

Is Kim Jong-il like Saddam Hussein and Adolf Hitler? A personality disorder evaluation

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A psychological profile was developed on North Korean leader Kim Jong-il based on a South Korean psychiatrist's evaluation of 14 personality disorders in *DSM-IV-TR* and of schizophrenic and psychotic symptoms. The psychiatrist, considered an expert on Kim Jong-il's behavior, completed the informant version of the standardized, *DSM-IV-TR* aligned, 225-item Coolidge Axis II Inventory (CATI). The resulting profile was compared with a consensus profile based on five academicians whose expertise was Adolf Hitler, and a consensus profile of 11 informants, all former Iraqi nationals all of whom had an intimate knowledge of Saddam Hussein. The rank-order correlation between Kim Jong-il and Hitler and between Kim Jong-il and Hussein was identical $r = 0.76$, $p < 0.002$. For the personality disorders, it appeared that a 'big six' emerged: sadistic, paranoid, antisocial, narcissistic, schizoid and schizotypal. All three dictators also showed evidence of psychotic thought processes. The implications of these findings for negotiation are discussed.

AQ1

Keywords:

Evaluation

Kim Jong-il is the dictatorial leader of the North Korea. He assumed its leadership when his father and president, Kim Il-sung, died in 1994. The title 'president' was retired in deference to Kim Il-sung, so Kim Jong-il assumed the titles General Secretary of the Workers' Party of Korea, Chairman of the National Defense Commission and Supreme Commander of the Korean People's Army. In 1992, Kim Jong-il changed his title of 'Dear Leader' to 'Dear Father'. He is notoriously secretive and private, with the full range of his influence presently unknown. By any standard of world opinion, Kim Jong-il has functioned as a dictator, suppressing many human rights and vigorously promoting his own cult of personality. Even the date of his birth is shrouded in mystery, with news reports suggesting he was born either in 1941 in Siberia or in 1942 at Mt Baekdu, which is North Korea's highest mountain.

The field of psychology has long been fascinated with the personality assessment of dictators. For example, one of the first published reports of Adolf Hitler's personality was by Carl Jung in 1939 (McGuire & Hull, 1977). In the late 1930s, Jung met Hitler and Italian dictator Benito Mussolini and observed their interactions in Berlin. Jung noted that Mussolini appeared to be an 'original man' who had warmth and

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energy, whereas Jung said Hitler inspired in him only fear. During their interaction, Jung said Hitler never laughed, and it appeared as if Hitler was sulking and in a bad mood. Jung viewed him as sexless and inhuman, with a singleness of purpose: to establish the Third Reich, a mystical, all-powerful German nation, which would overcome all of Hitler's perceived threats and previous insults in Germany's history. Psychoanalyst Walter Langer (1943/1972) provided a psychoanalytic evaluation of Hitler during World War II for the USA Office of Strategic Services. More recently, Mayer (1993) published provocatively interesting criteria such as indifference, intolerance and grandiosity for the assessment of dangerous leaders and compared popular world leaders like Winston Churchill with Hitler, and the former president George H. Bush with Saddam Hussein. Post (2003) has published psychological evaluations of varying political leaders such as William Clinton and Saddam Hussein, although these evaluations are typically conducted remotely, with the opinion of a single person (e.g. Post), with standardized psychological assessment measures infrequently employed, and with official psychiatric diagnoses often ignored.

The standard for official psychiatric diagnoses was created and is maintained by the American Psychiatric Association. This classification system, the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition – Text Revision (*DSM-IV-TR*; American Psychiatric Association, 2000), is predominant nationally and internationally for the assessment for psychiatric disorders. Of course, the use of this diagnostic system with a face-to-face clinical evaluation of a dictator is impossible. Even after their eventual deposition, such evaluations are obviously problematic. However, having informants answering questions or items from a standardized psychological inventory 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 that informants tended to agree with each other. It is important to note that personality disorders are among the most debilitating yet poorly understood forms of mental illness, exerting their deleterious impact across the lifespan (e.g. Segal, Coolidge, & Rosowsky, 2006), and yet they are highly prevalent (Coolidge & Segal, 1998). Previous research (Coolidge, Burns, & Mooney, 1995; Coolidge, 1999) has demonstrated the reliability and preliminary validity of multiple informants in the evaluation of personality disorders. This technique has also been used recently to evaluate psychological characteristics of presidents (Rubenzer & Faschingbauer, 2004).

