PORTRAYING PSYCHIATRY: A CONTENT ANALYSIS OF IMAGES OF MENTAL DISORDERS IN PRINT ADVERTISING FOR MEDICAL JOURNALS

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Portraying Psychiatry: A Content Analysis of Images of Mental Disorders in Print Advertising for Medical Journals

by

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A thesis submitted to the
School of Graduate Studies
in partial fulfilment of the
requirements for the degree of
Master of Science

Division of Community Health, Faculty of Medicine
Memorial University of Newfoundland

April 2007

St. John's Newfoundland

Your file Votre référence
ISBN: 978-0-494-31234-6
Our file Notre référence
ISBN: 978-0-494-31234-6

Abstract

A content analysis was used to examine advertisements for psychotropic drugs from the *Journal of the American Medical Association* and the *Canadian Medical Association Journal* for the decades of the 1950s to 2000s. The ads were first coded according to journal, year, type of drug advertised, sex of subjects, themes, contexts and subject roles, and then quantitatively analyzed using descriptive statistics. Results from quantitative component are based on the most prominent themes, contexts and roles present in the advertisements, as well as a gender based analysis. Examples of psychotropic advertisements from the data are included within the body of the thesis to illustrate particular points. The remainder of the analysis is rounded out by a reflexive interpretation of the quantitative findings combined with inferences based on relevant social theory.

Findings suggest that although methods of psychotropic drug advertising have changed somewhat over the years, many underlying characteristics remain the same. For instance, a significant gender bias is still apparent in how women are displayed in these ads. They are still the more frequent subjects in psychiatric advertising and are frequently depicted in passive roles. Pharmaceutical advertisers use visual metaphors to communicate abstract concepts and to link their drugs to notions of clarity, 'normality' and/or a return to the natural world. These 'symbols' represent attempts to visually document 'the mental state' by linking psychotropic drugs with concrete signifiers (objects from the natural world) as one way of presenting them as treatments for mental disorders.

Acknowledgements

Thank-you to my Community Health colleagues, especially Vanessa, Kim, Tracey and Jennifer (via Sociology) for their friendship and endless support.

Thank-you to Ginny Ryan, your genuine encouragement, support, friendship and outstanding professionalism extend far beyond the completion of this document.

Thank-you to my supervisors, Dr. Natalie Beausoleil and Dr. Jim Connor, and my committee members Dr. Marilyn Porter and Dr. T.A. Loeffler for their patience, support, encouragement, and understanding.

Thank-you to my friends, your support, encouragement, frequent supper invitations and interest in my work made this process much easier.

Finally, thank-you to my parents, my brother, and my dog, Bea.

The ship of fools is sailing tonight and all of us are aboard.

(Jeanette Winterson, *Gut Symmetries)*

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1 Introduction

This thesis was conceived at the beginning of 2005. I had returned to St. John's from a winter's visit to New York City and this short absence from my graduate student routine instilled a fresh perspective. I had taken a lot of pictures during that trip and had begun thinking about how I might go about incorporating images with writing. I knew I wanted to approach this thesis in a way that would make the writing experience very personal. I know enough about myself to have figured out that the only way I learn is by somehow making the material I work with meaningful to me. This is the same whether it be information relayed through course instruction or academic writing. I was struggling with how to merge the kind of writing I wanted to do with a visual dimension, and the areas I had chosen to work within were psychiatry and art.

I first became interested in visual research methods as a result of learning about a qualitative visual methodology called photo novella. This method is typically used within anthropological work and I was uncertain whether or not it was academically feasible within a medical discipline. I had first learned of photo novella through my participation in Dr. Natalie Beausoleil's graduate-level qualitative research methods course. The photo novella research approach involves arming your research subjects with cameras and conducting an analysis on the resulting photographs. Having been introduced to various new methodologies, I became excited about the prospect of using them in my own work. My initial idea was that I would recruit women with particular psychiatric diagnoses to participate in a study that would have them taking Polaroid pictures and later bring the results of their efforts together for focus groups and a collective analysis. Through consultation with my supervisor, however, it was

anticipated that a study of that nature would be somewhat cumbersome and that gaining ethics approval for such a project may have been a bit of a struggle, especially since, after having already written a full proposal for a project that was deemed unfeasible, I was coming at this a little late in the (graduate student) game. I began to think about other possible ways of incorporating visual data into the work I wanted to do. I had spent the winter watching a lot of films. I was particularly drawn to art films by the Swedish filmmaker Ingmar Bergman. Many of his works explore themes related to mental disorders. Watching these films got me thinking about how the mental environment has been represented visually. After spending a few months reviewing traditional depictions of psychiatry in photography and art, the literature surrounding these representations, and consulting with my supervisors, I decided to narrow my focus. I decided on an examination of a relatively recent phenomenon: commercial representations of psychiatry. More specifically, I chose to examine one facet of the contemporary media's portrayal of mental disorders[1]: print advertisements for psychotropics[2] in medical journals.

