

The Ethics of APA's Goldwater Rule

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Abstract

Section 7.3 of the code of ethics of the American Psychiatric Association (APA) cautions psychiatrists against making public statements about public figures whom they have not formally evaluated. The APA's concern is to safeguard the public perception of psychiatry as a scientific and credible profession. The ethic is that diagnostic terminology and theory should not be used for speculative or *ad hominem* attacks that promote the interests of the individual physician or for political and ideological causes. However, the Goldwater Rule presents conflicting problems. These include the right to speak one's conscience regarding concerns about the psychological stability of high office holders and competing considerations regarding one's role as a private citizen versus that as a professional figure. Furthermore, the APA's proscription on diagnosis without formal interview can be questioned, since third-party payers, expert witnesses in law cases, and historical psychobiographers make diagnoses without conducting formal interviews. Some third-party assessments are reckless, but do not negate legitimate reasons for providing thoughtful education to the public and voicing psychiatric concerns as acts of conscience. We conclude that the Goldwater Rule was an excessive organizational response to what was clearly an inflammatory and embarrassing moment for American psychiatry.

In 1964 when Barry Goldwater, senior senator from Arizona, was the Republican candidate for the office of President of the United States, *Fact* magazine surveyed psychiatrists' opinions about Goldwater's mental health and published the results.¹ A public outcry ensued, criticizing psychiatrists for publicly proposing pejorative diagnostic and psychodynamic statements about a figure whom they had never formally evaluated. The American Psychiatric Association (APA) condemned the use of psychiatric commentary for political purposes, and nine years later declared unethical psychiatrists' public commentary on public figures who have not been personally examined and had not given consent for disclosure. This dictum, established as Section 7.3 of the APA Code of Ethics,² is informally known as the Goldwater Rule.

The facts of the Goldwater case and the controversies surrounding it remain relevant to psychiatrists and the psychiatric profession. A recent article by Cooke *et al.* in the *Journal* uncritically accepts the substance of the Goldwater Rule and sets itself the task of providing a method "that guides psychiatrists in their interactions with the media to help them avoid violating ethics principles or the law."³ The August 2015 issue of the *American Journal of Psychiatry* carries a three-page commentary discussing and generally supporting the Goldwater Rule.⁴ An op-ed article in the New York Times Online of March 7, 2016, by psychiatrist Robert Klitzman of Columbia University provides the background to the Goldwater Rule and supports psychiatrists' compliance with the overall intent of the rule while acknowledging controversies and inconsistencies in its application.⁵

In this article, we look at the scientific and practical concerns related to the nature and rules of evidence and methodology in making diagnoses, and the moral questions related to conflicts for the psychiatrist between codified rules of ethics and various other moral obligations according to private conscience and codes of conduct. We conclude that the Goldwater Rule is not only unnecessary but distracts from the deeper dictates of ethics and

professionalism. Our aim is not to endorse self-promotion or grandstanding by psychiatrists, but to question whether the codified Goldwater Rule is too restrictive in cautioning psychiatrists against public commentary and yet too lax to direct individual decision-making.

Psychiatry's Response to Public Embarrassment

Fact magazine, founded by Ralph Ginzburg and Warren Boroson, was a bimonthly magazine published from January 1964 to August 1967. It ran articles and editorials opposing and attacking conservative politics and policies, among other targets. In July 1964, one week after the Republican Party convention nominated Barry Goldwater as its presidential candidate, Ginzburg sent out questionnaires to 12,356 psychiatrists whose names were on a list purchased from the American Medical Association. The Sept–Oct 1964 issue of *Fact*, published just before the November presidential elections, was devoted solely to the Goldwater question. The issue contained a long editorial introduction written by Ginzburg, entitled “Goldwater, the Man and the Menace,” and 38 pages of psychiatrists' comments.¹ The cover of the magazine proclaimed: “1189 Psychiatrists Say Goldwater is Psychologically Unfit to be President!” in bold 48–point font.

