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Was Saddam Hussein Like Adolf Hitler? A Personality Disorder Investigation

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The present study used an informant method of psychiatric assessment to evaluate Saddam Hussein, and these results were compared to a posthumous assessment of Adolf Hitler. Eleven Iraqi adults who lived under Hussein's influence for a median of 24 years completed the Coolidge Axis II Inventory, a measure of 14 personality disorders. The mean consensus among the 11 raters was $r = .57$. It revealed that Hussein probably reached diagnostic threshold for the sadistic (T score $M = 81.0$), paranoid (T score $M = 79.3$), antisocial (T score $M = 77.4$), and narcissistic (T score $M = 74.2$) personality disorders. The correlation between the consensus profile for Hussein and a consensus profile of 5 Hitler experts was $r = .79$, indicating a very strong similarity between the two profiles. It was concluded that Saddam Hussein had many of the same personality disorders or their features as Adolf Hitler, although sadistic features were stronger in Hussein than Hitler. It appeared that a "Big Four" personality disorders constellation emerged for these two dictators, and they were sadistic, antisocial, paranoid, and narcissistic. It was also found that Hussein might have had some traits or features of paranoid schizophrenia. Implications for diplomacy and negotiations with persons with similar personality profiles are proffered.

> "He's a dangerous, dangerous man with dangerous, dangerous weapons."— as quoted by U.S. President George W. Bush, about Saddam Hussein, December, 2002.

Although President Bush's trenchant assessment of Saddam Hussein may convey an appropriate image for the layperson, Bush's assessment, nevertheless, is unaligned with and outside any modern psychiatric classification system. Classification systems have many purposes, such as helping the clinician to organize and communicate clinical information (Segal & Coolidge, 2001). Another noteworthy

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function of classification is that a proper diagnosis can aid in intervention strategies and more appropriate treatment. We argue that it is important for the United States government officials and other governments to use formal psychiatric criteria in the evaluation of Saddam Hussein and other dangerous world leaders in order to predict, understand, and better control their behavior for common good. Certainly, a clearer understanding of one's adversaries is a wise strategy in international conflict resolution.

The standard of official psychiatric diagnoses was created and is maintained by the American Psychiatric Association. This classification system is called the *Diagnostic and Statistical Manual of Mental Disorders*, 4th Edition—Text Revised (*DSM-IV-TR*; American Psychiatric Association, 2000). A face-to-face clinical evaluation of dictators is typically impossible. Even after their eventual deposition, such evaluations are often problematic. However, having informants answering questions about others (in this case, a dictator) is not only possible, but also appears to be a reliable and valid method of psychiatric assessment. The use of informant-reports of psychopathology has long been a part of clinical evaluations and has always been an important adjunct to clinical interviews with patients. Klonsky, Oltmanns, and Turkheimer (2002) reviewed 17 informant-report studies of personality disorders and concluded that informant-reports produce at least modest agreement between self- and informant reports, and informants tended to agree with each other. Previous research by the senior author (Coolidge, 1999; Coolidge, Burns, & Mooney, 1995) has demonstrated the reliability and preliminary validity of multiple informants methods, and other studies have also demonstrated the reliability of multiple informant techniques in psychological evaluations (e.g., Mount, Barrick, & Strauss, 1994).

Recently, Coolidge, Davis, and Segal (2007) recruited five experts of Adolf Hitler (Ph.D. historians/academics) to evaluate him according to *DSM-IV-TR* criteria for some Axis I clinical syndromes and Axis II personality disorders. The median interrater reliability was high (r = .72). A consensus profile revealed that Hitler probably reached criterion for the paranoid (T score M = 79.8), antisocial (T score M = 79.1), narcissistic (T score M = 78.4), and sadistic (T score M = 76.8) personality disorders. On Axis I, the consensus profile revealed that Hitler had many schizophrenic traits or features, including excessive grandiosity and aberrant and psychotic thinking.

