

Transcript of the Duty to Warn Conference
Yale School of Medicine
April 20, 2017

Bandy Lee: Thank you very much for coming to our town hall-style forum by the title: “Does Professional Responsibility Include a Duty to Warn?” My name is Bandy Lee, M.D. I am Assistant Clinical Professor in Law and Psychiatry. I decided to do this because, as one famous psychologist put it, “It is the elephant in the room,” and secondly because professional organizations have made errors in the past, and without free and open discussion, we cannot rigorously be an ethical check on ourselves.

My quandary was that our ethical guidelines with respect to public figures did not seem to match the ordinary principles of our practice. Why should we treat mental illness differently from other medical illnesses, that we cannot even speak about it? Also, what if mental symptoms in a position of power imply danger not just to one person or a few, but the whole nation and the world? It seemed to me that mere silence was not an answer, and education of ourselves if not the public, could only be fruitful.

Therefore, I invited some of my dear colleagues who have spoken up about the topic. They will talk for only about five minutes each, so that we can leave the rest of the time for discussion. And we do invite your questions, comments, and reactions. At the end of these 90 minutes, we will have an introduction of a national coalition that has formed, now of almost 800 mental health professionals, so that those who are interested can translate what we have learned here into direct action.

I emphasize that the views here presented do not represent the views of Yale University, Yale School of Medicine, or Yale Department of Psychiatry. But I nevertheless thank Yale, my alma mater and current home, for allowing the use of its space for free debate. I only consider it a continuation, not an interruption, of a venerable tradition of generating original thinkers in the medical field, and not mere technicians. I would also like to thank Bob Rohrbaugh, in particular, who has supported junior faculty to act on what they believe in, whatever that belief might be. So again, thank you.

The first speaker is Dr. Charles Dike, Assistant Professor in Law and Psychiatry at Yale. He is Former Chair of the Ethics Committee of the American Association of Psychiatry and the Law, Chair of the Connecticut Psychiatric Society Ethics Committee, Member of the Ethics Committee of the American Psychiatric Association, or the APA, and Distinguished Fellow of the APA.

Charles Dike: Thank you very much, Bandy, for inviting me to this really important topic. I feel like I’m back in high school at my high school debate where I say, I am Charles Dike, and I am here to support the position of the APA regarding the Goldwater rule that was established in 1973, and to state emphatically that it remains relevant today.

How did this all start? In 1964, there was a presidential election, just like there was a presidential election in 2016, between Barry Goldwater and President Lyndon B. Johnson. *Fact* magazine, which was a political journal, surveyed over 12,000 psychiatrists, out of which over 2000 responded. The question was: “Was Barry Goldwater psychologically fit to be president?” Was Barry Goldwater psychologically fit to be president? And underneath, there was a small column for comments. Of the 2000 plus psychiatrists who responded, over 1000 said: “No, he wasn’t psychologically fit for President.”

Now, you got to understand what psychological fitness, fitness to be president, evaluation entails. A fitness for duty eval. is what most people are familiar with. But there's also a fitness to stand trial, a fitness to sign a will. There are all kinds of fitness evals. And in order to do a fitness for duty eval. comprehensively and honestly and objectively, you would need to examine the individual. You would need to review all collateral information data that are present. You need to interview some of the relatives or workers or somebody. You would need to do a lot in order to be able to stand and say that an individual is or is not fit to stand trial. It is in fact a forensic psychiatric assessment. But these psychiatrists, over a thousand of them, without the benefit of any of those things, without the benefit of consent from anyone, said Barry Goldwater was not fit, psychologically fit, to be president.

Now, you have to understand Barry Goldwater was a very extreme candidate, some said. And he made comments that got people worried. So, if the comments include things like: "I would recommend to you that extremism in the defense of liberty is no vice. And let me remind you also that moderation in the pursuit of justice is no virtue." So, he was a polarizing candidate who was extreme but that did not qualify our colleagues to make such firm statements without the benefit of an examination or any consent from Mr. Goldwater that he was not psychologically fit to be president.

The APA and the AMA were not happy with this, and in 1973 they came together to establish what is known today as the Goldwater rule. It's under Section 7 of the *Principles of Medical Ethics with Special Annotations to Psychiatry*, 7.3. Seven says: "If a physician shall recognize a responsibility to participate in activities contributing to the improvement of the community and the betterment of public health." But Subsection 3 says: "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 or 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 all know that public individuals, public personalities, have a public front and a private front, a public behavior and a private behavior. To stand up and make firm judgments, wearing the hat of a psychiatrist, about behaviors that are in public without the benefit of any other additional information, is unethical. Now, what is the role of psychiatry? What are our roles? We have a doctor-patient relationship, which is the most critical and important relationship we all have. It is established by mutual consent—mutual consent—and it also establishes a duty for the psychiatrist. A duty to help the individual get better. A duty to decrease suffering. A duty to assist them in their recovery. A duty to help them become or regain all they need to regain in order to assume their positions as full citizens. A duty to protect them, sometimes from themselves. A duty to protect the information garnered through our assessment. A duty to protect the sensitive material they present to us. This duty can only be overridden when the patient gives us consent to do so. And even in such instances, we have to be careful how much we release—even in such instances. The primary duty of a psychiatrist is to his patient.

Now, there is a tangential duty to the society, which is, if we get our patients better, if we decrease the symptoms that could be dangerous to themselves or others, we will ultimately enrich society and also protect society. But the duty, we can't be confused about this. Our duty is to help the patients get better. When they get better, society is safer. We do not owe society a primary duty.