1.1 Purpose and overview

This thesis is organized into six chapters. In this, my introductory chapter, I present my motivations for conducting this work, give a general overview of my research approach and its relevance, provide a short discussion of the study problem, as well as

[1] "Mental disorders", in the context of this thesis, will be used to refer to any mental illness and/or psychiatric diagnosis represented in psychotropic drug ads. Through consultation with my thesis committee members this was deemed the most socially acceptable and appropriate term.
[2] These are defined as drugs that have the effect of altering one's perception, emotion or behaviour.

some background information, and my research objectives. The second chapter is my literature review. It contains a focused overview of some of the literature related to both visual culture and the representation of disease as separate entities, as well as to works surrounding the intersection of these realms. Chapter three provides a thorough discussion of my methodological approach as well as a more in-depth explanation of my rationale and some ethical considerations. The fourth chapter is a review of the results of my overall quantitative analysis of psychotropic drug ads. My fifth chapter includes a reflexive discussion of the major themes of these results as well as illustrated examples using selected ads from the data set. Finally, chapter six is my conclusion which is an overall summary of my work, and some personal observations. Here I also discuss some of the strengths and weaknesses of the research design and make recommendations for future work in this area.

1.2 Rationale and relevance of the study problem

Visual culture includes photographs, film, television, fine art, news images, advertising images and digital media. It is pervasive and influential and images contribute to the production of information, values, ideas, and meanings in our society in powerful ways (Mirzoeff, 2002). Images are not synonomous with visual culture but they are one aspect of it. I chose to narrow my focus to an examination of the visual representation of mental disorders in commercial media. This was done through an analysis of print advertisements in medical journals.

This study might be of value for a number of reasons. Print advertising in medical journals presents very specific messages to a select audience: physicians. Physicians are typically the first (professional) line of defense when it comes to

psychiatric complaints. It is for this reason that information that may impinge upon the ways in which they conceptualize mental disorders, as well as their treatment decisions, should receive specific attention.

Previous researchers (Blum, L. & Stracuzzi, N., 2004; Hansen, F., & Osborne, D. 1995; King, E., 1980; Lovdahl, U, & Riska, E. ,2000; Lovdahl, U., Riska, A., & Riska, E. , 1999; Munce, S., Robertson, E., Sansom, M.A., & Stewart, D. , 2004) have concerned themselves with analyses of gender as it is portrayed in psychiatric advertising. Although my analysis is gender inclusive, I am also concerned with the social construction of meaning as it pertains to mental illness and how it is visually constructed. This study will differ somewhat from other works in that it is both quantitative and qualitative in nature. It also reviews both Canadian and American ads. An analysis of the advertisements for psychotropic drugs that appear in Canadian medical journals is of value because

1) To my knowledge there are no other studies that have utilized a similar combined methodological approach to examine the content of Canadian advertisements for psychotropic drugs.
2) There are differences between Canada and the United States in terms of advertising for psychotropics. In recent years pharmaceutical companies in the U.S. have been allowed to use popular media such as television and magazine print advertisements (in addition to medical journals) to promote their products. This is called 'direct-to-consumer' advertising and it has not yet been approved by Canadian health agencies. This means that the sole targets of advertisements for psychotropics in Canada are physicians.

Because of the large amount of trust and power that we grant physicians, it is worth our while to investigate the messages that they are bombarded[3] with by drug companies and decipher what exactly they represent. After all, "we", the general public of potential patients, are a third party to these messages. Essentially, we have no control over the information that is presented in drug advertisements nor the negotiation of meaning involved in physicians' interpretations of them. However, the ways in which physicians might be influenced by the commercial representation of mental disorders can be very relevant to our lives.

