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## *Psychopathography of leadership*

### **Abstract**

This paper aims to analyse how mental health problems impact leadership. Beyond the repercussions certain personality types have on the effectiveness of leadership, the factors that cause it to emerge are also studied.

A number of historical leaders have had documented mental health problems, sometimes related to personality disorders. Many have been chosen by their supporters precisely because of the traits that identify these disorders. On other occasions, the stressful circumstances associated with leadership have led to various symptoms.

One syndrome associated with ineffective and 'malign' leadership performance is 'Hubris Syndrome'. This has been related, and even assimilated, to narcissistic personality in leaders. This personality type leads to impulsive and risk-taking behaviour, with overestimation of resources, as history attributed, for example, to Hitler.

There are, however, other mental health problems, such as depression, whose negative impact on leadership is not fully accepted, as some authors consider that these leaders can be effective in crisis management. They also tend to be easily chosen by their followers due to their empathetic character, which builds trust. In organisations, however, they do not pass exhaustive selection processes due to the stigma associated with this type of trait.

Different theses have been put forward to explain the behaviour of leaders, but rarely from this psychopathographic approach.

### **Keywords**

Leadership, personality, psychopathography, Hubris syndrome, narcissism, decision-making.

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## Introduction

For centuries, experts in different fields have studied the qualities of the most relevant leaders of all time in order to discover what sets them apart, what awakens in their supporters the desire and motivation to follow them. In this endeavour, the positive qualities of leaders in different contexts have been identified, forgetting the negative qualities, that ‘dark side’ that can be as decisive in their leadership as the rest of their personality. In fact, leadership failure is often more related to the negative qualities that the leader possesses than the positive qualities that he or she does not possess<sup>1</sup>. Recruitment tools often assess these positive aspects, when, for example, people with narcissistic traits and those with psychopathic traits score well in recruitment processes, as they are ‘experts’ in creating immediate favourable impressions<sup>2</sup>.

Paulhus and Williams<sup>3</sup> identified three destructive personality types, collectively referred to as the ‘Dark Triad’, consisting of ‘clinical’ and ‘subclinical’ forms of narcissism (defined by a sense of vanity, superiority, dominance, and a need for agency), Machiavellianism (described by the use of charm, manipulation, strategy, or misrepresentation towards others) and psychopathy (defined by impulsiveness, emotional coldness, aggressiveness or lack of empathy). The combination of any of these personality types with power can create social and business disasters, according to these authors.

Some classic social psychology studies, as conducted by Zimbardo at Stanford University for example<sup>4</sup>, showed how ‘normal’ people who are given power can become emotionally cold and distant, less empathetic and more self-centred. It is therefore not difficult to think of what happens to narcissistic, antisocial (people who tend to harass,

1 Hogan, R. and Hogan, J. (2001). Assessing leadership: A view from the dark side. *International Journal of Selection and Assessment*, no. 9(1-2). Pp. 40-51.

2 Hogan, R. and Kaiser, R.B. (2005). What we know about leadership. *Review of General Psychology*, no. 9, pp.169-180.

3 Paulhus, D.L. and Williams, K.M. (2002). The dark triad of personality: Narcissism, Machiavellianism, and psychopathy. *Journal of Research in Personality*, no. 36, pp. 556-563. Accessible at: <https://www.sciencedirect.com/science/article/abs/pii/S0092656602005056>

4 The Stanford prison experiment owes its name to the fact that this simulated prison was built in the basement of Stanford University’s School of Psychology. One group of people was randomly assigned to the role of guard and others to the role of prisoner. A video recording meant everything that was happening could be continuously observed. The experience was initially planned to last two weeks, but the violence of the guards’ behaviour towards the prisoners made it advisable to interrupt it before the end of the first week. The behaviours observed in both roles (guard and prisoner) have been interpreted by many authors as ‘prescribed role behaviour’. A full description of the original experiment can be found in: Zimbardo, P.G. (1971). The power and pathology of imprisonment. *Congressional Record*, No. 15. 25 October. The article can be accessed at: <http://pdf.prisonexp.org/congress.pdf>. And the experiment is accessible at: <https://www.prisonexp.org/spanish/conclusion>

manipulate or treat others with cruelty and indifference, without guilt or remorse) or histrionic (theatrical people, who use dramatisation to be the centre of attention) personalities, who are in positions of leadership.

But also psychological pressure from aspects such as loneliness of command, addiction to power or fear of envy can contribute to dysfunctional behaviour in the leader, causing stress, anxiety or depression, which in turn can lead to irresponsible and irrational behaviour that affects the culture and decision-making patterns of an organisation<sup>5</sup>.

A historic event recorded by George Washington's biographers tells of his attempt to commit suicide after a nervous breakdown when he saw militiamen fleeing in panic at Kip's Bay. The then Commander Washington was paralysed as dozens of British soldiers attacked him; it was his aides who rescued him. One of his generals later said that Washington was so upset by the conduct of his troops that he sought death<sup>6</sup>. The nervous breakdown of this historic figure may illustrate the extent to which brilliant leaders can freeze under pressure.