And, you know, as people talk about the duty to protect and the duty to warn and all of that, I am reminded by where that came from. This lingo, duty to warn or duty to protect, comes from a California Supreme Court decision in 1976. And I'm just going to read the holding of the Supreme

Court Justice: “When a psychotherapist determines, or pursuant to the standards,” pursuant to the standards, “of his profession should determine, that his patient,” his patient, that is his or her patient, “presents a serious danger of violence to another, the psychiatrist incurs an obligation to use reasonable care to protect the intended victim against such danger. The discharge of such duty may require the therapist to take one or more of various steps depending on the nature of the case including warning the intended victim or warning others likely to apprise the victim of danger, notifying the police, or taking whatever are reasonable necessary steps under the circumstances to protect the patient and the victim.” There’s a patient. It’s still the same duty. Remember, patient-doctor relationship. That’s what we’re talking about here. We’re not talking about a duty established through Tarasoff to warn the public. We are not the police. We are not criminal justice elements. We are psychiatrists. We are physicians. Our right, our goal, is to decrease suffering and to help our patients get better. I can go on and on about this, but I’ll wait for questions later on. Thank you very much.

BL: Our next speaker is Dr. Judith Lewis Herman, Professor of Psychiatry at Harvard University. Many of you know her. She is a renowned Traumatic Stress Studies expert, Co-Founder and Former Director of Training of the Cambridge Health Alliance Victims of Violence Program, Distinguished Life Fellow of the APA, and Author of a letter to President Obama requesting a neuropsychiatric evaluation of the then-President-elect Mr. Trump.

Judith Herman: Thank you, Bandy, very much for having me join you, and thank you for bringing us all together in this forum. I wanted to share my experience in writing the letter that you mentioned. It was a letter expressing alarm at some of the symptoms of, shall we say, mental instability demonstrated by our then-President-elect. And I wrote a rather fruitless letter to President Obama, wondering if there were some way to insist upon a neuropsychiatric and full medical evaluation of this person before he assumed the terrifying powers that are at the disposals of a President. And I asked some of my colleagues to sign the letter and in the event, really, only two were willing to sign the letter that ultimately became public. It wasn’t our first intention to make it public, but it went public. It went somewhat viral. Gloria Steinem, in particular, was taken with the letter, put it on her Facebook page, and then read it at the Women’s March on Washington. So, it’s had a life of its own, if you will.

My experience asking colleagues to sign was very interesting because, first of all, there were quite a few people who refused to sign because they were frightened. They said: “You know, aren’t you afraid of being targeted?”—targeted! What does that mean exactly? Somebody might say nasty things about me in public? And that did in fact happen. Rush Limbaugh had a rant about our letter. But, you know, we’re not living in a police state, at least not yet. And so I was a little bit puzzled by that reaction.

The other reaction was a more principled one, where some people basically cited the Goldwater rule, which we just heard about, or cited a more principled position about professionals taking up, getting involved, in politics at all, in any way. And they warned about the dangers of basically co-optation and corruption, should we do so. They cited the example of the psychiatrists who colluded with the Soviet state to imprison political opponents, basically by committing them to psychiatric facilities. So we have that example.

And then we have the much more recent and closer to home example of the corruption of the American Psychological Association, which allowed itself to be co-opted. Basically, the whole organization, by a group of military psychologists, who got the organization to change its ethics rules, so that basically it was condoning involvement in torture of political detainees. And so, that was a very cautionary tale and it was a consideration. And of course, what happened in American Psychological Association was followed on 9/11, and of course, the argument for changing the

ethics rules is that this is an emergency. This is an unusual circumstance that requires us to bend our rules. So, if we're going to comment as professionals, as I did on the mental status, or as much as we know of it, of a political figure, how are we going to justify that? We can't just say: "Oh it's extraordinary circumstances," because that argument can be used, as we've already seen, in corrupt ways.

So, I thought about that and the point I arrived at, that I'd like to share with you is that there's a difference between getting involved in politics on behalf of the power of the state, as in the two examples I cited, and getting involved in politics on behalf of the rest of us who are at risk from the extreme powers of the state, or the abuse of powers of the state. And so if we are involved in resistance of the power of the state, to me that has a different ethical cast, and I can be persuaded by the argument that we have a right, and perhaps even an obligation, to speak out and share our professional knowledge, such as it is.

Now, it doesn't take a psychiatrist, as you may have noticed, to notice that the now-President has a little something not quite right mentally. And in fact, public columnists have used words like, "nut job": that was Gail Collins, or ... let me just remind myself for a moment. Well, if I remember correctly, Maureen Dowd called him, "mentally deranged." As I said, Gail Collins called him a "nut job," and various political writers have questioned his mental stability. So why as psychiatrists do we need to add our two cents? I would argue that to the extent that we have some knowledge that would be pertinent, we do have the duty to share that with the public. And I will close with that, and as my distinguished colleague who preceded me shared, this is a matter of debate. And so let the debate proceed. Thank you very much.

BL: Thank you, Judy. Our next speaker will be Dr. James Gilligan, Clinical Professor of Psychiatry, Adjunct Professor of Law, and Collegiate Professor of Arts and Sciences at New York University. He is a renowned Violence Studies expert, Former Director of Bridgewater State Hospital for the criminally insane, Former Director of Mental Health for the Massachusetts prison system, Former President of the International Association for Forensic Psychotherapy. We welcome him, thank you.

James Gilligan: Thank you, Bandy, and thank you for inviting me to speak on this extremely important subject. I don't know of anything that is more important today than what we're here to talk about. We have been talking about the American Psychiatric Association. But that reminded me of the German Psychiatric Association, which I would say does not deserve any honor or praise for having remained silent during Hitler's rise to power. On the contrary, they appear, from our perspective today, to have been passive enablers of the worst atrocities that he committed, as were most German clergymen, professors, lawyers, judges, doctors, and many other professional and intellectual leaders, who could have but did not speak out when they saw a blatantly dangerous political leader gaining the power to lead their country into the worst disaster in its history.

