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Direct-to-Physician Advertising, Depression, and the Advertised Female Patient

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DEDICATION

This dissertation is dedicated to my mom and my daughter, Kaylee, who have encouraged and championed my academic career. They have inspired me to pursue my work through their words, smiles, cheers, and laughter. And, in loving memory of my stepdad who continually supported my educational aspirations and who I wish was able to see and to celebrate the ending of this remarkable journey with me.

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ABSTRACT

Direct-to-physician advertising is an important field to study because it has the ability to effect patient's health. Historically, the marketing and advertising structure of the pharmaceutical industry has rewarded high decile prescribers. This incentive based system is inherently flawed as it encourages irrational prescribing behaviors. Since the 1950s, there has been a concern regarding the correlation between advertised promotion and physician's prescribing behaviors. A central argument in this study is that there is a strong relationship between promotion and prescribing and that physicians are influenced by advertising. One class of medications that appear to influential via advertising is antidepressants. Previous research has indicated that women are most likely to be prescribed an antidepressant due to the over representation of women in medical journal antidepressant advertising. This study presents a narrative analysis of antidepressant advertising between 1990 and 2010. This timeframe is selected because it represents the rise of SSRIs, the biomedical model of science, and the deregulation of direct-to-consumer pharmaceutical advertising. It is shown that the models depicted in antidepressant advertising over represent women by a ratio of 6:1 as compared to men. Additionally, the depiction of women is a distorted one as the model is positioned as being rather glamorous, educated, and quite wealthier than the depression candidate. According to epidemiology reports, people who live in poverty and have less of an educational attainment tend to suffer from depression. However, these are not the people who are depicted within the promotions which can mislead physicians about the depression patient. These portrayals further reflect the notion that depression has become regarded as being fashionable and some perceive it to be a lifestyle accessory. This is a disturbing consideration. The over representation of women in antidepressant

advertising may result in the inappropriate prescribing and misdiagnosis of women for depression. Currently, women are misdiagnosed 30-50 percent of the time for depression. Through the re-evaluation of the biomedical model, the rethinking about the graphic design of advertisements and through the education of medical and health care students, the tendency for women's health to be compromised may be reduced.

TABLE OF CONTENTS

LIST OF FIGURES

CHAPTER I: INTRODUCTION AND GENERAL INFORMATION

Introduction

Since the Victorian era and the development of Neurasthenia (an illness that serves as the precursor to depression), depression has been affiliated with the more fashionably chic person. It is glamorized as a mental condition that afflicts a person of a certain social class and gender in which men and women have customarily received different medical treatment (Wessely, 1991). It is a tradition that continues today as more women receive a prescription for antidepressants two to three times more than men in most age groups (Metzl & Angel, 2004). One reason for this difference in prescribing patterns may be due to the stereotyped models and lifestyles that are depicted within pharmaceutical medical journal advertisements.

It has been suggested that the models portrayed within medical journal pharmaceutical advertisements depict the common person who will suffer from such medical conditions since it is common for advertisements to feature the intended product end user (Hawkins & Aber, 1993). Contrary to this conviction, it is argued in this study that the advertised depression person most likely does not suffer from the advertised condition, and is simply representative of the individual who the physician can expect to enter his or her office. Consequently, this person may not be the clinically depressed individual but is, instead, the intended consumer of the advertised product. For psychotropic medications, the person most frequently portrayed within medical journal advertisements is posed as being fairly stylish as she is associated with a higher social status that is exemplified through jewelry, clothing, and lifestyle imagery (Herzberg, 2009). A persona that is refined and reinforced through the pharmaceutical companies artificially conceived hypothetical patient profile (Applbaum, 2009).

The hypothetical patient profile is a narrative regarding the typical patient that is carefully crafted by the pharmaceutical, medical, and advertising industries in an effort to sell prescription medications (Applbaum, 2009). This story tells the physician about the personal characteristics, behaviors, gender, and symptoms of the typical patient so that the physician can conveniently categorize and diagnose patients based upon this hypothetical prototype (Applbaum, 2009, Spielmans, 2009). As a result, patients are frequently classified and diagnosed in terms of their social status, personality, behavior, appearance, and gender.

Physicians are further encouraged to cognitively recall these advertised prototypes during the physician-patient interview, and to diagnose the patient at-a-glance (Rubin, 2004; Stimson, 1975). However, these cognitive cues are inherently flawed as they contain gender and class biases that lead to the belief that the advertised medical condition is affiliated with the gender and class of the model portrayed within the advertisements (Croskerry, 2002 & 2003). This is a premise that may lead to the inappropriate prescribing and misdiagnosis of people, especially women.

This study presents the argument that psychotropic drug advertisements in medical journals provide a narrative about the depression audience and the typical antidepressant patient. This story gives a false portrayal as pharmaceutical companies and advertisers intentionally create audiences through sophisticated audience segmentation and targeting tactics to increase profits (Dyer, 1982; Frascara,1997; Pope, 2003). Thus, the depiction of the depression audience is shaped as being comprised of a rather trendy and more sophisticated individual than the actual depression candidate. This portrayal provides an inaccurate picture of the true depression patient. This chapter serves as an introduction to the current study and presents the concepts of direct-to-

physician advertising, depression, the critical paradigm, and the research design and methodology. The chapter concludes with a discussion regarding the justification for this study along with a delineation of the remaining chapters.

Direct-to-Physician Advertising

Throughout history, pharmaceutical companies and advertising firms have established an exceedingly profitable industry. One of the primary channels that has been effective in generating substantial revenues is Direct-to-Physician (DTP) advertising (Pedan & Wu, 2009). It has been documented that DTP advertising has the power to influence physician prescribing behaviors, although physicians would argue otherwise (Avorn, Chen & Hartley, 1982). However, the pharmaceutical industry spends a colossal amount of time and money into discerning the physicians who most frequently prescribe (Fugh-Berman & Ahari, 2007). These physicians, referred to as high decile prescribers, are heavily targeted for promotional purposes as they provide a solid Return on Investment (ROI) that positively affects the pharmaceutical bottom line, both of which suggest that advertising does in fact influence physician prescribing behaviors (Fugh-Berman & Ahari, 2007).

Since the late 1940s, pharmaceutical companies have finessed their marketing and advertising practices in an effort to influence prescribing patterns and in doing so, they have carved out niche audiences for specific medical conditions and treatments (Greene, 2007). The audience has become defined in a similar manner to any traditional product advertising strategy, through the perceived product end-user (Lynch & Schuler, 1994). According to pharmaceuticals, women have historically been the end-user of psychotropic medications (Peppin & Carty, 2001; Riska & Heikell, 2008). Through the repetitive use of specific imagery that depicts one gender,

the viewer of advertisements may become convinced that this depicted person is representative of the actual audience (Clarke, vanAmerom & Binns, 2007). However, this perception is a distorted one that may have significant societal ramifications, including the misdiagnosis of patients.

Since there is a lack of physical laboratory tests for the diagnosis of mentally ill patients, it is of vital importance that physicians are provided with factual information to assist them with adequately diagnosing these individuals (Hardall, Freeman & Norwood, 1982). This material includes advertising that is presented in an objective manner not only in text but in imagery as well. If the communication provided is inaccurate then the physician may misdiagnose individuals which has serious public health implications. Currently, there is a tendency for the misdiagnosis of people in the United States that can be avoided (National Academies of Science, Engineering, and Medicine, 2016). One way this may be prevented is through advertising that is responsible and accurate in its depictions of true patient populations. Although this request may appear to be a great feat, as advertising tends to ignore any discussion regarding people and audiences that it does not opt to target (Benson, 2013; Gee, 2005).

Historic and contemporary studies of American society have revealed that the portrayals of race, class, and gender have been skewed (Pope, 2003). Advertisements consistently depict scenes of prosperity, material comfort, and luxury that extend outside of most Americans' lifestyles (Pope, 2003). It seems to be a simple truth, that if advertising did in fact accurately reflect reality that many products would not sell, and therefore there has to exist some level of distortion in the advertised story (O'Sullivan, 2005; Schudson, 1984). One such advertised narrative concerns the depressed patient who is characterized as being a well attired and styled

middle-aged and upper class, white female, and the person most well-suited for Selective Serotonin Reuptake Inhibitor (SSRI) therapy (Kempner, 2006). This is a depiction of the typical SSRI end user that has been commonly painted in medical journal psychotropic drug advertisements.

Depression

Mental health is defined by the Centers for Disease Control (CDC) as **"**a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community." It is estimated that only 17 percent of the U.S. adult population is in optimal mental health (http://www.cdc.gov/mentalhealth/basics.htm). Consequently, mental health has become a U.S. government and public health concern.

Mental illness is defined by the CDC as "collectively all diagnosable mental disorders" or "health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning." The most common mental illness is depression that affects over 26 percent of the U.S. adult population. It is predicted that by the year 2020, depression will become the second leading cause of disability worldwide (http://www.cdc.gov/mentalhealth/basics.htm). Along with this prediction, mental illness has become big business from a pharmaceutical perspective as psychotropic sales escalated to over a staggering $70 million in 2010 (Greenberg, 2013).

Currently 20 percent of American adults take a minimum of one psychotropic drug which represents a 22 percent increase in usage from 2001-2010. In 2010, Americans spent over $16 billion on anti-psychotics, $11 billion on antidepressants and $7 billion on ADHD medications.

Since the introduction of Prozac in the late 1980s, antidepressant usage has quadrupled in the U.S. (Smith, 2012). In addition, women are more likely than men to take prescription medications; 25 percent of women compared to 15 percent of men. Antidepressant usage is also higher among women in which a 29 percent increase has occurred since 2001 (Bindley, 2011).

Antidepressants are the third most common class of prescribed medication in the U.S. and are used most frequently by adults between the ages of 18 and 44. Most patients are prescribed at least two if not three antidepressants. It is estimated that half of these prescriptions are written for people who do not have a psychiatric diagnosis. Most people who do qualify for mental disorder diagnosis do not receive treatment (Deacon, 2013).

Epidemiological studies have suggested that the prevalence rates for such mental disorders as depression and anxiety have steadily increased while rates for schizophrenia have remained rather low. However, a study by Kessler et. al (2005) indicated that between the decades of 1990 and 1992 and 2001 and 2003, the rates of prevalence for mental disorders remained the same; rather it was the treatment of such conditions that increased. Additionally, Olfson & Marcus (2009) found the percentage of people who received antidepressant treatment increased from 5.84 percent in 1996 to 10.2 percent in 2005 or from 13.3 to 27 million people in the US. One reason for the rise in antidepressant prescriptions may be attributed to the medical specialty of the physician who frequently prescribes anti-depressant medications.

Most of the anti-depressant prescriptions, 81 percent, are written by a general practitioner (GP) or a primary care physician (PCP) in the US. Approximately 80 percent of prescriptions are written by a physician and not a psychiatrist (Boseley, 2004; Goode, 2002; Smith, 2012). According to Metzl & Angel (2004), most prescriptions are written by pediatricians, internists,

obstetricians, and family practitioners. Further, 60 percent of people who visit a physician are diagnosed with a mental health disorder rather than a physical one (Koellhoffer, 2008).

The pharmacological treatment of depression has become the preferred therapeutic course for depression. It has been estimated that three-fourths of individuals who receive treatment for depression are prescribed an antidepressant either alone or in combination with counseling. However, the treatment of depression with anti-depressants has increased while psychotherapy has decreased (Larson, Miller, Fleming, 2006). A pattern that reinforces the notion that perhaps the prevalence of depression has not increased, but rather, the treatment of depression with antidepressants has increased, particularly for women.

Critical Paradigm

During the 20th century and particularly since the 1960s, there has been a paramount shift in the critical paradigm in which western societies such as the United States have not been regarded as being wholly democratic and egalitarian. From a critical perspective, American society is deemed as being vulnerable to subordination and domination in which few groups of individuals are privileged. These groups have been criticized for maintaining the status quo in order to preserve their advantage. Studies that investigate privilege are frequently concerned with issues surrounding race, gender, class, and sexuality (Kincheloe & McLauren, 2000). Therefore, critical researchers are interested in pursuing critical enlightenment in order to reveal, "the winners and losers in particular social arrangements and the process by which power plays operate" (Kincheloe & McLauren, 2000, p. 281). Critical researchers further contend that society is more influenced by social and historical forces than has previously been thought by critical

theorists. As a result, a central focus of critical research is upon the connection between culture, power, and domination.

According to Gray (2009), the critical paradigm presents a critical form of research that is a meta-process of investigation concerned with values and assumptions that challenge social structures. It is predicated upon the concept that ideas are mediated by power relations in society. Croucher and Cronn-Mills (2015) describe the critical paradigm as a moral philosophy since it is less concerned with providing descriptions and explanations of social phenomena and is more concerned with evaluating freedom, justice and the happiness of societies.

The critical researcher is somewhat grounded in a conflicting framework since the paradigm is focused upon power, inequalities, and social change. Critical theorists surmise that the world is not objective and value-free, therefore, it is impossible to be truly impartial and devoid of biases as the researcher plays a vital role in research and has the explicit goal of engendering social change (Blackstone, 2012). These researchers believe that participants are experts in their knowledge, and thus, it is their role and duty to facilitate and stimulate change. Therefore, the primary objective of research is to bring about change (UK Essays, 2015).

The critical paradigm has a historical ontology that suggests that reality is obtainable. (Lindlof, & Bryan, 2011). Critical theorists use a historical realism to define reality and maintain that realities are shaped by social, political, economic, cultural, ethnic, and gender factors and that these elements are responsible for oppression. The understanding of phenomena is facilitated by power relations that are socially and historically constructed (Blackstone, 2012).

While critical theorists indicate that the linguistic discovery was a defining moment in their history because it was with this discovery that it became apparent how reality is

interactively construed through language. It is a dominant thought in critical studies that society's conceptual systems and the manner in which things are defined in society are shaped by language. And that it is language that both directs and limits the observational process (Lindlof, & Bryan, 2011). According to Guba and Lincoln (1994), knowledge is comprised of historical and structural understandings that are altered throughout time, and knowledge is established upon a dialogic and dialectic interaction.

However, language is not perceived to mirror society; instead meaning in language is dependent upon the context in which it is predicated. Critical researchers view language as not being objective, neutral or "reflective of the 'real world'" (Kincheloe & McLauren, 2000, p. 284). Language is studied as a form of discourse that specifically examines what is being said and not being said, who is able to speak from an authoritarian perspective and who should listen, whose social constructions are accurate and whose are false and unimportant (Kincheloe & McLauren, 2000).

Textual Analysis

It has been argued that history is the study of both the past and the present in which we look at the past in order to make sense of the present (Nerone, 2011; Nord, 1989). We analyze the successes, failures, and lessons that have prevailed throughout time and in doing so, history tells us a story about ourselves and our world (Johnstone, 2004; Zelizer, 2008). Textual analysis is a methodological tool used to understand media messages, its producers and its consumers. This method provides ways for analyzing context, audiences and media texts in a productively and historically accurate manner (Zelizer, 2008). According to Douglas (2008), textual analysis is concerned with, "context, repetition, intertextuality, contradiction, skepticism and empathy"

(p. 71). She further contends that the researcher is tasked with looking for patterns, repetition and contradictions within the text in order to identify themes and for developing an analytical framework (Douglas, 2008). However, Douglas cautions that textual analysis cannot by itself tell us about audiences, and, therefore, intertextuality is essential in which both text and context are taken into consideration in order to assess audiences and their evolution (Douglas, 2008). Therefore, this paper includes a narrative analysis which will examine such elements as the events, plots, and characters of text.

Narratives

Historical accounts naturally tell a story which are typically recounted in a narrative form. The past is revealed in a story form in which narratives provide an accurate account in that they describe what actually occurred (Nerone, 2010). Narratives are considered to be a form of historical explanation that present a causal connection through a chronological sequence where events are connected with one another, thus, giving them meaning (Johnstone, 2004; Nord, 1989; Wharton, 2015).

Research Design and Methodology

Medical Journal Advertisements as Historical Documents

There is a strong correlation between art, culture, and advertising in which advertising is able to communicate the past and present accomplishments (Wharton, 2015). Advertisements serve as important historical documents that speak about the past and present societal standing that can be revealing (Belk & Pollay, 1985; Fellow, 2012; Harper, 2012; Marchand, 1985; Pope, 2003). According to Fox (1997), advertisements are "visible manifestations" of American life (p. 330). Although many advertisements may present a distorted reality of society, they continue to

tell us something about society (Marchand, 1985; Pope, 2003). Advertisements are reflective of culture in a couple of ways: 1) they show the products and services that were available at one point in time; 2) they depict such products as fashion, technology, and furniture that were popular during a particular time and 3) they create a photo album regarding society that tells people how they wish to view themselves and gives instructions about how to live (Belk & Pollay, 1985; Marchand, 1985; Ohmann, 1996).

Photos and illustrations further provide a historical account regarding society as they are evidence of material culture that are not intended to be reflections of reality but are to serve as representations of that reality (Burke, 1991; Marchand, 1985). They provide information about our existence (Phoenix, 2010). Photography has the power to capture a moment in time that represents the past and the present. As the click of a camera represents the past and the picture the present. The photograph is considered to be a past tense medium that tells the audience about something that existed in time (Mirzoeff, 1999). However, photographs are not perceived to be manifestations of memories, but are considered to be pieces of information (Mirzoeff, 1999).

Data Selection and Collection

Sampling

Data generation was accomplished through the collection of medical journal advertising through the University of Tennessee library system during the 1990-2010 timeframe. A purposive sampling of psychotropic drug advertisements in the medical journals was conducted as this method allows for a longitudinal comparison and documentation of historical changes in the depiction and characterization of mental health from 1990-2010. Hence, this sampling method allows for the collection of data from historical sources (Harper, 2012). Such sampling

can be based upon such factors as source, date, place, and type. The advertisements were sampled for every fifth year and were collected for the years of 1990, 1995, 2000, 2005 and 2010 in order to maintain a manageable sample size (Harper, 2012).

The printed advertisements were defined as a full single page or a spread which were considered to be two full pages facing one another (Grow, Park & Han, 2006). Any duplicate advertisements were discarded. Current FDA regulations mandate that pharmaceutical advertising must include a brief summary, important safety information and prescribing information within the advertisement. These regulatory requirements were not included within this analysis since the focus of the study emphasizes the overall message and imagery contained within the promotional materials and not the regulatory statements. Therefore, such items as promotional headlines, visual imagery, body copy, taglines and the placement of copy were surveyed (Grow, Park & Han, 2006).

A total of 298 advertisements were collected for analysis. The breakdown consisted of 73 advertisements from the *American Journal of Psychiatry;* 105 advertisements from *The General Archives of Psychiatry;* 49 promotions from the *Journal of the American Medical Association;* 17 from the *New England Journal of Medicine;* and 54 from the *American Family Physician.* After reviewing the advertisements for the promoted medical condition and duplicates, a total of 70 advertisements for products that were indicated to treat depression were selected for examination.

During the 1990s, the ease of dosing and the relatively favorable safety profile of SSRIs contributed to them becoming the number one drug prescribed by psychiatrists (Metzl & Angel, 2004). In addition, other categories of physicians prescribed SSRIs including internists, family

and general practitioners, and primary care physicians (Mutalik, 2014; Potash, 2007; Stone, 2014). It has been estimated that over 70% of all psychotropic drug prescriptions are written by general practitioners, internists and surgeons (Hadsolf, Freeman & Norwood, 1982). Therefore, the medical journals employed for this analysis targeted a diverse physician audience. The publications were selected based upon their targeted audience and circulation levels and included the *Journal of the American Medical Association*, the *New England Journal of Medicine*, the *American Family Physician*, *The General Archives of Psychiatry*, and the *American Journal of Psychiatry*.

The *Journal of American Medical Association* (JAMA) is one of the oldest and most prestigious publications that was established in 1883. It is the official journal for the American Medical Association with an audience of 320,000 readers worldwide. It is one of the most widely circulated international publications that is directed toward physicians in office-based practice, hospital based practice and other professional activities. The journal is published forty eight times per year (http://jamanetwork.com/DocumentLibrary/Marketing/jamacirc.pdf; http://jamanetwork.com/DocumentLibrary/Advertising/jama_rates_2016.pdf).

The New England Journal of Medicine (NEMJ) is also a well-established and renowned journal that was founded in 1812 as the *New England Journal of Medicine and Surgery* and the *Collateral Branches of Sciences* which was renamed the *NEMJ* in 1828. The journal is the most read and cited publication that reaches over 600,000 people worldwide spanning 177 countries. The audience is comprised of physicians, educators and the global medical community. It is published by the NEMJ Group which is a division of the Massachusetts Medical Society. The journal is published every Thursday for a total of fifty-two issues per year

(http://www.nejm.org/page/media-center/fact-sheet; http://www.nejm.org/page/about-nejm/history-and-mission; http://www.nejm.org/page/about-nejm/how-to-advertise).

The *American Family Physician* (AFP) is the official clinical journal of the American Academy Family of Physicians, one of the largest medical societies dedicated to primary care physicians, therefore it is primarily read by PCPs. The circulation of over 186,702 readers represents 107% of the family physician audience. The journal is published twice a month for a total of twenty four annual issues (http://www.aafp.org/journals/afp/advertisers/rates-policies.html).

The *Archives of General Psychiatry* (now entitled JAMA Psychiatry) is part of The Journal of American Medical Association Network and is an international publication that is targeted towards scholars, clinicians, and research scientists in the fields of psychiatry, mental health, behavioral health and allied fields. The journal is a monthly publication for a total of twelve issues per year that is read by over 29,000 people (http://archpsyc.jamanetwork.com/public/About.aspx ; http://jamanetwork.com/DocumentLibrary/Advertising/psych_rates_2016.pdf).

The *American Journal of Psychiatry* (AJP) was selected based upon its level of circulation of 27,862 to psychiatrists and other mental health professionals. The journal is regarded to be a prominent monthly publication that was recently recognized as one of the 100 most influential journals in biology and medicine (http://ajp.psychiatryonline.org; http://ajp.psychiatryonline.org/about).

Justification of the Study

Advertising plays a significant role in the dissemination of health related information and is regarded as an essential form of public health messaging (Curry & O'Brien, 2006; Kempner, 2006). Although medical advertisements can serve a positive role, their proclivity is to reinforce the concepts of health, illness, and treatment that are maintained and promoted within parts of the health industry, including pharmaceuticals. It has been suggested that some advertisers use images and texts to reinforce the pharmaceutical industry's views (Foster, 2010; Kleinman & Cohen, 1991).

There are predominately more women than men represented within psychotropic drug advertisements (Kempner, 2006; Munce, Robertson, Sansom, & Stewart, 2004). The stereotypical positioning of one gender over another results in physicians assuming that the advertised medical condition should be attributed to the gender of the model (Peppin & Carty, 2001; Saiz, Cantero, Galvez, 2012). The depictions of women in psychotropic advertising may result in unequal treatment within the healthcare system. Physicians tend to treat men and women's health differently (Hansen & Osborne, 1995). Results of studies have suggested the prescribing and diagnosis of depression may be excessive for women based upon the stereotyped imagery presented within psychotropic medical journal advertising (Hansen & Osborne, 1995; Munce, Robertson, Samson & Stewart, 2004).

The stories contained and reflected within psychotropic advertising in medical journals warrant examination because they may present an inaccurate depiction of mental health and the mental health patient which is problematic from a societal perspective for a few reasons. First, physicians are influenced by such types of promotion as advertising has been correlated with prescribing practices. Second, the depiction of the advertised typical patient tells the physician

about that specific person. Through advertised imagery and texts, physicians are informed about a particular patient, medical condition, and treatment. An account that may be imprecise. Finally, the storied account that is depicted in advertising may in fact be distorted and may lead to the misdiagnosis of patients.

The purpose of this study is to examine the representations of the mental health patient, the conceptions of mental health, and the consumer who is featured in medical journal antidepressant advertisements. Additionally, these advertised representations and conceptions will be compared to epidemiology data to illuminate the differences between the advertised reality and the actual reality regarding depression. These aspects of antidepressant advertising are studied in order to assess the promoted representations of the mental health patient and the mental health condition that may affect physicians' prescribing and diagnostic decisions.

Proceeding this introduction, Chapter two will serve as the basis for the current study. It will provide a comprehensive discussion regarding the literature review that presents a historical perspective about direct-to-physician advertising, the use of stereotypes in advertising, and prescribing and diagnosis, depression, and narratives.

Chapter three provides an exploration of the advertising audience of psychotropic medications in medical journals. Advertisements weave stories about society that appear to provide insight into a lived reality, however, these narrative accounts are often flawed and imprecise (Marchand, 1985). One such distortion that may exist is the depiction of the model and the lifestyle of the person portrayed within psychotropic medical journal advertisements. Through such primary marketing strategies as targeting and segmentation, advertisers create audiences of consumers that are reflected vis-a-vis through advertisements. For products, such as

toys, cosmetics, and clothing, these tactics may be effective but for psychotropic medications, these tactics may be detrimental as the person advertised may not be the person who necessitates such medications.

Chapter four presents a discussion regarding the typical antidepressant patient and at-a-glance diagnosis that may contribute to the misdiagnosis of women for depression. Pharmaceutical, medicine, and advertising industries create hypothetical patient profiles that are turned into the typical patient who a physician can easily identify, diagnose, and treat. The hypothetical profiles are constructed upon personal characteristics and lifestyles, and symptoms and advertised textual elements, all of which contribute to the diagnosis and misdiagnosis of depression in women.

Finally, chapter five discusses the findings and conclusions of the study including the creation of the depression audience, the glamorization of depression as a mental health condition, and the development of the antidepressant patient. The study is completed by delineating with a few recommendations for DTP advertising.

CHAPTER II: LITERATURE REVIEW DIRECT TO PHYSICIAN ADVERTISING

Introduction

Effective Direct-to-Physician (DTP) advertising is predicated upon influencing prescribing and diagnostic behaviors that result in increased product sales. This stimulus has been traditionally accomplished through the targeting of physicians and the segmenting of the consumer audience. The intended consumer audience is typically advertised through stereotypical, gendered imagery, and textual components that may lead to the inappropriate prescribing and misdiagnosis of certain groups of people. As a result, DTP advertising may contribute to health inequalities that exist in American society. This chapter begins with a historical analysis of medical and DTP advertising to demonstrate the development of the modern day DTP psychotropic advertising campaigns that have customarily relied upon the use of blockbuster drugs, a gendered medical condition, stereotypes, and stories to sell their advertised product.

The Direct-to-Physician Advertising Founders

This study provides a historical account of direct-to-physician advertising to demonstrate the manner in which modern day pharmaceutical promotional practices were established. There is a relatively small amount of literature that connects the history of pharmaceutical advertising with the founders of medical advertising. This chapter commences with a historical discussion regarding the founders and the development of modern day pharmaceutical advertising in an attempt to bridge this literary gap. This story further shows the complex intertwined relationship between scientific truth, pharmaceutical promotion, physician prescribing behaviors, and physician education that has traditionally afflicted the pharmaceutical industry.

The advertising of medicine has consistently earned enormous profits and garnered wide attention. From the beginning, the advertising of medicine has been compromised by the concepts of greed and veracity. Thus, the question, ultimately becomes, how can the motivation for profit, bottom line, and truthfulness work together in the world of medical advertising? As the truth in advertising is not always as appealing as the fanciful fantasy and the play upon words. For medical advertising, the playing field was slanted from the start with the advent and promotion of patent medications in which these products provided for inexpensive production, facile distribution, and an immense profit margin. The ads for patent medicines were some of the first products to be nationally and intensely displayed to consumers and physicians (Fox, 1997; Starr, 1982).

The claims inherent in patent medicine advertisements were fraught with false information that had the potential to mislead physicians into prescribing the heavily promoted products. According to Starr (1982), by the late nineteenth century the use of proprietary drugs had become more widely prescribed and used. A historical New York survey of drugstores indicated an increase in nostrums and machine made tablets and the number of prescriptions dispensed. Prescriptions for these products increased from less than one percent in 1874 to 20-25 percent by 1902. And by the turn of the century, the patent-medicine industry had earned $75 million (Fox, 1997).

This trend of creating questionable medical advertising appears to have come full circle as modern day pharmaceutical advertising affects prescribing, and quite frequently these promotions have been deemed to be false and misleading. How did we get to nearly the same place that started medical advertising? The place where truth, and particularly scientific

accuracy, appears to be as elusive as the mythical unicorn. Through a discussion regarding the founders of medical advertising, it is suggested that although some of these men brought positive insights and noble accomplishments, others simply envisioned profits and personal wealth. The emphasis upon the latter is what motivates the current pharmaceutical industry to the detriment of society.

The founders serve as important historical figures because of the unique abilities they contributed helped to shape the American pharmaceutical advertising industry. From scientific and ethical concerns to the designing and writing of promotional campaigns, these individuals provided their entrepreneurial spirit, training, strong skill set, and for some, an even stronger personality. Industry founders, such as, Harry Phibbs, Arthur Sackler, Paul Klemtner, Arthur Sudler, Matthew Hennessey, Ludwig Wilhelm Frohlich, and Dean Burdick created agencies that were rooted within different advertising philosophies and provided alternative perspectives.

The Practice of Medical Advertising

A debate has ensued for over 100 years regarding the accuracy and practicality of medical journal advertising. Critics censure these journals and their advertisements for being misleading, incomplete, and inaccurate (Smith, 2012; Spielmans, 2008; Lexchin, 2009). While proponents maintain that the information included within journals and their advertisements are scientifically accurate and serve a post-educational purpose (Avorn, Chen and Hartley, 1992; Meyer, 1988). This debate may have originated with the invention and promotion of the patent medicine and direct-to-physician advertising.

Prior to WWII, and the development of antibiotics, steroids, antihistamines, and psychotropic drugs, the pharmaceutical industry had a rather modest beginning. The advertising

of medicine was typically accomplished through patent medicines that were promoted through the popular press and medical journals. These advertisements for patent medications were notorious for providing false claims, information, and promises. Often times, physicians were unaware of the lingering dangers hidden within patent medications and would prescribe them to patients (Starr, 1982). The concern over the prescribing of patent medications prompted the American Medical Association, muckraking journalist, women's clubs, physicians, and other Progressives to become concerned and to advocate for the governmental regulation of patent medications and their promotions (Fox, 1997; Starr, 1982). Thus, there were 100 bills that had been presented for the Congressional regulation of food and drugs by 1879. And on June 30, 1906, President Roosevelt signed the Pure Food and Drug Act which demarcated the commencement of federal regulation of prescription advertising in America (http://www.fda.gov/AboutFDA/WhatWeDo/History/Origin/ucm054819.htm; Starr, 1982). According to the law, product labeling for food and drugs could not be false or misleading and had to list such dangerous ingredients as alcohol, heroin, and cocaine. The bill provided provisions for the prevention of the misbranding of products (http://www.fda.gov/AboutFDA/WhatWeDo/History/Origin/ucm054819.htm).

However, the law did not safeguard against advertising claims regarding a drug's effectiveness or statements that were promoted in the newspaper. Therefore, due to this oversight, the drug makers continued to assert bold claims and resumed with their businesses (Fox, 1997; Starr, 1982). By 1912, the law was amended to include the fraudulent claims that could be made regarding the effectiveness of a drug, and by the 1920s, it was further extended to include newspaper advertising in addition to labels. These regulations helped to reduce the erroneous

patent medication claims while allowing scientific medicine to come to the forefront (Starr, 1982).

Harry Phibbs was greatly worried about the ethical quality of medical advertising and would be incensed when he encountered a promotion that he deemed to be dishonest. He was particularly interested in preserving the health of the public as he once admonished a young copywriter, "You are not writing for advertising. You are saving lives!" (www.mahf.com/mahf-inductees). His emphasis upon honest advertising prompted him to establish the first medical advertising agency in 1921 that was in Chicago, near the American Medical Association (AMA) (www.mahf.com/mahf-inductees).

Phibbs had an artistic background that included his membership in the famous Abbey Theater Group. When he decided to move from Dublin, Ireland to America, he initially landed in Newfoundland with very little money. Therefore, he put his artistic talents to use and pursued his design skills in stained glass windows. Subsequently, he moved to Montreal to work a myriad of jobs as a stage manager, a newspaper man, and as a sales representative with Borroughs Wellcome. The company transferred him to New York and eventually he ended up at an advertising agency in Chicago (www.mahf.com/mahf-inductees). However, despite his artistic experiences, Phibbs was more concerned with the science of advertising rather than the art.

