Leadership in Anaesthesia

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Five Pioneers of the Deadly Quest for Surgical Insensibility

By

Berend Mets

Cambridge Scholars Publishing

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For my father: Dr. Johann Teunis Mets (1924-2019)
(May he rest in peace.)

†

Berend Mets M.B. Ch.B. (Stellen),
Ph.D.(UCT), F.F.A.R.C.S.(Eng), F.F.A.(S.A.),
A.B.A. (U.S.A.).

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William Morton **(1819-1868)**

"Character is Destiny."

†

John Snow **(1813-1858)**

"An anesthetic which might be inhaled with absolute safety,

and which would destroy common sensation

without destroying consciousness."

†

Arthur Guedel **(1883-1956)**

"Maintain Flying Speed."

†

Virginia Apgar **(1909-1974)**

“Birth is the most hazardous time of life.”

†

Bjørn Ibsen **(1915-2007)**

"I knew I could."

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TABLE OF CONTENTS

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Finally, I hope and trust that I have done the rich history of anesthesia justice in these pages.

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INTRODUCTION

Leadership is like beauty.

Hard to define but obvious when you see it—and manifests differently in differing people. Fascinating to behold, leadership is one of the most studied, yet least understood of all human endeavors. That is because there cannot be just one singular definition of the phenomenon we recognize as leadership—nor does one size fit all. Hence there is great advantage in studying leadership as it presents in different people, disciplines, and contexts.

To that end, this book explores five leaders who were important to the historical development of practical anesthesia from the 1840's to the present day.

I have chosen these pioneers in the field, not only because they were interesting personae and left their extraordinary mark, but also because sequentially, they had a profound effect on transforming the crude practice of *anesthesia* to the sophisticated specialty of *anesthesiology*—extending its reach beyond the operating theatre where it first started. Each leader's vision propelling anesthesia ever forward.

All these leaders had the necessary creativity, energy and resilience to be successful, but evidenced charisma, emotional competence, empathy, credibility and the ability to change in differing measure.

Some died young, others old.

Three married. Two didn't: both having second careers: Dr. John Snow in epidemiology, and Dr. Virginia Apgar in perinatology.

Three were excellent musicians, two swimmers, and two aviation enthusiasts.

Some might have met: William Morton and John Snow at the Great Exhibition in London of 1851; others definitely did, and corresponded: Dr. Arthur Guedel and Dr. Virginia Apgar; while Dr. Bjørn Ibsen likely met Virginia at the Fifth International Polio Conference held in Copenhagen in 1960. Both, by then, well on their way to becoming famous: Virginia Apgar for the Score that now carries her name, and Bjørn Ibsen as the "Father of Intensive Care."

All, however, in very different ways, left their leadership mark in navigating man's deadly quest for surgical insensibility.

This book tells their stories through the lens of leadership.

Berend Mets

1. Surgery Before Anesthesia

"Time me Gentlemen! Time me!"
—Dr. Robert Liston

Before anesthesia, surgery needed to be fast and furious.

Take Dr. Robert Liston (1794-1847) as a case in point. Operating at the London Hospital in the 1840's before the introduction of etherization—when speed was prized above all else in surgery—Liston could execute a leg amputation in 25 seconds flat. A command and control surgeon of the time, he was regarded as little more than an armed savage. Famous for his wantonness and showmanship; he played regularly to the crowd of spectators that had gathered in the semi-circular, tiered, amphitheater situated at the very top of the hospital—the following surgical spectacle unfolding once or twice weekly.

Standing erect and tall at six-foot-two-inches, the Scottish surgeon led the proceedings. An inebriated patient was shepherded unsteadily into the sky-lit theater and held down on the stout operating table by six solid men. One sitting at the head of the table clasped him around the waist, three others pinned down his arms and leg, while a fourth tied a tight tourniquet around the offending leg; readied for amputation by yet one other. A bell rang out in warning, the theatre door closed firmly (to stem the screams emanating to the rest of the hospital), and Liston would plant his surgeon's stick into the terrified patient's mouth; completing the preoperative preparations.

Then.

Clenching a sharp knife between his own perfect teeth for rapid deployment should he need it, Liston raised his terrifying surgeon's saw—the multi-notched handle bearing testimony to each amputation he had performed—high above his head; poised for the planned amputation.

