

Ethical considerations in psychiatric profiling of political figures

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Abstract

The majority of the articles in this issue on psychiatric ethics undoubtedly will objectively and dispassionately review specific aspects of the current nature of psychiatric practice and research that have the potential for raising ethical questions or concerns. In inviting me to contribute an article on ethical considerations in the psychiatric profiling of political figures, the editor of this issue, Dr. Glen Gabbard, was assuredly aware of my career-long specialization in developing political personality profiles, initially for the United States Government and, since 1987, in connection with my role as Professor of Psychiatry, Political Psychology, and International Affairs and as Director of the Political Psychology Program at George Washington University. Indeed, it was precisely because of Dr. Gabbard's knowledge of my special interest in this topic and my intense personal concern with the ethical concerns associated with psychiatric profiling that he extended the invitation to contribute this article. But it would be disingenuous to review this subject in an apparently objective and dispassionate manner, for I am assuredly not dispassionate on the subject, which has been a continuing matter of intense concern as I have continued to pursue my chosen specialty and to conduct my work with integrity in a manner that is considered ethical. This review, accordingly, necessarily reflects a strong point of view and is often distinctly subjective, as it draws on personal experiences.

About the Author

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Introduction

Questions concerning such matters as the effects of health and alcoholism on Boris Yeltsin's decision making; the mind of the Unabomber; the psychology and decision making of Saddam Hussein of Iraq, who was initially characterized by the US Government as "the madman of the Middle East"; the psychology of David Koresh and the Branch Davidians, who were involved in an extended siege with the Bureau of Alcohol, Tobacco, and Firearms and the Federal Bureau of Investigation (FBI) that ended tragically on April 19, 1993; and, most recently, the psychology of the nineteen al-Qaeda terrorists responsible for the tragic events of September 11, 2001 in which they claimed thousands of lives while giving their own, "killing in the name of God," and of their charismatic leader Osama bin Laden have led journalists to turn to social scientists, including psychiatrists, to offer commentary on public figures.

In weighing whether and how to respond, psychiatrists will find themselves caught between the Scylla of public service and public education and the Charybdis of the ethical prohibitions that are spelled out in section 7 of *The Principles of Medical Ethics with Annotations Especially Applicable to Psychiatry*¹. The principle, a masterpiece of internal contradiction, states the following:

Section 7. A physician shall recognize a responsibility to participate in activities contributing to an improved community.

1. Psychiatrists are encouraged to serve society by advising and consulting with the executive, legislative and judiciary branches of the government.
2. Psychiatrists may interpret and share with the public their expertise in the various psychosocial issues that may affect mental health and illness. Psychiatrists should always be mindful of their separate roles as dedicated citizens and as experts in psychological medicine.
3. 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. It is unethical for a psychiatrist to offer a professional opinion unless he/she has conducted an examination and has been granted proper authorization for such a statement.

¹ American Psychiatric Association. *The Principles of medical ethics with annotations especially applicable to psychiatry*. Washington, DC: American Psychiatric Association; 2001.

As I have devoted my career to applications of psychiatry to international affairs and the field of political psychology and wish to conduct my professional activities in an ethical manner, this principle has regularly concerned, confused, confounded, and constrained me. But the opportunity to offer public commentary on public figures not uncommonly arises for mainstream psychiatrists. Consequently, a discussion of my reactions to the quandary posed by the principles enunciated in section 7 may be of value to colleagues confronting similar issues.

The dilemma

The dilemma was no more dramatically and absurdly evidenced than during the Persian Gulf crisis. On the basis of a political psychology profile I developed of Saddam Hussein, which was widely featured in the print and electronic media, I was invited to testify before two congressional committees holding hearings on the Gulf crisis—Les Aspin’s House Armed Services Committee, and Lee Hanmilton’s House Foreign Affairs Committee. Hussein had been widely characterized as “the madman of the Middle East,” and there was considerable perplexity concerning what “made him tick.”