Phibbs, along with his personal friend Dr. Morris Fishbein (an editor for *The Journal of the American Medical Association*), and the AMA had been crusading against the false patent medication promotions. At the suggestion of Dr. Fishbein, Phibbs started his advertising agency in an effort to stymie the patent medicine false advertising. This endeavor proved to be Phibbs calling as he had a background in "ethical drugs" and decided to seize upon this opportunity.

Harry C. Phibbs Advertising Co. was born with Phibbs as the only employee, with $200 in his pocket, and his wife as his secretary (www.mahf.com/mahf-inductees).

His sharp focus upon ethical promotion allowed him to emphasize the technical and clinical information associated with medicine. This motivation paved the way for the development of the scientific model that was to be used in medical advertising. Advertisements, he felt, should include the scientific information, therefore, he eschewed the use of exaggeration and the overstatement of benefits, a tactic that has subtly crept back into contemporary advertising (www.mahf.com/mahf-inductees). This quest for scientifically based advertising would contribute to the enduring debate regarding the veracity of pharmaceutical advertising. After World War II, the industry would focus more on sales and less upon the quality of the claims that were made in promotions.

Pharmaceutical Life After World War II

Following World War II, medical research greatly increased and a plethora of breakthrough products hit the market for sale. The burgeoning of the pharmaceutical science after the war transformed the marketing of drugs. The older advertisements that featured packaging photos in medical journals were replaced with big budgets and sophisticated graphics and copywriting (Castagnoli, 1996). The founders of medical advertising provided new promotional philosophies and styles, and they helped to launch the pharmaceutical industry's "Golden Age" (mahf.com/industry-chronology). This timeframe was replete with novel sales tactics, the creation of the pharmaceutical sales forces and advertising campaigns, the branding and design of promotional materials, and the insidious effects of promotion upon prescribing.

The Pharmaceutical Sales Force

Detail men (salesmen who personally visited physicians in their offices and provided samples of products) were important to medical advertising because they provided acute intuition into the personalities, prescribing behaviors, and the profits derived from the physician audience. Through prescriptions and sales, detail men showed the pharmaceutical industry just how lucrative physicians were to their business (Greene, 2007).

As direct-to-physician advertising was beginning to take shape by the 1940s, the primary method for pharmaceutical advertising was with the sales force and detail men. Paul Klemtner was a quiet, shy man who had a financial background as he attended business school in Chicago while working part time for G. D. Searle. During his time at Searle, he became the comptroller and developed the cost accounting and financial control systems for the firm. This experience provided him with the practical knowledge of virtually all aspects of the pharmaceutical industry (www.mahf.com/mahf-inductees).

Klemtner is well known for his remarkable vision to predict industry trends as he played a revolutionary role in changing pharmaceutical sales tactics that were focused upon the personal sales of pharmaceuticals to physicians. Due to his expectation that the pharmaceutical industry would move away from producing and distributing generic drugs to one of creating and marketing patented, branded medications he advised the pharmaceutical companies to realign their sales forces in order to prepare for this change in distribution. Klemtner ingeniously guided the sales forces to concentrate upon selling to those physicians who prescribed branded drugs (Medical Marketing & Media, 2006; www.mahf.com/mahf-inductees). His keen insights resulted in his becoming a consultant for the industry and the creation of his agency, Paul Klemtner and

Company that was established in Newark, New Jersey in 1934. Ten years later he developed Paul Klemtner Advertising and recruited Tom Jones, an expert in detailing and field force management. Klemtner had an eye for talent, and hired an outstanding staff who were given the freedom to take charge of areas outside of their expertise, thus providing them with invaluable experiences (www.mahf.com/mahf-inductees).

During the 1940s, with the sales emphasis placed upon directing promotions to specific physicians, the beginnings of pharmaceutical audience segmentation and targeting began to emerge. Physicians were parceled by detail men in two manners, by their personality type and their prescribing patterns. Through caricature representations, detail men would decipher between physician personality types that allowed them to determine the level of receptivity a physician would have to their sales tactics. Physicians were ultimately characterized based upon their personality traits and behaviors and were described as "Dr. Snob," "Dr. Resistant," and "The Backslapper" (Greene, 2007). Further, in order to target the most profitable physicians to visit, the detail men would utilize a visit log to rate physicians based upon their practice size, receptivity to salesmen, and their interest in novel medications. This data not only informed detail men about profitability but is also assisted sales managers in developing more effective sales strategies (Greene, 2007).

Prior to the development of sophisticated instruments that could measure data, the rates of prescribing by physicians were unscientifically calculated by detail men. The salesmen would employ the pharmacy as sources of data collection. Every month they would request a list of prescriptions that had been filled. This information provided them with specifics as to who the large and small volume of prescribers were (Greene, 2007). The correlation between

prescriptions, sales, and profits began to converge during the 1940s detail men's efforts. The sales efforts further spurred a new way for adverting to physicians that continues to be a common practice today. The delivery of samples to physicians via sales representatives.

The Initial Pharmaceutical Blitz

The sales force during the 1940s was an important element to DTP advertising, but the development of the DTP advertising campaign that incorporated salesmen into the marketing mix also played a significant role. Lederle Laboratories is considered to have created the DTP advertising 'blitz' in 1948 with the advent of its antibiotic, Aureomycin (Podolsky, 2015). The initial direct-to-physician advertising campaign could be considered modest by today's standards, yet the money spent and the channels pursued were unprecedented. The advertising campaign focused upon the distribution of product samples and the founding of an in-house publication.

Ten carloads of samples were shipped to approximately 142,000 physicians at an estimated $2 million for the product alone. Beginning in January of 1950, Lederle published and mailed their in-house periodical, *Aureomycine Digest*, to physicians on an almost monthly basis. This publication's bibliography grew from 321 titles in January to an impressive 1,859 by December (Podolsky, 2015).

Lederle did not stop with this initial campaign, as it refined DTP advertising with the introduction of its tetracycline, Achromycin. Lederle upped the ante as Achromycin was supported by a $2.5 million 'blanketing' advertising campaign. This promotion included a multi-channel marketing approach that placed advertising in front of the physician through multiple touches and this paved the way for current pharmaceutical advertising (Podolsky, 2015).

Lederle allocated, $1 million for detailing, $851,000 for a direct mail campaign (105 mailings to each physician in the US), $470,000 for medical journal advertising and $100,000 for exhibits at medical meetings. Additional promotional items, such as tongue depressors, pens, and brushes were included as well (Podolsky, 2015). Through the emergence of the creative personnel, the pharmaceutical advertising campaign increased to include printed promotions.

Creative Design and Copywriting

Arthur Sudler and Matthew Hennessey are known for creating a graphic look that has become known as being the "pharmaceutical advertising design." This design promoted the full-page advertisement that contained provoking elements and headlines. The artwork and copy were both dramatized as they translated the human characteristics, the technical features of the product, and the competitive claims, a format that is consistently utilized today. Sudler and Hennessey, further, believed in the power of visual communication, and it was their contention that the use of visual imagery could separate a product from its competition (www.mahf.com/mahf-inductees).

An employee of E.R. Squibb and Sons, Arthur Sudler was interested in the visual arts, and he was able to identify with artists, and he was a painter who had a deep influence on the style of medical advertising that remains today. Sudler was educated as an artist at the Maryland Institute of Fine and Applied Art where he studied with eminent artists John Sloan and Robert Henri. His works have been displayed in New York galleries and in museum collections. While he was at Squibb, he advanced to the position of creative director, and in 1936, he left the company to open his own art studio (www.mahf.com/mahf-inductees).

Matthew Hennessey, also an employee of Squibb joined Sudler and became his partner in 1942, thus establishing Sudler & Hennessey. Hennessey was born in Brooklyn, New York, and demonstrated an active entrepreneurial spirit by the age of thirteen. As a teenager, he delivered telegrams all over the upper west side of Manhattan for Western Union while wearing roller skates (strunkfuneralhome.com). Hennessey was known for his acute business sense and was regarded as an exceptional judge of character. Since medical advertising had not become of importance to pharmaceutical companies at this time, Sudler and Hennessey created quality designs through the assembly of a talented staff of art directors that included George Lois, Helmut Krone, Ernie Smith, Herb Lubalin, and for a short period, Andy Warhol. Hennessey challenged the staff to craft bigger, better, and more memorable ideas. As a result, the studio produced a broad range of design work that included logos, sales promotions, image products, packaging, and corporate advertising programs. Although Hennessey exhibited an aggressive personality, he was unable to fire people from his staff and would ask other people to remove employees from the payroll. A trait that hinted at his generous and caring side (Castagnoli, 1996; www.mahf.com/mahf-inductees).

Another creative designer to join the group of founders was Ludwig Wilhelm Frohlich. He contributed to pharmaceutical advertising by establishing design formats for direct mail, detail aids, journal advertising, samples, and educational materials. Additionally, he expanded his operations overseas before any of his competitors and opened offices in London, Paris, Frankfurt, Madrid, Milan, and had the foresight to open an office in Tokyo. He was a pioneer of the global advertising of pharmaceuticals (www.mahf.com/mahf-inductees).

Frohlich was educated at the University of Frankfurt and in Paris. He travelled to America in 1931 as an exchange student and became a citizen in 1938 (New York Times Special, 1971). Subsequently, he opened his art studio in 1939 in New York and entered into the medical communication field during the early 1940s. His talents were in type design and art direction which he applied to the pharmaceutical industry. By 1943, he created his ad agency, L.W. Frohlich, Inc. that employed only five people. The agency client roster quickly grew and featured such companies as Schering, Mead Johnson, Ortho, Parke-Davis, and Ethicon (Castagnoli, 1996; New York Times Special, 1971; www.mahf.com/mahf-inductees).

During the time, graphic design was considered to be Avant guard in medical advertising, Dean Burdick brought writing skills to match the graphics that were as contemporary and imaginative in scope. Burdick was renowned for his writing skills and his headlines that could communicate the main idea of the program. For an Ayerst ampicillin advertisement, he wrote, "Wanted: Dead Not Alive!" (www.mahf.com/mahf-inductees). His agency, Burdick, Becker & Fitzsimmons, introduced Inderal, the first betablocker in the U.S. which garnered awards and profits. The advertisements won readership prizes, best ad in the cardiovascular category, and the best pharmaceutical ad for the year (Castagnoli, 1996). Burdick was a shy man who did not present his ad ideas to clients; instead he opted to socialize on the golf course. He was talented in attracting young, top talent and provided a training ground for many pharmaceutical executives who had successful careers within the industry (www.mahf.com/mahf-inductees). Burdick worked with the innovator of direct-to-physician pharmaceutical advertising, Arthur Sackler. Although Lederle is eminent for creating the DTP advertising 'blitz,' it is Arthur Sackler and

Charles Pfizer who finessed it through an aggressive advertising campaign produced for Chas. Pfizer and Company during the 1950s (Podolsky, 2015).

The Pioneer of Direct-to-Physician Advertising

Arthur Sackler, a physician and clinical psychiatrist, is regarded as the person who revolutionized pharmaceutical marketing and direct-to-physician advertising through personal and non-personal tactics that incorporated fact-based medical advertising (Leonard, 2016; sackler.org/about). He has been described as "'the' industry giant" who was a force to be reckoned with as he stepped on other people's toes (Castagnoli, 1996). According to a long time William Douglas McAdam's executive, Sackler was, "controversial, unsettling, difficult, but…a pioneer and visionary who broke new ground in…perfecting the effectiveness of medical communication" (Castagnoli, 1996, p. 44).

Sackler joined the small, four person William Douglas McAdams agency in 1942 and purchased it in 1947. The agency was based in Chicago and was established in 1926 by a journalist, William Douglas McAdams. Originally the consumer agency represented such accounts as Van Camp Beans, Mother's Oats, and E.R. Squibb & Son's cod liver oil. McAdams advised Squibb that in order to increase product sales the advertising for the product should be directed towards physicians along with consumers. After the company agreed with McAdams, an advertisement was placed in a medical journal, a promotional move that was unprecedented and yet, wildly successful (Dougherty, 1985). This decision to advertise directly to the physician through journal advertising prompted McAdams in 1939 to devote all of the agency's resources to medical advertising directed exclusively to physicians. This transformation from a consumer

agency to a medical one resulted in the McAdams agency as being one of the earliest and most influential in medical advertising (Dougherty, 1985; Elliot, 1991; Herzberg, 2009).

Arthur Sackler was born in Brooklyn, New York and had a difficult childhood as his parents lost their money during the depression. As a result, Sackler went to work at the age of thirteen to support his family. He paid for medical school for himself and his two younger brothers Raymond and Mortimer, all of whom became psychiatrists. Arthur was a resident at the Creedmore State Hospital in Queens, New York, where he founded the Creedmore Institute of Psychobiological Studies. The Sackler brothers purchased a small, struggling drug manufacturer in New York in 1952 that became Purdue Pharmaceuticals. Originally the company sold laxatives and earwax remover, but over time, would produce a generic painkiller now known as OxyContin (Encyclopedia Britannica, 2016; Morrell, 2015; sackler.org/about; Tuck, 1986).

Based upon Sackler's medical background, he understood how the drugs worked and was able to successfully communicate with physicians (Dougherty, 1985). His strategy focused upon marketing directly to physicians through glossy medical journal advertising and personalized detailing. He further engendered personal relationships through the sponsorship of all-expense-paid, luxurious medical education courses, by providing lucrative speaking fees to doctors, and in the distribution of fancy trinkets.

Arthur Sackler formally established the DTP advertising machine through the use of robust marketing campaigns that featured medical journals that used slick graphics, thought-provoking copy, and heavy stock inserts (Quinones, 2015). His use of medical journals was a savvy business decision since the 1938 Wheeler Lea Act granted the Federal Trade Commission (FTC) jurisdiction for the regulation of drug advertisements that precluded medical journal

advertisements. Physicians were deemed as being capable of evaluating the accuracy of drug advertisements in medical journals, and as a result, these publications were exempted from the FTC regulatory authority (Donohue, 2006).

Additionally, the Federal Drug Administration (FDA) was able to regulate pharmaceutical promotion through the Food Drug & Cosmetic Act (FDCA) labeling provision, however, its power to do so was also limited. Consequently, the FDA was able to regulate such promotional materials as direct mail sent to physicians but not advertising in medical journals (Donohue, 2006). Sackler's career was enhanced by his work with Pfizer in that he successfully positioned, designed, and branded an antibiotic advertising campaign that resulted in skyrocketing sales.

Marketing of Terramycin

Pfizer hired the William Douglas McAdams Advertising Agency to handle the promotion for their antibiotic Terramycin. This campaign was led by Sackler who met with the sales director, Thomas Winn in 1951. During this meeting, Sackler told Winn that if he was provided with a large enough budget, he could make Charles Pfizer and Company a household name for physicians. Winn reciprocated and allotted the largest advertising budget of any company for the marketing of a drug (Quinones, 2015). After receiving his advertising budget, Sackler comprehensively promoted the product through medical journal advertisements, direct mail, and detailing (the combination of salesmen visiting physicians in their offices and the publication of promotional materials in medical journals) (Quinones, 2015).

One of the initial obstacles Sackler had to overcome was the fact that there were three primary antibiotics that were competing for the same market shares, Aureomycin, Chloromycin,

and Aureomycin. Each of these compounds were essentially identical and therefore, mandated some product differentiation. In order to accomplish this distinction, Sackler and Pfizer worked with future Noble Prize Winner Chemist, Robert Burns Woodward of Harvard, and crafted the positioning of the drug based upon its molecular structure. This difference was perceived to be "the medical discriminator" or the McAdam's agency's version of the Ted Bates agency's "unique selling proposition" that highlighted the unique qualities of a drug that could be emphasized in its advertising (Elliott, 1991). Accordingly, the promotional materials, through advertising copy, informed physicians about the theriac-like qualities of the drug as being "unusual, differing markedly from the structure of other antibiotics…one of the most complex structures to ever be found in nature" (Podolsky, 2015). The messaging and positioning emphasized the drug's exclusive structural qualities. In contrast, Aureomycin was originally promoted in broad terms as, "the most versatile antibiotic yet discovered with a wide range of activity than any other known remedy" (Podolsky, 2015).

Moreover, Sackler elevated the DTP advertising campaign through the design of colorful, glossy medical journal advertisements which featured a play on the word "Terra." Upon FDA approval of the drug, he placed similar glossy ads reflecting the same font and color featured along with the product's name, thus providing some branding elements associated with the product (Quinones, 2015). Beside journal advertisements, the insertion of Pfizer's in-house publication *Spectrum*, an eight-page glossy promotion, was placed into the *Journal of American Medical Association* (JAMA).

In addition to advertisements, direct mail also played a significant role in the initial DTP campaign. A series of postcards was produced that featured exotic places around the globe in

which Terracymin had been utilized. The postcards featured The Great Barrier Reef, the Sphynx and Pyramids, a hillside pasture in Malta, and the Bitter Root in Montana. The postcards were introduced as "Dear Doctor" and signed off with "Sincerely Yours, Pfizer" (Fortunato, 2005).

Other direct mail pieces included file cards, technical brochures, folders, and letters directed to general practitioners, pediatricians, surgeons, ophthalmologists, etc. A high decile physician could receive two to three Pfizer mailings every day throughout a calendar year (Fortunato, 2005). This DTP campaign was effective, and Arthur Sackler was acknowledged for showing Pfizer, "how intelligently written, strikingly illustrated, and designed advertising used in volume could greatly influence the success of a product" (Podolsky, 2015, p. 25).

By 1952, sales for Terramycin were extraordinary as they amounted to $45 million (Quinones, 2015). One reason the product sales were remarkable was due to Sackler being one of the first people to recognize the marketing potential of the medical journal in influencing physician prescribing behaviors (Hanania-Freeman, 2016). This relationship between pharmaceutical promotion and prescribing behaviors would become hotly contested and debated.

Promotional Effects on Prescribing

During the early 1950s, the Business Division of JAMA took an interest in studying the effects of pharmaceutical promotion on physician education and prescribing behavior. Consequently, the AMA hired Ben Gaffin Inc., a Chicago based Opinion Research firm to examine these effects. The first study incorporated focus groups with representatives from 78 prominent marketing and advertising firms to examine the correlation between pharmaceutical promotion and the educational value of these materials (Greene & Podolsky, 2009). Robert Lyon, the Head of Advertising Department as the AMA stated that, "when asked the reasons for

their thinking these advertisers explained that when the physician leaves school and goes into practice, only a small percentage carefully follow all of the advances in numerous medical journals. Accordingly, much of their information must come from promotion" (Greene & Podolsky, 2009). The AMA mailed the analysis to leading firms in the pharmaceutical industry that detailed the influence of pharmaceutical marketing on practicing physicians (Greene & Podolsky, 2009). Based upon the affiliation between DTP promotion and prescribing, physicians were inundated by pharmaceutical promotional materials by the late 1950s.

There were 3,790,809,000 pages of medical journal advertisements that were produced, 741,213,700 direct mail pieces were mailed and approximately 20 million calls were made by detail men to physicians and pharmacists (Donohue, 2006). Many new prescription products were brought to market and this overflow of compounds further contributed to the excess of promotional materials that were used for educational purposes (Greene & Podolsky, 2009). As a result, criticism regarding pharmaceutical marketing practices began to take shape as Harry Dowling, Chair at the Department of the University of Illinois contended that "the bewildered physician prescribes by suggestion and not from information" (Podolsky & Greene, 2008). Pharmaceutical marketing had become thought to be deceptive and wasteful, causing irrational and emotional prescribing. Ernst Dichter explained at the 1955 Pharmaceutical Club in New York, "'the physician expects himself to make up his own mind on the basis of objective evidence. And yet he finds himself confronted, like a housewife in a supermarket aisle, with a misery of choice which he tends generally to resolve with irrational and emotional factors" (Podolsky & Greene, 2008). Pharmaceutical marketing would subsequently emphasize the dichotomy between rational and emotional factors through advertising practices that were

concerned with influencing prescribing behaviors, to which physicians denied that such influence could occur (Greene & Podolsky, 2009).

However, Arthur Sackler steadfastly defended pharmaceutical advertising practices and the industry's role in educating physicians about new drugs. Sackler wrote, "'neither is so obtuse as to be deceived for long claims which are even inferentially incorrect. There exists a common gap in information supply…pharmaceutical advertising has made one of the major contributions in the rapid dissemination of new therapeutic information'" (Greene & Podolsky, 2009). This argument must have been accepted as physicians would not wish to view themselves as anything but experts. Thus, by the 1960s, over 90 percent of pharmaceutical marketing spending was allocated for DTP promotion (Donohue, 2006).

Sackler was regarded as being the inventor of "the wheel of pharmaceutical advertising" (Dougherty, 1985). He created the modern day DTP advertising and marketing machine which may increase profits, but in a rather harmful manner. Sackler resurrected the false marketing and advertising tactics that are evocative of the days of patent medicines in addition to creating his own strategies that appear to be somewhat scientifically uncertain. One of these methods that seems unscrupulous is one of his greatest achievements, the glamorization of psychotropic drugs as quick fixes (Eban, 2011; Skolek, 2010). This glamorization of pharmaceutical medications began with the Miltown advertising campaign.

Psychotropic DTP Advertising

Miltown

The advent and marketing of Miltown was important for the development of DTP advertising. Miltown contributed to current pharmaceutical advertising practices by enshrouding

the product with a Hollywood gloss, by expanding the physician and consumer marketplace, and by gendering the consumer market.

During the 1950s, Miltown, a minor tranquilizer, was developed and brought to market and with its auspicious beginnings it revolutionized the way Americans perceived of and used prescription drugs. The media and Hollywood played a significant role in defining Miltown as it received the public's attention through the health sections of popular magazines, gossip columns, consumer and lifestyle pages, and business and economic pages (Herzberg, 2009). Hollywood stars added a sort of luster to the drug, thus elevating its status, as they relished taking and talking about their experiences with Miltown. And in doing so, gossip columnists generously wrote about the stars' comments and behaviors, especially when they imbibed a particularly popular drink, the Miltini (Miltown and Martini mix) (Tone, 2009). Journalists also contributed to the Miltown rage as they reported on medical and technical advances which allowed drug manufacturers to shape media coverage (Herzberg, 2009). Subsequently, the early advertising campaigns for psychotropic advertising were created by journalists, scientists, pharmaceutical executives, and advertising personnel that stressed psychotropic drugs as the solution to everyday ailments.

Through normalizing the use of psychotropic drugs for everyday complaints, the drug expanded the physician marketplace from the psychiatrist to the family doctor. Miltown's everyday message and emotional appeal made it acceptable to visit the family physician for a pill that could make a person feel better about life, and yet was not necessarily prescribed to treat a disease. This proved to be a profitable decision, as family physicians tend to see more patients than psychiatrists.

The gendering of psychotropic drugs emerged with the introduction of Miltown that was based upon the dominate ideology of the assigned roles of men and women within society in which men were perceived as being masculine and women were naturally feminine. In advertised representations, men were portrayed in business settings adorned in suits and ties while women were depicted in a home setting and were surrounded by such symbols of wealth as pearl necklaces, stylish attire, and new appliances (Herzberg, 2009). Advertiser's continued to sell masculinity to men as campaign messages promised that tranquilizers would return men to properly masculine vigor and decisiveness (Herzberg, 2009). Conversely, messages that targeted women emphasized femininity while promising the America people the return of happy women to house wife settings (Herzberg, 2009). The gendering of the patient marketplace assisted Arthur Sackler with defining the typical psychotropic patient as being a woman.

Valium

In 1963, the FDA approved Valium which subsequently became the first psychotropic drug to become a cultural icon due to its aggressive marketing campaigns (Cooper, 2013; Quinones, 2015). Through the marketing of Valium, a few trends emerged. First the messaging emphasized the physical pain associated with mental conditions. Second, physicians were asked to look for specific patients rather than for symptoms or ailments which expanded the consumer market. Third, physicians were provided with descriptions regarding the typical patient, so that they could easily identify and diagnose h/she upon entering the examination room.

It has been remarked that one of Sackler's paramount achievements was in his discovery of various uses of Valium (Eban, 2011; Mariani, 2015). One of these uses included physical pain which made the messaging strategy of the Valium campaign very important. The success of the

drug, relied in part, upon urging and convincing physicians to perceive patient's pain as being physical in origin and to prescribe Valium as the solution. This message was reinforced through the connection between physical pain and stress as Valium was positioned as the de-stressor. This messaging offered the connotation that depression was somehow connected to a physical condition, thereby, rendering the product's meaning as being more scientifically based.

In addition to messaging, Sackler was able to "manufacture demand" through the development of the consumer audience (Hanania-Freeman, 2016). The true consumer audience is made up of actual consumers, and this is the audience that, it can be argued, was established by Sackler who pursued not only the patient but included someone in addition to the patient. For example, if a child was ill, perhaps it was the mother who was tense, thus, she was also a candidate for medication. Sackler, in essence, through his practical experience, established the advertised end-user of Valium. Thereby, the patient and the consumer became distinctly different audiences. The consumer was the person who was considered to be the buyer, while the patient was the person who received health-care services (Donohue, 2006).

Valium was intentionally marketed towards women and was pitched as being a treatment for the stress of lives as wives and mothers (Quinones, 2015). The typical advertised patient was predicated upon this target audience. Therefore, the typical patient was established through the categorization and labeling of the intended target audience. Consequently, Valium ads were comprised of women who were described as neurotic singles, tired middle class mothers, exhausted business women, and irritable menopausal women (Tone, 2009).

The script that was provided to physicians to familiarize them with the typical patient and to convince physicians to prescribe Valium, was akin to,'" The patient would walk in. '" I'm

nervous all day long doctor" or "My son is in the army" (Quinones, 2015, p. 30). Further, the script might depict a scenario including, a college educated woman in her 30s who was a mom struggling with dealing with the stresses of a busy everyday life. When she discussed her condition with her physician, he would prescribe Valium and when the drug was ineffective for her treatment, the physician would prescribe more.

According to Riska and Heikell (2008), psychotropic advertisements inherently contain gendered scripts that have taught physicians a way of seeing. The gendering of medical conditions has resulted in the creation of the typical patient that is based upon embedded advertising and medical textbook imagery. Pharmaceutical and medical institutions have provided physicians with a textual and visual representation of the typical patient, so the physician can diagnose at a glance.

At-a-Glance Diagnosis

At-a-glance diagnosis is based upon the premise that a physician's actions are influenced by his interactions throughout the day in which he cognitively uses shortcuts to diagnose patients. Gaffin suggested that a physician's interactions in the morning could affect his daily actions, which infers to include prescribing as well as diagnosis. Gaffin advised, "his morning contacts with his wife and children affect in a greater or lesser degree his attitude toward patients, toward co-workers, and toward detail men. His basic temperament, modified by his daily interpersonal relations, influence all his actions and attitudes to some extent. His human-beingness is modified by his being a physician" (Greene & Podolsk, 2009). These morning contacts could also include advertising which could color perceptions.

According to Belkin (2012), a physician may be influenced by advertisements through their stereotyped gendered imagery. She argues that the physician who reviews a specific advertisement that features an image of a distressed woman during a morning reading session may throughout the day, listen to women's complaints of housework and drudgery. These grumbles will lead to the recollection of the particular ad and, ultimately, to the decision that a psychotropic medication is the best treatment for this patient. Thus, the physician will prescribe a promoted brand, not based upon any clinical or scientific merit but rather on the perceived stereotyped gendered image. This visual cue then becomes perceived as being the typical patient who is assigned to the advertised medical condition. Through such marketing and advertising tactics, Valium became the first $100 million drug and subsequently the first $1 billion drug (Leonard, 2016).

The Closing of an Era

By the 1960s and 1970s, the agency owners began to retire and pass away leaving their agencies to be either acquired by larger entities or they simply closed. One of the most impressive traits of the founders was their ability to establish their agencies and to work with skeleton crews and to accomplish the extraordinary amount of work they produced in such a short period of time. Harry Phibbs' agency was eventually acquired by BBDO (Arnold, 2009; www.mahf.com/mahf-inductees). The William Douglas McAdams agency was ultimately acquired in 1996 by Interpublic's Lowe Group. At the time of the acquisition, William Douglas McAdams was the sixth largest medical agency in the U.S. with billings of approximately $170 million (Advertising Age, 1996). Klemtner Advertising was acquired by Saatchi & Saatchi Co. (Advertising Age, 2003; www.mahf.com/mahf-inductees).

Arthur Sudler passed away in 1968 and was survived by Matt Hennessey who was able to establish Sudler & Hennessey as the largest medical agency, a distinction it was able to keep for twenty years (sudlerdigital.com). L. W. Frohlich's agency, L.W. Frolich Intercon International became a health industries agency that had offices in seven countries and clients in twenty-eight countries (Dougherty, 1970; New York Times Special, 1971; www.mahf.com/mahf-inductees). In 1972, the agency joined Benton and Bowles' medicus communications division to provide the marketing, advertising, and communication needs of the health care industry. Dean Burdick passed away in 1984 and his agency closed (www.mahf.com/mahf-inductees).

The founders of medical advertising contributed significantly to current day pharmaceutical advertising and marketing. Although most of these men provided beneficial contributions, Arthur Sackler also offered some rather dubious practices that are reminiscent of patent medication promotions. These tactics continue today as false promises, diseases, symptoms, and cures are advertised. Lawsuits for false and misleading marketing continue to be filed, including those pertaining to the Sackler brothers company, Purdue Pharmaceuticals (Armstrong, 2016; Morrell, 2015). However, it is important to recognize the founders of the industry as most of their agencies were acquired by larger institutions and their work continues to influence, in a positive and negative fashion, the contemporary direct-to-physician pharmaceutical advertising standards and practices.

Current Direct-to-Physician Advertising

Direct-to-physician (DTP) advertising is considered to be a chief promotional strategy for pharmaceutical companies as it helps to keep the pharmaceutical industry competitive (Manchanda & Honka, 2005; Pedan & Wu, 2009; Spiller & Wymer, 2001). DTP activities

account for most of U.S. pharmaceutical spending on marketing and promotion (Conners, 2009; Mizik & Jacobson, 2004). Such advertising tactics include detailing, advertising in medical journals, online ads, events and meetings. From 1998 to 2004, pharmaceutical promotional expenditures more than quadrupled from $12.7 billion to $57.5 billion. Additionally, in 2009, pharmaceutical companies spent 60% of their marketing expenditures on DTP promotion in the U.S. (Pedan & Wu, 2009). Finally, in 2012, pharmaceutical companies spent $24 billion on DTP advertising while in stark contrast, only $3 billion was spent on Direct-to-Consumer advertising (DTCA) (Pew Report, 2013).

For every dollar that is spent on medical journal advertising there has been a positive correlation between the ads Return on Investment (ROI) equating to a range from $2.30-$12.20 depending on the type of drug that is advertised. Consequently, medical journal advertising has the potential to provide a greater ROI than detailing, DTCA, and physician meetings and events. On average, journal advertising ROI is $5 higher in comparison to other forms of pharmaceutical promotion (Spielmans, Thiegles, Dent & Greenberg, 2008).

Pharmaceutical companies prefer journal advertising as a marketing strategy because this media channel increases sales in a cost effective manner as advertising increases prescriptions for targeted drugs in a dose-related manner. That is to say, that physicians have the ability to prescribe a product multiple times whereas a patient is restricted in the number of times he/she can refill a prescription (Fugh-Berman, Alladin & Chow, 2006).

Physicians are regarded as being key decision makers and an important audience because of their ability to prescribe medications to patients (Gonul, Carter, Petrova & Srinivasan, 2001). One way in which physicians learn about these medications is through medical journal

advertising. These publications are important to the physician-pharmaceutical-advertising relationship because it has been suggested that physicians utilize these publications for sources of information and for educational purposes which ultimately influences prescribing behaviors.

Purpose of Pharmaceutical Advertisements

Pharmaceutical advertising provides physicians with a comprehensive and organized system for accessing information related to drug availability, efficacy, safety, hazards, tolerability and techniques for using the medication (Levy, 1994). The information contained in medical journals is intended to persuade physicians to prescribe drugs while further educating health professionals about the benefits and risks associated with treatment (Spielmans, Thiegles, Dent & Greenberg, 2008). Previous research has indicated that 1-6% of physicians first become acquainted with new drugs via journal ads and a notable 62% of physicians first discover a drug's existence from journal advertising (Krupka & Vener, 1985). Physicians further actively employ ads to match drug therapies with patient needs as journals are considered to be an unbiased and informative form of information regarding drugs (Fugh-Bergman, Alladin & Chow, 2006).

