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A First-Rate Madness: Uncovering the Links Between Leadership and Mental Illness [review] / Ghaemi, Nassir

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stand the “lifeworlds” of its people and those in the community (p. 101) it has difficulties to move forward cohesively. To facilitate the exploration of such “lifeworlds” the authors suggest asking questions like: “Tell us your autobiography of worship,” “What biblical, historical and cultural forces have shaped your practices?” and “What biblical, historic and cultural resources are available for us to experiment with new practices?” (p. 101).

As a church attempts to reach out it has to learn to communicate more effectively across cultural and linguistic boundaries. In a fascinating chapter the authors help readers understand that language is “a complex system that weaves perceptions, meanings and imaginations into a ‘system of representation.’ Language is a means of sorting out reality at the boundary between objects (out there) and concepts (constructs in our mind)” (p. 115). We all tend to unconsciously assume that the language we speak is an accurate representation of what is “out there” and we assume that the language maps of others are the same or similar to our own. However, this can be a false assumption. “In multilingual, multicultural environments,” say Branson and Martinez, “the leader needs to be particularly sensitive to the complexities of the communication so that he or she can strengthen relationships across these differences” (p. 123).

Realizing that working in multicultural contexts requires skills in handling social complexity the authors borrow Heifetz, Grashow and Linsky’s (2009) phrase, that leaders need to “get on the balcony,” to discern the adaptive challenges and engage in interpretive, relational and implemental activities to facilitate necessary change.

This is a comprehensive book that

masterfully communicates the complexities of a multicultural church as well as providing relevant and practical solutions leaders can use to prepare their congregations to represent God’s intentions more faithfully. The authors have successfully accomplished the purpose for writing the book and have provided a wealth of insight as to the skills and competencies needed to lead in multicultural contexts and create environments that make God’s reconciling initiatives apparent in church life and in missional interactions with the community at large. Throughout the book the authors provide relevant Biblical examples useful for group studies and real life testimonies that apply the concepts taught. A special feature of each chapter is also a list of movies that deal with the issues raised in the chapter. This book should be used as a must-read handbook for all leaders, pastors and teachers who are concerned about the mission of the church in an increasingly multi-ethnic and multicultural world.

Reference

Heifetz, R., Gashow, A., Linsky, M. (2009). *The practice of adaptive leadership*. Boston, MA: Harvard Business Press.

A FIRST-RATE MADNESS: UNCOVERING THE LINKS BETWEEN LEADERSHIP AND MENTAL ILLNESS

By Nassir Ghaemi
New York, NY: Penguin (2011)
Hardcover, 330 pages
Reviewed by JOHN GRYS

A First-rate Madness was recommended by a sociologist friend of mine, and though the title and general thrust of the book intrigued me, I’m not sure I was prepared for the opening salvo:

“In times of crisis, we are better off being led by mentally ill leaders than by mentally normal ones” (p. 2). The rest of the book unpacks this statement in a way that not only makes sense, but becomes very convincing.

Currently specializing in academic psychiatry, Nassir Ghaemi serves as a professor at Tufts Medical Center in Boston as well as being a Clinical Lecturer at Harvard Medical School (www.nassirghaemi.com). His specific area of expertise is mood illnesses, especially bipolar disorders. He brings these weighty credentials to bear on his study of eight great political, military, and business leaders: W. T. Sherman (bipolar), Ted Turner (bipolar), Winston Churchill (depression), Abraham Lincoln (depression), Mahatma Gandhi (depression), Martin Luther King, Jr. (depression), Franklin D. Roosevelt (mild manic), and John F. Kennedy (mild manic).

Three ingredients contribute to the selection of these leaders. First are the various aspects of mental health that each leader contributed to the overall understanding of the specific illness. Second is the significance of the particular contribution to their respective domains of leadership. The final ingredient included is the strong documentary evidence. Ghaemi then identifies the comparison “homoclitite” leaders, that is, those who would be considered normal. The book then organizes itself around these comparisons in relationship to specific elements.

Four key elements involved with manic and depressive illnesses can serve leaders well, especially in a time of crisis: realism, resilience, empathy, and creativity. Specifically, the professor points out that depression can assist in making leaders more realistic and empathic, while mania can contribute to creativity and resiliency. Indeed, it is the abnormality of the

moods that defines the mental disorders in these cases, not their ability to intellectually stay in touch with surrounding reality.

The author persuasively argues his case in this work. He utilizes primary sources, where possible, while keeping his promise not to make it a psychohistory. His attempt to connect the discipline of psychiatric study with leadership study helped me to realize why it might have been that, according to many, Winston Churchill could serve as a great wartime prime minister but suffer tremendously as a non-wartime leader. He also reinforces the notion that suffering in the formative years of a person’s life can lead him or her to become a strong leader in the adult years: “the absence of early hardship often has a later negative effect; when difficult times arrive, one is vulnerable. Early triumph can promote future failure” (pp. 52, 53).

In a religious context, the stigma attached to this kind of discussion may still be very strong, especially in more fundamentalist circles. The emphasis on “crisis” leadership cannot be understated. To fully utilize this kind of study would require a several things of a faith community: first, to admit that these kind of people exist in our midst; second, to discover how this kind of mental health relates to the spiritual core of a person; and third, that the community find value in this kind of a leader. Would a faith community trust this kind of leader? Of course, if we examine our most sacred text, Scripture, we would discover that what the mental sciences describe can best be found in the role of the “prophet.” If, indeed, Ghaemi is correct, God can use any person.

An insightful interview with the author is at: <http://www.colbertnation.com/the-colbert-report-videos/394151/august-08-2011/nassir-ghaemi>