



History

Attention deficit hyperactivity disorder and the behavior of “Che” Guevara

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ABSTRACT

Attention deficit hyperactivity disorder (ADHD) is a childhood onset neuropsychiatric disorder characterized by inattention, hyperactivity and impulsivity. ADHD is related to several co-morbidities, such as opposition defiant disorder, conduct disorder, mood and anxiety disturbances, as well as tics and Tourette's syndrome. The objective of this report is to shed an alternative light on the personality of Ernesto “Che” Guevara, discussing whether he might have had ADHD. Several published biographies of Che Guevara were reviewed. Established ADHD criteria (*Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*), were used as a framework to evaluate Che's behaviour. In addition, we compared the main features of Che's reported behaviour to the set of abnormalities leading to the diagnosis of ADHD in adults proposed by Wender and colleagues and known as the UTAH ADHD criteria. Analysis of the most renowned biographies of Ernesto “Che” Guevara suggests that he may have had ADHD.

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1. Introduction

Attention deficit hyperactivity disorder (ADHD) is a childhood-onset neuropsychiatric disorder characterized by inattention and or hyperactivity-impulsivity incompatible with the degree of maturational brain development.¹ About 3% to 6% of children meet the criteria for ADHD and more than half of them will have protracted symptoms well into adulthood, leading to an estimated prevalence of 2% to 4% in the adult population.^{1–4} An important feature of ADHD both in children and in adults is the high prevalence of neuropsychiatric conditions such as opposition defiant disorder, conduct disorder, reading disorder, an antisocial personality, mood and anxiety disturbances, obsessive-compulsive disorder, as well as tics and Tourette's syndrome.^{2–8}

In addition to concentration deficit, children and adults with ADHD tend to procrastinate on intellectual activities, are often hyperactive, talk excessively, plan several activities at the same time and act in a disorganized fashion.^{9–11} The passage of time is often underestimated and deadlines are frequently missed.¹² However, one of the main features of many adolescents and adults with ADHD is an unquestionable tendency to act impulsively in the con-

text of a pervasive emotional instability.^{3,13} Such behaviours often lead to negative practical consequences.

A review of several biographies of the revolutionary leader Ernesto Guevara de la Serna,^{14–19} also known as “Che” Guevara, suggests that he could have had ADHD. Che was born in Argentina. He graduated as a doctor and participated in major Latin American revolutions in the latter half of the twentieth century. He has become a mythical figure, and even now is recognized as a media star.²⁰ Notwithstanding the central role of his political beliefs, his lasting “aura” as a controversial persona remains due to his intense activity, courage and, at times, impulsive behaviour, traditionally viewed as resulting solely from his political convictions. The aim of this report is to shed an alternative light on the personality of Che Guevara, discussing whether he might have had ADHD and also if the characteristics of this disorder could have influenced his revolutionary behaviour.

2. Material and methods

Several published biographies of Che Guevara^{14–19,21} were reviewed. Established ADHD criteria (*Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*)¹ were used as a framework to assess Che's behaviour. According to these criteria, six or more symptoms of inattention and/or of hyperactivity-impulsivity must be present and persist for six months to a degree that is incompatible with the level of development. In addition, for

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ADHD to be diagnosed in adults, the symptoms must already have been present during childhood before the age of seven.¹ The authors compared the main features of Che's reported behaviour with the set of abnormalities leading to the diagnosis of ADHD in adults proposed by Wender and colleagues known as the UTAH ADHD criteria,^{2,3,13} which have been critically reviewed recently.²² The latter was important in the present context, because it stresses emotional and decision-making features associated with the characteristic impulsivity of adults with ADHD. Finally, the main behavioural characteristics of Che Guevara were assessed in relation to other entities which are often simultaneous or can represent important differential diagnoses. In particular, the possibility of the relationship between ADHD and bipolar disorder was considered in detail.^{23,24}