In an attempt to describe an archetype of psychopathology for dictators, Coolidge, Davis and Segal (2007) recruited five Hitlerian experts (Ph.D. historians/academics) to evaluate Adolf Hitler according to *DSM-IV* criteria for some Axis I clinical syndromes and Axis II personality disorders (with the informant version of the Coolidge Axis II Inventory, CATI; Coolidge et al., 1995; Coolidge & Merwin, 1992). The median inter-rater reliability for the five raters was $r = 0.72$. A consensus profile revealed that Hitler was highly elevated on the following personality disorder scales: paranoid (t score $M = 79.8$), antisocial (t score $M = 79.1$), narcissistic (t score $M = 78.4$) and sadistic (t score $M = 76.8$). On Axis I, the consensus profile revealed that Hitler probably had many schizophrenic tendencies, including excessive grandiosity and aberrant thinking.

In a second study, Coolidge and Segal (2007) used the same informant method to evaluate Saddam Hussein, former dictator of Iraq. Eleven Iraqi adults who knew Hussein intimately for a median of 24 years completed the informant CATI. The mean consensus among the 11 raters for the 14 personality disorder scales was $r = 0.57$. It revealed that Hussein was highly elevated on the following personality disorder scales: sadistic (t score $M = 81.0$), paranoid (t score $M = 79.3$), antisocial (t score $M = 77.4$) and narcissistic (t score $M = 74.2$). This consensus profile was compared with the consensus profile of Adolf Hitler in the Coolidge et al. (2007) study. The correlation between the two consensus profiles was $r = 0.79$. 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 six' personality disorders constellation emerged for these two dictators, and they were sadistic, antisocial, paranoid, narcissistic, schizoid and schizotypal. It was also found that Hussein might have had some features of paranoid schizophrenia, as probably did Hitler. The purpose of the present study was to extend this methodology and approach to the psychological study of Kim Jong-il.

Method

Participant and procedure

The informant in the present study was a South Korean academic psychiatrist. The informant was obtained through a South Korean geneticist (an acquaintance of the senior author), who knew the two major requirements for the present psychological evaluation (i.e. advanced psychological training and intimate and established knowledge of Kim Jong-il). The informant was a published expert in the political psychology of North and South Korea, especially in regard to the careers of Kim Jong-il and Kim Il-sung. The informant was offered anonymity and \$100 with regard to the standardized evaluation.

Measure

The informant version of the CATI (Coolidge, 2005; Coolidge et al., 1995) used in the present study is a 225-item *DSM-IV-TR* measure of several Axis I clinical syndromes including a 45-item schizophrenia scale (and an 11-item psychotic thinking subscale) and 14 personality disorders scales from *DSM-IV-TR* Axis II, its appendix, and the appendix of *DSM-III-R* (American Psychiatric Association, 1987). Evidence for the reliability and validity of the informant CATI has been amply demonstrated in numerous studies (Coolidge, 1999; Coolidge et al., 1995, 2007; Coolidge & Segal, 2007).

Results

A summary of the 14 personality disorder t scores and the Axis I Schizophrenia scale and psychotic thinking subscale for Kim Jong-il, Saddam Hussein and Adolf Hitler appears in Table 1. According to rank-order correlations, Kim Jong-il had identical rank-order correlations for the 14 personality disorder scales with Hitler and Hussein ($r = 0.76$, $p < 0.002$). The rank-order correlation between Hitler and Hussein was $r = 0.79$, $p < 0.001$. Additional rank-order correlations were performed for all three because they had identical top six personality disorder scales. In this case, Kim Jong-il and Hussein were far more alike ($r = 0.67$) than Kim Jong-il and Hitler ($r = 0.20$).

