

**A Primer for the  
Increasingly Dangerous  
Case of Donald Trump**

edited by Bandy Lee, M.D., Betty Teng, LSMW,  
and Tom Singer, M.D.



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## Introduction

The authors of *The Dangerous Case of Donald Trump* have been busy since the Fall 2017 publication of the *New York Times* bestselling book. This primer represents some of the ongoing work that the authors have been doing and provides a sampling of how our thinking about *The Increasingly Dangerous Case of Donald Trump* has progressed.

We decided to cover six separate but interrelated topics in this primer:

1. The very informative and stimulating panel discussion and question/answer period at the National Press Club on the first day of National Mental Health Month, May 1, 2018.
2. Ongoing considerations of The Goldwater Rule.
3. Two excellent articles by Robert Jay Lifton, M.D. on Trump and Trumpism.
4. Separation from Parents is Harmful to Children by Judith L. Herman M.D.
5. My Will Be Done: A Dangerous Syndrome by Howard Covitz, Ph.D.
6. An article on “Extinction Anxiety and Donald Trump” by Thomas Singer, M.D.

## **1. National Press Club Panel. May 1, 2018: National Mental Health Month - Introductory Remarks**

**Bandy X. Lee, M.D., M.Div.**

Good morning, and thank you for coming to our event. My name is Dr. Bandy Lee. I am a forensic psychiatrist at Yale School of Medicine and an expert on violence who edited *The Dangerous Case of Donald Trump*. I am here with my distinguished colleagues, Dr. James Gilligan whom I know from Harvard Medical School, Ms. Betty Teng, a trauma therapist in New York City, Dr. Edwin Fisher from the University of North Carolina-Chapel Hill, and Dr. Michael Tansey, a private practitioner from Chicago. I would like to acknowledge Dr. Thomas Singer of San Francisco, who could not be with us today but who has worked tirelessly to make this event possible, along with Mr. Jonathan Kopp. I would also like to thank Drs. Judith Herman and Robert Jay Lifton, who have offered their unfailing support to our projects.

We are only a small sample of the 27 mental health experts who contributed chapters to the book, who are in turn only a fraction of an unprecedented number of mental health professionals coming forth, for the first time in U.S. history, with their concerns about a presidency, regardless of political party. Thousands of them have joined together and formed the National Coalition of Concerned Mental Health Experts, which you can find online at [dangerouscase.org](http://dangerouscase.org).

We are here at the start of Mental Health Awareness Month to continue the vibrant national conversation we sparked last year, when we first published our collection of essays. If we were to republish the book today, we might consider updating the title to *The Increasingly Dangerous Case of Donald Trump*, due to our serious, ongoing observations and concerns.

While we have come from across the country to speak to you here in our nation's capital — the crucible of politics — we come to you not as partisans or pundits, but rather as professional, mental health experts. We came to DC as a courtesy to you, our audience, the beat reporters who write about Donald Trump.

It is important to note that, while the object of our concern is, indeed, Mr. Trump, in his capacity as president, it is his effects on public health that concern us most, not his personal mental health. And we speak from a position of our professional responsibility to society. It is our consensus view that Mr. Trump, in the office of the presidency, is a danger to the nation and to the world. This is not a diagnosis, but our attempt to share with the public insights that could be vital to its safety, and of which it has a right to know.

There is first the emergency situation his mental instability poses as a result of the power that he holds and the weapons he has at his disposal. But there are also the effects on public health through his fomenting of violence. Hate crimes have seen unprecedented spikes, bullying is widespread, and white supremacist killings have doubled. There are also statistics on the rise of stress levels that are nationally worse than during World War II, the Vietnam War, the Cuban Missile Crisis, and September 11 terrorist attacks. He is also destabilizing the global scene by alienating allies, emboldening dictators, reigniting nuclear proliferation, and launching a trade war in ways that are predictable from his mental impairments. These are not just matters of policy but arise out of a troubled relationship with reality, a propensity to attack if questioned or even slightly criticized, and dangerous behavioral patterns that need to be spoken about.

Much of this is overwhelming without the language or experience of dealing with psychological issues on a daily basis. It is also easy to misinterpret or to minimize the signs. Our special knowledge and training are what mental health experts can bring to help witness the situation from our clinical, objective, professional perspective, without any partisan or political agenda. We can also distinguish malignant normalization of the abnormal and destructive, from that which is healthy. The average person, quite understandably, may not easily make these distinctions, since people will interpret what they see in terms of what they know — that is to say, the very wide range of the normal.

One of the public discourses we contributed to was about White House Dr. Ronny Jackson's false reassurances of a worried public by declaring his boss mentally fit based on a 10-minute, inadequate and inappropriate cognitive screen. Now, the doctor is not only withdrawn from nomination as veterans affairs secretary but also removed from serving as the president's personal physician.

Our book is meant to be a public service, and all royalties are going into a fund for public good. We are now seeing that all we have written about in the book is unfolding. We uphold the principles of our professional ethics and the humanitarian goals of medicine. In the book, we discuss what led to our electing a mentally impaired leader, as well as the effects he is having on public mental health. Our ultimate goal is to have an informed public regarding mental health issues, so that it can protect its own health and make life-affirming choices rather than destructive ones. Also, an educated public is more likely to recognize signs of mental impairment and not be drawn into unhealthy dynamics. These and other themes are some of the points that my colleagues will speak about today and in the days to come. Thank you.

## **James Gilligan, M.D. Remarks**

Well, thank you Bandy, and I want to also thank you all for inviting us here. It's a real honor to speak before this distinguished body. I want to talk about the reasons why I think it's clear that, from a psychiatric standpoint, the most important and relevant consideration about Donald Trump is not whether he's mentally ill or not, but whether he is dangerous. And I want to suggest that those are two different questions. My question is this, does his behavior suggest that he poses a significant risk of provoking or stimulating violence, anarchy and the breakdown of law and order? Even if he does meet the diagnostic criteria for one or more mental disorders of which his public remarks suggest that he may well do, that alone does not prove that he is dangerous. Most mentally ill people never commit a serious act of violence and most of the serious violence in the world is not caused by mental illness as that term is defined by psychiatry or the criminal law.

For example, only one percent of the men who commit homicides in this country are found by the courts to be not guilty by reason of insanity, meaning that their crime was caused by mental illness. Now most psychiatrists have devoted their careers to the effort to learn about the causes and cures of the various mental illnesses. I've done something different, I've specialized for the past 50 years in studying the causes, prediction and prevention of violent behavior or, in other words, dangerousness, whether or not it is caused by mental illness. I've done this by using prisons and jails as my psychological laboratory, so to speak, in which to learn about the causes, prediction and prevention of violence, from violent crimes in this country, to national epidemics of



politically and religiously motivated terrorism as in Northern Ireland, to war crimes on an international scale, as in the Balkan wars of the 1990s.

The most important point here is that the violence that political leaders can cause is so much more dangerous than that which is committed by all the individual murderers put together. But there's a paradox in all this, namely that even the most destructive political leaders of the past throughout history did not necessarily kill a single person themselves. Their dangerousness consisted in their ability to motivate their followers to commit violence on a massive scale.



What I think is important and relevant for the public to know about Donald Trump is how clearly he reveals the predictors of violent behavior, as I've observed in my evaluations of violent criminals and war criminals, both in this country and around the world. For example, I can't tell you how often I would get the same answer when I would

ask an individual murderer why he had killed someone. Mainly because, quote, "He disrespected me. Or disrespected my mother, wife, friend, fellow gang member," or whatever.

Now anytime a person uses a word so often they abbreviate it, it tells you something about how central it is in their moral and emotional vocabulary. There is by now a consensus throughout the entire range of behavioral sciences -- psychology, psychiatry, criminology, sociology and so on -- that the ultimate cause of violence is the feeling of being shamed and humiliated by others or in other words, disrespected, insulted, slighted, ridiculed, rejected, treated as inferior and so on: what psychoanalysts call narcissistic injuries. Political leaders throughout history have described their motives; for engaging in large scale violence as being because they thought their whole nation or the religious or racial group with which they identified was being quote, "disrespected and ridiculed," or treated as inferior by other national, religious or racial groups which they perceived as dangerous rivals. So it's highly relevant to notice how frequently Trump complains that other nations don't respect us, or that they are laughing at us. That seems to be what he is most sensitive to, whether it's directed to himself personally or toward our nation as a whole.

Beyond that, he's repeatedly shown just how dangerous is. For example, during the campaign, he urged his followers at political rallies to punch protesters in the face and beat them up so badly that they'd have to be taken out on stretchers. When they did that, he even complained that they weren't being violent enough yet and when those assaults escalated to the point of murder, as they did in Charlottesville, he defended the murderer,

suggesting a moral equivalence between this egregiously illegal violence, and non-violent protests that are in fact protected by the first amendment to our Constitution. Another example: he suggested that his followers could always assassinate his political rival Hillary Clinton if she were elected President or that, at the very least, they could throw her in prison. He's not only led crowds in chants of "Lock her up" and even more ominously said, "If she gets to pick her judges, nothing you can do, folks. Although the second amendment people, maybe there is, I don't know."

Only dictators assassinate or imprison their political rivals and we know from history that, as targets, the people are not far behind. A third example: he has said, "What's the point of having nuclear weapons if we cannot use them." Even against groups as relatively powerless compared to us as ISIS. He says, "If someone hits us with an ISIS, you wouldn't fight back with a nuke?" And then said if we can't then why are we making them? If we have them why can't we use them? But of course he has not indicated where he would drop hydrogen bombs in order to nuke ISIS: in the middle of Syria, Iraq, Afghanistan? It's just an endless stream of threats of using violence. He urged our government to use torture or worse against prisoners of war. He repeatedly said that torture works and promised to bring back waterboarding and introduce methods that go a lot further than that. After being reminded that there were by then laws prohibiting those behaviors, he responded by insisting that he would broaden the laws so that the US would not have to play "by the rules" since the Islamic State does not do so.

But of course, what he's calling rules are what we call laws. I think you'll find that the examples are endless, you know them if you read the newspapers day after day. My

point is that I think our responsibility here as psychiatrists is to warn the public when we have reason to believe, based on our research with the most dangerous people our society produces that a public figure by virtue of the actions he takes represents a danger to the public health, whether or not he's mentally ill. Thanks.

[www.wusa9.com/article/news/local/verify/verify-pro-trump-billboard-warning-liberals-to-arm-themselves-spotted-in-md/65-550136993](http://www.wusa9.com/article/news/local/verify/verify-pro-trump-billboard-warning-liberals-to-arm-themselves-spotted-in-md/65-550136993)

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## Betty Teng, LMSW Remarks



The Trauma of Weathering Hurricane Maria and Aftermath in Puerto Rico

“We are in an unprecedented and scary era where it is not mental health which intrudes upon the realm of politics — but politics which distorts our society’s mental health.”

### **The Trauma of Trump**

My name is Betty Teng, I’m a trauma therapist at the Institute for Contemporary Psychotherapy in Manhattan and I’ve been affiliated with the Victim Services Program at a major NYC hospital since 2011.

I treat adult survivors of sexual assault, domestic violence and childhood sexual abuse. These individuals struggle with anxiety, hypervigilance, and reactivity — they suffer from

insomnia, a lack of focus, and spontaneous surges in anger or sadness — they can have difficulty maintaining a baseline of emotional stability to get through their days.

It is in my sessions with these patients with PTSD that I directly see Trump's impact on the traumatized. From my patients' post-election stress reactions in the fall of 2016 to their ongoing fears in response to the institutional volatility Trump has wrought in health care, immigration, and foreign policy — to name just a few policy realms — to their heightened anxiety over his bullying words, aggressive actions and denials of truth — I see patients destabilized by a president who can remind them of the violent, subjugating and disenfranchising behaviors of their perpetrators.

What has been equally stark, however, are my observations of acute stress responses reported, not only by my trauma patients, but in the general populace as well. Pundits and citizens alike report experiencing high anxiety, hypervigilance, reactivity — they suffer from insomnia, a lack of focus, and random feelings of upset — all trauma-related symptoms. Nationwide, mental health clinics and psychotherapists report a surge in patients and the term “Post Trump Stress Disorder” has been coined. Contrary to what we may think, this is a bipartisan issue; any consideration of social media commentaries on both the right and the left reveal heightened anxiety — and the president's constant barrage of volatile language exacerbates this stress.

Neurobiologically, such aggressive words and behaviors are dangerous because they incite fear and overstimulate the brain. They put individuals into a hyperanxious state which compromises the ability to think. Measured reasoning relies on cognitive states of calm, and Trump's violent, erratic and irresponsible behavior puts us, as a nation, in a perpetually overstimulated state. This heightens anxiety in our populace, which not only causes our most

vulnerable populations to suffer acutely, but also promotes an environment of unthinking reactivity and fear which can too easily lead to violence and chaos. Indeed, following Trump's election, the Southern Poverty Law Center reported a rise in hate crimes — and such animus again overflowed when white supremacist groups marched in Charlottesville in August 2017 to little critique from the president.

We are in an unprecedented era where it is not mental health which intrudes upon the realm of politics — but politics which distorts our society's mental health.

Through my lens of trauma treatment, I see the impact of Trump's harmful behavior on two social levels, the micro and macro: in the micro or 1-on-1 sphere, there is that which effects my sexual trauma survivors — from Trump's bragging about pussy grabbing to denying the reality of women who accuse him of sexual assault, he embodies their fear that “might makes right” and their subjugation does not matter. In the macro, or societal sphere, Trump's harm is in his negligence of our national security as illustrated by his belligerent language and behavior towards political adversaries foreign and domestic. Trump's dangerousness in both micro and macro realms is made manifest in the prolonged overstimulation he engenders, leaving individuals like my trauma patients prone to sustained states of hyperanxiety or numbness — and leaving the American people less able to access calm and think clearly. Even those who are not trauma survivors experience a checked-out numbness similar to my patients, withdrawing from the news or engagement with national matters because they have simply had too much. This is harmful for maintaining a healthy democracy.

I have written elsewhere that my trauma patients are canaries in the coal mine of our current pressured social and political environment. As people who suffer from entrenched feelings of being unsafe, traumatized individuals are more sensitive to an unstable environment.

Seen through the lens of trauma treatment, the marches and movements that have swept the country in the past year bear this truth out: the mass turnouts for both the 2017 and 2018 Women's Marches, and the viral spread of the #MeToo and Gun Control movements all point to the fact that our most traumatized are overwhelmed and cannot remain silent any longer.

Harvard University trauma expert Dr. Bessel van der Kolk has said, "Research by the Centers for Disease Control and Prevention has shown that one in five Americans was sexually molested as a child; one in four was beaten by a parent to the point of a mark being left on their body; and one in three couples engages in physical violence. A quarter of us grew up with alcoholic relatives, and one out of eight witnessed their mother being beaten or hit"

When add to those Dr. van der Kolk cites above, the many Americans who experience — the traumas of slavery, immigration, war, natural disaster, and genocide, we can understand on another level how it is that Donald Trump, a President and world leader who neglects history, highlights divisions, bullies critics and makes impulsive decisions — would re-traumatize us all.