1.3 Background

Throughout the history of medicine visual representations of disease have acted as both hindrances and healers. They have functioned as agents for the promotion of a stigmatized view of specific illnesses in cases where public opinion has been informed by media misrepresentation and/or sensationalism, but they have also had the power to increase public knowledge and influence healing when used for therapeutic purposes. In his book, *Disease and Representation* (1988), Gilman examines the idea of the social construction of disease. His analysis of the representation of disease includes the concept of "othering". "Othering" is the distancing of oneself from the experiences of another. It

[3] These issues are particularly important in reference to an April 20, 2006 New York Times article which cites a recent study that suggests that 56% of the psychiatrists that worked on the latest (1994) edition of the DSM (the diagnostic and statistical manual for mental disorders – or, the bible of psychiatry) had at least one financial tie to a drug manufacturer. In most cases they were provided with money for research.

serves a function. It is a way of projecting our fears away from ourselves and reinforcing the separation between us and what we fear or despise in another person. In a psychiatric context it is a way of localizing the source of our fears and deciphering to whom we can reasonably attribute characteristics of "madness" (Gilman, 1988 p. 5). Gilman's ideas emphasize the function of visual representations when it comes to mental illness. "Illnesses of the mind" present themselves with fewer observable physical characteristics than other types of illnesses; therefore the desire to visually depict these diseases has often been a complicated task (Gilman, 1976). In examining the commercial portrayal of mental disorders I draw from historical analyses of psychiatric images of the past but the crux of my personal analysis is based on a knowledge of the present.

1.4 Research questions and objectives

The major research questions that will guide my inquiry are as follows:

1) What are the major mental illness-related themes, misrepresentations and/or metaphors apparent in the ads and how can they be identified and analyzed?
2) How do commercial representations of mental disorders differ according to who is presenting them? (i.e. ads from Canadian journals versus those that appear in American journals, as well as examples of non journal-based advertisements).
3) What changes have occurred over 50 years in the twentieth century with regards to the portrayal of mental disorders within advertising?
4) How is gender represented in psychotropic drug advertising and what are some possible reasons behind any documented discrepancies?

2 Literature Review

As separate entities, the subjects psychiatry and visual culture are represented by a plethora of literature. My thesis work is an attempt to merge these categories of information and discern the nature of their relationship. Because these are such broad subject areas, I will organize this literature review into three main parts with subheadings for relevant ideas under each section. First, I will review some of the major theoretical positions behind the construction of meaning as it pertains to health. This review will include the representation of disease and, more specifically, the representation of mental disorders. I will then proceed to a discussion of how mental disorders have been depicted in visual culture historically and why. The final section of this literature review will narrow in on one current area of visual culture, advertising. Here, I will provide a synopsis of the findings of previous works that have examined how mental disorders have been represented in print advertisements for psychotropic drugs. In this section I have decided to consider both qualitative and quantitative work.

There is a unique historical backdrop within which the ads I will analyze find their context. A discussion of some of the social history surrounding particular depictions of mental disorder in psychotropic advertising will be saved for the analysis section of my thesis.

2.1 Theories of Construction

Many theorists have discussed ideas surrounding visual representation with respect to the social construction of meaning. To say that meaning is socially constructed is to suggest that objects are not inherently meaningful, and instead that it is we who assign meaning to the objects in our world. Sturken and Cartwright (2001) explain this notion further. They assert that social constructionists believe that only humans can make meaning of the material world through their specific cultural contexts, and that the negotiation of meanings takes place through communication systems such as writing, speech or the exchange of images (pp 12-13). This is to say that the world is not reflected back to us through systems of representation, but rather, it is us who attribute meaning to objects in our social world. This notion is an important one. If meaning is socially constructed, then the ways in which we view illness are informed by meanings that we are actively constructing through information relayed via communication systems such as images. How we respond to what we see becomes based on an interpretative relationship *with* what we see. In studying the visual representation of mental illness I am, essentially, attempting to decipher what we can take from these images and to explore the meanings that have been constructed in response to them.

2.1.2 The Social Construction of Mental Illness

Illness is culturally laden. Ideas surrounding what it means to be ill differ according to cultural and moral ideals, individual social networks and interactions with health care professionals, as well as available health knowledge (Lorber & Moore, 2002). The ways in which health and illness are socially constructed influence how different

disorders are understood and treated at particular points in time. In his article, "The Social Construction of Mental Illness" (1982) David Ingleby makes a case for mental illness as a social construction by critiquing three models that have been used to explain the etiology of mental disorders. The disease model implies that mental illness is a result of some sort of physical pathology. Ingleby suggests that the term mental illness reduces a certain set of behaviours to the physical domain, one where symptoms can be dealt with by the intervention of doctors. Physicians are not equipped to deal with the non-physical sphere. This means that mental illnesses must be confined to the physical realm, otherwise medical science is powerless to control them (Ingleby, 1982, pp. 126-127).