Policies were being developed that in my judgment, were insufficiently informed by an accurate picture of Saddam Hussein’s political psychology. The opportunity to present the principle conclusions of this profile to legislators with responsibility for the policy process and to contribute to their understanding of the complex cultural, historical, political, and psychologic influences on Hussein’s decision making was an extraordinary one for a political psychologist. Shortly after this testimony was presented, in a public forum, the president of the US Institute of Peace cited the profile as a “contribution of the highest order to the national welfare.” It assuredly was a career high point.

But my moment of pride was short-lived. When the chair of the Council of Psychiatry and International Affairs called, indicating that he wished to speak to me about the profile, I was anticipating a compliment for my contribution to American psychiatry. You can only imagine my consternation when he dolefully intoned, “Jerry, the American Psychiatric Association [APA] has received letters about your profile of Saddam, and there is reason to believe you may have violated the canons of ethics of the APA.”

Apparently, an article about personality profiling drawing on the Hussein profile, which appeared in the Science News section of the *New York Times*¹, had led to several letters complaining that I had violated Section 7, for I had presented a professional opinion publicly about Hussein without interviewing him and without his authorization.

I nearly exploded. “Have you read the profile?” I asked. Well, no, he acknowledged. “Then perhaps you should before rendering such judgments. The profile is not a psychiatric expert opinion. It is a political psychology profile, informed, to be sure, by my education as a psychiatrist but concerned with such matters as leadership style, crisis reactions, negotiating style, relationship with leadership circle, etc.”

¹ The New York Times. Daniel Goleman “Experts Differ on Dissecting Leaders’ Psyches From Afar”: NYT, p. C1,9, January 29, 1991.

“Moreover,” I went on, “I think there is a duty to warn, involving a kind of Tarasoff principle, for the assessments of Saddam’s political personality and leadership that is guiding policy seem, to me, to be off, and policy decisions are being made based on errant perceptions that could lead to significant loss of life. Accordingly,” I continued, “it would have been unethical to have withheld this assessment.” I faxed the profile to him and heard no more on the matter, but the conversation continued to trouble me.

How can it be that a presentation deemed to be “a contribution of the highest order to the national welfare” could simultaneously raise questions concerning an ethical violation? Other academic specialists from the ranks of psychology, political science, and history regularly contribute to public discourse on political figures without having interviewed the subject, but for psychiatrists to do so, it is considered an ethical violation. The ethical principle seemed extreme and overdrawn. To understand the severity of the principle requires examining its development.

Historical background⁽¹⁾

Policy by Poll

As is often the case, bad cases make bad law. During the 1964 presidential election campaign, *Fact Magazine*¹ surveyed APA members asking whether the republican candidate, Barry Goldwater, was fit for office. The results led to a front-page headline: “1189 Psychiatrists Say Goldwater Is Psychologically Unfit to Be President.” Ralph Ginzburg, editor of the magazine, crowed that “never in history has a political figure been the subject of such an intensive character analysis.” The article was littered with juicy quotes, including comments from prominent academic psychiatrists. Jerome Frank, chair of the Department of Psychiatry at the Johns Hopkins University School of Medicine, wrote “[the] ill-considered, impulsive quality of many of Goldwater’s public utterances is, in my mind, sufficient to disqualify him from the presidency.”

Dr. Bertrand L. New, medical director of the Brooklyn Psychiatric Centers in New York, addressed similar issues: “Goldwater’s appeal to emotion (to the exclusion of reason), wildly inconsistent statements on vital issues, impulsive outbursts and history of two nervous breakdowns make me doubt seriously his mental stability.”

A number of psychiatrists, in whose opinion Goldwater was not psychologically fit to serve as president, cited Goldwater’s apparent paranoid tendencies. Dr. Carl B. Young, of Los Angeles, addressed the danger of the apparent impulsivity in combination with his paranoid tendencies:

The main factors which make me feel Goldwater is unfit to be president are:

(1) His impulsive, impetuous behavior. Such behavior in this age could result in world destruction. This behavior reflects an emotionally immature, unstable personality.

