The madness of politics

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Is the Prime Minister mad? The question was heard towards the end of the Thatcher era, when the Prime Minister was widely perceived to have become crazed and grandiose. Now we are hearing it again. Matthew Parris,¹ the political columnist with *The Times*, was amongst the first to question the mental stability of Tony Blair. He felt that the Prime Minister's grasp on reality was slipping and that he was making statements that were 'palpably absurd'. The neuropsychologist Dr Paul Broks² wondered whether Blair was a 'plausible psychopath', and Dr Sidney Crown,³ a psychotherapist, maintained that the Prime Minister had a 'devious personality'. Political cartoonists have also portrayed the Labour leader as deranged. For example, Martin Rowson of *The Guardian* satirically depicted Blair descending through various stages of madness, including 'delusional sense of self-importance', 'religious mania' and 'violent psychotic interlude', culminating in 'complete breakdown'.

Remarks of this sort raise a host of questions. For example, how do we recognize mental illness? What is the difference between 'lay' and 'professional' opinion? Is the former just a matter of social prejudice or does it articulate some essential verity about the human condition? Does the latter represent the 'true' picture—a neutral, scientific observation—or is it, too, influenced by the cultural context? Does the use of psychiatric terminology enlighten our understanding of public figures? Does it serve to explain, exonerate and identify those in need of help, or does it undermine, invalidate and insult the individual in question? And, crucially, should psychiatrists pass clinical judgment on people they have never met? With these questions in mind, the aspersions on Mr Blair's sanity will be examined from the perspective of a sceptical psychiatrist.

BACKGROUND

The notion of a relation between power and madness is hardly new. As Roy Porter⁴ has shown in *A Social History of Madness*, Greek legend and history is replete with rulers driven insane as a result of overreaching themselves. Similarly, in the parables of Judaism and Christianity, when the mighty abuse their position they are often struck down with mental affliction. An example is Nebuchadnezzar, who

tormented his people and was reduced to bestial insanity. Here madness is a form of punishment. As Porter also shows, political culture has long entertained the idea that our rulers are 'cracked'. Eighteenth century British political cartoonists repeatedly portrayed such figures as Charles James Fox or Edmund Burke as in need of the strait-jacket. In the case of some more recent politicians, there was clearly substance in the stories of mental affliction. For instance, Ramsay Macdonald, Labour's first Prime Minister, became melancholic during his period in power—or, as one contemporary put it, 'inane and gaga'.⁵ Winston Churchill was plagued by 'the black dog' of depression, and during his last days in office his mind wandered.⁶

LAY COMMENTATORS

Let us consider contemporary verdicts on the current Prime Minister's mental health in more detail. In an article entitled 'Are we witnessing the madness of Tony Blair?', and written in the build-up to the war against Iraq, Matthew Parris outlined his concerns. He contended that inspirational leaders often had to spend their time being 'certain of the uncertain, convinced of the undemonstrable'. And, he added, so did the mentally ill, which made it difficult to distinguish between the two. Blair had developed a 'fierce, quiet intensity'—a quality that Parris associated with the 'mad' constituents he had encountered when he was an MP (Tory). He felt that the Prime Minister was using illogical arguments in his case for attacking Iraq and that he had a 'demented capacity to convince himself that it is the other guy who is cheating'. According to Parris, Blair's remark that he would ignore Security Council vetoes which were unreasonable was 'stark, staring bonkers'. Blair was retreating 'into a hopeless, desperate optimism'. Parris also thought that Blair's belief that he could reconcile the irreconcilable—i.e. unite America and Europe over Iraq—was 'a familiar delusion among people who are not right in the head'.

On the last point, Parris is partly correct: there is certainly an analogy between believing in what cannot be demonstrated and delusional thinking, but it does not necessarily follow that they are the same thing. Otherwise, one could argue, for example, that belief in God was evidence of delusion. Admittedly, the definition of what constitutes a delusion is problematic, and Parris's position does find some support from those, such as the psychologist

Richard Bentall,⁷ who argue that delusions are not qualitatively different from ordinary thoughts but are at the extreme end of the spectrum.

Parris highlights Blair's illogicality. Some mentally ill people do indeed make illogical statements, but then so do many of the sane. It is also hard to agree that great optimism is a sign of madness. Likewise, Blair's belief that he could bring opposing factions together may have been ill-judged but is hardly evidence of delusional thinking. Parris's 'diagnostic criteria' do not accord with those of clinical psychiatry. Does it follow, then, that they are worthless? Might he be expressing a certain kind of folk wisdom about the Labour leader, which, although it might not be found in a psychiatric textbook, is part of an established and vital cultural tradition of puncturing the pomposity of our leaders? Or is he simply making a political attack on the Prime Minister, disguised as a psychological profile? Our response to these questions will be influenced by our political and professional allegiances.