The survey asked a single question: “Do you believe Barry Goldwater is psychologically fit to serve as President of the United States?” The survey allowed space for additional commentary from each respondent. The actual description of the survey and its methodology and results comprised just three brief paragraphs on one page of the 64–page magazine issue. Of the 12, 356 inquiries, *Fact* magazine received 2,417 responses as follows:

1. Did not know enough about Goldwater: 571
2. Goldwater psychologically fit: 657
3. Goldwater not psychologically fit: 1189

There were no percentages or statistical analysis reported, nor any discussion about the validity of a 19.5 percent response rate to a questionnaire, of which only half were negative about Goldwater. Of the commentaries that many psychiatrists included in their responses to Ginzburg's survey, *Fact* published 38 pages in the Goldwater article: some were letters critical of *Fact* for conducting this kind of survey, some contained positive comments about Goldwater's character and mental health, and many were highly critical of Goldwater, with much psychological and psychodynamic speculating, opining, and theorizing. Goldwater was called “paranoid,” an “anal character,” a “counterfeit figure of a masculine man,” and a “dangerous lunatic.” He was accused of having a “grandiose manner” and “Godlike self-image,” and a “stronger identification to his mother than to his father,” and so forth. There was no mention by the editors as to how these comments were selected for inclusion.

Senator Barry Goldwater sued Ralph Ginzburg and *Fact* magazine in federal court for libel. Goldwater alleged that the statements written about him in *Fact* were falsehoods made with actual malice and with knowledge that the statements were false or with reckless disregard of whether they were false or not. A federal jury awarded Goldwater \$1 in compensatory damages and \$75,000 in punitive damages in 1966.⁶ The U.S. Court of Appeals for the Second Circuit upheld the verdict in 1969⁷, and the Supreme Court in 1970 denied a petition by Ginzburg and *Fact* magazine for a writ of *certiorari*.⁸ Justices Black and Douglas dissented based on First Amendment guarantees giving “each person in this country the unconditional right to print whatever he pleases about public affairs” (Ref. 9, p 1054).

Where the courts were dismissive, the APA was not. In 1973, the APA formalized its condemnation of psychiatrists publically commenting on persons whom they never examined and who had not signed a release of information, and included the Goldwater Rule in 1973 as Section 7.3 of the first edition of its Code of Ethics.²

Section 7.3 of the Principles of Medical Ethics states in its entirety:

On occasion psychiatrists are asked for an opinion about an individual who is in the light of public attention or who has disclosed information

about himself/herself through public media. In such circumstances, a psychiatrist may share with the public his or her expertise about psychiatric issues in general. However, it is unethical for a psychiatrist to offer a professional opinion unless he or she has conducted an examination and has been granted proper authorization for such a statement.

We read the Goldwater Rule as making three claims: that standard diagnostic practice in the United States requires a personal interview before making a diagnostic formulation; that it is a breach of medical ethics for a psychiatrist to openly discuss the diagnoses and psychodynamics of a person whom the psychiatrist never interviewed and who has not expressly consented to public commentary; and that such behavior of psychiatrists misleads the public regarding the legitimate expertise, function, and methods of modern psychiatry and brings ridicule and shame to the entire psychiatric profession.

This third claim is tacit yet speaks volumes. The psychiatrists who enthusiastically responded to the *Fact* survey with psychodynamic and diagnostic speculation about Goldwater embarrassed the psychiatric profession. The APA has a legitimate concern that the public not perceive psychiatry as pseudoscientific speculation clothed in diagnostic and psychodynamic terminology.

The APA's Position on the Goldwater Rule

In this section, we present our understanding of the APA's position regarding Section 7.3 of *The Principles of Medical Ethics with Annotations Especially Applicable to Psychiatry*.² We include in this section writings by several prominent psychiatrists who support Section 7.3.

The APA's basic position on diagnostic standards is that a direct psychiatric examination is an integral component of the diagnostic process. Speculating publicly as a psychiatrist about someone whom the psychiatrist has not examined violates professional standards of ethical behavior and undermines the integrity of the standard of psychiatric practices. The APA strongly supports responsible psychiatric education of the public on matters that are of concern to society at large. This includes psychiatrists who speak in public forums and via various media about general matters of diagnosis and treatment, health care risks, relationships of mental illnesses to aberrant public behavior, effects of social disturbances on mental health, and a variety of other topics. It is specifically the types of public statements exemplified by the Goldwater case that the APA condemns. The APA, as an organization, has a responsibility to uphold a positive image of the profession in the public eye. A psychiatrist who disregards the basic procedures of psychiatric diagnoses and treatment, including the proper use of scientific methods in assessing evidence, and acts without discretion and confidentiality, would tarnish the reputation of the APA and the public's trust in psychiatrists.