(2) His inability to dissociate himself from vituperative, sick extremists. Basically, I feel that he has a narcissistic character disorder with not too latent paranoid elements.

¹ Fact Magazine. 1,189 Psychiatrists Say Goldwater is Psychologically Unfit to be President! Volume One, Issue Five. September–October 1964. NY: Fact Publishing; 1964.

⁽¹⁾ The historical background draws extensively upon a review, “Ethical Constraints in Leadership Profiling,” prepared by Jeremy Lazarus, MD, for a symposium I organized at the 1994 annual meeting of the APA on Psychiatric Contributions to the Study of Leadership. The symposium explored two major questions: Could psychiatrists usefully contribute to the understanding of political leadership, and should they? Dr. Lazarus, former chair of the APA Ethics Committee, presented a nuanced discussion of the ethical issues, including the historical review summarized above.

Other psychiatrists cited underlying doubts about his own masculinity as being responsible for his aggressive postures. Still others maintained that Goldwater was continually striving to deny his Jewish identity. The two “nervous breakdowns” that Goldwater suffered in the late 1930s were seen as disqualifying by a number of respondents.

The poll gave American psychiatry a black eye. In a column titled “Psychiatric Folly,” James Wechsler of the *New York Post* wrote that “[while the survey provided no new insights about Goldwater], it reveals a good deal about a segment of the psychiatric profession. It is a simultaneous affront to responsible psychiatry and journalism.”

In a press release from the APA medical director, the APA disavowed the survey and criticized both *Fact Magazine* and the naivete´ of the members who responded, citing the embarrassment to the profession. It was observed that “A physician can properly render an opinion on the psychological fitness or mental condition of anyone only in the traditional doctor–patient relationship in which findings are based on a thorough clinical examination.” Reaction from members of the APA and the press created a public relations nightmare for the APA, which attempted to put a positive spin on the story, citing the overwhelming majority of the membership that did not respond to the poll.

After the 1964 election, Goldwater, believing he had been damaged by the poll and article in the election that he lost to Lyndon Johnson by a landslide, brought suit against *Fact Magazine* and editor Ralph Ginzburg for defamation of character. He won the suit in 1969. Fortunately, neither the APA nor individual members were named in the suit.

In fact, the year before, in the run-up to the election in September 1963, Dr. Walter Barton, Medical Director of the APA, had warned the APA about the risks inherent in the organization making statements to the media about public figures.

In the 1968 election, the imbroglio and embarrassment to the profession was almost repeated, this time with Lyndon Johnson as the subject. Undaunted by the 1964 episode and subsequent suit, Ginzburg now was editing a new magazine, *Avant Garde*. On February 19, 1968, in a press conference in front of the White House, Ginzburg announced that several thousand psychiatrists had responded to his questionnaire about Lyndon Johnson’s psychologic fitness and that the final tabulation would appear in June before the election. The APA was prepared to respond in much the same way as it had in 1964, but Lyndon Johnson announced that he would not seek the presidency, making the story irrelevant.

At a 1965 conference on mental health leadership at the Department of Mental Health in Massachusetts, under the title “A Major Public Relations Crisis for American Psychiatry” Robert L. Robinson, Director of Public Affairs of the APA, commended the APA for disavowing the affair in behalf of the profession and observed that “we did not suffer nearly as badly in the press as we anticipated.” He nevertheless condemned those psychiatrists who were conned into responding. Writing with Dr. William Menninger in the Washington Report on the Medical Sciences, Robinson dis-

cussed the Goldwater fiasco and its effects on the profession. “Those psychiatrists who responded to the questionnaire put a tarnish on our image that will take us a while to erase. Maybe, though, it is the best lesson we ever had as a profession. Anyhow, I rather doubt that the members will put their fingers on that hot stove again.”