The assembled audience hushed and rose as one from their tiered seats, some whipping out their pocket watches in anticipation. Then Liston would yell:

"Time me gentlemen! Time me!" as he sawed the leg asunder, the patient straining and bellowing with the excruciating pain, as the hellish torture of the operation unfolded—only sometimes relieved by merciful unconscious or unwanted death: from the shock of it all.

On one such an occasion before the tempering effect that the discovery of general anesthesia brought on the need for speed in surgery, Liston rapidly cut through a patient's leg, and unknowingly, his assistant's hand: both dying of sepsis. An audience member who witnessed this fright keeled over dead from a heart attack.

The only recorded surgery with a 300% mortality.

This horror forever changed in 1846 with the news that William TG Morton, a lowly dentist from Boston, had demonstrated that sulfuric ether could be used to render a patient unconscious—allowing painless surgery to be performed at the Massachusetts General Hospital. A report of this new discovery travelling as fast as steam could carry it to London on board the ship Acadia; Dr. Liston resolved to be the first surgeon in England to attempt the new approach—declaring on December 21, 1846:

"I am going to do a Yankee Dodge today."

Things unfolded not quite as easily as he had hoped.

His assistant, William Squire, brandishing a glass bottle filled with the clear sharp smelling ether, festooned by a rubber tube connected to a face-mask (a contraption much like a Turkish water-pipe) entreated the

assembled crowd for a volunteer to go under the knife to test the new technique.

Finding none, a portly porter, Shelldrake, was dragooned into service, held down tightly, and told to breathe from the mask—deeply. The stretcher-bearer proved to be a poor candidate for this first demonstration as Shelldrake was a florid drinker with a well-developed liver. Rather than becoming unconscious, ether exhilaration ensued—the porter running screaming and cursing from the room, never to return.

Somewhat cowed by this first failure, but nevertheless undaunted, Liston arranged for another volunteer that same afternoon: Frederick Churchill, a resolute butler from nearby Harley Street, hurriedly carried into the theatre on a stretcher at 2.35 p.m. Sanguine about his fate, putting great trust in the unparalleled reputation of Dr. Robert Liston—surgical assistant Squire was again engaged to apply the mask tentatively to Frederick's face—the sharp smell of sulfuric ether permeating the room as Churchill became limp.

"Time me Gentlemen! Time me!"

Liston slashed through the leg in 28 seconds. Churchill remaining dead-still on the hard-wooden table in no need of restraint. To the quietened audience's evident amazement.

Then.

Suturing together the remnants of the ragged skin left from the amputation, Liston commanded Squire to remove the ether-soaked handkerchief that had kept Churchill unconscious and pain free.

Stirring a little and groaning only lightly as his eyes fluttered open, Churchill looked around at the breathless crowd who were watching the miracle unfolding in front of them. And stuttered:

"When are we going to begin?"

Dr. Liston, glowing with the elation of the moment, his voice booming above the laughter from the crowd at this sight, yelling:

"This Yankee Dodge beats Mesmerism hollow."

And it did. A London newspaper announcing the very next day: *"We have conquered pain."*

Dr. Robert Liston, his reputation greatly enhanced by the successful demonstration, going on to popularize general anesthesia in England—turning etherization into a public sensation.

And surgery took off: surgeons—considered mere 'saw-bones' at the time—were no longer limited by the need for surgical speed, and could now expand their scope from simple peripheral operations like amputations or bladder stone removals, to penetrate body cavities and perform ever more

complex surgeries humanely—anesthetic and surgical techniques advancing in lock-step together over the next 170 years.

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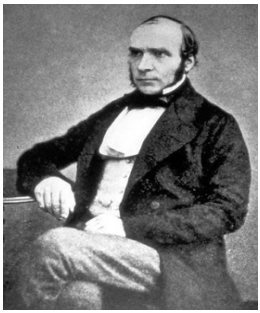
2. A Brisk History of Leadership

William Morton



John Snow

Arthur Guedel

Virginia Apgar

Bjørn Ibsen

Philosophy → Psychology
Leadership → Followership

"Great leadership—and the need for it—is timeless"
—Anonymous

The concept of 'leadership' is a relatively modern phenomenon.