Americans look to their president to help create a national sense of stability, a notion that everything will be ok, because they have matters under control, they measured, thoughtful and deliberate. Trump undermines — if not runs completely counter to — our deeply engrained expectations for a president.

So we are traumatized and we are vulnerable and we have a person in the White House who is triggering for anyone who has endured sexual assault, bullying, or who has faced an abusive partner or authority figure. This is not healthy on a societal level.

We as mental health clinicians have a duty to our patients, to our society and to ourselves — a duty to not only to Warn of the harm and dangerousness of Trump — but also a duty to Speak, to heal and therefore, to keep one another safe.



## Ed Fisher, Ph.D. Remarks



Narcissus gazing into pool that reflects his own image

## President Trump Alone

*The Dangerous Case of Donald Trump* noted,

“... narcissistic concerns for self and preoccupation with power may initially shape and limit those invited to the social network, followed by sensitivity to slights and angry reactions to them further eroding it. Those left tend to be indulgent of the individual ... They are likely to be constrained lest ill-considered words create a rift that distances them ... A disturbing feature of this ... dynamic is that it tends to feed on itself. The more the individual selects for those who flatter and avoid confrontation, and the

more those who have affronted and been castigated fall away, the narrower and more homogenous the network may become, further flattering the individual but eventually becoming a thin precipice. President Nixon, drunk and reportedly conversing with the pictures on the wall and praying with Henry Kissinger during his last nights in the White House comes to mind.” (pp. 336-337)

Unfortunately, we have seen this play out over the course of President Trump’s time in office, accelerating in recent months. The greater the demands on his aides and confidants to confirm President Trump’s value, the greater the sense of betrayal when they fall short, the greater the rebuke and call for ever more strenuous efforts to confirm, the greater the exhaustion or expulsion of those around him, all accentuated by the pressures of his office as well as the controversies swirling around him, all leading to a shrinking group of confidants on whom he relies for emotional sustenance.

A clear example was the departure of Hope Hicks, widely considered President Trump’s most valued and trusted advisor through his campaign and first year in the presidency. In February, she acknowledged to a congressional committee that she had occasionally told “white lies” on the President’s behalf. The next day, she received an angry rebuke from the President. Within 24 hours, she had announced her resignation.

Others confidants of the president have also left. Keith Schiller had been his personal bodyguard and close confidant for many years. Although still present, the roles of Ivanka and Jared Kushner have been much reduced. Michael Cohen, although now perhaps an adversary, had been a loyal associate for many years. Add to these the apparent estrangement from Melania and one wonders for sure about the President’s

ability, amidst stressors few of us can imagine, to gain reassurance from trusted family and friends.

We know that social isolation and loneliness are as deadly as smoking cigarettes and exacerbate stress and distress. (Holt-Lunstad, Robles, & Sbarra, 2017; Steptoe, Shankar, et al., 2013) We also know that social isolation cuts one off from valued sources of support and reassurance that can help one make good decisions in trying times, weather a storm, and call on the advice of wise counselors.

Arguably, whether he is viewed as narcissistic, sociopathic, impulsive, lacking empathy, perhaps with tendencies of ADHD, the single most dangerous characteristic of his current status is that he is nearly alone. It would be a serious concern in the absence of any of the others plus it will make each of them far more pronounced and dangerous as well.

It decidedly is not in our interests, the interests of our country or of the world that the most powerful man in the world sits alone in the White House, watching television, making phone calls with a no-doubt shrinking group of business and other friends, very likely feeling increasingly alone and isolated and misunderstood. Our models of great leaders making great decisions often portray the loneliness of those decisions as, most recently, Katharine Graham in deciding against the advice of many to print the Pentagon Papers in the Washington Post or of President Kennedy during the Cuban Missile Crisis or of Premier Churchill deciding to enter into World War II. But while their decisions may have been lonely, they were not – they had wide and diverse friends, family, and advisors around them to provide the support that perhaps most allowed them to make a lonely decision. Our current President appears to have none of this.

Holt-Lunstad, J., Robles, T. F., & Sbarra, D. A. (2017). Advancing social connection as a public health priority in the United States. *Am Psychol*, 72(6), 517-530.

Stephoe, A., Shankar, A., Demakakos, P., & Wardle, J. (2013). Social isolation, loneliness, and all-cause mortality in older men and women. *Proc Natl Acad Sci U S A*, 110(15), 5797-5801.

## Michael Tansey, Ph.D. Remarks



Multiplicity of Lies: Heracles battling Hydra

### “Strategic Lies” versus “Delusional Falsehoods”

Following Trump’s primary victory in August, 2016, I began a series of twenty clinical articles based on two fundamental propositions: first, the 2016 election was about apocalypse, not politics; and second, the ethical violation is remaining silent, not in speaking out in the face of such dangerousness. Until Trump’s CIA speech the day after his inauguration, like most, I viewed Trump *merely* as profoundly arrogant, erratic, dishonest, cruel, menacing, and rash. But in the last three minutes of that CIA speech, Trump insisted the Fake News media had fabricated his feud with intelligence community, that god stopped the rain for his speech, and—famously--that his crowd was packed all the way to the Washington Monument. Not one single word of truth, though I suspected for the first time that he *actually believed* these comments. They accomplished

no strategic purpose, other than to make him appear foolish to those paying close attention.

Looking for further evidence of delusionalism in his history, I came upon his insistence that the Central Park Five were still guilty; that thousands and thousands of Muslims celebrated the collapse of the towers in NJ; that he won the electoral college by the greatest margin since Reagan; that he only lost the popular vote because of 3,000 illegal votes; that he owns an original Renoir, *Two Sisters*; that, on tape, he was the number one high school baseball pro prospect in NY, etc. Again, not one single word of truth, and I recognized the urgency of distinguishing between “strategic lies” versus “delusional falsehoods.”

Strategic lies emanate from the unshakeable conviction that truth only matters when, by coincidence, it happens to serve my one’s purposes. They range from lies designed to promote a scam (Trump University) or wiggle out of a tight spot (I do nothing with Maggie Haberman; never met David Duke; never called that country a shithole; never knew about the payment to Stormy Daniels), to sociopathic assaults on truth (Witch Hunt; Fake News; Russia never interfered) that attack the very foundation of truth and trust that we can believe in such things as the outcome of elections. The person knows he is lying and would fail a reliable lie detector test. Thousands of strategic lies are chronicled by the free press in Trump’s attacks on basic, factual truth.

Far more ominous and rare, delusional falsehoods serve no strategic purpose. They are adhered to despite irrefutable and obvious evidence to the contrary. The person would pass a lie detector because he firmly believes them. In our mental health research, such an individual can mind-bogglingly preserve a public appearance of charm, charisma,

and high-achievement despite underlying, ongoing disconnection from reality in the form or what are termed “non-bizarre” delusions (Mexicans and Muslims are infiltrating our country) versus “bizarre” delusions (Martians are infiltrating our country).

Last Thursday morning’s rogue rage on Fox is replete with examples of strategic lying: he bought a birthday card and flowers for Melania; nobody’s even been close to as tough as me on Russia; the Cohen FBI raid had nothing to do with me; he only does a tiny, tiny fraction of my legal work, etc.

As for delusional claims not to be dismissed as mere hyperbole, Trump ranted that “I’ve accomplished more than any president in history by far in my first year;” “I give myself an A+”; “If I ever called for a rally in DC, we’d have millions.” Pure fiction that reflects his overall delusional “body of work.”

Why does this distinction matter? Under circumstances of threat, individuals who regularly demonstrate delusional disconnection are vulnerable to becoming thoroughly unhinged, sliding into a dark phantasmagoria in which outer appearances of relative normality melt away, leaving only enemies everywhere. While we have rightly focused on preventing Trump from firing Mueller, we have dangerously lost focus on preventing Trump from firing nuclear missiles, to which he alone has unfettered access. There is simply no limit to Trump’s potential dangerousness when he hears Mueller coming down the hallway with handcuffs.

*We are not nearly as afraid as we need to be.*

## **National Press Club Panel Question and Answer: The *Increasingly* Dangerous Case of Donald Trump**

Question 1: Thanks, and thanks very much for setting up this panel. My name is Garrett Mitchell. I write for the *Mitchell Report*. Far more importantly, Tom Singer is a dear friend, and the reason I am here today is because I have been paying attention to all of you for a long time.

I have a two-part question, if I may. The first is a specific question for Dr. Tansey. You say, on pages 118 and 119 of your book, "When a person is character-disordered or worse, especially one who blames others, never apologizes or displays accountability and who never for an instant believes there is anything wrong with himself, the only possibility for change is for him to become worse, not better. In fact, all DT's despicable traits have been frighteningly exacerbated by his ascension to the presidency." And I wonder if you could expand on that a little bit. I was struck by this quote when I read Dr Tanseys chapter some time ago, and I would like to know whether your assessment is that this observation is proving itself to be true. The notion that the trajectory, unlike the trajectory Martin Luther King talked about, doesn't bend toward justice, it bends the other way.

The second and larger question I'd like to pose to the panel: it has been my experience, and I spend most of my time here in town, admittedly, dealing with people in think tanks, in the media, scholar practitioners and elected politicians etc. And what I have been struck by, and that's putting it mildly, is the level of, what I would call "studied disinterest" in the subject matter that you're talking about. It's a combination of eyes that glaze over and, it's a little bit like you want to



talk to them about crystals or aromatherapy or something in that nature. So I'll close with that, and again, thank you.

Michael Tansey: So I've forgotten that I've written those sentences, but I think there's no one in this room, I would wager, that can deny those predictions have become true. When you have that kind of a personality type, it is as if the cement is already dry and the person's makeup is pretty much fixed. We remember the notion of Trump making a "soft pivot. No mental health professional worth their salt would have endorsed the notion of Trump making a "soft pivot." It was not going to happen. What was going to happen is that things were going to get worse, and I think we see that in spades, everywhere we look. It's gotten to an incredibly frightening point.

James Gilligan: Very quickly, I think the issue here is a lack of self-control. When somebody lacks self-control, the fewer external controls they are hemmed in by, the more their underlying behavioral traits become exaggerated. I've seen this over and over with multiple murderers, for example, whose violence just escalated and escalated and escalated until somebody finally put an external control in place. Sometimes the murderers themselves are aware they're lacking in control and even ask for it. There was one multiple murderer in Chicago, many years ago, who killed several women and wrote on the wall of one of them, "Stop me before I kill more."

There's sometimes a kind of awareness where one is almost begging for external control by behaving in such an outrageous way. And what I have found, is that they are almost panicked by their own lack of self-control. They feel utterly out of control and, in a sense, are begging to have somebody place external controls on them, even though they can't admit this to themselves

because they would lose face. So they protect their pride by saying, "Oh, I'm big and tough." Whereas actually they are begging us to put external controls on them. I think that's true of Donald Trump.

Moderator: Thank you. Did you want to add something, Dr. Lee?

Bandy Lee: I just wanted to answer Mr. Mitchell's second question, which is that awareness of mental health issues is actually a part of mental health. As mental health professionals we often deal with patients, who, as they lose their state of health, the first thing that usually goes is what is called insight, the ability to recognize that something is wrong. And the fact that our society is not recognizing psychological issues for what they are experiencing is actually part of a very concerning picture.

I have been worried about the worsening state of public mental health, actually, for a couple decades and I have been working toward educating the public about it. Violence rates are often a great barometer for the state of collective mental health, and so it's no coincidence that we have ended up electing a dangerously impaired leader and that we are creating our own conditions for worsening collective mental health.

Edwin Fisher: Let me just build on the answer to the second question as well. 'Denial' is a very commonly used — and one might say overused word — but it's really very interesting. There is a very simple pattern in a lot of research on denial, which is that if people have things they can do to address a stressor they are much less likely to deny it. Rather, denial frequently comes out

when there is nothing people can do about a stressor. And I think many of the people that you describe share a sense of futility. The 25th Amendment which would allow the removal of a President for mental health reasons doesn't seem to have legs. Impeachment doesn't seem to have legs. Personal growth doesn't seem likely. And so what are we to do with this assertion that the president is severely dangerous?

I think that's really an important issue and it's not for us to chart the mechanism, but we want to be very loud and clear that the president is dangerous. The president is increasingly dangerous, and you need to be encouraging the people you talk with and write for to put aside their denial and begin thinking about what we're going to do about it.

Betty Teng: I'd also like to jump in, because it addresses the point that I made about being overwhelmed as a response to great stress. When we treat trauma patients we talk about them having narrowed "windows of tolerance." When you suffer from trauma, you have experienced one or more overwhelmingly painful or shocking events; this floods the brain. And so after experiencing a traumatic event, your window of tolerance, or your capacity for calm and reasoned thinking, narrows. What Trump is doing to all of our windows of tolerance is that he is squeezing them down. And with increased pressure or stress, if you are traumatized you are prone to either go into a panicked state or fall into dissociation. So when you speak of people with "eyes glazed over," I consider that a dissociative response, which means a numbing out. It transmits the nonverbal communication of, "I'm overwhelmed. I'm checking out. I can't deal with it." And to follow up on what Dr. Fisher is saying, denial comes in as the only coping mechanism possible in response to this overwhelming situation of, "We can't get rid of him.

What are we're going to do? This is too much." We're flooded. And I think it is significant that even the intelligentsia and the punditocracy are overwhelmed because this is a resilient population that tends not to get overwhelmed with such matters. So I think their being numbed out is an indication of the impact of Trump we're speaking of.

Moderator: Thank you. I have one question from a reporter from Livestream. Her name is Diane Herbst, and she's from *People* magazine. The question is for Dr. Lee. How many members of Congress have you briefed about Trump's mental state and what did you tell them? And what is their reaction? How many Democrats and Republicans?

Bandy Lee: First of all, after the conference that I held at Yale School of Medicine regarding the ethics to professional responsibility of speaking about the dangers that we see, I was invited by a former Congress member, an influential member who was going to arrange for me to testify before Congress. This continued to get postponed and never happened. So the debriefing happened rather informally and privately with a dozen members of Congress, and Dr. James Gilligan was with me. And then I was invited to a dinner by Representative Rosa DeLauro of Connecticut, who held a gathering that was one of the most well-attended in the decades that she has held these dinners, despite the fact that there were threats at the time and other events had been canceled because of these threats.

So Congress members were extremely interested. They were mostly Democrats. There was one Republican that I ended up meeting with when I was actually just meeting with staffers. But we were told by the Democratic legislators that they knew of Republican lawmakers equally

concerned, very concerned about the same issue, but they would not express it outside closed doors. They would probably not act on their concern. And that was shortly before the tax bill was supposed to come together, and we quickly saw all the voices fade from the Republican side. They rallied behind the President, as the Democratic lawmakers predicted.

