

Journalism Ethics and the Goldwater Rule in a “Post-Truth” Media World

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This article strongly supports the Goldwater Rule, a position arrived at through an exploration of journalism ethics and practice norms for reporting on public figures, and justified by three claims. First, there is a seldom-acknowledged contradiction in ethics when it comes to journalistic reporting on public figures, one that is increasingly difficult to navigate in the current media climate. Second, the goal of informing and educating the public through offering a professional opinion about the mental health of public figures is often misaligned with the realities of journalistic storytelling. Third, there are ways to inform and educate the public about mental health and public figures that do not violate the Goldwater Rule.

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On January 4, 2017, at the University of Chicago’s Institute of Politics, David Axelrod, the Institute’s Director and a former Senior Advisor to President Obama, conducted an on-stage interview with incoming White House Press Secretary, Sean Spicer. Part of the exchange went as follows:

Spicer: If you’re a responsible journalist your job is to get it right, to understand the facts.

Axelrod: Isn’t that the job of the President of the United States, too?

Spicer: It is, but [Trump] has a right to express himself . . . to tell you what his opinion is.¹

This exchange exposes an inherent tension between two principles at the core of journalism practice: truth-telling and enabling the free exchange of ideas and information. Truth and free expression cannot always coexist, and nowhere is this more evident in the United States than in reporting on public figures. Many journalism codes and practice guidelines identify truth-telling as journalism’s *prima facie* duty, yet according to the U.S. Supreme Court’s

seminal decision on reporting on public figures, free expression can trump truth-telling, as long as the dissemination of false or inaccurate information is done without malice.²

It is this friction between free expression and truth-telling in reporting on public figures that informs my position in support of the Goldwater Rule. There has been much recent debate, including during the 2016 Presidential election, about whether the American Psychiatric Association (APA) Ethics Code should be renovated or even demolished to permit member psychiatrists to contribute their professional opinion to media conversations about the mental health of public figures.^{3–13} However, the current media environment, I would argue, reinforces the importance of media discourse that is able to distinguish and prioritize fact from opinion, be it psychiatric or other forms.

This position rests on three claims. First, the legally encoded imbalance between truth and free expression in reporting on public figures is not only problematic, it is largely unacknowledged. As a result, many media subjects and sources are either blind to, or underinformed about,^{14,15} the ethics-related challenges and potential risks in reporting on public figures.

Second, if educating the community about mental illness is what motivates the sharing of a professional opinion about a public figure through the media, then intention and outcome will likely be mis-

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aligned, especially in the midst of a hotly reported news story. The norms and constraints of news storytelling generally forbid subtlety, detail, and complexity, all necessary for understanding psychiatric disorders.

Third, the limits placed by the Goldwater Rule on diagnosing public figures through the media does not foreclose on participating in informed and considered media discussion. Instead, it helps redirect the focus toward more useful and evidence-based discussion and debate on both mental illness and the behavior of public figures.

This article focuses on two distinct genres of news events that have recently produced a similar outcome: high-traffic media stories on the mental health of public figures. The first genre is the 2016 presidential election, coverage of which led many respected media outlets to publish articles written by, or extensively quoting, experts who ascribe various mental health disorders to one of the candidates.

The second genre involves a virulent form of instant celebrity: the perpetrator or alleged perpetrator of mass violence in places like Orlando,¹⁶ Colorado, and San Bernardino. In the immediate aftermath of these events, a traumatized public often turns to the media for information about what happened and, perhaps even more important, why it happened. The media, in response, seeks mental health experts who offer diagnoses of mental illness as a partial, if not complete, explanation of why the violence occurred.¹⁷ The day after the shooting rampage at an Orlando nightclub for example, an expert from Tucson, Arizona, was quoted in the local media there as saying the alleged perpetrator was, “mentally ill and extraordinarily out of touch with reality.”¹⁶

The mental health experts participating in both genre of media stories are often psychologists whose professional code does not prohibit dispensing professional opinions of public figures through the media,¹⁸ whereas psychiatrists who engage in similar activity are violating Section 7.3 of the APA’s Code of Ethics, known colloquially as the Goldwater Rule.^{3,19} (Although there is some debate about whether the Goldwater Rule applies to media coverage of perpetrators of mass violence, my reading is that it clearly does.)¹¹

Before focusing on more current media events, it is important to first return to 1964 and ground zero of the debate: the Goldwater special edition of *Fact*,

revisiting the episode from the perspective of journalism ethics and practice.