3. Results

3.1. The childhood of Che Guevara

Che Guevara was born in Argentina in 1928. His biographers emphasize a set of behavioural patterns in his childhood that fit with descriptions of inattention, hyperactivity and impulsiveness.^{1,11,12,21,25} He was constantly involved in exaggerated pranks and capers, such as eating chalk during classes, drinking ink from a bottle, climbing trees in the playground, hanging by his hands underneath a railway bridge, walking on a tightrope over pipes crossing deep holes, jumping off high stones in rivers, and riding a bicycle on train tracks.^{14,15} His father thought he was very mischievous, reckless from the day he was born, extremely impulsive, and attracted to dangerous behaviours.^{14,15,19,21} Indeed, Che's behaviour is reported to have been very similar to that of his mother, Célia de la Serna. According to Anderson,¹⁴ both liked to court danger and were determined, stubborn, and natural rebels.

3.2. The adolescent and college years

There is evidence that Che Guevara's behaviour was rebellious when he was an adolescent, with fits of uncontrolled anger, fearlessness, and physical violence, to the point that he was known as an incorrigible troublemaker, and was frequently punished for bad behaviour. Oppositional defiant behaviours were externalized by his unsuitable clothing, lack of personal hygiene, and at times aggression toward colleagues, which earned him nicknames like "El Furibundo" (the one prone to become furious), "El Loco" (the crazy one) and "Chanchito" (the pig, the one who lacks personal hygiene).^{14,15,19,21} At university he led a hectic lifestyle, in which the commitment to his studies was tempered by his holding of several jobs and, most notably, by biking or motor biking around Argentina, and later around all of South and Latin America. The fact that he suffered from asthma did not prevent him from engaging in many physical activities, such as rugby and gliding. He also had a range of interests, such as chess and poetry, and he was involved in commercial activities involving the sales of countless products. None of these activities, however, was brought to a successful conclusion. There are various reports of motor restlessness and an inability to stay still, as well as a constant overriding need to travel.^{14–16,19,21} According to a major biographer, "in his early twenties, Ernesto stood out socially as a friendly, crazy person, whom people had difficulty classifying".¹⁴

3.3. Obsessive–compulsive traits and perhaps more

Some biographical information about Che Guevara suggests that he had obsessive–compulsive (OC) traits or even more severe psychopathology along the OC spectrum.^{1,14–16,19,26,27} From

adolescence, he had several compulsions, including making lists of the books he had read with endless detail.^{14,19} He also engaged in several ritualistic behaviours; if somebody said "snake" at the dinner table, he would immediately say "boar", which was the antidote to the bad luck that the word "snake" purportedly brought. Furthermore, he would engage in ritualistic, repetitive behaviour to avoid "bad luck".¹⁴ An analysis of Che Guevara's diary during his time in Bolivia clearly suggest an OC personality with detailed daily accounts of everything that happened while he was staying with guerrillas in the Bolivian mountains.^{17,19}

3.4. The revolutionary years

After a journey through South America, Che Guevara developed a passion for politics. He became a Marxist and was involved in revolutionary activities, initially in Guatemala, then in Mexico, and finally in Cuba. In the latter, he was actively involved in the 1959 revolution together with Fidel Castro, and fought against Fulgencio Batista's corrupt regime.^{14–19,21} Not unexpectedly, impulsive behaviours, restlessness, and inattention could frequently be observed in these activities. This sometimes resulted in his being criticized by his comrades, especially Fidel Castro, with whom he was on more intimate terms. His friend Alberto Granado stated that he considered many of Che's decisions plagued by a "lack of reflection", supporting a view of his behaviour as overtly impulsive.^{14,15,19}

Che Guevara held several positions in the Cuban government, including Minister of Industry and President of the Central Bank, and he was involved in intense political activity. To accommodate these activities he would make appointments for meetings in the early hours of the morning. His impulsive behaviour during this period stands out. There are reports of an incident in Cuba in which he insisted upon entering a ship on fire, against the advice of all his colleagues, who said that it would be an extremely dangerous and inappropriate thing to do.^{14,15,19}

History holds that he took an active part in the execution of counter-revolutionaries and traitors of the Cuban revolution. His companions described his extreme coolness when carrying out executions himself with a firearm, as well as when describing in detail the entry and exit points of the bullets in the skulls of those executed.¹⁴