The word first appearing in the Oxford English Dictionary of 1933. In contrast the word 'leader' appeared as early as the 1300's, but the notion of 'leadership' was formerly rather that of 'headship' differentiating the ruler from the ruled. The ruler having been put in charge as the Head of State, King, or more usually, through the process of conquest or usurpation.

Historically too, there was no call for studying leadership in order to progress in life.

And so really no need to dissect out a leader's characteristics in order to learn from them how to become successful. The general populace just wanting to maintain their assigned 'proper station': a blacksmith, a farmer—fearful more of sliding backwards than interested in progressing forwards.

With a knowledge-based economy all of that changed. Many aspiring to progress beyond their station—becoming leaders themselves—hence the study of leadership gathered pace. (Drucker 1999)

In this brief prelude to the leadership stories of five pioneers from the history of anesthesia—I wish to bring the reader briskly to the present day by:

Providing a brief history tracking key trends from the leadership literature—then progress on to the "the Seven Ages of Leadership" that straddle the pioneers' lives—to conclude with a "leadership primer" of current day concepts, with two important goals in mind:

(1) To develop a Leadership Skeleton of key 'body parts' comprised of concepts such as *'emotional competence*' and '*resilience*'—that will be used to contrast these five leaders' profiles and then:

(2) Use this analysis to surface key leadership insights from the protagonists' stories—all suitably underpinned by a working knowledge of the subject supplied in this chapter.

†

Leadership History

The study of leadership was rooted in philosophy but has migrated to embrace psychology and has shifted from a focus on the leader to one emphasizing the follower.

A good starting point in its history is probably with Aristotle (384-322 BCE) who proclaimed that three types of leaders were necessary for a well-functioning state: a philosopher statesman to rule the republic with

justice and reason, a businessman to provision the citizens' material and baser needs, and a commander to defend the state and police its will.

Plato (427-340 BCE) begged to differ.

Claiming that just one, the democratically elected philosopher, was sufficient as long as he was competent in psychology. Plato stressing early a fact which is very much in evidence today: that psychology was the driver of human behavior—the leader being motivated by the loins, heart and head. Respectively: desire, emotion and knowledge.

Niccolo Machiavelli (1469-1527) is considered the first student of leadership. (Kellerman 2001)

Incarcerated for crimes against the Florentine State, he penned *The Prince* providing lessons on staying in power—through coercion, deception and manipulation—that have stood the test of time; inaugurating the 'self-help' manuals that live on in the leadership literature today.

Another student of leadership was Napoleon Bonaparte (1769-1821). Having undoubtedly read *The Prince* being of Italian-French origin, he used coercion at first but matured; developing considerable diplomatic, political and interpersonal skills. Famed for having the "common touch" with his troops he engendered deep devotion from his followers who in turn supported him. Banished to Elba, his legacy lives on: his pen proving mightier than his sword—The Napoleonic Code granting civil rights, and in so doing liberating Europe from clericalism and feudalism—living on as testament to his transformative leadership. (MacGregor Burns 2003, Polelle 2008, Pears 1997)

Serving as four time-tested historical examples of leadership: Aristotle, Plato, Machiavelli and Napoleon, deliver us to the 1840's when the history of Anesthesia starts—setting us up to briefly review the history of leadership up to the modern era.

David McCullough, a noted historian, giving us a salutary warning—lest we fall into the trap of unfairly judging the historical protagonists in this book by present day leadership concepts—pointing out that the demands of leadership change from era to era: "Leaders from the past having experienced their present differently from the way we experienced ours." (McCullough and Bronwin 2008)

But why are we so interested in studying leadership in the modern era?

One answer has its roots in the rationalist revolution of the late eighteenth century. (Goffee and Jones 2000)

At the time, Voltaire (François-Marie Arouet, 1694 –1778), optimistically posited that the application of reason alone could control

man's destiny—hence two beliefs drove the early nineteenth century: a belief in the perfectibility of man and a belief in unrelenting progress.

Beliefs that were then debunked in the late nineteenth century by at least two thinkers: the psychologist Sigmund Freud (1856-1939) and the sociologist Max Weber (1864-1920).

Freud, the founder of psychoanalysis, believing that the rational mind was severely compromised by the unconscious, which was in turn responsible for a large proportion of human misbehavior—resulting in man's imperfectability.