The Democratic lawmakers were very concerned. Actually, one of them even said that he had never anticipated a meeting in 13 years as much as he had this one! Many other lawmakers were j eager to hear from us. They were already entirely convinced and worried about the President's direct access to nuclear codes, that there were no official checks in place. And so the concern was acute and urgent, and yet they felt powerless

Moderator: Thank you. And just as one more question from Diane Herbst. She asks if you have you told Congress that Trump could be involuntarily committed?

Bandy Lee: I did not say that directly. In fact, one of reasons why I consented to speaking with lawmakers, was to try to educate and give psychiatric perspective as an expert consultant. So as an expert, I do not comment on areas that I don't have expertise in. The actual procedures are of course up to the legislators. But I did mention that the usual course of action with someone with these psychological manifestations would be removal from access to weapons, and an evaluation. That is just the medical standard of care. I know sometimes people are a bit alarmed by that. By containment, it does not mean containment in a padded room. It means just layers of laws or other assurances that the danger will be contained. So far, from a medical perspective, that hasn't happened.

Question 2: Thanks. I'm neither a reporter nor a psychiatrist, so this question may seem odd. But it strikes me that, other than impeachment, the question then becomes given your diagnosis, which I accept, what is the best way that media can essentially reduce his delusional and most dangerous behavior going forward?

Michael Tansey: So for me, I think it's beyond our bailiwick to talk about impeachment, to talk about the 25th Amendment, etc. But what we do know, what I do know and believe strongly is one thing that Congress needs to do and it needs to do this immediately, is prevent this man from having unblocked, unchecked access to the nuclear codes. Period. End of story. There is a global existential threat, I'm not exaggerating. Somehow that has gotten away from the news headlines over the last couple of months. We've been more preoccupied with Mueller, etc., and we've gotten away from threat of firing nuclear missiles. That needs to get back in the headlines.

Betty Teng: I want to emphasize that we are not diagnosing, we are observing. And I think that a part of what Dr. Lee mentioned is that we are also in the realm of educating media and folks about mental health itself. So that the word "diagnosis" is used very generally, and we have a very specific perspective on the word "diagnosis" and what it means. And so in the medical, mental health realm we do not diagnose in a situation like this; we observe. And I think our role in speaking out in forums like this is to put out the message about the dangerousness of our President not only with regard to nuclear weapons but in many other aspects of our lives as well. Many people in our society are having a stress response, and that prevents people from thinking. And when we can't think, we react. And when we react, it's dangerous.

James Gilligan: I would want to respond to that dilemma, as well. When a person lacks self-control, he or she is in need of external controls. And at this point I think controls can only be applied either by Congress or by the legal system. We can't do it as psychiatrists. But what we can do, I think, is try to alert people to the dangerous signs of the lack of self-control. And the fact that when somebody lacking self-control gets a huge increase in their power, that's a recipe for their becoming equally more dangerous and I think that's what we are facing now. I think it is the responsibility of Congress and the legal and judicial system to set limits and external controls on Trump.

Question 3: Yes. I wanted to thank the panel for speaking. The question I have maybe will take a little bit of a different slant. You are talking about very nuanced and complex topics. You are talking about behaviors, traits, syndromes, the impact of behavior on a society and things of that nature. My question for the panel is, where has the mental health profession, — which I'm a part of, I'm a psychiatrist — where has the mental health profession, in your opinion, fallen short in its duty to educate the public in a manner in which the public would be able to better navigate this, to weave all the different factors that the panelists are considering into an understanding that would promote informed choices?

James Gilligan: Ed?

Edwin Fisher: Well, your question harkens back to the previous question as well in terms of the role of media. And I think we need to understand dangerousness in our world, in our country.

We need to understand, as my colleague Dr. Gilligan has told me, that structural violence kills many more people than homicide. And those things are not understood. So I think we need to understand dangerousness and violence as a public health issue, as a psychological issue, as a family issue, as a community issue at all of those levels.

You know an important part of dealing with somebody who's dangerous is to call them out for it. People who are dangerous, people who are narcissistic, people who are delusional or habitual liars, indulging them does not make it better. We all know this from vast clinical experience. You all have learned in your organizations where somebody is a difficult person, and we think, "Oh, if we just give them this one position, maybe that'll calm them and they'll be satisfied." It never works. It just exacerbates it. And so the arc of exacerbation with President Trump is important. And, to that end, we know that calling it as it is, is really important. And I think to that extent the media has done a fairly good job over the last year in speaking clearly and not being too hesitant to use the word "lie" when the word "lie" is appropriate. And I think that's very important. I think it's very important that people see the media, and see reflected in the media, experts speaking clearly about dangerous things. That's what we're dealing with.

James Gilligan: Could I just add to that? The reason I asked Ed to speak was that, he gave me this morning, a fax of a PubMed search for the words "dangerousness", "aggression", or "violence" in their titles . The search produced about 30,000 titles. Only about 700 of those 30,000 were categorized under the heading of Psychiatry. My point is that I think my profession, psychiatry, has been egregiously negligent with respect to the study of violence. I've been



spending a lifetime trying to encourage my fellow psychiatrists to consider violence as a legitimate subject for us to study just as much as we study what we call mental illnesses.

I have found in my work around the world that psychiatry in Europe is much more open to that. The major work on the psychiatric investigation of violence, crime and other forms of any social behavior is occurring in Europe. In this country I think our own profession has really let us down. I think we need to encourage our fellow psychiatrists to regard violence as a perfectly legitimate topic for us to investigate.

Betty Teng: And just keying off of that in terms of a clinical perspective regarding psychiatry. I think we as a profession are in a dilemma of whether or not to remain silent. As clinicians, we speak privately with our patients. We are bound to a Hippocratic and ethical oath to be private. And so these are confidential sessions; we do not speak about them outside of the session room. And conversely in session, we do not disclose our political leanings to any of our patients so as not to impose ourselves and our personal views onto the patient.

But we are now in a position where, in my clinical practice, the outside world is crashing into these sessions. And they're impacting my patients directly. The news overstimulates them daily; we have to deal with it. So there arises a conflict of remaining silent or speaking. And it's an ongoing dilemma. It's a story that needs to be told. It's an interesting problem. I think we're all trying to grapple with it right now. And I think this intersection of politics and mental health, which none of us could have predicted happening, is highlighting the gaps in each. And we are

now seeing the impact of the intersection between politics, media and mental health — we're illuminating each other's gaps.

James Gilligan: That's why I think we need to expand our concept of psychiatry. Not just clinical psychiatry, meaning the treatment of one individual at a time. But to think of a much larger field called public health and preventative medicine, including preventative psychiatry. We need to think more in terms of how we could deal with psychiatry on a social scale and be more concerned about, for example, the rates of homicide and suicide, and other forms of serious violence. And not just to think of ourselves as limited to treating one individual at a time. We have a lot we could say about the social scale of this.

Michael Tansey: I would like to say something to your question of how have we fallen short as a profession? We got a lot of attention, about our book *The Dangerous Case of Donald Trump* immediately. There was a media rush that ended abruptly in January 2018. And for myself, I felt kind of like it was a tree falling in the forest: does anyone hear it? This tree was not feeling heard and we were not heard. I ask myself, “Where did we fall short?” I think it was our failure to do just what we're trying to do this morning: to connect with the fourth estate, because without that there is no megaphone to get the word out. That's where we've fallen short.

Moderator: Dr. Lee, did you want to add something?

Bandy Lee: Yes. I think there was actually one major event that happened in January which prevented our message from getting more attention. The American Psychiatric Association

stepped in and stated that we were practicing “armchair psychiatry” and that we were politicizing psychiatry. The APA reaffirmed its stance on the Goldwater Rule which effectively silences psychiatrists from speaking out about public figures that they have not interviewed personally. I think this is very important because historically, the World Medical Association issued the Declaration of Geneva which takes a different stance than the APA to clarify the humanitarian goals of medicine. Because of the historical experience we have had with medicine with respect to politics, we have learned that both silence and/or active cooperation with a destructive regime has been shown to be harmful. And therefore it issued this declaration in 1948.

And the preamble of psychiatric ethics itself says we have an obligation to to society as well as to patients. But what is extraordinary about what the American Psychiatric Association has done two months into this Administration is that they changed what is called the Goldwater Rule. They changed their interpretation of an ethical guideline to basically create a gag order. And Dr. Judith Herman and I explained in the prologue of the book, that this is akin to the American Psychological Association when they caved under governmental pressure during the Iraq war and changed their ethical guidelines to allow for participation in torture. That changing of ethical guidelines, changing norms and standards of practice under political pressure is just as dangerous as taking action. And therefore, I think this needs to be highlighted as an institutional collusion, cooperation. In fact, the APA’s membership has been in great protest. Scores of members have resigned, even high-ranking members. They have been calling for a vote. They have been calling for discussion, and yet the Association so far has shut it down or not responded. So, I think the public does need to be aware of this.

Question 4: Good morning, everyone. Thank you for this panel. It's been very informative. My name is Jeffrey Caesar. I first wanted to thank Dr. Gilligan for making a distinction between violent behavior and mental illness. It's something that we as a society certainly need to pay attention to. And as we don't study the act of violence as overtly as we should, it's very easy to scapegoat the mentally ill for a lot of the policy and social issues that we're facing today.

My question goes to Ms. Teng and any of the other clinicians on the panel today, but directed toward Ms. Teng. In your assessment you pointed to your patients who have faced sexual trauma as being the canaries in the coal mine of what we're currently facing here in the United States. Just to bridge that gap a little for those Americans who have not faced or do not identify as trauma or sexual trauma survivors, how have those patients responded? Are there any trends from those patients?

Betty Teng: Meaning people who don't identify as trauma survivors?

Question 4: Correct.

Betty Teng: Well, looking at what has been written about people's post-election responses, the non traumatized among us have been having the same kinds of stress responses as my trauma patients. And even Mr. Mitchell's comment on how journalists' eyes glaze over at the mention of mental health issues associated with Trump suggests to me that this is a reflection of people suffering from a traumatogenic impact. That is the lens I see things through. And so in my practice, I see mainly survivors of trauma. They're not all sexual assault survivors, but mainly

sexual assault survivors. I would say all my patients are in a constant heightened state of anxiety. And, if you look at the responses in either right- or left-wing media outlets, the activity of commentary, the pressured speech, the reactivity in people on both sides, this speaks to me. These are people suffering from narrowed windows of tolerance. I'm not as interested in the politics of it. It's what I read in behavior that grabs my attention. There's more reactivity and more stress. There's a heightened state of anxiety. And anxiety, in our way of defining it, is a feeling of being unsafe.

Moderator: Thank you.

Question 5: Thank you. My name is Cliff Kincaid. I wanted to ask you about a potential backlash to what you're doing today because the use of psychiatry as a political weapon is well known in history. The Soviets used it against the dissidents. And it appears that people could argue that, likewise, you're trying to use psychiatry or psychology as a weapon against somebody you don't like politically. Now, I'm glad you're having this news conference and I'll clip these up on our You Tube and local channels, but the fact is that the public relations firm that is sponsoring this event is run by two former officials of the Obama administration or Obama campaign. So it would be inevitable and natural for people to say, "You have a political agenda.

And Dr. Lee, you talk about mostly Democrats being interested in this, and only DeLauro would go on the record. Why? Why? Why is that? And finally, you ridiculed or criticized Dr. Ronny Jackson when he was Obama's personal, White House physician as well. Did you attack him back then? Were you concerned when Obama said dozens of times, "If you like your doctor, you

can keep him? If you like your health plan you can keep it?" I could go into a lot of other lies he told. We could talk about his involvement in the genocide in Syria with half a million people dead. Those are real life, real term effects of somebody who was president of the United States and I don't remember any of you speaking out at all about any of that. Would you care to comment?

Bandy Lee: There are many causes of dangerousness. Some can be societal, others can be cultural. But when it comes directly to the mental instability of a single individual, and by virtue of the power position he holds, then it becomes distinctly and acutely a mental health emergency.

I think it's natural for those who are in a political sphere to bring in this political question. What we bring to this kind of discussion is actually a health model. And neutrality in mental health treatment means we bring the same standards to whatever political affiliation, to whichever side the person is on. It actually comes out at wartime. That even when you're treating an enemy, you bring the same medical standards, the same scientific knowledge, the same clinical expertise to be able to treat that person. So those are the same standards we bring. In fact, the health model has nothing to do with left or right. It has to do with health versus illness, life versus death. And the standards remain the same. So I think it is interesting to know that never in US history have this many mental health professionals come forth with their concerns, regardless of political party, about a president. And there have been many Republican presidents in the past, and it has never happened before. It's not about ideology. It's about the very specific situation that is happening now that is very concerning.

And Dr. Jackson has not given a report that was medically suspect in the past, regardless of party.

Question 5: How do you know that?

Bandy Lee: Because it didn't raise red flags. We were already observing many signs that needed a more in-depth evaluation than a 10 minute screen, which was actually more misleading than clarifying.

You spoke about politicization of Psychiatry. Dr. Herman and I wrote in our prologue to *The Dangerous Case of Donald Trump* that the distinction should be made about whether or not speaking out is in collusion with a government that is being oppressive or is in resistance to an oppressive government. We would not be speaking out if we not so concerned. We have put our careers at risk and our personal safety at risk. We have become the target of the very dangers we have warned against and we had been warned of that possibility by other mental health professionals.

James Gilligan: Since you raised the issue of other countries compared to the US, the German psychiatric profession during the 1930s deserves no honor or credit for having been silent during Hitler's rise to power. In fact, they demonstrate the dangers of a professional group like a psychiatric association bowing to political pressures to remain silent even when somebody manifestly dangerous is rising to power, as is happening in this country today. This is not to say

that Trump is Hitler or that America is Germany. They are not. You're the one who made the comparison between this country and totalitarian regimes such as Russia or Germany.

However, the principle is the same. If a professional group allows itself to remain silent or forces its members to remain silent for political reasons, that is what I would call the politicization of psychiatry. Not the effort we're making to support life versus death, as Dr. Lee said. The politicization of psychiatry really happens when political associations bow down before politically powerful groups, like the American Psychiatric Association is doing today in the face of the political power of Donald Trump.

Betty Teng: I would add one more thing. This is a fantastic question because this highlights the issue of the difference between our position and the *perception* of our position. People are going to perceive us as they will. And that's beyond our control. What, to me as a trauma therapist, is extremely important is the issue of truth. Because if we cannot ground ourselves in truth everything spins. You're right, you're left. You're this, you're that. There's no grounding. There's no ability to orient. And it creates stress. All the things that I've been speaking about.

And so our truth is in our position of objective witnessing, according to our ethics and according to our guidelines, and according to our medical standards. They could be perceived in any way they need to be perceived according to whatever position people bring to it. But it is really important for us — and I think there is no other leader, no other world leader who has raised questions and set our alarm bells ringing about truth. I believe we must speak out on this. Many of my patients grapple with a “he said, she said” situation with respect to their sexual traumas.



People then deny their reality and they can spend decades suffering because they fail to ground themselves in their truth, and instead follow the truths others want to see. Because of this, I think it's extremely important to emphasize this point. And so this is very, very crucial to our position, or my position specifically as a trauma clinician, as a healer.