But alas, the hot stove was again to be touched. Demonstrating the persistence of the human spirit in repeating folly and the irresistible lure of the limelight, in 1968 a *National Enquirer* headline shouted: “Three Psychiatrist Experts Tell Why Jackie Married Onassis and How it Will Affect Her Children.” This impelled APA Ethics Chairman Dr. Hardin Branch to send an open letter to all members of the APA addressing the problem. He urged members to be circumspect and cautious in issuing statements:

I know of no way in which scientific objectivity, common sense, good manners and good taste can be legislated....I would hope only that anyone who feels called upon to express opinions about prominent persons or other matters would carefully consider the possible effect of his statement upon psychiatry in general, the patients of psychiatrists, and the American Psychiatric Association, before he allows himself to be quoted.

This, then, was the background of the formulation in 1973 of the annotation in the ethics code relating to public statements. As Lazarus observed, “Those who drafted the first edition of the annotations in 1973 still had a good memory of the dramatic events of the 1960s and wanted to include a clear statement in the code to remind psychiatrists of their ethical duties related to public statements regarding public figures.” The initial wording of the annotation specified rendering a diagnosis without examination. It was subsequently broadened in later editions to rendering a professional opinion. Although the ethical prohibition in section 7(3) was prompted by the damage to the individual and the profession by *public* statements by psychiatrists rendering professional opinions concerning public figures whom they had not examined (and without proper authorization), the prohibition, as developed, did not specify the intended audience. It is unequivocal, declaring that “it is unethical for a psychiatrist to offer a professional opinion [about an individual in the light of public opinion] unless he/she has conducted an examination and has been granted proper authorization for such a statement.”

By now, programs had been developed within the FBI and the Central Intelligence Agency (CIA) that made use of psychologic data to produce classified psychologic profiles that were developed, in the case of the FBI, to assist criminal investigations and, in the case of the CIA, to provide assistance to US Government foreign policy officials conducting summit meetings and other high-level negotiations with foreign leaders, as well as to assist in dealing with political-military crises. Insofar as the annotation did not make a distinction concerning such psychologic profiles, it would seem these efforts, too, fell within the scope of the ethical prohibition.

In an APA Ethics Committee newsletter in 1973, this issue was discussed in detail. The committee stated, “While we are not addressing ourselves to the scientific issues

of their validity, we believe that there is a question as to how useful these profiles may be. Despite the strong prohibition in the annotation, in Section 10, we believe some exceptions could be made.”

As a consequence of the unresolved questions in this area, the APA appointed a task force on “The Psychiatrist as Psychohistorian,” lumping together within its purview the psychological profiles developed by US Government security agencies as well as psychohistories and psychobiographies. That task force noted in its June 1976 publication that although 12 years had elapsed since Goldwater, the APA had taken no official action with respect to the activities of psychiatrists in the general area of psychohistory–psychobiography–psychiatric profiling. In those 12 years, numerous profiles had been published. A controversial example of slander by diagnosis was the Freud-Bullitt psychobiography of Woodrow Wilson, *Thomas Woodrow Wilson: A Psychological Study*², which was roundly condemned by psychiatrists and historians alike for bias, psychological reductionism, and failure to give due weight to historical and social factors bearing on the subject. A number of publications purporting to use primarily psychoanalytic principles and theories in the study of living or very recently deceased persons of wide political significance had appeared in the 12-year interval since the Goldwater controversy. A resident in psychiatry, Dr. Eli Chesen, published a controversial study of Richard Nixon, *President Nixon’s Psychiatric Profile*³. A number of works that drew on psychodynamic principles but were not written by psychiatrists appeared, some of which such as Erik Erikson’s *Gandhi’s Truth* and *Young Man Luther* [6,7] were generally regarded as masterpieces in the field and had not raised issues of ethics or propriety. The task force report concluded that “formal psychohistory is a legitimate new field of scholarly endeavor, closely related to psychiatry, which has already given indications that it can be of high value.” The task force was charged with creating ethical guidelines (particularly for psychiatrists) for writing psychohistorical studies (including psychobiographies and psychiatric profiling).

