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Beyond the Bottom Line

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There is no issue more central to those who own and manage businesses than that of assuring a net profit. Corporations, as well as small firms do not survive without adequate profit margins. A basic role of those who lead firms is to maximize profits, increasing the margins through better management and utilization of resources.

Likewise, those who have chosen the helping professions as their life’s work must fill basic roles and master specific skills. Communicating unfeigned love and fostering trust are essential abilities for those involved in successful counseling or therapeutic relationships. Positive change, after all, is the anticipated outcome, and love and trust are essential precursors to effective interventions.

Given the above propositions, it is fair to ask whether all of those involved in the helping professions can successfully integrate a genuine concern for others with a management style and philosophy which has, at its base, a profit orientation. Nowhere are these issues better illustrated than in the psychiatric hospital industry.

Over the past five to ten years, the psychiatric hospital industry has expanded enormously in Utah and throughout the nation. For the most part, people in Utah utilizing services of the several new mental health facilities pay in excess of $500.00 per day. Treatment generally extends over a period of several weeks. Sound principles
of business management are meticulously applied in these facilities which are often affiliated with large national parent companies specializing in mental health care. The professionals employed in the facilities are expected to support the corporate ethic with its profit emphasis. Hospital administrators usually have a business background with an attendant overriding concern for profitability. In contrast, the typical helping professional comes from a medical, psychological, or social work background with an emphasis on helping all individuals, regardless of financial status.

The result of this mixed marriage between unfeigned love and unabashed capitalism is interesting. The following examples are drawn from experiences with a number of our prestigious local facilities.

The avowed mission of most psychiatric hospitals is to provide the best possible service to people in the community who are experiencing emotional or mental health problems. In carrying out this mission, a professional staff is brought together and necessary physical structures are built. Patient charges reflect these costs and include a margin for profit. Because hospitalization and treatment costs are increasingly high, many individuals with inadequate funds or insufficient (or nonexistent) insurance are unable to obtain needed care.

One marketing ploy, endorsed by administrators, advertised that all patients receive free initial evaluations. However, after the initial evaluation, those who need care but cannot pay are referred to community-based sources of care. But because the referring professionals are undoubtedly aware of the inadequacy of some community-based programs available to the needing person, they are, in effect, denying these needed services to individuals. The calloused repetition of this convenient routine numbs the conscience of the professional who withholds services sorely needed by a fellow human being. As a result of being forced to develop a detached view toward the financially ineligible, one's profession takes on a different persona. The help extended to one's fellow man becomes intricately enmeshed with the socioeconomic status of the potential patient. Class distinctions are created as the professional says in effect, "I will care for you . . . if you can pay
for it.” Consequently, concern for others becomes dependent upon the needy parties’ ability to pay. Throughout one’s work week, the professional is expected to sell concern and attention at premium rates so that corporate stockholders can reap expected earnings and administrative staff can retain their well-paying positions of power. Wise therapists take the view: I can “sell” my time and my services, my mental clarity, my expertise, and understanding, but I cannot and do not “sell” my love and my caring. While these therapeutic qualities come with the helping professional, they are not sellable commodities. This distinction needs to be clearly communicated to the client.

Hospital administrators and Insurance HMOs are similar to those of any other corporation. They are busy marketing their services, making the most expedient use of facilities and staff, and feeling the pulse of the community in an effort to meet perceived needs. Examples of administrative creativity include a 24-hour emergency hotline with the letters HOPE or HELP or other such words comprising the last four places of their phone number. Community lectures on prevalent interpersonal and mental health issues are provided nearly every week. All this is with the dual purpose of marketing services and aiding and educating the community as preventative measures. But as more and more people become aware of services that would fulfill their needs, professionals are required to turn more and more away. As this occurs, we wonder if the professional’s figurative emotional calluses become thicker with each refusal. What does this do to the professional?