The public generally assumes that psychiatrists hold a special role in society as experts in human motivation and behavior which carries a degree of credibility and knowledge above that attributed to ordinary citizens. Because of this presumed expertise, authority is given to the statements of psychiatrists, even when they are acting in the capacity of private citizens. In this regard, the APA, as the professional organization representing the psychiatric profession, asserts that it has the right to establish ethics standards and rules of behavior for its members that may be more stringent or restrictive than the rights allowed by the First Amendment.

Many psychiatrists have articulately defended the reasonableness of the APA position. In 1998, Herbert Sacks, then president of the APA, held that reporting of psychobabble by the media undermines psychiatry as science.¹⁰ The psychobabble of interest at that time involved President Clinton's marital troubles, using such constructs as sexual addiction, narcissism, risk-taking, hyperthermic men, and evolutionary biology and was reminiscent of the terms used to describe Goldwater in the *Fact* article. Sacks criticized psychiatrists who demonstrated their political partisanship by pushing their agenda in intemperate public displays of metapsychology, psychodynamics, and omniscience.

Richard A. Friedman, professor of psychiatry at Weill Cornell Medical Center and an occasional columnist on psychiatric topics for the *The New York Times*, has been a vocal if selective defender of the Goldwater Rule. He has strongly opposed psychiatrists' public commentary on American political figures. Friedman, in a column in *The New York Times* in 2011, invoking the Goldwater debacle of 47 years earlier, criticized psychiatrists who offered opinions about Dominique Strauss-Kahn (former head of the International Monetary Fund) and his sexual scandal.¹¹ In this same article, however, Friedman stated that an exception can be made as "ethically defensible" for psychiatric profiles of foreign political leaders. Friedman proceeds to suggest that Col. Muammar Qaddafi of Libya "has a severe personality disorder called malignant narcissism."

In earlier writing, Friedman abided by the letter as well as the intent of the rule. In response to media disclosures^{12,13} of the sexual misdeeds of Eliot Spitzer, the former Governor of New York, in 2008, Friedman wrote that although it would be unethical for a psychiatrist who had never examined Spitzer to claim that he has a narcissistic personality, the psychiatrist, as part of a professional duty to educate the public, could describe a narcissistic personality, while disclaiming that Spitzer is being referenced.^{14,15} In the same article,¹⁴ Friedman justified Jerrold Post's testimony, at a 1991 open Congressional hearing, that Saddam Hussein had malignant narcissism. Post had acknowledged that he based his diagnosis on several biographies and interviews with individuals who knew Saddam Hussein. The justification of labeling Hussein and Qaddafi as malignant narcissists in the absence of personal examination was to let Congress and the American public know that these two individuals, as malignant narcissists, have a defect in moral conscience and lack empathy, thereby rendering futile all efforts to appeal to them (and others like them) on human terms. Post viewed this obligation to warn policymakers about Hussein as similar to invoking the *Tarasoff* warning about a mentally ill and dangerous individual.¹⁶ Whatever the political expediency and justification of rendering diagnoses and psychodynamics at a distance, the same limitations of methodology and validity, and the same risk of getting it wrong, were present for Hussein as for Goldwater and Spitzer, except the stakes were higher in getting it wrong about Hussein.

Public events often raise questions about the mental health of public figures. Motivations for such public interest reflect, at least in part, our vital stake in the health and behavior of politicians, diplomats, generals, and others whose decisions influence our lives and wellbeing. It makes sense to ask questions of experts in human behavior, and there is a strong case to be made that it is the experts' responsibility to educate the public about human behavior and motivation, just as we expect experts to educate the public on global warming and evolutionary theory. The APA agrees that the profession has an important role in public education about mental health and illness topics. At issue are the questions of what are the proper topics and methods for such education.

Rethinking the APA Position

Our discussion will proceed by challenging the content of the Goldwater Rule. First, we question the APA position that the standard for psychiatric assessment includes an in-person interview. Second, we consider the propriety of the APA requirement that psychiatrists protect the profession's interests above their own moral commitments.

Finally, we argue that psychiatrists have a positive obligation to speak publicly in many circumstances, and the right to speak out in others.

Claim 1: Standards for Diagnostic Formulations

The Goldwater Rule privileges the personal interview as the standard by which a practitioner may form professional opinions. Clinical impressions, however, can be made to greater or lesser degrees of precision. The most precise is formal diagnosis, which in its most rigorous form requires record review, collateral history, and one or more in-person patient interviews. However, a full history and past records are not always available, and time and distance may impose practical limitations. For clinical purposes, psychiatrists often, appropriately, make do with a single in-person interview, and since the advent of telepsychiatry, interviews may be conducted from afar. There is little theoretical or empirical support for the APA's restrictive claim that only personal examination can lead to valid diagnoses.