Edwin Fisher: I just want to put one other note on this. First of all, a little bit of data. In my chapter I cite Charles Krauthammer and George Will and their very critical comments supporting the general thesis of the book. So this is bipartisan concern.

Secondly, it's also an international concern and people are concerned and asking us. I received the following email from a colleague in Korea, who was on a trip when he wrote the email. He wrote this to me in October. I haven't had a chance to talk with him since recent events in the world.

"I just talked with my wife and she is scared by US military maneuvers in the Korean Peninsula. Top-level combat planes, nuclear-powered submarines, aircraft carriers are arriving into Busan and heading to the northern part of the peninsula. Tensions after tensions. People starting to buy and stocking up emergency food goods in Korea. One simple mistake will trigger World War Three. We have to impeach Trump"—his words. "He is destroying the world's peace."

So to sit silent and say we must protect our professional dignity or professional honor or position when people around the world are calling out somebody who is increasingly dangerous, I think would be the height of unethical behavior.

Question 6: My name is Skip Hauser. Don't know if there's a quick answer to this one. But I'm trying to get a baseline in my mind about past historical traumas. In 1968, Nixon's lies about Vietnam, millions of people who died. The invasion of Iraq. The economic meltdown under Bush. Cascading deregulation. What's really different from the trauma we face now and what people were going through back then? Is it just the news cycle? The Gatling gun of 24/7 cable news talking points that is always going? Is that moving us in a more dangerous direction in terms of favoring personal attacks instead of analysis?

As you look back, what is really that different that causes so much trauma now? Is it just the news? Because there certainly have been plenty of trauma in the last 50 years.

Michael Tansey: So I think that question ties in beautifully with the previous question. Yes, all those things happened. Before now, I did not feel myself moved to write about it and to practice clinical psychology outside of my office. I did not feel moved to speak out, for example, with Jimmy Carter's micromanagement, Bill Clinton's self-destructive philandering, George Bush's indifference and Dick Cheney's maneuvering behind the scenes. You know, I saw all those things. They upset me, but it was not something that I was not interested at all in writing about.

Now when someone like Trump asks, "How come you don't use nuclear weapons?" in the primary. "How come we have them if we don't use them?" When he talks about regime change, "I hope it's a smooth regime change." When he talks about smashing people who are protesting, etc., that then becomes interesting—not just interesting, but urgent. Donald Trump is not a

Republican. He is not a Democrat. He's not an Independent. He is his own particular character, and my reasons for writing are fivefold: My wife, Alana. And my children Matt, Chris, Jessica and Cole. That's why I'm standing up. This is nothing to do with politics. Less than zero.

James Gilligan: I'd say the quick answer to your question is that what is absolutely unprecedented in this historical period is the presidency of Donald Trump. We have never had a president like him. He is unprecedented. And I think it is not at all surprising that there's a level of public anxiety and concern unlike anything I can remember in my lifetime. I mean I have lived through the Cuban Missile Crisis, through Nixon's impeachment, and so on. At this point, the dangerousness of Trump really just outweighs anything, I'd say, in recent American history.

Betty Teng: Speaking to what Dr. Gilligan is saying and to what Dr. Tansey is saying, it is as if we have chosen to have open heart surgery performed by someone who has never been in an operating room, who doesn't have any interest in human anatomy, who really isn't interested in medicine. And now he's coming in and operating on us daily. And this is scary. And it's not exclusive of the previous traumas any of us have experienced because trauma is cumulative. We all hold different kinds of traumas depending on who we are. For instance, it's not that the effects of what happened to us in the Vietnam War era go away. It's that we're actually triggered to recall past traumas by this.

I do think, however, that there is this perfect storm between social media and this 24-hour news cycle, and Trump who is very good at drawing our attention to his tweets and all the noise on these platforms. There's also an evolutionary need to look at what's dangerous so that you keep

yourself safe. That really creates a kind of addictive, hyper-stressed kind of behavior that we're bound by right now.

Moderator: Thank you so much. Dr. Lee, do you have a quick comment?

Bandy Lee: Yes, I think what is unprecedented is that while what's happening on the Korean Peninsula, for example, provides an opportunity for unprecedented peace, we have at the same time the same probability for a devastating war due to the mental instability of the person in charge in the White House.

Moderator: Thank you so much. I want to thank our panelists and all of our guests for coming.

## **2. Relationship to the American Psychiatric Association and The Goldwater Rule**

### **A Warning to the Nation: Psychiatrists have a moral obligation to speak out about President Donald Trump's dangerous behavior**

**Judith L. Herman, M.D. and Bandy X. Lee, M.D., M.Div.**

USNews.com, January 25, 2018

It doesn't take a psychiatrist to notice that our president is mentally compromised. Nevertheless, by speaking out, we lend support and dignity to our fellow citizens who are justifiably alarmed by the president's furious tirades, conspiracy fantasies, aversion to facts and attraction to violence. We can lend a hand in helping the public to understand behaviors that are unusual and alarming, but which can all too easily be rationalized and normalized. Currently, the president's apologists are attempting to assuage the public's concerns by reporting that he passed a simple screening test for dementia during his physical exam. But unless we wish to set the bar exceedingly low, the fact that he is able to draw a clock or identify a picture of a lion does not establish his mental fitness for office.

Soon after the presidential election of 2016, alarmed by the apparent mental instability of the president-elect, we both separately circulated letters expressing our concern among some of our professional colleagues. Most declined to sign. A number of people admitted they were afraid of some undefined form of retaliation – so quickly had a climate of fear taken hold. Others cited matters of principle. Psychiatry, we were warned, should stay out of politics; otherwise, the profession could end up being ethically compromised. The example most frequently cited was that of psychiatrists in the Soviet Union who collaborated with the secret police to diagnose dissidents as mentally ill.

This was a serious consideration. Indeed, we need not look beyond our own borders for examples of ethics violations committed by professionals who became entangled in politics. We

have recently witnessed the disgrace of an entire professional organization, the American Psychological Association, whose leadership, in collusion with governmental officials, rewrote its ethical guidelines to give cover to a secret government interrogation program and to excuse military psychologists who designed and implemented methods of torture. The association's membership did not approve this change and tried to reverse it, but they were unsuccessful until the matter became a public scandal.

By contrast, the American Psychiatric Association took a strong and principled stand against any form of participation in interrogation or torture. Thus, our own recent history illustrates how important it is for leaders in the professions to stand firm against ethical violations, and to resist succumbing to the argument that exceptional political circumstances, such as "the war on terror," demand exceptions to basic ethical codes.

If we are mindful of the dangers of politicizing the professions, then certainly we must heed the so-called "Goldwater rule," or Section 7.3 of the American Psychiatric Association code of ethics, which states: "it is unethical for a psychiatrist to offer a professional opinion [on a public figure] unless he or she has conducted an examination and has been granted proper authorization for such a statement." This "rule" is really nothing more than an affirmation of the ordinary norms of clinical practice. Evaluation of patients requires a full examination. Formulating a credible diagnosis is not possible when applied to public figures at a distance. We have no quarrel with this principle.

However, two months into this new administration, in March 2017, without debate among the membership, the American Psychiatric Association suddenly extended the "Goldwater rule" to prohibit *any* form of commentary on public figures. This seems highly questionable to us. It appears that our psychiatric association is not immune to the kind of

politically pressured acquiescence we have seen in the past with its psychological counterpart. Numerous members have resigned, and the APA has been flooded with letters of protest, and yet rather than respond to its members' request not to modify a rule without consulting them, it has "doubled down" in a recent statement on January 9, 2018. Defenders of this rule of silence have been reduced to unilateral decree and argument by insult, a sure sign that their position is indefensible.

The public trust is violated if the profession fails in its duty to warn when a person who holds the power of life and death over us all shows clear signs of dangerous mental impairment. We should pause if professionals are asked to remain silent when they have seen enough evidence to sound alarm in any other situation. In a democracy, should not the president be subject to the same standards of practice as any other person when it comes to dangerousness? Does he not deserve the same medical standard of care?

There are those who still hold out hope that this president can be "managed" by members of his cabinet. Our professional experience would suggest, rather, that his dangerousness is likely to increase. Assessing dangerousness is different from making a diagnosis. Signs of dangerousness secondary to mental disorder can become apparent without a full diagnostic interview, and can be detected from a distance. The psychiatrist is expected to err, if at all, on the side of safety when the risk of inaction is too great. Only one person need be in danger of harm by the impaired individual, and the threshold for containment is even lower if the individual has access to weapons (not to mention nuclear weapons).

Physicians are guided by the *Declaration of Geneva* and the American Medical Association's *Principles of Medical Ethics*. The former confirms the physician's dedication to the humanitarian goals of medicine, while the latter defines honorable behavior for the physician.

The physician's responsibility is first and foremost to the patient, but it extends as well to society. When a person poses a danger because of mental disturbance, psychiatrists are mandated to report, to incapacitate and to take steps to protect the public.

Because we believe that this president is dangerous, we have been speaking out publicly and encouraging our fellow mental health professionals to speak out. How can we be sure that this is morally permissible? We would argue that the key question is whether, as professionals, we are engaging in *collusion* with state abuses of power, or in *resistance* to them. If we are asked to cooperate with state programs that violate human rights, then regardless of the purported justification, any involvement can only corrupt, and the only appropriate ethical stance is to refuse participation of any sort. If, on the other hand, we perceive that state power is being abused by an executive who seems to be mentally unstable, then we may certainly speak out, not only as citizens, but also, we would argue, as professionals who have an ethical and moral responsibility to educate the public. Thousands of professionals have already joined us, and we call on our professional organization to reconsider its rule of silence.



## **The Goldwater rule is broken. Here's how to fix it.**

**Leonard L. Glass, M.D.**

Stat News, June 28, 2018



*BRENDAN SMIALOWSKI/AFP/Getty Images*

The once-obscure Goldwater rule, propounded by the American Psychiatric Association in 1973 to prevent reckless speculation by psychiatrists about public figures, has become a flashpoint. The timing, of course, is no coincidence: Donald Trump's presidency has shattered the broad agreement among psychiatrists about whether it is ethical to comment on individuals they haven't personally examined.

The rule was created in response to a 1964 survey conducted by the editors of *Fact* magazine. They asked 12,356 psychiatrists, "Do you believe Barry Goldwater is psychologically fit to serve as President of the United States?" Some of the answers printed in the magazine clearly reflected bias. The episode chastened the APA, which established the rule in 1973.

The Goldwater rule exalts the doctor-patient relationship. But here's rub: Unless the public figure in question happens to be your patient, there *is* no doctor-patient relationship. Across other branches of medicine, it is commonplace for physicians to offer insight when a public figure's medical condition is in the news. Orthopedists weigh in on the star quarterback with a high ankle sprain; cardiologists on a political candidate who has a fainting spell. Everyone knows that the physician is not making a definitive diagnosis, but is instead helping the public understand the implications of a condition that is within the specialist's domain.

The amicable consensus around appropriate parameters for public speech by psychiatrists came apart after Trump was elected president.

Last year, I was one of 35 psychiatrists who signed a letter to the New York Times decrying the fact that among the plethora of op-ed columns expressing concern about the mental state of the president, the Goldwater rule had blocked psychiatrists — the medical specialists with the most training to comment on that topic — from doing so.

A month later, possibly in response to that letter, the APA doubled down, expanding the rule beyond its traditional “no diagnosis from afar” meaning to prohibit psychiatrists from making *any* comment about a public figure's mental health.

That opened a schism in American psychiatry. The APA accused those who spoke out of practicing “armchair psychiatry.” Supporters of the APA position reproached us for jeopardizing patient trust and enhancing stigma, and of acting like the psychiatrists who colluded with “crimes of eugenics in Nazi Germany and political repression of the Soviet Union.”

Others, myself included, bemoaned organized psychiatry's "gag rule," applauded those who were speaking out about Trump and about the rule as responsible contributors, and argued that psychiatrists have a "duty to warn" of dangers to the public's well-being. Respected researchers who were not affiliated with our group did an extensive review of the literature and found the Goldwater rule to be "outdated and premised on dubious scientific assumptions."

As this debate raged, 27 of us wrote a book, "The Dangerous Case of Donald Trump." Notably, its title and editorial stance conspicuously avoided diagnosis, and instead focused on the issue of dangerousness. We maintained that the psychiatric community has a broader social responsibility to sound an alarm when it recognizes danger, acting as what psychiatrist Robert Jay Lifton called "witnessing professionals." We view such speech as an ethical imperative, not a transgression.

We believed that the APA had effectively backed itself into the untenable position of asserting that all speech by psychiatrists constitutes medical opinions of the kind given in the consulting room, and thus must meet the standard of an in-person examination and requires the individual's consent. Perhaps the APA felt that the public would not be able to recognize our speaking as informed specialists in a public role.

This extension of the Goldwater rule gets into regulating not just psychiatrists' clinical practice, but also what we're permitted to do as citizens in the public sphere, as though psychiatrists don't regularly voice opinions as teachers, researchers, writers, and expert witnesses. This narrow view, at odds with real life, precludes recognizing our responsibility to the community at large.

Mental health professionals, like much of the society we live in, seemed to be hopelessly polarized and deadlocked over the Goldwater rule. A group of us, including the majority of the authors of “The Dangerous Case” book, are offering a fix.

Our proposal urging the APA to recognize that psychiatrists have a responsibility to warn of dangers that threaten the community will be presented to the association today by Dr. Lifton, the esteemed psychiatrist who actually *did* the ground-breaking research on Nazi and Soviet physician collaborators, and Dr. Judith Herman, a renowned expert on trauma.

The main points of our proposal are:

- The APA should acknowledge that psychiatrists have a social responsibility to warn the public when they discern a danger to the public’s well-being arising from the mental state of an official who is in a position to cause great harm. This acknowledges the role of psychiatrists as “witnessing professionals.” When doing so, it is important for those commenting to identify themselves as psychiatrists so the public can register that they speak as professionals from their training and experience, and are not speaking casually or from personal bias.
- The APA must recognize that psychiatrists’ duty to use their professional knowledge to educate the public on matters that fall within their areas of expertise does not violate the confidentiality or privacy rights of public figures because such constraints on speech do not apply where there is no bona fide doctor-patient relationship.
- The APA’s assertion that it is unethical for a mental health professional to comment on a public figure’s psychological functioning without an interview rests on shaky scientific ground. In the 45 years since the Goldwater rule was adopted, substantial

multidisciplinary research has cast serious doubt on the primacy and necessity of an in-person interview as the sole basis for assessment in all circumstances.

- We affirm the duties of confidentiality in the care of our patients and urge those who speak out to exercise restraint in the use of psychiatric terms to avoid potentially stigmatizing patients who seek and deserve conscientious treatment.

These limited, practical revisions to the Goldwater rule would correct its most severe shortcomings and facilitate psychiatrists' responsible engagement with our complex society.