While Weber had misgivings about the limits of reason to ensure progress.

Finding man's ability to reason wanting, he determined that the most destructive force arresting progress was something he named *technical rationality*; rationality without morality—more specifically pointing the finger at the organizational bureaucracy that prevailed in institutions of his day.

The only counter for this bureaucracy in Weber's mind was *charismatic leadership*. Only this could combat the *technical rationality* that was stifling progress. The institutionalized bureaucracy that he found truly frightening, not for its inefficiency, but rather for its efficiency in dehumanizing people. It needed leadership to cut through the bureaucratic red tape.

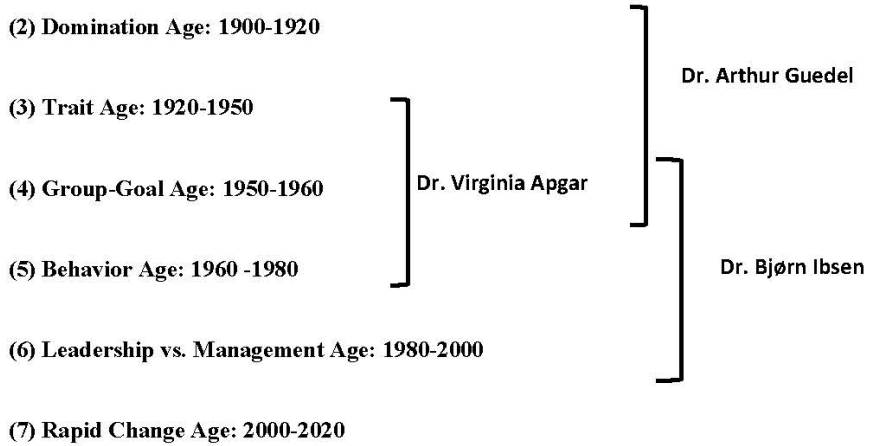
Following this anguished thinking, by the early 1900's there were thus legitimate concerns about man's ability to progress relentlessly; given the fact of human fallibility and man's failing powers of reason to save the day.

Consequently, for both practical and philosophic reasons, an increasing interest in leadership concepts developed in an attempt to arrest man's inevitable downward spiral.

These leadership concepts can be roughly categorized into Seven Ages of Leadership. (Northouse 2018, Clinton 1992)[1]

[1] *This draws heavily on the inspired summaries of Dr PG Northouse and Dr JR Clinton, while liberally adding in my own and other's perspectives.*

Seven Ages of Leadership



(Bracketed are the names of the historical protagonists.)

(1) Great Man Age: 1840-1900 (Dr. William T Morton & Dr. John Snow)

Whereas prior to 1840, Plato, Machiavelli, and many others wrote about leadership in theoretical terms—they identified types of leaders and related their actions to what was going on in the society around them, observing what leadership *ought* to be doing and so conducted a philosophical analysis—by the mid-1800's, Thomas Carlyle, had focused more practically on studying the actual leader: the Great Man—their accomplishments, their acts of heroism, their inventions, their conquests, their origins and the circumstances they faced, writing:

"They were the leaders of men, these great ones; the modelers, patterns, and in a wide sense creators, ..all things that we see standing accomplished in the world are properly the outer material result, the practical realization and embodiment, of Thoughts that dwelt in the great men sent into the world." (Clinton 1992)

In so doing, encouraging the study of these Great Men and their stories. Considering them superior beings, favored with qualities which differentiated them from their followers, at moments of destiny in shaping

history—he supposed that emulation of these qualities could in turn create leaders.

Hence, this *Great Man Age* surfaced early the now familiar question: "Are leaders born or made?" Carlyle believing the former; that the leaders themselves created the situation which resulted in the progress for which they were venerated.

Others saying no: it was the latter; that circumstances created the opportunity for the Great Man's leadership.

(2) Domination Age: 1900-1920 (Dr. Arthur Guedel)

In the early 1900's leadership was seen as domination: a Leadership Conference of the time describing leadership as "the ability to impress the will of the leader on those led, and induce obedience, respect, loyalty, and cooperation." (Northouse 2018, Clinton 1992)

(3) Trait Age: 1920-1950 (Dr. Virginia Apgar and Dr. Arthur Guedel)

Mellowing somewhat, the Domination Age, swung to the Trait Age, where leadership was considered the ability to influence the situation rather than dominate it—surfacing an interest in understanding the leaders themselves: their characteristics and the common traits that went into becoming an influential leader.

