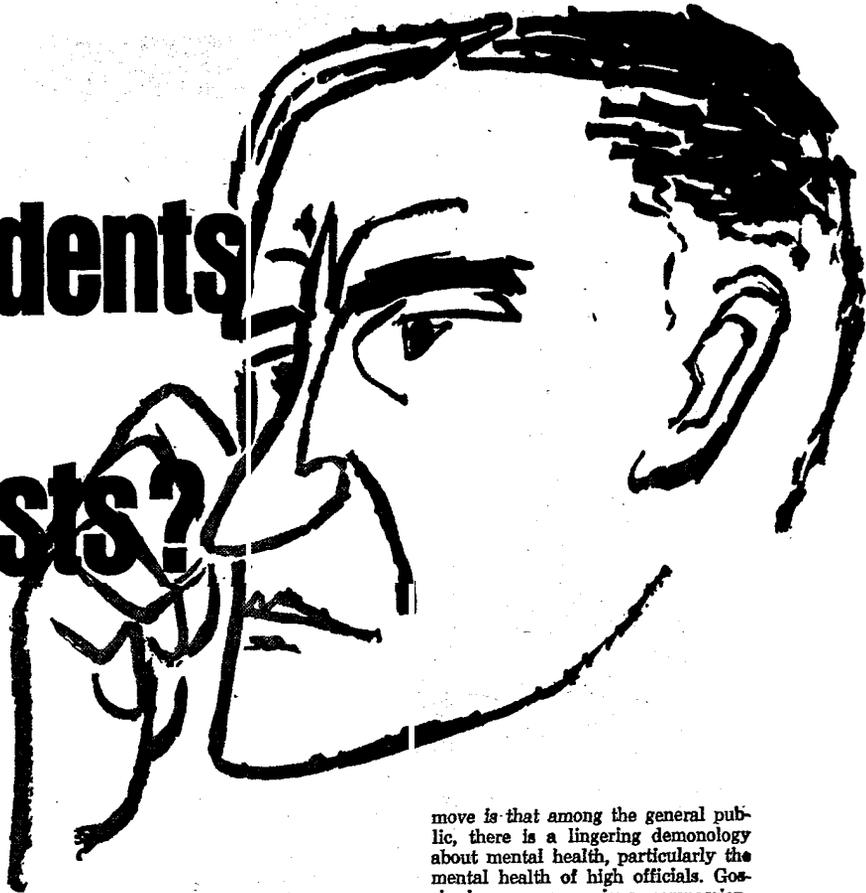


Do Presidents Need Analysts?



Political scientists have been thinking about what many top governmental officials have always considered unthinkable: that U.S. chief executives occasionally may need a psychiatrist's help.

By Ralph Keyes
Newsday Staff Writer

“WHAT would happen if an American President suddenly became unbalanced?” asks British author

C. P. Snow. An unlikely contingency? Not in the view of former President Harry S. Truman. “The job of the President is getting to be an almost unendurable mental and physical burden,” wrote Truman four years after leaving office, adding, “We ought not to go on trusting to luck to see us through.” In the nuclear era, when world survival may depend on one President’s split-second judgment, the problem is pertinent.

Under the 25th Amendment to the U.S. Constitution, a President unfit in body or mind who refuses to resign can be ousted by his vice president and a cabinet majority. Should the chief executive continue to be obstinate, a two-thirds majority of Congress can ratify the removal.

With luck, this country will never face such a suicidal quarrel. Hopefully any President suffering severe emotional problems would be diagnosed and helped or removed before the state of his mind made him totally unfit for office. Unfortunately, as Dr. Arnold Rogow of New York’s City University points out, among

government officials “there is a mental health mythology (which) holds in essence that Very Important Persons do not become mentally ill, or at any rate not while they are in office . . . before (the problem) can be realistically approached, statesmen and politicians will have to abandon their considerable personal and professional stake in the official mythology.” In other words, perhaps the President, among others, might do well to have an analyst.

Public consideration of such a notion has thus far been limited to the movie theater. (In “The President’s Analyst,” James Coburn played a psychiatrist who grows increasingly rattled as he listens to the chief executive’s hang-ups, then becomes the object of various spy kidnapers eager to pick his brain.) Yet the appointment of a presidential analyst is being seriously proposed by concerned scholars. “A psychiatric checkup should be a regular part of holding public office,” says Rogow, a political scientist who concentrates on mental health in high office. Dr. Bryant Wedge, a Tufts University specialist in political psychology, recommends that an official presidential psychiatrist be a staff member much like the White House physician. Explains Wedge: “Presidents of universities and corporations often tell me how much harder their job is since they have no neutral person to talk to. The same thing is probably true for the President of the United States.”

