

COVID-19 Forum: Transformation of Our World and Mental Health

FROM ANCIENT HATEI TO HUBRIS SYNDROME IN SARS-COV-2 HEALTH CRISIS MANAGEMENT

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received: 20.10.2021;

revised: 17.1.2022;

accepted: 27.1.2022

SUMMARY

COVID-19 pandemic has highlighted, in a very infictive way, the need for less hubristic political leadership, revealing the menaces of arrogant decision making of those in power. Hubris Syndrome is associated with power and it is more likely to manifest itself the longer the person exercises power and the greater the power he exercises, while our modern times 'Hatei' (the goddess that blinded ancient leaders committing hubris) may be called positive illusion enhancement due to prolonged exposure to power. Hatei might also blurs the decision makers' vision through a hormonal pathway, since hormones seem to affect risk taking, as well as through serotonin, which is also involved in the regulation of decision making and processing punishment-related information, deficiencies of which could be relevant to Hubris Syndrome. Other findings may provide information regarding the neuro-anatomical 'location' of Hatei, since fronto-striatal and limbic-striatal dopaminergic pathways have been identified as important regulators of impulsive behaviors. Therefore we might consider choosing political leaders and state officials whose less illusionary character is more likely to become non-flammable against the fire of hubris, in periods of crisis like the current COVID-19 Pandemic. Especially in SARS-CoV-2 era we should bring whatever scientific data there may be to tackle the intoxicating effects of power, keeping also in mind that there are no anti-hubris medication and that it is unlikely to have this social construct improved via pharmacology. Before establishing constitutional procedures for the early diagnosis of hubris as well as for the subsequent constrain of our leaders' power, we should focus on the criteria by which we elect them and maybe include the pre-existence of depressive diathesis among those criteria, especially if we consider that those leaders might have to handle tough situations like the COVID-19 pandemic outbreak, that require increased empathy in decision making.

Key words: Hubris Syndrome - COVID-19 - SARS-CoV-2 - health crisis management

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INTRODUCTION

COVID-19 pandemic has highlighted, in a very infictive way, the need for less hubristic political leadership, revealing the menaces of ailing and arrogant decision making of those in power (Kavanagh 2020, Lincoln 2020). Hubris Syndrome is associated with power and it is more likely to manifest itself the longer the person exercises power and the greater the power he exercises (Owen 2008). Our modern times 'Hatei' (the goddess that blinded ancient leaders committing hubris) may be called positive illusion enhancement due to prolonged exposure to power (Ghaemi 2011) and it seems to precede rather than follow a leader's hubristic behavior. In the era of COVID-19, a hubristic world view risks a particularly vengeful Nemesis (Lincoln 2020), who was the goddess of retribution denoting the destruction, suffering or punishment that can follow in the wake of hubris (Owen 2006).

This blinding influence that predisposes to hubris may have its neurobiological underpinning, since the enhancing effect of positive illusion (Ghaemi 2011) to the demonstration of hubristic symptoms, is in accordance with 'conscious expectations' (Ghaemi et al. 2016) that have been regarded to go along with the intoxication of power in hubris syndrome (Owen 2011, 2012).

The conscious expectations hypothesis was based on a randomized study in patients with Parkinson's disease and it claims that an individual's strength of believe in his being likely to improve can of itself directly modulate brain dopamine release (Lindstone et al. 2010).

Hatei might also blurs the decision makers' vision through a hormonal pathway, since hormones seem to affect risk taking, with high levels of testosterone being associated with increased opportunity seeking, while high levels of cortisol lead to more risk avoiding behaviors (Coates et al. 2010, Herbert 2018, Owen 2012).

Impaired decision making, poor impulse control, poor modulation of aggression and lack of appropriate empathy overlap between hubris and Cluster B personality disorders, and are presented as the findings of altered dopaminergic, noradrenergic and serotonergic function (Owen & Davidson 2009, Owen 2011).

HOW TO AVOID TISIS

In Greek myth, hubris is punished by the goddess Nemesis (Lincoln 2020), that calls for Tisis, the goddess of punishment. Commenting on crisis management and on decisions made by political leaders to confront the COVID-19 pandemic, worldwide, Lincoln suggests that a special self image is no defense against

COVID-19 (Lincoln 2020). Given the fact that the pandemic provides a natural experiment on the public-health effects of hubris (Lincoln 2020), we might consider choosing political leaders and state officials whose less illusionary character is more likely to become non-flammable against the fire of hubris, in periods of crisis like the SARS-CoV-2 era.

In business and banking, collective or corporate hubris is not uncommon, therefore we need to 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 (Owen 2011). In some ways the non-executive members of Boards monitor the Presidents or Chief Executives of large companies better than Cabinets monitor Heads of Government (Owen & Davidson 2009, Owen 2011)

We have already presented the notion that hormones affect risk-taking (Coates et al. 2010). Given this, we could consider that 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 (Owen 2011, Ghaemi et al. 2016). The same applies to the composition of Cabinets, and to the male / female portion in Heads of Governments.