Our current President does not have to be a literal reincarnation of Hitler—I'm not suggesting that he is—in order for the same principles to apply to us today. A precursor of the Goldwater rule, which was referred to earlier, was a comment that one of the most influential and brilliant German intellectuals made not long before the rise of Hitler. That was Max Weber, one of the great sociologists in history. In his great essay, "Politics as a Vocation," in which he argued, as does the Goldwater Rule, that intellectuals should not utter political opinions or say anything that could be regarded as "partisan".

I have always been troubled by that because it appears to me to have encouraged the intellectual and professional leaders of Germany to remain silent, even in the face of enormous and unprecedented danger. Now, my sense is, the question, the issue I'm going to raise here, is that one does not need

to have had fifty years of professional experience as I have had in assessing the dangerousness of the most violent people our society produces, to recognize the dangerousness of a president who asks: “What is the point of having thermonuclear weapons if we cannot use them?” Who urges our government to use “torture or worse” against our prisoners, both our prisoners of war and in our prisons. Who urged that five innocent African-American youths be executed by the state, given the death penalty for a sexual assault, even after it had been proven beyond a reasonable doubt to have been committed by someone else. A man who boasts about his ability—doesn’t confess, boasts—about his ability to get away with sexually assaulting women himself, because of his celebrity and power. And who urges his followers at political rallies to punch protestors in the face and to beat them up so badly that they will have to be taken out on stretchers. And who suggests even that his followers could always assassinate Hillary Clinton, his political rival, if she were elected president. And so on and on and on, in an endless stream of threats of violence, boasts of violence, and incitements to violence. I’m trying to limit my talk to five minutes. I could fill the whole five minutes and half an hour with equivalent quotations that Trump himself has made publicly.

Now, I want to make the point that that’s why private interview with him is really not necessary in order to assess his dangerousness. In fact, in my experience, the most reliable data for the assessment of dangerousness often does not come from the person we’re evaluating, but from police reports, their criminal history, court and prison records. Or in Trump’s case, simply from his own public statements threatening, inciting, and boasting of violence, and most importantly, showing no feelings of guilt or remorse about it. This is somebody who is showing a maximum of sensitivity—I’d say hypersensitivity—to shame and humiliation. If anybody ridicules him, criticizes him, he reacts at three o’clock in the morning with an impulsive Tweet.

But to me, the issue is not whether Trump is mentally ill or not. It is whether he is dangerous or not. And that’s completely different from what the Goldwater rule is about. The Tarasoff rule is about dangerousness. And as somebody who’s had to write letters to the people who were objects of threats or other indications that people are dangerous, and I have done this many times, I think we have more than enough evidence here that it’s important to mention that everybody in America, and in fact everybody in the world, is in danger from the currently most powerful man in the world. I’m only saying what the majority of people already know. After all, a majority of American voters voted against Trump. I’m not saying anything that most people don’t already know.

What I am saying is, I think that if we, psychiatrists with experience in assessing dangerousness and working with dangerous people, if we remain silent, I would say we give passive support to people who would make the extremely dangerous and naive mistake of assuming that Trump is a normal politician. Or that he’s a normal president. He’s no more normal than Hitler was. Again, that doesn’t mean he is Hitler. I’m not saying he’s Mussolini. He is Trump. But dangerousness sometimes is so obvious, any layman can recognize it from all across the street even if they have never sat down and talked to the violent criminal.

So, my point is that for us to remain silent here is a sign either of incompetence on our part, or our inability to recognize dangerousness when it is staring us in the face blatantly and egregiously. Or, it is sheer irresponsibility on our part to remain passive in the face of such an obvious danger. I’m going to close there simply by quoting our most recent Nobel Prize winner in literature, who famously said: “You don’t have to be a weatherman to know which way the wind is blowing.” Thank you.

BL: Thank you, Jim. Our next and last speaker is Dr. Robert Jay Lifton, Lecturer in Psychiatry at Columbia University and Distinguished Professor Emeritus of John Jay College and the Graduate Center of the City University of New York. Many of you don’t need an introduction of him. He is a renowned psychiatrist who is famous for his studies of the doctors who aided Nazi war crimes, an

outspoken critic of the American Psychological Association's aiding of government-sanctioned torture, and a vocal opponent of nuclear weapons following his work with Hiroshima survivors. His research encompasses the psychological causes and effects of war and political violence and the theory of thought reform. Thank you very much.

Robert Lifton: Thanks, Bandy. I appreciate your accommodating me, and I also appreciate the work that the organizers of this conference, especially Bandy Lee and Judith Herman, have put in. But I do feel close to you all the more so because I spent twenty plus happy years at Yale. I'm quite familiar with this auditorium. And during that time, I did much of the work that has relevance for what we're talking about today. My talk will be simple. I just want to leave you with two ideas. We can call them names or concepts. They're very simple. One is what I call, "malignant normality," malignant normality. I'll explain what I mean by that. And the second has to do with our potential for the crucial sense of ourselves as activist, "witnessing professionals."

