

Mania, which classically happens as part of bipolar disorder, is associated with decreased empathy [7]. Another study presents comparative results from a sample of 21 bipolar patients, 21 first-degree relatives and 21 healthy controls, indicating that the ability to take the perspective of another person in an emo-

tional situation decreased with increasing severity of residual hypomanic symptoms [12].

At the same time, power is a state of stress. It can even be a psychologically traumatic experience when there is a high degree of stress, as in a war or a political crisis. Thus, leaders can experience a political post-traumatic symptomatology, becoming increasingly anxious and fearful, mental states that might predispose to HS by leading to a “bunker mentality” [3] in which one’s opponents are unrealistically demonized. Extensive psychological research exists on risk and protective factors of PTSD after major life trauma [13-15]. Premorbid temperament is important: High neuroticism (being very anxious) predicts more PTSD and hyperthymic temperament (mild manic symptoms) predicts less PTSD. Thus, if PTSD is a risk factor for HS, manic symptoms would decrease, and anxious symptoms would increase, risk of HS [4,7].

Although mania is associated with decreased empathy and hence by itself is a risk factor for HS, there is one scenario in which manic symptoms can be a protective factor for HS, when combined to PTSD symptoms [7]. Studies have shown that hyperthymic temperament (mild manic symptoms) is a protective factor against PTSD [13,14]. Such persons, after trauma, are resilient and do not develop the anxiety and depressive symptoms of PTSD. They may be more likely to be able to manage the stresses of power without developing extreme anxiety and fear, which predisposes to HS [4,15,16].

Among the specific traits of hyperthymic temperament is the strong sense of humor. Humor has long been identified as possessing an important psychological value, whether in expressing sensitive, unconscious ideas [17-20] or puncturing formal pomposity, as with the jokers of medieval courts [20]. Excessive seriousness often hides poverty of thought; humor can express potentially unpopular ideas in socially acceptable ways. Hence a robust sense of humor may be somewhat protective against HS.

As we have already emphasized, leadership during periods of crisis, like the emerging outbreak of COVID-19, certainly involves a high amount of personal stress. Indeed, the experience of crisis leadership can be traumatic, and if it produces post-traumatic stress like symptoms, a leader might be prone to HS features [4]. As far as leadership in the era of SARS-CoV-2 is concerned, focusing on the way nations translate reality and basically see themselves could help to develop a more accurate metric for national readiness to fight disease [2]. Given the fact that one of the HS diagnostic criteria is conflation of self with the nation [3], we might understand why in current situations, overconfidence in national specialness has limited opportunities to learn from the experience of other countries [2].

Realism has to do with the way nations and leaders see themselves and empathy is identified with the ability to imagine how would be if you took someone else’s position and perspective. This approach supports the conclusion that exceptionalism driven countries will be less likely to learn from other nations [2]. A final putative HS feature is the personality trait of neuroticism [4]. In relation to leadership, baseline anxiety, as part of one’s personality trait of neuroticism, would be predicted to impair leadership in times of stress, like the COVID-19 era.

The ability to maintain a robust sense of reality, especially regarding one’s ability to control the environment, is central to avoiding HS. Realism can constrain impulsivity that leads to excessive risk-taking [11]. As described previously, there is an

extensive literature in experimental psychology for over three decades that correlates enhanced realism with mild depression [8,10,21,22,23,24]. Depression has been associated with increased empathy in some psychological studies with severely depressed patients demonstrating higher scores on empathy than controls [25]. Thus, leaders who have experienced depression in the past may be more equipped to avoid an attitude of unconcern and contempt for others in the setting of power.

The devastating effects of HS should be taken under thorough consideration in the era of the COVID-19 pandemic, during which, more than ever, the world needs responsible political leadership, evidence-based decision-making and co-ordinated global health action. As exceptionalism predicts worse performance in disease control, instead of relying on untested assumptions about preparedness, political leaders should refrain from over-confidence and extreme optimism and focus on developing new innovative communication, mitigation and health care approaches, particularly in the era of social media [2].

Often, political leaders' views are repeated by aides and yes-men and alternative views can easily be ignored or dismissed as heretical. Their position gives them the power to ignore negative messages, or - more probably - they are less likely to get those messages in the first place. Once leaders attain power, the world gives them less and less realistic feedback, which can inflate a preexisting normal mild positive illusion into full blown HS [7].

Premorbid narcissistic traits might also make an individual less protected against the intoxicating effect of power, leading to a hubristic climax of his behavior, while narcissism in actor-politicians makes the hero role all but irresistible [3].

The aspect of tracing specific predisposing personality characteristics that might increase the relative risk of an individual to manifest hubristic behaviors after being exposed to a condition that enables him to exercise unrestrained power for a significant period of time, becomes even more foggy if we take in consideration that, when distorted, those personality characteristics become abnormal behaviors which would also qualify the person for a diagnosis of a Cluster B personality disorder (according to DSM-5) and specifically, narcissistic personality disorder, antisocial personality disorder or histrionic personality disorder [26].

As leadership at the highest level of government is crucial in quickly averting the worst outcome of this pandemic, a less hubristic leadership can be one of the hidden keys in tackling the spreading of SARS-CoV-2 and relative crisis situations, bringing forward the scientific interest on HS risk and protective factors.

It would be a challenge for researchers to compare public-health outcomes, in the era of SARS-CoV-2 outbreak, between countries being governed by male or female leaders, and between male and female Ministers of Health, or those in power of taking crucial decisions to confront the virus, given the fact that testosterone is associated with increased opportunity seeking, while cortisol leads to more risk-avoiding behaviors [27-29]. Some early research on risk-taking in investment decision-making indicates that measured elevated testosterone serum levels in male bond traders are associated with more risky investment decisions [16,27,28,29]. To the extent that such risk taking involves unrealistic assessment of the environment, it could represent a risk factor for HS.

As described previously, just as testosterone may increase

impulsive risk-taking, the absence of testosterone may decrease it. Early studies on investment patterns indicate that women traders are more risk-averse in their investment decisions [27].

Conclusion

Leadership and decision making in COVID-19 era had shifted scientific interest to Hubris Syndrome and to political behaviors that may be attributed to post-traumatic symptomatology, considering the exercise of power in circumstances of public health crisis as a traumatic event. HS might be kept as a separate category best diagnosed in the absence of any known illness and described as a change rather than a disorder, as it was done for Post-Traumatic Stress Disorder which is also acquired and took many years to be recognized.

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