It is unusual for politicians to demonstrate an active interest in science. What brought you to become personally involved in scientific research?

I was a doctor of medicine and did research into neuroscience before I became an MP. Indeed, for two years I went on working in my laboratory at St Thomas’s after I was elected. In those days Parliament did not get started much before early afternoon and I worked in the mornings, then crossed Westminster Bridge and went into the House of Commons until late at night. I was still a bachelor and it was quite convenient. Interestingly, my original work was with David Marsden who later became Professor of Neurology at the National Hospital, Queen’s Square and was awarded an FRS. We researched adrenergic betablocking that consisted amongst other things of injecting adrenaline suitably diluted first into ourselves and then into volunteers.

I started returning to science in 1996 when I went on the board of Abbott Laboratories based in Chicago, and until I left the board in 2011 I took a special interest in the research programme and used to spend half a day at least once a year with the research team going over their work prior to a formal board meeting.

In 2002 I began to write and speak on the effects of serious illness in heads of government including what I call hubris syndrome or, in Bertrand Russell’s words, the damaging consequences of those suffering with ‘intoxication of power’. A paperback entitled The Hubris Syndrome: Bush, Blair and The Intoxication of Power was published in 2007 and a more substantial book the following year In Sickness and In Power: Illness in Heads of Government over the Last 100 years, both of which have since been revised and updated and the ebook version will be available this summer.

Why is hubris such a vital construct? Hubris as a concept is as old as history and much of the earlier writing comes out of Greek mythology. The distinguishing feature of hubris syndrome is that it is confined to people who have no mental illnesses and who could be said to have been ‘normal’ personalities. It is an acquired personality change involving people in positions of power who display personality change where a normal level of hubristic behaviour is accompanied by 14 signs and symptoms that I elaborated on in an article in Brain in 2009, which I co-authored with Professor Jonathan Davidson, then Professor of Psychiatry and Director of the Anxiety and Traumatic Stress Program at Duke University.

Some see hubris as nothing more than the extreme manifestation of normal behaviour along a spectrum of narcissism. Others simply dismiss hubris as an occupational hazard of powerful leaders, politicians or leaders in business, the military and academia – an unattractive but understandable aspect of those who crave power. Hubris can be formulated so that it becomes appropriate to think of hubris in medical terms, but it needs a wider perspective, psychology in particular.

Physicians and psychiatrists can help in identifying features of hubris and so can trained mentors or non-executive directors in business contribute to designing legislation, codes of practice and democratic processes to constrain some of its features. Neuroscientists can discover through brain imaging, blood and urine tests more about the presentations of abnormal personality. A certain level of hubris can indicate a shift in the behavioural pattern of a leader who then becomes no longer fully functional in terms of the powerful office held. Extreme hubristic behaviour is a syndrome, constituting a cluster of features (‘symptoms’) evoked by a specific trigger (power), and usually remitting when power fades.

In defining the boundaries, hubris syndrome is not the same as narcissistic personality disorder, a subtype of NPD or a separate entity. However as shown in the table opposite, seven of the 14 possible defining symptoms are also among the criteria for NPD in DSM-IV, and two correspond to those for antisocial personality and histrionic personality disorders. The five remaining symptoms are unique, in the sense they have not been classified elsewhere: conflation of self with the nation or organisation; use of the royal ‘we’; an unshakeable belief that a higher court (history or God) will provide vindication; restlessness, recklessness and impulsiveness; and moral rectitude that overrides practicalities, cost and outcome. In making the diagnosis of hubris syndrome in Brain we suggested that three or more of the 14 defining symptoms should be present of which at least one must be amongst the five components identified as unique.

What progress are we making in understanding major recurrent failures in political leadership? The importance of hubris syndrome is that because the people who develop it
hold powerful positions the effects of their hubris can be widespread and in some cases extremely damaging on people’s lives and livelihood. There is growing evidence that some of the intoxicants are neurotransmitters like dopamine and serotonin and substances produced in the endocrine system of the body like cortisol and testosterone. Major failures in political leadership are easier to study than in leaders of other professions because politicians write about themselves and there is extensive coverage of their lives in books, articles, interviews – both oral and visual. The recurrent features which have given rise to concern are well illustrated by the decision making of President Bush and Prime Minister Blair, particularly in the period leading up to the 2003 Iraq War. Their abject failure to anticipate the consequences of the war and their belief that an invading force would be hailed as heroes were, in essence, hubristic. It is typical of hubris that there is a gross overestimation of the likely achievement and an underestimation of the risks and likelihood of failure. It is also often associated with a distinctive form of hubristic incompetence of which the appalling failure to plan for the aftermath of the invasion is the prime example. Not to anticipate the insurgency, to reduce the level of troops that needed to be involved in nation building, all contributed to a destabilisation and fragmentation of Iraq. This has come back to haunt us in the growth and advance of ISIS from Syria into Iraq and their claim to a caliphate in what they call the Levant where the objective is to go back in time to a simpler life under Sharia law. There is nothing unique, however, to politicians about developing hubris. In business life the global crisis of 2008 had within it its contributing factors the actions of many senior investment bankers and Wall Street market manipulators. Personality research has already begun on figures in crucial positions such as Dick Fuld of Lehman Bros, Fred Goodwin at RBS and senior managers of HBOS.