First, malignant normality: we start with the assumption that all societies at some level of consciousness have a sense of what the norms, what proper behavior, are which most people adhere to. But under certain military and political conditions, these requirements may cease to be benign and can be destructive to the point of evil. I came to the idea of malignant normality in my study of Nazi doctors, who took a leading role in the killing process at Auschwitz and at killing centers for mental patients. They were in charge of selections. And that was what was expected of them. That was their job. That was the normal behavior of Nazi doctors in that kind of society. Some were upset, even horrified, when they arrived at Auschwitz. They were treated to a kind of perverse psychotherapy by old Heinz, who rationalized their position and, heavily with that, got them to a place where they could actually overcome their anxiety and conduct their role in the killing process. This is a form of adaptation to evil, and it's also a form of normalization of evil.

Now, there's another kind of malignant normality that Judith Herman mentioned. It's closer to home and more recent, and many of you are familiar with it. And I have in mind the participation in torture of American physicians and psychiatrists and psychologists and other medical and psychological personnel, and reaching its most extreme manifestation when two psychologists were revealed to be the architects of the CIA's torture program. And more than that, this malignant normality was essentially supported by the American Psychological Association in defending the participation of psychologists in what was called, "enhanced interrogation," which spilled over into torture. Now I'm not equating American behavior with the Nazis. They're quite different. But I'm rather suggesting that malignant normality can take different forms. And nothing does more to sustain malignant normality than its support by a large organization of professionals.

There's still another kind of malignant normality brought about by President Trump and his administration. Judith Herman mentioned it, as did Jim Gilligan in the previous talks, and it has to do with individual patterns in his behavior that are dangerous. This has to do with his creation of his own reality, as Judith Herman and I wrote in a letter to the *New York Times*, and also our sense of his inability to manage the inevitable crises that an American president must face. But also, he's violated various institutional norms of the American presidency and has really threatened the viability of American democracy. Since he is the President, however, there's an impulse to see his behavior as normal. We do have respect for that position. And as he makes his pronouncements and sometimes takes part in bombings, he seems to be "a normal president."

This kind of malignant normality can enter into the governing—or one can say anti-governing—structure of our country. And there's no reason that we can't identify and take our stance against it as dangerous to us and other Americans and to the world. And it doesn't mean that we're helpless. We remain a society with considerable openness with institutions that can still be life-enhancing and serve truth. And that's illustrated even by our event today. Unlike Nazi doctors, articulate

psychological professionals could and did expose the behavior of corrupt colleagues and even of a corrupt professional society. And they were joined by investigative journalists and human rights advocates. We can still function as a critical and open society. We're capable of parallel actions as psychological professionals, confronting the malignant normality of the Trump administration. And we can have considerable impact if we combine our sense of outrage with a disciplined use of professional knowledge and experience.

And this brings me to my second and final theme that of activist, "witnessing professionals." That's what we've become along these lines I'm describing. Most professionals, most of the time, follow the criteria of normality for their particular society, and professionals go further. Really, our structural sense of ourselves leads us to deepen a sense of normality of people as we help them to adapt to our society. But, you know, this can be dangerous in itself.

I don't think it is generally known that during the early Cold War there was a special commission. A government commission chaired by a psychiatrist containing physicians and social scientists, set up to help the American people adapt to the inevitable nuclear war that was coming. And to not be too frightened, too afraid of annihilation, which people were indeed showing fear of. This was a task of defending malignant nuclear normality on the part of psychiatrists and other ostensible healers. But professionals don't have to serve such forms of nuclear normality. We are also capable of using our knowledge and technical skills to expose the danger and malignance of what is called "normality" in our society.

One further example, when I did my study of Hiroshima survivors back in 1962, I sought to go about it professionally and scientifically, in recording what happened to people exposed to the first atomic bomb on the human population. But I also came to see my role as that of a witnessing professional, who took in what people told me, recreated a narrative of what had happened to them in the city as a witnessing professional, not just a neutral observer. And the story in one place was: "One plane, one bomb, one city." This was a form of what I came to call advocacy research. And that meant combining a disciplined professional approach with the ethical requirements of active and critical witness. I believe that such an approach, now, in connection with the Trump era, that would help us to avoid uncritical acceptance of this new version of malignant normality, and rather exposing that normality, that ostensive normality, for what it is. Aware of the urgency of the situation, and aware of the world's most powerful person being susceptible to profound instability and repetitive untruth.

Finally, we talk a lot about professional ethics having to do with our responsibility to patients and to the overall standards of our discipline. And that's extremely important. Professional ethics matter a great deal. But I'm suggesting something more, a larger concept of professional ethics that we don't often talk about, including an examination of who we work for and with, how our work either affirms or questions the directions of a larger society. And in our present society, how we deal with the malignant normality that faces us. I, in no way, minimize the significance of professional knowledge and professional skill. But our professions can become too technicized, much like a hired gun, able to bring its firepower to any sponsor of the most egregious view of normality. We meet today because we know we can do better than that, and when we take a larger ethical view of the activist witnessing professional, that doesn't make us saviors of our threatened society. But it does help us to bring our experience and knowledge to bear on what threatens us, threatens the world, and might renew us as well. I'll close with a line from the great American poet, Theodore Roethke, which applies to our present situation as much as any words can. Roethke wrote: "In a dark time, the eye begins to see." Thank you.

BL: Thank you very much. Thank you to all the speakers. A quote by Rudolph Virchow, the great German physician, comes to mind: "Medicine is a social science and politics is nothing more than

medicine on a larger scale.” Certainly, I think it is erroneous to believe that the realm of politics will never have anything to do with the patients we serve and our role as professionals, and is not subject to our highest ethical principles. So I would like to open the floor for discussion. Please feel free to offer your questions to any of the panel members, or any comments.