When the preliminary report and conclusions of this task force were discussed at the October 1975 meeting of the APA Ethics Committee, there was an extensive discussion complicated by the difficulty of distinguishing among the scholarly works of psychohistory psychiatric profiles that might be used in covert operations and “foolish” discussions with newspaper writers. It was felt that a simple statement would not do justice to all three.

As for psychohistory, the Ethics Committee generally agreed that it was not unethical if it was scholarly, if data sources were presented, if scientific conclusions were drawn, if the historian maintained concern for the interests of the subject and his family, and if it was published so that the subject had a right to challenge it or to

² Freud S, Bullitt WD. *Thomas Woodrow Wilson: A Psychoanalytical Study*. London: Weidefeld and Nicholson; 1967.

³ Chesen E. *President Nixon’s Psychiatric Profile. A Psychodynamic-Genetic Interpretation*. Peter Lyden; 1973.

seek legal redress if he felt he had been offended. The Ethics Committee found it difficult to distinguish between psychohistory and psychiatric profiles, and suggested the same guidelines might apply. In the course of examining the use and potential for abuse of psychiatric profiles, the Psychohistory Task Force carefully considered the use of profiles in national security. The report made an exception for psychiatric profiles that were prepared for the use of the government, indicating that they not only were not considered unethical but also singling them out as positively contributing to the national welfare. The task force determined that profiles of significant international figures could be helpful—and were, in fact, necessary in some cases—to the national interest. The task force stated,

It is difficult to conclude that there is anything improper or unethical (even if written by a psychiatrist) about a study such as that done by historian Walter Langer⁽²⁾ in World War II for the Office of Strategic Services and published under the title *The Mind of Adolf Hitler*. The study was utilized during World War II by high government officials in the US and allied governments.

The task force concluded that it was not necessarily unethical for a psychiatrist to produce confidential profiles of individuals in the service of the national interest and cited occasions when these might be published. The task force cautioned concerning the potential for harm when profiling living people, and emphasized the importance of not invading the privacy of an individual.

Conflict between ethical principles

Most ethical conflicts arise as a consequence of conflict between ethical principles, so that an action in apparent support of one principle apparently contradicts another ethical principle. In his 1994 symposium paper, Lazarus observes that

⁽²⁾ In fact, the pioneering effort in support of US Government policy was the assessment of Adolf Hitler prepared by the prominent psychoanalyst Walter Langer, brother of the noted historian William Langer. Intrigued by psychoanalysis, William “Wild Bill” Donovan, Director of the Office of Strategic Services, the predecessor of the CIA, had asked Langer to set up a psychoanalytic field unit to help in understanding the morale of the American people and the psychology of the German people.

The dramatic nature of Hitler’s leadership compelled attention to his personality, and in the spring of 1943, Donovan informed Langer that what was needed was “a realistic appraisal of the German situation.” Donovan asked, “If Hitler is running the show, what kind of a man is he? What are his ambitions? How does he appear to the German people? What is he like with his associates? What is his background? And most of all, we want to know as much as possible about his psychological make up—the things that make him tick. In addition we ought to know what he might do if things begin to go against him.”

A detailed history of the manner in which the US Government has employed leader personality studies, beginning with the pioneering work of Walter Langer, will be found in: Post J. The use of personality studies in support of government policy. In: Post J, editor. *The psychological assessment of political leaders: method and application*. University of Michigan Press, in press.

the Principles of Medical Ethics of the APA are derived from those of the AMA. The preamble of the Principles states: “As a member of this profession, a physician must recognize responsibility not only to patients but also to society, to other health professionals, and to self. The Principles are not laws but standards of conduct, which define the essentials of honorable behavior for the physician.”

Several sections of the principles, indeed, are applicable to ethical issues in profiling. These sections include

Section 1. A physician shall be dedicated to providing competent medical service with compassion and respect for human dignity.

Section 2. A physician shall deal honestly with patients and colleagues... Section 4. A physician shall respect the rights of patients, of colleagues, and of other health professionals, and shall safeguard patient confidences...