For nonclinical purposes, professional diagnostic opinions may be made and confirmed in a number of ways. For example, structured diagnostic interviewing for research purposes may be performed by a clinician, but may also be carried out by having a subject answer questions on a computer. Diagnoses may also be made using filmed interviews of psychiatric research subjects; such as was the case in the classic U.K.–U.S. research studies into transatlantic differences in diagnoses of schizophrenia and bipolar disorder.^{17,–19} This research provided the basis for a major professional reappraisal by U.S. psychiatrists about the theoretical biases that influence diagnoses of severe psychotic illnesses. In line with this technology, psychiatric board certification required, until recently, candidate psychiatrists to give a formal diagnostic assessment based on a videotaped interview.

For administrative purposes, diagnoses are usually made strictly from written records. Insurance companies regularly diagnose mental disorders *post hoc* without in-person interviews, a practice that, if not welcomed by the APA, has not been challenged. The insurance industry routinely uses clinicians who never have examined the patient to determine that person's diagnoses and need for treatment. Vitally important decisions about access to health care are made about patients daily by physicians (not necessarily psychiatrists) as well as nonphysician clinicians (psychologists, pharmacists, and nurses) who have never directly examined the patients and who, by any standards, must be involved in conflicts of interest. The physician, psychologist or nurse who is paid by an insurance company to review medical necessity of hospitalization or outpatient treatment, in full knowledge that at least one of the goals of the review is to keep costs down, is never free from a conflict of interest.

Federal programs as well as private insurers require periodic chart audits and peer reviews to assess diagnostic accuracy and treatment quality in the absence of a personal interview. The APA is silent about these practices.

In psychiatric malpractice cases, psychiatrists proffer opinions as to the diagnoses, dynamics and best treatment protocols without directly examining the patients. This is most obvious in cases involving completed suicides, but also in boundary violation cases, improper pharmacological treatment for a given diagnosis, and other alleged malpractice situations. Chart reviews are accepted as the evidentiary bases for expert opinions.

There is a long academic tradition of psychohistory that requires making psychiatric assessments based on written records and accounts. Freud's Schreber case is the model for formulating clinical opinions about the psychodynamics of a person who has not been personally interviewed.²⁰ Psychohistory and psychobiography are broadly accepted and respected domains of clinical research in which diagnoses are made and psychodynamics formulated in the absence of personal evaluations. Erik Erikson's biographies of Martin Luther²¹ and Mahatma Gandhi²² and John Mack's biography of T. E. Lawrence²³ are three well-known and respected examples (the biographies of Gandhi and T. E. Lawrence each winning a Pulitzer Prize), but there are countless more, including Kroll's papers on the medieval mystics Beatrice of Nazareth^{24,25} and Henry Suso²⁶ and the Byzantine Emperor Justin II.²⁷ Even in biographies of persons who lived centuries ago, the researcher can check and compare numerous sources against each other to increase accuracy and account for authorial bias. The general consensus within the medical and medical history communities (and the Pulitzer Prize committee), at variance to the Goldwater Rule, is that diagnoses based upon records, whether historical or contemporary, written, visual, or auditory, can be as accurate as diagnoses made by direct examination.

Furthermore, personal examinations are notoriously flawed. As a process, a first-person account falls under the category of impression or presentation management, a well-studied field of Social Psychology that examines how individuals try to shape or control the impressions that others form of them. Patient interviews are not fully reliable because of conscious (intentional) and unconscious distortions, which is why thorough diagnosis considers the accounts of other persons and written records. Patients under direct interview or in psychotherapy do not tell the whole story, or the accurate story, or they tell a rationalized and distorted story. In fact, the entire foundation of Freud's theory of the unconscious is that motivations and wellsprings of action are not directly accessible to the person in question, so that patient accounts are necessarily distorted by their psychological defenses. That patients may not

respond truthfully to an interview does not entail abandoning first-person interviews as a key component of the diagnosis. First-person testimony is critically important to clinical examination, but it is subject to the unavoidable limitations of all human interactions.

On these grounds we challenge the tenet that diagnostic opinions can be made only on the basis of in-person clinical interviews. Public behaviors can be recorded by examining psychiatrists, by other health professionals, by journalists, and by casual observers. What is unique to psychiatry is the understanding of how those public behaviors may reflect psychopathology.