Audience Member A: I am not a professional in the field of psychology. I do have a degree in it, a master’s level as well. And I do know the diagnostic manual has been revised many times, and so even deciding what the particular problem is with an individual that’s dysfunctional has been changed many times. So, one of the things, though, that I think has remained consistent is the idea of personality disorders. And many times, when something is a personality disorder, it can be very dangerous to the individuals that the person with the disorder is interacting with and certainly for society if the individual is powerful. Many of the personality disorders are not very subject to change even if a psychiatrist were to work with a willing individual. So, if psychiatrists, a panel of psychiatrists, got together and looked at what is publicly visible and were to, from that, see a particular pattern that they would, very carefully, did not state was the diagnosis, but stated that, according to current criteria, fit such a diagnosis, with that it will be helpful towards perhaps the society at large, considering what they are dealing with.

RL: Bandy, I could say something to that.

BL: Robert, go ahead.

RL: Okay. You know just a simple answer. I think all of us speaking, we’re not focusing on the idea of a diagnosis of Trump or anyone else, but rather of psychological patterns that were dangerous to the rest of us that made him a dangerous president. Judith Herman and I, in our letter to *The New York Times*, emphasized his relationship to reality. In a sense he’s creating his own and insisting on it, and also his inability to follow evidence and respond to the actualities of a crisis. These are patterns. They’re not a diagnosis.

JG: I would pick up on what you said about personality disorders. As I said, the issue isn’t whether Trump suffers from a major mental illness or not. It’s how dangerous he is and whether or not he’s dangerous. Of all the people who commit murders in America, only about one percent are declared by the courts and forensic psychiatrists to be not guilty by reason of insanity. The other 99 percent are all judged to be sane and therefore criminally responsible. I’ve directed mental health programs both in the prison mental hospital in Massachusetts for the violent mentally ill and we had three to four hundred at a time, but also in the prisons themselves which had from eight to 12,000 people at a time.

In other words, the vast bulk of dangerousness in our society is not perpetrated by people who are mentally ill, as the courts and our profession define that, at least in terms of major mental illness and Axis I disorders according to the *DSM*. They have personality disorders, 80 or 90 percent of the people in prison. Some of whom do, actually an increasingly large number of them, these days, do have a diagnosis of a major mental illness because of the closing down of our mental hospitals. But actually the major perpetrators of violence by far are those with personality disorders. And I’m not even going to give one label to Trump. Many people have. And the fact is if you judged him in terms of his public statements against the criteria for personality disorder in the *DSM*, you know you could easily come up with half a dozen. To me, that’s somewhat beside the point. I’m really not concerned with his diagnosis of mental illness.

I’m concerned with whether he is dangerous or not, and dangerousness is not a diagnosis. It’s a symptom or a byproduct of a variety of things. It can be caused by mental illness, it can be caused by personality disorder, but with Trump, we have more than enough evidence of dangerousness,

according to his own publicly stated language. You don't have to interview him privately in order to, in effect, have an interview with him because he speaks publicly to all of us. The whole public has interviews with him, you know, every single day, three or four tweets at a time. So the issue, I think, you're absolutely on the right track to say, it's not: "Does he suffer from schizophrenia or bipolar disorder or whatever." That's not the issue. The issue is, is he dangerous.

CD: I'd like to comment on that a little bit. First, I wanted to say, psychiatrists are also citizens of our country. And every psychiatrist and psychologist has a right to an opinion. I don't think they will come up with opinions different from what everyone else has said about this, which is really frightening because exactly the same words and terminology that was used for Barry Goldwater, exactly the same diagnosis. Nothing here was not apply to him. So psychiatrists are private citizens can say whatever they want. The problem is, once you put on the hat of a doctor. You say: "My name is Doctor this, I'm psychologist, or I'm psychiatrist," you are essentially telling people: "Trust me, I know what I'm talking about." The problem is, when you render a professional opinion, there are certain things you have to do in order to render a professional opinion.

In medical school, they would bring different things, and they used to say: "Spot diagnosis. What's the spot diagnosis?" So you look at them, and you quickly arrive at some diagnosis. Of course, this is a differential diagnosis. You wouldn't sell your house on the diagnosis; it's spot diagnosis. You haven't done the assessments that you need to do. It's just something that tells you it might be, it might not be. What does that mean? In order for it to be a professionally-rendered opinion based on your training, expertise, knowledge, which you declare when you say, "I'm a psychiatrist," you must have done a couple of things to this individual. You must have examined them the same way we examine people. And you must have been able to tell them what the limits of confidentiality of your assessment are, because they are confidential, and you have to then render the opinion based on all the data you have collected.

Otherwise, making pronouncements without assessment harms our profession. It leads to distrust by the public. Because who knows what my psychiatrist is going to say about X, Y, Z. Who knows? This individual who does not care about limits set by the profession to protect the sensitive material we have—who knows what they are going to say? It harms the profession. It leads to more stigmatization of our profession and of patients. So it's not a casual thing, but as individuals of course you can make whatever comment you can. But you can dilute the process of forming an opinion. You can't dilute that process. There's no diagnosis we're going to come up with that is not all over the Internet from non-psychiatrists. Thank you.

Audience Member B: I'd be very interested in hearing the esteemed presenters comment on the 25th Amendment to the Constitution of the United States and what the role of the psychiatric and psychological professions would be.

JG: Excuse me, what is the 25th Amendment?

AM B: Well, in a nutshell, and forgive me for paraphrasing, it sketches out the process by which a president can be removed from office for being unfit for duty.

BL: There is a member in the audience who would like to answer the question.