*Leonard L. Glass, M.D., is associate professor of psychiatry at Harvard Medical School and senior attending psychiatrist at McLean Hospital in Belmont, Mass. He resigned in protest from the American Psychiatric Association in April 2017.*

**Suggestions to the American Psychiatric Association  
for Revisions of the Goldwater Rule**

Anita S. Everett, M.D., President  
American Psychiatric Association  
800 Maine Avenue, S. W., Suite 900  
Washington, D.C. 20024

June 28, 2018

Dear Dr. Everett:

The co-authors of "The Dangerous Case of Donald Trump" respectfully submit these suggestions for a modification of the Goldwater Rule. We see our speaking out on our sense of dangerous psychological unfitness in a public figure as an ethical imperative, not an ethical transgression. We address problematic elements of the expanded Goldwater Rule and propose limited, practical remedies.

“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.” (emphasis added) American Psychiatric Association’s (APA) Principles of Medical Ethics, Section 7.

This is the American Psychiatric Association's Goldwater Rule which constrains the public statements of psychiatrists and most other mental health professionals because many other national mental health organizations have embraced it.

We, the authors of various chapters in the book, "The Dangerous Case of Donald Trump," believe it is necessary that the Goldwater Rule be substantially revised and updated to reflect current research and evolving social awareness.

We call on the American Psychiatric Association (APA) and all other mental health associations that have adopted or follow the APA's Goldwater Rule, to significantly revise and amend it in accordance with the following points:

- 1) Formally recognize an affirmative responsibility for mental health professionals to publicly address mental health issues discerned in public figures when there is a clear and present danger to the public's health and well-being.
  
- 2) Acknowledge our right to identify ourselves as mental health professionals when speaking out, as opposed to being constrained from identifying ourselves as such.

3) Recognize that our duty to use our professional knowledge to educate the public on matters that fall within our areas of expertise like all other specialties, does not violate the confidentiality or privacy rights of patients because such constraints on speech do not apply in the absence of a bona fide doctor-patient relationship.

4) Affirm a duty to address the public in a manner that respects the limits of our knowledge and clearly acknowledges those limits in our public comments.

5) Refrain from speaking out as identified mental health professionals when motivated by personal or partisan preferences; and only speak out identified as mental health professionals when indicated by our recognition of clear and present threats to the public's well-being that arise from public figures in a dangerous position. (Clearly, this precludes commenting as professionals on others who are outside this narrow delineation.)

6) The Goldwater Rule's insistence that it is unethical for a mental health professional to comment on a public figure's psychological functioning without an interview is misguided and without scientific foundation. Forbidding any such commentary conflates a professional's public speech with his/her taking care of a patient. In the former role, we, as citizen professionals, are addressing the welfare of the community; in the latter we provide care for an individual. Further, since the Goldwater Rule was adopted (1973) there has been substantial multidisciplinary research on the questioning the necessity of an in-person interview as the sole basis for assessment in all circumstances.

7) In calling for the adoption of the above points, we explicitly acknowledge the need to avoid stigmatizing individuals dealing with mental health problems through ill-considered use of psychiatric terminology.

These changes are necessary because the Goldwater Rule, in its present form, is antiquated, illogical, without scientific foundation, and intrinsically undermining of mental health professionals' efforts to protect the public's well-being.

Yours cordially,

Robert Jay Lifton, M.D.  
Distinguished Life Fellow, APA

Judith L. Herman, M.D.  
Distinguished Life Fellow, APA

## Psychiatrists call for rollback of policy banning discussion of public figures' mental health

Sharon Begley

Stat News, June 28, 2018



*Illustration by Ruby Wallau/STAT; Photos by William Lovelace/Daily Express/Hulton Archive/Getty Images and NICHOLAS KAMM/AFP/Getty Images*

Twenty-two psychiatrists and psychologists, including some of the field's most prominent thinkers, are calling on the American Psychiatric Association on Thursday to substantially revise its controversial Goldwater rule, which bars APA members from offering their views of a public figure's apparent psychological traits or mental status.

In a letter to be delivered to the APA, Dr. Robert Jay Lifton, one of the world's leading experts on the psychological effects of war and political violence; Philip Zimbardo of the "Stanford prison experiment"; violence expert Dr. James Gilligan; and their colleagues argued that the Goldwater rule, which the APA adopted in 1973, deprives the public of expert opinion on crucial questions, such as the mental health and stability of elected officials.



While the policy holds that it would be unethical for mental health professionals to offer their opinions on anyone they have not examined, the letter's signers argue it would be unethical to withhold their views. Psychiatrists and psychologists, they contend, have "an affirmative responsibility" to publicly discuss "mental health issues discerned in public figures" when they pose "a clear and present danger to the public's health and well-being."

Although there have long been rumblings about the rule, which the American Psychological Association and a few other mental health groups have also adopted, opposition intensified in 2016 when some mental health experts wanted to offer their views on then-candidate Donald Trump but felt gagged by the rule. Some of Trump's incendiary rhetoric and behavior was dismissed by both supporters and critics as mere posturing and as something that would disappear if he took office, but the public might have benefitted from experts' views, said Dr. Leonard Glass of Harvard Medical School.

"If you understand character and the typical psychological needs of someone reacting to threats to his self-esteem, you know that that behavior and speech doesn't change readily," said Glass, who helped organize the letter to the APA and is a contributor to the 2017 book "The Dangerous Case of Donald Trump: Psychiatrists and Mental Health Experts Assess a President."

He and the other signers support a prohibition against mental health professionals speaking publicly about anyone they have treated, since doing so would violate patient confidentiality, or about non-public figures, where there is no compelling national interest in making their views known.

The Goldwater rule should also apply to public figures who do not pose a danger to the public's health and well-being, the letter says. That would keep psychiatrists and psychologists from frivolous armchair psychoanalyzing.

Glass said the signers believe they have not only ethics but also science on their side. The scientific rationale for the Goldwater rule is the idea that only an in-person mental health evaluation (always done via interview; there are no blood tests or brain scans for psychiatric disorders) can yield insights into someone's motivations, insecurities, emotions, and other psychological traits. A study last year, however, found both that the interview-based exam can be misleading — because patients lie or obfuscate or have poor self-insight, and because psychiatrists err — and that public behavior, writing, and speech can provide more accurate insights.

The Goldwater rule's "insistence that it is unethical for a mental health professional to comment on a public figure's psychological functioning without an interview is misguided and without scientific foundation," the letter to the APA argues. The rule is therefore "antiquated, illogical, without scientific foundation, and intrinsically undermining of mental health professionals' efforts to protect the public's well-being."

The practical effects of the Goldwater rule are unclear. Some psychiatrists have told STAT they do not dare offer their views on public figures for fear of violating it. Some of the contributors to "Dangerous Case" received letters threatening to report them to their state medical board, Glass said, though that apparently didn't happen.

But Dr. Judith Vida, a psychiatrist in Southern California, received a letter last year from the Southern California Psychiatric Society saying it was pursuing “a review of allegations of unethical conduct” because she was one of 35 experts who signed a letter to the New York Times saying that Trump had shown “an inability to tolerate views different from his own” and that people with similar traits “distort reality to suit their psychological state.”

Although an attorney said any complaint to the state licensing board would be dead on arrival because the First Amendment protected her right to speak, Vida instead resigned from the APA, saying she had lost all respect for the APA and its local branch. “My sense of betrayal by my colleagues, by my district branch, by my national association, and by my profession is overwhelming,” Vida said.

The rule is selectively enforced, however. When one of the APA’s past presidents, Dr. Jeffrey Lieberman, gave a full-throated defense of it last year — but then added that Trump shows signs of incipient dementia and possibly a personality disorder — he apparently faced no sanctions.

The psychiatrists who want the Goldwater rule relaxed are fighting an uphill battle. As criticism of the rule mounted last year the APA, far from relaxing it, expanded it. The previous interpretation barred members from diagnosing a public figure (“she shows signs of narcissistic personality disorder,” say) from afar. Now, members are prohibited from rendering any opinion “on the affect, behavior, speech, or other presentation of an individual that draws on the skills, training, expertise, and/or knowledge inherent in the practice of psychiatry,” whether or not they mention a diagnosis.

As a result, psychiatrist Dr. Claire Pouncey of the University of Pennsylvania wrote in the New England Journal of Medicine, “psychiatrists are the only members of the citizenry who may not express concern about the mental health of the president using psychiatric diagnostic terminology.”

Members can propose changes to their APA Assembly delegates, most of whom are chosen at the regional level. Changes require a two-thirds vote by both the APA Board of Trustees and the Assembly.

## **Mental Health Experts Urge Revision of the Goldwater Rule**

**Bandy X. Lee, M.D., M.Div., and Thomas Singer, M.D.**

Psychology Today, June 28, 2018

The Goldwater rule, Section 7.3 of the American Psychiatric Association's ethical code (APA, 2013), started with a quiet history. Already considered somewhat obsolete by the time it entered into the books in 1973, the rule prohibiting the diagnosis of public figures without a personal examination was largely ignored in the professional literature (Pouncey, 2018).

When discussions arose, many considered whether the APA should abolish the rule, especially since science and diagnosing practices were veering in the opposite direction, based less exclusively on a personal interview and more on observable behavior. Others proposed calling it more a matter of etiquette than a rule of ethics (Martin-Joy, 2017). Few scholars specialized in it, and not many psychiatrists had even heard of it. All that changed with the presidency of Donald Trump.

On March 16, 2017, after a number of psychiatrists were already speaking publicly about the dangers the president exhibited (Dodes, Schachter, et al., 2017; Greene, 2016; Herman and Lifton, 2017), the APA ethics committee issued a "reaffirmation" of the Goldwater rule that went beyond the original rule in scope and elevated the status of the rule beyond anything it had been before (APA, 2017). Many psychiatrists have called the new interpretation a "gag order." The hitherto amicable agreement around the Goldwater rule, as an obscure rule that held less importance than other guidelines, dissolved; protests erupted within the professional group.

Following a debate at the American College of Psychiatrists' annual meeting, the audience was provided with four options: retain the Goldwater rule, abandon the Goldwater rule,

modify the Goldwater rule, or abstain from voting. A large majority of the audience voted for a modification, overwhelming all three of the other options (Bosworth, 2018). Dr. Steven Sharfstein, a past president of the APA and a paragon of ethics in resisting governmental pressure during the Iraq War to modify ethical guidelines to allow for torture, as the American Psychological Association had done (Ackerman, 2015), was in that majority. A poll by *Psychiatric Times* specifically addressing the instance of Trump yielded tenuous support for the APA's position at best (Moffic, 2018).

More than two dozen mental health experts tried to address this issue in a public service book (with all royalties going into a public fund), *The Dangerous Case of Donald Trump*, which I edited and to which Dr. Thomas Singer contributed. The book arose out of an ethics conference at Yale, with Drs. Robert Jay Lifton, Judith Herman, and James Gilligan, also co-authors, as its principal speakers (Milligan, 2017).

The authors of *The Dangerous Case* have now decided to help clarify the contentious points around the Goldwater rule by releasing a white paper that would support their own position as well as allow for those who feel ethically obligated to keep the stricter, "new" Goldwater rule to do so. Under the initiative of Dr. Leonard Glass, a former distinguished life member of the APA, it is being released to the public at the same time as its submission to the APA by Dr. Lifton, internationally renowned for his groundbreaking research on Nazi and Soviet physician collaborators, and Dr. Herman, renowned expert on trauma, who are both distinguished life members, on behalf of 22 of us.

A committee consisting of authors of *The Dangerous Case* and members of the National Coalition of Concerned Mental Health Experts ([dangerouscase.org](http://dangerouscase.org)) worked on the wording, and

authors of *The Dangerous Case* overwhelmingly voted to release it in its name. The proposal asks that the APA recognize the importance of psychiatrists' social responsibility to warn the public when they discern danger to its well-being that arises from the mental state of an official who is in a position to cause great harm. As such, it is important that they identify themselves as psychiatrists with training and experience and make clear that they are not doing so casually or from personal bias.

It is an important contribution to our profession in that it offers a thoughtful consideration of the role of the Goldwater rule in its current form. Intensive back-and-forth discussion among the contributors to *The Dangerous Case of Donald Trump* was devoted to the issue of the Goldwater rule prohibiting diagnosis without a personal interview, and a consensus position was reached. This reflected full consideration of the range of concerns raised by the Working Group and the Leadership among the authors. The Goldwater rule revision statement can be found below.

### **Revising the Goldwater Rule**

“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”* (emphasis added). American Psychiatric Association’s (APA) Principles of Medical Ethics, Section 7.3

This is the American Psychiatric Association's ‘Goldwater Rule’ which constrains the public statements of psychiatrists and most other mental health professionals because many other national mental health organizations have embraced it.

We, the authors of various chapters in the book, *The Dangerous Case of Donald Trump*, believe it is necessary that the Goldwater Rule be substantially revised and updated to reflect current research and evolving social awareness.

We call on the American Psychiatric Association (APA) and all other mental health associations that have adopted or follow the APA's Goldwater Rule, to significantly revise and amend it in accordance with the following points:

- 1) Formally recognize an affirmative responsibility for mental health professionals to publicly address mental health issues discerned in public figures when there is a clear and present danger to the public’s health and well-being.
- 2) Acknowledge our right to identify ourselves as mental health professionals when speaking out, as opposed to being constrained from identifying ourselves as such.
- 3) Recognize that our duty to use our professional knowledge to educate the public on matters that fall within our areas of expertise, like all other specialties, does not violate the confidentiality or privacy rights of patients because such constraints on speech do not apply in the absence of a *bona fide* doctor-patient relationship.



4) Affirm a duty to address the public in a manner that respects the limits of our knowledge and clearly acknowledges those limits in our public comments.

5) Refrain from speaking out as identified mental health professionals when motivated by personal or partisan preferences; only speak out identified as mental health professionals when indicated by our recognition of clear and present threat to the public's well-being that arises from public figures in a dangerous position. (Clearly, this precludes commenting as professionals on others who are outside this narrow delineation.)

6) The Goldwater Rule's insistence that it is unethical for a mental health professional to comment on a public figure's psychological functioning without an interview is misguided and without scientific foundation. Forbidding any such commentary conflates a professional's public speech with his/her taking care of a patient. In the former role, we, as citizen professionals, are addressing the welfare of the community; in the latter, we provide care for an individual and affirm our profession's adherence to strict confidentiality. Further, since the Goldwater Rule was adopted (1973) there has been substantial multi-disciplinary research questioning the necessity of an in-person interview as the sole basis for assessment in all circumstances.

7) In calling for the adoption of the above points, we explicitly acknowledge the need to avoid stigmatizing individuals dealing with mental health problems through the ill-considered use of psychiatric terminology.

These changes are necessary because the Goldwater Rule, in its present form, is antiquated, illogical, without scientific foundation, and intrinsically undermining of mental health professionals' efforts to protect the public's well-being.

**Revising Goldwater Working Group: Leonard L. Glass, M.D., Chair** (other names are available upon request)

***The Dangerous Case Leadership Group:*** Bandy X. Lee, M.D., M.Div., Thomas Singer, M.D., Judith L. Herman, M.D., and Robert Jay Lifton, M.D.