Trait theorists suggesting that leaders could be made; once leadership traits had been identified they could then be developed into leaders through training.

Accordingly research into leadership traits was launched energetically in the 1920's with much fanfare; researchers positing the theory that some people were natural leaders bearing identifiable traits that could differentiate them from others, that, upon emulation, might allow others to lead effectively.

The complex research unfortunately falling flat when the conclusion was less than earth shattering: effective leaders were either *below* or *above* average in height. (Goffee and Jones 2000)

Notwithstanding this set back, the research generated important advances in demonstrating that an individual leader's specific personality traits interacted with that of the follower group: the attitudes and activities of the one, influencing the other, which focused attention on the *leadership-followership* reciprocal path and also established the need for the study of the psychology of leadership—both becoming much better recognized in the future.

(4) Group-Goal Age: 1950-1960 (Dr. Virginia Apgar, Dr. Arthur Guedel, Dr. Bjørn Ibsen)

Institutions and Corporation's interest in setting shared Group Goals for their workers drove researchers to study the leadership behavior necessary to relationship building through persuasion—rather than coercion—in the next age.

In an attempt to guard against the ever-present threat that the setting of group goals might have in increasing bureaucratic management, Cyril Northcote Parkinson (1909-1993) battled bureaucracy's inexorable growth, with robust ridicule, through writing. A British civil servant of the time, Northcote, echoed Max Weber's fear of growing bureaucracies in a lament—the book—*Parkinson's Law or the Pursuit of Progress*. (Parkinson 1958)

Observing the relentless growth of the Colonial Office of his time, despite the decline of the British Empire—he explained this as due to two factors:

(1) "an official wants to multiply subordinates, not rivals" and

(2) "officials make work for each other"—distilling this bureaucratic phenomenon to its crux as Parkinson's Law: "work expands so as to fill the time available for its completion."

Recognizing the spinning of wheels, inefficiencies, and lack of guiding leadership that this all entailed—he penned a later book entitled*: The Law of Delay* in which he was one of the first to spell out the six elements that the art of leadership required: imagination, knowledge, ability, determination, ruthlessness, and personal magnetism (the charismatic leadership that Weber had championed as an antidote to bureaucracy almost a century earlier). (Parkinson 1970)

5) Behavior Age: 1960 -1980 (Dr. Virginia Apgar, Dr. Bjørn Ibsen)

Responding to the need for ever more effective organizations, that were becoming increasingly more complex to run, Group-Goal theory gave way to a focus on leading improvements in organizational behavior.

Whereas here-to-fore trait theory had given way to style theory, with American executives favoring the 'hail-fellow-well-met' democratic style of leadership, now what was painfully obvious for all to see, was the need for leaders who could accomplish complex organizational goals through enhancing its personnel's behavior.

The Pulitzer Prize winning, James MacGregor Burns (1918-2014) defining the necessary leadership thus:

"Leadership is the reciprocal process of mobilizing, by persons with certain motives and values, various economic, political, and other

resources in a context of competition and conflict, in order to realize goals independently or mutually held by both leaders and followers." (MacGregor Burns 1978)

MacGregor establishing early the difference between *transactional* leadership: you pay me to do the work you want and I will do it—and *transformationa*l leadership: where the leader inspires and motivates the follower. In so doing seeking to engage the "full person of the follower." The resulting *transformational* leadership becoming:

"a relationship of mutual stimulation and elevation that converts followers into leaders and may convert leaders into moral agents."

MacGregor also had no truck with mere "power wielders"—regarding these as lesser mortals—instead leaders needed to always keep the goals of their followers in mind and never treat people as things.

"Power wielders may treat people as things. Leaders may not." (Kellerman 2004)

(6) Leadership vs. Management Age: 1980-2000 (Dr. Bjørn Ibsen)

In the early 1980's American companies were on the back heel.

Foreign competition, expensive oil, inflation, and excessive regulation were killing profits. Responding to this crisis of confidence in American Business of the time, Professor J.P. Kotter (b. 1947) famously stated, "Most U.S. companies are over managed and under-led."

The solution?

