

Would You Buy a New Psyche From This Person?

A shy, confused-looking man hesitates momentarily outside a psychologist's office, then finally opens the door. DISSOLVE TO MEDIUM-CLOSE SHOT OF PATIENT AND PSYCHOLOGIST. PATIENT: "Doctor, I've been having impotence problems for almost a year now. My marriage is falling apart and I don't know what to do." PSYCHOLOGIST (looking benevolent and wise): "No problem, son. We can clear that up in a few behavior modification sessions."

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"Why waste countless years and thousands of dollars messing around with your unconscious, when we can train you to be assertive and unburden yourself of chronic problems in a few short months!"

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The above TV and radio ads, respectively, are fictitious. With the exception of some industrial psychologists — who are seen largely as business trainers, rather than clinicians — psychologists and psychiatrists are currently not allowed by their professional organizations to advertise commercially. Aside from listing themselves in the telephone book, clinicians are permitted just one form of advertising: to announce the opening of a practice at a new address.

But for psychologists, all this is destined to change, perhaps as early as next year. The proposed ground rules for advertising have already been drawn up by the American Psychological Association Committee on Scientific and Professional Ethics and Conduct. The proposal was not, as some had expected, formally adopted by the APA at its recent meeting in Toronto. But most observers believe it is only a matter of time, and that the measure will gain approval after passing through several other committees in 1979.

If and when advertising guidelines are adopted, they will place strict limitations on what a psychologist can and cannot say about himself or herself. Ads approaching the tone of the fabricated examples at the beginning of this article, for instance, would undoubtedly violate the eventual APA code. "I don't think we'll ever relax the standards of health care advertisements that much," chuckles Douglas W. Bray, a member of the APA's ethics committee for nine years. But he adds more seriously, "I believe psychologists should advertise under a code of ethics that controls the nature and tastefulness of the ad."

Even the thought of a clinical psychologist publicizing his or her services is something that few would have dreamed of several years ago. With some exceptions, health professionals historically have shied away from publicity of any kind. There are many reasons for this, not the least of which involves professional jealousy. Psychologists appear to suffer less from this than do psychiatrists, which

Now, for a limited time only, you too can consider the intriguing possibilities of advertising psychological services

BY JOEL GREENBERG

may explain why the former are first to test the advertising waters.

But physicians have other reasons for being staunchly opposed to commercial advertising. Writing in the Aug. 31 *NEW ENGLAND JOURNAL OF MEDICINE*, Robert W. Geist of St. Paul, Minn., warns that if "commercial solicitation" were permitted, only wealthy consortiums such as Health Maintenance Organizations ultimately would have the financial resources to compete in the big-money market. "Since solicitation is only intended to create, enhance or preserve commercial profits and market power, it is not surprising that solicitation is absent in a profession dedicated to compensation only for medical services and dedicated to freedom of the patient from being manipulated like an ordinary commodity," Geist writes.

The Federal Trade Commission, however, has a different opinion of physicians' motives. The FTC has an antitrust suit pending against the AMA for taking "the law into its own hands" by opposing commercial advertising. Such a ban, the FTC charges, serves primarily the interests of physicians and is detrimental to the consumer in search of quality medical care. Geist disagrees: "The attempt of the FTC to impose on medicine a legal requirement to permit commercial solicitation would not create an informed public or produce competition but would hasten a change from professional to commercial enterprise for delivering medical services," he writes.

Although their measure has not yet formally passed, psychologists appear to differ with physicians on this point. Advertising "would give the consumer information about services and costs and allow new practices to get in against entrenched interests," Bray says. Nevertheless, the preliminary guidelines formulated by Bray and his colleagues still place tight restrictions on advertising by clinicians.

According to the code, an advertising psychologist must announce only his or her name, highest degree earned, date, type and level of certification, address, telephone number, office hours, services offered, fees (including insurance information) and foreign languages spoken.

"Additional relevant or important consumer information" may be included, provided it is not prohibited elsewhere in the code. The guidelines specifically prohibit: Announcing affiliations with an organization or product; making "a false, fraudulent, misleading, deceptive or unfair statement"; using testimonials from patients; claiming unusual or unique abilities; appealing to a person's fears concerning what will happen if he or she doesn't consult the psychologist; making comparisons to other psychologists or services offered elsewhere.

If adopted, a code of this type will not be able to prevent fraudulent or misleading advertisements before the fact, Bray notes. The ethics committee will act only on complaints — by consumers, professionals or others — after an ad has already appeared, he says. And after they are passed by the APA, the guidelines must then be approved by individual state licensing boards. So, conceivably, a state may still prohibit advertising by psychologists even after APA approval, Bray says.

And the code will not cover most industrial psychologists who "have been advertising vigorously for years," says Bray, an industrial psychologist himself. ("We advertise," he says, "but we try not to be very claimful.") Such ads frequently contain some of the very things prohibited of clinicians under the proposed APA code. One "behavior modeling" firm lists some of its well-known clients and points out that "these companies doubted that prepackaged behavior modeling programs could fully meet their supervisory skills training needs." The advertiser then informs the reader that the firm "succeeded!" Another ad offers employers a psychological course in "how to hire the people you need without discriminating." "Industrial psychologists have already gone far beyond our proposed standards" for clinicians, Bray says.

Nor will the code govern other "therapists" who are not psychologists. The advent of industrial psychology advertising in the late 1950s was followed in the '60s by ads for the mushrooming "growth groups" and other encounter-type therapy. If such groups bill themselves as educational rather than therapeutic, then advertising is permitted, according to Bray. Similarly, book publishers and universities are not governed by strict advertising codes regarding claimed benefits of their books or courses, he says.

Some so-called therapists, "may be charlatans," Bray acknowledges, "but we [psychologists] can't compete with them" on an advertising level. Nevertheless, he and others believe that permitting psychologists to advertise, even under tight restrictions, will be healthy for both the clinician and the consumer. "And," he adds, "I suspect psychiatrists will follow." □