Medical Journals as Sources of Information

Despite the emergence of digital sources of information, print continues to be a source commonly used by physicians as they rely upon this type of information and view medical journal ads as being valuable sources of information (Hawkins & Aber, 1993; Knutsen, 2015). Drug advertisements provide a primary source of information for physicians and medical journals are one major channel through which physicians learn about medications and therapies (Levy, 1994). Furthermore, a March 2013 Kantar Media's Sources & Interactions study revealed

that 89% of physicians read print versions of current issues of medical journals in comparison to 51% who viewed digital editions (Kantar Media, 2013). Another March 2013 Kantar Media's Sources and Interactions report indicated that physicians value their colleagues, Continuing Medical Education (CME) and print medical journals for sources of information (Brewster, 2014). Additionally, 80 percent of high prescriber physicians rated medical journals as important sources of information. Physicians positively respond to medical journal advertising by writing more prescriptions (Spiller & Wymer, 2008).

Medical Journal Ads as Sources of Pharmacological Education

A majority of physicians contend that they are immune to pharmaceutical advertising and therefore, pay little attention to such forms of promotion. However, a study by Avorn, Chen and Hartley (1992) demonstrated the opposite effect. The authors found that physicians' beliefs about the effectiveness of drugs portrayed in ads were actually quite high. Although physicians deny the importance and influence of pharmaceutical advertising, they tend to rely upon the pharmaceutical industry for drug information via conferences, representatives, and medical journals (Spiller & Wymer, 2008).

Journal ads have become a source of education in pharmacology for American physicians (Avorn, Chen and Hartley, 1992; Meyer, 1988). It has become common knowledge that the pharmaceutical industry itself is a primary source of pharmacology education for American physicians (Levy, 1994; Lexchin, 2009). Physicians may also perceive journal ads as being a source for staying abreast of such claims as efficacy, safety, cost, convenience and quality of life thus, drug promotion has become a vital communication channel in which to educate physicians (Levy, 1994; Lexchin, 2009).

Physicians are not required to be recertified after graduation and some proponents believe that medical journals and their ads could serve as a post-graduate form of education (Avorn, Meyer, 1988). Meyer maintains that once a physician has graduated and completed officer training they are not exposed to information that is not necessarily biased as they have become reliant upon the pharmaceutical industry for pharmacology information. Thus, they seek out sources of information from random places, including medical journal advertisements. Levy (1994) states that these drug promotions serve a vital importance as a communication channel as they educate physicians about the efficacy, safety, tolerability, hazards and benefits of drug therapy.

Influence of Medical Journal Advertising on Prescribing Behaviors

Previous studies have indicated a positive association between an increasing number of ads for a drug and an increase in prescriptions (Foster, 2010). The drug industry influences the prescribing rates, patterns and control of drug information (Kleinman & Cohen, 1991). While Wilkes, Doblin and Shapiro (1992) contend that "'pharmaceutical manufacturers can have confidence that…when sales messages are communicated through journal advertising, market shares of new prescriptions will increase.'" Marketing practices influence the manners in which physicians prescribe medications (Ferner & Scott, 1994).

Moreover, journal advertising has been related to prescribing behaviors as effective advertising has increased prescription rates. Additional data show that drug ads influence physician practices and patient care as there is a link between drug ads and the number of prescriptions filled for the product advertised (Ahmed, Grace, Stelfox, Tomlinson & Cheung, 2004). In a study by Walton (1980), he found that awareness of journal ads had favorable

influence on the prescribing behaviors of physicians. Moreover, journal advertising has been related to prescribing behaviors as effective advertising has increased prescription rates. These findings have resulted in the plea for the critical examination of the role and responsibility of pharmaceutical advertisers in the education of physicians and the impact of advertising on prescribing behaviors (Hawkins & Aber, 1993).

Misleading Promotions and Inappropriate Prescribing

Not all critics agree that medical journals and advertising provide accurate information that adequately educates physicians. According to Spielmans (2009), if drug advertisements are to serve an educational purpose they should at a minimum provide accurate information. Some marketing practices can deceive physicians about the safety and effectiveness of a drug product, thereby resulting in potentially unsafe prescribing behaviors at the detriment of public health.

According to FDA Risk Guidelines, all promotional material directed to physicians must present, "appropriate risk disclosures [to] help healthcare professionals by giving them some of the information they need to know about the product that will enable them to safely use or prescribe it" (FDA Guidance for the Industry: Presenting Risk Information in Prescriptive Drug and Medical Device Promotion document, 2009, p. 2). This sentence seems to suggest that advertisers are responsible for providing information that is factual and educational to healthcare professionals (HCP) in an effort to preserve safe prescribing practices. Misleading advertising can have serious harmful consequences to society as it can lead to inappropriate prescribing (Kusserow, 1992). The messages that overstate benefits may place physicians in an adverse position that affects their prescribing behavior (Lexchin & Holbrook, 1994). In addition, Lexchin argues that there is evidence to suggest that physicians who rely upon medical journal

advertising as information sources may in fact prescribe less appropriately than those who do not rely on these sources. Christensen and Bush (1981) maintain that over-prescribing and misuse of drugs exist within the pharmaceutical industry that is fueled by pharmaceutical companies' promotional practices. The authors suggest that prescribing behavior is in general poor, and that physicians are not properly educated about the drugs they are prescribing to patients. Further, Moynihan, Dast & Henry (2012) state that people are being overdosed, over treated, and over diagnosed.

Depression

Neurasthenia

Neurasthenia was an illness that serves as a predecessor to the modern concepts of anxiety, depression, obsessive compulsive disorder (OCD), and eating disorders (Beck, 2006). The historical account of neurasthenia tells about the proclivity of medical practitioners, scientists, and patients to cooperatively influence and reinforce socially defined illnesses as medical conditions that affect a particular segment of society. The history of neurasthenia reveals the manner in which mental health has been culturally defined and socially supported that has resulted in the creation of the patient who is prejudicially identified, diagnosed, and treated by the physician. The story further demonstrates that mental health has been established upon discriminatory medical practices through the coloring of judgement and the use of stereotypes that can affect a physician's decision regarding patients. As it will be shown, neurasthenia favored a certain gender and class of people that hindered physicians because it allowed social prejudices to influence medical thinking (Wessely, 1991).

During the 1870s, men and women living in large cities began to visit their neurologists armed with complaints regarding physical pain. In an effort to explain this new phenomenon of physical pain, two neurologists, George Miller Beard of New York and S. Weir Mitchell of Philadelphia, created an illness called neurasthenia. This illness was developed through the amalgamation of the European science of nervous energy along with the vast social changes that were occurring in America (Schuster, 2003). As a result of this combination, neurasthenia was based upon the discovery and rise of the telegraph, periodical press, steam power, and science. Neurasthenia was conceived to be due to the stresses of modern society and the fast-paced American lifestyle which was deemed to be a malady that originated out of social and environmental factors (Schuster, 2003).

Beard and Mitchell established the clinical and diagnostic profile for neurasthenia based upon the assumption that the condition was affiliated with the stresses of modern society. Beard contended that neurasthenia manifested itself when people drained their bodies of nervous energy thereby causing organs to malfunction, resulting in such symptoms as fatigue, indigestion, depression, and irrationality (Schuster, 2003). Other vague symptoms included anxiety, headache, lethargy, and insomnia. Subsequently, the illness was categorized and labeled as “nervous energy” and “tired nerves.” However, the cause of the illness had to be based upon clinically observable scientific merit in order to render a proper diagnosis. Consequently, neurasthenia was classified as a clinically observable illness that was simply due to overworking. This etiology assumed that the physician could directly identify the overworked patient, a person who resided within a certain class.

The patient became defined through physician office visits and the complaints the patients expressed. Further, through simplified typifications and pictorials, the patient was easily identified as the bank manager, most likely to be a man, who had a stressful job and a demanding schedule. While, a young woman was depressed because of the mental strain of attending a newly founded co-educational university where she had to compete for grades. These depictions were created by physicians and scientists that were based upon metaphors associated with business and new technology. These allowed physicians to accurately diagnose the overworked patient (Wessely, 1994).

Mitchell categorized two primary groups of people who were most vulnerable to the illness, the ultracompetitive businessman and the socially active woman. Both groups were characterized as being the educated, cultured, bright intellects, leaders, and masters of men (Schuster, 2003; Wessely, 1991). Other groups of people who were predisposed to develop neurasthenia included members of the urban professional class who Beard referred to as the "brain workers," a group that was distinctly different from the labor class "muscle workers." The "brain workers" were perceived to be mentally fatigued from working while it was believed that the "muscle workers" did not suffer from "brain work" and thus were less prone to developing nervousness (Wessely, 1991). Because of these class distinctions, the illness and diagnosis became associated with the upper class that was worn like a badge of honor (Schuster, 2003; Wessely, 1991).

The diagnosis that a patient received was based upon the physician's perception of the person which led to discriminatory medical practices. Physicians determined nervous exhaustion to be more justified in some groups of patients. Consequently, gender and class biases influenced

physicians'' decisions regarding the people who had a "right" to be sick (Gosling & Ray, 1986). In Gosling and Ray's (1986) study of physicians' diagnostic statements, they contend that the Victorian medical records were based upon cultural and social bases rather than scientific knowledge in which the physicians' diagnoses were founded upon their beliefs in social stereotypes.

The gendered treatment of patients was further influenced by the manner in which physicians perceived patients. The most famous therapy prescribed was the "rest cure" which was suited for female patients. As a result, a myriad of 'retreats,' private clinics and rest homes appeared in America between the years of 1880-1900 (Wessely, 1991). Physicians also recommended "camp cures" in which people, primarily men, were sent into the forest or to a western ranch to eat roasted meat, breathe in fresh air, and to live in nature in an effort to restore their nervous energy. Similar to today's lifestyle recommendations, physicians advocated for patients to take vacations, eat more vegetables, and to refrain from excessively drinking alcohol. For the patients who could not afford the rest or camp cures they would seek out temporary relief through minor electric shock therapy or patent medications (Schuster, 2003). As a result, pharmacists and patent medicine manufacturers were quick to produce a variety of products that could restore people's nerves as they developed "nerve revitalizers" which were laced with opiates, cocaine and alcohol.

By the turn of the 20th century, the number of cases of neurasthenia peaked due to the social elite who embraced the disease. Neurasthenia was an illness that was touted through the testimonial endorsements of well-known personalities, in the pages of popular literature, and by religious entities. Advocates for neurasthenia played a central role in explaining and defining the

illness within the public realm and included such notables as sociologist Max Weber, social reformer Jane Addams and feminist Charlotte Perkins Gilman. Additionally, characters in popular literature were depicted as having neurasthenia, thus the illness became in vogue and stylish. Finally, the Christian Science and Emmanuel religious movements gave the illness a boost as these religious entities claimed to heal neurasthenia through religious faith which helped to make neurasthenia a fashionable disease (Schuster, 2003; Wessely, 1994).

However, by 1906 neurasthenia began to fall out of favor when it was documented that the working class were suffering from the illness as well, therefore, it became a diagnosis that was no longer exclusively reserved for the upper class elites. According to the New York Vanderbilt Clinic's medical records, neurasthenia had become a disease of the lower social class (Wessely, 1991). In his 1906 presidential address, W. C. Steadman asked that more attention be given to the needs of the neurasthenia poor. As a result of these findings, the diagnosis decreased throughout the population as neurasthenia lost its once illustrious social status. As a consequence, the industrious businessman was replaced with the stereotype of the work-shy laborer and the hypochondriacally upper class female invalid (Wessely, 1991).

Neurasthenia was supplanted by psychiatric diagnoses, especially for depression and anxiety. This transformation into a psychological paradigm was attributed, in part, to Sigmund Freud. Freud played a significant role in the redefinition of neurasthenia through his varied discussions with female patients who suffered from conditions similar to neurasthenia. He deduced that their feelings of dreed and worry were psychological and not neurological. The treatment he prescribed was psychotherapy which was provided by a psychiatrist. By the 1930s,

neurasthenia was a condition that fewer physicians were diagnosing and has since served as a cultural phenomenon (Schuster, 2003).

Neurasthenia's history intimates that psychiatric patients were born from social and technological advancements in American society which produced a cultural ailment that was legitimized through the development of a diagnostic label or category, in which a range of vague symptoms was validated, and treatments were developed based upon such socially defined criteria as gender and class. Neurasthenia was regarded as the 'disease of the century' that favored the elites and marginalized the labor-classes (Wessely, 1991). Today the illness serves as a reminder as to the affiliation between medicine and American culture in which healthcare both influences and is influenced by societal developments (Schuster, 2003).

Modern Day Depression

It has been suggested that dramatically more women than men suffer from mental illness. However, according to the World Health Organization (WHO, 2016), the epidemiology rates of mental health disorders for both men and women are similar to one another yet there exist gender differences in the patterns of mental illness. As epidemiology surveys have surmised that the prevalence of Major Depressive Disorder has increased over the past few decades among both men and women (Kessler, 2003). Further, reports have suggested that a sizable number of individuals who suffer from mental health disorders are not treated while a significant number of patients who are at risk for or suffer from a mental disorder are not properly diagnosed (WHO, 2016). According to the World Health Organization (WHO, 2016), certain groups of people and individuals are at a higher risk for mental health problems including those living in poverty and people with chronic health conditions. Additionally, gender is associated with risk,

susceptibility, time of onset of disorder, diagnosis, treatment and adjustment to mental health (WHO, 2013).

Epidemiological studies have suggested that the prevalence rates for such mental disorders as depression and anxiety have steadily increased while rates for schizophrenia have remained rather low. However, a study by Kessler et. al (2005) indicated that between the decades of 1990 and 1992 and 2001 and 2003, the rates of prevalence for mental disorders remained the same; rather, it was the treatment of such conditions that increased.

Depression has become a common disorder amongst Americans. Critics claim that anti-depressant advertising only makes depression appear to be more widespread than it may be. As 60 percent of people who visit a physician are diagnosed with a mental health condition rather than a physical one. Currently, there are 50,000-100,000 people who suffer from depression per million worldwide, making depression more common than cardiovascular disease. Prior to the development of SSRIs, depression affected only 100 people per million (Koellhoffer, 2008).

Currently, most people will receive a pharmacological treatment for depression rather than other types of therapy as it has been estimated that three quarters of patients who receive treatment for depression will be given a prescription for an anti-depressant alone or with counseling (Larson, Miller & Fleming, 2007; Olfson & Marcus, 2009). Therefore, it has become important to study correlates associated with depression as previous studies have indicated that the percentage of anti-depressant users did not increase from 1996 to 2005, however, the number of people receiving anti-depressant medications increased from 1996 5to 2005. The rate for anti-depressant therapy increased from 5.84% in 1996 to 10.2% in 2005 which represents an increase from 13.3 to 27 million people (Olfson & Marcus, 2009).

By 2006, anti-depressants were the most prescribed class of drugs in America comprising $13.5 billion in sales (Greenberg, 2010; Spielmans, Thiegles, Dent & Greenberg, 2008). However, not all of these prescriptions were written for people who needed treatment for depression. As depression has become a public health emergency that costs society approximately $43 billion annually for the under treatment of patients (Greenberg, 2010).

Psychotropic Drug Advertising Stereotyped Imagery, Prescribing and Diagnosing

It has been suggested that the images depicted in psychotropic drug advertisements in medical journals serve a particularly vital role because they are visually appealing and, thus, have the power to influence prescribing and diagnostic behaviors (Lexchin, 2013; Leppard, Ogletree & Wallen, 1993). However, many of these ads have been regarded as presenting stereotypical images which can lead to bias and negatively affect physician prescribing and diagnostic behaviors. There inherently exists a gender and social class bias that results in the overrepresentation of middle-class white women. As Seidenberg (1974) suggests, the attitudes toward a group of people, in this case women, can be influenced through an excessive amount of pictures which can lead viewers to see them as being sick or disturbed. The lack of gender and social class diversity within advertisements may result in discriminatory practices that influence the prescribing and diagnosis of over and under-represented groups of people.

Advertisements employ stereotypes in an effort to foster identification with an audience. The stereotyped images in psychotropic medical journal ads serve to culturally reinforce the hopes, aspirations and perceptions of the intended audience. Therefore, physicians are flooded with medical and pharmaceutical referent signs in which they can identify, thus producing identificatory consumption (Barbercheck, 2008; Metzl, 2003). The representations within the

ads serve to construct both the perception of the patient and the doctor in a manner that can be effectively articulated and redirected to the medical audience (Lupton, 1993). These ads, through the use of stereotypes, simply reinforce medical practitioners' ideals and conceptions surrounding illness and treatment (Kleinman & Cohen, 1991). The use of stereotypes in advertising is a necessary condition as it serves as a form of ordering and provides simplified cognitive short cuts which are easily recollected by the viewer, thus stereotypes are considered to be prototypes of 'shared cultural meaning' (Dyer, 2000; Kitch, 2001). As such, advertising helps people, and in this case, physicians to make sense of the world (Mittler, 2007).

Stereotypes in Psychotropic Drug Advertisements

Previous studies have demonstrated the universality of such stereotypes in psychotropic drug advertisements, as women are represented as suffering from emotional symptoms and ineffective coping mechanisms; conversely, men suffer from organic or work-related stresses and illnesses and display effective coping strategies (Hawkins & Aber, 1993; Leppard, Ogletree & Wallen, 1993; Munce, Robertson, Sansom & Stewart, 2004). These binary depictions are rooted in Victorian era constructions of gender and visually communicated through imagery of women at home, in the garden, taking care of children, or in a social setting which implies that she occupies a dependent work status. Additionally, women are viewed as participating in submissive or passive activities including sleeping, shopping, and cooking. Men, on the other hand, are shown in the work environment, being productive, independent, and possessing a higher socio-economic status (Kempner, 2006; Munce, Robertson, Sansom & Stewart, 2004; Saiz, Cantero & Galvez, 2012).

According to Kempner (2006), the prototype featured in psychotropic drug advertising is the white middle class woman who is attractive with styled hair, expensive clothing and jewelry and well-applied makeup. She further contends that the portrayals of men, women, and healthcare providers are depicted as being white, affluent middle-class with white collar jobs. As Andreas Eggert, VP and Global Business Manager for Pristiq described the typical depressed person as being, "a woman that has a job, has family and she gets stuff done, but it's a constant struggle" (Arnold, 2009). Therefore, it only makes sense for these ads to target white, affluent and professional managerial women (Herzberg, 2006; Othman, Vitry & Roughead, 2009).

The effects of such stereotyping result in men and women as being medically treated and perceived to be mentally different from one another despite the fact that peoples' brains are similar physically. Yet, women are regarded as suffering from emotional problems while men's complaints are taken more seriously. Based upon advertising, physicians may have the false perception that men are in more need of medical care than women, and consequently female related health conditions are overlooked (Krupka & Vener, 1985). Often is the case that women suffer from the same set of symptoms as men, yet they are more likely to be treated differently and prescribed a specific type of drug, especially an anti-depressant (Hansen & Osborne, 1995; Peppin, 1995). Women are more commonly over-diagnosed then men for depression as women are more likely to be prescribed an anti-depressant even in the absence of an appropriate diagnosis (Hansen & Osborne, 1995; Peppin & Carty, 2001).

These stereotypes and prescribing behaviors have resulted in the coining of such terms as the "harried women syndrome" which is utilized to diagnose over-stressed American women suffering from a sort of pre-depression (Hodges, 2003, p. 14). As, a result, physicians fail to

diagnose or misdiagnose women's conditions because they presume women's health issues to be more emotional in nature as is depicted in psychotropic drug advertisements (Leppard, Ogletrree & Wallen, 1993).

Segmenting the Market and Gendering Medical Conditions

Several studies have concluded that the over-representation of a specific gender in pharmaceutical advertising may result in the conception that the advertised condition is commonly present in the advertised gender. Hence, medical conditions are gendered based upon the depicted models which can result in the over and under-diagnosis of the gender most and least represented. Such conditions that have been gendered include heart disease which is thought to be a man's ailment in which the person who suffers from a heart attack is perceived to be a successful man in a high paying job (Clarke, vanAmerom & Binns, 2007). Male models are three to four times more likely to be portrayed in pharmaceutical advertising than women for cardiovascular disease (Ahmed, Grace, Stelfox, Tomlinson & Cheung, 2004). These depictions have resulted in the under-diagnosis of women, especially in the early stages. As epidemiology studies have shown that the under-representation of women in the media has resulted in the under-representation of women's heart disease in the clinical setting (Clarke, vanAmerom & Binns, 2007).

Depression and anxiety are considered to be women's diseases and consequently, pharmaceutical advertisements target the female population. In this emphasis upon women, advertisements tend to portray women as the prototypical antidepressant patient. A study by Curry and O'Brien (2006) revealed that depression was portrayed as being "natural to women" (p. 1974) and that more women (85.7%) than men were depicted in Irish medical journal

advertisements. Further studies have indicated that more women than men are featured in psychotropic drug advertisements. This over-representation of women may result in men and women to be medically treated differently, thus creating health inequalities (Cambronero-Saiz, 2013; Munce, Robertson, Sansom & Stewart, 2004). Finally, the gendering of medical conditions has lead physicians to interpret symptoms differently based upon whether they are present in a man or a woman (Chilet-Rosell, 2014).

According to the World Health Organization (2016), the gendering of health can have significant repercussions upon the quality of healthcare a person receives. Inappropriate healthcare includes the prescription of psychotropic drugs to a particular audience. Consequently, gender inequalities may determine women's emotional well-being as it influences social roles, health status, culturally patterned behavior, and access to quality healthcare.

The Rise of SSRIs between 1990 and 2010

During the 1990s and 2000s there were several SSRIs and SNRIs antidepressants that entered and soon crowded the prescription drug market. These medications included Wellbutrin in 1985, Prozac in 1987, Zoloft in 1991, Paxil in 1992, Effexor in 1993, Remeron in 1996, Celexa in 1998, Lexapro in 2002, Abilifty in 2002, Cymbalta in 2004 and Pristiq in 2008. SmithKline initially introduced the acronym SSRI to the marketplace because it emphasized the fact that these medications were selective in that they precisely targeted serotonin. Marketers were quick to pick up on the acronym and its meaning and used this distinction to their advantage (Greenberg, 2010).

In the first Prozac ad in JAMA in 1988, the message resonated with this selective theme as the ad read, "the first highly specific, highly potent blocker of serotonin uptake," and

throughout the 1990s, the pharmaceutical industry utilized selectivity as the main component of their advertising campaigns (Greenberg, 2010). In medical journal advertisements, SSRIs were touted as being clean, strong, high tech drugs that were effective without causing addiction. The drugs were portrayed as "magic bullets" that could destroy depression without causing dependence in patients (Fitzpatrick, 2010; Greenberg, 2010). By 2006, antidepressants were the most common prescribed class of medications in the US and 3:10 of the best-selling psychiatric drugs worldwide (Greenberg, 2010; Spielmans, Thieges, Dent & Greenberg, 2008). The rise in popularity of these medications resulted in an explosive growth in anti-depressant use in the US, in which there was a 400 percent increase in use from 1988-1994 through 2005-2008 (Pratt, Brody & Gu, 2011).

The increased trend in popularity of SSRIs that occurred between 1990 and 2010 is important for a few reasons: 1) the development of the SSRI transformed national discourse regarding mental health; 2) the emphasis upon serotonin levels in the brain facilitated the transformation of the medical model of science to a biomedical model and 3) the onset of Direct-to-Consumer Advertising (DTCA) for psychotropic products was ushered in that redefined the patient and the consumer of the psychotropic market (Mukherjee, 2012; Preston, 2013; Spitalewitz, 2012).

The Creation of Prozac

Prozac is considered to be a term, a concept and a product that caught national attention as it had a profound effect upon American culture (McKelvey, 2013). It is perceived to be a powerful entity that sparked a cult following, fostered a sort of revolution, and ignited a public

debate. Prozac, in essence, led the way to altering the manner in which people in society thought about mental health (Preston, 2013).

It has been remarked that Prozac opened up the conversation and reduced societal stigmas. It was believed that the social stigmas affiliated with mental health had been lifted. Consequently, manufacturers encouraged physicians to look for depression in patients and simultaneously, people were encouraged to seek help by visiting their physician. This symbiotic relationship fueled prescriptions during the 1990s, as diagnosis and treatment doubled (Pharma.org).

Boyd (2013) claims that Prozac "opened up a public debate about happiness/depression and 'cures.'" This debate was in part fueled by the fashion industry that primarily targeted women. Through the creation of t-shirts, jewelry, and handbag accessories, Prozac made depression fashionable. Clothing and jewelry designs that were inspired by Prozac included T-shirts that featured such taglines as, "Gimme some Prozac and No One Gets Hurt" and "Prozac. Tastes Better, Less Bitchy." According to the clothing line president at the time, Skyler Thomas, the shirts were to serve as an impetus for candid discussion as he stated, "it's okay to have problems, admit them openly and be able to laugh at yourself." He further remarked, "our stuff says something much more personal about the individual," (Pirisi, 1998).

Jewelry designer Colleen Wolstenholme created sterling silver earrings, rings, bracelets and pendants in the shape of antidepressants as her creations were to also inspire Prozac candor as she claimed, "wearing these pieces is about being honest as a society" (Pirisi, 1998). Finally, the popular handbag designers, Fendi, created the pharmaceutical handbag that encouraged

people to carry around their medications (Moore, 2007). As McKelvey (2013) stated, “Prozac gave an almost chic gloss to mental illness.”

Prozac was created as the answer to the biomedical model of science and brain functioning and from its development, Prozac and depression have become intimately linked to one another. Prozac was considered to be the next “wonder drug for the mind” and served as the antithesis to Valium as it was a stimulant and not a relaxant (Herzberg, 2006). Prozac further shifted the popular medical condition at the time from one of anxiety to one of depression and from an emotional state to a chemical imbalance (Metzl, 2003).

The Bio-Medical Model

The 1990s signaled a turning point in psychiatric medicine, in which it was considered to be the Decade of the Brain (Schwartz & Corcoran, 2010). The medical model of science embraced the bio-medical model in which brain malfunctioning was cited as a primary cause for such mental disorders as depression. It has been argued that SSRIs have been considered to be effective drugs because they applied a more directed approach to fluctuating the many levels of chemicals in the brain. SSRIs were popular because they affected only one neurotransmitter, serotonin, in the brain. The serotonin stays active longer by blocking its delivery to another nerve cell (Bonander, 2013; Moore, 2007).

The biomedical model places health responsibility upon the individual, hence the patient as it ignores the social implications inherent to health. Over the past three decades the bio-medical model has prevailed in that mental disorders are considered to be brain diseases and treated with psychotropic medication. During this time period, psychiatric medications and

mental disorders have increased (Deacon, 2013). It has further been argued that another reason for a rise in medications and diagnoses, is due to direct-to-consumer advertising (DTCA).

DTC Advertising

The Debate

In 1997, the Federal Drug Administration (FDA) permitted Direct-to-Consumer Advertising of pharmaceutical products and since this deregulation, antidepressants have become one of the most frequently advertised drug category (Grow, Park & Han, 2006). DTCA advertising has thrived since 1997 as it has increased from a $579 million industry to $1.3 billion in 1998 to over $4 billion in 2008, and is expected to increase to $11.4 billion by 2017 (Global Industry Analysts, 2011).

However, DTCA has traditionally fostered a heated debate in which some proponents declare that this form of advertising is beneficial because it educates, informs and empowers consumers thus enabling them to have a more interactive role with their physicians. Gellad and Lyles (2007) contend that DTCA encourages patients to discuss the under diagnosed and under treated medical conditions with their physicians which results in the potential to improve health outcomes. In similar terms, Griffiths, Christensen and Evans (2002) state that access to health information allows patients to participate in managing their own health care. Through a conversation, a dialogue can take place when visiting a physician. Thereby providing patients with more power a factor that is no longer skewed in favor of the physicians which may contribute to improving health literacy and health outcomes.

On the other hand, others argue that the intention of DTCA is quite simply to advertise drugs to consumers. It does not exist to educate and empower but simply to promote and sell

products (Wolfe, 2002). It has been maintained that the DTCA mislead audiences by disproportionately overstating the benefits of the featured drug which causes the ad to be inaccurate and unbalanced in content. Unbalanced information can result in inappropriate promotional statements which can further result in misuse of a drug with dangerous consequences (Greene and Kesselheim, 2010). Additionally, DTCA has been accused of consisting of poor quality due to biased, inaccurate and incomplete information (Griffiths, Christensen and Evans, 2002). Liang and Mackey maintain that "patient safety may be compromised in that some DTCA may overemphasize benefits and patients may not adequately assess the risks" (p.825). Additionally, they suggest that some people may lack sufficient understanding and an appropriate level of knowledge to adequately evaluate an advertised product. This may be valid for such drugs as biologics which require scientific messaging and detailed consumer education (Liang and Mackey, 2011).

DTCA has been criticized for intentionally creating ads that are laden with emotional appeals rather than empirical evidence and information which results in unbalanced advertising. As Hollon (2005) claims, DTC ads characterize the benefits in vague, qualitative terms and leaves out important evidence to bolster benefit claims. A finding that Woloshin, Shwartz, Tremmel and Welch (2001) concur as their study results indicated that risk information in ads was presented in a quantified form while the benefits were enshrouded in more emotional appeals rather than concrete numbers.

Direct-to-Consumer advertising is influential, through emotional appeals, robust narratives that inflate a drug's greatness and unbalanced effectiveness and safety information, in convincing people that the advertised products are better than they truly are (Wolfe, 2002;

Frosche et al, 2010). As Frosch et. al (2010) state, "in effect, DTCA amounts to a large and expensive uncontrolled experiment in population health" (p. 24). In a survey conducted by Harvard Mass General Hospital and Harris Interactive indicated that one-fourth of adult patients who viewed a DTCA received a new diagnosis for high cholesterol, hypertension, diabetes, and depression (PhARMA.org, 2008).

Psychotropic DTCA

Reflection Between DTC and DTP Advertising

DTCA and DTP advertising work in concert with one another, in the form of reflection, in an effort to increase prescriptions through the expansion of the audience. Advertisements mirror the intended audience through the use of the spokesperson who appears within the ad. Through the product model of advertising and the theory of congruence, the model depicted within an advertisement represents the product's end user. From a pharmaceutical perspective, this advertising strategy of congruence between model and product end-user serves a dual purpose. DTCA advertising invites the viewer inside the advertisement to enjoy a world that is enhanced by the advertised product. Hypothetically, as a result of this invitation, the person consults their physician for a diagnosis. On the other hand, the physician views this same type of patient through DTP advertising which also reflects the product end-user, who happens to be the same person. Thus, DTC and DTP advertising work together to reinforce the image of the typical patient who can be diagnosed at-a-glance. An example of this tendency is an advertisement campaign by Eli Lilly that ran in both physician and consumer print materials.

In mid-1997, Eli Lilly hired the Leo Burnett Advertising Agency (Greenberg, 2010) to create an advertising campaign that placed people within the untreated category. This first

campaign was titled, “Prozac Can Help,” and it was Eli Lilly’s goal to expand the market by increasing the audience. It was Eli Lilly’s contention that 2:3 depressed people were in need of treatment. The Director of Public Relations for Eli Lilly, Mike Grossman explained that he saw this project as one of “assisting people in their depressed stupor to raise their hand for help...They might not recognize their condition or know that help is out there” (Sunset, 2008).

In this Prozac advertisement, the viewer may see herself reflected within the advertisement, thereby deducing that she suffers from the advertised condition. While, the physician may see this patient in the examination room, and based upon the advertisement, prescribe the promoted brand and diagnose accordingly. A 2005 Cymbalta campaign further asks the viewer to see herself reflected within such advertising.

Cymbalta, a SNRI, was approved by the FDA in 2004 for MDD and diabetic peripheral neuropathy. It was entering into an already crowded market, therefore, the marketing team had to differentiate beyond the pain indication so the product would stand out from its competitors. The DTCA campaign was launched with the unbranded message, “Depression Hurts” tagline. According to the Manager of Patient Marketing for Neuroscience and an Associate Marketing Consultant on the Depression Hurts Campaign, the campaign was intended to, “the issue we were trying to address was that…there was still a lot of stigma out there and people not getting the treatments they need.” The goal of the campaign was to get people to look at depression differently. “It’s about finding more accurate ways to help people recognize themselves,” stated Stacy Miller, Consumer Marketing Manager for Cymbalta. The targeted audience of this campaign was women (Arnold, 2008). The advertised reflection of the intended product end user is exemplified by the idea that pharmaceutical promotion is concerned with having people

recognize who they are. This recognition prompts one to ascertain the medical disorder from which she naturally suffers.