### 3. Robert Jay Lifton, M.D. Papers



Discussing the president's mental health is what doctors in an open society are free to do.  
Photo: Jonathan Ernst/Reuters

#### **Doctors Accused Of 'Politicizing Psychiatry' Are Actually Doing The Opposite**

Huffington Post, March 17, 2018

Donald Trump's unfitness for the presidency is an urgent question, widely discussed among pundits and politicians. When psychiatrists and other psychological professionals address the matter, as I have, we are sometimes accused of "politicizing psychiatry."

The charge tends to be applied loosely and inappropriately, meant more to silence than to reveal what it actually means to put psychiatry to political use. A brief look at history is helpful here.

It is true that psychiatry is more vulnerable than other medical specialties to exploitation for political purposes. My work on Nazi doctors was focused precisely on that issue, and I have since looked at the use of the psychiatric profession to suppress dissidents in other totalitarian societies, including Soviet Russia and Communist China.

Medicine in Nazi Germany was subjected, as were all professions, to what was known as *Gleichschaltung*, meaning “coordination” or “synchronization” — in effect, the nazification of the profession. Potential critics were suppressed and leadership roles were given to those considered politically and ideologically reliable.

Those reliable psychiatrists played a central part in eliminating “life unworthy of life,” as carried out in the killing centers of the Nazis’ “euthanasia” project. The murderous act was often performed by a doctor, often a psychiatrist, in keeping with the slogan, “The syringe belongs in the hand of the physician” — the syringe in this case being a gas cock. It is estimated that something on the order of 250,000 people, among them large numbers of psychiatric and neurological patients, were killed in the “euthanasia” project.

The doctors involved in these medical killings, like those selecting Jews for the gas chambers in Auschwitz, were *expected* to do what they did. That is, they were carrying out the “malignant normality” imposed by the Nazi regime. While doctors had differing attitudes and emotional struggles, the medical profession in general succumbed to nazification and gave a certain legitimacy to what I have called the reversal of healing and killing.

In the Soviet and Chinese cases too, psychiatrists were co-opted by repressive regimes. The goal was not Nazi-style biological purification but the stigmatizing of political heretics as

mentally ill and their incarceration in psychiatric hospitals. In the Soviet Union, they were often given the vague but encompassing diagnosis of “sluggish schizophrenia,” an invented disorder that psychiatrists received training on. Many psychiatrists came to believe in the disorder and to think that defying the regime really was pathological. Others became “bureaucrat-psychiatrists,” who, as one of them put it, “expected to do what they [the KGB] asked us to do, and we knew what they expected.”

The Chinese Communists were influenced by Soviet psychiatry but added an important element of their own. They subjected millions of intellectuals, students and associates of the former regime to a coercive program of “thought reform.” Sometimes confusingly referred to as “brainwashing,” it consisted of relentless criticism, self-criticism and continuous confession. In my study of this process, I found that it was run not by psychiatrists or psychologists but by Communist cadres, who imposed the party’s version of political reality in ways that aligned with the efforts of the state-controlled psychiatric profession.

America is not Nazi Germany or Soviet Russia or Communist China. We do not have state-controlled psychiatry or medicine, and whatever you think of Trump, he is surely no Hitler. What we have in our country is a large number of psychological professionals bearing witness to the malignant normality that Trump and his followers seek to impose.

Trump does this in at least two extremely dysfunctional ways: his profoundly compromised relationship with reality and his attack mode in response to crisis or criticism.

I speak of Trump’s *solipsistic reality*, meaning his need to take in the world solely in relation to the outlandish psychological requirements of his own self, with a rejection of accepted

standards of evidence and no sense of having responsibility to what the rest of us call reality. I relate that tendency to his sense of feeling beleaguered by malevolent forces, which include institutions necessary to our democracy such as the press, the intelligence services and the judiciary. That attack mode becomes particularly dangerous when he is confronted with an actual nuclear threat, as in relation to North Korea.

I make no diagnosis of psychiatric illness, in fact no diagnosis at all, but rather point to a psychological pattern of presidential unfitness that endangers our democracy and could have the gravest of consequences for the entire world.

To become a witnessing professional in this way is to reject politicized psychiatry, and to reject as well the role of the obedient bureaucrat, psychiatric or otherwise, who supports the lies of solipsistic reality. To speak out is a hopeful act, an expression of a free professional in an open society and a statement that voices must be heard in our democracy to sustain it.

## The Assault on Reality

Dissent Magazine, April 10, 2018

Essential to understanding Trump is his attempt to subject the public to his own solipsistic reality—and thereby destroy our shared basis for democracy.



Donald Trump speaking at CPAC, February 2018 (Gage Skidmore / Flickr)

An important way to understand Trump and Trumpism is as an assault on reality. At issue is the attempt to control, to *own*, immediate truth along with any part of history that feeds such truth. Since this behavior stems from Trump's own mind, it is generally attributed to his narcissism (and he has plenty of that). But I would suggest that the more appropriate term is *solipsistic reality*. Narcissism suggests self-love and even, in quaint early psychoanalytic language, libido directed at the self. Solipsism has more to do with a cognitive process of interpreting the world exclusively through the experience and needs of the self.

We must first acknowledge that reality is a concept that, despite centuries of psychological and philosophical investigation, defies precise definition. That is because reality is inherently paradoxical. On the one hand what we call reality can be largely constructed by dominant social and political beliefs—the belief that democracy is the best political system, or that God exists, or that human beings are weak and require dictatorial leadership. In any society those claims to reality can change and give way to alternate and even contrary claims. But there are at the same time more immediately factual components of reality in no way dependent upon such theoretical constructions. For instance: my father’s name was Harold Lifton and I am a Jewish-American psychiatrist writing this article on the American president’s approach to reality. Reality always contains these two contrasting dimensions—the changeable/constructed reality that so influences our worldview, and the immediate/factual reality on which so much of our everyday lives depend. We consider a person to be psychotic when he or she “breaks” with immediate reality in the form of delusions, hallucinations, and extreme paranoia. And we require a shared sense of reality, consistent with experience and evidence, for our collective function in a democracy.

### **Ideological Totalism**

Danger arises when zealots and despots claim ownership of reality, as I could observe in my first research study, that of Chinese Communist “thought reform” (or “brainwashing”), which I conducted in the mid 1950’s. Thought reform, at least in its full expression, is a systematic project that makes extensive use of criticism, self-criticism, and confession, both in groups and individual interrogations. Its ambitious aims were not only to bring about change in people’s political views but in what Erik Erikson called their inner identity. That is, traditional Chinese



filial sons and daughters, still identifiable in modern China, were to be transformed into filial Chinese communists. The scope of thought reform was remarkable: versions of it were conducted throughout the society—in universities and schools, every kind of organizational workplace, neighborhood groups, prisons, and special centers for reform—so that tens or perhaps hundreds of millions of people were subjected to formidable pressures toward significant personal change. Brutal interrogation methods for confession-extraction seemed to be borrowed from Russian Communist (and before that, Tsarist) usage. But the focus on systematic “reeducation” was Chinese, apparently influenced by traditional Confucian stress on “rectification.”

The narrative was relentless: the “old society” in China was evil and corrupt because of the domination of the “exploiting classes”—landowners, capitalists, and the bourgeoisie. The residual mental effects of that exploitation had to be removed not only from members of those exploiting classes but from all who lived in the old society. As Chairman Mao put it, one had to “punish the past to warn the future” and “save men by curing their ills.”

The reformers were totalistic in their all-or-none assertions, including claims to absolute truth and virtue. To impose those claims they created what I called *milieu control*, the domination of all communication in the environment (including at times the inner environment of individual selves). They insisted on *doctrine over person*, so that any doubts experienced concerning ideological claims were considered a form of personal deficiency, of individual-psychological aberration. Overall there was a *dispensing of existence*, a line drawn between those who had a right to exist (in harmony with the official doctrine) and those who possessed no such

right. That “dispensing” could range from discrimination in terms of jobs and status to imprisonment and even execution.

The coercive element that I’ve emphasized was always present but was accompanied by an appeal to high idealism: the promise of a utopian future and of individual and collective revitalization, even a sense of rebirth. That promise of personal revitalization would also loom large in my study of another totalistic movement. Albert Speer, who was known as “Hitler’s architect,” told me how Hitler spoke at his university in 1930 and declared that Germany had become weak and everything seemed hopeless but by uniting behind his movement Germany and its people could once again become strong. These words lifted Speer out of his despair over social and economic chaos and his hopelessness about his own future; he experienced a new sense of inner power and joined the Nazi Party a few days later.

I came to realize that Chinese thought reform was attempting to do something quite remarkable—to eliminate the validity of all thought prior to Maoism. This was a kind of psychological apocalypticism: the destruction of one’s prior mental world in order to be reborn into Maoism. The Communist claim to ownership of reality was unyielding and all-pervasive.

Yet despite all this, thought reform had mixed results. As Chinese society changed and opened up economically, maintaining anything approaching milieu control became increasingly difficult. Moreover, people could become inured or even antagonistic to the psychological assaults of thought reform, resulting in what I came to call the “hostility of suffocation” and the “law of diminishing conversions.” Thought reform came to limit what one could say and do in society rather than bring about genuine personal change. In dealing with dissidents, prior efforts at painstaking reeducation gave way to the physical brutality and ominous threats that had

characterized Soviet-style show trials. Nowadays very few people in China seem to have much belief in the prescribed ideology. The Chinese experience suggests that it is very difficult—perhaps impossible—to establish and sustain ownership of reality.

### **Solipsism and “Narrative Necessity”**

How does all this apply to Donald Trump? One’s first impression would be that his mindset is the very antithesis of the kind of ideological totalism that I’ve just described. Trump doesn’t have a consistent ideology: his ideas readily change and reverse themselves in response to specific situations. Such a relationship to ideas would seem to have nothing to do with ideological totalism. Yet, as different as he is from totalists, he too seeks to control reality.

Trump’s solipsism conforms to a tradition in psychology and philosophy for rendering the self an insistent source for all reality. With extreme forms of solipsism the external world and other minds cannot be known and may, in effect, have no existence. What results is continuous falsehood, whether of an almost automatic kind, or of the intentional form we call lying. In raising this issue, I follow standard psychiatric ethics by making no claim to a hands-on diagnosis of the president; in fact, I make no diagnosis at all. But I do, like a burgeoning number of psychological professionals, insist on speaking out concerning these dangerous psychological tendencies.

Trump’s presidency has followed a predictable sequence starting with an initial falsehood (Hillary Clinton’s nearly 3-million margin in the popular vote was derived from fraudulent ballots cast mostly by illegal immigrants). As the falsehood radiates outward it becomes increasingly difficult to defend, first on the part of the spokesperson who must turn the falsehood

into truth, and still less credible as others examine its claims, until, in its journey through society, it becomes mostly recognized as patent untruth. Yet in the process it not only gets a hearing but lingers as something whose truth—or untruth—is repeatedly examined. To that extent, each of Trump’s expressions of solipsistic reality somehow remains “out there.” More than that, these falsehoods and lies may be ignored if not embraced by immediate followers who identify passionately with Trump himself, or by Republicans insistent upon holding on to Trump-centered power.

If Trump has no consistent ideology—lacking the conviction and discipline of a fascist or even a populist—he does have a narrative. And that turns out to be important. The narrative *does* have consistency: America has been great in the past, but has been in the wrong hands and allowed to become weak and misused by foreign forces, especially allies, who cheat and take advantage of us. He, Trump, and only he, has both the strength and negotiating skills to “make America great again.” As a strongman and a dealmaker, he will restore America to its rightful world-dominating military and economic power. At the same time his solipsistic self-presentation includes claims to decency, loyalty, and lovability, along with a toughness that will destroy any who treat him unjustly, which means any who call out his lies or falsehoods or in some way oppose him.

The psychologist Jerome Bruner wrote of the narrative construction of truth and pointed out that falsehoods can embody a “narrative necessity” required for the flow and consistency of a larger, encompassing story. The narrative necessity can be crude indeed, given the flagrant untruths of Trump’s solipsistic reality. But those untruths can be subsumed to what is claimed to be a larger truth. And when the solipsist holds a position of power he can transform the falsehood

into public policy. That was what Trump did when he created a special electoral commission to expose the “fraudulence” of Clinton’s popular vote, a commission whose purpose seemed to be that of exercising further control over the electoral process, and which in any case did not last very long.

Yet we should avoid falling into a cult of solipsistic personality. Trump’s falsehoods connect with longstanding American Nativist and Know-Nothing movements, and with totalistic contemporary Republican assertions. He in fact draws upon the voices of right-wing extremism, what Todd Gitlin calls the “vortex” of “Birthers, Whitewater, ‘Travelgate,’ and Vince Foster conspiracy theorists, ‘death panel’ enthusiasts, ‘Lock her up!’ chanters, scientist-haters or other Flat Earth factions. . . .” In other words Trump’s solipsism can connect with a sea of mostly right-wing exaggeration, misinformation, conspiracism, falsehood, and lies.

Is Trump’s solipsism, then, simply an extension of a cultural trend in American life? I would argue that it is something more. Despotic control over reality usually relates to specific goals, those having to do with the dictator’s holding onto power or furthering his pet projects. Trump is different. His solipsism is *sui generis*. He is psychologically remarkable in his capacity to manufacture and continuously assert falsehood in the apparent absence of psychosis. Those suffering from schizophrenic psychosis, for instance, can also be highly solipsistic in their hallucinations and delusions. But Trump does not appear to have hallucinations or delusions in a structured, classical sense. That is, without being psychotic, he is just as solipsistic as those who are. He in fact manifests a considerable talent for manipulating his solipsistic falsehoods in ways that enhance his own narrative and connect with related political projects.

In that sense Trump has an extraordinary psychological capacity for sustained solipsism. Have we ever encountered a public figure who has so consistently reversed truth and falsehood and done so on such a vast scale? David Leonhardt, the journalist who has done most to track Trump's lies, describes him (with co-writers) as "virtually indifferent to reality, often saying what helps him make the case he's trying to make," and as "trying to make truth irrelevant." It is difficult to overestimate the dangers that stem from such extreme assaults on reality by a man who holds the most powerful office in the world.

Does Trump believe his own falsehoods? The question itself suggests a clear dichotomy between belief and disbelief, which is not always the way things work. In studying people's behavior under extremity, I have found that the mind can simultaneously believe and not believe in something, and can move in and out of belief according to perceived pressures. I could witness that tendency in false confessions made by European missionaries accused of being spies and subjected to brutal versions of thought reform in Chinese prisons. One priest told me how, after experiencing unbearable pain from torture, he came to imagine a "spy radio" in his mission house and to view talks he had with other priests about the approaching Communist army as a form of "espionage" on behalf of the "Imperialists." He spoke of it as similar to writing a novel in which events in the novel become understood as actual history. Trump has been subjected to no such external abuse, but his own inner conflicts and anxieties could create his own version of abuse. The larger point is that, like all other forms of human behavior, belief can be a form of adaptation to existing conditions.