Claim 2: Conflicts between Professional and Personal Codes of Ethics

The second claim of the Goldwater Rule enjoins psychiatrists to refrain from speaking about public figures unless the examinee has given explicit permission to do so. We consider this requirement in light of other professional and personal moral obligations. We argue that psychiatrists have an obligation to protect the privacy of psychiatric patients, but not the public perceptions of the psychiatric profession. For the Goldwater Rule to dictate how psychiatrists characterize public figures confuses the interests of patients and individual psychiatrists with the interests of the psychiatric profession.²⁸ Professionalism and professional ethics are related but not identical.

Professionalism includes professional etiquette (e.g., dress, hygiene, and manners) as well as the moral code of conduct for psychiatry. Violations of ethics are sanctionable by the profession, but violations of etiquette are not. The Goldwater Rule provides an excellent standard of etiquette, but should not be included in psychiatry's code of ethics.

This second claim is redundant of Section 4 of the APA Code of Medical Ethics. Section 4 establishes that any communication by a psychiatrist about a patient outside of the treatment relationship requires express consent to release protected medical information: "A physician shall respect the rights of patients, colleagues, and other health professionals, and shall safeguard patient confidences and privacy within the constraints of the law."² Based on Section 4, it would constitute an ethics breach for the personal psychiatrist of a public figure to speak about his patient without permission.

Section 4 includes a significant caveat regarding legal mandates, such as court orders to disclose private patient information, the privacy of minors, and psychiatrists' legal obligations to protect the public from dangerous persons. Permission for psychiatrists to disclose confidential patient information is recognized in Section 4.3 of the APA Code: "When ... the risk of danger is deemed to be significant, the psychiatrist may reveal confidential information disclosed by the patient."² The duty to protect patient privacy is not absolute, even within the doctor-patient relationship. Without a clearly established doctor-patient relationship, no professional duty is violated, yet the Goldwater Rule applies in these situations.

What is more, Section 7 of the APA Code of Ethics encourages psychiatrists to advise governments and the public [S7.1], and to share "their expertise in the various psychosocial issues that may affect mental health and illness" [S7.2]. It thus reiterates the directive of Section 5 of the APA Code for psychiatrists to participate in public education. Together, these commitments to public education, public health, and social awareness create a mandate for psychiatrists to engage in rather than refrain from commentary when public figures seem to pose a risk to community safety. We see, then, that whereas the Goldwater Rule's first claim (requiring personal examination to form a professional opinion) is not maintained consistently in ordinary practice, the second claim that a psychiatrist may not discuss diagnostic formulations of public figures who have not consented to commentary is redundant of both Section 4 and 5.

Now consider Section 7.2: "Psychiatrists shall always be mindful of their separate roles as dedicated citizens and as experts in psychological medicine."² This reminds psychiatrists that they may not speak about personal commitments in the name of all psychiatry. The code says nothing, however, about what a psychiatrist ought to do when the dictates of those roles compete; there is no widely accepted algorithm for balancing personal against professional obligations. Different social roles may create competing personal and professional imperatives, and choosing to speak out as a concerned

citizen, or parent, or member of a religious or other subcommunity may win out over ambiguous professional obligations to remain silent. It is inappropriate for a professional organization to expect, much less require, that professional obligations will trump all other interests.

This may mean that some psychiatrists do embarrass the profession, but doing so is not a breach of ethics. In 2011–2012, the press reported that Newt Gingrich, a serious contender in the Republican presidential primaries, demanded an open marriage from his second wife as the price for not pursuing a divorce. Within 24 hours of this political bomb, which ordinarily would spell disaster to a candidate running on a “family values” platform, Keith Ablow, the in-house psychiatrist for Fox News, asserted in his blog that Gingrich's marital infidelities make him better suited to be President of the United States because it shows he will make a very strong president.²⁹ Within hours of this statement, Ablow was attacked in the Huffington Post,³⁰ EqualityMatters blog,³¹ and others, but not by the APA. Nor was Dr. Ablow sanctioned for his pseudoscientific commentaries on how parents may create gender identity problems in their children and how transgender individuals do not exist.³² This sort of psychologizing is what the Goldwater Rule constrains, but the APA did not refer Dr. Ablow to his district branch for investigation of misconduct. The psychiatric community did not need the Goldwater Rule to publicly disapprove of this type of blogging by a psychiatrist, as exemplified by the critical comments made by Jack Drescher,³³ a member of the DSM-5 Workgroup on Sexual and Gender Identity Disorders, and by John Oldham, then President of the APA, as cited in the Gay and Lesbian Alliance Against Defamation (GLAAD) blog.³⁴ It is important to note that of the dozens of blogs critical of Dr. Ablow, the criticisms were directed toward the individual, and none criticized the psychiatric profession as a whole. It is also important to note that if Dr. Ablow were not a member of the APA, he would not be eligible for professional sanction. This single illustration suggests that, at least in some cases, the Goldwater Rule is both superfluous and impotent.