Although this recognition of oneself within the ad is relevant, it is also the recognition of one's symptoms that helps to shape the characterization of the suffering patient. According to the advertising agency that handled the Cymbalta account, Draftfub and Eli Lilly, the "Depression Hurts" campaign was effective and successful. The agency explained that the campaign's goal was to "change the dialogue" and "redefine the condition" emphasizing the broad range of symptoms and "to motivate our target to seek treatment, we use a mirror to show them how they're suffering." The representative for the agency continued to state, "our TV spot brings to life the range of individual depression symptoms" (Medical Marketing & Media, 2009). It is the concept of reflection as intimated through the utilization of the mirror that is suggestive of the intentional creation of the audience as reflected within DTCA for psychotropic medications.

The marketing and advertising efforts of pharmaceutical companies have been criticized for being overly aggressive in which the lines ordinary life and treatable illness has become blurred (Moore, 2007). Throughout time, DTP advertising has positioned a drug as being the cure to everyday problems and have been primarily predicated upon social and emotional distress and not necessarily disease states. These lifestyle or psych-social ailments are frequently associated with common health problems including sexual activity, sleep disorders, social anxiety, hyperactivity and depression (Abraham, 2010). According to Healy (1997) the discovery of antidepressants was the invention of marketing for depression, and thus, there is a fuzzy line dividing the marketing of scientific ideas and the marketing of psychotropic drugs. Additional audiences are defined through targeting, labeling and everyday ailments.

The ideal consumer is reflected within a September 1999, SKB consumer campaign for Paxil that targeted a specific demographic titled, “Your Life is Waiting.” SK Beecham hired McCann-Erickson Consumer Health in New York and the PR Firm, Cohn and Wolfe to spread awareness about SAD. The agencies targeted professionals between the ages of 18-34. As a result, Paxil’s advertising campaign featured attractive men and women, who despite appearing to be ‘normal,’ overwhelmingly suffered from fear in the social and work environments (Goetzl, 2000).

During the 2000s, Pfizer created a series of comic book ads that portrayed specific individuals as suffering from certain mental health conditions in an attempt to establish the ‘medical consumer.’ Thus, such characters as Kathy who was 41, Joanne who was a ‘depressed divorcee’ and Cindy ‘a depressed office worker’ all sought out Zoloft to help them with their disorders. The pharmaceutical companies constructed narratives to create specific depictions of patients through advertisements (Oldani, 2012).

A $40 million advertising campaign for Zoloft began to frame SSRIs as a panacea as the 2003 Zoloft message exemplified that “Zoloft [was] for Everything.” The ad informed the public as to the ‘literally thousands’ of new applications for Zoloft including anxiety associated with swimsuit season, insecurity overall sexual potency, and a sense of hollowness stemming from losing an online auction (News, 2003). And it was this same year that the FDA approved the drug for predysphoric disorder and social-anxiety disorder or social phobia (News, 2014). A spokesperson for Pfizer, Jon Pugh stated that the Zoloft campaign advertisements are intended to let consumers know, “that it they suspect Zoloft might improve the quality of their lives, they should contact their doctor” (News, 2014).

Narratives

Historical accounts naturally tell a story which are typically recounted in a narrative form. The past is naturally revealed in a story form in which narratives provide an accurate account in that they describe what actually occurred (Nerone, 2010). Human beings are inherently storytellers as we grow up in a culture that is saturated with narratives. From the time we are born, we are read bedtime stories, are lavished with fairy tales and fables and throughout time, we learn how to craft our own narratives and we learn how to listen to others' narratives. In doing so, narratives become socially constructed and shared experiences. However, narrative analysis is not a term that can be simply defined as there are a large number of descriptions available depending upon the research approach taken. Therefore, for the purposes of this paper, narratives are "a sequence of ordered events that are connected in a meaningful way for a particular audience in order to make sense of the world and/or people's experiences in it" (Bell, 2002).

The story brings temporal order to what would otherwise be experienced as a series of chaotic events (Bleakley, 2005). Thus, narratives serve a purpose and provide a relevant point or moral lesson. The manner in which a narrative is constructed is of central importance from the visuals it contains and the intertwining text to the positioning of the narrator in relation to the audience and event all convey meaning. Through narration the investigated element emerges through the story as this becomes the object of investigation (Bell, 2013).

Narrative Inquiry

A central factor to narrative analysis is the examination of key themes that are inherent to narratives. These themes help to provide organization to the manner in which a narrative is

recounted and they tend to cluster around recurrent content. The key themes are identified through their repeated mentions and typically are concerned with actions, events or processes (Phoenix, 2013). In order to identify the primary themes, the researcher should focus upon the small story rather than the overall story, as a whole.

Visual Analysis

During the twentieth century, there has been a noticeable decline in the amount of text placed within advertisements while there has been a significant rise in the amount of imagery employed in advertising. Visual imagery and text frequently work in dialogue with one another as print text relies upon such semiotic signs of language as punctuation, graphology. Visual images are rendered meaningful to audiences through the combination of technical and visual codes. The way the text frames images through headlines and captions helps to construct the overall textual message of the advertisement (Huisman, 2005). Thus, the narrative function of advertisements introduces and leads us to the setting, characters and plot while presenting a specific point of view. From an advertising perspective, the producer of the narrative (industry, company, institution) is the narrator, otherwise known as the speaking subject. This character provides the point of view or focalization for the narrative, a powerful stance to control.

The visuals contained in stories provide generally accepted symbols and signs of gender, class, medicine, science and persuasive discourse. Visual appeals allow the researcher to gain insight into codes of meaning and to perceive of the representation of social relations. In addition, the study of visuals emphasizes the production, interpretation and use of visuals as well as the social and historical context (Bell, 2013). Images constitute the arrangement of cultural and historical change (Mittler, 2007).

From a visual perspective, the examination of images along with text (as previously stated) is important and the analysis of the image by itself is also essential. In today's technological innovations, there are many ways that imagery can be cropped, shaded, angled, etc. in order to establish a specific position or representation. Therefore, Fulton (2005) has suggested the manners in which camera effects communicate interpersonal meanings to the audience about the characters and their social relationships. For example, if the camera angle is high (looking up), this suggests power and authority while a low (looking down) means disempowerment. The technical aspects of imagery should be considered as well as the textual elements.

Conclusion

Throughout time, DTP advertising has emphasized medical journal advertising as a correlation has been shown between physicians' prescribing patterns and promotions. The advertising of psychotropic drugs has become pervasive within the U.S., including the marketing of depression to physicians. However, previous studies have shown that a disproportionate amount of women are featured within these ads than men, which may account for the fact that women are two to three times more likely to be prescribed an antidepressant. The over representation of women in advertising may result in a physician believing that the female is the actual sufferer of the advertised condition. Consequently, this depiction may result in the inappropriate prescribing and misdiagnosis of women.

For the following chapters, the plot and character elements of narratives will be employed in order to analyze the advertisements. Both of these factors contribute to influencing audience identification which for the purposes of this study is with physicians. The next chapter is

concerned with the establishment and depiction of the depression audience and depression as a medical condition.

CHAPTER III: CREATING THE DEPRESSION AUDIENCE

Abstract

The trivialization of depression has become pervasive within American society as it is perceived to be a condition that is trendy to possess. However, depression is a medical condition that tends to afflict people who are subjected to greater amounts of poverty, stress, unemployment, and discrimination. There exists an inverse relationship between depression and wealth, thus the more affluent sectors of society are the least likely to suffer from depression. The over depiction of prominent female characters who are flanked with an impressive lifestyle, personal belongings, and settings in psychotropic medical journal advertisements may contribute to the trivialization of depression and its status as a lifestyle accessory. This portrayal of the depression candidate as being regal in social class merely inflates prescribing rates for a patient population that does not necessarily exist. Through a narrative analysis of medical journal advertising spanning from 1990-2010, it is concluded that the depiction of women in advertisements for depression medications misleads readers into believing that the depression audience is comprised of women of a certain social class. This advertised illusion contributes to the inappropriate prescribing of antidepressants to women.

Introduction

Advertising has frequently been regarded as a sort of art form which subtly reveals stories about society (Mittler, 2007; Ohmann, 1996; Wharton, 2015). Sometimes, these narratives are cloaked in illusion and provide a false sense of reality (O'Sullivan, 2005). Traditional advertising practice of segmenting audiences based upon such demographics as age, income, and gender have invited some industries to masterfully create their own audiences (Barbercheck,

2008; Schudson, 1984). An industry that enjoys such creation is pharmaceuticals as it has the ability to create audiences through Direct-to-Physician (DTP) advertising.

The function of DTP advertising is to persuade physicians to prescribe, thus, there exists an important relationship between pharmaceutical promotion and physician prescribing behaviors. Previous research has indicated that advertising is correlated with prescribing patterns (Pew Trust, 2012). An association that makes DTP advertising rather insidious as this form of marketing has traditionally rewarded high decile prescribers (those physicians who write the most prescriptions for a product). This system provides a marketing structure that is inherently flawed as it encourages irrational prescribing behaviors (Fugh-Berman & Ahari, 2007).

Furthermore, the use of such stereotypes of the white, middle age, and middle class female that permeates DTP medical journal advertising may encourage unwarranted physician prescribing (Metzl, 2003; Pekkanen, 1976). Previous research has indicated that psychotropic drugs are over prescribed 50 percent of the time. It has become easier for a physician to prescribe than not to prescribe (Naish, 2013; Pekkanen, 1976). In addition, physicians prescribe psychotropic drugs more liberally to women than men fostering the perception that more women are in need for such medications as antidepressants. Thus, the incident rates for the misuse of such drugs by women has steadily increased over time (Pekkanen, 1976). The tendency to inspire prescription writing by advertisers may be harmful as all promotion is not necessarily truthful nor factual, thus it can provide a distorted perspective (Kessler, 1992).

The advertisements in medical journals have frequently been called into question regarding their accuracy. Many studies have focused upon the benefits and risks presented or omitted within pharmaceutical advertisements and have demonstrated that these promotions tend

to be somewhat deceptive. However, it is not simply the text that is problematic, it is the visual depictions, as well, that may be misleading. Medical journal advertisements have the proclivity to show gendered images of people, especially for psychotropic drugs.

Through the gendering of the marketplace, women have become the target audience for antidepressant medications. Historically, women have consumed more psychotropic medications as they accounted for two-thirds of the psychotropic market by the late 1960s (Tone, 2009). Subsequently, by the late 1970s, depression was considered to be a woman's illness. As a result, more women were consistently featured in psychotropic medication advertisements (Herzberg, 2009). Further, print medical journal advertising has had a history of over depicting women as patients (Metzl, 2003). This overwhelming depiction can be harmful as physicians may deem depression as being a woman's illness and over prescribe antidepressants to this group of people.

This chapter presents the argument that the intended audience of psychotropic medical journal advertisements is based upon a fictional female audience that has been developed by advertising, medical, and pharmaceutical industries in an effort to promote and sell medications to a broader audience than actually subsists. And in doing so, psychotropic drug advertisements in medical journals tell a distorted tale regarding the actual depression audience that could contribute to inappropriate physician prescribing behaviors that affect women. Through a narrative analysis of psychotropic medical journal advertising spanning from 1990-2010, it is revealed that direct-to-physician advertising portrays the depression audience and depression as people and a condition that have been fictionalized, glamorized, and romanticized through audience segmentation strategies and the use of stylish models, the depiction of an acquired lifestyle, and through the promise of an improved life.

The Creation of the Advertised Audience

The Virtual Audience

The treatment for depression has become so widespread in America that it has been stated that there exists an epidemic of diagnosis of depression (Naish, 2013). Currently, women are two to three times more likely to be prescribed an antidepressant than are men (Metzl & Angel, 2004). From a historical perspective, women have been the target audience for psychotropic drugs. The argument for the creation of this audience is two-fold. On the one hand, traditionally, more women than men have typically consumed antidepressants (Herzberg, 2009; Tone, 2009). And on the other hand, women are the target audience of pharmaceutical advertising, because of this consumptive behavior.

In today's commercial market, it has become routine to begin advertising strategies based upon a virtual market (Frascara,1997). This virtual audience acts as the intended target audience for advertisers and is important because it consists of the consumer that is packaged and sold to advertisers. The purchase of this audience can be relatively risky because it may not be representative of the actual audience (Fulton, 2005). Although market segmentation and lifestyle data assist with creating a profitable audience.

Audience segmentation refers to the fitting of a product to the interests and needs of a particular group of people. Segmentation strategies describe and stratify people according to their consumption patterns (Englis & Solomon, 1995; Pope, 2003). In regard to DTP advertising, this strategy identifies the potential target audiences through its lifestyle data that includes economic, social, cultural, and psychological, and buying behaviors. Segmentation using lifestyle data accomplishes two essential tasks, it divides and parcels the audience based upon

demographic and psychographic characteristics and it informs the creative team about the personal characteristics of the idealized consumer. Through these marketing tactics the consumer audience is identified, categorized, and designed according to social types that are visually represented through advertising (Goldberg, 1982).

There are two audiences that pharmaceutical companies regard as consumers, the physician (prescriber) and the patient (consumer), and both are segmented in different manners. Physicians are targeted and segmented in terms of their prescribing patterns and through their medical specialty. According to Fugh-Berman and Ahari (2007), "the goal of this [physician] demographic slicing and dicing is to identify physicians who are most susceptible to marketing efforts" (p. 0624). Physicians are categorized based upon their prescribing patterns and are rated on a scale from one to ten, with ten representing the highest decile prescriber. Historically, pharmaceutical companies have segmented and advertised to the high decile prescribers since these physicians prescribe the higher quantities of products (Fugh-Berman & Ahari, 2007).

The physicians who are considered to be low prescribers have traditionally been somewhat snubbed by the pharmaceutical industry. However, this trend is changing as advertisers consider that physician's prescribing habits can be altered by being targeted and exposed to promotions (Fugh-Bergman & Ahari, 2007). Physicians may be categorized in three distinct manners: as the spreader, the loyalist, and the niche physician. The spreader is the physician who utilizes portions of all pharmaceutical products. While the loyalist is the physician who is most loyal to a product. Finally, the niche physician prescribes a product for a narrow audience (Fugh-Berman & Ahari, 2007). Physicians are further depicted by their receptivity to

sales representatives as the “cautious practitioner,” the “certainty seeker,” and as “Dr. High Flyer,” and “Dr. Rule Bounds” (Applbaum, 2009).

The division of the consumer audience is accomplished through segmentation and lifestyle data that are based upon consumption patterns. Marketers believe that purchase behavior results from the association between an advertised product and the depicted lifestyle (Goldberg, 1982). This audience’s lifestyle data provides the information for the creation of a consumer audience, and it provides the statistics for the development of a successful advertising campaign. The data informs advertisers about the product, the model, and the lifestyle that should be featured within the promotional campaign. The more congruent these three elements are portrayed in advertising, the more persuasive the argument.

Product Placement

DTP advertising sells a product, an image, and a lifestyle that situate the consumer in a favorable manner. Since the 1920s and the rise of photography, the purpose of advertising changed from one in which the product’s utility was highly emphasized to one in which imagery and upscale settings were stressed. This alteration allowed for the advertised product to be placed in natural and social settings including the home, garden, and swanky parties attended by the erudite sectors of society (O’Sullivan, 2005). Product placement reflected the values of the intended audience (O’Sullivan, 2005). Additionally, the product’s personality that was featured in advertising reflected the personal attributes of the audience that embodied the same qualities of the advertised commodity. Therefore, people paid for product image and personality rather than utility (O’Sullivan, 2005).

During the 1950s and 1960s lifestyle became an important selling feature as advertisements told stories that connected an individual to a group or an economic class that was associated with the products used by that particular group or class. Hence, people were identified as belonging to a certain economic group based upon the products they consumed (O'Sullivan, 2005). Therefore, the model depicted in advertisements did not play a particular type of person but rather was a representative of a social type or demographic category (Schudson, 1984).

In contemporary times, this social classification tells marketers about predictable consumer patterns that are used for the purposes of market research (Schudson, 1984). Marketers identify the social group most likely to consume a product and, as a result, an idealized person of that group will be characterized within advertising, thereby showing the viewer the life that is worth emulating (Schudson, 1984). Advertising is about buying a way of life (Dyer, 2007). The images in advertising present the 'good life' as it is portrayed through the setting (Belk & Pollay, 1985).

Ultimately, lifestyle data assist with providing a richer depiction of the intended target audience that helps writers and graphic designers to imagine and depict these individuals in a visual manner. Thus, lifestyle and consumption have the potential to influence the setting pictured in an ad, the person featured, and his/her appearance, and the artwork itself (i.e. the graphic design) (Plummer, 1974).

Modeled Stereotypes

The selling of an image rather than a product has become pervasive within the advertising industry. Oftentimes, the image is created prior to the development of the product (Schroeder,

2005). Consequently, marketers have become involved with image management as imagery has the ability to fool the eye and to falsely persuade (Schroeder, 2005). According to Dyer (1982), advertising presents the audience with images that makes them seem to be true in which reality is unable to match up to the image. Therefore, the audience's perceptions of the real world are muddled through the advertised illusion.

Advertising emphasizes images that are directed at particular audiences (Goldberg, 1982). In terms of mental health, the models depicted in psychotropic advertising are deliberately placed in order to engender primary audience identification with physicians. One manner in which to foster identification is through the use of stereotypes.

Stereotypes, such as human models, are commonly utilized in advertising to emphasize specific characteristics (Thompson, 1992). Advertised promotions continue to highlight the beautiful people where males are strong, masculine, and upscale and women are depicted as the classic girl next door or as being cute (Gulas & McKeage, 2000). The models portrayed in advertisements are constructed primarily as consumers and, subsequently, are representative of typical people as this imagery is considered to be a prototype that reflects reality (Frascara, 1997; Schroeder & Zwick, 2004). However, there exists a caveat as viewers should realize that the models depicted within advertisements are not replications of reality, but are rather intentionally posed, paid, and pampered, thus they serve as cleverly arranged visual components (Schroeder & Zwick, 2004).

According to Frascara (1997), an Art Director may promote a stereotype in order to fulfill the fantasies of the target market. Frascara further maintains that stereotypes can be useful in processing information, however this information should be factual and should be "achieved

without reinforcing models of questionable value" (p. 28). Repeated exposure to such stereotyped imagery may have effects on consumers and society as advertisements have intended and unintended consequences. These include the attainment of business goals, as well as, the social comparison of people depicted within advertising (Gulas & McKeage, 2000).

Gendering the Consumer Market

The models portrayed in psychotropic drug advertisements are frequently stereotyped based upon gender. Model portrayals in advertisements tend to be gendered in order to perpetuate traditional roles and identities associated with femininity and masculinity. These representations allow for the construction of market segments based upon socio-demographic characteristics thus allowing for the formulation of new markets (Cambronero-Saiz, 2013; Schroeder & Zwick, 2004). Advertising's primary function is to create a demand for a product that did not previously exist. There is frequently a lack of difference between advertised products, especially psychotropic medications, which stimulates a need to create dissimilarity through imagery (Frascara, 1997).

The success of visual imagery is predicated upon its ability to present information that is consistent with the interpretation according to conventional lines. Thus, almost all products are gendered in a normative manner in which sexual duality is emphasized and maintained within the cultural institution of advertising (Mittler, 2007; Schroeder & Zwick, 2004). Previous research has shown that ads that reinforce conventional gendered lines and imagery are more effective in attracting consumers than non-traditional advertisements (Morrison & Shaffer, 2003). As a result of such manipulative designs, a product's image is most frequently related to the sex of the end user (Whipple & McManamon, 2002).

Fictionalization of the Audience

Gender

According to Schudson (1984), advertising consists of fictive elements, including the models represented. Previous research has indicated that more women than men are portrayed in psychotropic drug advertisements directed to physicians. This study corroborates that finding as more advertisements featured women as the primary target for depression by a ratio of 6:1 than men. This result is consistent with the findings of previous studies (Hansen & Osborne, 1995; Munce, Robertson, Sansom & Stewart, 2004). The analysis revealed that an overwhelming 74 percent of the advertisements featured women as the primary sufferers of depression in comparison to 13 percent which depicted men as being the primary sufferers. This over representation may influence physician's prescribing patterns as it leads to the assumption that depression is a female disorder. Epidemiology reports indicate that women tend to suffer from depression more frequently than men. However, the reports indicate that this differences in rates range from approximately 1.7 to 2.0 for women (Pratt & Brody, 2005; Pratt & Brody, 2014). This ratio represents a significant difference between the advertised rate and the epidemiology data regarding women.

It is interesting to note that although the over representation of women in psychotropic drug advertisements is consistent with prior research, the depictions of women in this study do not necessarily correspond to the imagery found in previous studies. Many of the women were depicted as being outside rather than situated within the home sphere. Additionally, they tended to be portrayed in athletic attire and pursuing active interests, especially during the 2000s. In this study, women were seen to be dining or having afternoon tea rather than cooking. Although

women were portrayed as shopping, in this study, this activity was considered to be active rather than passive pastime and was further an indicator of an independent status rather than a dependent one, as discussed later in this chapter.

The men who are portrayed as primary sufferers were frequently depicted in career or romantic scenes. While the men who were cast in a more supportive and less central role were portrayed in career, as part of a romantic couple, and participating in more leisurely activities including jogging, attending a school parent teacher association meeting (which implies taking care of children), shopping and relaxation. Although these depictions of leisure were modestly shown, they do deviate from previous studies that have found images of men to be primarily career centered. Additionally, men were not cast as being necessarily independent nor as representing a higher social economic background as they were frequently accompanied by other people and held employment positions that would be considered to be blue collar.

Race

Consistent with previous studies (Ahmed, Grace, Stelfox, Tomlinson & Cheung, 2004; Hansen & Osborne, 1995; Munce, Robertson, Sansom & Stewart, 2004), more white women and men are depicted within the advertisements than other races and ethnicities. A small number, 13 percent, of the sampled advertisements featured a person of another race or ethnicity. For women, there were two advertisements that featured an African American woman as the primary sufferer of depression. In a more supporting role and not a central role, African American women were the most frequently depicted minority, however these representations were infrequently illustrated.

For men, one advertisement centrally featured an African American man who was viewed shopping with his wife at a farmer's market. In addition, there was a small inset picture of him in a career setting as a security guard. One advertisement that positioned a man as the primary sufferer did not show his face and only revealed his hands and feet which made it difficult to ascertain his race and ethnicity. Men who were in more of a supportive role tended to also be African American. This is a similar trend to women, however, there were fewer depictions of men than women.

Epidemiology

Epidemiology reports indicate that the people most likely to suffer from depression include women, homemakers, the unemployed, disabled, and those living in poverty or near poverty, and with low income (Kessler, et al., 2003). The structural impairments of depression further include people living with low educational attainment, poor marital outcomes, and underprivileged socio-economic status outcomes (Kessler & Wang, 2008). However, these are not the representations that are made in advertising as people appear to lead a more regal lifestyle and pursue careers that tend to require at least a high school education with most of the employment depicted requiring a college degree. Additionally, minorities are invisible from psychotropic advertising which is problematic as epidemiology reports have indicated that African Americans and Hispanics suffer from depression.

A 2002 study showed that more Hispanics suffered from depression between 1987 and 1997, a trend that is not depicted within medical journal advertising (Olfson, Marcus, Druss, Elinson, Tanielian, & Pincus, 2002). While a 2005-2006 study of US households revealed that more Non-Hispanic blacks and Mexican Americans suffered from depression than Non-Hispanic

whites (Pratt & Brody, 2008). Another 2009-2012 US study further demonstrated that more Non-Hispanic blacks had higher rates of depression than Mexican Americans and Non-Hispanic whites (Pratt & Brody, 2014). The differences between the advertised depression audience and the epidemiology data may result in the inappropriate prescribing of antidepressants to people of different ethnicities. Further, these portrayals may lead to the marginalization and undertreatment of minority patient populations (Hirschfeld, et al., 1997; Olfson, Marcus, Druss, Elinson, Tanielian & Pincus, 2002).

Although the treatment for people increased from 1987 from .73 per 100 persons to 2.33 per 100 persons in 1997, the treatment of white women was also greater than for men and minorities. Employed, white women who were privately insured had the highest rates of treatment. However, there was a slight increase in the treatment of men and African Americans and Hispanics in 1997 compared to 1987 (Olfson, Marcus, Druss, Elinson, Tanielian & Pincus, 2002).

Previous studies have indicated that the predictors of those who would receive treatment for depression included non-Hispanic white women over the age of twenty-four with at least a high school education. The emphasis upon the treatment of women resulted in increased usage by women. In 2003- 2004, 310 out of every 1,000 women received a prescription for an anti-depressant (Horwitz, 2010). One reason for the increased treatment of women is due to the aggressive antidepressant advertising campaigns aimed toward physicians, health care professionals, and the public. In addition, the SSRIs were featured in lead articles in national magazines, best-selling books, and televised talk shows, thus increasing their popularity (Kessler, et al., 2005; Olfson, Marcus, Druss, Elinson, Tanielian & Pincus, 2002).

Finally, epidemiology reports state that many people who suffer from depression tend to reside in the less wealthy sectors of society as there exists an inverse relationship between depression and wealth. Higher rates for the disorder are found in people residing in the lower classes. Depression is frequently found in people who are subjected to greater amounts of poverty, stress, unemployment, discrimination, dangerous neighborhoods, and lower levels of education (Brown & Scheid, 2010; Eaton, Muntaner & Sapag, 1999). The people who suffer from depression tend to be associated with living below the poverty rates, yet advertising tends to depict the lifestyle people would like to attain. Thus, providing the illusion of truth. The models depicted in psychotropic medical journal advertisements represent an audience of people who do not necessarily reflect the actual depression patient population. Thereby rendering the storyline regarding depression as being somewhat false.

Advertising Narrative Plot

There is a strong correlation between art, culture and advertising in which advertising is able to communicate the past and present accomplishments (Wharton, 2015). A close relationship exists between language and advertising in which the implicit stories in advertising are created through the development of a plot and characters which are strategically employed to foster audience identification (Cohen, 2013; Wharton, 2015).

Historically, the basic premise of the advertised plot has been enshrouded in the message of social attainment that is desired by the audience and achieved through consumption (Ohmann, 1996). These narratives depict the ideal consumer lifestyle that are embodied within a happy plot (Ohmann, 1996; Thompson, 2004). The audience is presented with the grand visual imagery of

the idealized life and social status that can be obtained through an economic exchange (Mittler, 2007; Ohmann, 1996).

There are a couple of issues that arise regarding psychotropic drug promotion directed to physicians. First, the plot contained within the advertised narrative is typically concerned with social advancement of the patient and not necessarily the physician. This social desirability is reflected through such symbolic imagery as jewelry, professional attire, and comfortable home settings that permeates such advertising (Herzberg, 2009).

The advertising industry portrays the world that people aspire to live in and not the world they actually inhabit (Merchant, 1985; Pope, 2003). The depiction of such a world in DTP advertising is accomplished through glamorizing and romanticizing the advertised product and the promise of an improved life; a sort of level of social attainment that is provided by the physician through the act of prescribing. This is a powerful position to inhabit.

In a similar vein to advertising perfumes, psychotropic DTP medical journal advertising infuses a hint of glamor and romance to foster an emotional appeal. This sense of glamor was engendered during the 1990s with Prozac, a product that promised to provide people with an easy happiness (Naish, 2013). This message subsequently attracted an audience of people who were not clinically depressed, but were simply unhappy; an audience that was representative of a certain gender and social status (Chastain, 1993; Hicks, 1997).

The Glamorization of Depression

Prozac and SSRIs

Prozac is a drug that helped to catapult psychotropic pharmaceutical sales as it revolutionized American society and altered the concept of mental illness, prompting it to

become a cultural icon (Goode, 2002). Prozac hit the market in 1987 and it was projected to earn a remarkable $175 million by 1990. However, in 1987, it earned $350 million in sales. By 1990, it had become the most prescribed anti-depressant with 650,000 prescriptions written or renewed every month with annual sales over $1 billion (Fitzpatrick, 2010). Since its marketing launch, antidepressant usage has quadrupled and has become the second most prescribed class of drugs in the U.S. (Smith, 2010).

Through its media friendly appeal and glowing testimonials, Prozac gained a sort of prestige as it was candidly discussed at swanky dinner parties and on dates (Boyd, 2013; Toufexis, 1993) people joked about it in cartoons and essays; and it was recommended to stressed out family and friends (Toufexis, 1993). It has been suggested that the conversations Prozac opened and started about depression resulted in its altering the discourse regarding mental health (McKelvey, 2013).

Thirty years ago, the discussion regarding depression was considered to be taboo as it was regarded as a condition that was a sign of one's weak character, thus prompting people to visit their family physicians for "nerves" (Naish, 2013). Prozac altered the conception of depression as being something that was feared and shunned as it positioned the disorder as being trendy which contributed to Prozac's magical charm (McKelvey, 2013; Ridge, 2009). According to Barber, "madness has become alluring, inviting and at the least enormously popular." And as a result of this sort of luster, antidepressants and depression have become viewed as being rather chic and a lifestyle accessory (Boyd, 2013; Margolis, 2014). It has become regarded that depression effects the glamorous people as it has become fashionable and turned into something wearable (Margolis, 2014; Ridge, 2009; Stanistreet, 2008).This concept of glamor has been

depicted in DTP advertising through a subtle combination of the product, model, and lifestyle that have been presented within the promotion.

1990s Glamorization of the Individual

Since the beginning of melancholy and depression, it has been considered to be the fashionable people who suffered from such mental conditions (Lawlor, 2012; Wessely, 1991). The cause of these disorders, it has been argued, have stemmed from modern, civilized lifestyles that develop into an intellect illness (Lawlor, 2012; Wessely, 1991). Further, these ailments favored the higher class denizens as the labor classes were considered to be idle and not as hard working. The productive person was the one who was perceived to be overworked and thus, was prone to suffer from depression (Lawlor, 2012; Wessely, 1991). These ideals continue to exist in current day society for depression.

During the 1990s, there was a feeling of psychopharmaceutical chic that permeated American culture that was mirrored in DTP advertising. The models and imagery depicted were cast in a grand light that presented SSRIs and its consumer as being stylish through the use of fashion that was depicted within psychotropic drug advertisements. The attire not only defined who the person was considered to be, but it also defined the upscale lifestyle of that person, thus producing a perception regarding a certain social status.

The model portrayals featured an attractive, primarily white, middle aged woman who was positioned as the patient. But she wasn't a common patient, but a rather regal one (Kempner, 2006). The psychotropic drug advertisements featured women who were rather elegantly attired as they were depicted wearing silk clothing, scarves, two-pieced suits, dresses, heeled shoes, and eye-catching jewelry. Additionally, they were well made-up with perfectly coiffed hair. A certain

opulence permeated this advertising as women were viewed as being well clothed for all aspects of life, including working, daily activities, and a night on the town.

Prozac was regarded as a woman's drug that made women more assertive and competitive especially in business (Herzberg, 2009). The advertisements of the 1990s played upon the career theme for women as they frequently depicted women engaged within a professional setting. The career roles for women were depicted in a more proficient mode as women were portrayed occupying the roles of manager, scientist, and productive employees. This represented a shift away from earlier psychotropic representations that portrayed women in more subservient roles, such as nurses (Hawkins & Aber, 1993; Leppard, Ogletree & Wallen, 1993).

The professional female character was reinforced through clothing as the manager wore an attractive two-piece pants suit, the scientist donned the traditional white lab coat, and another employee was nattily attired in a two-piece skirt suit that featured a striking lapel pin. These female portrayals are depicted in Figures A-1 and A-2. The outfits can be regarded as being relatively conservative in style, yet glamorous, as people of a certain social status could afford to be in such employment positions and wearing complementary attire. It could be inferred from the suits that they were made by a particular designer at the time. This further presents a more regal feel to the advertisement, the model, the advertised condition, and to the product itself.