However, some authors argue that in times of crisis, the best leaders are not precisely those with the best mental health<sup>7</sup>. In his book *A First Rate Madness*, psychiatrist Nassir Gahemi maintains that some types of psychopathologies, such as depression, have positive effects on exercising leadership, as they are usually accompanied by empathy, creativity, resilience and realism. According to this author, the stigma attached to depression and other mental disorders prevents people from seeing their positive side. While people with psychopathic and narcissistic personalities, whose leadership can be devastating, are easily selected in recruitment processes, people with melancholic or depressive personalities are discarded, especially for positions of responsibility.

In the same vein, Roy Porter<sup>8</sup> notes that, between 1776 and 1974, 49% of US presidents had suffered from some mental disorder (24 had depression, 8 had bipolar disorder, and 8 alcoholism). They include: Abraham Lincoln (with psychotic depression), Theodore Roosevelt (with bipolar disorder), Dwight Eisenhower and Lyndon Johnson (these last two with depression).

At this point, it may be interesting to briefly reflect on how different heuristics (understood as the search for problem-solving through non-rigorous methods) affect

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<sup>5</sup> Kets de Vries, M. (2004). Dysfunctional Leadership. In George R. Goethals, Georgia J. Sorenson and James Macgregor Burns (eds.). *Encyclopedia of Leadership, Volume 1*. London, SAGE Publications. Pp. 368-372.

<sup>6</sup> Schenawolf, H. (2015). Battle of Kip's Bay: An American Disaster that Nearly Cost Washington's Life. *Revolutionary War Journal*, 3 April. Available at: <http://www.revolutionarywarjournal.com/kips-bay/>

<sup>7</sup> Gahemi, N.A. (2011). *First-Rate Madness*. New York, The Penguin Press.

<sup>8</sup> Porter, R.A. (1999). *Social History Madness: The World Through the Eyes of the Insane*. London, Orion Publishing.

decision-making, according to narcissistic or depressive personality styles or patterns. Table 1 presents these personality patterns together with the decisional biases that could be attributed to them<sup>9</sup>. In both cases, biases occur by exaltation or minimisation, as a quick way to resolve situations, using short-cuts to reduce uncertainty and anxiety.

Generally speaking, narcissistic personalities tend to rush into decisions without considering all the information, interpreting data according to their own convenience. These risky decisions would rely on biases such as overconfidence, perceptual selection, confirmation bias, optimistic illusion or illusion of control.

**TABLE 1. DECISIONAL BIASES IN NARCISSISTIC AND DEPRESSIVE PERSONALITY PATTERNS**

HEURISTIC / COGNITIVE BIAS	NARCISSISTIC PERSONALITY	PERSONALITY WITH A DEPRESSIVE TENDENCY
<b>Representativeness heuristic (related to selective abstraction).</b>	They will only take into account data that are in their interests and/or strengthen their image. Decision-making will be flawed because it is based on the wrong data.	Propensity to make negative generalisations about the present and future, based on past misfortunes. This leads to passivity and inaction in decision-making.
<b>Insensitivity to the prior likelihood of outcomes (related to polarised thinking)</b>	Overlook prior likelihood, and objective data in general, because they have an overly optimistic view, which always biases data towards the option that is most favourable to their interests. Their decision-making is therefore not based on objective data and will be overestimated.	Overlook prior likelihood, and objective data in general, as they have a pessimistic view that always biases data towards the worst probability. Their decision-making is therefore not data-driven, considering only worst-case scenarios, which slows down the implementation of initiatives but which in crisis situations may be desirable.
<b>Law of 'small' numbers (related to overgeneralisation).</b>	Little data will be enough for them to dismiss negative forecasts, taking risky decisions.	Overestimation of the extent to which small samples are representative of the population. Because of their pessimism, with small incidents they will take precautionary measures, which can sometimes block the course of negotiations or initiatives, but which in crisis situations is useful as they anticipate problems, taking precautionary measures very early.

<sup>9</sup> Table 1 is an adaptation by the author, based on the two personality types, following the heuristics and biases proposed by Urrea, J.A., Medina, A.F. and Acosta, A.A. (2011). Heurísticos y sesgos cognitivos en la dirección de empresas: un metaanálisis [Heuristics and cognitive biases in business management: a meta-analysis]. *Rev. Venezolana de Gerencia*, No. 55. Pp. 390-419. Accessible at: <https://www.redalyc.org/pdf/290/29020561004.pdf>

