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# The Prevalence of Psychological Disorders in Governance: Implications for Political Decision-Making

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## Abstract

This research article explores the intersection of psychological disorders and political decision-making, with a particular focus on the Jewish community and Israeli governance. Scientific advancements, such as the discovery of a gene linked to schizophrenia, schizoaffective disorder, and bipolar disorder among Ashkenazi Jews, have profound implications for understanding the role of mental health in governance. This gene increases the likelihood of these disorders by approximately 40% in Ashkenazi Jews and 15% in the general population, raising ethical, social, and political considerations (Lencz et al., 2013). The article examines historical and contemporary cases of political leaders with psychological disorders, including Winston Churchill, Richard Nixon, Abraham Lincoln, and Adolf Hitler, to illustrate the impact of mental health on leadership and decision-making. It emphasizes the need for comprehensive mental health analysis and ethical frameworks to maintain the safety of the governments and the public. The prevalence of psychological disorders within the Jewish community, influenced by both genetic predispositions and socio-cultural factors i.e. family and systemic-constellations, underscores the importance of targeted mental health strategies to avoid catastrophic decision and policy making.

Keywords: Bio-politics, Psychological Disorders, Governance, Systemic constellations

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## **Introduction**

In recent years, scientific advancements have questioned the authenticity of public governance and increasingly intersected with political decision-making. One notable example is the discovery by Israeli and American scientists of a gene prevalent among Ashkenazi Jews that increases the likelihood of developing schizophrenia, schizoaffective disorder, and bipolar disorder. According to a study published in *Nature Communications*, this gene raises the risk of these disorders by approximately 40% in Ashkenazi Jews and 15% in the general population (Lencz et al., 2013). These findings have significant implications for the Israeli government, particularly in its political decision-making and its role in shaping socio-political narratives concerning Jewish identity and history. In 2023-2024 the sharp rise in the criminal decision making and their implications in the international court of justice raises severe concern about the serenity of the government in the Israel.

### **The Intersection of Genetics and Politics**

The intersection of genetics and politics is not a new phenomenon. Historically, various regimes have sought to use scientific findings to justify political agendas. The advent of modern genetic research, however, has introduced new dimensions to this dynamic. The discovery of genetic predispositions to mental health disorders among specific populations, such as Ashkenazi Jews, raises profound questions about the implications for governance and decision-making processes (Phelan et al., 2013).

### **Genetic Findings and Their Political Implications**

The identification of a gene linked to schizophrenia, schizoaffective disorder, and bipolar disorder in Ashkenazi Jews presents unique challenges. In a politically charged environment, such findings can be misused to further discriminatory policies or to stigmatize certain groups. The Israeli government must navigate these waters carefully to avoid reinforcing harmful stereotypes while addressing public health needs (Weiss, 2015).

### **Ethical and Social Considerations**

The use of genetic information in political decision-making necessitates careful ethical consideration. There are significant risks associated with the potential misuse of such data. Historical precedents, such as the eugenics movement, highlight the dangers of using genetic information to justify social and political agendas. Contemporary governance must ensure that genetic research is used to promote public health and well-being rather than to further discriminatory practices (Weiss, 2015).

### **Privacy and Consent**

Ethical considerations also extend to issues of privacy and consent. The collection and use of genetic data must be governed by strict regulations to protect individuals' rights. Informed consent is crucial to ensuring that individuals understand how their genetic information will be used and the potential implications (Phelan et al., 2013).

### **Stigmatization and Discrimination**

There is a risk that genetic information could be used to stigmatize or discriminate against individuals or groups. For instance, the identification of a genetic predisposition to mental health disorders among Ashkenazi Jews could be misused to reinforce negative stereotypes or justify exclusionary policies. It is essential that policies are in place to prevent such misuse and to promote an inclusive approach to public health and governance (Lemke, 2004).

## **Case Studies: Mental Health and Political Leadership**

### **Winston Churchill: The "Black Dog" of Depression**

Winston Churchill's struggles with depression, which he referred to as his "black dog," were well-documented. Despite his mental health challenges, Churchill's leadership during World War II is often celebrated. His ability to confront his depressive episodes and continue his political duties provides a nuanced understanding of how mental health issues can coexist with effective leadership (Kumar, 2006). Churchill's experience underscores the importance of addressing mental health openly and providing support for leaders facing similar challenges.

### **Richard Nixon: Paranoia and the Watergate Scandal**

Richard Nixon's presidency ended in scandal, partly due to his paranoia and distrust of others. Nixon's psychological profile has been analyzed to understand how his mental state influenced his actions and decisions, particularly during the Watergate scandal. Nixon's behavior exemplifies how unchecked psychological issues can lead to governance failures and ethical breaches (Emery, 2013).

### **Abraham Lincoln: Depression and Empathy in Leadership**

Abraham Lincoln is another historical figure whose mental health has been scrutinized. Lincoln's severe bouts of depression are well-documented, and his melancholy nature is often seen as contributing to his empathetic and thoughtful approach to leadership. Lincoln's ability to manage his depression while leading the country through the Civil War offers insights into the complex relationship between mental health and effective leadership (Shenk, 2005).

### **Adolf Hitler: Narcissism and Paranoia**

Adolf Hitler's psychological profile has been extensively studied, with many historians and psychologists suggesting that he exhibited traits of narcissistic personality disorder and paranoia. Hitler's grandiose self-perception, need for admiration, and lack of empathy were key elements of his personality that influenced his policies and actions, leading to one of the most tragic periods in modern history. The examination of Hitler's mental state provides a stark warning of the dangers posed by leaders with severe psychological disorders (Waite, 1993).