The perceived depression patient is further glamorized through the depiction of everyday activities, including shopping and exercising. A 1990s Sinequan advertisement featured a woman smiling as she was strolling along in her flowing green dress that was accented by a scarf. She is pictured in Figure A-3 wearing black heeled shoes and carrying shopping bags. Based upon the

woman's appearance and the subject of the advertisement, it would appear that the character is either shopping on her lunch hour or after work. The storyline for the psychotropic advertisements presents the notion of women being productive at work.

By the mid-1990s, the theme of exercising becomes popular in advertising. A Wellbutrin ad depicted several people, spanning in age from early 30s to the late 60s, engaged in various forms of physical activity and they are smartly dressed. The depictions of people exercising included a younger couple jogging, and they were nicely attired in stylish athletic clothing and running shoes as shown in Figure A-4. The female jogger was further accessorized with a headband. While a younger female tennis player was depicted holding a racquet and wearing a specifically designed tennis outfit consisting of the traditional skirt and shirt combination as illustrated in Figure A-5. These depictions demonstrate a couple of underlying concepts. First, the attire is suggestive of the fact that these people are members of a gym or a club. They are not illustrative of the person who is jogging on the street or playing tennis in the neighborhood. Further, tennis is an expensive sport to play as it typically requires some sort of membership, certain clothing, and sports equipment. All of these portrayals reflect a certain lifestyle, and one that is upscale.

It is also the setting of the advertisements that presented a more opulent lifestyle. During the 1990s, Prozac and SSRIs were commonly discussed during social events, including cocktail parties. As Barber described, "the words Prozac, Paxil, and lithium were tossed around with the salted peanuts and the shrimp" during a cocktail party he attended. This type of social occasion is intimated in a Wellbutrin advertisement that depicted an older woman as she was getting dressed up for the evening. She was portrayed in Figure A-6 as being attired in a dress, and she was

shown smiling into her vanity mirror while she put on her pearl jewelry. Within the setting, the viewer is invited to observe her immaculate dressing table that was lined with perfume bottles. This presentation represents a different time period when pearl jewelry, dressing tables, and perfume bottles signified a noble status.

The depictions of the patient population within DTP advertising during the 1990s presents a middle class white woman patient who is well attired for all occasions. The advertisements focused upon the individual and subtly hints as to the type of lifestyle this person enjoys as being ritzy. The advertisements give the illusion that depression does indeed favor the more upper class individual.

By the 2000s, the depiction of the glamorous individual was replaced by the trendy lifestyle that was sold alongside the product. This transition makes sense as the 2000s were dubbed as the decade of the lifestyle drugs. People were depicted less formally and more casually and were featured engaged in more leisurely pursuits.

2000s the Glamorization of Lifestyle

Advertisements depict certain lifestyles to help sell consumers promoted products. Rather than focus upon the product itself, consumers are invited to experience the product through a lifestyle activity. For example, in pharmaceutical advertisements the audience is invited to partake in the hiking, biking, and dancing experience. In pharmaceutical marketing, the consumer lifestyle has been advertised rather than the disease itself (Editorial, 2003). The lifestyle activities that advertised patients enjoyed included dining, traveling, hiking, and yoga.

The depiction of people dining together is provided by a Remeron advertisement that showed in Figure A-7 two older women having afternoon tea together in a home setting. An

interesting aspect of the imagery is the silver tea serving set that was placed upon the table. This type of tea service is considered to be reflective of a certain time and status. In contrast to today's standards, the women are not shown imbibing tea from a coffee mug and a kettle. This type of tea serving set is typically reserved for a more formal afternoon tea that is served in a restaurant. In addition, having afternoon tea is considered to be a rather feminine type of social occasion. Another advertised depiction of dining is for Lexapro. In Figure A-8, two women appeared to be lunching outside during a sunny afternoon. The woman facing the camera was smiling and laughing as she appears to be the person suffering from depression. The sophistication of the outdoors is frequently depicted during the 2000-2010 timeframe in psychotropic advertisements.

The theme of participating in rather expensive types of exercise continues during the 2000s. A Zoloft advertisement featured in Figure A-9 showed a triple generation relationship and provided a portrayal of a grandmother, a mother, and a daughter sitting on top of a boulder that was located above a beautiful body of water and surrounded by green trees. From their attire, it is obvious that the family had been hiking through a mountainous area. There are a few scenarios that can be inferred from this advertisement. First one suggests that depression is, in part, caused by genetics as it is handed down through the generations. This places the illness within the individual which provides a distorted perspective since it is not necessarily genetics that manifests into depression. Second, the grandmother is sort of veiled within the advertisement, thus demonstrating that the person or persons who suffers from depression are the mother and/or the daughter. This slanted portrayal actually broadens the audience that could contribute to the off-label promotion of the product. Third, within the larger advertisement, there is a smaller

picture of the mother in a business setting. The contrast between the larger picture of the hike and the smaller one of the mother suggests a balance between recreation and work. Finally, based upon their destination, the hikers looked as if they had traveled. The scene is serene as it does not appear to be near urban life. The concept of travel is utilized often in these series of advertisements.

Following the pattern of outdoor exercise, is depicted in Figure A-10 of a Serzone advertisement that depicts a woman on the beach attired in yoga workout clothing as she is stretching in the sunlight. The picture presents an ideal image of wellness, relaxation, and a form of exercise that is traditionally experienced by a person of an upper class lifestyle.

The viewer learns of a more cultured lifestyle in Figure A-11 that can be obtained through a prescription through Kristen's narrative in which she is able to resume her weekend getaways. The picture featured an illustration of her suitcase that she is unable to close because it is packed full of clothing. Perhaps she is going away for a long weekend. The overall message for all of these advertisements is of social status and attainment, concepts that are further reinforced through romancing the advertised patient and product.

The Romanticizing of Depression

The SSRIs and depression are romanticized through the portrayals of love. The advertisements play upon the emotional appeal of love, as a Serzone ad depicted in Figure A-12, asks the reader, "how can your depressed patients love life, without a love life?" The imagery that complements this question, includes two couples who are connected by holding hands, standing in the ocean in front of a large, crashing wave. The four people have their backs turned away from the viewer, but based upon their swimsuits, there are two men and two women. This

image lends itself to the notion that they are bracing, together, for a major storm (a depressive episode).

The concept of love in these ads is communicated through visual actions, including the embrace that occurs between couples. Therefore, the encirclement is not seen as occurring between friends, which reinforces the notion of a traditional normative, romantic love. A Remeron ad clearly demonstrated that relief from depression resulted in love as the advertisement portrayed in Figure A-13, a hug between an older couple. In addition to the embrace, the man is holding a bouquet of flowers that are cut in the shape of a heart; a symbolic gesture that serves to further support the impression of love.

A Zoloft ad depicted the reverse embrace between two younger people as the woman was depicted as hugging the man from behind in Figure A-14. In this same ad, an older couple is also depicted as hugging in the same manner as the younger couple. In addition to the static embrace, an Effexor promotion portrayed the hug in action. The advertisement featured a couple that was dancing outside by a large tree as seen in Figure A-15. It is obvious that he has dipped the woman in the dance and he was holding her in his arms. She was looking into the camera as she was hanging upside down and smiling. By romancing the patient and the product, it would seem that SSRIs can provide patients with a love life that could, presumably, also lead to an enhanced or a better life.

The Promise of a Better Life

The plot and promise of a better life is made implicitly and explicitly through visuals and textual elements. Since the 1990s, pharmaceutical companies have relied less upon the messaging of a product's ability to cure a disease and more upon the improvement of life

(Raisborough, 2011, Editorial, 2003). The advertisements encourage physicians to improve their patient's lives by writing a prescription for an antidepressant. Thus, the physician is empowered and called upon to act.

The theme of enjoying one's life resonates throughout psychotropic advertisements as an Effexor XR claimed, "your patients can now enjoy their lives again." Lexapro guaranteed to provide the "power to enjoy life." While Prozac promised the enjoyment of "the simple pleasures of life." Wellbutrin made the bold claim that people would be "feeling better and living better" if people were given a prescription for an antidepressant.

Through before and after sequences, it was further visually communicated that the patient's life would improve through the consumption of the advertised product. In a Wellbutrin advertisement, the viewer was introduced to Janet, a 42-year old librarian who suffered from depression. On the first page of the promotion, Janet was depicted a washed in dark colors and looking sad. When the viewer turned the page, Janet was a happy person as she was depicted smiling in color and smiling as she worked in the library.

A Serzone ad had an illustration of a woman curled up into a ball and proclaiming, "Nothing I do matters… I feel jumpy…I can't sleep at night…" After she takes her Serzone she perked up and stated, "I'm feeling like my old self again. I'm more relaxed. I'm sleeping through the night" and she is shown happily stretching.

Psychotropic drug advertisements offer the patient the social attainment of love and an improved life through a prescription. A physician may feel better about him/herself by providing this fulfilment and writing a prescription. A practice that may lead to the over prescribing of antidepressants to women.

Consumption and Sense of Identity

The advertised representations in this chapter accomplishes two important tasks. First, they appeal to people's sense of identity. Second, they empower physicians by asking them to improve the quality or their patients' lives through a prescription. The representations of glamorization and romance are important because they appeal to one's emotions and sense of self. It has been suggested that people are able to create and transform their identity through consumption as people are naturally identity seekers and makers (Dittmar, 2007a; Arnould & Thompson, 2005). People engage in the act of purchasing in order to gain social status, acquire identity, and to achieve an idealized sense of self. Typically, the act of consumption is accomplished through the purchase of an item. For psychotropic medications, consumption can be regarded in terms of the fulfillment of a prescription and in the actual ingesting of the product which produces the advertised effect, and perhaps, alters one's sense of identity. Prozac was marketed as the personality pill that promised to make people more sociable at parties, to make people better than well, and to be more confident, thus it promised to change people's personalities, and sense of identity, into one that was more desirable (Stossell, 2016).

In addition, these reviewed medical journal advertisements present images of idealized identity and lifestyles that represent the good life that can be obtained with a prescription. According the Dittmar (2007a & 2007b), buyers consume an advertised product and its symbolic meaning (success, happiness, and glamour), in order to move closer to the ideal identity that is depicted by the media models featured in the promotions. People believe that they can transform themselves to be similar to the models who promote the products by buying the advertised product. We buy products in order to enhance our self-worth, and the promotion for SSRI's

epitomizes this concept (Dittmar, 2007b). The advertisements for SSRIs plays upon the notion of self-identity and the social attainment for the promoted lifestyle. For patients, their identities are not only shaped by consumption, but they are also shaped by advertising that tells physicians how to remedy identities (social, sexual, personal, and professional inadequacies) and to further move the patient closer to achieving the idealized good life through a prescription.

Conclusion

According to epidemiology reports, depression disproportionately affects people who live in poverty, stressful environments, are unemployed, face discrimination, or live in unsafe neighborhoods. However, the characters, settings, and narrative regarding the depression audience tells a different story in which the depression audience is comprised of well-attired women who enjoy rather than fear life. The depression audience is represented through the depiction of an idealized lifestyle that is obtained through a prescription. Based upon the notions of consumer consumption, people buy a way of life through the purchase of more things. As advertising celebrates the freedom of choice and consumerism and urges people to get out and buy. This imploring is not any different from traditional products than for pharmaceutical products with one exception, the process is mediated by the physician who is placed in a powerful position to decide who gets to receive this perceived improved life and who does not. Pharmaceutical advertising may influence a physician's thinking about the depression audience that may result in prejudicial thinking and prescribing that may inflate the treatment rates for a fictional patient population.

Psychotropic drug advertisements in medical journals sell an image, a lifestyle, a concept of love, and an improved life. Thus, they sell a fantasy where it is almost cool to be depressed

which only trivializes the illness. Advertisers create the audience for depression through segmentation strategies that allow them to be laser focused on the selling of antidepressants to white women. Consequently, these advertisements lose their ability to properly educate and inform physicians about the mental health condition and the promoted product.

Finally, during the 1990s and with the advent of Prozac, depression was given a sort of chic luster that added to its allure through the promise of a new sociability, confidence, and being better than well. Consequently, people visited their physicians in hope of obtaining a new identity, one that was more productive and likeable. The 1990s were reminiscent of the swanky cocktail party in which people aspired to be interesting. As a result, for the need for interest, it became appealing to not only take Prozac but to be a part of the depression audience. Although Prozac opened up the conversation about depression and reduced stigma, its marketing took it one step too far, in an effort to increase sales, made it somewhat cool to be depressed. Therefore, it has not only become a cultural icon but also a lifestyle accessory which is a rather dangerous consideration. However, Prozac brought together the true depression audience and the fictional one as Barber observed that the pharmaceutical industry brought the homeless mentally ill and the cocktail set together.

The representations in pharmaceutical advertising to physicians warrant further examination in an effort to make these forms of promotion more accurate and informative in their visual and textual content. Additionally, the advertisements should be less inflammatory in their effects and more effective in positively influencing prescribing to all groups of people. Pharmaceutical companies and advertisers have been successful in creating and influencing the depression audience, and the medical condition through ads that promise people sociability,

confidence, and the social attainment of a glamorous life and trendy lifestyle; a promise that naturally begs the question, who doesn't want to be depressed?

CHAPTER IV: THE TYPICAL ANTIDEPRESSANT PATIENT AND AT-A-GLANCE DIAGNOSIS

Abstract

Women are misdiagnosed for depression 30 to 50 percent of the time. One reason for this tendency may be due to the portrayal of the antidepressant patient in psychotropic medical journal advertisements. Through a narrative analysis of medical journal advertising spanning from 1990-2010, it is concluded that the misdiagnosis of women is influenced by advertising. The pharmaceutical, medical, and advertising industries create a prototypical antidepressant patient that is a female. As physicians are pressed for time, they draw upon cognitive heuristics when rendering a diagnosis that permits them to diagnose at-a-glance. This diagnosis is based upon personality, behaviors, complaints, and gender.

Introduction

According to The National Academies of Science, Engineering, and Medicine (2015), most people will experience a delayed or incorrect diagnosis during their lifetime. Such errors may have detrimental consequences that result in negative health outcomes (Meyer & Meyer, 2009). Recently, there has been an increased concern regarding diagnostic error and the assignment of diagnostic labels to individuals that are unlikely to positively affect their health and well-being (National Academies of Sciences, Engineering, and Medicine, 2015). One group of individuals who is commonly misdiagnosed are women, especially for such mental health conditions as depression (American Psychological Association, 2016).

Women are misdiagnosed for depression approximately 30-50 percent of the time (American Psychological Association, 2016). Additionally, it has been estimated that 70 percent of antidepressant prescriptions are provided to women without a proper diagnosis and monitoring (American Psychological Association, 2016). Although there is a myriad of causes for

misdiagnosis, the primary one is cognitive errors; problems with the physician's thinking (Croskerry, 2013). This can occur when physicians take shortcuts that are based upon superficial assumptions affiliated with past experience rather than current information (Sternberg, 2015). One cognitive shortcut that may influence physicians' thinking is the portrayal of the typical antidepressant patient who is promoted in medical journal psychotropic drug advertisements.

The personification of the advertised antidepressant patient in Direct-to-Physician (DTP) advertising is predicated upon the theory that the person pictured in advertisements is the anticipated end user of the promoted product. But this individual may not be the actual depression patient, but rather the medical consumer. Through repetitive advertised model and lifestyle portrayals, physicians are persuaded into believing that the ideal candidate for SSRI therapy is a middle class white woman. With this mental prototype of the antidepressant patient, a physician is invited to simply look at a patient and diagnose at-a-glance.

The model depicted within advertisements is considered to be representative of the actual patient. Through the congruence between the people a physician sees in his or her office and the models portrayed in psychotropic drug advertisements, the patient and the perceived end-user become one in the same person. This portrayal presents a distorted picture.

Pharmaceutical companies, advertisers, and physicians use narrative characters in psychotropic drug medical journal advertisements to create a hypothetical patient profile for the typical antidepressant patient. This hypothetical profile fosters at-a-glance diagnosis, a practice, that may contribute to the misdiagnosis of women.

This chapter explores the typically advertised antidepressant patient and at-a-glance diagnosis through a narrative analysis of medical journal psychotropic drug advertising during

1990-2010. DTP advertising constructs a hypothetical patient profile that reflects the antidepressant patient through the use of personal attributes including, individual qualities and lifestyles, and through symptoms, and textual elements. However, these representations may be flawed as they may not depict the truly depression patient, but rather the attractive and profitable consumer. The chapter begins with an analysis of DTP advertising and the patient that is followed by a discussion regarding the typical patient and at-a-glance-diagnosis. The chapter concludes with a narrative regarding the typical patient.

Direct-to-Physician Advertising and the Patient

It is commonly regarded that advertising should be designed to fit the audience and not vice versa (Fox, 1997). Therefore, the creative decisions regarding advertising have to be harmonious with audience expectations (Englis & Solomon, 1995). The images and messages contained within advertisements have to imitate the values and attitudes held by the audience (Marchand, 1985). Hence, from an advertiser's perspective, it is imperative to create advertisements that mirror the cultural beliefs and the understanding of the intended audience (Frascara, 1997; Tyler, 2006). In terms of the clinically depressed patient, advertisers are arduously tasked with the responsibility of presenting an accurate portrayal of the patient to physicians. A depiction that is representative of the manner in which physicians perceive patients as looking, acting, and essentially being.

The imagery featured within the DTP advertisement is vital as it has to be accepted by the physician as being an accurate depiction of the actual patient in order for the advertisement to be successfully persuasive (Frascara, 1997; Tyler, 2006). This portrayal is partly accomplished through the use of the physician who has a bird's eye view of the typical patient on a daily basis.

Advertisers and pharmaceutical companies retrieve information regarding patients from physicians (Applbaum, 2009). Consequently, the promotional materials for psychotropic drugs are frequently created on the basis of patient complaints the physician is most likely to hear in the office. The psychotropic advertisements in medical journals mirror the actions and words a patient is most likely to take and to say while visiting a physician (Applbaum, 2009; Pekkanen, 1976). These promotions present the patient and the complaints in a simple narrative that is easy to read by the physician. As a result, DTP advertisements emphasize an expectation of appearance social type and personality (Englis & Solomon, 1995; Gulas & McKeage, 2000).

The Hypothetical Patient Profile

The patient profile informs physicians about the patient's demographic and medical characteristics. It provides a narrative regarding a type of patient that can be used when diagnosing individuals. Frequently advertising materials feature a hypothetical patient who is to resemble the patient a physician would see for the advertised product. Therefore, the hypothetical patient is created so that physicians are able to accurately identify, diagnose, and treat the advertised disorder (Spielmans, 2009). This patient is described and defined through a personal story that describes his or her personal qualities, symptoms, and behaviors (Applbaum, 2009; Spielmans, 2009).

The use of hypothetical profiles is to assist physicians "in recognizing symptoms and in 'early identification of relevant patient types'" (Spielmans, 2009, p. 18). An example of a hypothetical patient includes Eli Lilly's character named Donna who is described as a "single mom in her mid-30s, appearing in [the physician's] office in drab clothing and seeming somewhat ill at ease. Her chief complaint is, 'I feel so anxious and irritable lately.' Today she

says she's been sleeping more than usual and has trouble concentrating at work and home. However, several appointments earlier, she was talkative, elated, and reported little need for sleep" (Applbaum, 2009, p. 202; Spielmans, 2009, p. 16). And Michael who "is a professional in his mid-30s. He's highly functional, but his wife says that he's always been prone to mood swings, and lately things have gotten worse" (Applbaum, 2009, p. 203).

In addition to personal narratives, the hypothetical patient is described in terms of the associated symptoms. For Donna, she was designated as suffering from mood swings, irritability, sleep disturbances, anxiety, a lack of concentration, mood lability, and depressed mood. While another Eli Lilly character named Ashley suffered from insomnia, irritability, distractibility, and racing thoughts (Spielmans, 2009, p. 16). These profiles serve to ensure that the physician can recognize the type of patient the pharmaceutical company is promoting. As pharmaceutical companies are concerned with making sure physicians "recognize the type of patient" that it is marketing to physicians (Spielmans, 2009, p.16). Consequently, the patient profiles are representative of the pharmacologic consumer as they depict the anticipated product end-user.

The Product Model of Advertising and Theory of Congruence

The match-up hypothesis and product congruity theory suggest that that the perceived congruence between the spokesperson featured in an ad and the advertised product has the ability to affect source credibility, product evaluation, the perceived gender associated with the product, and other measures of communication and advertising effectiveness (Lynch & Schuler, 1994). The closer the match between the two elements results in a more favorable product evaluation, enhances communication, creates a more appealing ad and exhibits a higher consumer rating for the product and fosters a better reputation for the manufacturer (Lynch & Schuler, 1994). Paek,

Nelson and Vilela (2011) further suggest that the product type determines the gender of the advertised product. The authors conclude that the gender role portrayals and product type are most important to correlate with one another. Therefore, it is imperative for the spokesperson featured in the ad to match the product type and selling idea (Nelson & Paek, 2008). Consequently, for advertisers, one of the most important decisions to make is the selection of the appropriate model or spokesperson to represent a product or brand (Lynch & Schuler, 1994).

The Typical Patient and At-a-Glance-Diagnosis

The medical profession and drug marketers, through preconceived notions of the true mental health sufferer, created conceptions of the typical patient based upon the science of the brain. This was concerning as pharmaceutical companies did not necessarily scientifically identify the actual patient. The pharmaceutical companies intending to increase profits knew who would be the target audience for their medications, those individuals who could afford them, which may represent a different audience than those individuals who may be in need of such treatment (Herzberg, 2006). The depictions and descriptions of the depressed patient have been predicated upon social status, personality, and gender, a tradition that continues today.

The Typical Patient

Blum and Stracuzzi (2004) maintain that there is an unscientific circularity that exists between diagnosis and representation in clinical and popular images. These visuals are based upon stereotypes that the pharmaceutical and medical institutions have provided to physicians in order to identify the typical patient. Medical textbooks further carve distinct characterized images and personal narratives of hypothetical patients that are parceled into mini-stories including, the stockbroker who is distressed from uncertainty and phobias; the physician who is

suffering from an inferiority complex; the anxious engineer who self-medicated through drinking; the stressed out graduate student with school and family troubles; and the housewife dealing with a husband and ornery in-laws (Herzberg, 2009).

Peppin and Carty (2001) maintain that drug companies attempt to create diagnostic images through the use of age and lifestyle imagery for conditions and their cures. These images serve as a shortcut for physicians in treating patients. Advertisers create a human pictorial for prescribing which functions as a cognitive trigger for physicians to recall. This recollection results in the categorization of the patient who enters the medical office without saying a word (Segal, 2008). Hence, the patient who complains of sadness may expect to receive a prescription that is shaped by the physician's mental image of the antidepressant patient. What becomes important is who the antidepressant patient is in the mind of the physician (Segal, 2008).

Diagnosis At-A-Glance

The precisely categorized pictorial representations allow the physician to systematically diagnose the patient at a glance (Rubin, 2004). The at-a-glance diagnosis incorporates a verbal aspect as the patient describes such feelings as, "I just can't cope, doctor." The physician looks for the visual and verbal cues in order to ascertain the appropriate action to take (Stimson, 1975). Drug advertisements consist of messages and images that are cognitively processed together. The construction of a drug's reality includes such elements as the nature of the illness, the typical patient who has the illness, the treatment, and the typical causes of the illness. All of these visual and textual components, taken together, lead a physician to a diagnosis (Stimson, 1975).

Cognition

Working memory is a resource through which people actively manipulate and retrieve information. It is activated for almost all cognitive tasks, including reading, reasoning, problem-solving, and diagnosis. However, it is limited in its capacities and can be hindered by the materials that are presented to the audience (Wilson & Wolf, 2009). Visual cognition is the manner in which information is conveyed through the presentation of design. Visual perception should function to summarize and simplify the visual objects in order to reduce cognitive overload since this can contribute to diagnostic errors (Balogh, Miller & Ball, 2015; Dongfeng, 2015). The FDA recognizes the limitations of physicians in cognitively processing information as it has stated "research has shown that experts (in this case Healthcare Providers (HCPs)) are subject to the same cognitive biases and processing limitations as non-experts" (Guidance for the Industry: Presenting Risk Information in Prescriptive Drug and Medical Device Promotion, 2009, p. 6).

Further, the FDA recognizes that people have the capabilities to cognitively process a restricted amount of information in a specific amount of time as "cognitive sciences research has shown that all people, regardless of expertise, are only able to think through and process a limited amount of information at a time" (Guidance for the Industry: Presenting Risk Information in Prescriptive Drug and Medical Device Promotion, 2009, p. 6).

Finally, the amount of information presented to the viewer at one time can affect the cognitive load of the viewer. As the FDA maintains, "the amount of information presented in one component that, together with choice of words, color, graphics, voiceover and other aspects of the piece, affect cognitive load, the mental effort required to understand the various

components of information in the piece" (Guidance for the Industry: Presenting Risk Information in Prescriptive Drug and Medical Device Promotion, 2009, p. 10-11).

The audience's cognitive abilities to process information is an important factor in rendering a diagnosis. Cognitive errors contribute to diagnostic errors, including the misdiagnosis of an individual. The IOM defines an error in medicine to be the "failure of a planned action to be completed as intended (i.e., error of execution) and the use of a wrong plan to achieve an aim (i.e., error of planning) [commission]" (Balogh, Miller & Ball, 2015, p. 3-3). Diagnostic error is further defined as an "error or delay in diagnosis; failure to employ indicated tests; use of outmoded tests or therapy; failure to act on results of monitoring or testing" (Balogh, Miller & Ball, 2015, p. 3-3).

The presentation of information affects the cognitive abilities of the intended audience which can cause cognitive overload if presented with too much information at one time. Information in the form of advertising can present too much or little data that are affected by such design elements as format, white space, font size, syntactic structure, imagery, and word choice. The presentation of material can result in cognitive overload and hinder a person's ability to comprehend the material's content, thus potentially affecting diagnostic decisions (Wilson & Wolf, 2009).

Diagnostic Heuristics

Visual cues serve as cognitive heuristics in which physicians base a diagnosis upon personal views rather than industry guidelines. Cognitive heuristics are utilized in every facet of life as they require less cognitive effort so that judgments may be rendered more quickly. However, the disadvantage to heuristics is they are susceptible to creating systematic errors as

judgments are based upon preconceptions, experience, and selective memory (Meyer & Meyer, 2009). One of the types of heuristics used in the diagnosis process is the prototype heuristic which is founded upon the matching or similarity procedure. This occurs when a physician does not rely upon guiding principles but rather diagnose based upon a prototype case that is cognitively recalled.

According to Croskerry (2002 and 2003), clinicians face such heuristics and biases as ascertainment and gender biases which cloud their judgement. The ascertainment bias occurs when a physician's thoughts are formed by their previous expectations. Stereotyping and gender biases are examples of ascertainment bias in which physicians think that gender is the determining factor in diagnosis when in fact a pathophysiological basis exists. This typically results in the over-diagnosis of the ideal gender at the expense of the under-diagnosis of the neglected gender (Croskerry, 2002 and 2003).

One such prototype that is easily recalled is the typical patient that is featured in pharmaceutical advertising (Cantor, Smith, French & Mazzich, 1980). According to Segal, physicians have a mental cast of characters from which they resource kinds of patients, such as the headache patient or the depressed patient. The person prototype is recalled as a form of cognitive organization that is employed to code people and their behaviors. This type of categorization and coding can lend itself to prejudicial tendencies, as types of people are classified based upon such subjective characteristics as social status and behaviors.

An example of a scenario that depicts a patient being misdiagnosed based upon a physician's personal biases includes the following:

"A 28-year-old female patient is sent to an emergency department from a nearby addictions treatment facility. Her chief complaints are anxiety and chest pain that have been going on for about a week. She is concerned that she may have a heart problem. An electrocardiogram is routinely done at triage. The emergency physician who signs up to see the patient is well known for his views on "addicts" and others with "self-inflicted" problems who tie up busy emergency departments. When he goes to see the patient, he is informed by the nurse that she has gone for a cigarette. He appears angry, and verbally expresses his irritation to the nurse. He reviews the patient's electrocardiogram, which is normal.

When the patient returns, he admonishes her for wasting his time and, after a cursory examination, informs her she has nothing wrong with her heart and discharges her with the advice that she should quit smoking. His discharge diagnosis is "anxiety state." The patient is returned to the addictions centre, where she continues to complain of chest pain but is reassured that she has a normal cardiogram and has been "medically cleared" by the emergency department. Later in the evening, she suffers a cardiac arrest from which she cannot be resuscitated. At autopsy, multiple small emboli are evident in both lungs, with bilateral massive pulmonary saddle emboli" (Croskerry, 2012, p. 53).

This scenario illuminates many intuitive biases that lead a physician to an inadequate assessment of the patient and, ultimately, to an incorrect diagnosis. First, he stereotypes and labels the patient. Second, he focuses upon her disposition rather than her overall circumstances. These oversights result in her misdiagnosis (Croskerry, 2012).

It has been contended that misdiagnosis of patients may result from physicians' dependence upon heuristic cues from which they draw upon during the diagnostic phase of the

patient interview that may be founded upon advertised imagery (Croskerry, 2002 and 2003). The depicted patient in psychotropic advertisements is problematic as these representations may provide a distorted view regarding the true mental health patient. As women are disproportionately portrayed within this type of advertising than are men. This representation may provide the idea that more women suffer from such mental health disorders as depression, thus increasing diagnoses and the potential for misdiagnosis.

The Narrative of the Typical Patient

Narratives are structured to be rather predictive as they are simply comprised of characters, a plot and a sequence of events that incorporate a beginning, a middle and an end (Greenhill, 2013; Pace, 2008). Narratives are influential because they are able to translate certain frightening notions such as illness and death into more mundane conceptions, which makes their use not only practical for every day conversations but important as well (Nell, 2002).

The part of the narrative of the psychotropic drug advertising that is of interest in this study is the character of the patient. The analyzed medical journal advertisements present a hypothetical patient profile of the antidepressant consumer. The viewer is introduced to the antidepressant cast of characters through such personal characteristics as names and lifestyle demographics and through symptoms and gendered textual elements.

Introducing the Antidepressant Patient

The advertisements familiarize physicians with a particular gender that is established in psychotropic drug advertisements as they learn about such individuals as Janet, Kristen, Nell Barb, Sue, Chris, and Julie. Based upon the introduction to these depression characters, the

viewer, through advertised text, is able to deduce the age of the typical depressed patient as being between 35 and 42 years old as portrayed in Figures A-1 and A-16.

Through a series of 2000 Prozac advertisements, the lifestyle of the characters is described as one that caters to rather whimsical activities. However, the advertisements present an implicit view that these women are not particular proficient in these activities, thus the advertisements subtly censure women's overall abilities. The story unfolds with Kristen in Figure A-11 who enjoys traveling as she is taking weekend getaways again. The picture that accompanies the narrative about Kristen shows a suitcase that is stuffed full with clothing. The visual depicts a suitcase that is bursting at the seams as garments appear to be sticking out of the sides which does not permit the suitcase to close. The underlying message is that Kristen obviously lacks keen suitcase packing and essential traveling skills. The copy reads, "like getting away for the weekend…and taking it all along." However, Kristen does not need to take it all since she is going away for the weekend. The advertisement's text further admonishes Kristen for her inabilities to pack a suitcase.

While Nell has returned to the simple pleasure of knitting in Figure A-17. Although Nell is not very efficient at knitting as the accompanying illustration is one of a colorful sweater that is not in proportion. One side of the knitted sweater is clearly longer than the other side. The text reads, "like extra care to create something unique…and ending up with something extra." The word extra is not used in a flattering manner as it serves to deprecate Nell's knitting talents. Not only do the characterizations of Kristen and Nell feature lifestyles, but they are also somewhat centered around clothing. Thereby establishing an understated connection between women and clothing.

The character of Barb portrayed in Figure A-18 is slightly different in that it features a particular sport that is rather expensive to play. Barb has started playing golf again, however, she is not very good at the game as it is visually suggested that she fails to score above par. Her golf ball is shown as landing into a puddle rather than a hole. The text contained within the advertisement reads, "like golfing…with a slice." However, golfers know that a slice is not something that is good; instead it represents a sort of shot that should be avoided. The advertisement implies that Barb is not really a dexterous golfer. In addition, the game of golf has further been associated with physicians. As it has been frequently joked that physicians do not work on certain days because they are out golfing.