Ingleby discusses two more models that are related to psychiatric diagnoses. The first of these is mental illness as deviance. Here, mental disorders result when individuals step outside the realm of socially acceptable conduct, thus engaging in behaviour that is considered deviant. Instead of mental illness being equated with disease, which is what the first model outlines, this model views mental illness as a deviation from social norms (Ingleby, 1982). Ingleby argues that this model is flawed because the idea of viewing mental illness as a form of deviance is to imply intentionality to the assumed symptoms or deviant behaviours, and this is often not the case. His conclusions about the inappropriateness of this model are similar to what he saw as lacking from the 'mental illness as disease' model. This model is based on how categories of illness have been extended to include mental disorders. This extension of the physical into the mental realm takes into consideration the argument of intent. Some researchers (Ingleby, 1982; New, 1996) suggest that if physical illness includes that which is mental and mental illness includes behaviours that are considered to be deviations from social 'norms', that

concepts surrounding deviance must also be extended in order to include "immoral intentionality"(p. 128).

The third model, the intelligibility criterion, argues that what is missing from the mentally ill individual is his or her sense of reason. This perspective assumes two specific criteria, compulsion and incapacity. These suggest that behaviour will not be comprehensible in rational terms since they deny that an individual is the agent of his or her action; and actions without an agent cannot be rational ones (p. 128). Here it is suggested that 'sensible' actions are also social constructions that are based on the shared knowledge of social groups. Ingleby suggests that a failure to make sense alone is not sufficient for a diagnosis of mental illness. Everyday individuals act in ways that might be considered irrational but are not categorized as 'mental illness' because, although these actions might be "bizarre" or "puzzling", they are not particularly bothersome or do not result in a disruption in the order of things (Ingleby, 1982). Ingleby's article is primarily concerned with addressing how particular concepts of mental illness play an important role in maintaining acceptable forms of behaviour.

Some authors (Ettorre & Riska, 1995) have suggested that medical decisions may be more influenced by advertising than by medical knowledge itself. As I have previously stated, I am particularly interested in uncovering the metaphors and misrepresentations of mental disorders as displayed by how they are represented in journal advertisements that are aimed at physicians. I also want to examine these ads with specific reference to their influence on the treatment approach.

2.2 Representation of Disease

The idea of representing the diseased through the use of visual images is an old one. Within the realm of modern medicine, visual representations of illness have come about as the result of the biomedical approach's concern with 'seeing the disease' (Gilman, 1976). There are two different levels at which visual representations of illness function: firstly, they function to aid in the social construction of categories of difference. Secondly, they function in such a way that individuals internalize images and can act in accordance with socially constructed expectations (Gilman, 1988, p.4). This is to say that visual representations can function to help a self-fulfilling prophecy. Gilman (1988), Seale (2002), and Lupton (1994) have discussed the process of "othering" as it pertains to mental disorders. In a health context the "othering" of the individual occurs when s/he comes to be viewed as an extension of the disease process. "Othering" serves to set-up a dichotomy between health and illness, good and bad, the normal and the abnormal, us and them. Gilman (1988) says, "the solidification of the divide between the healthy observer and the unhealthy patient is, once again, an attempt to inject a distance between the worlds of our selves and the chaos represented in culture by disease" (p. 4). In a media context it works in much the same way, but because of the pervasive nature of this industry the process of "othering" can result in the cultivation of severely stigmatized attitudes towards individuals who occupy "other" status. Gilman discusses the practical implications of the representation of disease with specific reference to mental disorders:

> We have a pattern in twentieth-century America of evident public surprise when the mad bomber turns out to be a retired meek little man living on a pension, or the Son of Sam turns out to work for the post office and live in a high rise apartment. Such a context is not appropriate for the mad dog killer. The banality of real mental illness comes into conflict with the need

> to have the mad be identifiable, different from ourselves. Our shock is always that they are really just like us. This moment, when we say, they are just like us, is the most upsetting. Then we no longer know where lies the line that divides our normal, reliable world, a world that minimizes our fears, from that world in which lurks the fearful, the terrifying, the aggressive (1988, p. 13)