Audience Member C: I'm one of the founders of this organization, Duty to Warn. And we have circulated a petition among mental health professionals that says: "We believe that Donald Trump is dangerously mentally ill, and incapable of competently performing the duties of the presidency of the United States, and should be removed under the 25th Amendment." We've gotten 41,000 signatures from colleagues, other mental health professionals. And Karen Bass has got a similar

petition. She's gotten 37,000 signatures. We've also been working with people in Congress who are trying to actually fashion some procedures for evaluating a potential president who might need to be removed for reasons of mental illness under the 25th Amendment. Representative Earl Blumenauer of Oregon has introduced a bill to provide some process for that assessment, and we've been in dialogue with him to support him and to inform him in ways that could facilitate his work. So I think your topic is very close to our heart, and I think it is central to our mission.

RL: Perhaps I could add something to that. It's one thing to say that there is a kind of danger to our profession as psychiatrists or psychologists when we speak out, as we are now, about psychological trends. So I would agree that we should speak out with discipline and recognize that our knowledge has limitations. There's also a danger of remaining silent in the face of malignant normality, which endangers all of us. And with nuclear weapons and other weapons of war, endangers the world. We need to constantly look at our ethical parameters as we consider these issues and not shrink from them because of an exaggerated notion of withdrawn professionalism.

JG: I think you've raised a good point, after all. One historical example that occurs to me by analogy is the gross misuse of psychiatry and abuse of it in the Soviet Union, when people would be placed in mental hospitals and declared to have make-believe illnesses, asymptomatic schizophrenia, and so forth, when they were obviously political prisoners. So, let me just say, there is no rule or law that cannot be abused. I mean, of course, as Robert was saying and as you said, nothing is going to work no matter what we do as professionals, unless we do it ethically and competently and at the highest standards. I have no disagreement about that. One could debate whether Trump has yet reached the point where, you know, to even begin to embark on something as extreme as removing him from office for mental instability or whatever related reason.

But I do remember that when President Nixon was in the last throes of the Watergate controversy and realized that he was facing the possibility that he'd be removed, not because of mental illness but because of misbehavior in the office, members of his staff at the Pentagon and the State Department and the White House staff took steps to try to intervene in such a way that Nixon could not, for example, try to engineer a *coup d'état* from, say, military officers to keep him in power, or to order a launch of a nuclear weapon. Many of the people around him were not sure about his mental stability. He was apparently getting drunk on scotch every night and increasingly desperate and distraught and hysterical.

So the issue is a real issue. Obviously, there's no simple solution. Obviously, we have to use restraint, and we do have to adhere to the highest professional standards. We don't want to become like the former Soviet Union. But we do have to recognize there are times where presidents are incompetent. Woodrow Wilson, you know, suffered from a stroke, and his duties were basically taken over by his wife during the last year of his presidency. These things do happen. It would be wonderful if there were a simple panacea that was foolproof. Clearly, there's not. All I can say is, I think we have to be alert to the dangers of this President and alert to the dangers of the various methods that could be used to limit his power, if he starts using them in a way that is manifestly and irrevocably dangerous and harmful.

RL: Bandy, can I say something about Soviet psychiatry? I think it's been misunderstood in certain ways. The Soviet abuse of psychiatry was an example of the Soviet malignant normality because they diagnosed people with what they called, "creeping schizophrenia," because they had heretical ideas about the Soviet Union. That was a way of imposing malignant normality on a profession, and most of the profession responding and hewing to that demand. But there were other psychiatrists throughout the world who contested it, and some brave Soviet psychiatrist who also contested it, who contested the malignant normality behind that false diagnosis.

Audience Member D: I'm just wondering if, as psychiatrists, you've ever considered the utility, perhaps, in examining the level of rage in this country. The marginalization, the racism, the fracturing of what we had considered as fairly stable values, as a recognition that Trump represents one manifestation of something that's supported it in many different ways. And I just wondered if that approach, rather than an *ad hominem* approach, would give your voice more merit.

JG: I'm not sure what you mean by the difference between the *ad hominem* approach and the alternative.

AMD: I don't know. I mean Trump wasn't elected by a majority, but he was still elected. And the Electoral College carried it. And that's our democracy. Yes. And I'm not sure that a continued attack on him does anything to repair the fractionation that put him in. Because that's what I was amazed at, that that he got elected. And then I began to examine why I was caught off guard about that. Why didn't I recognize that I'm not in touch with all those people who were so angry, that didn't mind that, and tolerated it? And I better get more in touch with that to understand it. So that's what I mean. I'm not sure removing Trump from office, for example, is going to repair what's going on. I mean, the nuclear option might be taken off, but he has delegated to generals. I mean, I'm just wondering why psychiatry isn't focused more on the cost of poverty, the racism, the marginalization that continues to erode our society.

JG: I agree with you. My last book was devoted to showing a finding that had never been reported before, which is that the rates of homicide and suicide in America, since they first started being measured on a yearly basis in 1900, have increased significantly, to epidemic levels, only when Republicans have been elected to the White House. And have decreased equally significantly only when Democrats have been elected to the White House. Then Bandy and I have coauthored a paper on this, and I've written a book about it. What we found were three socio-economic mechanisms that explain this correlation, which by the way is not my data. It's the government's data. It's the Public Health Service. Anybody can look it up on the Internet.

What we found was other public data that when Republicans have come into office, without a single exception, every single Republican administration has been followed by an increase in both the rate and duration of unemployment, and every single Democratic administration, by a decrease in those rates. And the rate and duration of unemployment have themselves, independently of party, been shown to predict rates of homicide and suicide. So, we have a perfect circle of causation and correlation.

So, let me say, I yield to nobody in support of what you're saying. That it's important that we take our expertise about human behavior and human psychology and the relation that has to politics, economics, and so forth, and try to find data. What I've been saying is that, for years now, in medicine, everybody's been talking about the importance of evidence-based medicine. What I'm saying is it's time that we now move toward evidence based politics. And I think that, I mean the book I just wrote is an attempt to move in that direction. So, I couldn't agree more with what you're saying.