Chris and Sue in Figures A-19 and A-20, respectively, present additional demographic information because through the narrative it becomes clear that they have children, thus suggesting that the typical antidepressant patient has children. The copy for Chris reads, "Chris is making lunch for the kids again." The character of Chris is complicated by the accompanying visual in that it represents a well-made sandwich that features a smiley face. The face is cleverly made from a piece of round lunch meat, ketchup, and mustard. The copy continues to laud Chris's lunch preparation efforts, "like creating lunch for the kids…that leaves everyone with a smile." This statement implies success. Since there is not a visual representation of the person, it could be inferred that Chris is in fact a man. Since the sandwich is well made, it was created by a male character rather than a female. In addition, the activity of making lunch assumes the accomplishment of an important act; the feeding of one's children. On the other hand, the other characters are engaged in rather leisurely activities that do not necessarily constitute fulfilling an

important task. Finally, according to the storyline, women are not as proficient in these leisurely daily activities; a theme that resumes with the character of Sue.

Sue has taken up again with playing with the kids. The advertisement tells the viewer "like showing the kids how to fly a kite…and rescuing it from the kite-eating trees." The illustration depicts a red kite snarled within the branches of a tree. This message accomplishes two tasks. First it suggests that Sue is not an efficient kite flyer. Second, the word rescue plays to the physician as Sue is the one being released, and not the kite, as she is back to enjoying the simple pleasures of life, thanks to her physician.

This series of advertisements do not necessarily speak about depression, but rather speak to the physician. The copy reads, "they count on you to help them feel normal again." Consequently, the depicted people and the patients who represent such characters may not suffer from depression. The Prozac advertisements ask the physician to look for a certain person, the typical patient, rather than look for any symptoms and an illness.

Through this cast of characters, the typical antidepressant patient is introduced as being a female who is not proficient in navigating everyday life. This description of the typical patient reinforces pharmaceutical's intention to sell to women, as it presents a prejudicial perspective regarding women. The advertisements depict women as needing antidepressant in order to get through life. This account is flawed and merely exacerbates the view of women and antidepressants; probably to the delight of the pharmaceutical, medical, and advertising industries. However, if physicians believe this purposely constructed hypothetical patient profile, they will unnecessarily prescribe antidepressant medications to many female patients at the

expense of those who truly need them. Moreover, the message of functionality regarding the Prozac characters are not entirely made explicitly, but are made implicitly as well.

Finally, the symptoms and the text reflected within these advertisements reinforce the idea that depression is a gendered disease and that more women than men are in need of antidepressants.

Symptoms and Text

The vague symptoms contained within the psychotropic medical journal advertisements are primarily themed around the concepts of energy, insomnia, and pain. Energy is defined as being low or lacking as depicted in Figures A-21 and A-22. While insomnia is termed as sleep disturbances and fatigue. And pain is perceived to be unexplainable and as vague aches that patients frequently complain about. From a marketing perspective, the use of these themes plays upon the historical illness neurasthenia and it asks the physician to listen for complaints rather than look for actual diagnosable symptoms. Subsequently, these patients' complaints become the advertised symptoms.

If history does repeat itself than depression looks a lot like neurasthenia. According to the story about neurasthenia, it was an illness that was predicated upon patient complaints regarding physical pain. These complaints lead to the creation and development of an illness, its symptoms, and its audience. Neurasthenia favored the person in society who was viewed as being hard working in terms of employment and social engagements. Through work, patients became physically exhausted which created physical body pain. The patients who visited physicians for a diagnosis and treatment for this pain tended to reside within the upper classes of

society. As a result, acquiring neurasthenia became a social boon as only the educated and leaders were subjected to the illness.

Based upon the historical account of neurasthenia, it would appear that contemporary marketing strategies are loosely based upon the past as little has changed in the diagnosis and treatment of patients. The physician-patient interview has always included some level of patient complaint versus the examination for symptoms. Consequently, patient complaints are turned into marketable vague emotional symptoms including, hopelessness, despair, and sadness

In a black and white advertisement for Serzone a headshot of a woman is depicted and she is looking into the camera with a slightly tense expression. The copy provided in Figure A-23 states a sort of testimonial on behalf of the advertised individual as she expresses, "I feel sad, anxious, and agitated about everything. Hopeless. Nothing matters any more, even things I used to love. Part of it is, I've been dragging around for weeks now, I can't remember my last good night's sleep or what joy feels like…" By reading the advertisement, it appears that the woman is in fact complaining about her life. This is precisely the kind of conversation a physician expects to hear. While Janet in Figure A-1 is also suffering from such emotional ills as "crying spells, and feelings of fatigue, hopelessness, and despair." These female complaints are turned into the primary symptoms for depression that are featured in psychotropic medical journal advertising. The circulation of complaints into symptoms makes it rather convenient to diagnosis at a glance. This diagnosis is further based upon the perceived gender of the patient that is reinforced through the textual elements of the advertisement.

The use of text to define the female patient is reflected within a Paxil advertisement that contains the statement, "She's anxious. She's agitated. She can't sleep. **She's depressed**." This

headline is superimposed upon a black and white photograph of a woman in Figure A-24 who is looking down and her expression is one of sadness. The advertising copy further informs the viewer that 80-90 percent "of depressed patients exhibit associated symptoms of anxiety such as agitation, sleep disorders, weight loss, and gastrointestinal problems." This ad presents both the gender and the symptoms of the patient. The symptoms, especially for anxiety, sleep disorders, and weight loss are also suggestive of a gender and one that is female, a connection that helps to reinforce the visual imagery and diagnosis.

Julie is introduced in Figure A-16 as being anguished because her life is being disrupted by Major Depressive Disorder (MDD), Panic Disorder, Premenstrual Dysphoric Disorder (PDD), and Social Anxiety Disorder (SAD). The advertisement poses the gender-laden message, "Start her on something she can stay with…Paxil." The text is accompanied by a woman who looks sad. The image is further intentionally cast to appear to be gloomy through the use of a maroon colored photo filter. This advertisement suggests that the depicted model for Paxil is attributed to all of the advertised conditions. The person who suffers from MDD may look like the person who suffers from SAD. Consequently, it implies that the typical patient looks alike; she is a white middle aged distressed woman.

Imagery and Hidden Meanings in Advertising

The pharmaceutical medical journal advertisements in this chapter are important to consider because they represent cognitive shortcut cues for physicians, they are reflective of the values, beliefs, and attitudes of the physician audience, and the contain hidden meanings. Advertisers extensively research their audiences and are aware of the images that will assist physicians with making shortcuts. Graphic design incorporates these familiar pictorials in order

to facilitate message transmission. Human models represent certain characteristics that are commonly understood by the audience (Thompson, 1992). Such characteristics include appearance, behavior, gender, personality, and symptoms. For physicians, advertising reflects the familiar that is based upon textbook and medical imagery and is representative of the knowledge embodied within the audience. It is essential that advertising reflect the words and images that the audience already knows (Schudson, 2013). Additionally, advertising provides simple stories in which the values, ideals and attitudes of the audience are communicated (Dyer, 2007). The audience comes to the advertised argument embracing the same set of cultural values that are being transmitted.

In accepting advertising that merely mirrors an audiences' values and ideals tend to distort the adverting landscape as it inherently lends itself to the dominant ideology associated with pharmaceutical advertising. Physicians perceive the typical patient to be the normalized patient. Through the creation of an advertised patient, this person becomes the accepted patient that is based upon the physician's knowledge of patients, medicine, disease, and illness. This perspective may be false, but is readily accepted as being true based upon the fact that there does not exist another form of promotion that tells a physician a different story regarding the typical patient. Without the presentation of alternative explanations, the culture of the audience may become prejudicially tainted. In terms of pharmaceutical advertising, the treatment of the patient is based upon the physician's perception of the person and/or who the person resembles (the depression patient, the migraine patient, the cardiovascular patient, etc.) that is based upon a glance. This superficial account is founded upon the beliefs, values, and attitudes of the physician audience that contribute to reinforcing and shaping the antidepressant patient as being

naturally female. This concept of the patient may be flawed and may result in the misdiagnosis of women.

Finally, the series of Prozac advertisements are hazardous because they contain relatively hidden meanings. Taken upon the surface, it appears that the advertised characters, with the exception of Chris, are encountering simple daily issues that range from packing to golfing. However, when read at a deeper level, one can see the storyline of functionality and women. This narrative makes sense as physicians tend to view patients in terms of functionality (appearance, personality, behavior, and gender) during the patient-physician interview. One caveat for physicians is the use of hidden messages by advertisers which can render them more vulnerable to inappropriate prescribing, diagnosis, and treatment of patients. Ferner and Scott (1994) contend that advertisers use the symbols that are consistent with physician's subconscious motives and aspirations. Physicians in turn may be reluctant to acknowledge these hidden feelings which makes them susceptible to irrational prescribing. Advertising may subvert physicians by appealing to their unconscious desires (Ferner & Scott, 1994).

Conclusion

The typical antidepressant patient is defined and constructed by pharmaceutical, medicine, and advertising industries based upon medical and textbook imagery. The images and words employed in pharmaceutical advertising reflect the cultural beliefs of the physician audience and communicates the notion that the antidepressant patient is mostly a female. The typical patient is manifested from the prototypical patient that is featured within the patient profile and is presented within such marketing materials as DTP advertising. The pharmaceutical companies create characters with whom the physicians can easily identify in their offices. The

hypothetical characters are routinely presented in terms of their appearance, behaviors, social class, personality, gender, and symptoms. These representations are ideally suited for cognitive recall and diagnosis at-a-glance. Further, the narrative that is made explicitly and implicitly, tends to reinforce the manner in which physicians are able to diagnose at-a-glance. Through the general appearance of a patient's ability to function, the physician may quickly determine the course of treatment. In the advertisements included within this chapter, some of them contained hidden meanings regarding the functionality of women. The advertising presents a fairly derogatory perspective regarding women's abilities to navigate through their daily lives and to function in society. The narrative surrounding the advertisements suggests that women need antidepressants in order to live. Finally, it was revealed that the symptoms that are advertised to physicians are frequently based upon patient's complaints and not necessarily medical conditions which may further lead to the misdiagnosis of individuals, especially women.

CHAPTER V: CONCLUSIONS AND IMPLICATIONS

Introduction

There are two narratives of which I am personally familiar regarding the depression and the antidepressant patient. The first story is about a woman who is in her forties and lives at home with her parents. She sleeps most days, she rarely leaves the house, and she barely remembers to eat. She has been prescribed two antidepressants that she currently takes along with an estimated additional four prescribed medications that she is unable to afford. She is currently applying for disability. She is characteristic of a truly depressed person.

The second story is about a professional woman who is also in her forties who goes to visit her physician for an annual checkup. During her visit, she is diagnosed with depression and prescribed an antidepressant. Although she feels that this diagnosis is incorrect, she has the prescription filled. After suffering from an allergic reaction to the medication, she quits taking it. Currently, she is angry at the physician who misdiagnosed her with depression and for prescribing her an unnecessary medication for which she paid. She is the perceived antidepressant patient and is not representative of the depression patient. She is perceived to be the ideal patient for the high prescribing physician and pharmaceutical companies.

Based upon these real-life scenarios and this current study, DTP advertising may contribute to the inappropriate prescribing and misdiagnosis of individuals. There are two distinctly different audiences for the advertising, targeting, prescribing, and diagnosis for depression. The actual patient who tends to live in poverty and the consumer of antidepressant medications who is portrayed as living an ideal lifestyle. According to the storyline in DTP advertising, the depressed audience is comprised of regal individuals who enjoy the outdoors,

athletics, and social engagements while the antidepressant patient is the consumer and the person who warrants an antidepressant because she is unable to function without medication. In sharp contrast, the actual depression patient who is represented in epidemiology reports is virtually ignored and is not fairly represented within DTP advertising. Additionally, the medical condition for depression is portrayed as being glamorous and chic. This provides a false perception of the depression audience, of depression as a medical condition, and of women's health because depression is not trendy nor fashionable but is a serious mental health condition. This chapter provides some conclusions regarding the present study and advocates for making some changes in DTP advertising.

Direct-to-Physician Advertising

Direct-to-Physician advertising is an important field to study because it has the potential to affect patient's health. DTP advertising may contribute to the inappropriate prescribing and misdiagnosis of individuals. Previous research has indicated that physicians who rely upon such commercial promotion as medical journal advertising tend to prescribe more heavily and less rationally (Norris, Herxheimer, Lexchin, & Mansfield, 2005). Thus, the influence of promotion may result in a physician selecting the less than optimal medication choice. It has been contended that one of the most important and most difficult area to study is the effect of pharmaceutical promotion on physician behavior ((Norris, Herxheimer, Lexchin, & Mansfield, 2005). Some contend that promotion, especially physicians, has little influence on behavior. However, this study suggests otherwise. It has been positioned in this paper that pharmaceutical advertising does influence behavior, especially prescribing patterns associated with depression.

Since the 1950s it has been fervently debated that advertising to physicians increases prescription writing and irrational prescribing behaviors. The pharmaceutical companies have structured their sales, marketing, and advertising in a manner that segments and rewards those physicians who are most likely to favorably prescribe their products. This structure of incentive may contribute to the detriment of the patient's health through inappropriate prescribing and/or the misdiagnosis of the individual. For those who contend that advertising does not influence prescribing, the Prozac advertisement in Figure A-25 would suggest otherwise. The advertised statements in the promotion reflect the importance of the medical community upon prescribing. This Prozac promotion presents a warped and rather disturbing picture of pharmaceutical advertising. This level of distortion that exists within DTP advertising may affect prescribing behaviors is a primary topic that is addressed in this study.

The Objectives of This Study

The goal of this study was to examine the representations of the mental health patient, the conceptions of mental health, and the consumer featured in medical journal antidepressant advertisements. Additionally, these representations and conceptions were compared to the epidemiology data to illuminate the differences between the advertised reality and the actual reality regarding depression. These aspects of antidepressant advertising were studied in order to assess the promoted representations of the mental health patient and the mental health condition that may affect physicians' prescribing and diagnostic decisions. This was accomplished through a narrative analysis that commenced with a historical investigation into the background of DTP advertising and the development of the modern day pharmaceutical psychotropic advertising campaign.

Representations of the Mental Health Patient and the Conceptions of Mental Health

Historical Presentation of Depression and the Advertised Patient

Patent medicines were the first medicinal type of product to be advertised and sold to physicians and the public alike. Unfortunately, these promotions were filled with empty promises and contained substances of alcohol, cocaine, and heroin rather than medical compounds. The beginnings to medical advertising were rather notorious for bad practices and equivocation. In concert with the development of these promotions, the precursor to depression, Neurasthenia was established for nerves associated with productivity and overworking. This illness tended to favor and to be reserved for the upper class hard working intellects and leaders in society. The intersection between medical advertising and Neurasthenia is interesting because it is here where physicians diagnosed and treated people medically differently according to their gender and social class. These distinctions for diagnosis and treatment were frequently colored by the physician's social prejudices. The lower class denizens were considered to be idol and thus not productive which frequently prevented them from receiving adequate health care. From this perspective, it could be argued that little has changed in terms of pharmaceutical advertising, physician practices, and the American health care system. The juncture between patent advertising and neurasthenia may have simply provided the foundation upon which contemporary pharmaceutical advertising is predicated.

Through a historical examination, it is revealed as to the ways in which psychotropic drug advertisements for such conditions as depression were originally concepted, positioned, and distributed. Since the mid-1950s, depression has been depicted as a panacea for vague everyday emotional, social, and political ailments. The symptoms for depression were construed in terms

of unruly children, singleness, traffic jams, environmental factors, and political discord (Herzberg, 2009; Tone, 2009). These causes for depression were distributed to many specialties of physicians through such channels as medical journal advertising. Through the 1938 Wheeler-Lea Act, medical journal advertising was considered to be fully comprehended by physicians, consequently, it was not federally regulated in the same way as other advertising including direct mail. Therefore, from the beginning, medical journal advertising could be regarded as being rather dubious in supplying medically accurate information.

Miltown further provided depression with a Hollywood shimmer and brightness that appealed to mass consumers. This luster would later be outshined by the advent of Prozac, but Miltown began the positioning of depression as being reserved for the glamorous and upscale sectors of society. The advertisements of the time reflected this philosophy as pictorials of men featured business suits and office environments while women were surrounded by symbols of affluence including jewelry and modern appliances (Herzberg, 2009). By the 1960s and 1970s, pharmaceuticals for depression were primarily advertised to women as they were the prime consumers of these medications.

During the 1970s, advertisers' appeals were primarily directed toward mothers and wives for psychotropic medications. During this decade, it can be argued that the consumer for psychotropic drugs was established through sophisticated segmentation practices that looked for a particular person rather than an illness or symptoms associated with an illness. In addition, advertised scripts were created that urged physicians to look for a particular type of patient upon entering the office. This categorization of a person encouraged diagnosis at-a-glance through the recall of advertised prototypes that was bases upon appearance, social class, and gender.

The 1990s are renowned for the marketing of Prozac and the rise of SSRIs, the biochemical model of science, and the deregulation of pharmaceutical DTCA. These advances contributed greatly to the current pharmaceutical advertising practices that are directed toward and depict more white women than any other race, ethnicity, and gender. This emphasis may be harmful to women's health. The current study analyzed the timeframe between 1990 and 2010 and the presentation of some of the results are further reviewed and discussed.

Virtual Depression Audience

Psychotropic advertising in medical journals has been censured for its reliance upon stereotyped imagery that over inflates the use of white women in its pictorials. In this study, it was revealed that the representations of the depression audience were comprised primarily of white women. In this study, it was revealed that there was a 6:1 ratio of women depicted in antidepressant advertising compared to men. This number greatly embellishes the epidemiology rates that range from 1.7 – 2.0 for depression in women compared to men. The inclination to emphasize gender in advertising may be dangerous as the WHO states that the gendering of health can have significant repercussions upon the quality of healthcare a person receives which may be based upon gender and not necessarily upon scientific knowledge. This tendency to promote women as the principal sufferers of depression further diminishes the need for treatment in men.

Other groups of individuals are also virtually invisible in antidepressant advertisements because they are not aptly targeted by advertisers, including minorities who are rarely cast in antidepressant advertising. If physicians are influenced to prescribe based upon advertising efforts, then minorities who suffer from depression will be undertreated as they are almost absent

from antidepressant medical journal advertising. This undertreatment could further increase health disparities within the U.S.

Currently, ethnic minorities are less likely to have equal access to health care and are more likely to have inadequate health literacy, a factor associated with worse health status and increased hospitalization (Cooper, Hill and Powe, 2002). These disparities have resulted in minorities receiving less routine medical care and having higher morbidity and mortality rates than non-minorities (www.ama-assn.org). By altering the perception of those who suffer from depression in advertising, perhaps the gap in treatment would be minimized.

However, it is not simply the stereotyped imagery that is concerning, it is also the chic gloss that is superimposed upon the advertising that leads them to be misleading. Epidemiology reports indicate that there exists an inverse relationship between depression and socio-economic-status. The wealthier individuals in society are the least likely to suffer from depression. The individuals who live below the poverty level, have less education, higher amounts of stress, live in unsafe neighborhoods, and face discrimination have a higher likelihood of suffering from depression. One reason that the rate for depression may be higher in woman than in men, is due to the fact that approximately 70 percent of women in the world live in poverty and earn less money than men (WHO, 2016). However, this woman is not the one portrayed in antidepressant advertising.

The models portrayed in the antidepressant advertising tend to be regal, athletic, social, and lead a lifestyle that many would hope to achieve. According to Dittmar (2007), people are identity seekers and through consumption, people acquire and transform their identity. We alter ourselves through purchasing more (Schudson, 2013). People seek to become like the models

portrayed in advertising through consumptive behavior. Based upon the ideal that advertising lionizes the freedom and desire of consumer choice, pharmaceutical companies make depression and the depression audience appear to be trendy and fashionable so that people will purchase and consume the advertised product (Schudson, 2013).

The advent of SSRIs brought forth an increase in the treatment of depression and in prescriptions. According to Kessler, the prevalence of depression did not increase during the 1990-2003 timeframe, rather it was the treatment of depression that was significantly elevated. Epidemiology data suggest that white women were the primary targets of treatment for depression. During 2003-2004 310 out of 1,000 female patients received a prescription for an antidepressant. By 2006, more than 227 million prescriptions for antidepressants were received by Americans which was an increase of 30 million prescriptions since 2002 (Horwitz, 2010). Further, the 2005-2006 epidemiology survey of American households for depression also concluded that more women were not suffering from depression (Pratt & Brody, 2005). A conclusion that seems to bolster Kessler's claim that it was not the prevalence of women that increased but the treatment for depression that was raised.

One SSRI that helped to change the landscape surrounding depression was Prozac as it facilitated the conversation about depression, decreased stigma, and increased the treatment rates of mental illness. It was perceived to be acceptable to take an antidepressant and for some, depression was worn as a badge of honor (Grohol, 2014). The Prozac campaign informed the public that depression was not due to personal or moral failure or a sign of weak character, but instead was attributed to a biochemical cause in the brain (Grohol, 2014; Rottenberg, 2009). Advertising campaigns declared that depression was a flaw in chemistry and not in character.

(Schwartz & Corcoran, 2010). Thereby establishing the basis of depression in the biomedical realm.

The marketing of the SSRIs in medical journal advertisements tended to retreat from the biomedical messages and brain imagery and provided a more glamorous world that was replete with well attired women. The marketing of depression and antidepressants presents an idealized lifestyle that is obtained by the few rather than the many. This portrayal has lead depression to become associated with a rather swanky lifestyle and thus, associated with a fashionable existence. For some, depression has become regarded as a lifestyle accessory which is a concept that only trivializes the condition as being something less than serious. In exalting depression and the depression audience, the disorder becomes a rather sought after and desired product.

Representations of the Consumer in Antidepressant Advertisements

The Antidepressant Patient

The DTP advertising creates the antidepressant patient through repetitive representations of female characters. The narrative is about women who are not able to function at an optimal level without antidepressants. The advertisements contain the message of functionality because physicians often diagnose people based upon their appearance, behavior, symptoms, and gender (i.e. their functionality). Physicians perceive the limitations associated with depression as being more of a subjective and less of a clinical sign those illnesses affiliated with a major physical chronic condition (Wells, 1989). This storyline of functionality necessarily plays into the cognition of the physicians who is asked to recall the typical patient, and for this study the antidepressant patient, and to diagnose the patient at a glance. Physicians have a limited amount of time with each patient, these cognitive shortcuts may be handy, yet faulty. This tendency may

lend itself to the misdiagnosis of women for depression. The pictures and images in medical journal advertising may assist physicians with the way they view patients. These pictorials remind physicians about what they already know (Schudson, 2013).

Finally, previous research has indicated that physicians may be unaware of the hidden messages contained within advertisements. This study showed that the message of functionality was not made explicitly through the promotions, but when read together, the advertisements implicitly stated the message. Physicians may be unaware, consciously, that this message is being made. This unconscious oversight may make them more vulnerable to mis-prescribing and misdiagnosing individuals, especially women.

Through a review of the specific results of this study it is concluded that the pharmaceutical, medical, and advertising industries intentionally create audiences and rather attractive illnesses, and patients in an effort to increase sales of products. A practice that may be harmful as there have been a considerable number of lawsuits regarding the marketing and advertising of pharmaceutical products. In addition, it is important to note that most people are undertreated for depression. Some of the reasons for this include such barriers to treatment including the lack of resources, trained help, and social stigma. Another barrier is inaccurate diagnosis, misdiagnosis, and the prescription of an antidepressant. Another reason is the lack of understanding that depression is caused by a multitude of factors including the social, psychological and biological elements (WHO, April, 2016). In concluding this research recommendations are made for DTP advertising.

Recommendations for Changes in Medical Journal Antidepressant Advertising

Biomedical Model of Medicine and the Brain

From its inception, Prozac and the brain have been inextricably linked. Based upon the biomedical model of science, depression is caused by misfiring neurotransmitters in the brain. The notion that SSRIs can level serotonin levels in the brain has become the unique selling proposition for these drugs. The SSRIs advertising capitalizes upon the biomedical model. However, this model presents a narrow view as it supports an empirically and objectively based evidence that points to an organic or physical cause based upon biological science (McLeod, 2014). Consequently, the model places the causes of depression upon the individual and his or her biology rather than upon societal determinants of health which can cause a distorted view regarding the depression patient and depression as a mental health condition (Grow, Park & Han, 2006).

This study reveals that pharmaceutical advertising reflects the biomedical model in that it places the cause of depression upon the individual as the models portrayed within the promotions tell the story about the depression audience and the mental health condition. The individual portrayal that is featured in advertising tells the physician about the patient's life. Based upon this study, pharmaceutical advertising, through the over representation of the female gender, leads the physician to believe that the advertised condition is affiliated with women. Marketers intentionally create images that reflect the intended product end user and her lifestyle. The antidepressant advertisements included in this study depicted a woman who was well-attired, athletic, enjoyed leisurely pursuits, and lived a life to be aspired. These portrayals were less than accurate regarding the actual depression patient and may encourage inappropriate prescribing

and misdiagnosis to those individuals who physicians perceive to be depressed based upon the model and lifestyle depicted within antidepressant advertising.

The emphasis upon individuals also encourages physicians to look for a specific person or type of person and not necessarily an illness. Through the creation of characters, physicians are asked to observe the person who walks into the office, and to categorize him or her based upon his or her personality, behavior, appearance, and gender. The focus upon the individual encourages the physician to diagnose at-a-glance based upon individualistic impressions.

The biomedical model is too restrictive in its perspective and may contribute to the inappropriate prescribing and misdiagnosis of depression in women. It is predicated upon biology that naturally necessitates the prescription of medications as the treatment. It does not promote the psychosocial treatment of depression. Thus, it serves the pharmaceutical industry's need to make a profit. However, in order to provide a more comprehensive understanding about depression, the model needs to be expanded to include additional determinants of health including social and psychological factors. As the epidemiology data in this study indicate, people who face certain inequalities such as poverty, stress, employment, and discrimination tend to suffer from depression. This finding suggests that depression is caused by other factors besides biology.

Depression is considered to be multifactorial health problem that is founded within the complex interactions of biological, psychological, and social variables in which lifestyle factors contribute to its onset (Weil, 2015). Yet, depression is not advertised as a multifactorial health problem, but rather an individualistic one. Therefore, it is recommended that the biomedical model be expanded to include social and psychological factors. The Biopsychosocial (BPS)

provides a scientific basis that adds the psychological and social factors to the traditional biomedical model. The addition of the psychological and social factors is crucial for effective diagnosis and treatment of patients. Further, the BPS model provides a more integrative systems approach to medicine that provides a less mechanical method to patient care (Ormstad & Eilersten, 2015).

In addition, based upon this study, pharmaceutical advertising perpetuates the biomedical model that basis the cause of depression upon the individual. This message is communicated to physicians through depictions of the depression audience and the antidepressant patient that prominently features a woman. This focus upon individuals fails to take additional causes of depression into consideration. Until the biomedical model expands its scope, pharmaceutical advertising needs to move away from presenting a biomedical individualistic depiction of depression and to incorporate more societal determinants of health into their textual and visual elements that help to properly educate physicians about depression.

Medical School Education Regarding Advertising

Medical school training regarding pharmaceutical promotion could beneficially assist with educating physicians about the correlation between pharmaceutical promotion and physician prescribing behaviors, the quality of information presented in pharmaceutical promotions, and the marketing and advertising structures of the pharmaceutical industry. This education may be helpful as health care professional students form their attitudes and knowledge about the pharmaceutical industry prior to graduating from medical school and these attitudes effect future behaviors associated with making prescribing decisions (Monaghan, Galt, Turner, Houghton, Rich, Markert & Bergman-Evans, 2003).

Physicians deny the effects of pharmaceutical promotion while pharmaceutical companies devote most of their marketing budgets to advertising to physicians. And, promotional budgets are well spent as they successfully influence physician's behaviors, even while attending medical school (Wilkes & Hoffman, 2001). One reason pharmaceuticals place a large emphasis upon physicians is because pharmaceutical promotion is one of the primary sources of information for physicians and they rely upon these promotions to help them with making drug choices and learning about unfamiliar medications (Wilkes & Hoffman, 2001).

One way that physicians learn about medications is through medical journals. However, over the past 100 years, an argument has ensued over the quality of information that is presented in medical journal advertising. Critics claim that this information is misleading and can be harmful as it may result in the inappropriate prescribing of medications. This study revealed that not all antidepressant advertising is educational and that the quality of information in medical journal advertising provides a distorted view of depression. In addition, the advertised textual and visual claims may incorporate hidden meanings that may be subconsciously received by the physician. Physicians need to be provided medical school training regarding pharmaceutical promotions and to learn the ways in which to critically evaluate advertising. To continue to deny the effects of pharmaceutical advertising upon prescribing patterns will only continue to harm certain segments of society. In order to provide improved health care, physicians need to be aware of the quality of and the educational value of the information they are receiving by the pharmaceutical industry and to be able to critically assess these promotional materials. Furthermore, as this study indicates, there are hidden meanings contained within advertising

which can be received subconsciously. Physicians should be aware that the messages contained in advertising are made explicitly as well as implicitly.

Historically, the marketing and advertising structure of the pharmaceutical industry segments and rewards those physicians who are high decile prescribers. These individuals are most frequently targeted by advertisers because they sell the most products. Medical schools should train physicians about their roles not just as medical practitioners, but also as sales people and as the audience for the pharmaceutical industry. Pharmaceutical companies specifically target physicians and intentionally craft their advertising in a manner which fosters identification with this segmented audience. Based upon this study, physicians are provided with a hypothetical patient profile that quickly informs them about the promoted patient. These portrayals can be misleading as they represent an idealized profile that is created by the pharmaceutical and advertising industries to increase product sales. As a former director of design, I have created these profiles that feature stock photography of the intended patient population that is strategically connected with scientific data. Physicians need to be educated about the marketing and advertising intentions and structures of the pharmaceutical industry and to realize that they are perceived to be much more than medical experts. Medical school training would provide a foundation for physicians to learn about prescribing patterns, pharmaceutical promotion, and the physician audience.

The Creative Side

A final recommendation for helping to present a more accurate picture of the depression person and the disorder is through responsible graphic design. Poor graphic design can result in harmful consequences, and pharmaceutical advertising is an area that is of concern in terms of

bad design. One important aspect of graphic design lies in its power to transform social injustices and to help with solving social problems through conscientious design (Barnard, 2005; Frascara, 1997).

According to the Executive Director for Frost*Collective, "graphic design can make a big difference in the world…it can help improve the quality of people's lives" (Frost, 2016, p. 23). In stimulating change, graphic design is concerned with the practice of designing for "public good" (Hancock, 2016, p. 26). This study supports the notion that pharmaceutical advertising provides an unequal perspective that favors white women and virtually ignores portrayals of other races, ethnicities, and genders. It offers a slanted view of the world that marginalizes groups of people in society. Graphic designers and creative teams have the power to assist with balancing these representations and in providing an improved and more responsible narrative regarding depression. Through the representation of a myriad of races, ethnicities, and genders, graphic design can paint an enhanced picture of depression and the depression audience while minimizing the role of the antidepressant patient.

The results in this study suggest that the graphic design featured in medical journal antidepressant advertising is making some progress as the depictions of women tended to show people who were outside of the home sphere, engaged in sports, and productively employed. These depictions, although they are distorted, have evolved from previous antidepressant advertisements that portrayed women in the home, cooking, and working in the garden. In addition, in this study, men depicted in antidepressant advertisements were portrayed as shoppers, joggers, and PTA participants which suggests that men had a more involved social role than has been previously defined by pharmaceutical advertisers. Graphic designers should take

an active role in helping to improve lives through responsible depictions of patient populations, to continue to push the limits, and to create advertising that provides a balanced perspective and takes the audience's knowledge and cognition into consideration.

Designers need to be concerned with producing materials that do not contribute to cognitive overload by physicians as this may lead to diagnostic errors. Graphic designers and creative teams for pharmaceutical advertising can educate themselves regarding the FDA standards for developing compliant advertisements through the FDA recommended guidelines. For example, guidance materials educate creative teams and designers about the elements the FDA considers to be important in advertising including the format of a printed piece. The format is defined as the shape, size, and layout of all of the elements and the plan of the organization, arrangement, and theme of the promotional material. Further, the FDA recognizes the cognitive limits of people, including physicians and has established guidelines to assist designers, marketers, advertisers, compliance teams, etc. for creating effective materials. Directors of design and creative teams should take the FDA guidelines and create manuals and easy to read documents that can be used for training, for continuing education purposes, and for the establishment of best pharmaceutical design practices.