Susan Sontag also addresses the notion of 'othering'. However, she frames her perspective differently, using illustrations of two diseases of the physical body. Sontag speaks of tuberculosis as a disease of the sick self, while cancer is a disease of the other (Sontag, 1977, p. 68). Diseases of the 'other' appear to be more stigmatized and much more feared than less isolating illnesses. Sontag proceeds to explain how cancer and tuberculosis have been explained as illnesses rooted in the passions. She describes how some have viewed TB as resulting from an abundance of passion in its victims. At the same time she explains that cancer has been described as a disease that presents itself in passion's absence. I appreciate how Sontag uses metaphor as a way of teasing apart how illness has been viewed according to the social and culture context of its time. Emily Martin (1987) also examines the use of metaphors as they relate to the body. Her work looks at metaphors of reproduction, specifically menstruation and menopause. Martin has discussed the ways in which these processes have been described in terms of production or failed production in modern medicine, where women's bodies are the machine and the physician is the technician (p. 56).

I believe that examinations of how bodies are represented metaphorically with respect to health and illness can be used as tools to decipher how these concepts are understood in terms of the dominant social ideologies of a particular time and place. Another way of examining how disease is treated at a particular point in time is by looking at how it is represented in art and mass media. Content analysis is rooted in the

examination of cultural artifact as a means of making inferences about how messages are communicated (Weber, 1990). The ways in which mental disorders are represented in commercial media can be investigated by examining the ways in which psychotropic ads are visually presented.

2.2.1 Producing Representation

The production of images informs the production of representation. It has been argued that photographs hold "truth" because the camera plays the role of an impartial observer, but the "truth" of the photograph is still based on the constructions of the photographer and the interpretations of its viewer. Photographic representations involve, at least to some degree, the subjective choices of their capturers. Someone has decided who is to be presented in the depiction, how it will be framed and the other photographic elements that make up an image (Sturken & Cartwright, 2001).

The history of the representation of mental disorders includes psychiatric photography. Ways of "seeing the disease" based on photographic methods presented images that were regarded as new introductions into a visual dimension of mental illness. Some photographers of mental disorders, such as psychiatric photography pioneer Hugh Diamond, were praised for their efforts, and the images they captured were viewed as true indicators of the mental state (Gilman, 1976). However, photographic methods remained questionable and controversy arose surrounding whether or not its representations were actually truthful. In the late 1800s, French neurologist Jean-Martin Charcot used visual methods to document the hysteric state of female patients confined to Paris' Salpêtrière insane asylum. Critics of Charcot's work suggest that his images were,

in many senses, manufactured. It was noted that Charcot's "most enthusiastic hysteric patients willingly participated in the theatricalization of their bodies" (Didi-Huberman, 2003, pp. xi) and it is believed that somewhere along the way a thin line between therapy and exploitation was crossed. I will not specifically be looking at photographic images (though I have included some examples for illustrative purposes). I am, instead, concerned with commercial images. Some of these present themselves as photographs or snapshots of life amidst "disorder", but the fact that they have been manufactured for a specific purpose should never leave our minds.

2.2.2 Metaphors of Disease

In *Illness as Metaphor* Susan Sontag discusses cancer and tuberculosis and the metaphors associated with each. Though her work is primarily restricted to these illnesses of the body, she has a few things to say about mental illness as well. In particular she discusses the mechanism by which illness expands across culture. She begins by asserting the idea that deviations from social norms come to be considered diagnosable illnesses. Proof of this basic idea can be found when one considers a book such as the *DSM-IV*. Despite the fact that the *Diagnostic Statistical Manual of Mental Disorders* eliminates certain social and behavioural practices each year that are no longer considered to fall under the category of mental disorders (an example from recent years is its elimination of homosexuality as a psychiatric diagnosis), each edition broadens the scope of what is considered disease as it grows to include new psychiatric diagnoses. In addressing the psychological component of disease Sontag suggests that psychological theories of disease are important ways of placing blame on the sufferer, making the