<b>Regression effects</b>	They interpret a causal relationship, in things that are related, without one influencing the other, but which supports arguments to move forward in action, given the impulsiveness and low reflection of these people.	A causal relationship can be interpreted to give a negative and pessimistic explanation of things. Decision-making based on assumed relationships between variables will lead to significant errors.
<b>Chance effects</b>	They do not consider chance in their decisions, they drive the situation.	Estimating a random sequence as representative, as they present external locus of control, i.e. they do not perceive control over what happens to them and suffer from helplessness. Their decision-making will be based more on chance than on real probabilities.
<b>Availability heuristic and proximity bias</b>	Only use quick, recent and easily accessible information that supports rapid decision making.	They are not affected by this heuristic. Even with a negative bias, they analyse everything many times.
<b>Confirmation bias</b>	They will always seek information that confirms the decisions they have already taken.	Tendency to seek information that confirms previous views. So decision making will always confirm the worst-case scenario (this can be useful in crisis situations).
<b>Illusory correlations</b>	Tendency to relate unrelated events under illusion.	They are not affected by this bias
<b>Anchoring and adjustment heuristic</b>	Adjusting estimates based on a baseline estimate, which may be wrong, but which is in their interest to keep in order to maintain their forecasts and decisions as they do not accept errors.	Adjustment is viewed as negative.
<b>Conservatism bias (related to labelling)</b>	Similarly, they do not review new information so as not to have to acknowledge mistakes or change decision-making.	Estimates are not revised based on new information. So decision-making was prejudiced.
<b>Overconfidence</b>	Overestimation of one's own abilities. They will confidently make decisions, even when strongly discouraged by others.	They are not affected by overconfidence, quite the opposite. Hesitating to make decisions.
<b>Illusion of control</b>	Maintaining an expectation of success higher than the objective probability.	They have no illusion of control.
<b>Optimistic illusion</b>	Tendency to maintain unrealistic optimism about the future. Decision-making under this prism will not consider the associated risks or negative consequences.	They have no illusion of optimism.
<b>Selective perception (related to the representativeness heuristic)</b>	They only perceive what is of interest to them.	Beliefs and schemas that filter perception, only paying attention to negative aspects. Decision-making does not, therefore, cover all possible options.

<b>Illusion of personal identification</b>	Overestimation of level of control over outcomes.	They generalise their thoughts and feelings to others. Decision-making will not contemplate that the outcomes will affect others differently from themselves.
<b>Hindsight bias</b>	They are not affected.	Tendency to rationalise past events, which can make decision-making very difficult.

People in a depressed state of mind, however, lack this confidence, have a negative view of the world and analyse everything a lot, take longer to decide; they do not rush, but are very cautious, so cautious that they can sometimes paralyse action.

In crisis situations that may cause stress or uncertainty, the response will tend to be more instinctive and less rational<sup>10</sup>. Along these lines, research<sup>11</sup> has shown that stress impairs overall decision-making performance through reward-seeking mechanisms, i.e. dopamine production (a neurotransmitter that stimulates areas of the brain linked to instinctive response and leads to dependence on immediate rewards, thus increasing willingness to take risks)<sup>12</sup>. It is at these moments that the personality can become unbalanced and lose control, sharpening its traits<sup>13</sup>. Therefore, in uncertain environments, people with narcissistic traits will show more than ever their arrogance; people with depressive tendencies their pessimism; people

10 Morgado, P., Sousa, N. and Cerqueira, J.J. (2015). The impact of Stress in Decision Making in the Context of Uncertainty. *Journal of Neuroscience Research*, No. 93. Pp. 839-847. Accessible at: <https://core.ac.uk/download/pdf/154273759.pdf>

11 See: Starcke, K. and Brand, M. (2016). Effects of Stress on Decisions Under Uncertainty: A Meta-Analysis. *Psychological Bulletin*, Vol.142, No.9, pp. 900-933.

12 For a review of biological bases, see: HERMANS, E.J., *et al.* Dynamic Adaptation of Large-Scale Brain Networks in Response to Acute Stressors. *Trends in Neurosciences*, Vol. 7, No. 6, pp. 304-314.

13 As Esbec and Echiburúa state, personality traits are defined as 'persistent patterns of ways of perceiving, relating to and thinking about the environment and oneself, which are manifested in a wide range of social and personal contexts'. 'Personality traits only become personality disorders when they are inflexible and maladaptive, pervasive, early-onset, resistant to change and cause significant functional impairment'. It should be noted that, although previous editions of the diagnostic reference manual published by the APA included 'Depressive personality disorder' as a criterion for further study, the current manual — DSM 5 — does not include it. The personality disorders included in DSM 5 are: paranoid, schizoid, schizotypal, antisocial, borderline, histrionic, narcissistic, avoidant, dependent, obsessive-compulsive and unspecified (which includes pathological traits of negative affectivity). On the other hand, depressive disorders are a separate diagnostic category according to this manual. For a more comprehensive review, see: American Psychiatric Association (2000). *Diagnostic criteria from DSM-5*. Washington, DC: APA. Esbec, E. and Ec Heburúa E. (2011). La reformulación de los trastornos de la personalidad en el DSM-V [The reformulation of personality disorders in the DSM-V]. *Actas Esp. Psiquiatría*, No. 39(1), pp. 1-11.

with histrionic traits their theatricality; and those with psychopathic traits their malignance<sup>14</sup>.

For all of the above reasons, the psychopathography of leadership, understood as the description of mental illnesses in leaders, is of great interest when it comes to being able to delimit the repercussions of the behaviour of some leaders with certain personality types, especially in situations of stress and crisis.