Where do you think that we should be focusing future research on this topic? Future research is a subject that is foremost in the activities of the Daedalus Trust which I and others founded for the purposes of conducting multidisciplinary research over at least a 10-year timescale. The Daedalus Trust does not have a specific research agenda of its own but it funds in part or in whole research projects that are first subject to peer review. We are not wedded to any one strand of research seeing merit in neurobiological research, psychological research, even anthropological research. We believe risk is a central element in both our working life and our leisure. In Greek mythology, Daedalus advised his son Icarus to be bold enough to fly but not to fly so high that the sun’s heat would melt the wax of the wings he had fashioned for him. Thrilled by his initial aerobic successes, Icarus ignored his father’s advice and paid the ultimate price – a sobering demonstration of unjustified self-confidence and the absence of caution.

The Daedalus Trust wants to encourage interdisciplinary studies on the detrimental effects of exposure to power, and into the avoidance of reality and growth of a ‘yes’ culture that may often accompany such power whilst recognising the positive as well as the negative consequences of confident, charismatic leadership and the opportunities as well as the risks of what have been described as the ‘animal spirits’ that characterise markets, politics and other power relationships. Research is needed on how organisations can develop and maintain positive behavioural risk management practices, yet identify current policies and rules that encourage overly risky behaviour. Also whether formal rules to govern decision-making processes might reduce the risk of disastrous decisions while facilitating better and speedier decision making across the organisation. These are all issues of interest to your readers.

How will delegates benefit from attending the forthcoming conference organised by the Daedalus Trust in conjunction with the BPS and the Royal Society of Medicine? We are delighted to work with BPS on what will be our third annual conference. In previous years we have worked with the RSM on the neuroscience of hubris and with Cambridge Judge Business School on leadership and hubris. This year the conference will focus on stress and hubris, and the conference has an excellent programme of speakers that we will be announcing over the forthcoming days. Our keynote speaker will be Andy Haldane, the recently appointed chief economist of the Bank of England who has written very interestingly about behavioural economics. Adrian Furnham will speak on the psychology of leadership derailment and John Coates on the biology of workplace stress. We also have Jon Snow speaking on the role of the media in encouraging charismatic leadership. Each delegate will benefit in their own individual way in terms of their experience and interest and relevance to their own particular role within occupational psychology and there is plenty of scope for participation for those attending. [Details of the conference to be held on 17 November in London can be found at tinyurl.com/p28gsd].

Symptoms of hubris syndrome

Proposed criteria for hubris syndrome, and their correspondence to features of cluster B personality disorders in DSM-IV

1 A narcissistic propensity to see their world primarily as an arena in which to exercise power and seek glory; NPD.6
2 A predisposition to take actions that seem likely to cast the individual in a good light—i.e. in order to enhance image; NPD.1
3 A disproportionate concern with image and presentation; NPD.3
4 A messianic manner of talking about current activities and a tendency to exaltation; NPD.2
5 An identification with the nation, or an organisation to the extent that the individual regards his/her outlook and interests as identical; [unique]
6 A tendency to speak in the third person or use the royal ‘we’; [unique]
7 Excessive confidence in the individual’s own judgement and contempt for the advice or criticism of others; NPD.9
8 Exaggerated self-belief, bordering on a sense of omnipotence, in what they personally can achieve; NPD.1 and 2 combined
9 A belief that rather than being accountable to the mundane court of colleagues or public opinion, the court to which they answer is history or God; NPD.3
10 An unshakable belief that in that court they will be vindicated; [unique]
11 Loss of contact with reality; often associated with progressive isolation; APD 3 and 5
12 Restlessness, recklessness and impulsiveness; [unique]
13 A tendency to allow their ‘broad vision’, about the moral rectitude of a proposed course, to obviate the need to consider practicality, cost or outcomes; [unique]
14 Hubristic incompetence, where things go wrong because too much self-confidence has led the leader not to worry about the nuts and bolts of policy; HPD.5

APD = Anti-social personality disorder
HPD = Histrionic personality disorder
NPD = Narcissistic personality disorder