Post (2003) recently reviewed issues and research regarding the assessment of political figures. In his cogent assessment, he hypothesized that severe personality disorders, such as the paranoid type, are inconsistent with sustained political leadership, at least in democracies. However, he postulated that when it does occur in the ranks of political figures, it could have catastrophic consequences. He also proposed that the avoidant, dependent, and schizoid personality disorders were also rare among political leaders due to their features of low self-confidence and social anxiety. Post proposed that characteristics of the obsessive–compulsive and narcis-

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sistic personality disorders would be prominent among political leaders, although he stated that knowledge of personality disorder types had not yet been sufficiently applied to these figures.

Regarding Saddam Hussein, Post stated (while Hussein was still in power) that although Hussein was not psychotic, he did have a strong paranoid orientation. He noted that Hussein had been called a "madman of the Middle East" but that there was no evidence that he was suffering from a psychotic disorder. He also noted that Hussein does not appear to be impulsive and although as he may be in touch with reality, he was clearly out of touch with political reality. Post also proposed that combined with Hussein's political personality constellation was a messianic ambition for power and malignant narcissism (i.e., a "destructive charismatic, who unifies and rallies his downtrodden supporters by blaming outside enemies" [p. 344]), an absence of conscience, and a paranoid outlook. The latter three personality types described by Post might therefore correspond to the narcissistic, antisocial, and paranoid personality disorders.

Recent anecdotal comparisons of Saddam Hussein to Adolf Hitler have made the importance of understanding Hussein's personality characteristics paramount. In addition, if Hitler's personality can be reliably assessed 58 years after his death, then perhaps Saddam Hussein may be evaluated reliably by the same multiple-informant methods. Some important conceptual issues we also addressed were the extent to which the two profiles were similar and if there was a common constellation of personality disorder features among these two notorious dictators.

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METHOD

Informants

The informants in this study were 11 former or current citizens of Iraq. All were born in Iraq, but presently lived in the United States or Canada. English was their second language. They either knew Hussein through personal interactions or their immediate relatives had personally interacted with him. The group, in general, lived under Hussein's political influence or rule for a range of 13–31 years (median = 24 years). All were recruited by a third party (an Iraqi with a Ph.D. in political science) for their interest in Hussein's personality and their knowledge and confidence in the ability to assess his personality. All but one had a high school or greater education (range sixth grade to Ph.D.). There were 3 females and 8 males with a mean age of 41.1 years (range 35–69 years). All were paid $50 for their participation and were offered anonymity with regard to their evaluations. They were asked to complete the personality inventory independently although they were allowed to consult a dictionary and the third-party consultant for any questions about the items. The reports were mailed to the senior author.

Measures and Procedures

The informant-report used in the present study was the Coolidge Axis II Inventory (CATI; Coolidge, 2000; Coolidge & Merwin, 1992), a 225-item *DSM-IV-TR* measure of several Axis I clinical syndromes including a 45-item schizophrenia scale, an 11-item psychotic thinking subscale, and 14 personality disorder scales based on criteria from *DSM-IV-TR* Axis II, its appendix, and the appendix of *DSM-III-R*. The informant version of the CATI was designed to be filled out by a significant other, relative, or someone who knows the patient well and has observed their behavior in various social interactions and situations. Evidence of good reliability and validity of the informant-report of the CATI has been reported in several studies (Coolidge, 1999; Coolidge et al., 1995; Coolidge et al., 2007). There is also evidence of the reliability of informant ratings with other psychological tests (e.g., Mount et al., 1994).

All personality disorder scales' items in the CATI were created directly from the *DSM-IV-TR* criteria, and each criterion is represented by at least one item on the CATI. Each item is assessed on a 4-point true–false Likert scale ranging from (a) *strongly false*, (b) *more false than true*, (c) *more true than false*, to (d) *strongly true*. The CATI has two validity scales, one 3-item scale that measures random responding and a bidimensional scale of 97 items measuring excessive denial and symptom exaggeration.

For the 14 personality disorder scales of the CATI, the median internal scale consistency (Cronbach's alpha) is .76 (range: highest, Dependent scale = .87; lowest, Self-defeating scale = .66). The mean test–retest reliability for the CATI personality disorder scales is $r = .90$ (one-week test interval). The CATI attained a 50% concordance rate when matched to diagnoses of clinicians, and it had a median concurrent validity correlation of $r = .58$ with the Millon Clinical Multiaxial Inventory with 13 of their common personality disorder scales (see Coolidge, 1999; Coolidge & Merwin, 1992; Coolidge, Merwin, Nathan, & Schmidt, 1996, for additional details). Notably, the CATI has also been successfully adapted and used cross-culturally (e.g., Kalchev, Balev, & Coolidge, 1997; Watson & Sinha, 1996).