### The mental health problems of historic leaders

As mentioned, in studying the biographies of great leaders in history, Gahemi and Porter have found that a high percentage of them suffered from mental health problems, in many cases prior to their leadership. They include Mahatma Gandhi, Martin Luther King or John F. Kennedy, as well as those considered among the best presidents of the United States, such as Lincoln and F. D. Roosevelt. It is said of Gandhi, for example, that as a young man he was anxious and shy, adapting these characteristics to his ideals so that he understood pain and his opponents.

In the same vein, one of the most relevant episodes of the 20th century stands out, between Stalin, Churchill and Roosevelt, as presidents of the governments of the Soviet Union, the United Kingdom and the United States, respectively, in February 1945 during the Yalta Conference to reach the agreements that would eventually be considered the beginning of the Cold War. The future of a large part of the world was thus left in the hands of three political leaders, whose mental and physical health problems are documented in various sources.

According to Roy Porter<sup>15</sup>, Churchill suffered from bipolar disorder (a mental illness that causes extreme mood swings, ranging from mania to depression, which had earned him a reputation as grumpy and bad-tempered) and Roosevelt from depressive disorder (characterised by constant sadness, affecting emotions, thoughts and behaviour), while Stalin suffered from paranoid disorder (characterised by a pattern of mistrust and suspicion, which made him believe that he was being targeted for assassination). For all these reasons, some historians believe that the first two ceded too many conditions to the third during the aforementioned Conference.

However, despite his alleged depression, Franklin Delano Roosevelt was the only US president to win the presidential election four times. Diagnosed with polio caused from an infection contracted while swimming in Lake Maine, aged 39. His biographers say that his character changed as a result of his illness and mobility problems, allowing

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<sup>14</sup> Leading authors in psychology identify several types of psychopathy, one of which is related to malignant and destructive behaviour. See: Millon, T. and Davis, R.D. (1998). Ten subtypes of psychopathy. In T. Millon, E. Simonsen, M. Birket-Smith, & R. D. Davis (eds.). *Psychopathy: Antisocial, criminal, and violent behaviour*. The Guilford Press. Pp. 161-170.

<sup>15</sup> Porter, R. *Op. cit.*

arrogance to give way to empathy and melancholy. At the age of 50, F.D. Roosevelt became the 32nd President of the United States. In those years he already had problems with blood pressure, which would eventually degenerate into the cerebrovascular disease that would cause his death a few months after the Yalta Conference, and a few days before the end of World War II. We now know that people exposed to a high level of stress are more likely to develop vascular diseases<sup>16</sup>.

One might ask why such leaders are elected in difficult times. The answer may be that they generate trust given their high degree of empathy and sensitivity to the problems of others. But equally, one might ask why people with this type of profile are seduced by leadership: the explanation may lie in biochemistry. As already discussed, social recognition would act as a reward, boosting the production of dopamine, a feel-good neurotransmitter that in people with depression is a good hook for this type of behaviour. It is conceivable that dopamine rises for an unexpected reward, for an expected reward, dopamine secretion in the brain is unaffected, and for a missed expected reward, dopamine falls. Dopamine released in the brain produces a feeling of pleasure, so we could think that in situations of unexpected recognition and reward, people with depression experience a well-being that they do not usually enjoy due to their psychological imbalances. Dopamine production in subjects with narcissistic traits, however, may eventually lead to megalomania, as will be discussed below.

On the other hand, and despite Gahemi's thesis on the effectiveness of depressive personalities in crisis situations, the depletion of resources and ego would be conceptually incompatible with some dimensions of leadership. Leading authors<sup>17</sup> state that subordinates report abusive supervision in bosses with depression and non-clinically manifested anxiety. The uncertainty and ambiguity generated by anxiety in such leaders could lead to unethical behaviour<sup>18</sup>.

## Psychopathy and Leadership: Hubris Syndrome

Certain leadership styles have sometimes been linked to psychopathic behaviour, given the questionable ethics of some organisational managers<sup>19</sup>. It seems logical to

16 Ramírez-Moreno, J.M. and Millán-Núñez, M.V. (2017). Franklin D. Roosevelt. Un enemigo silencioso y el curso de la historia [Franklin D. Roosevelt. A Silent Enemy and the Course of History]. *Neurosciences and History*, No. 5 (4), pp.128-135. Accessible at: [http://nah.sen.es/vmfiles/abstract/NAHV5N42017128\\_135ES.pdf](http://nah.sen.es/vmfiles/abstract/NAHV5N42017128_135ES.pdf)

17 BYRNE, A., *et al.* (2014). The depleted leader: The influence of leaders' diminished psychological resources on leadership behaviors. *Leadership Quarterly*, No. 25, pp. 344-35.

18 Barling, J. and Cloutier, A. (2017). Leaders' Mental Health at Work: Empirical, Methodological, and Policy Directions. *Journal of Occupational Health Psychology*, Vol. 22, No. 3, pp. 394-406.

19 One of the authors with most research into this topic is Clive R. Boddy, who has found empirical evidence of the behaviour of organisational psychopaths, including bullying, fraud and general unethical behaviour. For a review of his findings see: Boddy, C.R. (2015). Organisational Psychopaths: A Ten Year Update. *Management Decision*, Vol. 53, No. 10, pp. 2407-2432.

think that bad things are caused by bad people, but is there empirical evidence for this?