Corporate America turned to business schools to help solve the problem—the Harvard Business School endowing a Professor of Leadership Chair in 1982 forging the way for others to follow. (Kotter 2001)

Kotter and a fellow Harvard Business School professor, Abraham Zaleznik (b.1924) going on to define the differences between leadership and management.

In essence, managers ensured stability while leaders pressed for change, but both were considered essential for organizations to succeed in turbulent times.

Embroidering further, Kotter proposed that managers cope with increasing complexity, through planning, budgeting, organizing, problem-solving, staffing, controlling and monitoring of the work done—creating predictable order and efficiency.

In contrast, *leading* an organization required, setting direction, motivating, inspiring and aligning people—in so doing keeping people moving in the right direction despite the obstacles—the road to success always under construction.

Underpinning the development of business schools was the strong belief that leadership and management could best be learnt by an increased emphasis on the study of the psychology and psychopathology of leadership—in an attempt to improve managerial performance—provoking an ever-burgeoning industry of leadership coaches, magazines and gurus; all espousing the latest formula for managerial improvement.

It is well to note that, impelled by the wish to develop a competitive business advantage, the contemporary leadership and management field is largely American in origin and often in its portrayal. The American national spirit—with its positivity and penchant for self-improvement—suffusing the current-day literature; celebrating corporate titans as being the aspirational leaders one should strive to become.

(7) Rapid Change Age: 2000-2020

Today. The only constant that we can truly rely on—is change.

In the past—as described at the beginning of this chapter—at a time when knowledge and indeed technology and culture changes occurred at a much slower pace than a human's life-span—the rational thought that philosopher teachings brought, carried the day as the pre-eminent leadership ideas and approaches for use by the populace.

Today—in an era of ever accelerating change—knowledge, processes, and equipment, are changing at an almost exponential pace, requiring ever-more rapidly evolving adaptive leadership and management techniques. Pace-setting descriptive words, like 'Agile Management' giving a flavor of what is yet to come from the leadership literature. (Bartleby 2018, Rigby, Sutherland, and Noble 2018)

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Leadership Primer

Leadership is like beauty—displayed differently in differing people and different circumstances—and is difficult to define; but immediately recognizable when you see it.

At its simplest, leadership is the accomplishment of goals through human endeavor. Distilled to its essence, it requires human relationships to achieve and is contextual:

"What works in one era, setting or organization, simply does not apply to any other." (Kellerman 2001)

There-in lies the rub, and the challenge for this book, in gaining leadership insights, for the present, from the past.

Nevertheless, I am hopeful that by providing a brief history of leadership, and presenting a brisk leadership primer that will bring the reader up to date with contemporary theories, neuroscience research, and practice, we may meet the challenge of assessing how the historical protagonists in this book managed their leadership responsibilities.

Psychology and Psychopathology of Leadership and Management

Dr. Abraham Zaleznik, a psychoanalyst, brought important psychological insight to the study of leadership. Noting that leaders are often temperamentally disposed to seek out risk and danger—especially where the chance of reward or opportunity seems promising—he added that this rests more commonly with his or her personality, rather than a conscious choice; spearheading the study of the roles of psychology and personality in contrasting leadership with management. (Zaleznik 2004)

Pointing out further that business leaders have far more in common with artists, scientists and other creative thinkers—than managers—in not only their struggle with neuroses but also their willingness to accept chaos, states of ambiguity, and, in not seeking premature closure when making an important decision.

Premature closure—by a manager in providing a structural solution to a problem—often appearing to give something, but in reality, only limiting options.

According to Linda Hill from the Harvard Business School, instead of limiting options through early decisions as managers are wont to do, leaders should rather bring creative agility to their leadership, in imagining a future state different from the status quo.[2]

Going on to suggest that they do so in a proactive, rather than a reactive fashion, by active, effective, communication; altering moods, instilling desires and expectations, and evoking images of what is both possible and desirable. (Hill et al. 2014)

In other words leading through inspiration and example, in stark contrast, to the manager who fills a more mundane, routine role; requiring a completely different personality type.

Consider next the four classic personality types. Three Freudian: *erotic, obsessive* and *narcissistic* and one Frommian: *marketing.*

While most people are varying mixtures of all four, those with a prominent *obsessive* personality make the most effective operational managers; obsessives being inner directed, self-reliant and conscientious, like to create and maintain order.