RESULTS

Interrater Reliability

The 11 raters had a mean interrater reliability of $r = .57$ for the 14 personality disorder scales. A cluster analysis revealed three discernable clusters. Cluster 1 consisted of 5 raters who had a mean interrater reliability of $r = .84$. Cluster 2 consisted of 4 raters who had a mean interrater reliability of $r = .82$. Cluster 3 consisted of 2 raters who had a mean interrater reliability of $r = .72$. By treating

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each of the 14 personality disorder ratings as items on a test instrument, Cronbach's coefficient of reliability was calculated across the 11 raters, and it was determined to be $\alpha = .86$. The latter finding is another indication of the good reliability among raters.

Axis II Personality Disorders

The T score means for the consensus of Hussein's 11 raters (and Hitler's 5 raters) appear in Table 1. The four most elevated personality disorder scales for the consensus of 11 Hussein raters were Sadistic (mean T = 81.0), Paranoid (mean T = 79.3), Antisocial (mean T = 77.4), and Narcissistic (mean T = 74.2).

For Cluster 1 the four most elevated personality disorder scales were Paranoid (mean T = 79.9), Antisocial (mean T = 78.9), Sadistic (mean T = 77.1), and Narcis-

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TABLE 1
A Summary of Saddam Hussein and Adolf Hitler's Personality Disorder Scales T Scores on the Informant Version of the CATI

Saddam Hussein (11 raters)			*Adolf Hitler (5 raters)*		
Personality Dis.	*T Score M (SD)*	*Range*	*Personality Dis.*	*T Score M (SD)*	*Range*
1. Sadistic	81.0 (5.8)	73.9–94.2	1. Paranoid	78.4 (8.9)	67.5–89.6
2. Paranoid	79.3 (3.6)	73.4–85.2	2. Antisocial	77.8 (8.3)	66.8–89.3
3. Antisocial	77.4 (5.9)	68.2–86.0	3. Narcissistic	76.9 (9.5)	66.9–86.3
4. Narcissistic	74.2 (7.0)	61.3–81.7	4. Sadistic	75.9 (5.9)	68.1–82.6
5. Schizoid	72.6 (5.4)	65.5–82.1	5. Schizoid	67.4 (11.8)	38.5–82.3
6. Schizotypal	70.7 (4.2)	66.0–81.3	6. Schizotypal	67.2 (6.6)	61.3–77.8
7. Obsessive–Compulsive	67.7 (3.8)	62.5–73.9	7. Borderline	65.6 (11.8)	53.6–84.5
8. Dependent	67.5 (6.5)	57.1–73.5	8. Passive–Aggressive	63.7 (11.8)	50.0–76.0
9. Depressive	67.4 (6.9)	55.6–77.8	9. Depressive	61.9 (9.3)	51.1–65.9
10. Self-Defeating	65.4 (2.9)	61.9–70.3	10. Obsessive–Compulsive	59.5 (5.5)	50.0–72.2
11. Borderline	63.7 (4.8)	56.3–70.8	11. Avoidant	58.7 (6.9)	48.2–65.2
12. Passive–Aggressive	63.2 (9.6)	46.7–74.1	12. Dependent	55.0 (11.5)	44.0–73.3
13. Histrionic	61.7 (7.3)	51.3–74.5	13. Histrionic	54.0 (11.7)	36.0–63.9
14. Avoidant	59.4 (6.6)	51.8–72.6	14. Self-Defeating	50.6 (8.8)	39.7–59.2
Axis I	*T Score M (SD)*	*Range*	*Axis I*	*T Score M (SD)*	*Range*
Schizophrenia	78.5 (2.8)	72.9–83.9	Schizophrenia	69.6 (9.6)	53.6–77.4
Psychotic Thinking	89.9 (4.1)	84.7–97.5	Psychotic Thinking	73.0 (11.5)	52.8–80.4

sistic (mean T = 76.7). For Cluster 2, the four most elevated personality disorder scales were Sadistic (mean T = 83.7), Schizoid (mean T = 78.0), Paranoid (mean T = 77.8), and Antisocial (mean T = 71.6). For Cluster 3, the four most elevated personality disorder scales were Sadistic (mean T = 85.5), Antisocial (mean T = 85.0), Narcissistic (mean T = 81.1), and Paranoid (mean T = 80.7). Thus, three personality disorders were similar across the three clusters (Paranoid, Antisocial, Sadistic), the Narcissistic personality disorder was among the top four in two clusters, and the Schizoid personality disorder appeared in the top four in only one cluster.