A Journalist Reviews the Special Edition

[T]his megalomaniac . . . has gained such a tremendous following from among cranks, crackpots, seekers of easy answers, racially bigoted and destructive elements. . . .

Perhaps if these elements are given a full chance to ventilate their know-nothingness and nuttiness we can expect to find the basic good sense of the American people coming through election time, as it has before [Ref. 20, p 26].

This is an excerpt from the Goldwater special edition of *Fact*,²¹ published just weeks before the 1964 U.S. presidential election. The magazine’s cover declared in oversized font, “1,189 Psychiatrists Say Goldwater Is Psychologically Unfit To Be President.” Inside was a 30-page spread of mostly anonymous comments from psychiatrists who had responded to a survey conducted by the magazine. Participants were recruited via a mass mailout to the over 12,000 psychiatrists on the American Medical Association (AMA) membership list (which the magazine purchased from a third party). About 20 percent responded. The methodologically challenged survey was improvised by *Fact* publisher, Ralph Ginzburg, and writer, Warren Boroson, neither of whom had any background or previous experience with polling.²²

Collectively, the respondents found more than a dozen different psychiatric conditions in Mr. Goldwater. Most of the diagnoses/opinions were supported by multiple respondents. For example, “mental break down” garnered 35 mentions, followed by paranoia (27), schizophrenia (8), megalomania (8), delusional (7), suicidal tendencies (6), and psychosis (5).²⁰ (For a complete list, see Table 1.)

Many of the comments by psychiatrists published in this edition of *Fact* were ethically indefensible, even when adjusting for the enormous societal and professional shifts that have occurred in the half century since it was published. One psychiatrist, for example, wrote that Mr. Goldwater was “grossly psychotic” (Ref 20, p 63) and then included the post script, “Any psychiatrist who does not agree with the above is himself psychologically unfit to be a psychiatrist” (Ref. 20, p 63). Several contributors made snide insinuations of homosexuality, considered a mental disorder at the time: “He ‘doth protest too much’” (Ref. 20, p 36), for example, was one comment on Mr. Goldwater’s “manhood” (Ref. 20, p

Table 1 Terms Attributed to Psychiatrists and Used by Author Ginzburg to Describe and Explain Mental Illness in Mr. Goldwater

Term Used	Psychiatrists to Whom Term Attributed In Boroson Article (n) ²¹	Times Term Used in Ginzburg Article (n) ²⁸
Mental breakdown	35	15
Stated or implied mental illness	33	2
Paranoia	27	6
Comparison to Hitler	8	2
Megalomania	8	0
Delusional	7	2
Depression	7	0
Half-Jewish (as source/explanation for psychological problems)	6	1
Manhood, manliness, virility, sexuality	6	3
Suicidal	6	0
Psychotic	5	0
Relationship with mother	5	2
Schizophrenia	3	0
Comparison to Stalin	2	0
Lunatic	2	0
Obsessive compulsive	2	0
Toilet training/bathroom habits	2	1

36). A few psychiatrists blamed a cold mother for Mr. Goldwater's perceived mental illness. And still others made the connection between mental instability and the fact that Mr. Goldwater was half Jewish.

Only one in five AMA member psychiatrists participated in the survey, but read as a whole, "What Psychiatrists Say About Goldwater," is a devastating indictment, not of Mr. Goldwater, but of the psychiatric profession at the time. Professional character, however, proved to be, in this case, mutable. In response to the Goldwater issue, the psychiatric profession undertook a seemingly genuine effort to grapple with the ethics-related fallout, ultimately instantiating Section 7.3 of the APA's Code of Ethics, commonly called the Goldwater Rule. Of course, this process was likely prodded on by the successful and embarrassing²³ libel action Mr. Goldwater brought against Mr. Ginzburg, Mr. Boroson, and *Fact*; a suit that went all the way to the U.S. Supreme Court.²⁴

What gets overlooked in the recurring debates about the Goldwater Rule is that Mr. Goldwater's libel suit never targeted the psychiatrists whose comments were quoted in the magazine. His declarations of injury instead focused on the actions and behaviors of the journalists who edited and published the comments.²² Indeed, the whole *Fact* debacle cast at least as dark a shadow on journalism as it did on

psychiatry. What changes, then, to journalism practice and professional codes emerged from this episode? None. The explanation for this (lack of) response can be better understood through a closer examination of the contradictory pulls between free speech and truth, between law and ethics, when it comes to reporting on public figures.