RESULTS

Persons in leadership positions are more likely to manifest hubristic symptomatology, the longer they exercise power and the greater the power they exercise (Owen 2008, Giannouli & Syrmos 2021). This type of personalities uses immature coping mechanisms that might lead to the underestimation of a crisis, particularly when facing unknown and unpredictable results (Liapis & Alevizopoulos 2021).

Especially in COVID-19 era we should try in a more intense way to bring whatever scientific data there may be so as to counter ideology, blind faith and the intoxicating effects of power (Leon 2007), keeping also in mind that there are no anti-hubris medication and that it is unlikely to have this social construct improved via pharmacology (Ghaemi et al. 2016).

If we pay attention to the diagnostic approach that considers the hubris syndrome as a form of PTSD (Ghaemi et al. 2016), with power and looming crisis being regarded as major stressors, then the protective use of beta-blockers might immunize leaders against this 'disease of power'. 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 (Liapis & Alevizopoulos 2021).

But even in the typical forms of PTSD the role of beta-blockers administration remains controversial. The wide ambiguity regarding any pharmaceutical

interventions aiming at primary and secondary prevention of PTSD, such as corticosteroids, propranolol and gamma-aminobutyric acid (Searcy et al. 2012), makes us reluctant to suggest their use as anti-hubristic prophylaxis, especially to individuals who are less likely to jeopardize their powerful image, by accepting psychiatric preemptive treatment, especially of debated efficacy. At the same time, we must take in consideration that leadership and decision making in COVID-19 era had shifted scientific interest to Hubris Syndrome and to political and administrating behaviors that may be attributed to post-traumatic symptomatology, considering the exercise of power in circumstances of public health crisis as a traumatic event (Liapis & Alevizopoulos 2021).

Healthcare staff, such as nurses and more specifically gerontological nurses exercise power on their colleagues as well as older persons. Giannouli and Syrmos assessed hubristic behaviors amongst this professional group in COVID-19 era. According to their findings, job satisfaction rates and burnout symptoms were not related, directly, to hubristic symptoms for this group of healthcare professionals even during the extreme, unprecedented and traumatic working conditions that have been formulated due to Sars-Cov-2 pandemic (Giannouli & Syrmos 2021).

This can be considered in accordance with Ofili et al's conclusion that high level of job dissatisfaction is not associated with a high level of occupational stress (Ofili et al. 2004), especially if we endorse a perception of hubris as an occupational hazard of powerful leaders, politicians or leaders in business, the military and academia (Owen & Davidson 2009), including medical doctors, nurses and other healthcare providers amongst them, because of the significant power they are entitled to exercise on their patients' lives and clinical courses.

McManus et al. suggest that depersonalization reduces stress, whereas high degrees of personal accomplishment increase stress level (McManus et al. 1999). This can be attributed to overwhelming pressure for performing better, having higher professional standards and higher efficacy that can precipitate burnout syndrome, occupational stress and reduced job satisfaction (Kluger et al. 2003). A hubristic medical doctor or healthcare provider is – by definition of Hubris Syndrome- more keen on having excessive confidence in his (or her) own judgement and contempt for the advice or criticism of others, as well as on adopting an exaggerated self-belief. Thus he (or she) has no need for aiming at better working or administrating performance, being captured on a sense of hubristic omnipotence. This might also explain why, in many anaesthetists, the degree of depersonalization -if we regard it as a symptom similar to hubristic disconnection from reality (Owen & Davidson 2009) in a way analogous to being detached from an individual's own thoughts- acts protectively for future stress and why the cynical, cool, dismissive type -who is more prone

to succumb to a hubristic manner that manifestly contemns others (Owen & Davidson 2009) - may in fact be a useful personal strategy, in order to cope with occupational stress (Kluger et al. 2003).

Owen and Davidson have supported, before DSM-V classification, that hubris syndrome was not an Axis II disorder (of personality) but an Axis I disorder, having an environmental onset, that could be attributed to a stressful experience and thus disappearing after an environmental change (Owen & Davidson 2009). Even though correlating Hubris Syndrome with occupational environments in which a person is asked to exercise unconstrained political, administrative, or even medical power, under stressful and uncertain conditions that might trigger PTSD symptoms, adds further, robust, diagnostic and conceptual support to the establishment of this condition as a clinical entity, it still cannot be assumed that this, of itself, will lead to effective treatments (Owen & Davidson 2009).

Such preemptive pharmacological treatments of hubris syndrome stem from findings supporting the normalizing effect that methylphenidate administration had in a small sample of patients with the frontal variant of fronto-temporal dementia, making them less risk taking in their behavior (Rahman et al. 2006). On the other hand, amphetamines and especially methylphenidate and its derivatives, are considered to have possible hubristic effects (Ghaemi et al. 2016).

