

Bipolar disorder: A First Rate Madness?

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I recently attended one of the lovely webinars hosted by the [International Bipolar Foundation](#) .

The speaker

[Dr Nassir Ghaemi](#)

(Professor at Tufts university) presented his book, a

[First Rate Madness](#)

: Mood disorders and Crisis Leadership and discussed the issue of leadership and mood disorders.

According to his talk people with mood disorders and in general mentally abnormal people make better leaders especially at times of crisis. He gave examples of many American and European political leaders who achieved "greatness" and their psychohistory suggests also had a mental disorder - in most cases a bipolar disorder.

I have trouble digesting this argument, not for personal reasons, I also love my bipolar patients and wish to think and speak well of them, but for scientific reasons.

To continue with Dr Ghaemi's argument, people with mood disorders make great leaders because depression and mania predispose one to have several advantages over other more "healthy" people. Depression helps one to be more realistic (see depressive realism literature) and more empathic. On the other hand, mania increases creativity and resilience.

Dr Ghaemi then went on to quote research by another psychiatrist Roy Grinker who identified a group of very normal individuals, the so called "homoclitites" (from the Greek work meaning those who follow the norms, rules etc.) and concluded that even though these were nice people to be friends with, they just didn't make it for being great leaders. Apparently the Nuremberg Nazi's were failed homoclitites, unlike Bipolar Hittler who was a great leader. Dr Ghaemi also quoted some of his research from the 9/11 that apparently demonstrated that people with bipolar disorder were less likely to be affected and to develop PTSD - therefore they must be more resilient to stress as well.

He finally concluded that treatment is needed for the acute phases of the illness but not for the mild ones - as the mild states are the ones that confer all these great benefits.

I think that it is important for us to recognise the positive qualities of any disorder or disease. Indeed our [previous article](#) by our junior psychologist, Valeria Kilaberia, discussed a recent study that highlights some of the more positive qualities of bipolar disorder - or at least what patients think is positive and advantageous with their bipolar disorder.

But if we wish to be realistic our clinical experience and research suggest otherwise:

1. Most people with bipolar disorder cannot be great leaders at times of crisis. The

majority of the life events literature (see the work of my dear professor

[Constance Hammen](#)

) suggest otherwise. During times of crisis, people with bipolar disorder are more likely to relapse and whatever positive qualities their mild depressive or manic states may confer are taken over by the darkness of depression and madness of mania. Those who are leaders and also have a bipolar disorder need more support and help at such times.

2. Mild symptoms cannot and do not confer any significant benefits. At least two decades of relapse literature (and my painful 5 year

[PhD thesis](#)

) actually suggests that mild bipolar symptoms (or otherwise sub-syndromal or subclinical) are the most important predictor for future relapses. They also reduce the quality of life and functioning of the majority of bipolar patients. We ought to our patients to work towards helping them to reduce their risk for relapse and to help them improve their lives - not praise what essentially troubles them and puts them at risk most.

3. Goal oriented attitudes and leadership related ambitions are significant risk factors for bipolar relapses. Cognitive therapy research (see the work of [Dominic Lam](#)) again has highlighted that it is exactly these goal striving and leadership attitudes that make bipolar patients more likely to relapse, from a cognitive point of view at least. In CBT therapy we really work towards helping our bipolar patients to balance their needs and ambitions for success and to help them become lesser super heroes. Yes I know it sounds bad but I believe that the real bipolar super heroes are the ones who know their powers and weakness and succeed in life to remain well while achieving greatness in any domain they cherish.

I could go on with many more arguments that are based on our clinical knowledge and research which suggests unfortunately that bipolar disorder or mental abnormality in general cannot make necessarily great leaders. Any leader by default is an outlier but not necessarily mentally ill. I do not question the fact that there have been many great people who were also great leaders and had a bipolar disorder but one should also recognise that these people suffered and worked at least twice as much than most people in order to be in such positions. Some indeed made positive contributions while others caused significant harm to many (see a forgotten book called [Brotherhood of Tyrants](#) that highlights the negative aspects of bipolar disorder and leadership and balances up the argument).

We should be working towards helping our patients based on what we know, and when it comes to matters of leadership we should be cherishing leaders who make important contributions to our society irrespective of their medical history.

Are there any bipolar leaders out there who wish to share their experiences with us?

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