[2] *See Dr Bjørn Ibsen (Chapter 7) for a good example of this.*

Whereas narcissists,[3]—especially productive narcissists, not mired in self-adulation—make the best leaders. Wishing to be admired, but not loved (like the erotics) narcissists are the creative innovators who seek power and glory; providing the vision and charisma for the cause that the obsessive often lacks. (In fact some psychoanalysts state that all leaders need a healthy dose of narcissism to thrive.) (Coutu 2004)

What about the *marketing* personality type?

They make poor leaders. Being anxious to please they excel at trying to sell themselves; chameleon like, they emulate the surrounding personalities and lack direction and the ability to commit to projects or people. (Maccoby 2000)

Personality type may morph into psychopathology and so into the realm of psychiatry—spawning a cottage industry for the management of leadership dysfunction. Of which there is much: resulting in a burgeoning of Leadership Coaches to address the problems leaders are encountering in managing their work.

Psychotherapy becoming *de rigeur* to coach the dysfunctional narcissist, manic-depressive, emotionally disconnected, or passive-aggressive leader that seem to abound in today's organizations. (Kets de Vries 2014, Morse 2004)

Some psychiatrists going on to declare that to be a leader you need to be somewhat unhinged in the first place; pointing out that "to lead is to live dangerously," while other's hope for a "little madness" to ensure creativity. Still others have linked leader's success with their psychiatric problems—pointing to the triumphs of President JF Kennedy, a visionary hyper-manic, and Sir Winston Churchill, a depressed realist. (Heifetz and Linsky 2002b) (Coutu 2004, Ghaemi 2011)

To understand leadership and some of the pioneers in this book better, as well as to appreciate the role that psychopathology may play in a leader's successes or failures, we must first define the concept of temperament and how that relates to different personality traits, and in turn, types.

The Greek physician, Hippocrates (460-370 B.C.) described four temperaments.

Seeking to explain human behavior as the result of either an excess or depletion of bodily fluids, he envisioned, Sanguine (blood), Choleric (yellow-bile), Melancholic (black-bile) or Phlegmatic (saliva) personality types—all generated from varying imbalances of these 'humors' in the body.

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[3] *Which Dr. William Morton (Chapter 3) and Dr. Bjorn Ibsen (Chapter 7) will turn out to be.*

(These could be treated by 'rebalancing' the humors through blood-letting, purging or emesis—the basis for much futile medical therapy of the past.)

Individual temperaments, however, are probably better defined as being composed of biologically based, and, relatively independent from learning, interactions of four basic personality *traits*:

neuroticism (anxiousness),
sociability (extra/intra-version),
impulsivity, and
openness to experience (curiosity vs cautiousness).

These *traits* combining to produce different personality *types*:

Some—always a little depressed, introverted, of low energy, and requiring lots of sleep; *the dysthymic.*

Others—the polar opposite, always positive, extraverted, and high energy—no sleep required; *the hyperthymic*—occurring often in great leaders.

Yet others are a bit of both—cycling between lows and highs in mood and energy; *the cyclothymic.*

For some these normal temperaments may stretch within reach of the abnormal; becoming mild versions of *depression, mania* and *bipolar disorders*—a matter of degree, and only a diagnosis away from being labelled a psychiatric problem.

Thus, mental health and psychiatric disease are not really opposites but a spectrum—or better still—a continuum; often defined by the boundaries of what is normal.

And further, mental health does not of course *guarantee* good leadership.

In fact the opposite may often prove to be true: in that psychiatric diseases, like hyper-mania, may confer enhanced resilience and creativity while depression may improve realism and empathy—enriching both President John F. Kennedy and Sir Winston Churchill's leadership capacity respectively. With the added somewhat surprising caveat that when leading in a crisis:

"The best crisis leaders are either mentally ill or mentally abnormal: the worst crisis leaders are mentally healthy." (Ghaemi 2011)

The Cuban Missile Crisis and the retreat from Dunkirk serving to illustrate the role of mental illness in enhancing leadership capacity, well.