It is also in the nature of leaders who demonstrate Hubris Syndrome that they are resistant to the very idea that they can be ill, for this is a sign of weakness (Owen et al. 2009). So, instead of searching for pharmaceutical treatment that might protect them against the intoxicating effect of power or at least alleviate its consequences in their decision making ability, maybe we should focus on specific characteristics that predispose an individual to being either hubristic or resistant to the blinding influence of Hatei.

Trying to examine the degree in which hubristic traits appear in subjects who, before achieving success, did not manifest any such features, we might claim that someone with obsessive personality traits but few narcissistic, histrionic or sociopathic features is less prone to develop hubris syndrome, in an analogous way that has been supported that cyclothymic and hyperthymic temperaments are moderated by obsessional traits across the entire professional realm (Akiskal et al. 2005, Owen & Davidson 2009). This is in accordance with Russel's approach to hubristic traits that 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 (Russel 2011). Since pathoplasticity is a term introduced by Birnbaum to describe causal factors contributing to the structure of an illness (Birnbaum 1923), exercising power in the era of COVID-19 health crisis can be considered as a bio-social context influencing the 'coloring' and the form of a political leader's preexisting neurotic disorder (Russell 1995) and its transformation to hubris syndrome.

But the most anti-hubristic condition that immunizes an individual against the intoxication of power, is depression, through its moderating effect to positive illusion (Ghaemi 2011) enhancement that can be precipitated by a long period in office.

From this point of view, the determination that hubris syndrome is best confined to those who have no history of a major depressive illness - that could conceivably be a manifestation of bipolar disorder- might not be a methodological implementation - so as to keep clear diagnostic boundaries around the syndrome (Owen & Davidson 2009) - but the observed result of the prophylactic effect that depression has against the demonstration of this syndrome.

DISCUSSION

From natural selection of hubris to political election

Hatei might also express herself through serotonin, which is significantly involved in the regulation of decision making and processing punishment-related information (Blair et al. 2008), deficiencies of which could be relevant to hubris syndrome (Owen & Davidson 2009). According to Blair's findings, the 5HT transporter may be more integral to 'choosing the lesser of two evils' than to 'choosing the better of two goods'. These conclusions are contradicted by Tuominen whose study does not support an association between the temperament dimension described as 'harm avoidance' and serotonin transporter density in healthy subjects. The same study proposes a link between high serotonin transporter density and high 'self-directedness' which is defined as the ability to adapt and control one's behavior to fit situations in accord with chosen goals and values (Tuominen et al. 2013)

Other findings may provide information regarding the neuro-anatomical 'location' of Hatei, since fronto-striatal and limbic-striatal dopaminergic pathways have been identified as important regulators of impulsive and/or rigid behaviors (Cools et al. 2007). It is also suggested that recklessness, which is another feature of Hubris Syndrome could even influence language complexity if impulsivity leads to unpredictability (Garrard et al. 2013).

While there has been referred some patchy evidence of premonitory personality traits in hubristic leaders, it must be remembered that all these leaders held high, if not always the highest, office after winning elections within the democratic process and were judged by those electorates as being fit to hold that office (Owen et al 2009).

Trying to constrain hubris and even have constitutionally removed from office those leaders who succumb to hubris syndrome is a matter that brings medical insights into a topic of literally life and death importance (Potts 2007). The unique alternations that have been precipitated by COVID-19 Pandemic, in our

societies, on a global basis, create a first class opportunity for elaborating how mental disorders and political events and processes influence each other as well as how politicians use psychiatry and psychology to influence people's behaviors and to achieve their political goals (Jakovljević 2011).

The question, whether premorbid hubristic personality traits are traceable and if so, should they lead their bearers to imposed political exile, is hardly to be answered, representing a thrilling challenge for both our diagnostic reflexes as medical scientists and democratic concerns, as citizens. While addressing this thorny issue, we should also ask why overconfident men – and it is mainly men – rise to power so often and yet also then make so many political and military blunders. The ability to bluff an enemy into submission and genuine optimism in the face of heavy adverse odds may well have been promoted by natural selection (Potts 2007) and that might be the reason why they are needed in times of crisis – like SARS-CoV-2 outbreak- and political and military turmoil and, therefore, often rewarded through democratic election.

CONCLUSION

Even though political psychiatry is a black sheep among different branches of contemporary psychiatry because neither its theoretical concept is well formulated nor its practice is established as a coherent field (Jakovljević 2011), in order to constrain hubris, without jeopardizing our democratic values and without depriving society, especially during such a demanding, for skilled political leadership, period as the COVID-19 era, of some exceptional, though maladjusted, leading abilities, we should apply the inverse law of sanity (Ghaemi 2011). By choosing leaders with depressive diathesis we make our society happier, through the reduction of hubristic menace.

Before establishing constitutional procedures for the early diagnosis of hubris as well as for the subsequent constrain of our leaders' power, we should focus on the criteria by which we elect them and maybe include pre-existing depressive diathesis among those criteria, especially if we consider that those leaders might have to handle tough situations like the COVID-19 pandemic outbreak, that require increased empathy in decision making.

Acknowledgements: None.

Conflict of interest: None to declare.

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