Schizophrenia Scale and Psychotic Thinking Subscale

The mean T score across the 11 raters for the Schizophrenia scale was 78.5, and T scores ranged from 73 to 84. The mean T score across the 11 raters for the Psychotic Thinking subscale scale was 89.9, and T scores ranged from 85 to 98.

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Adolf Hitler Comparisons

The consensus of 5 Adolf Hitler historians from a previous study (Coolidge et al., 2007) was compared to the consensus of 11 raters in the present study for the 14 personality disorder scales. The correlation between the two sets of T scores was $r = .79$, indicating strong agreement. The top six personality disorders were the same for Hussein and Hitler. Interestingly, the biggest discrepancy among the top four personality disorder scales was the Sadistic personality disorder scale, which was rated the highest for Hussein whereas Hitler's raters gave sadistic personality disorder only the fourth highest among the personality disorder scales. The Paranoid personality disorder scale was rated second highest for Hussein, and Hitler's raters gave it their highest rating. Antisocial personality disorder was third highest for Hussein and second highest for Hitler. Finally, the Narcissistic personality disorder scale was fourth highest for Hussein and third highest for Hitler.

DISCUSSION

There was relatively good consensus for the 11 Saddam Hussein informants regarding the 14 personality disorders ($r = .57$), and Cronbach's coefficient of reliability for the 14 personality disorder scales across raters was also substantial ($\alpha = .86$). The cluster approach yielded even higher interrater reliabilities, and this approach appears to require further examination in future research. Post's (2003) hypotheses that Hussein would have paranoid, antisocial, and narcissistic personality disorder characteristics were generally supported. Post's contention that many world political figures would show evidence of obsessive–compulsive personality disorder characteristics was not supported as it ranked 7th highest among the 14

personality disorder scales for Hussein, and it ranked 10th among Hitler's personality disorder scales.

A comparison of Hussein's consensus with Hitler's consensus yielded a strong positive correlation ($r = .79$). It appears that these two dictators were very similar with regard to their personality disorder constellations. Furthermore, it appears that a "big four" emerges in both of their profiles: sadistic, paranoid, antisocial, and narcissistic personality disorders (if not a "big six" as the Schizoid and Schizotypal personality disorder scales were both ranked fifth and sixth for both Hussein and Hitler). In support of this general constellation, we (Coolidge & Segal, 2005) recently found that a personality disorder profile of North Korean dictator Kim Jong Il revealed the same top six personality disorders, although Il's "top four" profile included the schizoid personality disorder (along with sadistic, paranoid, and narcissistic). Interestingly, Kim Jon Il's personality disorder profile correlated .76 with Hussein and .67 with Hitler.

The high elevations on the Axis I Schizophrenia scale and its Psychotic Thinking subscale for Hussein is problematic. Certainly, we are not claiming a diagnosis of schizophrenia or psychosis for Hussein based on these results. As Post (2003) has already noted, severe character disorders are inconsistent with sustained leadership, at least in democratic societies. Also, Post hypothesized that Hussein was not literally the "madman of the Middle East" in that he might have been out of touch with political realities but in touch with conventional psychological reality. The *DSM-IV-TR* notes that a diagnosis of schizophrenia requires delusions (false beliefs) or hallucinations (perception in the absence of external stimulation). It could be argued that Hussein's messianic dreams as an exalted ruler borders on the delusional. Hussein had grandiosely stated that he places himself among the great rulers of the world along such as Fidel Castro, Ho Chi Minh, and Mao Zedong (Post, 2003). He placed statues and pictures of himself throughout Iraq, and when asked about the cult of personality he was obviously creating by and for himself he said he "cannot help it if that is what they want to do." (Post, 2003, p. 345).