Section 5. A physician shall continue to study, apply, and advance scientific knowledge, make relevant information available to patients, colleagues, and the public...

Section 7. A physician shall recognize a responsibility to participate in activities contributing to an improved community.

Lazarus observes that

a physician’s ethical responsibility is not only to patients but to society and to the community...[and that] in some situations there are ethical dilemmas involving conflicts between two or more of the principles. For example, doing a psychiatric profile on a public figure may be personally damaging to that individual but of such importance to public information or safety that it should be done anyway. The dilemma then is between what might be considered rigid overscrupulosity that could impede scholarly efforts and the needless harm to individuals and groups affected by the profiles.

He goes on to note that

some have raised objections to the APA’s ethical annotation as it stands and consider it an interference with first amendment rights of free speech. The ethical code is not a law so a psychiatrist can say whatever he pleases. This may, however, result in an ethical complaint.

This somewhat dismissive treatment of the ethical dilemma does not resolve the problem, at least for this overscrupulous person for, although to be sure, “the ethical code is not a law” but a “standard of conduct” that defines “honorable behavior,” as noted earlier, section 7(3) of *The Principles of Medical Ethics with Annotations Especially Applicable to Psychiatry* is written as an unequivocal prohibition.

Thus, the annotation as written does not seem to permit flexibility, and assuredly has been chilling to my own and, I presume, others’ ability to contribute usefully to the national dialogue. Reactions to the Saddam Hussein profile brought these concerns to the fore and led me to ask for an opportunity to meet with the Ethics Committee and discuss the dilemmas posed by section 7. Giving several examples, I conveyed that because of section 7, I found myself severely constrained and not contributing to public discourse at times when I felt I might usefully do so.

The discussion was positive and illuminating, but did not entirely resolve the difficulties. The members agreed that the psychiatric profiles I developed made a positive contribution and my actions were not unethical. They sympathized with the dilemma and offered several other examples of psychiatrists seeking seriously to contribute to dialogue who had run afoul of section 7. After offering my formulation that I was not presenting a professional psychiatric expert opinion, but rather political psychology profiles, one of the committee members said, “After all, the reason your opinion is sought is that you are a psychiatrist. So, willy-nilly, any opinion you offer is a psychiatric opinion.”

Slander by diagnosis

In the fall of 1992, presidential spokesman Marlin Fitzwater characterized Ross Perot as “a paranoid who hears voices.” After some florid commentary by the controversial presidential candidate, on referral from the APA Office of Public Affairs, I responded to several newspaper reporters concerning Perot’s alleged paranoia.

Slander by diagnosis is dreadful in my judgment, and the profession should regularly combat such inappropriate labeling. But, I recognized, to assert that Perot was not suffering from a serious paranoid illness was also in violation of the ethical principle, for it would be tantamount to giving a professional opinion without interviewing the subject and without authorization. I responded that the kind of corporate leadership that Perot had demonstrated was inconsistent with serious mental illness.

During the siege of the Branch Davidian compound in Waco in 1993, I was troubled that the actions undertaken by the FBI seemed designed to fulfill David Koresh’s apocalyptic prophecies. I had conducted research on closed religious cults and developed a working profile of Koresh, seeing him as a narcissistic borderline who could function in good contact with reality but, under pressure, could become grandiose and messianic. The pressure being exerted on Koresh and his followers was extreme, with tanks rumbling around the periphery of the compound and around-the-clock sound bombardment. I believed such pressure would have the effect of pushing him over the edge and driving wavering cult members into his arms. Interviewed on ABC’s *Prime Time Live* by Sam Donaldson, I addressed concerns about the counterproductive tactics but did not give full voice to my diagnostic assessment, believing that to do so would be in violation of the ethical prohibition concerning offering a “professional diagnostic opinion” without interviewing the subject and without his authorization. But in fact, understanding the borderline dynamics was crucial to understanding the basis for my recommendation to reduce the pressure, remove the tanks from the immediate environment, and stop the sound bombardment. After the tragic de´nouement of the continuing crisis, I came to regret that I had not been more forceful in criticizing the counterproductive tactics and had not been more explicit in providing the scientific basis for my grave reservations.

