

MEDICAL DISCLAIMER

Dr. CUMMINGS. You will remember in S. 1864, as passed by the Senate, there was in Section 3(E) what I have called the medical disclaimer statement. At the top of page 2 of the notes you have in front of you (see p. 154), we have indicated that it is so important to us and to our code of ethics that we cannot possibly leave it out. This idea must be represented in the bill.

We have taken what is Section 3(E) of S. 1864 as passed by the Senate and have made it part of Section 4. At the bottom of page 2, then, extending on to page 3, you will see our suggested wording for Section 4, as follows:

SEC. 4. (A) The psychologist who engages in practice shall assist his client in obtaining professional help for all aspects of the client's problem that fall outside of the boundaries of the psychologist's own competence, such as, for example, in medical or legal matters. In those instances when a medical problem is involved, there must be effective collaboration with an appropriately qualified medical practitioner.

(B) Nothing in this act shall be construed as permitting the administration of drugs, surgery, or any manual or mechanical treatment whatsoever, by any person not certified under the Healing Arts Practice Act of the District of Columbia, approved Feb. 27, 1929 (45 Stat. 1326), as amended.

I would like to make a few comments about this and invite other members of my group also to comment as they see fit, because I think, as has been suggested here, Section 4 is very important.

The difference seems to distill itself down sooner or later to difficulties in defining and clearly grabbing onto such terms as "mental illness," "treatment," "counseling and psychotherapy," and what have you. I think that the point we have to make here is that we in psychology join eminent psychiatrists and many others in the mental health field in questioning whether the practice of psychotherapy, for instance, is co-extensive with or limited to the area of mental illness. I have a very weak-minded way of looking at this myself. If I could take a moment to spell it out, I can conceive of a square which is mental illness, and another square which we can refer to as psychotherapy. If you picture those two squares overlapping to a certain extent in your mind's eye, this would be descriptive of how I see the relationship between psychotherapy and mental illness.

It is true, as I have noted here in sections 4 and 5, talking generally about the whole area, psychotherapy is in fact applied—of course it is—to some of the most serious kinds of emotional disorders, those requiring hospitalization, those involving suicidal potential, and what have you. But I think I state a pretty generally held feeling that the term psychotherapy is applied to a far greater range of problems than simply to people who could be described as having a mental disease or a mental illness.

Let me give you an example. For instance, a person who is experiencing difficulty in living in general, a general dissatisfaction with his life. Certainly an individual like this typically would not be seen as being mentally ill, I do not believe. All of this is part of the matter as to what our relationship is to the medical profession on such issues,