Another journalist, Peter Dunn, from the *New Statesman*, likewise questioned Blair's sanity. After interviewing several psychiatrists and psychologists, he wrote that Blair displayed 'self-delusion on a heroic scale'. He added: 'He is one of the few politicians who has never told a lie because his belief in whatever he says . . . is total'. The problem, he suggested, was that Blair was 'a man who doesn't really know who or what he is'; Blair was like an actor, assuming different roles to suit different situations. Dunn wondered whether Saatchi's infamous Tory poster of Tony Blair with 'demon eyes' might have been onto something. Dunn's model of madness embraces several elements—an exaggerated opinion of oneself; a lack of identity; a flair for acting; and a satanic demeanour. This model would not convince many psychiatrists. They would criticize the muddling of distinct conditions such as psychosis and psychopathy, and they would be dismayed at the equation of mental illness with demonic possession. According to Dunn, however, 'the suggestion that . . . Blair is mad is now firmly in the public domain'.

The lay discussion about Blair's sanity reveals underlying attitudes about mental illness. These attitudes are largely negative. If, for a moment, we accept the argument that Tony Blair is mad, his plight does not seem to have aroused much sympathy. Rather the Prime Minister is condemned, and his condition is said to be characterized by self-deception, personal inadequacy and possession. Such a view is of course deeply offensive to people who actually experience mental illness. As well as painting an inaccurate and confused picture it adopts old-fashioned notions of moral degeneracy and satanic influence.

The lay discussion also illustrates how psychiatric terminology can be used and abused, especially in the

political arena. A famous example in history was the case of George III, who experienced bouts of confusion during his reign. The king's mental condition was discussed repeatedly in Parliament. His allies downplayed the symptoms to ensure that George stayed in power, while his enemies, who wanted the Prince Regent installed in his place, seized on any evidence of mental infirmity to have him deposed. The king was clearly disturbed (the most probable diagnosis being porphyria) but political allegiances affected how his condition was interpreted.⁸

THE MEDIA EXPERTS

The neuropsychologist Paul Brok has discussed Mr Blair's mental condition in the context of neurobiology. His argument hinges on whether or not weapons of mass destruction will be found in Iraq. If they are not, he declares, Blair could be seen as a 'plausible psychopath', who is 'charming, intelligent, emotionally manipulative, ruthlessly ambitious and self-serving'. Neuroscientists might even locate the problem in the 'underactive emotional centres in the temporal lobes'. Although Brok expresses scepticism about 'neurobabble', the clear implication of his article is that, if the weapons are not found, then Blair is a psychopath. (Another interpretation of course, would be that the Prime Minister simply got it wrong.) The charge of psychopathy has also been made by Dr Sidney Crown, a psychotherapist. The *New Statesman* quotes him as saying of Blair: 'the vanity and fear are all part of a devious personality and he's extraordinarily clever about it'. Crown feels Blair has no core identity, and he too compares him to an actor. He maintains that the Prime Minister takes no responsibility for the consequences of his actions. The psychologist Dorothy Rowe is another who suggests that the Prime Minister is prone to fantasies and self-deception. And yet another is Leo Abse,⁹ the former Labour MP, who some years ago wrote a book-length psychoanalytical account of Blair, in whom he detected psychological flaws that led to the 'politics of perversion'.

The psychiatric diagnosis of psychopathy is usually made on the basis of an inability to sustain long-term relationships or to hold down a job. Psychopathic individuals tend to abuse drugs and alcohol, to get in trouble with the police, and to lead lives of utter chaos. This description clearly does not apply to Blair. The qualities that have been cited to prove that Blair is a psychopath are his charm, insincerity and talent for drama. The most prosaic explanation for these qualities is that he is a lawyer, merely using the tricks of the trade to argue a case. He has the lawyer's ability to defend positions without necessarily believing in them.

DISCUSSION

The claims of popular journalists and media experts have been examined from the vantage point of clinical psychiatry and found to be dubious. But should the vantage point of clinical psychiatry itself come under scrutiny? Should it automatically be privileged as representing the 'truth' of the matter? Many clinicians would have no difficulty in assenting to the proposition that their discipline offers a more accurate perspective on the world of mental disturbance than lay opinions, and would be contemptuous of the postmodern notion that other narratives have equal validity.¹⁰ However, it could be argued that there is something in the lay view that high office has driven Tony Blair, like some of his predecessors, to the edge of madness. Perhaps lay opinion is giving expression to a deeply felt unease about the relationship between the people and its leader. One is reminded of the trial that concludes Dostoyevsky's *The Brothers Karamazov*. The people overturn the advice of the medical witnesses about the sanity of the accused, Dimitri Karamazov, to find him guilty—a more profound judgment, it is implied, than that of the professionals.

Whatever the merits of this particular line of argument, the published comments on Tony Blair's sanity do illustrate how psychiatric terms continue to be misappropriated by the lay public. Because mental illness is perceived so negatively, psychiatric terms are powerful weapons against opponents. It is not just lay people who have used them in this way; doctors and psychologists have also drawn on clinical concepts to criticize the Prime Minister; and by doing so they give tacit support to the pejorative

use of psychiatric terminology in the wider community. They help to maintain and reinforce the stigma of mental illness.

So, is the Prime Minister mad? Without more information, the psychiatrist's answer has to be 'I don't know'. The practice of psychiatry has at its core the one-to-one encounter between doctor and patient, and to offer a diagnosis on lesser evidence condemns psychiatry as a form of idle gossip. More seriously, it encourages the negative stereotyping of the mentally ill and the trivializing of their suffering. Whatever our political opinions of the Prime Minister, psychiatric language should not be invoked to express our disagreement.

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