It could also be questioned whether someone with schizophrenic traits could rise to such a high position of power and control of others, given that schizophrenia is generally such a debilitating disease, particularly socially and occupationally. However, there are other documented cases of murderous schizophrenic persons who have had extraordinary influence on groups of others (e.g., Charles Manson, James Jones, etc.). Furthermore, the current *DSM-IV-TR* criteria for schizophrenia, paranoid type, include symptoms such as preoccupation with one or more persecutory or grandiose delusions usually organized around a coherent theme. Associated features include anxiety, anger, aloofness, and argumentativeness. The *DSM-IV-TR* also states that persecutory themes and grandiose delusions may predispose schizophrenic individuals to violence and such individuals may have a superior or patronizing manner in interpersonal interactions, and such individuals

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may display little or no cognitive impairment and have a good prognosis in the areas of occupational functioning and independent living. Again, however, we are not suggesting Hussein has a diagnosis of schizophrenia but that he may have some features or traits associated with the disease, at least according to this sample of raters. Their personal biases may have played a prominent role in their generally negative evaluations, and Iraqi-American cultural differences may have also biased some of the CATI items.

Individuals with paranoid personality disorder tend to be pervasively distrustful and suspicious of others, and other people's motives are usually interpreted as malevolent. The *DSM-IV-TR* notes that individuals with this disorder usually assume that other people will exploit, harm, or deceive them even if no evidence exists to support this expectation. They are preoccupied with unjustified doubts about the loyalty and trustworthiness of friends and associates. This pattern certainly appears to fit Hussein's personality. The infamous and chilling film of Hussein's assumption of Iraqi leadership in 1979 is powerful evidence of his paranoia and dangerous aggression. In the film, where he sits on a dais puffing a cigar, while meeting with over 200 senior Iraqi officials, he announces that traitors were among them, he has them arrested, and he formed firing squads among the remaining members. Often in the film, he laughs and smiles, as members are announced as treasonous and publicly humiliated, slapped, and hauled away for execution.

Individuals with antisocial personality disorder have a pervasive disregard for others and regularly dismiss and violate the rights of others, and they do not feel guilty about their harmful actions. Deceit and manipulation are also prominent features. Narcissists have an inflated view of their own self-worth, possess little or no empathy for others, and are consumed by desires of power. Individuals with sadistic personality disorder have a pervasive pattern of cruel, demeaning, and aggressive behavior. They take pleasure in the psychological and physical suffering of others, will lie to harm or inflict pain on others, and get others to do what they want by frightening them, intimidation, or the use of terror. Sadists use physical cruelty or violence for the purpose of establishing dominance in a relationship, and they have poor behavioral controls which results in easy emotional flare-ups. Again, there are ample examples from Hussein's life and rule for the diagnosis of these personality disorders.

Retrospective Treatment and Implications for Diplomacy and Negotiations

In retrospect, there may have been little other world leaders could have done to temper Hussein's sadistic personality disorder tendencies. There is tangential evidence that the disorder may be genetically influenced (Coolidge, Thede, & Jang, 2001; Torgersen et al., 2000) and some speculation that it occurs more frequently in those who have been physically, sexually, or psychologically abused as a child

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(American Psychiatric Association, 1987). Little is known about treatment for this personality disorder and, in a sense, the best approach to the sadistic personality is to prevent it from forming in vulnerable individuals or isolate individuals from the influence of sadists.