### **The Role of Mental Health Support in Governance**

The importance of mental health support for political leaders cannot be overstated. Providing access to mental health resources and reducing the stigma associated with mental health issues are crucial steps in ensuring that leaders can perform their duties effectively. However, we can not skip the fact that in 2023-2024 we are dealing with sever cases of criminal and psychologically critical misconduct. Governments should prioritize the mental well-being of their leaders, recognizing that their mental health directly impacts their decision-making and, by extension, the well-being of the public (Davidson et al., 2006).

### **Implementing Mental Health Policies**

Implementing comprehensive mental health policies within governance structures can help mitigate the risks associated with psychological disorders among political leaders. These policies should include regular mental health assessments, access to counseling services, and the promotion of a culture that values mental health. By proactively addressing mental health, governments can support their leaders and enhance overall governance quality (Puri et al., 2009).

### **Prevalence of Psychological Disorders in the Israeli and Jewish Community**

The prevalence of psychological disorders within the Israeli and broader Jewish community has been a subject of considerable research, reflecting both genetic and socio-environmental factors. Studies have indicated that certain psychological disorders, such as schizophrenia, bipolar disorder, and depression, appear at higher rates in the Jewish population, particularly among Ashkenazi Jews. For instance, research has shown that Ashkenazi Jews have a 40% higher likelihood of developing schizophrenia compared to a 15% increase in the general population, attributed to a specific gene variant (Lencz et al., 2013). Additionally, the Israeli Ministry of Health reports that mental health issues such as anxiety and depression are prevalent, with approximately 17% of the Israeli population experiencing some form of mental disorder annually. These findings underscore the need for targeted mental health interventions and policies within these communities to address the unique genetic predispositions and the broader socio-cultural pressures that contribute to these elevated rates of psychological disorders (Levav et al., 2007).

### **Family and systemic constellations of Jewish community;**

In addition to the genetic databases, family and systemic constellations, a therapeutic approach pioneered by German psychotherapist Bert Hellinger, explores how generational traumas and unresolved familial issues impact individual and collective well-being. In Jewish society, this approach holds unique significance due to the community's historical experiences, including the traumas of exile, persecution, and the Holocaust. Hellinger's method, which views family dynamics as an interconnected system where each member unconsciously carries the emotional weight of unresolved past events, can reveal hidden patterns within Jewish family

lineages. For Jewish families, this approach helps bring awareness to inherited trauma, potentially including experiences of loss, displacement, and survival. Addressing these legacies is seen as essential for personal healing and family cohesion, as it allows individuals to release burdens carried on behalf of ancestors, fostering a deeper sense of connection and resolution within the family system (Hellinger, 1998).

In systemic constellation work, Hellinger emphasized that individuals often unconsciously replicate past family members' experiences, a phenomenon particularly relevant in Jewish communities with deep cultural memory and intergenerational trauma (Schneider, 2007). By reenacting these relationships in constellations, individuals can gain insights into hidden loyalties, unspoken grief, and even the suppressed guilt that may pervade family dynamics, helping them to reestablish a balance between past and present influences (Cohen, 2011). This technique aligns with Jewish cultural values around remembrance and collective responsibility, making systemic constellations a valuable therapeutic approach for healing transgenerational trauma in Jewish contexts (Weintraub, 2012).

## **Conclusion**

The intersection of genetics, psychology and politics presents complex challenges and opportunities. The discovery of a gene linked to mental health disorders among Ashkenazi Jews exemplifies the potential implications for governance and decision-making. As scientific advancements continue to unveil new genetic insights, it is imperative that political leaders and policymakers approach these findings with ethical rigor and a commitment to promoting public health without perpetuating discrimination. The prevalence of psychological disorders in governance underscores the need for comprehensive mental health strategies that support and public against ethically disapproved policies leading to accusation of the capital crime of genocide and crime against humanities while safeguarding the interests of the public.

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**Annex:**

<b>Disorder</b>	<b>Prevalence (%)</b>	<b>Population</b>	<b>Notes</b>	<b>References</b>
Depression	10%	General population	Higher rates among Holocaust survivors and their descendants due to transgenerational trauma	Kohn et al., 2005; Bleich et al., 2006
Anxiety Disorders	12.3%	General population	Includes generalized anxiety, social anxiety, and panic disorder	Levinson et al., 2016
PTSD	9%	Adults	Elevated among veterans, terror attack survivors, and populations in conflict areas	Kimhi et al., 2010; Gelkopf et al., 2012
Schizophrenia	1.4%	Adults	Slightly higher than global average, with more cases among immigrant populations	Grinshpoon et al., 2007
Eating Disorders	5-7%	Adolescents and young adults	Particularly prevalent among young women, with increasing rates reported in Orthodox communities	Latzer et al., 2019
Substance Use Disorders	6.8%	Adults	Primarily includes alcohol and cannabis use; higher rates among men and younger populations	Greene et al., 2020; Lev-Ran et al., 2013
Bipolar Disorder	1.5%	Adults	Found across socio-demographic groups with no clear difference in prevalence by community	Aviram et al., 2018
OCD (Obsessive-Compulsive)	3.1%	General population	Elevated prevalence in ultra-Orthodox Jewish communities due to cultural and religious factors	Baruch et al., 2013