Table 1. A Summary of Kim Jong-il, Saddam Hussein and Adolf Hitler's personality disorder scales *t* scores on the informant CATI

Saddam Hussein		Adolf Hitler		Kim Jong-il	
Personality disorders	<i>t</i> Score <i>M</i>	Personality disorders	<i>t</i> Score <i>M</i>	Personality disorders	<i>t</i> Score <i>M</i>
1. Sadistic	81.0	1. Paranoid	78.4	1. Sadistic	81.1
2. Paranoid	79.3	2. Antisocial	77.8	2. Paranoid	77.8
3. Antisocial	77.4	3. Narcissistic	76.9	3. Narcissistic	76.0
4. Narcissistic	74.2	4. Sadistic	75.9	4. Schizoid	75.0
5. Schizoid	72.6	5. Schizotypal	67.4	5. Schizotypal	74.2
6. Schizotypal	70.7	6. Schizotypal	67.2	6. Antisocial	74.1
7. Obsessive-compulsive	67.7	7. Borderline	65.6	7. Avoidant	70.1
8. Dependent	67.5	8. Passive-aggressive	63.7	8. Borderline	65.6
9. Depressive	67.4	9. Depressive	61.9	9. Self-defeating	61.9
10. Self-defeating	65.4	10. Obsessive-compulsive	59.5	10. Dependent	61.9
11. Borderline	63.7	11. Avoidant	58.7	11. Obsessive-compulsive	61.4
12. Passive-aggressive	63.2	12. Dependent	55.0	12. Passive-aggressive	60.4
13. Histrionic	61.7	13. Histrionic	54.0	13. Depressive	55.6
14. Avoidant	59.4	14. Self-defeating	50.6	14. Histrionic	52.6
<i>Axis I</i>		<i>Axis I</i>		<i>Axis I</i>	
Schizophrenia	78.5	Schizophrenia	69.6	Schizophrenia	76.1
Psychotic thinking	89.9	Psychotic thinking	73.0	Psychotic thinking	78.3

Discussion

The 'big six' group of personality disorders of Hitler and Hussein (sadistic, paranoid, antisocial, narcissistic, schizoid and schizotypal) was again confirmed in Kim Jong-il. The sadistic, paranoid and narcissistic personality disorder features were rated as the top three by Kim Jong-il's informant. Interestingly, although the top six ranked personality disorder scales were the same for all three dictators, Kim Jong-il's top six was more similar to Hussein's profile than Hitler's. In that regard, Kim Jong-il and Hussein both had sadistic personality disorder as their highest rated feature and had nearly identical sadistic *t* scores (slightly over three standard deviations above the normative mean). Also, whereas Hitler's schizoid traits were only seventh highest of 14 personality disorders, Hussein's schizoid traits were rated fifth and Kim Jong-il's were rated fourth highest.

The high elevations on the Axis I Schizophrenia scale and its Psychotic Thinking subscale for Kim Jong-il could be considered problematic. As Post (2003) has already noted, severe character disorders are inconsistent with sustained leadership, at least in democratic societies. The *DSM* notes that a diagnosis of schizophrenia generally requires either delusions (false beliefs) or hallucinations (perception in the absence of external stimulation). It could be argued that Kim Jong-il's messianic title 'Dear Father' borders on the delusional. The extreme cult of personality he has vigorously promoted about himself, while sometimes typical in third-world countries, may still be viewed as extreme nonetheless, and bordering on the delusional. Furthermore, the *DSM-IV-TR* notes that the three personality disorders in Kim Jong-il's top six (paranoid, schizoid and schizotypal) may indeed be related to psychotic disorders such as schizophrenia, and they may have a 'spectrum' relationship to particular Axis I psychotic disorders.

It could also be questioned whether someone with strong features of personality disorders with a spectrum relationship to psychotic disorders 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 (Combs & Mueser, 2007). However, there are other documented cases of murderous schizophrenic persons who have had extraordinary influence on groups of others (e.g. Charles Manson and James Jones). 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, that such individuals may have a superior or patronizing manner in interpersonal interactions, and that such individuals may display little or no cognitive impairment and have a good prognosis in the areas of occupational functioning and independent living.