Concluding Remarks

Previous research has demonstrated that people with depression are frequently misdiagnosed, receive inappropriate, or improper treatment or are not provided with treatment, thus, many people are left undertreated. One reason for this lack of treatment may be due to the overrepresentation of women in DTP antidepressant advertising. Women tend to be depicted in a trendy fashion as they lunch in the afternoon sunshine, hike through the wilderness, enjoy

afternoon tea and cookies, dress for an entertaining evening, and leisurely shop, practice yoga, and play sports. A depiction that distorts the reality of depression and epidemiology reports that suggest that people who suffer from depression do not experience such a lifestyle.

These representations may contribute to the societal belief that depression is trendy rather than being a serious mental health condition. The promise of an improved life through the consumption of a pill that will alter one's sense of self and identity is explicitly and implicitly made by antidepressant advertisements. The social attainment of the good life is provided by the physician who is rewarded for writing the prescription by the pharmaceutical industry. These elements work in tandem in order to increase antidepressant sales. It still holds true, that if the ugly, poor, and old were featured in advertising, products would not continue to be sold. Because of this very notion, advertising distorts the picture of depression and the depression audience as it does not reflect epidemiology trends, but creates its own character, the antidepressant patient as the consumer.

Advertising reflects the assumptions, attitudes, and social values held by the members of the intended audience. Naturally, advertisements are designed to reflect the ideals of the viewer in order to provide a more persuasive argument. For pharmaceutical advertising, the patient depicted within the promotion needs to mirror the one who enters the physician's office. These representations should resemble one another. To achieve this consistency, pharmaceutical companies listen to physicians' descriptions of patients and their complaints. This information is regarded as being the "epidemiology data" that assists with constructing the hypothetical patient profile. For depression, the hypothetical patient is the antidepressant patient who is characterized as being a female who is unable to accomplish simple tasks and is further unable to function

without a pill. This typification is helpful to the physician as it allows for the cognitive recall of the patient type and at-a-glance diagnosis which are shortcuts that can facilitate diagnosis. However, this practice may lead to the reliance upon social prejudices and the coloring of judgment on the part of the practitioner and the misdiagnosis of women for depression.

However, it is not all gloomy for the state of DTP advertising as it can contribute to improving American health care through the creation of more responsible advertising. The analysis in this study centered around depression, but there are other medical conditions that are gendered and thus, are regarded as being either male or female illnesses. This perception is misleading and can lead to detrimental consequences including the lack of help seeking, inappropriate prescribing, misdiagnosis, and the undertreatment of groups of people in society. Through a re-evaluation of advertising practices and design, through the education about the pharmaceutical industry to medical students and residents, and through the addition of psychological and social components to the biomedical model of medicine, the concept of depression and those who are most vulnerable to suffering from the condition can be more efficiently and accurately communicated in advertising.