The Goldwater Rule cannot distinguish between thoughtful and well-researched psychiatric commentary on public figures and the flippant sound bites about celebrities and politicians who make each day's headlines. For the individual moral agent choosing a course of action, the Goldwater Rule provides no direction, except to require that he prioritize the reputation of the profession. The Rule cannot adjudicate which commentaries are responsible and which are spurious, facile, and suspect, so it condemns them all. But every day the public is presented with questions about the psychological health of public figures. If we go further into the past, Woodrow Wilson's stroke; Winston Churchill's bipolar disorder; John Kennedy's Addison's disease; Abraham Lincoln's depression, Marfan's syndrome, or head injury; Hitler's paranoid personality and possible amphetamine addiction; Eisenhower's stroke; and Reagan's dementia all become topics of great interest to those who are concerned about the intersection of health and illness, personality, decision-making, and policies of international import. Miles Shore³⁵ has provided thoughtful commentary on the success and limitations of this early promise of a collaboration between psychiatry and political science in understanding irrational political behavior.

Psychiatrists are well trained to be public educators, but the Goldwater Rule denies an individual psychiatrist's responsibility to speak up about political leaders' behaviors that strongly suggest psychopathology. Not only does the Rule fail to prevent the embarrassing pseudopsychology promulgated by *Fact* magazine, but it also subdues what could be useful and important public debate. A psychiatrist deciding whether to comment on a public figure in either the popular media or a professional journal must be permitted to balance personal and professional commitments as he sees fit. When these conflict, or when the professional commitments conflict with one another, the individual must adjudicate for himself whether his actions are morally right, and simply hope that no ethics-related charges will be brought. Although the Goldwater Rule sets an appropriately high standard for professional behavior, it is misplaced as an ethic rather than an important guideline for action. Medical school and residency provide most of our education on professional conduct, and learning to think carefully before speaking publicly about public figures could be part of required curricula. To include it as a rule in the APA Principles of Medical Ethics overreaches. We believe that the Goldwater Rule may be considered as one guideline among many, but we do not think it should override other personal and professional obligations.

We want to make an even stronger claim. We believe that the Goldwater Rule is itself unethical if it suppresses public discussion of potentially dangerous public figures. There have been serious and well-researched books and blogs by psychiatrists on public figures. A book entitled *Bush on the Couch*, published in 2003 and updated in 2007, was written by the Washington D.C. psychiatrist and psychoanalyst Justin Frank, who is a past president of the District of Columbia chapter of Physicians for Social Responsibility.³⁶ Frank saw the threat to world peace and security by President George W. Bush acting out his own parental dynamics as so serious that it would be cowardly and immoral for him not to speak up (personal communication, January 13, 2012 and February 26, 2016). Frank has also published an analysis of President Obama (*Obama on the Couch*), in which he offers psychodynamic hypotheses as to President Obama's seeming inability to recognize the implacable nature and uncompromising stance of the opposing political party.³⁷ *The New York Times* published a letter to the editor by Frank during the 2016 presidential campaign defending the use of "applied psychoanalysis" in assessing political figures.³⁸

Jerrold Post, a Washington D.C. psychiatrist who has provided psychological profiles of world leaders for over 20 years for the Central Intelligence Agency, has written several books, articles and media commentaries offering psychological profiling and strategic recommendations for dealing with such figures as Slobadan Milosevic and Radovan Karadzic,³⁹ and on Yasir Arafat, Osama bin Laden, Saddam Hussein, Kim Jong Il, and Muammar Gaddafi.^{40,41} Post has taught courses on personality and political behavior at the annual meetings of the American Psychiatric Association.