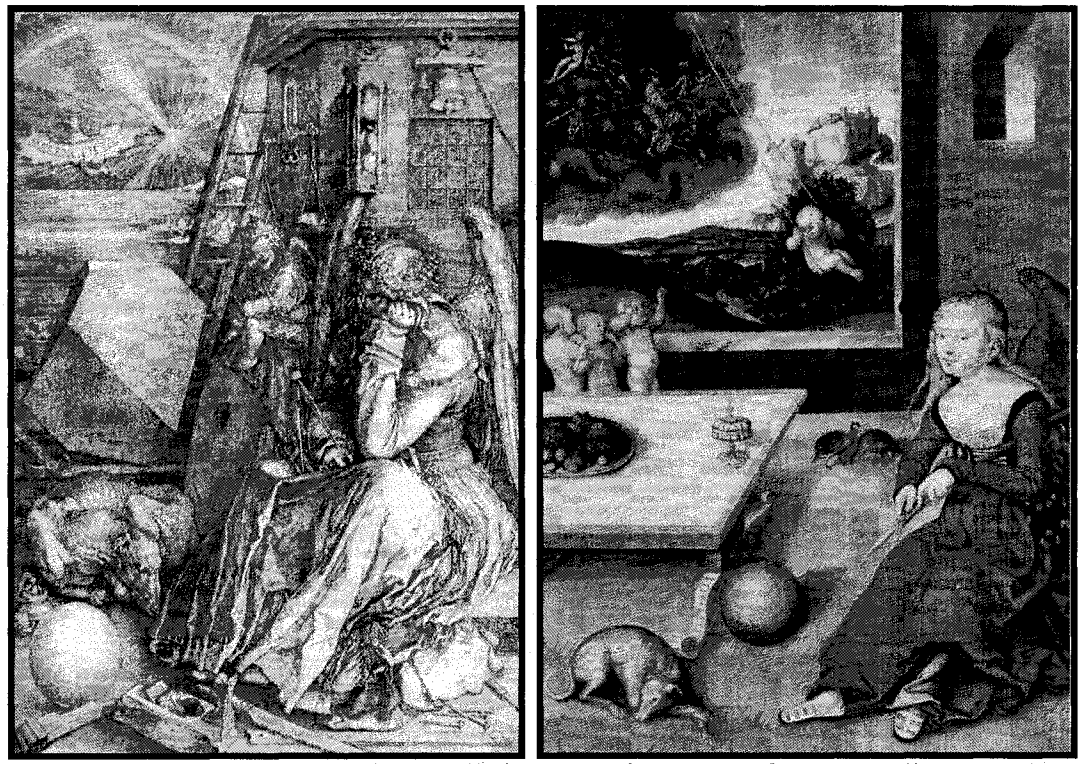
patient feel that they have caused their illness and, in doing so, making the illness appear deserved (Sontag, 1977, pp. 56-57).

Discourses surrounding blame, intentionality and the "othering" of the mentally ill individual are frequently present in discussions of mental disorders and these notions will be revisited in later sections of this thesis. There has always been a certain amount of the 'blame the victim' mentality surrounding mental health issues. Again, because these are diseases of the mind it can be frustrating to consider them without being able to see their physical etiology. I think this notion feeds into some of the stigma that surrounds their perception. The medicalization of human behaviour that deviates from norms has the potential to affect psychiatric diagnostic practices as well as the choice of therapeutic interventions. These issues are examined more thoroughly in my discussion chapter.

2.3 History of Representation

In the fourteenth and fifteenth centuries, visual art represented what were then considered the four main classifications of mental illness according to ancient Greek medicine. At that time, the presence or absence of particular symbols was an indication of whether or not the individual[s] depicted was epileptic, melancholic, a maniac or a frenetic (Gilman, 1982). These categories were based on Hippocrates ideas about the four humors: blood, black bile, yellow bile and phlegm, and their believed contribution to the four personality types: sanguine, choleric, melancholic and phlegmatic. The later incarnations, epileptic, melancholic, maniac and frenetic, made their way into visual art through the use of particular symbols. For example, various works contained an image that came to be known as 'the staff of madness' (Gilman, 1976 & 1988). The staff of madness appeared in art as early as the fourteenth century. It became symbolic of the

fool, the maniac, the wild man, the idiot, or the possessed (Gilman, 1976, p. 7). In addition to 'the staff of madness' was 'the ship of fools'. The ship of fools was an image that began to appear in art in the Middle Ages. It presented the idea of a cluster of isolated idiots being cast out to sea aboard a ship reminiscent of an insane asylum. These are just two of a number of objects that took on symbolic meaning in the



Figures 1- 2: Representations of 'the staff of madness' from *Seeing the Insane* (Gilman, 1996).