His involvement in guerrilla activities in Africa and South America was disastrous, due to a high degree of impulsivity. Several of his actions went against the suggestions of various revolutionary colleagues, including Fidel Castro himself. Perhaps, as a result, he was captured and killed in Bolivia on 9 October 1967.^{14–19,21}

4. Discussion

Authors have increasingly confirmed^{4,9–12} the hypothesis that ADHD is a developmental disorder which can extend into adulthood in a significant proportion of patients, and lead to significant behavioural abnormalities. In a sense, there is growing evidence that ADHD "shapes" the adult behaviour of these patients.^{3,9} Adolescents and adults with ADHD behave in a way that collides with social norms and poses challenges to their social insertion. When compared to the general population, adults with ADHD have more encounters with the police, less stable relationships, more difficulties holding jobs, more instances of motor vehicle accidents and are more prone to driving restrictions.^{4,10,23} These characteristics derive from decision-making processes biased by impulsiveness and a tendency to risk-taking behaviours.^{9,11,12} Furthermore, adults with ADHD have difficulties in successfully finishing tasks and are often disorganized in their daily activities. Finally, there

is enough data to suggest that patients with ADHD tend to behave along a personality dimension favouring risky and novelty-seeking behaviours and that they have difficulties in settling down. Such need for constant excitement is probably intrinsic to the hyperactivity and impulsiveness of adults with ADHD.^{28,29}

A crucial point for the diagnosis of ADHD in adults is the confirmation that the defining behavioural abnormalities have been present since childhood. It is the combination of impulsive, inattentive and hyperactive behaviours in adulthood with reliable evidence that similar behaviours have been present all along the developmental trajectory from childhood into adolescence and then into adulthood that defines ADHD in adults.^{1,10,22} Our reading of Che Guevara's major biographies suggests that he fits into the adult descriptors and the developmental trajectory typical of patients with ADHD. Since childhood he externalized behaviours that could not pass unnoticed and were marked by high degrees of impulsivity, hyperactivity and diminished abilities to concentrate and conclude attention-demanding tasks. Moreover, his parents and peers repeatedly criticized him during his lifetime for apparently irresponsible, impulsive behaviours.

Although Che Guevara's biographies do not suggest that he had classical type I or type II bipolar disorder^{1,30} (there is no history of manic or depressive episodes), his disinhibited behaviour and his posing as a "Latin American hero" could be regarded as part of the currently described concept of "bipolar spectrum".^{31,32} In addition, his highly activated and fearless behaviours could also be seen in the setting of modern propositions of the neurobiology of psychiatric disorders along temperament dimensions of fear and anger traits.^{28–30} Such perspectives may better describe the set behaviours defined as attraction to dangerous activities, constant novelty seeking, and the apparently inexhaustible engagement in physical activities.

Many theories have been proposed to explain the behavioural abnormalities of children and adults with ADHD. The two most accepted views³³ include (i) an overt executive dysfunction, in whose framework the impulsive and inattentive behaviours could be regarded as an expression of a "lack of attention" to the future consequences of ongoing behaviours, and (ii) a higher threshold for delaying gratification, more elegantly described as a relative insensitivity to (the perspectives of) delayed rewards.

Should one accept the evidence suggesting that Che Guevara indeed had ADHD, the crucial point is whether the behaviours associated with this disorder during adolescence and adulthood have interacted with his political convictions to "shape" a brave, fearless, and active revolutionary. This view is not devoid of philosophical consequences and, if accepted, could re-ignite the debate about determinism of human behaviours and their shaping by an interaction of free will and brain developmental features, or even disorders.³⁴

5. Conclusion

Our review of Che Guevara's biographies led us to believe that from descriptions of his historical persona, he had ADHD, and although it would be a far-fetching extrapolation to suggest that the disorder had anything to do with his political trajectory, we believe this is a neglected historical issue deserving revision.

The hypotheses drawn here were entirely based on retrospective descriptions made by biographers, which, of course, is not the most precise and objective methodology from a medical perspective. As we acknowledge this caveat, we also point out that these forms of historical retrospective observations are ubiquitous in the medical literature in an attempt to correlate influential persona with possible medical diagnoses.

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