RL: Another way of saying the same thing is that there's always lots of potential racism and violence in our society. There's an ongoing dynamic in which this is always possible. It manifests itself most dangerously when encouraged from above. That's when the malignant normality, which includes racism and violence, can become most manifest. So that's a dynamic we have to be aware of. It does require more study, and we should attend to it, but that's at least the beginning model.

CD: I think that's a really interesting question. How different is our President from a group of people in the country who elected him? And if he's not different and we have millions of people,

then, what are we saying about our diagnosis? And to what extent have we ruled out the social context? *DSM IV, V*, all the *DSM*'s, you cannot talk about an abnormality of a mental state, which you then diagnose with something, ultimately, until and unless you have ruled out certain elements, whether it's social, whether it's biological, whether it's alcoholism, whether it's whatever else, whether it's medical issues, whether it's, someone has got to be out of context with their social construct. So how far away is an individual from the population before we decide that this specific individual has a problem? It might be that, within that context, within that subgroup, they're all like that. And it's not abnormal or not. And I guess that's the question, and I think it's a really valid one.

Audience Member E: I think one of the issues that needs to be addressed is the fake news and the use of media to do some mind control of members of society who don't understand that they're being fed false information. And that I think we were asleep at the wheel. And as professionals, we do know about mind control. We do know about advertising. And as psychologists and psychiatrists, we need to pay attention to what's happening and do something about that. And even Trump seems to be listening to this awful stuff and believing it. So he, you know, some of his problems may be because he's not able to siphon what's real and what's not, as far as the news and what's coming over the air.

The other thing, that during the election we expect of advertising is that it has to be telling you accurate things. But in politics it's okay to put out lies. We need to fight to change those laws. That does not make any sense for people to lie about political candidates and say the stuff they said about Hillary, and about the pizza place, and we have to we have to fight that. And possibly things like the MMPI, which is a simple evaluation tool, could be used for people that want to run for office, so that if someone is dangerous, they could be ruled out by it by a test you can't fake, or it's less likely to be faked.

RL: Perhaps I can respond to the first part of your question or comment about thought control. One of the many nefarious examples of human behavior that has been my fate to study, has been Chinese Communists' thought reform, which was a systematic effect to change people's worldview and even their identity through a process that involved criticism, self-criticism, continuous confession, and other such pressures. Now, with Trump, much of this process is eliminated. There is merely the declaration of a reality, a false reality that never occurred, and an insistence that first his spokesmen and then the rest of the world join in this reality, and antagonistic anger toward the ones who refuse to do it. I think that one sentence sums up this new version of mind control. We have to recognize it, identify it, and combat it—combat it with truth, but also make clear the psychological pattern that produces it along with the social media, the technology of our time.

JG: Yes, I very much agree with what Robert just said. I would add to it. One of my associations with what you just said was a remark that Primo Levi made in one of his memoirs about his experiences as a prisoner of Auschwitz during World War II. He commented, trying to understand how Germans could have committed the atrocities of the concentration camps. And he said it's not that a majority of the people were themselves psychopaths or sociopaths. Most of them had no history of criminality or of having committed any particular acts of violence beforehand, and they weren't mentally ill. What he said was, you have to understand that if you live in a country for, you know, for the past ten years, and all of the public media have been giving you one message, and of course the message happens to be false. I mean, again, exactly, when you want to talk about fake news, Nazi Germany outdoes even us. His point was that the totalitarian government can so control the false facts, or the so-called facts that aren't real facts, that the public is given, that you changed their way of thinking and their way of behaving. You can create, in effect, a kind of mass-produced mass psychosis.

Now, we haven't yet reached that point in America. Trump is not a dictator to the degree that that Hitler was, but he certainly speaks the language of totalitarianism and dictatorship. And you don't necessarily have to have a political power directing this. Sometimes the economic power is enough. If we have our major media controlled by billionaires who want to give a slanted view, although they call it, what is it, a "fair and balanced," or whatever Fox News uses, as a way of giving people a slanted view of the news. Yes, you can create a population that will support a dictatorial leader, and all hell can break loose after that. So one reason I think it's so important for our profession as psychiatrists to speak out publicly is, how else can we work against that? I mean, I think we have to be a countervailing force against the barrage of misinformation and misinterpretation.

Again, I agree with Robert. I would be the first to say nobody is perfect. Nobody has absolute, true, infallible knowledge. We can all be debated with. That is why I like the idea of having a debate on this. We need a debate. And I think this matter should be decided as much as possible in a democracy by debate and discussion rather than by, you know, necessarily using the whole legal system to preempt the more voluntary system, which operates through persuasion, which is the basis of democracy. But I think it is one of our responsibilities to try to persuade people that we are presenting them with the truth. Obviously, that won't work if we don't believe it and if it isn't true. But you're absolutely right: we are faced with a flood of misinformation. What do they call it? "Alternative facts," or something like that. Such things don't exist, you know, like unicorns. And as people who don't believe in unicorns, we have to point that out.

CD: I think this is exactly my concern: the media. I think this is where we all have to be extremely cautionary in our comments. All we know about individuals who are in the public light is what is portrayed to us, it's what their advisors tell them to do. It's what their handlers and everybody else tells them to do. It's much like watching actors and actresses. And then, not in a movie, just in regular interviews and so on, I never know when they are acting or when they're not. It's much like watching all of that and then coming away with a diagnosis or with comments about one's mental illness. I think any individual in the public light, especially the ones who court the media presents a certain persona to the media. And unless and until you've had a chance to talk to the family members or other people who know them outside of public light, it's really hard to know which individual you are watching.