The Contradiction in Reporting Ethics

"The First Amendment, protecting freedom of expression . . . guarantees to the people through their press a constitutional right, and thereby places on news people a particular responsibility,"²⁵ is the opening line of the American Society of News Editors statement of principles, reflecting a commitment to free expression found in most U.S. journalism codes and practice guidelines. However, it is truth-telling that most of these documents identify as the *prima facie* duty of journalists: "[t]ruth and accuracy above all," for example, is embedded in the Radio, Television, and Digital News Association's Code of Ethics.²⁶ When it comes to reporting on public figures, though, this ethics-based ordering does not necessarily hold.

The defamatory information published in the Goldwater edition of *Fact* was, in part, seeded by the survey the magazine sent to psychiatrists. It contained a list of (mis)leading questions about Mr. Goldwater, including: "[D]o you think that his having had two nervous breakdowns has any bearing on his fitness to govern this country?" (Ref. 22, p 330) At trial, it was revealed that the evidence for the breakdowns was second-hand, flimsy, and not supported by the facts.²²

The list of ethics-related and legal transgressions committed by the defendants uncovered during legal proceedings is too lengthy to enumerate here, but offering two examples should help paint the picture. First, at trial, the original responses sent by psychiatrists to *Fact* were compared with the versions they published. It was established that the editor had significantly altered the intended meaning on two of the letters by deleting all positive and contextualizing paragraphs. Second, "Goldwater: The Man and the Menace," a set-up essay by Mr. Ginzburg²⁷ that preceded, "What Psychiatrists Say About Goldwater," concluded that Barry Goldwater was mentally ill (see Table 1), a determination the author arrived at unaided by interviews or consultations with psychiatrists or psychologists to verify his claim. At trial, Mr.

Ginzburg defended the validity of his assessment on the basis that he had taken two psychology courses years earlier in college and had since read some books on the subject.²²

Sill, under American law, none of these actions that resulted in the publication of false and misleading content would have constituted defamation if the courts, at various levels, had not found evidence of actual malice. This finding, according to the Supreme Court, was because the First Amendment provides special leeway for reporting on public figures to protect and promote a vigorous and healthy exchange of ideas and information in the public sphere.^{2,28}

Sloppy, substandard, even spiteful, professional behavior that results in false and damaging reporting of public figures may be allowed as long as it is not done with malicious intent.^{2,22,29} The Supreme Court has defined malicious intent as either knowingly publishing information that is false, or exhibiting reckless disregard for the truth.² A key piece of evidence that led to a finding of malice in the Goldwater case is that Mr. Ginzburg admitted at trial that he had had no interest in determining whether the claims made by the psychiatrists responding to his survey were true or false.²² Without evidence of malice, Mr. Goldwater would have lost his case.

In fact, when the defendants in the Goldwater case unsuccessfully petitioned the Supreme Court for a review of the lower court decisions, two of the Justices, Black and Douglas, supported them. Their dissent, written by Justice Black, acknowledged that the evidence showed the defendants demonstrated a reckless disregard for the truth but went on to state that this should not prevent publication:

The public has an unqualified right to have the character and fitness of anyone who aspires to the Presidency held up for the closest scrutiny. Extravagant, reckless statements and even claims which may not be true seem to me an inevitable and perhaps essential part of the process by which the voting public informs itself of the qualities of a man who would be President [Ref. 25, p 1052–3].

Journalism defines itself as a discipline of verification,³⁰ and yet First Amendment protections for reporting on public figures allow, even enable, reporting that is false.³¹ The imbalance between truth and free expression in reporting on public figures is seldom acknowledged by the media and thus is little understood by participants in journalism stories on public figures. This is the territory the psychiatrist must enter when sharing their professional opinion on the mental health of public figures. Even with knowledge of the risks, it is difficult to navigate with ethical consistency.

Education Versus Realities of Journalism

Today, the journalism environment is being depopulated by newsroom closures and downsizing.³² The journalists remaining are all too often overworked, multiplatform reporters producing ever more content on tighter deadlines with less time to craft and verify each story. Under these conditions, it is, distressingly, far too easy for a media participant's words to be incorrectly paraphrased or de-contextualized, if not by the original media outlet, then by others as the story bounces around the digital sphere, often in a truncated version, because the majority of Americans now get their news from social media.³³ Complicating the situation is that a psychiatric opinion, absent a full assessment, is at best a hypothesis but the language of journalism is generally not the hypothetical or the conditional, it is the language of fact, of black or white.