As Clive Boddy<sup>20</sup> notes, psychopaths have no conscience or empathy, they are manipulative, lying, ruthless, calculating and remorseless, and use arrogance and charm to climb the organisational hierarchy using their networking skills. The charisma and charm of people with such traits can be attractive and, as Babiak and Hare maintain<sup>21</sup>, psychotic behaviour can appear to have leadership qualities (taking charge, making decisions and getting others to do what you want). On the other hand, high-risk and fast-paced environments are particularly attractive to psychopaths. These authors also point out that psychopaths can slip into corporate structures and remain undetected for a long time. During this period, they can become quite powerful and do a lot of damage.

Psychopaths represent approximately 15% of the prison population and can be described as sociopaths or as having an antisocial personality disorder, similar to and often confused with, psychopathy<sup>22</sup>. Babiak, Neuman and Hare<sup>23</sup> found that 3.9% of executives at seven international companies had psychopathic traits, when prevalence in the general population is 1%. The authors maintain that the ability to charm, manipulate and deceive others allowed leaders with more psychopathic traits to achieve apparent success in their careers despite negative performance ratings and potentially damaging behaviours for the organisation.

However, despite popular studies such as those cited above, there is no consensus on psychopathic behaviour and leadership, mainly due to the number of variables that moderate this relationship.

In 2008, neurologist David Owen<sup>24</sup> coined the term 'Hubris Syndrome' to describe leaders with a tendency towards grandiosity and omnipotence. The word 'hubris'

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20 Boddy, C.R. (2006). The Dark Side of Management Decisions: Organizational Psychopaths. *Management Decision*, Vol. 44, No. 10, 2006, pp. 1461-1475.

21 Babiak, P. and Hare, R.D. (2006). *Snakes in Suits - When Psychopaths Go to Work*. California, Harper Business.

22 In the review by Dujo and Horcajo, the prevalence of psychopathy in the Spanish prison population is reported to be 18%, higher than in other countries, with the exception of the USA where it is higher. The authors address the terminological confusion of psychopathy and review the origin, assessment and treatment of psychopathy. For the full study, see: Dujo, V. and Horcajo, P.J. (2017). La Psicopatía en la actualidad: abordaje clínico-legal y repercusiones forenses en el ámbito penal [Psychopathy today: clinical-legal approach and forensic repercussions in the criminal field]. *Psicopatología Clínica, Legal y Forense*, Vol 17, pp. 69-88.

23 Babiak, P., Neuman N.C.S. and Hare, R.D. (2010). Corporate psychopathy: Talking the walk. *Behavioral Sciences & the Law*, No. 28, pp. 174-193. Accessible at: <https://www.sakkyndig.com/psykologi/artvit/babiak2010.pdf>

24 Owen, D. (2011). *In Sickness and Power. Illnesses of Heads of Government During the Last 100 Years*. Madrid, Ed. Siruela.

comes from the Greek (*hybris*) and means ‘arrogance’. It alludes to a disproportionate ego and a sense of omnipotence. In this case it would not be a personality style, but an acquired and reversible disorder (when power is no longer held).

In 2009, Owen, together with psychiatrist Jonathan Davidson<sup>25</sup>, proposed that ‘Hubris Syndrome’ be considered a psychiatric disorder characterised by five specific symptoms, one common to antisocial personality disorder, one to histrionic disorder and seven to narcissistic disorder. This never came to pass, even with controversy, given its similarity to narcissistic personality disorder (NPD). In order to present this parallelism, table 2 shows the criteria established by the authors for ‘Hubris Syndrome’ and those established in the DSM 5<sup>26</sup> for NPT.

**TABLE 2. CHARACTERISTICS OF ‘HUBRIS SYNDROME’ AND ‘NARCISSISTIC PERSONALITY DISORDER’**

HUBRIS SYNDROME	NARCISSISTIC PERSONALITY DISORDER
15. Narcissistic propensity to see the world as a stage on which to exercise power and seek glory.	10. <b>Feelings of grandeur and arrogance</b> (e.g. exaggerates achievements and talents, expects to be recognised as superior without corresponding successes).
16. Tendency to take actions for self-glorification, self-aggrandisement and to enhance self-image.	11. <b>Absorbed in fantasies of success, power, brilliance, beauty or unlimited ideal love.</b>
17. Inordinate concern for image and presentation.	12. Believes that he/she is ‘ <b>special</b> ’ and <b>unique</b> , and can only be understood by or relate to other special or high status people (or institutions).
18. Messianic way of talking about current affairs and tendency to exaltation.	13. Excessive need for admiration.
19. Identification with the nation, the state and the organisation.	14. Displays <b>a sense of privilege</b> (i.e. unreasonable expectations of particularly favourable treatment or automatic fulfilment of their expectations).
20. Tendency to speak of oneself in the third person and use the regal form of we.	15. Exploits interpersonal relationships (i.e. takes advantage of others for his or her own ends).
21. Overconfidence in their own judgement and disregard for the judgement of others.	16. <b>Lacks empathy</b> : unwilling to recognise or empathise with the feelings and needs of others.
22. Exaggerated self-confidence, tendency to omnipotence.	17. Often envies others or believes that others are envious of him/her.
23. Belief that they are accountable not to their peers, colleagues or society, but to higher instances: history or God.	18. Displays <b>arrogant, superior</b> behaviour or attitudes.
24. Firm belief that the court will acquit them.	
25. Loss of contact with reality: progressive isolation.	
26. Restlessness, recklessness, impulsiveness	
27. Convinced of the moral rectitude of their proposals while ignoring the costs.	
28. Incompetence due to excessive self-confidence and lack of attention to detail.	