A major stumbling block to such a

move is that among the general public, there is a lingering demonology about mental health, particularly the mental health of high officials. Gossip is common; serious, compassionate discussion a rarity. Franklin D. Roosevelt’s first years in office were plagued by whisper campaigns which had him making paper dolls, laughing hysterically at press conferences, tended by psychiatrists disguised as servants, and confined to a straitjacket for long periods of time. In one story, FDR asked his psychiatrist whether he would live out his term. “You will,” was the supposed reply, “but none of the rest of us will.”

During the closing days of last year’s presidential campaign, Drew Pearson alleged that Richard M. Nixon received psychiatric care some years ago. In the brief press flurry that followed, Pearson’s gossipy “charge” was dealt with only in terms of accuracy and taste. A spokesman for Nixon denied Pearson’s story, as did the psychiatrist in question. This controversy died quickly and inconclusively. Its most serious aftereffect could be, as New York Post columnist James Wechsler worried, if “Mr. Nixon in some future moment of genuine stress shrank from any contact with those dubbed ‘shrinks’ lest Pearson be watching.”

INTERESTINGLY, it is the military and the Central Intelligence Agency who have proved most receptive to modern psychological tools. The Pentagon administers thorough personality tests to men in sensitive positions. The CIA uses a number of psychiatrists for ministering to agents and evaluating foreign leaders. Occasional hints of

—Continued on Page 28W.

Do Presidents Need Analysts?

—Continued From Page 3W

this work seep out—rumored psychographs of such men as Cuban Premier Castro or Greek dictator Papandopoulos. Last year, Wedge revealed the story of a psychological profile of Khrushchev which he and 20 other specialists constructed for President Kennedy's use in the 1961 Vienna summit meeting. Using CIA data, this group identified the Russian leader as a "stable hypomaniac character" (chronic optimistic opportunist). Khrushchev, they advised in their long, in-depth study, was quick, blunt, easily irritated and possessed of extraordinary energy. Specific advice was given the President on dealing with such a personality type. Wedge is uncertain how useful Kennedy found this profile (certain parts of the President's public report resembled its conclusions) but a Soviet diplomat recently commended the effort.

CONTINUING to give official psychiatric attention only to spies, soldiers and enemies may prove a luxury the U.S. can no longer afford. So far the country has been lucky. James Garfield stayed in office for three months after being mortally wounded by an assassin, suffering hallucinations toward the end. Woodrow Wilson's wife and his physician kept "disturbing" information away from him during his year and a half as President after his shattering stroke. The 20 minutes or less that the current President would have to ponder pushing that button tends to work against extended on-the-job therapy.

The country's most dangerous known nuclear-era flirtation with official insanity came in the case of the first defense secretary, James Forrestal. A serious presidential possibility early in 1948, Forrestal grew increasingly irrational as the year progressed. After his retirement in 1949, his condition quickly deteriorated. A cabal of Communists, Zionists, do-gooders and their friends were after him, this cold-war stalwart believed. Finally committed to a hospital, Forrestal killed himself May 22, 1949.

Though the defense secretary had shown symptoms of a breakdown even while in office, he was never advised to seek anything more than rest until it was too late. "The invariable rule is that VIPs never experience anything more than 'exhaustion,'" explains Rogow, author of a biography on Forrestal.

Historical evidence suggests otherwise. Seventy-five chiefs of state in recent centuries suffered severe mental disturbance while leading their countries, according to Dayton University psychologist Robert L. Noland. John Adams, writes one biographer, "had such a suspicious disposition that it would be diagnosed as a persecution complex if he lived today." Even before his stroke, Woodrow Wilson suffered nervous breakdowns. During the frenzied Paris peace conference he fretted that his delegation's French servants were all spies. "Paranoia seems to be a problem which occurs rather frequently in top leadership," writes Tulane University psychiatrist Dr. Mottram Torre, an expert on health problems of public officials.

Abraham Lincoln was a man

known to suffer from brooding depressions. After the death of Ann Rutledge, friends took turns keeping an eye on him for fear he might take his life. "This is more than I can endure!" Lincoln exclaimed as the battle of Chancellorsville seemed lost. Later, this man who seemed to be patience personified said that he had fully planned to end his life in the Potomac River during that moment of despair.

EVEN if suffering from obvious neuroses, past Presidents have left evidence that a little professional advice might have eased their burden. "No one knows, and few conceive the agony of mind that I have suffered," wrote John Quincy Adams after leaving office. Moaned Grover Cleveland of his second term, "The presidency has cost me so much health and vigor that I have sometimes doubted if I could carry the burden to the end." Woodrow Wilson, of course, couldn't. "He has an extreme case of nervous breakdown," Warren Harding said of the half-paralyzed Wilson, "with hysterical symptoms and unmistakable flights of mental disturbance..."