However careful and diligent psychiatrists are in their public utterances, they cannot control how that information is used and abused once it is out in the digital universe. Even when material is accurately translated for a lay audience, the detail and subtlety of psychiatric evaluations is likely to be sacrificed, given the short-hand vernacular of the media. As a consequence, the average citizen may not absorb the intended meaning. Further, two-thirds of American adults lack a college degree,³⁴ and as a recent survey of college students found, there are some disconcerting gaps in general knowledge among this population.³⁵ How accurate will the public takeaway be from discussions on, for example, complex conditions such as borderline personality disorder, psychosis, or narcissistic personality disorder?

The Alleged Perpetrator of Mass Violence

Early in any investigation of mass violence, key pieces of information are missing, and the information that does percolate through the media at this stage is often unverified, unreliable, and just plain wrong. Material about the alleged perpetrator is usually culled from traumatized friends and families, neighbors, and onlookers, some of whom may have a particular agenda or are willing to say something sensational just to get their faces on television. Yet it has now become a common feature of media coverage of mass violence to offer psychiatric diagnoses, even at the earliest stages.¹⁶ Psychiatrists offering expert opinions on the mental health of an alleged perpetrator of mass vio-

lence at this time are most likely basing their statements on faulty and incomplete information.

Evidence shows that less than 10 percent of violent offenses are committed by people who are mentally ill,³⁶ yet the media framing of the question tends to reinforce the opposite message and instead create the misleading perception that they are strongly linked.³⁷ The media may be genuinely trying to serve the public in turning to mental health experts to help explain why mass violence has occurred, but even if the accused has a mental illness, that alone is probably not sufficient explanation. Tragedy on this scale is usually multifactorial and attempts to reduce it to simple explanations such as psychosis or delusions serve no one.

Another unintended consequence of this ritual is its potential impact on the accused's right to a fair trial (if captured alive) (Ref. 7, p 830). Media reports, replete with expert diagnosis of the suspect's state of mind, could lead to a widespread belief that the suspect is guilty; but what if the suspect is innocent?

Psychiatrists may offer their opinions to the media with the best of intentions, but there is a good chance that the result will not align with the goal.

The Politician

Fact magazine's coverage of Goldwater is resonant in tone and content with a significant body of reporting on Donald Trump that focuses on his alleged mental health impairments. Some diagnoses offered through the media are from armchair analysts with no more expertise on mental health than Ralph Ginzburg. For example, Mr. Trump's former ghostwriter labels him a "sociopath,"³⁸ but several articles in major publications are either authored, or generously sourced, by mental health experts who offer the opinion that Mr. Trump has some kind of mental illness, most often, in the words of a psychologist quoted in *Vanity Fair*, "[t]extbook narcissistic personality disorder."³⁹ Similar diagnoses can be found in *The Atlantic*,⁴⁰ *Forbes.com*,⁴¹ and *Time*.⁴² Most, but not all, of the experts are psychologists.

Yet these assessments are based largely on weak evidence, such as media stories about Mr. Trump, books authored by Mr. Trump but ghostwritten by others, and, on a few occasions, books about Mr. Trump. These materials provide no direct insight to Mr. Trump's interior life, because as his ghostwriter for *The Art of the Deal* noted, Mr. Trump refuses access.³⁸ And, as several reporters have observed,

when around others, especially journalists, Mr. Trump performs, plays a role.^{38,43–45}

Of greater concern is that embedded in these articles about Mr. Trump, as was the case with the Goldwater edition of *Fact*, is the implicit and, at times explicit, message that mental illness *a priori* disqualifies a candidate from the presidency of the United States. This notion reinforces negative and harmful stereotypes about mental illness. Worse, the message is not supported by the evidence. There are several studies that indicate that many successful political leaders have experienced mental illness while in office. For example, Felix Post's research found that both Woodrow Wilson and Abraham Lincoln experienced severe psychopathology as presidents.⁴⁶ Another study concluded that 10 U.S. presidents serving between 1776 and 1974 had various psychiatric disorders while in office.⁴⁷ And a 2013 *Psychological Science* paper found that grandiose narcissism is more elevated in U.S. presidents than in the general population, that the level of grandiose narcissism has increased in presidents over time, and that it can be linked to both negative and positive presidential performance.⁴⁸

However, the conclusion most readers would draw from the growing body of mental health assessment pieces on Mr. Trump is that mental illness should render one inadmissible to the office of the U.S. presidency.