As can be seen, the pattern is very similar, in fact, it is not difficult to find authors who agree in assigning ‘Hubris Syndrome’ or NPT to the same leaders. Political

25 Owen, D. and Davidson, J. (2009). Hubris syndrome: An acquired personality disorder? A study of US Presidents and UK Prime Ministers over the last 100 years. *Brain*, no. 132(5), pp. 1396-1406. Accessible at: <https://academic.oup.com/brain/article/132/5/1396/354862>

26 American Psychiatric Association (APA) (2014). *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*. Madrid, Ed. Médica Panamericana.

leaders such as Hitler, Slobodan Milošević, Saddam Hussein<sup>27</sup>, Alexander the Great, Napoleon, Mao<sup>28</sup> or Donald Trump<sup>29 30</sup>, but also football managers like Jose Mourinho or financial figures, as was the case with the leaders of Lehman Brothers and the Royal Bank of Scotland<sup>31</sup>, have been placed in one category or the other (Hubris-NPD) indistinctly, depending on the source.

### Relationship between leadership styles and personality traits

Many leadership models and theories have been defended throughout history, and this document does not aim to review them, although for the subject that concerns us, it is worth highlighting the evident relational focus of contemporary models, such as the transactional, transformational or transcendent focus. They all include a relationship of exchange and influence.

The transactional model features constructive and corrective transactions, with rewards and punishments, so that leadership works according to stimulus-response conditioning (subordinates learn which types of behaviour are rewarded and which are punished). There is a bond of commitment between leader and followers in the transformational approach, an emotional vehicle for the relationship. In the transcendent, both are driven by the common good, and values and ethics play a very significant role.

This relational approach posits leadership behaviour as the result of a mediation of emotions, attitudes, values or context. The relationship of the biological and its interaction with the context ultimately gives rise to the leader's emergence and effectiveness.

From a biological point of view, the team led by De Neve<sup>32</sup> recently identified a gene, RS4950, present in 24% of those in leadership roles. The same authors argue that

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27 Owen, D. and Davidson, J. *Op. cit.*

28 A good review can be found in Aguirre, P.A. (2014). *Historia mundial de la megalomanía: desmesuras, desvarios y fantasías del culto a la personalidad en la política [World History of Megalomania: Excesses, Ravings and Fantasies of the Cult of Personality in Politics]*. Madrid, Debate Editorial.

29 A mental health analysis of D. Trump can be found at: Bandy Lee, M.D. (2017). *The dangerous case of Donald Trump: 27 Psychiatrists and Mental Health Professionals Assess a President*. London, Macmillan Publishers.

30 From a psychological point of view, see: Caballo, V. (2017). A psychological analysis of Donald Trump. *Behavioral Psychology / Psicología Conductual*. No. 25, (1), pp. 227-249. Accessible at: [https://www.behavioralpsycho.com/wp-content/uploads/2018/10/13.Caballo\\_25-1.pdf](https://www.behavioralpsycho.com/wp-content/uploads/2018/10/13.Caballo_25-1.pdf)

31 Wray, T. (2016). The Role of Leader Hubris in the Decline of RBS and Lehman Brothers. In Garrard, P. and Robinson, G. (eds.). *The intoxication of power*. London, Palgrave Macmillan. Pp. 229-51.

32 DE NEVE J.E., et al. (2013). Born to lead? A twin design and genetic association study of leadership role occupancy. *The Leadership Quarterly*, no. 24, pp. 45-60. Document accessible at: <https://www.sciencedirect.com/science/article/pii/S1048984312000811>

the fact that this gene influences holding leadership-related roles could be because of traits such as impulsiveness, i.e. people would occupy leadership roles as a result of the complex interaction between genetics and environment.

As discussed above, impulsive behaviour has also been linked to the release of dopamine (a neurotransmitter associated with expectation and reward, immediate gratification and therefore addiction)<sup>33</sup>. But the causal pathway between RS4950 and dopamine production for occupying a leadership role is unknown. The identified gene may be affecting the development of individual attributes that predispose to leadership, such as personality traits. Its influence on leadership may also derive from people's choice of specific environments that are more favourable for developing that role.

Regarding the relationship between leadership and personality, reference literature<sup>34</sup> indicates that, except for self-confidence, the many studies published do not point to other common traits. The Big Five personality traits model<sup>35</sup> has been used to overcome some methodological errors of these reviews. The five mentioned are: neuroticism, extraversion, openness to experience, agreeableness and conscientiousness. Put briefly, neuroticism would be related to emotional maladjustment (anxiety, insecurity); extraversion to sociability; openness to experience to creativity and autonomy; agreeableness to trust and obedience; and conscientiousness to achievement and reliability.