A related problem is the infinite variety of physical ailments which have emotional causes. "Ever since I took up the practice of medicine I have been fascinated by the wondrous interrelationship of mind and body," writes Dr. Arnold Hutschneker of New York, who Pearson said was Nixon's psychiatrist. In 1951 Hutschneker wrote "The Will to Live," a best-selling work on psychosomatic medicine which was condensed by Reader's Digest, translated into several foreign languages and distributed abroad by the U.S. Information Agency. One section discusses the types of illness world leaders suffer under stress—ulcer, eczema, heart failure, stomach ailments, gastric trouble. "A long line of American statesmen... have been on the serious sick list during the stressful times of their public service," reports this mind-body specialist. Nixon's consultation with Hutschneker in the late 1950s came after an exhausting trip abroad. Nixon's press secretary says the consultation was only for physical problems, an uncertain distinction in Hutschneker's practice.

Assuming that the maintenance of emotional health among government leaders is a problem, what can the U.S. or any country do to protect its leaders and its people?

Some (including Hutschneker) have proposed boards of psychiatrists empowered to screen unstable types from the political arena. But this carries problems of its own. Who certifies the certifiers? Is evidence of clinical disability the same as public incompetence? (Lincoln might have appeared dangerously neurotic to a modern-day psychiatrist.) And what of doctor's biases? The 1,189 psychiatrists who pronounced Goldwater emotionally incompetent in a 1964 mail survey inspired little confidence in their profession. One of the doctors responding to the survey, made by Fact magazine (against which the Arizona senator eventually won a libel suit), wrote: "If Goldwater wins the presidency, both you and I will be among the first into concentration camps." Who's paranoid?

A concerted effort to shift public

attitudes would be more realistic. "In a campaign, the focus is on issues," says Dr. James Barber, Yale political scientist, "but these become trivial when a man takes office. It is character that counts. We must get party leaders to take this kind of thing more into account when making their choices."

There are problems with this approach as well. Rogow worries that "such discussion would probably become irresponsible gossip-mongering." Given the current climate of opinion, this fear is justified. Nixon, for example, had no realistic alternative to denying that Hutschneker examined his mind as well as his body, whether this was totally accurate or not. Any presidential candidate who admits seeking help with emotional difficulties has about as much chance of election as an admitted homosexual. Outside of politics we are increasingly tolerant of those who seek professional help to cope with the pressures of modern life. Corporations get psychiatric care for executives. Even Ann Landers recommends it. Yet Presidents—the most pressured of all—like Caesar's wife are supposed to be "above suspicion."

The American public, and perhaps the world, might ultimately pay most heavily for such obsolete mental health fantasies. Assuming that all leaders must be certified emotionally pure is more likely to encourage repression than an honest and early quest for help.

LEADERS should be allowed—even encouraged—to seek openly whatever consultation might help them in their job. With such tolerance Forrestal might have been helped before he broke completely. In the case of Presidents, there seems no rational reason why they shouldn't get psychiatric checkups as regularly as physicals. "In Washington," says Rogow, "the annual or semiannual physical checkup has become almost a commonplace, and it is appropriate to inquire whether a regular mental

checkup would not be at least as desirable."

Could this do any harm? A President need not be dangerously neurotic to consult a psychiatrist, nor realistically need it be feared that a psychiatrist would unduly influence him in his judgment. Hopefully such consultation would mean simply that the chief executive was keeping every base covered and attempting to handle any emotionally based problem before it mushroomed out of proportion.

SUCH a presidential analyst need not be in White House residence, nor even a frequent consultant of the chief executive. "Every six months or so the President should check in," Rogow proposed, "just to talk about problems of sleeping, indigestion, smoking too much, drinking problem—whatever it might be." It would probably be best if the professional doing such consultation were independent of the government and politics, recommended, say, by the American Psychiatric Association. A regular mental checkup could be the only thing realistically expected of a President (and other high officials, particularly those involved with nuclear weapons). In the unlikely event that the chief executive were removed for mental disability, the testimony of such an independent professional could prove invaluable.

Unfortunately, it will probably be some time before the country is tolerant enough to allow its Presidents such consultation. Until such time, the public can only hope to reduce as much as possible the danger of derangement in government. "The less personal and more organized the decision-making processes," says ex-presidential aide Bill Moyers, "the more chance that checks and balances will bear on the final decision."

Until the day when Presidents are allowed to seek professional counseling without deeming them mad, the greatest safeguards must continue to rest with checks, balances—and luck. ■