The website www.truthout.org has published several articles on the psychology and psychodynamics of Bush and Cheney written by a retired Westchester County (NY) psychiatrist (John Briggs) and his son John Briggs II (professor of journalism at Western Connecticut State University).^{42,43} We spoke to both father and son (personal communication, April 14, 2008 and February 25, 2016), who received much positive commentary thanking the authors for providing some coherent descriptions and explanations of two public figures whom they thought had serious mental problems.

Frank Ochberg stated that, after watching videotapes and reading the writings of Cho Seung Hui, who committed a mass shooting at Virginia Tech, he felt it his professional obligation to provide public education to a television and online blog audience who was being told that Cho was a "sociopath" similar to the Columbine high school killers seven years earlier.⁴⁴ Ochberg advanced the notion that Cho was "psychotic," not "sociopathic," and thought it important that the public understand the difference. Ochberg said that he thought that psychiatrists, along with many other scientists, have abdicated their responsibilities to educate the public and to raise the level of debate in this country, and that the professional organization that represents psychiatry should encourage its members to engage in public discussions (personal communication April 4, 2008 and February 27, 2016).

We agree. Psychiatrists, as behavioral health specialists, have an obligation to help the community to understand public behaviors that do not match social standards and expectations. Psychiatrists have an obligation to share concerns about public figures who exhibit erratic or unprofessional behavior, as well as a need to help the public understand mass tragedies and acts of violence. Psychiatrists need to communicate that mental illness is illness, and that diagnostic terms are not epithets, even if some people misuse personality disorder terms such as "narcissistic," "borderline," and sociopathy as insults. Psychiatrists do not, on the other hand, have a moral obligation to make our profession look good in the public eye. We are not suggesting that psychiatrists should broadcast whatever ill-considered opinions they please in public forums in the name of psychiatry. Psychiatry is controversial in many circles, for myriad reasons, some better than others. To some, psychiatry has been and still is considered to be a political vehicle for controlling social unconventionality. Psychiatry has survived a 40-year unrelenting public attack by Thomas Szasz and others for this very charge of suppressing socially deviant behaviors; it will surely survive a few discomfiting moments caused by problematic public comments by some members of our profession.^{45,46}

We believe that the APA should attempt to set standards for the public behavior of its members. However, including the Goldwater Rule in the APA Code of Ethics gives it undue importance. Actions may be inadvisable and yet not

sanctionable. The APA may engage in the same debates as do its members (and nonmember psychiatrists). To require individual psychiatrists to protect psychiatry's public image above their own competing values is both self-serving and misplaced. It is self-serving in that it may put the interests of the profession in direct conflict with the interests of well-meaning individual members. It is misplaced because it discourages rather than encourages public debate. In 1964, the participation of psychiatrists in the *Fact* magazine survey reflected poorly on the profession, but we cannot accuse those participants of acting wrongly so much as injudiciously. In this electronic age, when news and opinions travel faster and proliferate further than *Fact* ever did, public commentary is the norm and not the exception. Psychiatry should encourage scrutiny of the behaviors of public figures, not squelch it.

Conclusions

The Goldwater Rule is meant to direct psychiatrists from discrediting the profession by speaking falsely, irresponsibly, or with malice in the name of the profession. We have seen that despite its good intent, it contradicts regular psychiatric diagnostic practices, and its reach seems to include legitimate academic pursuits and self-promoting pseudoscientific statements by individual practitioners. The Goldwater Rule is redundant of sections of the professional ethics principles that protect patient privacy and promote public education, and it acknowledges that personal values may compete with professional obligations. We argue that the real purpose of the Goldwater Rule is to prevent individual psychiatrists from misrepresenting or embarrassing the psychiatric profession, possibly at the expense of personal, professional, or social values. We find this to be unreasonable. Psychiatrists have many social roles and identities, and it is inappropriate for the profession to expect that professional responsibilities will be prioritized in every instance. That is, professional standards of public conduct are important, but do not carry the moral weight of other psychiatric and personal values.

We can hope that psychiatrists who speak publicly about public figures will be thoughtful, scholarly, and noncontemptuous, and we can teach our trainees what constitutes good conduct. However, we cannot require psychiatrists to protect the profession's public image. To the extent that the Goldwater Rule inhibits potentially valuable educational efforts and psychiatric opinions about potentially dangerous public figures, upholding it is unethical. The court of public opinion will adjudicate professionalism and propriety, and the APA may opine in this setting, but embarrassing the profession violates etiquette rather than ethics.

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Footnotes

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