With regard to Hussein's paranoia, there are perhaps some approaches that work better than others. Paranoid individuals often project their mistrust and suspicion onto others, which is the core of their personality and their central defense mechanism. Through their slanderous and malevolent projection onto others, they create threats where none may have previously existed. Paranoid patients are extraordinarily difficult to treat; however, they often intuitively trust some people more than others. In early negotiations with Hussein over weapons of mass destruction, he might have trusted some government officials more than others (e.g., Jordan's King Abdullah II over Crown Prince Abdullah of Saudi Arabia; Secretary of State Colin Powell over President George Bush; Prime Minister of England Tony Blair over Powell, etc). The few world leaders whom Hussein might have trusted to negotiate with would have had to maintain some air of strength. Secondary emissaries might have immediately been at a disadvantage. Paranoid individuals do not trust weak individuals but they also can become suspicious over excessive friendliness and sympathy and may perceive such behaviors as deceitful. The self-confidence and autonomy of the paranoid individual should not be immediately challenged. Trust can be built up in paranoid individuals but it should be done in small progressive steps. As Millon (1981) has stated, any techniques for dealing with paranoid patients must be secondary to building trust. Initially, negotiations should be quiet and formal with the negotiator showing genuine respect for the paranoid person. Hussein should have been allowed to share his perceived humiliations and mistreatment by his enemies. The negotiator, by allowing this sharing, may slowly build trust. The negotiator accepts the statements of humiliation and mistreatment but does not confirm them. In this way, the negotiator may help the paranoid dictator view the world through another person or country's perspective. Eventually, a lessening of the paranoid veneer may occur, and some progress may be attained.

Hussein's narcissistic personality tendencies also made him an extraordinarily difficult person with whom to deal. A negotiator must try to avoid any hints of deficiencies on the part of the narcissist. Narcissistic individuals might otherwise shift the blame upon others and become enraged. Allowing Hussein to comment on his own successes in his country (cleaner water, more schools, etc.) might have helped to build trust with the negotiator. The negotiator could have helped Hussein see the realities of the needs of other countries (like Iraq not having or using weapons of mass destruction) and the need for Iraq to conform to some world standards and the benefits to Iraq (and to Hussein) that would come from living in harmony with other countries. In contrast, trying to humiliate or embarrass the narcissistic individual will likely serve to increase the person's grandiosity and arrogance.

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Hussein's antisocial features, such as his openly hostile affect, lack of empathy, interpersonal vindictiveness, and his fearlessness in the face of sanctions and punishment all again served to make negotiations extraordinarily difficult. Even "submitting to negotiations" makes antisocial individuals unwilling and hostile. Hussein appeared to pride himself on outwitting weapons inspectors. This behavior emanated, in large part, from his antisocial personality pattern. It was entirely predictable that Hussein viewed weapons inspections as a battleground itself. His motivations were undoubtedly to cause ire, anger, and to humiliate the inspectors and the countries who ordered them in. Negotiators must restrain from falling into an antisocial person's traps. Again, negotiators must set up a sense of trust. The negotiator should build an air of firmness and fairness. Persistence would be an important negotiating characteristic, and the negotiator should not fall into petty little tests or battles. One approach that appears to have at least a modicum of success with antisocial individuals is behavior modification (clearly stated rewards and punishments for clearly stated behaviors) or *quid pro quo*. In other words, if Hussein would cooperate with inspections, some sanctions would be lifted. If Hussein turns over weapons, he is rewarded. Certainly, the core of Hussein's personality would not be changed through any of these approaches; however, knowing in advance the pitfalls and dangers of his personality might have helped early and later weapons negotiations. Knowledge of Hussein's psychology would be neither necessary nor sufficient in changing his behavior, nonetheless, knowing some of the chief features of his psychopathology could conceivably have been of some use to those who must deal with severely idiosyncratic and recalcitrant dictators.

Preliminarily, it appears that the present method of multiple-informant ratings may be useful in the assessment of prominent traits and features of political figures and dictators. The present study might have been improved by having figures somewhat sympathetic to Hussein (moderate or nationalistic Iraqis) serving as informants. The use of Iraqi mental health professionals as informants (e.g., Ph.D.s in psychology or counseling, M.D. psychiatrists, etc.) might also have been of value. One limitation of the present study was that it could not be determined what the specific nature of the informants' interactions were with Hussein nor to what extent they or family members had been directly affected by his behavior or had personally interacted with him. Due to the limited number of female informants, it could also not be determined to what extent gender differences may have affected the ratings. Another limitation of the study is that the informants completed the English language form of the CATI, and English was their second language. Therefore, some interpretation problems may have occurred for the informants on some of the CATI items, although the strong interrater reliabilities suggest that this was not likely a major problem. There may also have been some biases specific to Iraqi culture for some of the CATI items. In conclusion, the world certainly does not have a shortage of the paranoid and murderous dictators. The prediction, understanding, and control of their behaviors through multiple informant methods could benefit generations.

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