To continue reflecting on the personality-leadership relationship, we must consider that the emergence of leadership is one thing and its effectiveness is another. In other words, it is one thing to be perceived as a leader, and quite another to effectively guide a group of people towards a goal. Some personality traits may be conducive to the emergence of leadership but are nevertheless ineffective in that role, for example, narcissistic personalities, as has already been discussed. In this sense, the meta-analysis by Judge et al. found that these five factors had a statistically significant positive relationship with leadership effectiveness, except in the case of neuroticism, which was negative, i.e. the more extraversion, openness, agreeableness and conscientiousness, the more effective the leadership, and the higher the score on neuroticism, the lower the leadership effectiveness. As for the emergence of leadership, it seems that subjects who are more stable (scoring lower on neuroticism), more extraverted, more open and more conscientious are chosen as leaders; however, contrary to what might be thought, agreeableness did not predict the emergence of the leader.

The authors of this meta-analysis wanted to verify the consistency of these results in different contexts, such as the business environment, politics and military, and the

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33 Hermans, *et al.* *Op. cit.*

34 JUDGE, T.A., *et al.* (2002). Personality and leadership: A qualitative and quantitative review. *Journal of Applied Psychology*, no. 87(4), pp. 765-780. Document accessible at: <http://www.timothy-judge.com/Judge,%20Bono,%20Ilies,%20&%20Gerhardt.pdf>

35 Goldberg, L.R. (1990). An Alternative Description of Personality: The Big-Five Factor Structure. *Journal of Personality and Social Psychology*, no. 59, pp. 1216-1229.

student population. They found that extraversion and neuroticism were identical in all three contexts. Openness proved to be predictive in business and student settings, but not in political or military settings; and conscientiousness was shown to be related to leadership in student, military and political settings, but not in business settings. This leads to a new reflection on the appropriateness or otherwise of the presence of certain personality traits in a leader, depending on the context.

Another meta-analysis by Landay, Harms and Credé<sup>36</sup> examined the links between psychopathy and leadership emergence in detail, again differentiating between emergence (when a leader is identified or perceived as a leader) and leadership effectiveness (actual performance of the team and the leader's perceived effectiveness). After selecting and reviewing 92 independent study samples, the authors found a positive relationship between psychopathic tendencies and leadership emergence, and a negative relationship for psychopathic tendencies and leadership effectiveness. This study also revealed a negative relationship between psychopathic tendencies and transformational leadership, which is logical, given the great weight of emotional intelligence and empathy in transformational leadership.

Psychopathy, in particular —and its interpersonal components—, is positively associated with internal company ratings of Charisma/Presentation style (creativity, strategic thinking and communication skills) and negatively with ratings of Responsibility/Performance (leadership and management skills, and overall achievement)<sup>37</sup>. Psychopathy has thus been positively correlated with passive leadership behaviour (management by exception, passive leadership and laissez-faire) and negatively correlated with individual consideration (a subscale of transformational leadership). Therefore, it seems logical that narcissistic and psychopathic personalities have little to do with transformational leadership styles and much to do with authoritarian and laissez-faire leadership styles<sup>38</sup>.

Undoubtedly, when it comes to autocratic leadership, the quintessential example seems to be Adolf Hitler. Many books and articles have been written about him, and his psychopathic personality has been analysed from all angles. According to Kets de Vries, some of Freud's biographies state that the Hitler family doctor, Dr. Bloch, consulted him several times about little Adolf. After analysing the case, Freud recommended that the child be admitted to a children's mental health centre so that he could be treated. Although his mother agreed, his father would not allow it and the child was not treated. It seems that the father was an intransigent man, who subjected him to humiliation and ill-treatment<sup>39</sup>.

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36 Landay, K., Harms, P.D. and Credé, M. (2019). Shall we serve the dark lords? A meta-analytic review of psychopathy and leadership. *Journal of Applied Psychology*, no. 104(1), pp. 183-196.

37 Babiak, P., Neuman, C.S. and Hare, R.D. *Op. cit.*

38 Westerlaken, K.M. and Woods, P.R. (2013). The relationship between psychopathy and the Full Range Leadership Model. *Personality and Individual Differences* no. 54, pp. 41-46.

39 The *Encyclopedia of Leadership* (*Op. cit.*) mentions this event, on page 669.

Several studies have linked psychological and physical aggression in childhood to abusive forms of supervision over subordinates<sup>40</sup>. The quality of family relationships in childhood influences leadership development in adulthood.

## Discussion and final considerations

A core aim of this paper is to draw attention to qualities and traits that are little studied in leaders, but which may play an important role in explaining their behaviour and relationship with their followers. Qualities and traits which, when they represent permanent or temporary mental disorders, are difficult to attribute to successful people. Overcoming the stigma attached to individuals with such pathologies can be seen as an implicit objective of this document.