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John F. Kennedy (1917-1963) was by all accounts a hyperthymic—a resilient, creative, dynamo. Fast of speech, idea flow, and of visionary

intent, his frenzied, often impulsive activity was common knowledge. Snapping his fingers repeatedly, he was intensely curious, rapidly dictated directives, restlessly pacing and fidgeting in the Oval Office—on one celebrated day receiving over 100 visitors.

Sociability to a T, he took risks, had a great sense of humor, ambition, and a legendary libido—all hall marks of hyperthymia if not quite mania. His hyper-manic state often brought on however, by the steroids (and other drugs) he was forced to take to stave off the repetitive Addisonian Crises that he suffered from.[4]

By 1962—his physicians having perfected the cocktail of drugs needed to combat his ailments—Kennedy was mentally much improved and on even keel.

Not so a year earlier however, when mentally unstable, his own in-action in supporting Cuban exiles upon their landing at the Bay of Pigs had created the well-known fiasco.

Kennedy should have provided US Airforce backup against Fidel Castro then, but didn't to his eternal regret, and now: in 1962, the Soviet Chairman, Nikita Khrushchev, was back with a new challenge: placing missiles in Cuba pointing at the United States.

This time round, however, Kennedy ignored his generals (who recommended attack) and his diplomats (who counseled against military action) and followed his own lead—organizing a naval blockade of Cuba instead.

Threatening to precipitate a nuclear war, Kennedy stared down Khrushchev, who blinked, six days later; Soviet ships turning back on their way to attack the blockade and the missiles quietly removed from Cuba—illustrating well, Kennedy's ability (as a suitably medicated hyperthymic) to lead in a crisis. (Ghaemi 2011)

†

Winston Churchill suffered terribly from depression. Calling this his "black dog," he was ever fearful of train platforms and unguarded ship's railings—just a "few drops of desperation"—impelling him to commit suicide; by jumping.

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[4] Addison's disease is a shortage of adrenal steroid hormone release that can have wide ranging detrimental effects on a patient, but can be treated with replacement hydrocortisone which, in turn, may have psycho-active effects. Kennedy suffered hugely from this disease, with multiple hospitalizations and near-death experiences, publicly denying the problem "fit for anything"— speaking to his exceptional resilience in the face of personal adversity.

A classic *cyclothymic* personality—experiencing severe ups and downs—Winston suffered from hyper-mania and depression. In the manic phase: extroverted, highly productive, creative (in the Dunkirk landings, it was his idea to sink old ships, one on top of each other, to create artificial harbors), gregarious, and an interminably incessant talker.

But in the depressive phase: down in the dumps, drinking too much and despondent. Accordingly, having battled with his own despair, he could rally a despairing nation against Hitler—realistically recognizing the lying tyrant for whom he was; depression conferring a greater sense of realism on its sufferers. (Ghaemi 2011)

(In contrast, Neville Chamberlain, the then prime minister and mentally healthy, believed Hitler; and sought appeasement rather than resistance to the Nazi menace.)

Churchill instead leading his War Cabinet to unleash Operation Dynamo—launched a flotilla of all available water craft to sail to the French coast where the retreating British Expeditionary Force and Allied troops had amassed on the beaches—fearing imminent attack from the German Panzer divisions by land, and the Luftwaffe from the skies.

Operation Dynamo, however, was a highly risky proposition at best, because of the ever-present dread of a massive loss of resources in planes and destroyers, that might have been put to better use protecting England at imminent risk of invasion by Hitler's advancing forces.

Churchill facing down multiple detractors in the War Cabinet (including the certifiably sane Neville Chamberlain who he had replaced) who questioned his leadership, and demanded that the Government engage in a Peace Treaty or they would resign.

Churchill's resolute answer?

"We shall fight on the beaches, we shall fight on the landing grounds, we shall fight in the fields and streets, we shall fight in the hills; we shall never surrender." Winston's resounding words, delivered to parliament, and aired on BBC radio, June 4, 1940, rallying the nation against Hitler, as the last of 340,000 troops were evacuated from Dunkirk.

If leadership is the art of communication, that rallying address is held to be one of the finest oratorical moments of the war; standing testament to the effective, if cyclothymic, leader that Sir Winston Churchill was.

Psychiatrist, Dr. Nassir Ghaemi asserting in *A First Rate Madness*:

"Our leaders need not be perfect: their imperfections indeed may produce their greatness. The indelible smudges on their character may be signs of brilliant leadership."