Imagine how a professional must feel receiving a hotline call, handling the crisis as trained, conducting a free evaluation, and then denying needed services because the would-be client has insufficient funds. Undoubtedly, there are many professionals who strive to help as much as possible regardless of the client’s ability to pay. But the administrator is not providing a charity service. Paying customers get treatment, hardship cases do not. Even though none of the major psychiatric hospitals we visited were filled to capacity, those empty beds and rooms were reserved for paying customers only. On the other hand, there was a long
waiting list for the nine available beds at one center which provides service for a three county area. Encouragingly, this deplorable condition significantly changed recently. The in-patient center was closed and agreement was reached with a larger hospital unit in the county to care for those needing in-patient treatment. The bill for these individuals will be paid by the counties.

Perhaps more important than the issue of empty beds is the potentially negative affect working for a for-profit hospital could have on the client-therapist relationship. We briefly referred to this above when we observed that professional center mandates are such that therapist availability and concern are tied strictly to patient economic status. Good therapeutic relationships in any setting are based on the exchange of genuine communication. Feelings are not to be faked; concern cannot be affected. Intimacy is essential to the sharing of private information (MacMurray, 1986). Unfeigned love cannot, by definition, be manipulative (McKee, 1986). Yet the helping professional is always caught in the position of answering to two masters: client's needs and profit margins. By allowing only the economically-able to be assisted, hospital administrators are in danger of transforming the love and concern of helping professionals into a commodity in that therapeutic relationships are turned on or off contingent upon adequate insurance coverage or cash up front. Unless adequate communication and understanding of these issues is established early, the client-therapist relationship may be dangerously undermined as both participants realize the underlying economic nature of their relationship.

Nowhere is the conflict between unfeigned love and the drive for profits more obvious than in the current medical profession. Examples are increasing of both mistreatment and lack of appropriate treatment. Pressures are put on primary care physicians by HMOs when they impose monetary penalties for referring patients to specialists even if the better treatment is required. Horror stories are increasing daily among insured consumers of the medical professions of the effects suffered because of this financial arrangement. In some cases the doctor's financial fears have interfered
with the execution of sound treatment and sound judgment on behalf of the patient.

To be sure, individuals are assisted and helped at psychiatric facilities. This indicates that sufficient unfeigned love and concern is being extended and may give reason to question the validity of the above points. (We can only speculate about these points from personal observations and conclusions.)

Most counseling and therapy, including that available through psychiatric hospitals, has a price attached to it. Costs are paid, if not by the individual, then by their employer, insurance coverage, church, or school. Therapists are paid to provide these services, making the potential love/profit conflict nearly universal. However, being up front with the financial arrangements goes a long way toward preventing this conflict and may be considered part of that needed, unfeigned love.

Unless a therapist's prime motivation stems from a genuine desire to help others, duplicity could render that therapist ultimately ineffective. Therapists who "help" in a condescending fashion, with a view toward self-aggrandizement, have their own set of personal issues which inhibit properly helping another.

Our world seems to be fashioned in such a way that conflicts such as the one discussed above are built-in. But we must remember that it is only in this world that everything can be had for money (Nibley, 1984). But should mental health be included? As therapists, we are called upon to walk this tightrope while earning our living. However, as we do this, we must guard against selling the gifts of God, of which charity or unfeigned love is one of the most revered.

With these cautions in mind, the uneasy partnership between real concern and bottom-line profits can be seen for what it is. Hopefully, it is a tenuous and fleeting anomaly. Because it is unlikely that the emphasis of the corporate office will change, those who have chosen the helping professions must extend their vision far beyond the bottom line. They must be prepared to handle potentially undermining financial issues up front with their clients and in such a way that the therapist's true values regarding caring
are clearly conveyed to the client. Only by offering the needed
genuine love and concern, and by keeping the commitment to help
people foremost, can counselors and therapists maintain their
effectiveness in a world in which money and profit are recognized
as the ultimate measure of success in all things.

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References

MacMurray, V. D. (1986). Love unconditional or love unfeigned: Justice and mercy in

Journal, 12* (1), 14–25.

16–19, 45–47.