Most studies related to psychopathology and leadership focus on personality disorders, but also on the manifestations of symptoms of depression or anxiety, especially in situations of crisis or stress. Personality traits can constitute disorders, those most widely studied in relation to leadership are: narcissistic disorder (people with a sense of vanity, superiority, dominance, and need for prominence); antisocial disorder (people who tend to harass, manipulate or treat others with cruelty and indifference, without guilt or remorse); and histrionic disorder (theatrical people, who use dramatisation to be the centre of attention).

Combined features of narcissistic, antisocial and histrionic personality disorders have been considered by authors such as Owen or Davidson as the 'Hubris Syndrome', identified in ego-driven leaders. However, experts do not seem to agree on considering this syndrome as a pathology. In fact, the aspects that describe individuals who manifest 'Hubris Syndrome' could not only be attributable to the three personality disorders mentioned above, but would be closely related to psychopathic behaviours. Psychopathy is not considered a mental disorder, although it is often confused with antisocial personality disorder. According to Boddy, psychopaths would have no conscience or empathy, they would engage in unethical behaviour when in leadership roles in organisations. As Hogan and his collaborators argue, poor leadership negatively affects all those under its influence. If, as Babiak, Neuman and Hare found, 3.9% of executives in the companies they analysed had psychopathic traits, and these could lead to consequences for employees and for the organisation, the approach to human resource management would have to change both in recruitment processes and in the performance evaluations that allow this type of person to move up in the organisational hierarchy.

There is no doubt about the relationship between personality traits and leadership behaviours, although in the studies analysed in this document no common trait has

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<sup>40</sup> García, P.R.J.M., *et al.* (2014). Roots run deep: Investigating psychological mechanisms between history of family aggression and abusive supervision. *Journal of Applied Psychology*, no. 99, pp. 883-897.

been found among leaders, except for self-confidence, and this can be present in emotionally-adjusted people, but also in those who are not.

The literature discussed in this text suggests differentiating between leadership emergence and leadership effectiveness. People with antisocial, narcissistic or psychopathic traits seem to favour leadership emergency, as they are easily perceived or identified in this type of role, however, they are not the most effective. Interpersonal components play a fundamental role in leadership performance, especially in relational models, where the three personality types mentioned above stand out for their charisma, creativity and communication skills, as stated by Babiak, Neuman and Hare, for example. However, these personality types do not score highest in performance and management, i.e. leadership effectiveness. Lack of effectiveness in leadership is also related to decision-making biases, which in these personality types could lead to excessive risk-taking due to overconfidence, perceptual selection, optimistic illusion or illusion of control, among others. In contexts likely to generate stress, personality traits may be unbalanced or exacerbated, so that the possibility of such decisional biases is very likely in crisis situations.

As for depressive-type traits, as well as temporary or permanent mood swings, literature is scarcer and more confusing. Although authors such as Gahemi attribute positive characteristics for leadership performance, such as empathy, creativity, resilience and realism, to people with melancholic and depressive traits (people who manifest a constant sadness that affects emotions, thoughts and behaviour); others such as Byrne *et al*, or Barling and Cloutier, report that subordinates report abusive supervision in this type of leader, and suggest that depressive people in crisis situations experience a depletion of resources and of their own ego, incompatible with the exercise of leadership. Delimiting exactly the type of traits and disorders addressed in this type of studies could help to clarify these controversies, since depressive disorders encompass a wide range of symptoms, with very different temporalities.

Finally, it should be noted that context is an important modulator in the emergence and effectiveness of leadership, which can lead to the emergence of a leadership figure with one personality style or another, just as one leadership style or another can be effective or not, depending on the context. Therefore, there is a suggested need for studies such as those compiled by Judge *et al*, which relate not only the dimensions of successful personality in one or another context, but also personality traits such as those outlined here. It would be interesting to have studies that analyse effectiveness in management and leadership tasks, by people with different personality types, in different types of organisation, but also in the context of specific crises.

Although we are often able to identify people with leadership qualities, the complexity of the concept is also accepted. The leader has weaknesses and strengths, which must be known and examined, because they all contribute to his or her emergence and effectiveness.

The study of the psychopathography of leadership may require more attention from researchers in light of the increasing prevalence of certain disorders in the population. Such is the case of depressive disorders, which affect more than 300 million people

worldwide, according to the WHO<sup>41</sup>. Although the category of depressive disorders is extremely generic, it would be necessary to determine to what extent they are limiting for the performance of this type of role, and in what specific contexts, which would be a great contribution to talent management in organisations. Specifically, it would be necessary to answer the question of what works best in a crisis and what does not, by analysing in depth expected reactions according to traits in this type of situation.

This means changing the approach, revising some of the current parameters that systematically exclude people with mental disorders from any kind of job or task, and especially those that involve responsibility for property or people. Many organisational decisions may be biased by prejudices and stereotypes, which overlook certainties such as that not all mental illnesses are identical, they do not have the same limitations, and do not pose the same risks. History has shown that people with explicit psychopathologies can be brilliant leaders.

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<sup>41</sup> World Health Organization. <https://www.who.int/es/news-room/fact-sheets/detail/depression>

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