In the realm of diplomacy and negotiations, it may be informative to have a keen understanding of the personality features of the person with whom one is having to interact. With regard to Kim Jong-il's paranoid personality style, 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. Whereas paranoid patients are extraordinarily difficult to treat (Millon & Davis, 2000), they often

intuitively trust some people more than others. In negotiations with Kim Jong-il over nuclear weapons, he might trust higher-level government officials more than lower ones. Perhaps, more reflective of Kim Jong-il's narcissistic traits, he initially balked over six-country negotiations, demanding to meet with the United States only. It would be predicted that secondary or lower level 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 perhaps should not be immediately challenged. Trust can be built up in paranoid individuals but it might be beneficial to attain this trust in small progressive steps. As Millon and Davis (2000) have claimed, any techniques for dealing with paranoid patients should be secondary to building trust. Initially, negotiations might begin quietly and formally with the negotiator showing genuine respect for the paranoid person. 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 true progress may be attained.

Kim Jong-il's antisocial features, such as his fearlessness in the face of sanctions and punishment, serve to make negotiations extraordinarily difficult. Even 'submitting to negotiations' makes many antisocial individuals unwilling and hostile. Kim Jong-il appears to pride himself on North Korea's independence, despite the extreme hardships it appears to place on the North Korean people. This behavior appears to emanate, in large part, from his antisocial personality pattern. Nonetheless, negotiators should perhaps restrain from falling into psychic traps and standoffs. Again, setting up a sense of trust might be beneficial. One beneficial strategy might be building an air of firmness and fairness. Persistence would probably be an important negotiating characteristic, and the negotiator perhaps 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 Kim Jong-il would cooperate with nuclear inspections, sanctions would be lifted. If Kim Jong-il turns over nuclear weapons, he is rewarded. Certainly, the core of Kim Jong-il's personality would not be changed through any of these approaches; however, knowing in advance the pitfalls and dangers of his constellation of personality disorders might help negotiations.

Just as psychodiagnostic results may aid psychotherapists in their clinical work with patients, so too may the present standardized psychological evaluation technique aid diplomats and politicians in dealing with those who threaten world peace. The present study is limited, of course, by a sole informant. Although the informant was an academic psychiatrist with long-standing interests in Korean politics and its political figures, it is not known to what extent the informant may have been biased. The present findings must, therefore, be cautiously interpreted. Certainly, multiple informants would be of value in future studies. For example, North Korean defectors, particularly those who had political or military connections, could be an important source of information about Kim Jong-il and his style of governing and decision-making. Because the multi-informant method using standardized *DSM-IV-TR*-aligned diagnoses can yield reliable statistics, it is superior to the present single-opinion evaluation and superior to using nonstandardized evaluation methods and non-*DSM-IV-TR* aligned diagnoses.

A second limitation of the present study is two-fold: to what extent could cultural issues and cultural biases in psychiatric diagnoses have played a role in the present

results and to what extent could translation difficulties have affected these findings? With regard to the first issue, it is known that certain psychiatric diagnoses are cross-cultural and universal (e.g. schizophrenia); however, it has been demonstrated that particular symptoms of many diagnoses do vary in importance and significance across cultures. It is possible, therefore, that cultural factors may have affected the symptomatic expressions of personality disorders in the present study, and this is another reason why the present findings must be viewed conservatively (see Alarcón, Foulks, & Vakkur, 1998, for an excellent review of the cultural issues with regard to personality disorders). A related aspect of this cultural issue is the 'translation' or application of the items of the CATI to a citizen of North Korea. The single informant in the present study was well versed in English and used the English version for his assessment of Kim Jong-il; however, it is not known to what extent each item validated on an American normative sample was appropriate to North Korean culture. It would be certainly be valuable to have a Korean version of the CATI and to have its overall reliability and validity evaluated in future studies.

The further evaluation and understanding of dangerous world leaders appears to be an approach that is scientifically credible and may be useful in the potential management and containment of such individuals. Further studies in this area certainly are warranted.

Author note

The Coolidge Axis II Inventory is available free for research from the senior author, Frederick L. Coolidge, PhD, Psychology Department, University of Colorado at Colorado Springs, CO 80933-7150, United States.

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