Informing the Public Without Violating the Rule

My position on the Goldwater Rule is likely influenced by the fact that I teach and practice journalism in Canada. Since a 2009 Supreme Court of Canada decision, journalists here have operated under a "responsible communication defense" for reporting on matters of public interest. It protects against findings of fault when reporters publish information that is false and damaging if, and only if, the story is in the public interest and the media in question was "... diligent in trying to verify the allegation" (Ref. 49, ¶ 98, 126; Ref. 50, ¶ 122).

Good journalism should not stray from stress-tested, verified information. Distance psychiatric evaluations move us out of the territory of evidence into the arena of speculation. As Robert Gates, former Central Intelligence Agency director once remarked, "Trying to diagnose somebody 5000 miles away who you've never seen does not fill me with confidence" (Ref. 51, p 4). It should be noted here,

though, that high-quality academic studies on the psychiatric profile of world leaders, ones that use a wealth of source material beyond information in the media, such as those cited in the previous section, are stress-tested works, liberated from the constraints of journalistic storytelling and should remain beyond the prohibitions set out in the Goldwater Rule.

There is still a role for psychiatrists in media discussions of the mental health of public figures. It is somewhat circumscribed but valuable.

The Alleged Perpetrator of Mass Violence

When it comes to participating in media stories about the mental health of perpetrators of mass violence, psychiatrists should refrain from offering a professional opinion unless and until a court or some other form of legitimate, public investigation has concluded that a psychiatric disorder was a contributing condition. Once this information is out in the public domain, there is a clear role for psychiatrists in educating and informing the public about the psychiatric condition in question, in formats other than the “quick hit” news story. However, special care should be taken because, again, media coverage tends to reinforce the false perception that there is a strong link between violence and mental illness.⁵²

The Politician

For citizens about to exercise their franchise, the more that is known about the character and behavior of the candidates, the better. Both Hillary Clinton and Donald Trump were intensely scrutinized by the media on character, with legitimate questions raised about each. However, it was only with Mr. Trump that the coverage included unsupported diagnoses of mental disorders, something that may have helped fuel claims of media bias against Mr. Trump.

The voting public would have been better served if scrutiny of both candidates had been limited to verified information. Many of those who made allegations of mental illness in Mr. Trump supported their assessment, at least in part, on a well-documented history of making false statements, but evidence of chronic prevarication^{53,54} is undermined when used to justify unsubstantiated claims of mental illness.

What should be the role of the psychiatrist, then, in this form of political reporting? First, there is a need for public understanding about whether long-held patterns of behavior can change, and if so, what is needed to change them. Second, psychiatrists can speak up to counter the message found in much of

the mental health reporting on Mr. Trump, not to offer psychiatric opinions but the opposite: to remind the public that this is speculation, not fact, and more important, that mental illness on its own does not necessarily disqualify someone from the U.S. presidency.

Conclusion

Journalism is an action-oriented profession that leaves little time, space or reward for reflection on the ethical tensions inherent in its practice norms, rules, and codes. On the one hand its *prima facie* duty is to the public, an obligation it pledges to fulfill through the generation and dissemination of accurate and verified information. On the other hand, the First Amendment permits overlooking this obligation when it comes to reporting on public figures, as long as it done without malice.

For psychiatrists keen to educate the public by offering an opinion about the mental health of public figures, it is important to recognize that, in this context, there is all too often a large gulf between intention and result. In the current media environment where easily refuted information is sanctioned by senior government officials as “alternative facts,”⁵⁵ it is imperative that the media assiduously segregate opinion from facts in response to the increasing conflation of the two. Psychiatric opinions are valuable tools for treating mental illness, but potentially damaging when used as verifiable claims in the news media. Today, this is perhaps truer than in 1964 when *Fact* published its Goldwater edition. Media stories are now readily accessible online, can be amplified through social media, and even achieve immortality through constant resurrection and republishing. In the age of viral digital media, the potential harm to both public figures and to the public itself, is incalculable.

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