I am reminded of Robert Ludlum, who is Lord Ludlam in England—no, Lord Archer, Lord Archer, whose wife said: "I don't know which Lord Archer I see each time I see him. Is it the one who is acting out what's in his novels? Or is it the real guy?" It's very difficult for us to make judgments like this. You have to be careful because I don't know who our president is. I bet you, none of us here really know him. Despite what we think, just from what we see with fake news, with the media, we don't really know him enough. It's not that we don't have ideas or, you know, suggestions or speculations. These are things that would be thrown out in the court of law, are speculations, because we haven't done the necessary rigorous examination of trying to understand him from people who actually know him enough.

JH: May I say something about that. I would refer back to what Jim Gilligan cited in terms of publicly documented incitements to violence, boasting about being able to get away with sexual assaults and, basically, suggesting that his opponent should be locked up or perhaps assassinated. These are acts that have been documented that suggest a kind of a will to power, if you will, a wish to annihilate opponents, a violation of our norms that speak to a dangerous person. And when you realize that the powers of office not only corrupt—power corrupts, we know that—but also amplify whatever mythologies are already existing. So that grandiosity when amplified by the flattery of underlings and the excitement of crowds whose cry: "Lock her up! Lock her up! Build the wall! Make Mexico pay!" that this grandiosity can morph into a kind of delusion of grandeur.

And suddenly as a person in power he discovers that he can get away with more and more violation of social norms and morphing into actual criminal behavior. This is somebody who's discovered that his popularity increases when he bombs somebody, and the media that we speak about can be distracted and turn the attention away from what's in his taxes or what is the connection with, you know, has this person basically committed treason by doing the bidding of a foreign power, a hostile foreign power. But one can distract the media from all of that by using "the Mother of All Bombs." In both of these instances, the missile attacks on Syria, the bombing in Afghanistan, the actual military situation is not in any way changed by these actions, but the political situation at home is changed. The media are suddenly talking about him acting presidential, and his sense of grandiose power and unlimited power is amplified. So I do think we can....

The quote I forgot about in my senior moment before, it was Maureen Dowd calling him a "mad king." And we know in history that there had been mad kings. And we also know that the ordinary mechanisms that we have in place for dealing with situations where a chief executive is impaired are very unwieldy. Probably rightly so, we don't want it to be easy to remove from office someone who has been duly elected. But we also know from history that we've had situations where our chief executive—people have mentioned Nixon—nobody mentioned Ronald Reagan, who was probably demented for the last couple of years of his presidency and whose wife again, along with her advisors, who communed with the spirits and so on and the unseen world. These were the people who had the power of the chief executive of the most powerful country in the world. So, someone mentioned the 25th Amendment. We don't have very effective mechanisms for dealing with the situation that we find ourselves in. And speaking out as citizens certainly, as professionals I would argue also importantly, we rely on the world of ordinary facts and ordinary reality, consensually accepted reality, scientifically demonstrated reality—we rely on our powers to persuade to anchor us in that kind of reality.

BL: We have time for one more question.

Audience Member F: Thank you. Thank you all for your deep insights and careful language in describing these terrors that we face. And Dr. Lifton, thank you for calling Trump—I mean, I think Trump is a master of mind control. And this is to me the most dangerous thing because the very number of people who his malignant normality or malignant narcissism has influenced. If I understand it, grandiosity is a cover for deep insecurity in the narcissist, isn't that pretty much agreed? So I wonder if by Trump's antagonistic anger and his consistent blaming of everyone else, for all of his very obvious mistakes and shortcomings, he is giving a model to his supporters to use their own insecurity, by copying his antagonistic racism and marginalization of all others that they hold responsible for their position in society, which has indeed been degraded by economic policies.

RL: Well, just to pick up on one thing you said, I think we do better to focus on what he's doing or trying to do to reality. You know, reality or sometimes called actuality—things as they are that are happening—it's a very important matter for psychological professionals like ourselves. It's under assault by Trump. It's all of our task, part of our obligation to reassert it and to identify the assault of the malignant normality that he seeks to create. This is very much our terrain. It's what Judith Herman and I emphasized in our letter to the *Times*, but it's what all of us must emphasize because, in a way, he's in an attack on what we call reality, actuality, the nature of evidence, and the response to the world as it can be perceived, as opposed to an imaginative idea about the world, which is focused on and demanded to be everybody's reality, and then taking steps to impose it on the rest of us. We can fight against this, and we are.

JG: I would just add to that quickly. We are speaking as trained psychiatrists, but I don't want that to be kind of a cocoon, which insulates us from listening to what people from other disciplines say. And I think you would agree with me. What I was reminded of was Hannah Arendt's analysis of

Totalitarianism—which I think is one of the most brilliant books ever written—in which she pointed out that one of the central characteristics of a totalitarian regime is what she called, “contempt for facts.” And that is precisely what Trump shows and his whole administration has been showing, and to me that is one of the alarming segments. He has not established a totalitarian government, but he speaks the language of totalitarianism. And I think it’s just important that we not give him the chance to actually act on the agenda that his language suggests he would if he could get away with it.

BL: So we’re out of time. I would like to thank you for your participation. Please join me in thanking the panelists for putting their reputation and lifetime of experience on the line to bring to focus a topic that needed discussion in a responsible and ethical manner. I also thank Yale School of Medicine for its support of free and in-depth debate, and emphasize once again that the opinions presented here do not represent the views of Yale University, Yale School of Medicine, or Yale Department of Psychiatry.