The APA Ethics Committee did revisit the principle in 1995 and amended the blanket prohibition against offering a professional opinion when psychiatrists are asked for an opinion about an individual in the light of public attention by adding the language “In such circumstances, a psychiatrist may share with the public his/her expertise about psychiatric issues in general.” This does not help at all. What does it mean? Asked about Perot, should I respond, “Let me tell you about paranoia, but you will have to draw your own conclusions as to whether or not this is applicable to Ross Perot?”

At the 1994 symposium on Psychiatric Contributions to the Study of Leadership, in a biting discussion, Alan Stone, MD, Professor of Psychiatry and the Law at Harvard University, indicated that as a member of the board of trustees he was the sole vote against the ethical prohibition. The purpose of the ethical prohibition in his judgment was to avoid embarrassment to the APA. “You cannot,” he succinctly observed, “legislate against stupidity.” And it should not be considered unethical to make stupid ill-considered remarks.

In my April 1996 Psychopolitics column in *The Psychiatric Times*⁴, coauthored by Dr. Kenneth Dekleva, a psychobiographic profile was presented of Bosnian leader Radovan Karadzic—psychiatrist, poet, and indicted war criminal. In developing this profile, we neither interviewed Karadzic nor sought his authorization. I hope we would all agree that to explore how leaders can promote man’s inhumanity to man and incite their followers to genocidal violence is a serious and important undertaking.

The events of September 11, 2001 once again thrust the ethical prohibition in section 7(3) of the annotations into sharp relief. As a consequence of having served as an expert witness in the trial of the al-Qaeda terrorists responsible for bombing the American embassies in Kenya and Tanzania, of having led a 2-year research effort interviewing incarcerated Middle Eastern terrorists, and of having developed extensive research material on al-Qaeda’s charismatic leader, Osama bin Laden, I have had the opportunity of testifying before the US Senate, the House of Representatives, and the UN International Atomic Energy Agency (on Prospects for Nuclear Terrorism) and have regularly contributed to national and international media, helping to clarify the powerful psychologic link between the “true believers” who were “killing in the name of God,” and their destructive charismatic leader, Osama bin Laden. I have confirmation from senior government officials and senior psychiatrists that this has made a positive contribution to a traumatized nation and, was, in effect, an exercise of “responsibility to participate in activities contributing to an improved community.”

That I have been invited to deliver plenary addresses on “Killing in the Name of God: Osama bin Laden and Radical Islam” to the Group for the Advancement of Psychiatry, the American Academy of Psychiatry and the Law, and the American College of Psychiatry, and to present a three hour discussion at the 2002 annual meeting of the American Psychoanalytic Association in Philadelphia, and a forum on the topic

⁴ Psychiatric Times May, 1996. Radovan Karadzic: Poet of Death. (with Dekleva, K.).

and a lecture to the American Association of Chairmen of Departments of Psychiatry at the 2002 annual meeting of the APA in Philadelphia would seem to confirm that the senior psychiatric community does not believe this is unethical. To the contrary.

Concluding observations

In attempting to guard against the excesses of the Goldwater imbroglio, a principle has been enshrined that constrains the ability of serious psychiatrists to contribute to public discourse and to society. I would argue that the time is long overdue to revisit the principle, perhaps abandoning it entirely or, as Lazarus suggested, to relegate the discussion of issues and concerns to the commentary section of the code of ethics.

To address the hazards of injudicious opinions by psychiatrists and yet permit useful contributions, the prohibition might be replaced with guidelines to the effect that such professional opinions should be based on research consistent with psychiatric principles and knowledge; be conveyed in a responsible manner that is mindful of the responsibility to society; and treats the subject with respect. Developed and presented in such a fashion, psychiatric profiles of political leaders will not be demeaning to the profession and will make a positive contribution to society.

Notes

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