Consider Trump's most egregiously self-serving lie: that Barack Obama was not born in this country and therefore not a legitimate president. Trump did not invent that lie but embraced

it and became its most persistent articulator. Consciously and repeatedly, he manipulated the lie as a way of entering presidential politics. But to make one's falsehoods convincing one has to develop a belief in them, and it is likely that in some part of his mind Trump has believed (and may still believe) in Obama's foreign birth. The larger narrative of illegitimacy and racism becomes crucial in providing a structured story that can encompass the falsehood and allow for its further manipulation.

But this "narrative necessity" can itself be unstable. Trump's solipsism will likely destroy his presidency. Yet along the way something is happening to the rest of us as well. We are experiencing what can be called *reality fatigue*. The drumbeat of falsehoods and lies continues even as we expose them as such: we are thrust into a realm in which a major segment of our society ignores or defies the principles of reason, evidence, and shared knowledge that are required for the function of a democracy.

### **From Malignant Normality to Living in Truth**

In recent work I refer to *malignant normality*, by which I mean the imposition of a norm of destructive or violent behavior, so that such behavior is expected or required of people. I came to the idea through my study of Nazi doctors. The physicians arriving at Auschwitz were *expected* to carry out selections of Jews for the gas chambers. Whatever conflicts they experienced, the great majority adapted to that malignant normality. In America we have encountered dangerous forms of pre-Trump malignant normality in connection with nuclear weapons, including not only their stockpiling but their proposed use in a war we expect to survive and "win." And in connection with climate, the malignant normality creates what I call an ultimate absurdity: If we were to continue to do just what we are now doing in our use of

fossil fuels—changing nothing—we would come close to destroying our civilization over the course of this century. Trump reinforces these expressions of malignant normality and adds others associated with his solipsistic reality. Indeed his administration renders it routine and “normal” to lie and defend lies, and to ignore the traditional independence of the judicial and legislative branches of our society—that is, to seek to own the institutions meant to limit presidential power.

We need to bear witness to the malignant normality imposed by Trump and his administration, to identify and oppose it. We find a historical model for doing just that in the “Velvet Revolution” against communist suppression, which took place in Czechoslovakia in 1989 and subsequently in other Eastern European countries. The great principle of those revolutions was articulated by Václav Havel, as “living in truth.” As Havel explained, “If the main pillar of the system is living a lie then it is not surprising that the main fundamental threat to it is living the truth.” Havel spoke of the “parallel structures” of those who resisted the regime and their formation of a “second culture.” What Havel meant, and did much to create, was an expanding community of people living in freedom, living as if there were no oppressive regime controlling their lives. For him, living this way in truth was an expression of direct opposition to that regime, one which took place at “the level of human consciousness and conscience, the existential level,” which he called (in the title of his now classical essay) “the Power of the Powerless.”

I was able to observe and join in such a community—a “parallel structure” and “second culture”—in work I did in Poland in 1978 and 1979 with members of the Department of Psychiatry at the University Medical Center in Krakow. Psychiatric colleagues there did much to



facilitate my interviews with Polish survivors of Auschwitz, providing me with interpreters and with valuable counsel. They were open and candid with me and with each other in their wide-ranging observations about the survivors, about Auschwitz, about the practice of psychiatry in Poland, and about the Communist regime whose power they were all too well aware of even as they refused to allow it to control their personal and professional lives.

No wonder that Mohandas Gandhi spoke similarly of his nonviolent resistance as “experiments with truth,” and Erik Erikson used the title *Gandhi’s Truth* for his psychobiographical study of the Mahatma. Or that Henry David Thoreau, whom Gandhi read, declared, “Rather than love, than money, than fame, give me truth.” Havel, Gandhi, and Thoreau sought to live out humane truths that challenged the falsehoods imposed upon them by what they perceived as the malignant normality of their societies. They demonstrated how truth-telling can connect with other forms of life-enhancing activism that are at the heart of opposition to solipsistic falsehoods of any kind. The fragility of such truth-telling movements is all too evident in the recent reemergence of repressive regimes in Eastern Europe and in the vicissitudes of India after Gandhi. But those truth-telling movements remain a vital model for us in our unending psychological and political struggles.

Now, as Americans in the time of Trump, we can see ourselves as both witnesses to, and prospective survivors of, what may well be a brief Trump era. Compared to Havel, we have the advantage of working institutions, including those having to do with justice and with legal and journalistic investigation, however they are attacked and sometimes weakened by Trumpist falsifiers. At the same time we recognize that our society’s social ills, including its aberrations concerning truth and reality, extend far beyond Trump and his followers. And we are witness to

the spectacle of a major political party, controlling most of the levers of power, which supports, equivocates, or remains silent about the Trumpist assault on reality. Yet as elements of what has been called a “post-truth society” manifest themselves, so does increasing opposition to it. In this opposition we struggle, however uncertainly, toward exposing falsehoods in our public and private lives, in seeking our own version of “living in truth.”

**Robert Jay Lifton** is a psychiatrist at Columbia University and author of many books, including *The Nazi Doctors: Medical Killing and the Psychology of Genocide*, *Thought Reform and the Psychology of Totalism: A Study of “Brainwashing” in China*, and most recently *The Climate Swerve: Reflections on Mind, Hope, and Survival*.

#### **4. Separation from Parents Is Harmful to Children**

**Judith L. Herman, M.D.**

Psychology Today, June 19, 2018

It has come to this: Child abuse is now an official policy of the U.S. federal government. I am speaking about the immigration policy known as Zero Tolerance.

Under Zero Tolerance, instituted in May 2018, families presenting at the border without proper papers, including those following established protocol to seek asylum, are charged as criminals. The parents are detained, and because their children cannot legally be imprisoned with them, they are separated from their parents and entrusted to the tender mercies of the Department of Health and Human Services' Office of Refugee Resettlement (ORR). These are children as young as toddlers, literally taken from their parents by force.

The government assures us that there is no intent to harm these children. They are merely the collateral damage of Zero Tolerance. How many children? What has happened to them? Will they ever see their parents again? No one knows for sure. ORR does not give out information about the numbers or whereabouts of these children.



Source: PrazisImages/Shutterstock

Whether or not harm is intended, it is beyond dispute that separation from parents and caregivers is traumatic to children. Numerous studies, beginning with Anna Freud's observations of children separated from their parents during the London Blitz, attest to the long-term harms of separation. Most recently, the well-known ACES survey, conducted jointly by the CDC and Kaiser Permanente, documented the consequences to both physical and mental health of what they named adverse childhood experiences. Along with physical and sexual abuse, any prolonged separation from a parent in childhood—whether because the parent was physically or mentally ill, or because the parent was incarcerated—was powerfully related to many of the ten leading causes of death: heart, lung, and liver disease, as well as alcoholism, drug abuse, and suicide attempts.<sup>1</sup>

When hurt or frightened, children cry for their parents. The cry of a frightened child has a powerful effect on mothers and other caretakers, who ordinarily respond by enveloping the child in their arms. When the child's separation cry is not answered, fear magnifies into terror. This is the attachment system, evolved for human survival, first described by John Bowlby,<sup>2</sup> and since confirmed by contemporary investigators. We are all hard-wired to seek the embrace of familiar caretakers in response to danger. The reciprocal response of caretakers, to comfort a frightened child, is equally hard-wired, as most parents can attest. On the foundation of secure attachment is built our ability to form trusting relationships and our basic sense of security in the world.

Both the American Academy of Pediatrics and the American Psychiatric Association have condemned this policy. According to a statement by Altha Stewart, M.D., President of the American Psychiatric Association, "Children depend on their parents for safety and support. Any forced separation is highly stressful for children and can cause lifelong trauma, as well as an

increased risk of mental illnesses such as depression, anxiety, and post-traumatic stress disorder.”

The United Nations human rights office has called for an immediate halt to the practice of separating children from migrant families, calling it a “serious violation of the rights of the child.” (The United States is the only country in the world that has not ratified the Convention on the Rights of the Child.)

Zero Tolerance is a policy that will harm its perpetrators as well as its victims. This is a classic example of what psychiatrist Robert Jay Lifton famously called an “atrocious-producing situation.”<sup>3</sup> Members of the border patrol who tear crying children from the arms of their parents may themselves suffer lasting consequences. The rationalization of “following orders” will not help. Long-term follow-up studies of Vietnam War veterans find that some of the most severe and persistent cases of posttraumatic stress disorder occur among soldiers who harmed civilians or prisoners.<sup>4</sup> Children taken from their parents are both civilians and prisoners.

The American Civil Liberties Union has filed a class-action lawsuit in federal court, calling for an immediate halt to this policy and for the reunification of families. Mental health professionals, who understand the harms inflicted by separating children from their families, should similarly call for an immediate end to the policy of Zero Tolerance.

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## **5. My Will Be Done: A Dangerous Syndrome**

**Howard Covitz, Ph.D.**

Recent political movements in Europe, Asia and the United States have afforded the psychological communities an opportunity to consider anew – with fresh eyes, that is – how we see the tendency of very powerful leaders to significantly add to their powers in a manner that removes rights from their citizenry, even in countries where voting to elect leaders continues. Lifetime appointments, the rights of leaders ("rights of Kings?") to redact many fundamental rights of all or certain citizens in their nation states and violent suppression of dissent have become more common, if not quotidian ... and these occurring in nations that we assumed were committed to or moving towards democratic principles. Nixon's aside on this matter, implicitly repeated by Donald Trump and his surrogates, that if a President did something, it was by definition legal has been openly restated in the United States, as have counter-arguments that no one is above the law. These notes are an attempt to explicate the manner in which decency and kindness and obeying of and adherence to egalitarian laws and human rights intercalate with a notion of mental health and dangerousness, though they have been considered separately for many years.

On that note of how we see mental wellness and dangerousness to others, we begin recalling that the various theories of mental health did much, indeed, to separate our notion of mental wellness from stigmatizing notions of evil, witchcraft and demonic possession common in the XIXth Century. That was a good thing! Freud, himself, made a point of saying that each of his patients was of good character, even though there is ample evidence that many of his patients harbored a mean-ness and that their symptoms caused many in their circles discomfort and pain. Chickens and Eggs? Perhaps. Along similar lines, it's reasonable to note that the contemporary

move towards seeing mental illness as purely a brain disease, rather than a relational disturbance, has added to this tendency: "My brain made me do it."

It may be best, in these brief considerations, to separate two major forms of mental disturbance by whether the primary target of the behaviors is the Self or Others, while insisting that the difference is a matter of dominance of one tendency over the other. So that, for instance, the person who forces himself to wash his hands until they are raw or bloody or who has other obsessions or compulsions typically is found to force others to submit to their needs. "How can I go on vacation and stay in hotel rooms that have not been bleached every morning." Similarly, the phobic who for years has not left his or her home demands that others remain home-bound with them or that those who wish contact must visit them. Historically, we called these people neurotics, theorized that they suffered from internal conflicts and the dangers they posed to others were limited.

The second variety of people that were thought of as emotionally unwell had symptoms that caused other people harm – they were to a greater or lesser extent dangerous. They offended other people with verbal attacks and, in severe cases, with acts of violence – all of which they deemed justifiable. When offended or when their will was challenged, they were ready to demonize others and felt quite justified in acting out with either direct confrontations or bullying behaviors. Indeed, while the first group of folk (the so-called neurotics) suffered mostly in silence, this second group acted out that which troubled them publicly, even if they, too, suffered inside. That having been said, most people with such so-called Character or Personality Disorders have milder forms in which the rights of others are recognized; in the severer forms, the other is not recognized at all as a Subject in Their Own Right (see, below).



What is most notable in the severest group of Personality Disordered people is a cascading group of behaviors that are not only visible but are typically openly displayed while experienced painfully by those who are their friends and kin and by those under their control. Therapists have come to recognize these behaviors in leaders who have chosen to rule with an iron fist ... who have opted to take more or less total control over their constituents. Let me close by listing these manifest behaviors ... and pointedly, those behaviors that therapists noticed in the behavior of Candidate Donald Trump and predicted would likely be visible in President Trump. The dangerousness of such behaviors in a person with great power needs no clarification.

### **The Cascading Stigmata of Severely Character Disordered People**

1. Such people are generally incapable of understanding and responding in an emotionally empathic way to how another feels. As others' needs are irrelevant, winning appears to be all, and such people make this clear in more-or-less those very words. They may, in an intellectual way, be able to know how others react or even what they might be thinking (cognitive empathy) but this has little bearing on how they treat these others who remain objects, like pieces on a chess board to be moved about in order to win the game – and objects or things, at that, identified as either friend or foe. An object is *some thing* that has no feelings and no rights. It is, perhaps, the simplest definition of evil – the failure to see another as a Subject in Their Own Right. In the most primitive cases, such people see the world as Me vs All Others and All Other vs. Me. ✓
2. This black-and-white thinking effectively does split the World into those who support them

and all those others who are against them – the enemies. Such a person may be incapable of bigotry for to be bigoted or racist or sexist, one must feel allegiance to a group and these so-afflicted appear to have few, if any, such allegiances. They are not White nor are they Male, Republican or Christian. Still and all, they may have no qualms about using bigotries for their own purposes. All is fair in war, especially when there is no love. But, in the end, even those groups who support them will be punished, for they, too, are objects. This is dangerous.

√

3. Lacking the need to evaluate how their actions may impact others who are identified as bad/evil/alien, these people react more quickly and without skepticism about the correctness of their actions. Conscience is a buffer that keeps most of us from acting in ways that are destructive to others who are seen as like us but conscience requires that I see another as so much like me that I can't cause them harm because I recognize myself in them. √
4. As such, these individuals have not yet developed and are not likely to develop a respect for others' thinking, relationships or efforts, leading them to put little value in the accomplishments of others. They tend not to recognize the necessity for maintaining extant organizations, government structures, conventional practices, treaties and laws, and have no room for alliances between others. They may appear civilized but are not safely socialized. Indeed, they are dangerous. √
5. Due to the above (1-4), their thinking is focused but lacks any nuance. If only their view is correct, it is easy for them to focus. They demonstrate no apparent ability to see more than one *not unreasonable* view: a monomania of sorts. These views, additionally, can flip to

their opposite, for what makes any attitude acceptable to them is under the control of a *my will be done* syndrome: "It is important and it is important specifically because I said it or did it or want it to be." This, too, is dangerous. √

6. Finally, (following on 1-5, above) such people display a limited capacity to distinguish the real from the wished for or imagined and demonstrate a ready willingness to present distortions of the truth. Truth is what they say and nothing more. √.

When therapists – Psychiatrists, Psychologists and Clinical Social Workers, alike – saw the confluence of these stigmata of the dangerous character disordered leader in Donald Trump, they felt obligated to warn those who might well be in danger – the citizenry – and those who were empowered to have oversight over him – the Houses of Congress – as part of their own duty to protect. And they/we did.