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APPENDIX

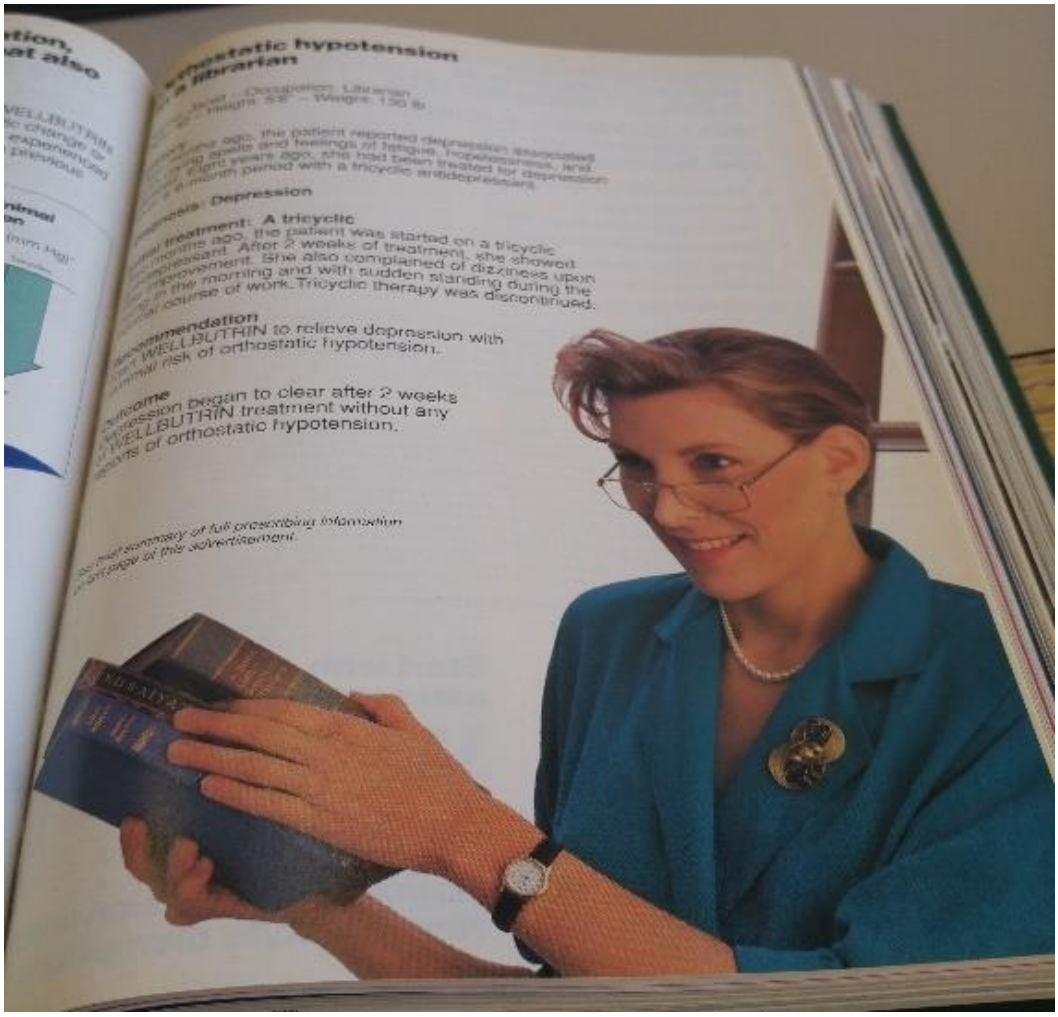

Figure A-1 Wellbutrin Janet the Librarian Advertisement

Figure A-2 Pamelor Laboratory Scientist Advertisement

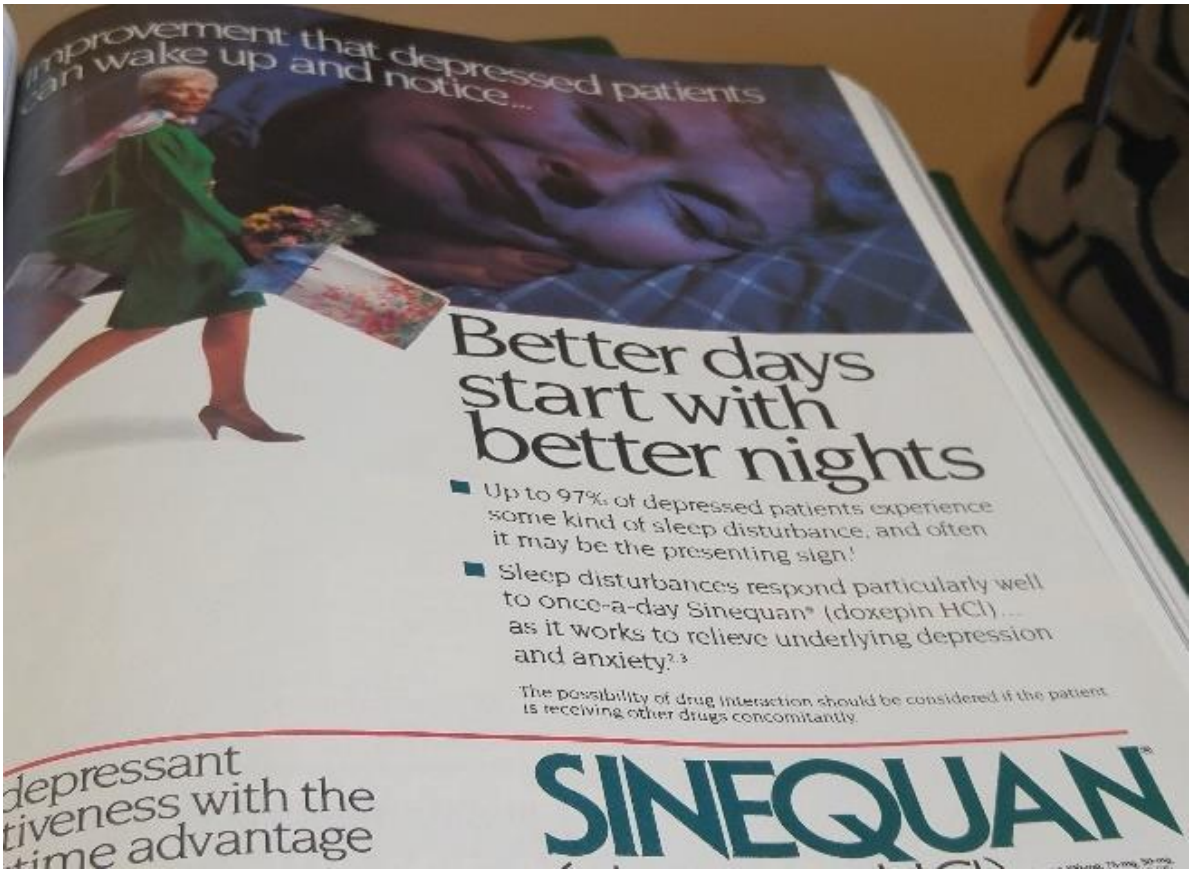

Figure A-3 Sinequan Woman Shopping Advertisement

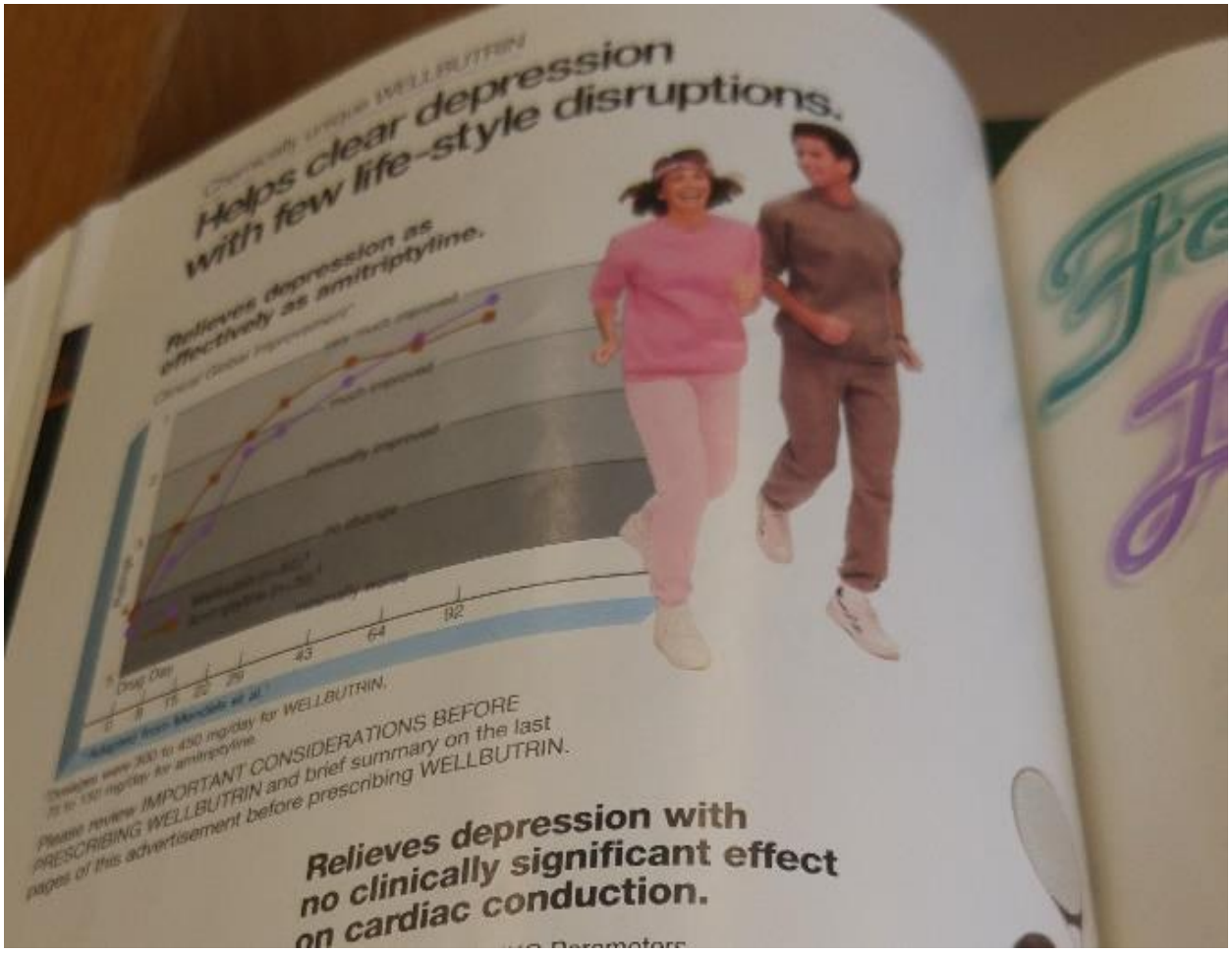

Figure A-4 Wellbutrin Advertisement of Jogging Couple

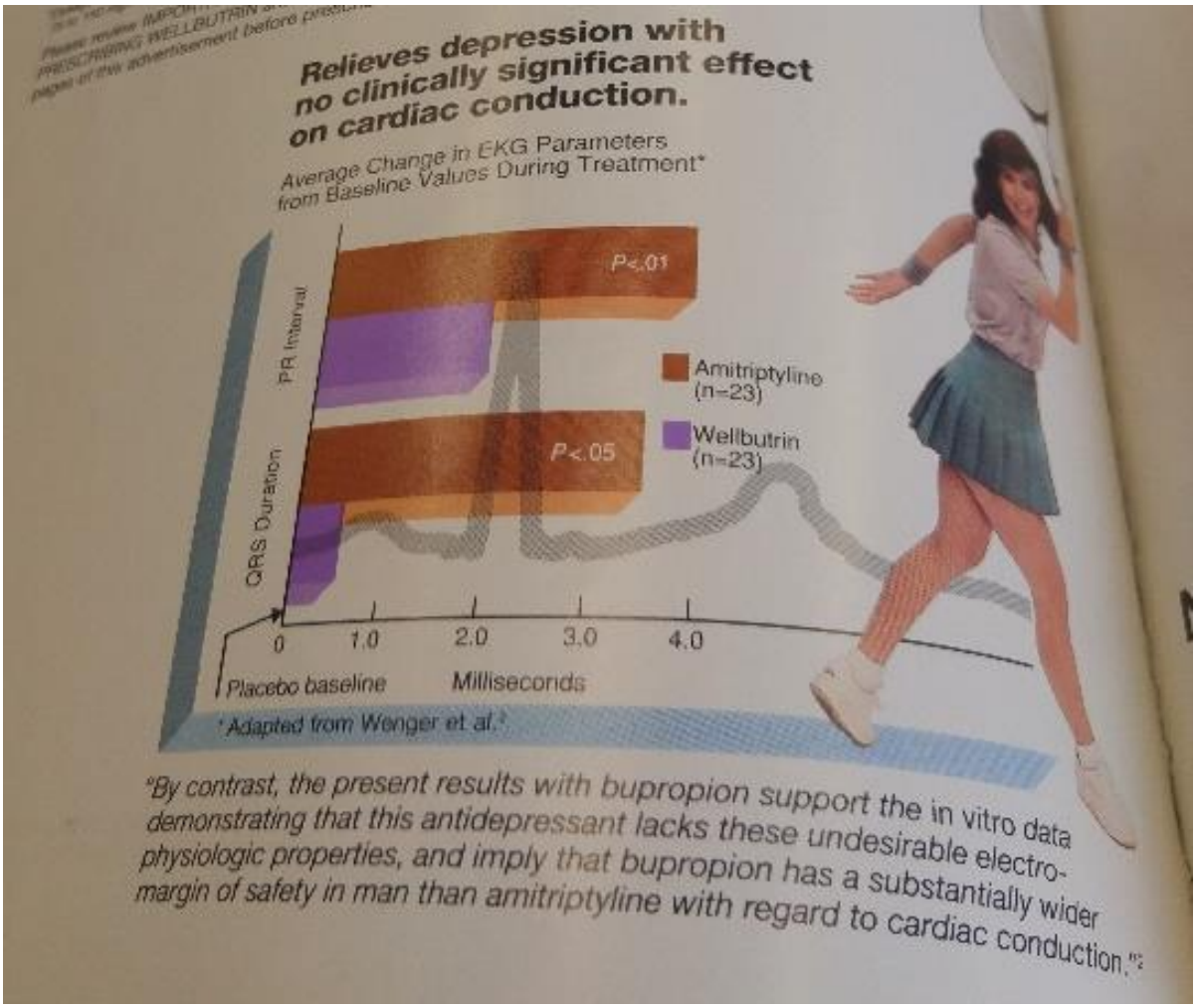

Figure A-5 Wellbutrin Advertisement of Woman Playing Tennis

Figure A-6 Wellbutrin Advertisement of Woman Dressing for the Evening

Figure A-7 Remeron Advertisement of Ladies Having Afternoon Tea

Figure A-8 Lexapro Advertisement of Ladies Lunching

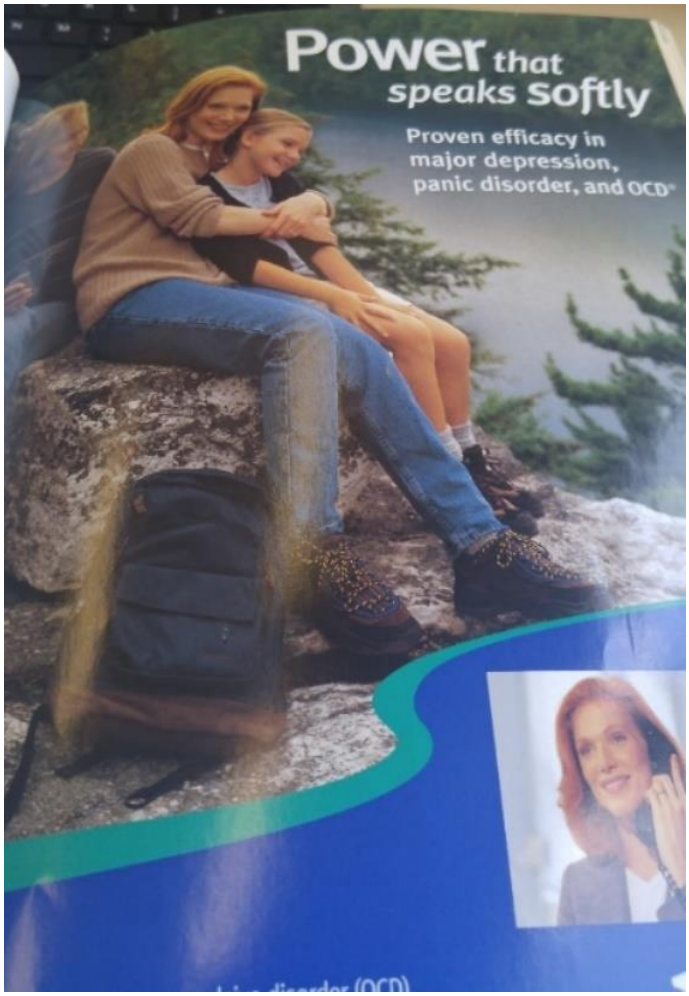

Figure A-9 Zoloft Advertisement of Family Hiking

Figure A-10 Serzone Woman Exercising on the Beach

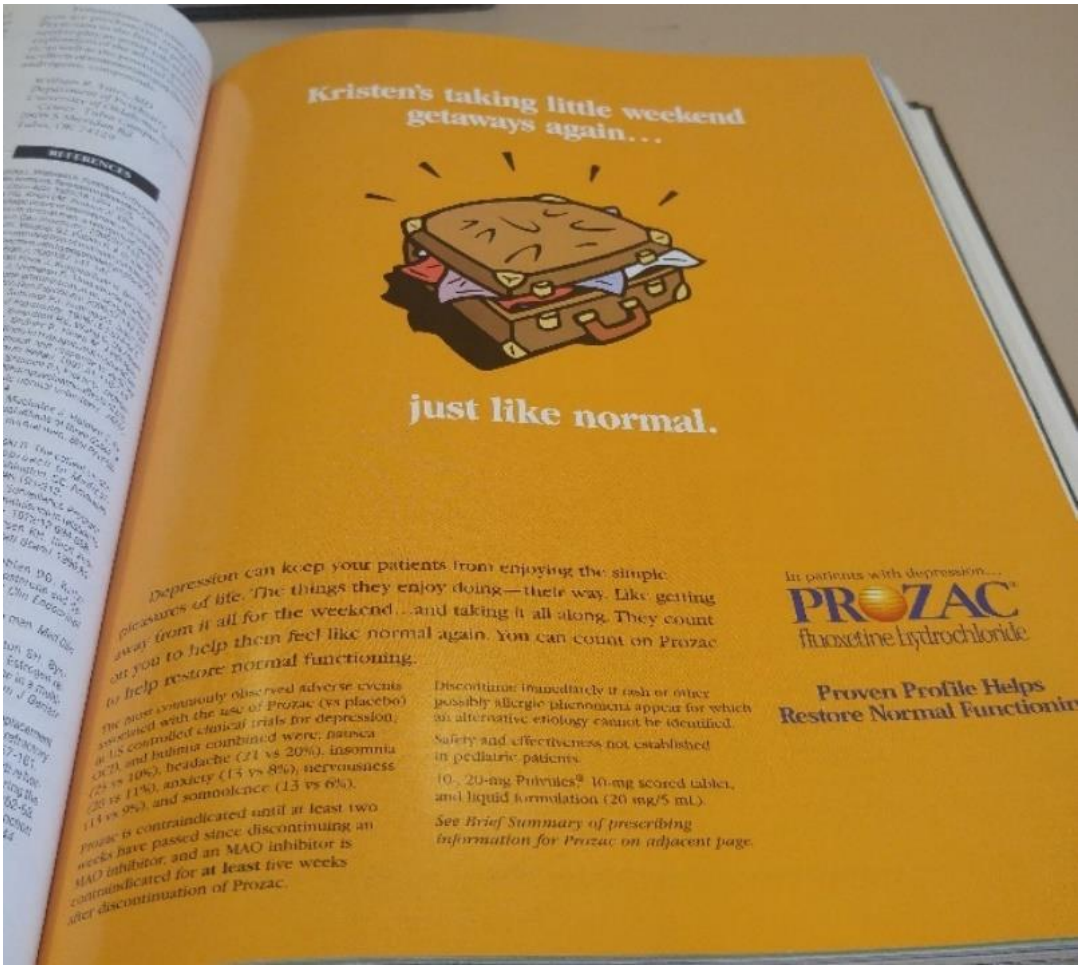

Figure A-11 Prozac Advertisement of Kristen's Travels

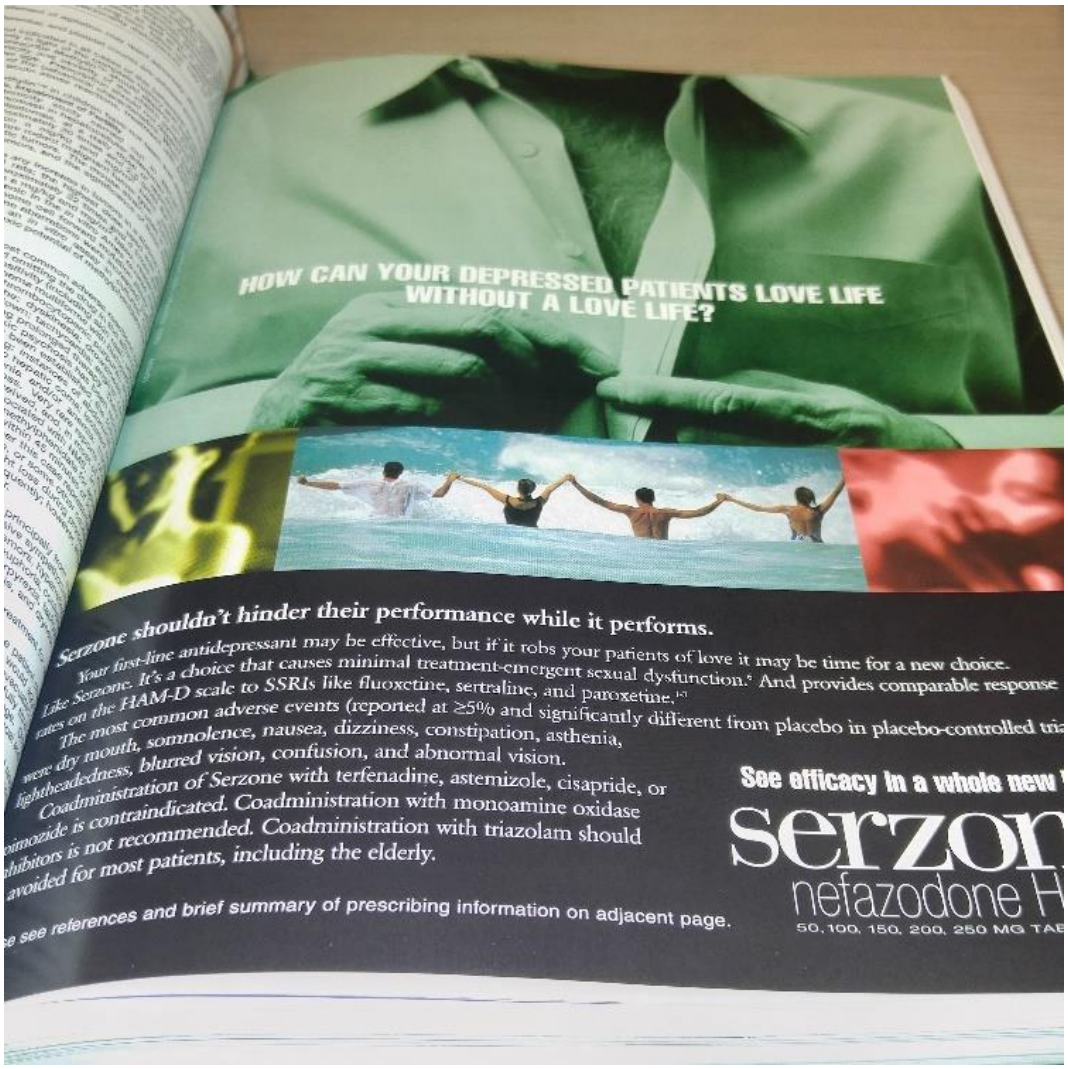

Figure A-12 Serzone Advertisement Featuring a Love Life

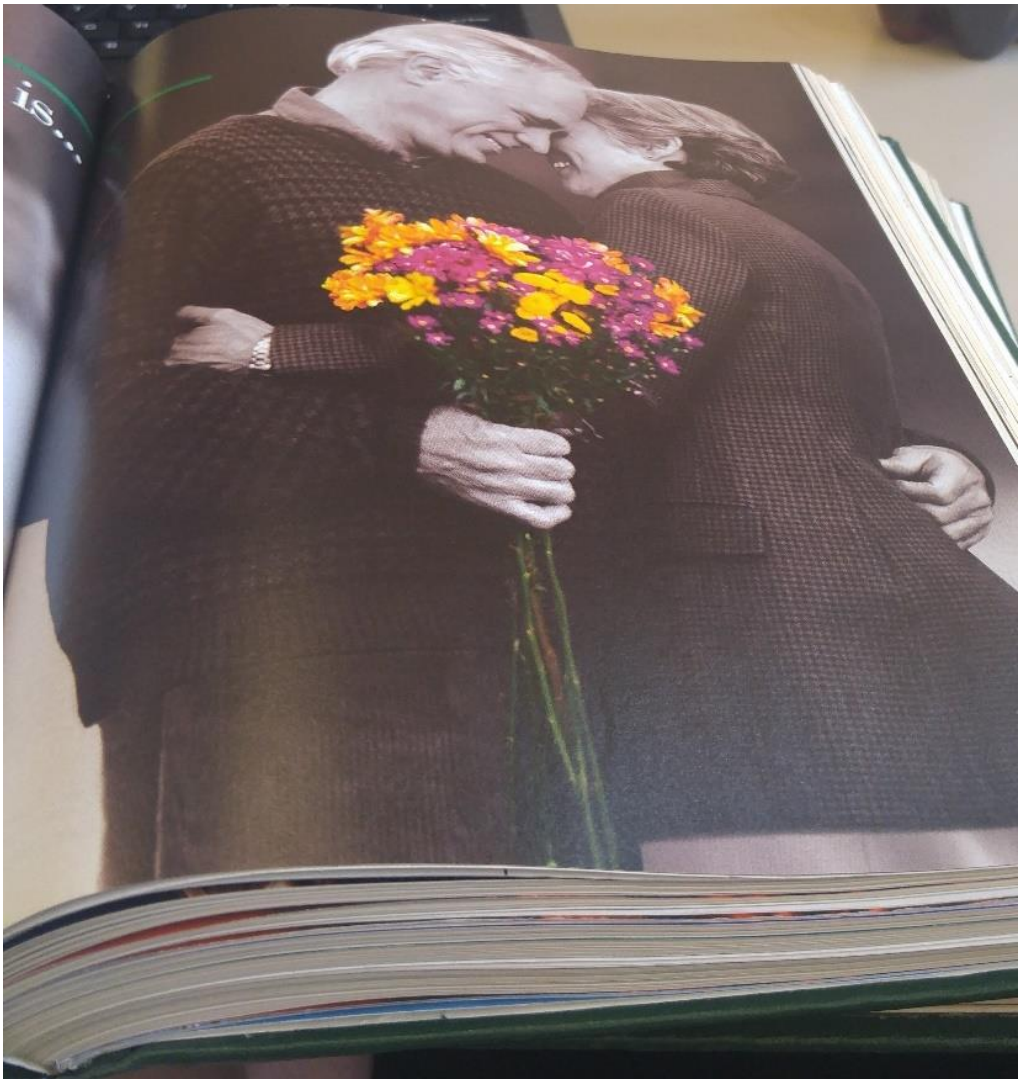

Figure A-13 Remeron Advertisement of Couple with Flowers in Heart Shape

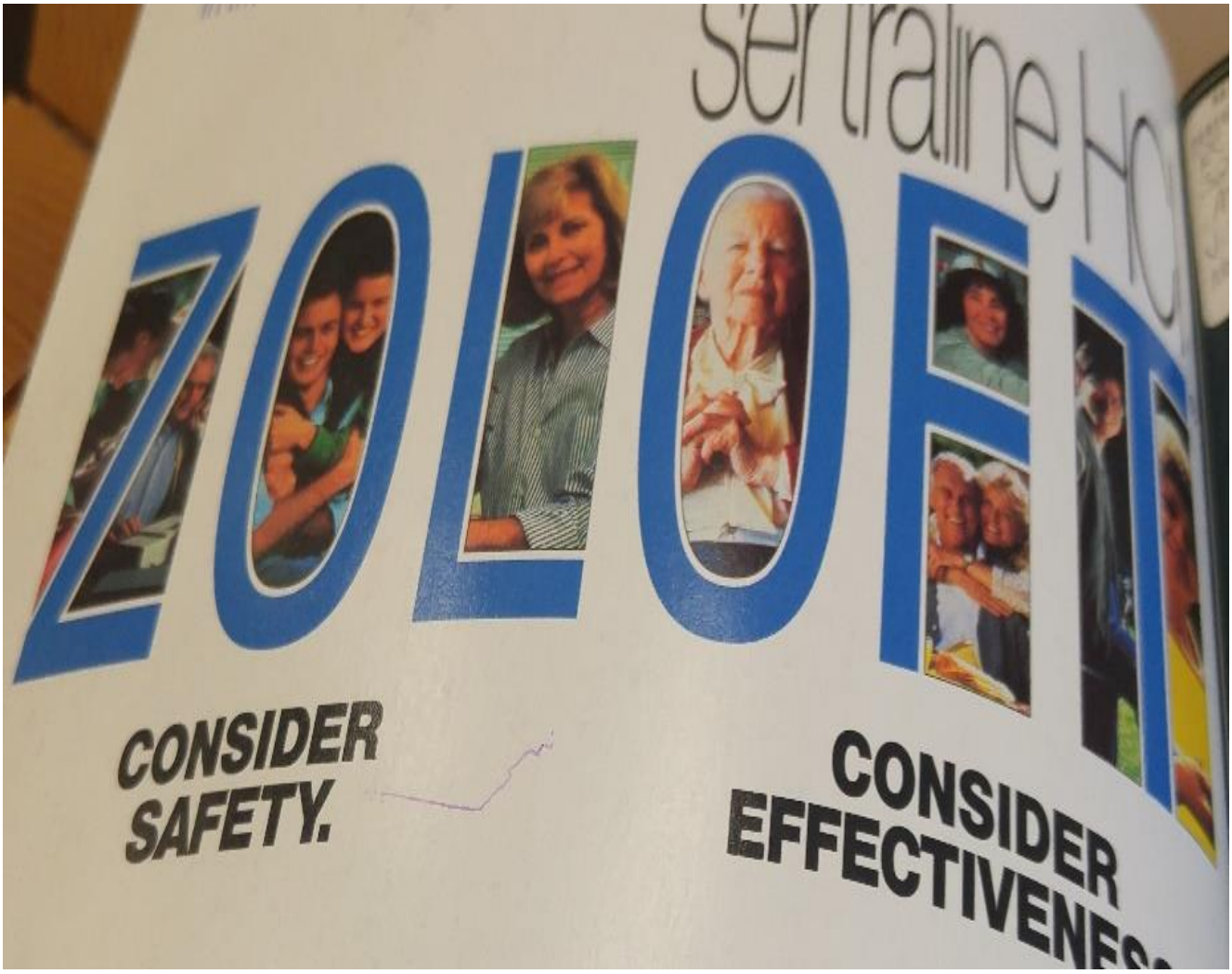

Figure A-14 Zoloft Advertisement of Couples Embracing

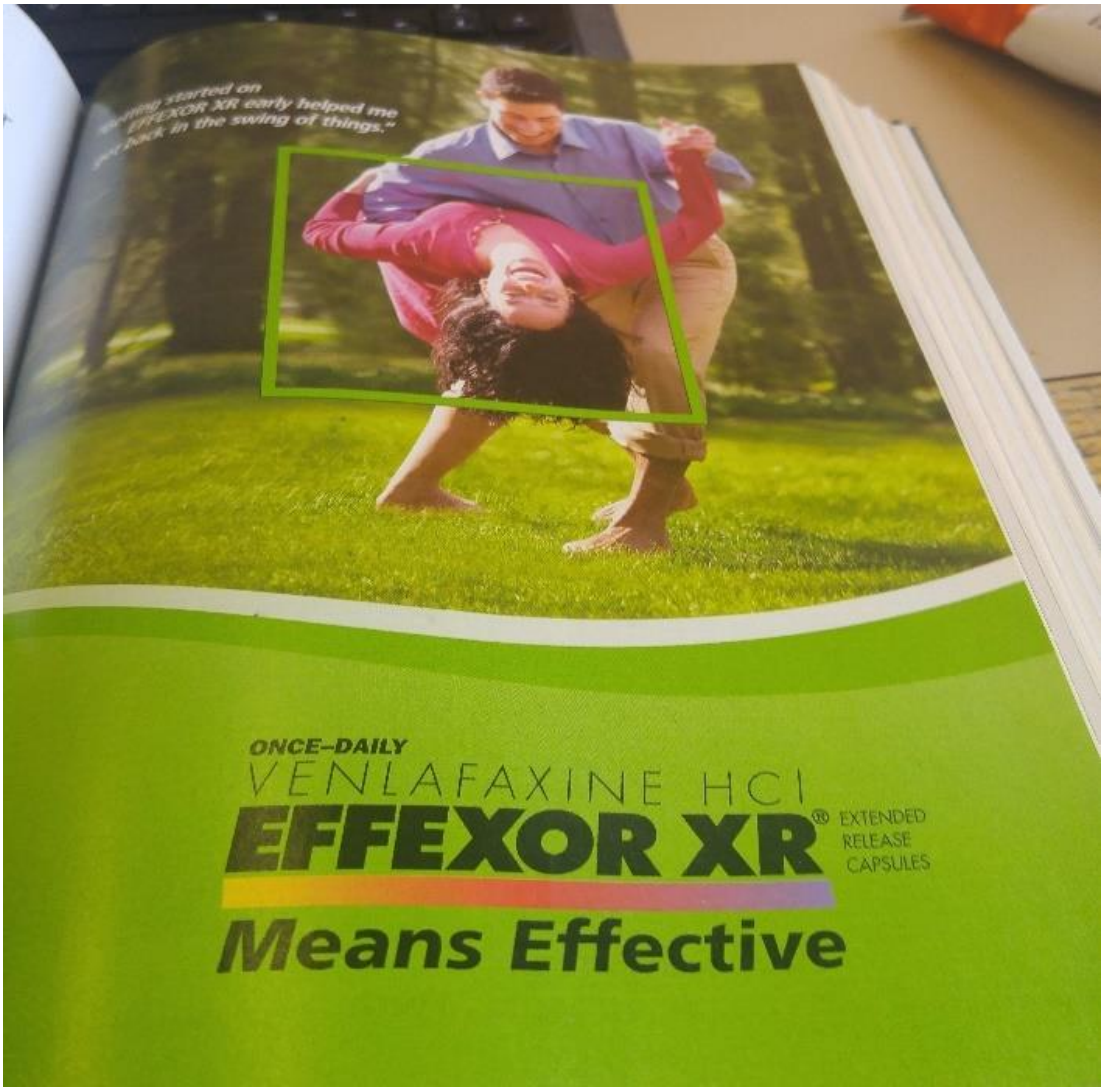

Figure A-15 Effexor Advertisement of Dancing Couple

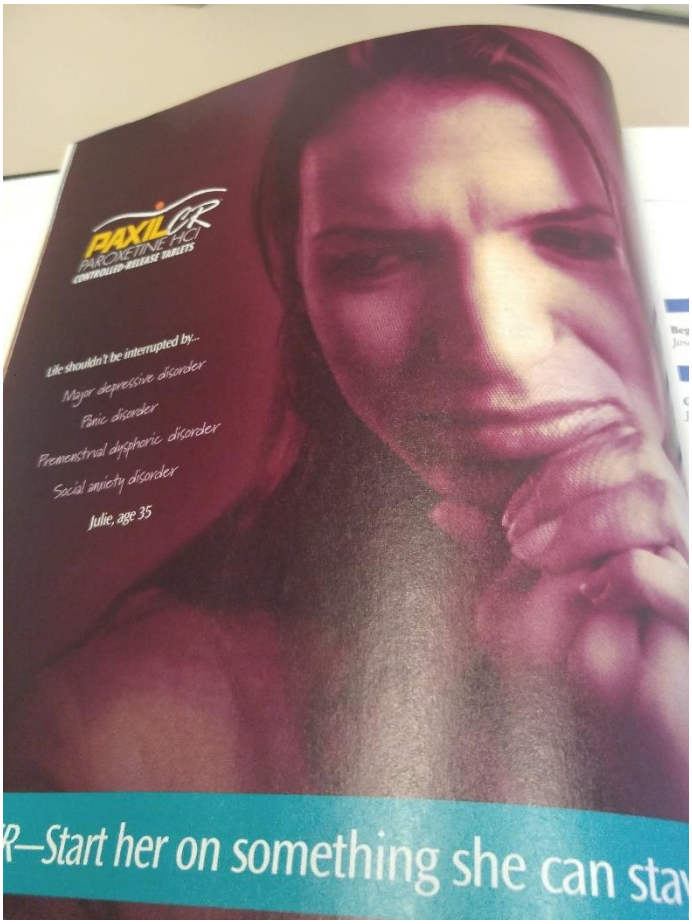

Figure A-16 Paxil Advertisement of Julie

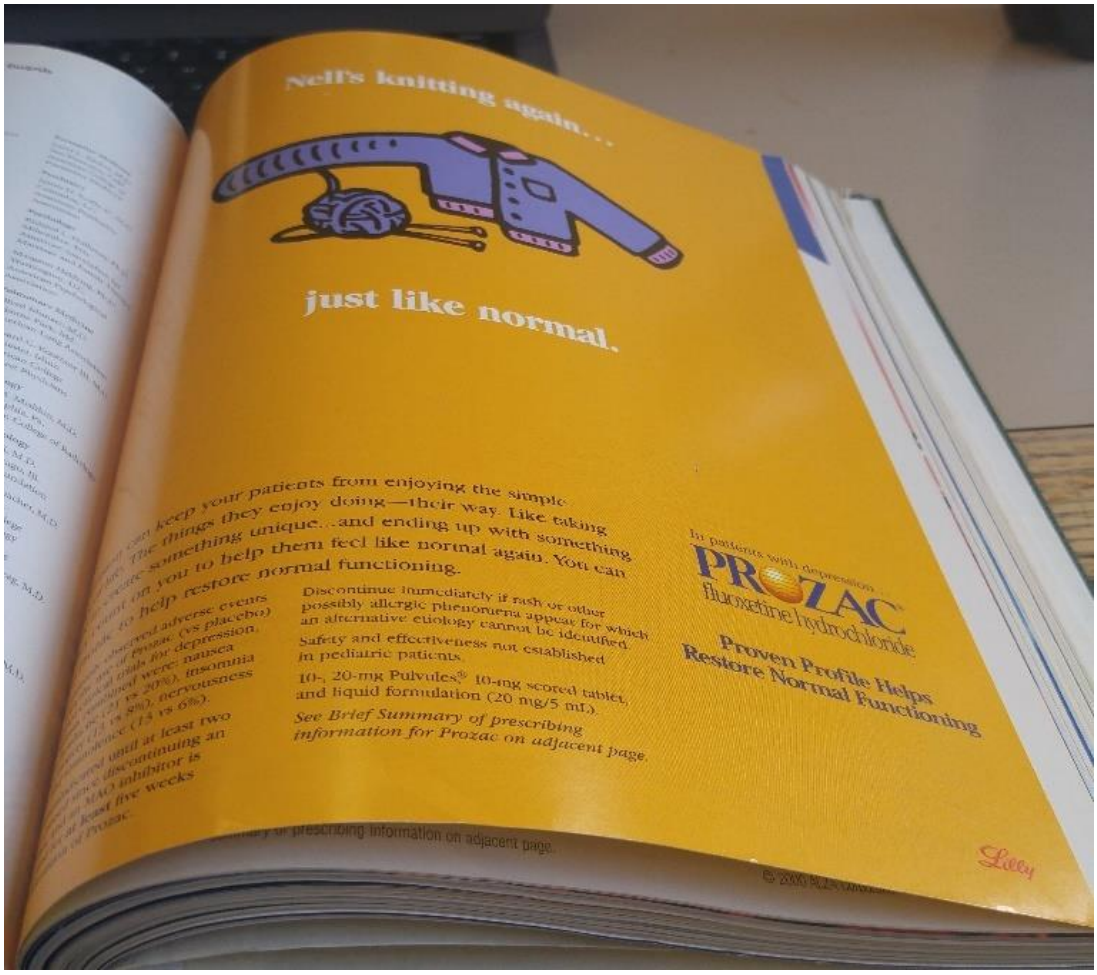

Figure A-17 Prozac Advertisement of Nell Knitting

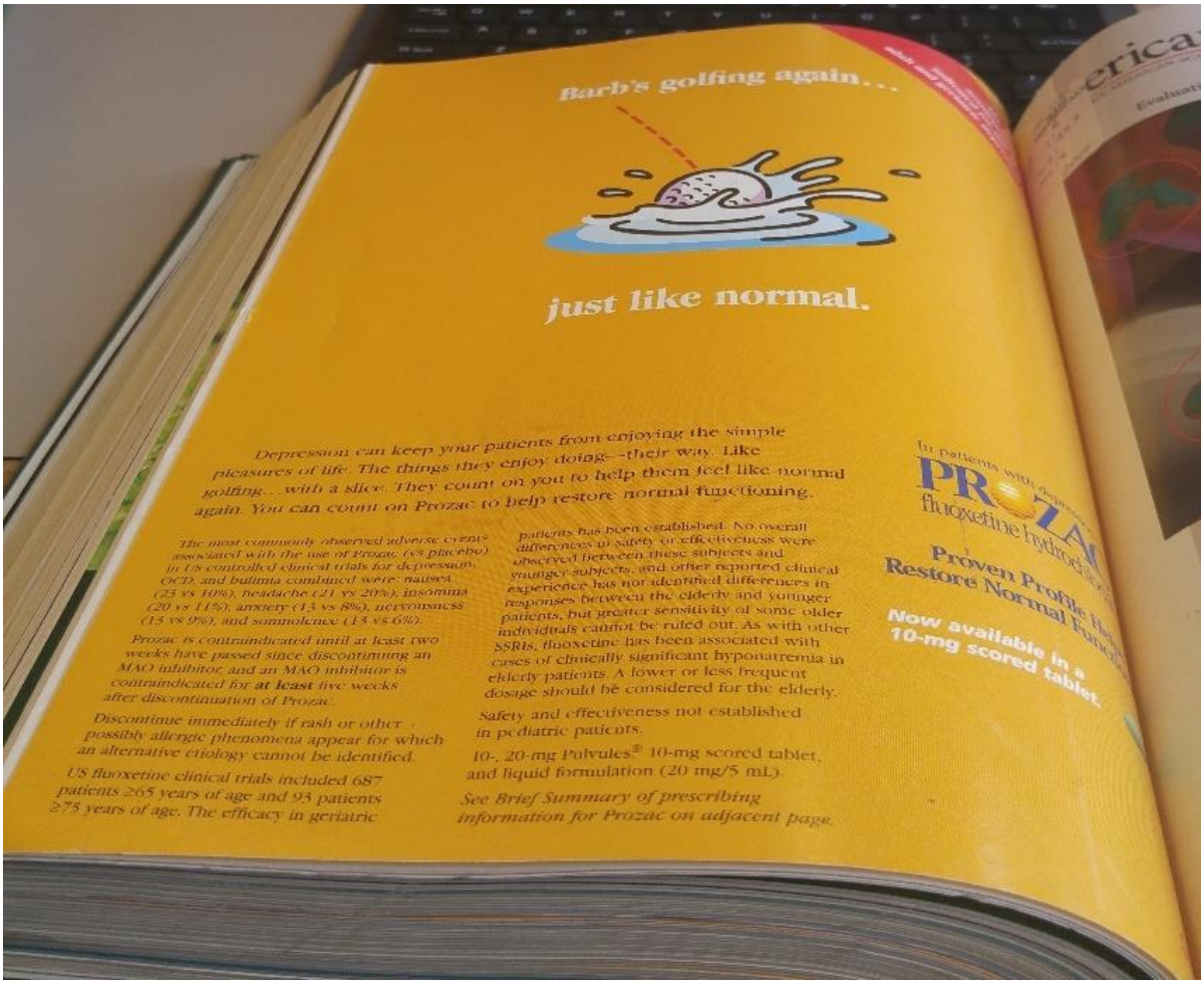

Figure A-18 Prozac Advertisement of Barb Golfing

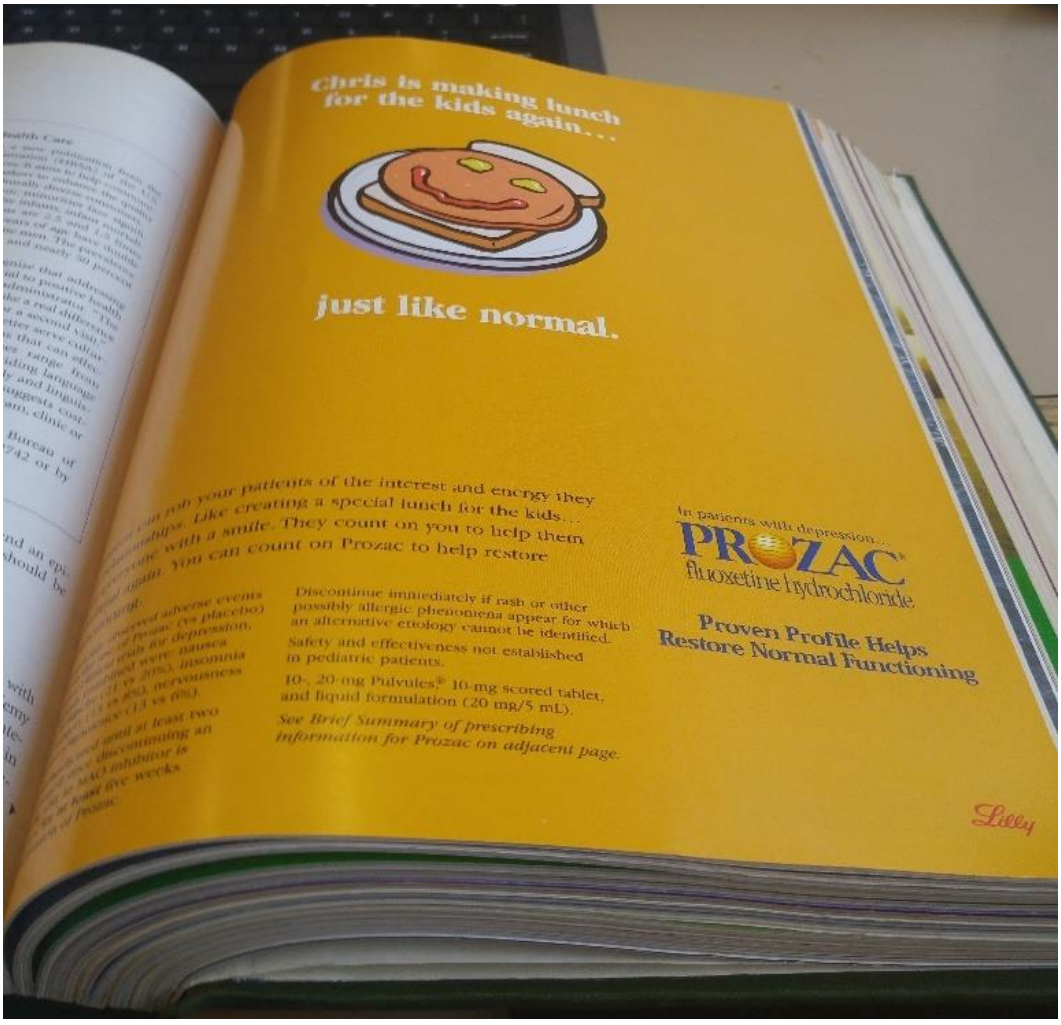

Figure A-19 Prozac Advertisement of Chris Making Lunch for the Kids

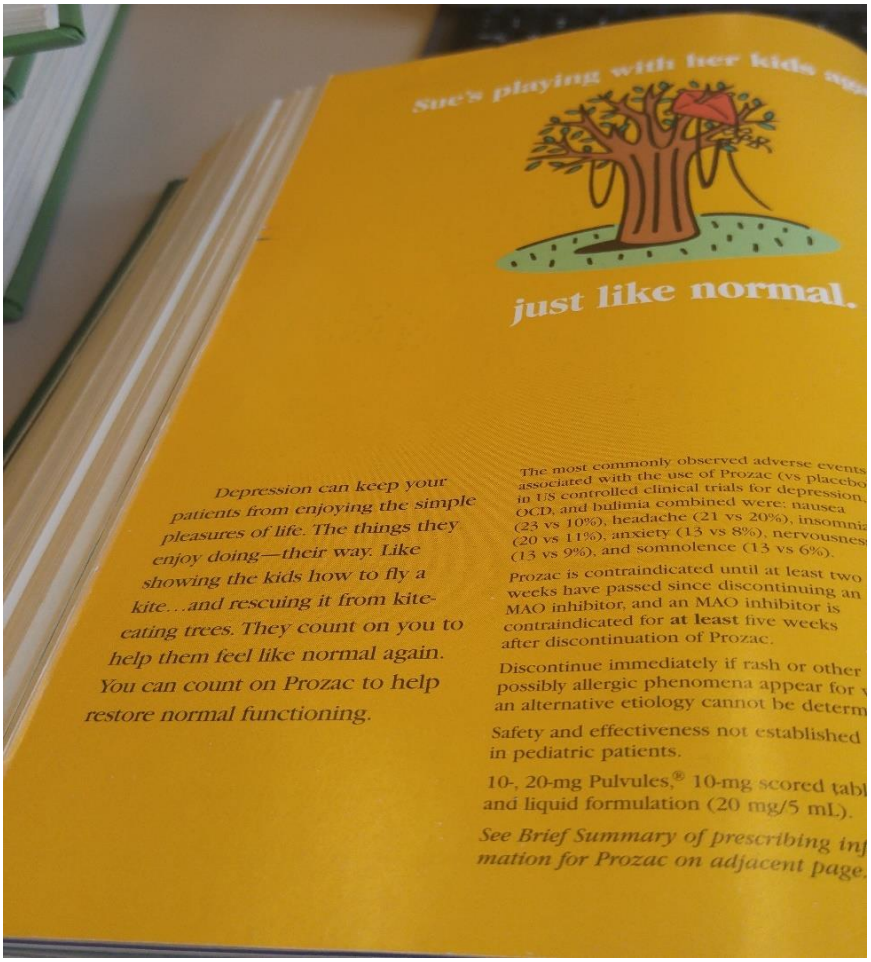

Figure A-20 Prozac Advertisement of Sue Playing with the Kids

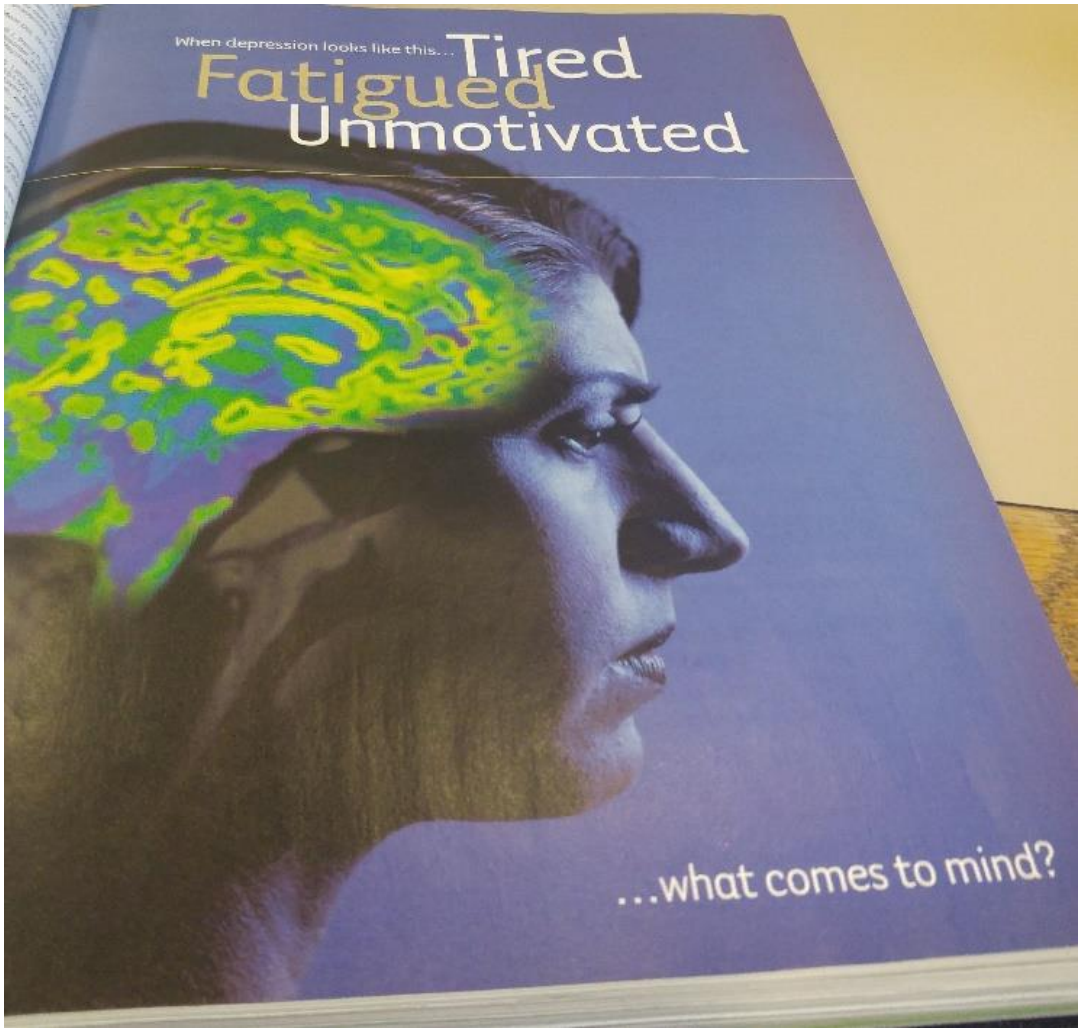

Figure A-21 Prozac Advertisement of Fatigue

Figure A-22 Prozac Advertisement for Energy

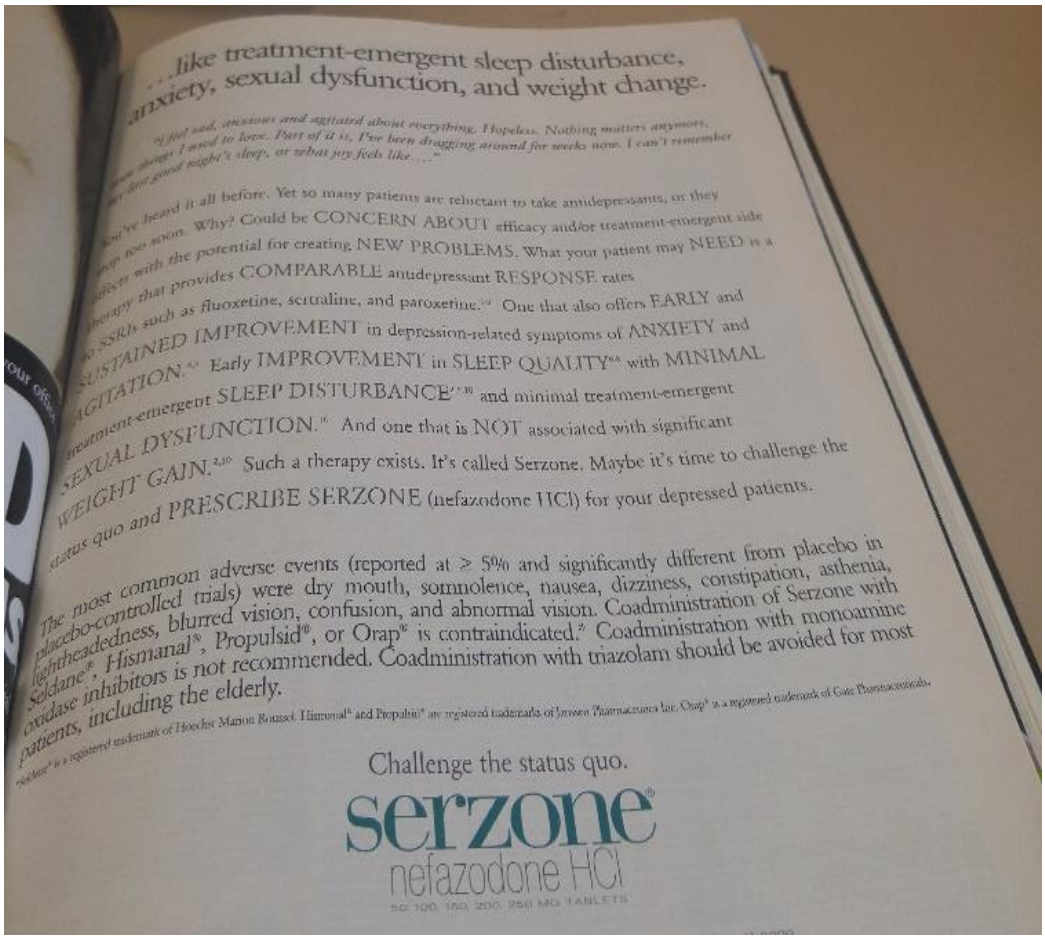

Figure A-23 Serzone Advertisement that Lists Vague Symptoms

Figure A-24 Paxil Advertisement of a Depressed Female Patient

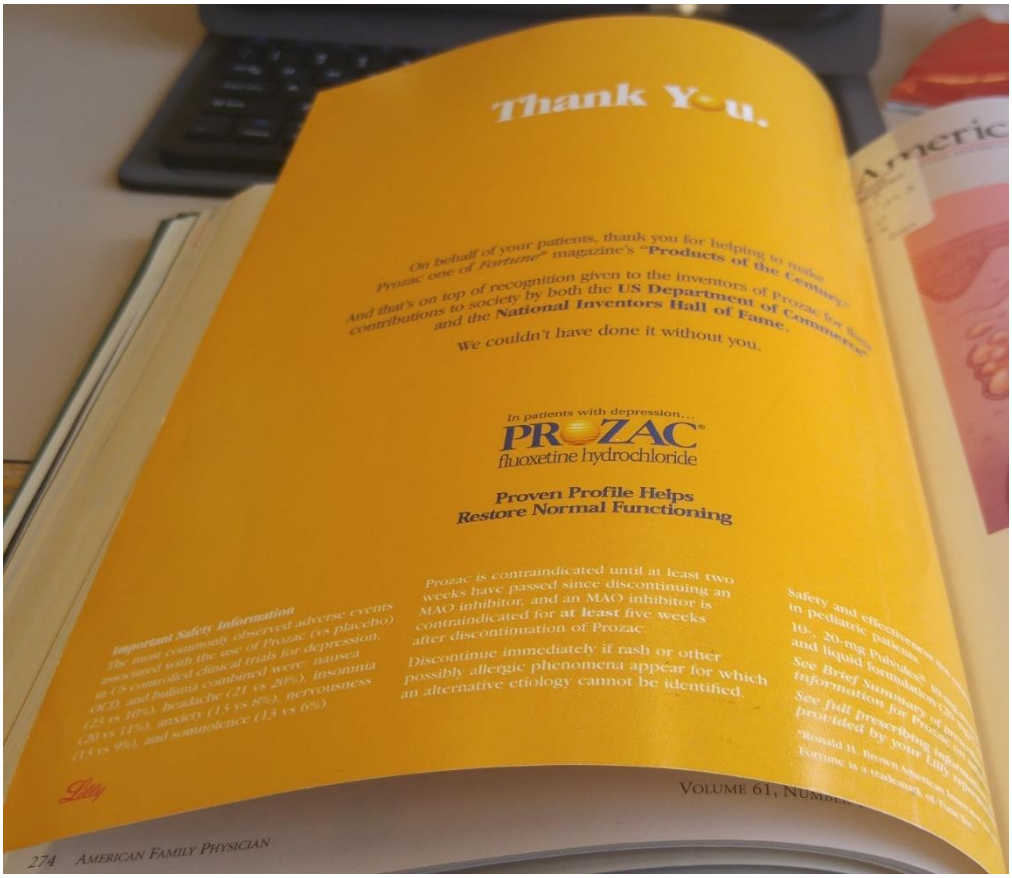

Figure A-25 Prozac Thank You Advertisement to Physicians

VITA

Alicia Ransom grew up in Portland, Oregon with plans to pursue politics. Therefore, she ventured to Washington, DC and earned her bachelor's degree in Political Communication from George Washington University. Upon graduation, she took a year off to explore the world and to work in Cancun, Mexico. When the job concluded in Mexico, Alicia attended Texas A&M University in College Station to achieve a master's degree in Speech Communication with an emphasis upon Presidential Politics. However, her political plans were altered during the drive from College Station back to Washington, DC when she stopped in Dallas, Texas where she remained for the next several years. Since then, Alicia has developed a varied professional background that includes marketing, advertising, creative design, and programming for the restaurant, real estate and pharmaceutical industries in both the corporate and advertising agency arenas. This professional experience is complemented by her recent attainment of a Doctor of Philosophy Degree in Communication and Information with an emphasis upon Advertising from The University of Tennessee, Knoxville in May of 2017.