

# Pulling the Plug

■ Diane H. Schetky, M.D.

Rest assured, this is not a column about advanced directives or physician assisted suicide. The plug I pulled was that of my TV. In July, when I moved from the village of Rockport to the woods of Camden, Maine, I decided the average one hour of TV I viewed per week hardly justified the fee to hook up cable service. I think it was the continued assault of offensive and misleading ads that convinced me there were better ways to spend my evenings. I also realized the nightly newscasters with their sound bites and graphic images of brutality had little to offer over the two papers a day that I read. I recalled my oldest son, at age two, viewing images of the Vietnam War on TV and saying, "That's a mess. Turn it off!" And so I did.

I am not bashing all of TV, as there are many programs of quality and educational value for children. However, in many families, TV becomes a substitute for lap time, story time and other quality time with parents. Distressing statistics show that

fewer and fewer teens read books these days. Families, who take time to eat together, often do so with the TV blaring while incessant ads try to convince them that consuming more will bring happiness. There are also concerns regarding the impact of violent content not only of programs but ads, as well, that seem to rely on violence to grab the viewer's attention.

I recently read that 26% of children under two years old have TVs in their rooms and that children are exposed to 40,000 commercials per year (Kelly and Kulman, 2004). It seems that toddlers are proving to be savvy shoppers who display brand name recognition and pressure their parents to buy them items with their favorite TV show logos on them. Of course, this delights advertisers who now bypass parents and market directly to this new audience, but what does it say of parents who capitulate to the whims and whines of their two year olds? Ads are also appearing in schools and unlikely places such as YMCAs, creating more pressure on kids to consume. About 40% of students in

high school and middle school watch channel 1, replete with ads for junk food and violent movies and games, in school each day (Schur, 2004a). According to Kelly and Kulman, American children receive an average of 70 gifts per year, the total outlay for kids spending their own money will reach \$35 billion this year and kids influence \$467 billion worth of parental purchases.

The Federal Communications Commission (FCC) regulations limit the amount of time commercials can be shown on children's programming to 10½ minutes per hour on weekends and 12 minutes per hour on weekdays. There is also a ban on commercials for products related to a specific program. Recently, Walt Disney and Viacom Inc. paid \$1.5 million to settle accusations that they had violated these regulations. The same article reporting on this, notes that there has been a relatively low risk of enforcement by the FCC and that many broadcasters and cable companies are "pushing the envelope and view the fines as part of the cost of doing business" (Fabrikant).

Why should we concern ourselves with advertising directed to children? Preschoolers often fail to differentiate between program content and ads and they lack the critical skills to realize they are being exploited. Ads appeal to older children and adults because most of them are based on the premise that the viewer is somehow defective and that the product being promoted will remedy whatever is lacking in their life, be it popularity, admiration or sex appeal. Just look at the Viagra man and the smiles and recognition he gets everywhere he goes. Ads also appeal to the need to conform and keep current with fads and fashions. But does buying material things really make kids feel better about themselves? The opposite, may in fact, be true as high consumerism has been linked with depression, anxiety, chronic dissatisfaction and low self esteem in children and worse relationships with parents, according to the research of Boston economist Juliet Schor (2004a, 2004b). She notes that kids who do not learn to delay

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gratification are also kids who are prone to meltdowns. Parents complain that the pressures put on kids by advertisers to consume makes it difficult to instill positive values in them. Sadly, youths in our society increasingly judge one another not by who they are but by what they have, and many are even willing to commit crimes to get what they cannot afford but believe they must have.

What can we do about this? For a start, we can support parents in saying no to their children's demands to buy products and help them weigh the benefits of postponing gratification against living by the pleasure principle. The AACAP should be encouraged to make a position statement and join with the American Academy of Pediatrics and the American Psychological Association who have gone on record saying they believe that "advertising directed toward children is

inherently deceptive and exploits children under age 8." We might also put pressure on advertisers to come up with their own ethical guidelines and consider boycotting those who violate existing regulations.

And how am I doing going into my fourth month without TV? The Presidential debates rolled around and I wondered about the body language I might be missing. I started calling around to see whose TV I might watch. My friends across the lake said theirs was 25 years old and they were not sure if it still worked. Others confessed to not having a TV, complained of poor reception, or begged off saying the debates were way past their bedtimes. I ended up driving eight miles to find a friend with a working TV who was still awake. I fared better with the Vice Presidential debate as my lake friends in the interim had called in a TV repairman. He scratched his head and

claimed he'd never seen such an old TV but got it going, although he had a bit of trouble with the color part of it. So we sat around watching the body language of a pink Sen. John Edwards in an aqua shirt and Vice President Dick Cheney with a bilious cast and purple tie. As I write, I am tuned into to the second Presidential debate on public radio and listening to the candidates show their true colors. ■

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## References

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- Kelly, K and Kulman, L: Kid Power. U.S. News and World Report, September 12, 2004, pp 47-51.
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doctor's role is to help the guardian decide what to do. Only after the guardian decides what to do and directs the doctor to proceed, can the physician carry out a treatment plan.

The final step in the process is to record in the medical record that the discussion has taken place. The note should be sufficiently detailed so that a reader can follow what transpired. Following this process will: a) elevate the probability

that the parent will follow through with the treatment and b) truly serve the best interest of the patient. ■

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In addition to AACAP's Annual Meeting, exhibitors can also exhibit at each of AACAP's three smaller meetings throughout the year. AACAP offers tabletop exhibits to allow exhibitors the chance to connect with specific demographics within the child and adolescent psychiatry community. Below are upcoming meetings with available exhibit space.

**2005 Mid Year Institute on Maintenance of Certification  
Module 1: Disruptive Behavior Disorders, Violence and Homicide**  
April 13-15, 2005  
Sandra Sexson, M.D. and  
Andrew Russell, M.D., Co-Chairs  
La Jolla, California (near San Diego)  
Hilton La Jolla Torrey Pines

**30th Annual Review Course**  
June 1-4, 2005  
David Pruitt, M.D. and  
Mark Riddle, M.D., Co-Chairs  
Baltimore, Maryland  
Radisson Plaza Lord Baltimore

For more information, please contact: Jeanine Palmer-Salifou ■ AACAP Exhibits/Meetings Coordinator  
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