## **6. Extinction Anxiety and Donald Trump: Where the Spirit of the Depths Meets The Spirit of the Times**

**Thomas Singer, M.D.**

The purpose of my paper is to introduce the term “extinction anxiety” as an apt clinical descriptor for a symptom that affects all of us. Apocalyptic fantasies are as old as time but the term “extinction anxiety” which originates in such fears has not been used to describe the psychic state of individuals and groups that are either consciously or unconsciously gripped by the dread of extinction.

As we have learned from Freud, anxiety is a warning signal that danger is present and that overwhelming emotions may be felt, giving rise to unmanageable helplessness. The danger may be perceived as arising from internal or external sources and may be the response to a variety of powerful unconscious fantasies.

It is my hypothesis that extinction anxiety is flooding the planet and it is timely for us to give a clinical name to “extinction anxiety” as a type of “warning signal that danger is present” whether it is originating in irrational fear and/or irrefutable objective evidence. In our recently published book *The Dangerous Case of Donald Trump*, Noam Chomsky writes quite simply:

**“We are in a situation where we need to decide whether the species survives in any decent form. There are two huge dangers that the human species face. One is the rising danger of nuclear war, which is quite serious, and the other is environmental catastrophe.”<sup>1</sup>**

When I first began to consider the term “extinction anxiety”, I discovered that the only use of it is to denote the extinction of a symptom in a behaviorist model. It describes the attempt to “extinguish conditioned fear.” When I use the term “extinction anxiety” I am not talking about the extinction of fear; I am talking about the fear of extinction.

Perhaps the closest we have come in the history of our profession to naming such anxiety is “existential anxiety”. Existential anxiety, born out of the disillusioning and dismembering experiences of World War 1, the Great Depression and World War 2, convinced many that the universe was absurd and without meaning. “Existence precedes essence” was a way of saying that life did not come into being with a preexisting meaning but that meaning or “essence” had to be created out of one’s own being. Finding oneself in a meaningless universe is not the same as facing the extinction of life as we know it. Both are terrifying in the sense that we have lost our sense of having a safe ‘place’ in the world. But, “Extinction anxiety” as part of the “spirit of our times” is different from the “existential anxiety” that emerged from the twentieth century “spirit of the times.”

I am not writing this paper to prophesy the end of time. Rather, my purpose in writing this paper is to say that the intense, contemporary anxiety about the approaching end-times is real and needs to be taken with the utmost seriousness. Although it finds direct expression in the voice of environmental groups and those concerned about nuclear war, I believe it also finds a displaced expression in other groups and individuals that are in fear of their own annihilation but who do not consciously link their deeply felt precarious status to the fear of the extinction of the world.

Appropriately enough, the term “extinction anxiety” popped into mind when I was working on a paper about Donald Trump. I was thinking about all the diverse groups around the world who fear that their unique identities and very existence are threatened. Whites, Blacks, Women, Men, Latinos, Jews, Muslims, Gays, 60 million refugees around the globe, are just a few of the groups in the grips of fear for their own survival. Could it be that they are all tapping into a deeper, underlying “extinction anxiety” which is the collective psyche’s equivalent of the

anxiety about death in the individual? I believe that extinction anxiety acts as a psychic radioactive background in our global society and that it fuels many of our concerns. For instance, climate change deniers on the right in the US may be seen as denying the real possibility of the planet's destruction as a way of defending themselves against the fear of extinction. Aligning himself with this attitude, Trump offers to staunch "extinction anxiety" by denying it is real. His appointment of Michael Catanzaro, a well-known climate change denier who subsequently resigned on April 18, 2018 as his energy advisor illustrates the president's effort to deny a real problem that threatens our existence.

Denial—whether at the individual or group level—is a most primitive defense in the psyche's arsenal of protections against intolerable suffering and loss, including the fear of death or extinction itself. One must wonder if there isn't also an unconscious **yearning** for annihilation, a buried wish for global destruction coupled with the fear of extinction?

We know that there are fault lines at every level of our global society. The fault lines that demarcate divisions between groups of people and nations run deep along tribal, national, religious, racial and ethnic lines. I contend that extinction anxiety emerges from the deepest levels of the psyche through these fault lines. They are like channels running between the very source of life on the planet all the way through to the psyches of groups and individuals. As extinction anxiety courses up and down along these channels, signals of alarm and danger may break through like lava flows that emerge from deep beneath the surface of the earth in volcanic eruptions.

We can also imagine that along these fault lines, extinction anxiety is where the spirit of the times and the spirit of the depths meet.

**“The Spirit of the depths and extinction anxiety”:**



Humankind has been experiencing apocalyptic fantasies since the dawn of human history. Zarathustra, The Book of Daniel, The Book of Revelations,—all are steeped in the apocalyptic vision of the end of time. Perhaps the most moving modern expression of this vision from the spirit of the depths is Yeats’ “The Second Coming” written in 1919 at the end of World War 1:



## **The Second Coming**

BY WILLIAM BUTLER YEATS

Turning and turning in the widening gyre

The falcon cannot hear the falconer;

Things fall apart; the centre cannot hold;

Mere anarchy is loosed upon the world,

The blood-dimmed tide is loosed, and everywhere

The ceremony of innocence is drowned;



The best lack all conviction, while the worst  
Are full of passionate intensity.

Surely some revelation is at hand;

Surely the Second Coming is at hand.

The Second Coming! Hardly are those words out

When a vast image out of *Spiritus Mundi*

Troubles my sight: somewhere in sands of the desert

A shape with lion body and the head of a man,

A gaze blank and pitiless as the sun,

Is moving its slow thighs, while all about it

Reel shadows of the indignant desert birds.

The darkness drops again; but now I know

That twenty centuries of stony sleep

Were vexed to nightmare by a rocking cradle,

And what rough beast, its hour come round at last,

Slouches towards Bethlehem to be born? <sup>3</sup>

Here is a parody of that “rough beast” which has both a lion’s body and the head of a man, along with “a gaze blank and pitiless as the sun.”



**YOU MUST  
BE SIN FREE**

**PLEASE REPENT  
Take No Chances!**

**Otherwise  
YOU WILL BE  
LEFT BEHIND!**

## **The Rapture is Imminent**

**You MUST Repent Every Day of Your Sins  
You MUST mean it with all your heart!**

- No Sex Outside of Marriage
- No Addictions (smoking, pot, drugs, etc.)
- No Pornography
- No Fighting, Anger, Dissensions or Hatred
- You MUST have forgiven EVERYONE

**Do NOT get LEFT BEHIND!**

**JESUS CHRIST is coming for a SPOTLESS BRIDE!**

For Special Prayers to Help You and Your Family Prepare, Please Go Here  
<http://www.tribulation-now.org/rapture-prayers-for-purification/>

*A Massive  
Earthquake / Tsunami  
will Likely Precede  
the Rapture*

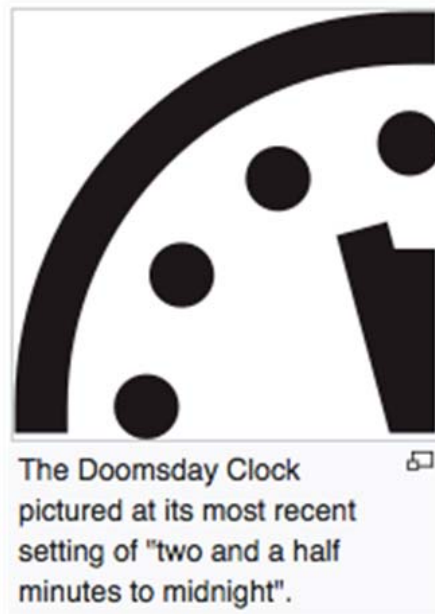
*California & New York  
will be Destroyed*

**THIS IS IT!**

Apocalyptic fantasy from the *spirit of the depths* is alive and well today in the longing of Christian fundamentalists for the end of times in the rapture at Armageddon. It has flourished within Isis and its Islamic apocalyptic vision of the end of times in the yearning to create the Caliphate. These fantasies can be thought of as emerging from the depths of the human psyche that is rooted in the origins of life itself—not just human life but all plant and animal life on the planet. We can also imagine, along with the Hindus, that whatever forces give birth to life on the planet can do just the opposite and take back into itself all of life and psyche as in Vishnu's reabsorption into himself of the whole of the created cosmos.<sup>4</sup>

There is little evidence in the public record that Donald Trump has a connection to the *spirit of the depths*. He seems to lack a familiarity with history, religion, or a depth of soulfulness that evinces struggles with themes of suffering, renewal, or transformation that is an essential part of being human. From what we know from those who have had close connections to Trump, he lives in the present, from moment to moment, and his relationships to other people and the life of the planet are primarily transactional. One would not expect the *spirit of the depths* and the *spirit of the times* to meet in any sort of conscious, meaningful interaction in the psyche of Donald Trump. His character is not put together with the wisdom of an *old soul*.

## “The Spirit of the times” and extinction anxiety



Our “Spirit of the times” remains anchored mostly in the scientific mind which has become wedded to technology and materialist consumerism. It is no accident that the Bulletin of Atomic Scientists has created and maintained a Doomsday Clock since 1947 when the clock was set at 7 minutes before midnight. Midnight marks the extinction of the human race. When Donald Trump was elected, the clock was moved forward to 2 ½ minutes before midnight, the closest it has been to midnight since 1953 when both the Soviet Union and the United States successfully detonated hydrogen bombs.

In “the spirit of the times”, our extinction anxiety is fueled by undeniable objective evidence that life on the planet is seriously endangered. We know that we have already entered the “sixth mass extinction event” in which it is predicted that 1/2 of the world’s land and marine species could disappear by 2100 unless there is some other earlier annihilating or transforming event. **As human beings, we are instinctually and archetypally connected with all life. The**

**threat of the loss of all these non-human species contributes to extinction anxiety. <sup>5</sup> (I am indebted to Jeffrey Kiehl for personal communications about the section on “mass extinction events”)**

More immediately, on a day to day basis, we are flooded with news of devastating fires, massive storms, terrorist attacks, random mass killings, rampant human abuse, and the saber rattling threats of nuclear war from unhinged leaders. All of this heightens the horrifying fear that something is terribly amiss in the world. Not only are we being flooded with too much information and with the staggering explosion of the global population, but also perhaps with too much interconnectivity. Imagine for a moment that everyone you see walking down the street or sitting in a coffee house communicating on their cellphone or computer is actually sending out billions of the same daily latent message: “It hasn’t happened yet.” What if our frantic interconnectivity is a global SOS expression of extinction anxiety and that we are desperately clinging to one another in an effort to reassure ourselves we are not on a sinking or exploding ship???

**I hope it has become clearer how I imagine extinction anxiety flowing up and down the layers of the global psyche, circulating in an accelerating negative feedback loop, up from the spirit of the depths to the spirit of the times, and back “down” again.**

The obvious next question is—so what? What can we do with this? Does it help to make conscious the unconscious extinction anxiety which is fortified by the very real scarcity that stalks much of the world’s population and that pits all sorts of groups against one another in the most intractable conflicts? I wonder if increased consciousness and political activism based on the awareness of global extinction anxiety offers some slim hope of humankind being able to make informed choices?

## **Donald Trump and Extinction Anxiety**

From one perspective, Trump's political career has been based on his uncanny ability to arouse extinction anxiety while at the same time denying it. He arouses the fears of one group endangering and eliminating another such as white Americans being overrun by people of color and immigrants or people of color and immigrants being bullied and eliminated by white people. At the same time, he denies that human beings are altering the climate or driving other species to extinction so that he and others can exploit the planet for personal gain. He raises the fear of nuclear annihilation with his impulsive aggressivity (Rocket Man) while undoing the nuclear agreement with Iran and promising to nuke North Korea into oblivion or, in an apparent flip of the coin, to end the threat of nuclear war on the Korean peninsula as a matter of showing that he is a master of the big deal. It is hard not to conclude that Donald Trump enjoys toying with extinction anxiety in pursuit of his own narcissistic purposes. We might wonder if Trump's flirtation with global extinction anxiety and denial of it simultaneously do not have their origins in the precariousness of his own inner existence, which we can imagine constantly being threatened by annihilation unless he first annihilates any perceived enemy and emerges as the victor.

### **Conclusion:**

If extinction anxiety is sounding an alarm on behalf of the whole of creation where the spirit of the depths and the spirit of the times meet at every level of the collective psyche, then our response needs to come from the whole of the psyche in harnessing all of our political,

psychological and spiritual efforts to forge a unity of deep action on behalf of the creation and against that which would destroy it. This may well require the extinction of our current world view which is focused almost exclusively on materialist reductionisms of all kinds.

No one has sounded the alarm of extinction anxiety more terrifyingly and beautifully at the same time than Cormac McCarthy in his strangely intimate postapocalyptic novel, *The Road*, which has created for me a parallel universe along whose devastated and dangerous road I often find myself walking in reverie. <sup>6</sup> I find myself in a world without electricity, cars, hot water, enough food and the constant threat of murderous human beings that have lost all their humanity. In the mood of that reverie, I debate whether or not to buy a gun to protect my family--but we Americans already have more guns than people, some 350 million of them and they don't seem to be protecting us from anything. Surely the wish to own a gun is an instinctive response to defend oneself in the face of heightened extinction anxiety. This is what "extinction anxiety" does to us!!!!

Anxiety often obscures the source of the terror that induces it. In the last lines of *The Road* McCarthy gives us a poetic vision that lifts the veil of extinction anxiety to let us see what is giving rise to it:

"Once there were brook trout in the streams in the mountains. You could see them standing in the amber current where the white edges of their fins wimpled softly in the flow. They smelled of moss in your hand. Polished and muscular and torsional. On their backs were vermiculate patterns that were maps of the world in its becoming. Maps and mazes. Of a thing which could not be put back. Not be made right again. In the deep glens where they lived all things were older than man and they hummed of mystery."

## FOOTNOTES

1. Brandy X. Lee, *The Dangerous Case of Donald Trump* (New York: Thomas Dunne Books, St. Martin's Press, 2017), 357.
2. John Martin, The Destruction of Pompei and Herculaneum  
<http://www.tate.org.uk/art/artworks/martin-the-destruction-of-pompei-and-herculaneum-n00793>
3. William Butler Yeats, "The Second Coming," Poetry Foundation,  
<https://www.poetryfoundation.org/poems/43290/the-second-coming>. From *The Collected Poems of W. B. Yeats* (New York: Macmillan, 1989), 187.
4. For this section, I am indebted to Richard Stein, M.D. whose "LIVING ON THE EDGE OF THE APOCALYPSE: WHAT ISIS THE CHRISTIAN RIGHT, AND CLIMATE CHANGE DENIERS HAVE IN COMMON" appears in The San Francisco Jung Institute Presidential Papers of 2016  
<https://aras.org/newsletters/aras-connections-special-edition-2016-presidency-papers>
5. I am indebted to Jeffrey Kiehl for personal communications about the section on "mass extinction events." Dr. Kiehl is author of *Facing Climate Change: An Integrated Path to the Future*
6. Cormac McCarthy, *The Road* (New York: Alfred A. Knopf, 2006), 306–307.

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