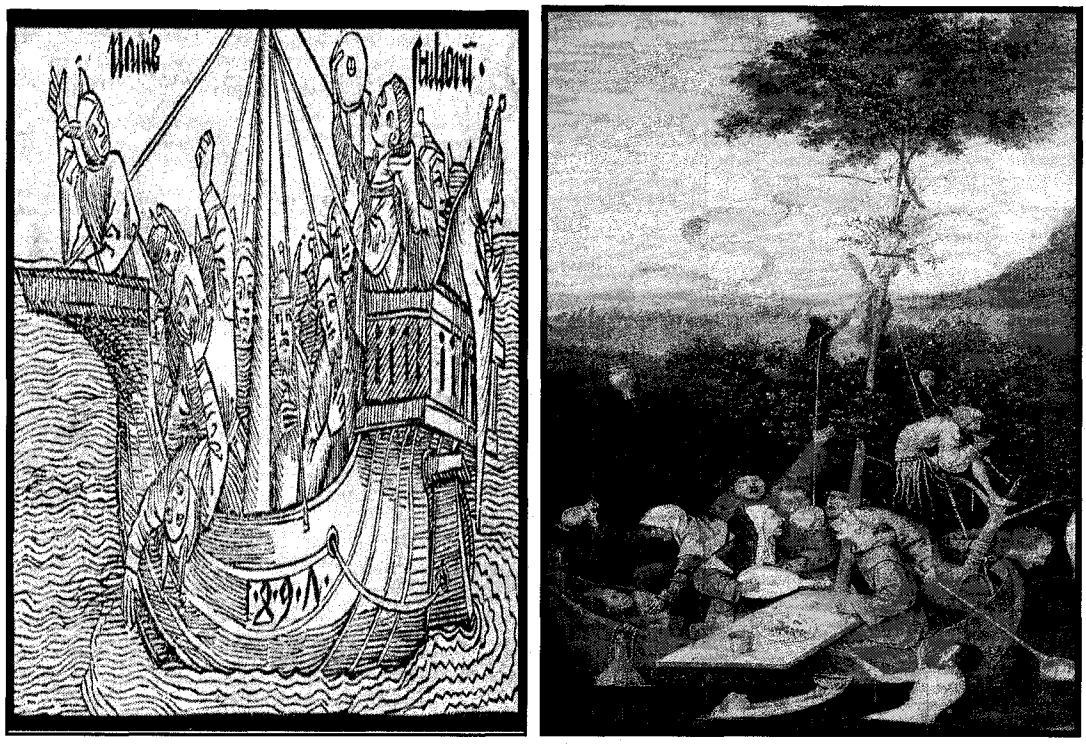


Figure 3 – 4: Representations of the 'ship of fools' from *Seeing the Insane* (Gilman, 1996).

representation of mental disorders.

Prior to the use of photography, some physicians used portraiture as a means of visually conveying the mental states of their patients. Artists were also summoned to produce works that captured the assumed physical aspects of mental illness (Lupton, 1994; Gilman, 1976). Beginning in the seventeenth century the visual depiction of the mental state took on a new form. Photographic methods were introduced and this new form of visual documentation served three specific functions in its relationship to mental disorders:

1) It was used as an attempt to accurately record what was believed to be the external manifestation of the internal state.

2) It was used as a tool to facilitate treatment depending upon how the patient reacted to having his/her photograph taken.

Figures 5-6: Psychiatric photographs from *the Face of Madness* (Gilman, 1976).

3) It provided a visual record of the patient that was useful in case of re-admission (Gilman, 1976).

Photography has also been used in modern day depictions of 'the other'. Lupton (1994) discussed a photo exhibit of people with AIDS that was shown at the Museum of Modern Art in New York. There was controversy around this exhibit though, as some claimed that it presented the illness in such a personal way that the social implications of the

epidemic were ignored (p. 75). Her comments were based on the work of Crimp, (1992 in Lupton, 1994) who used photographic representations of AIDS to exemplify the stigma suffered by those infected with the HIV virus.

Some modern depictions of mental disorders still show remnants of the characteristics of traditional representations. However, many of symbols that had come to be associated with these types of illness have gradually disappeared or have been replaced by new symbols in advertising. Present day images of mental disorders, though commercially constructed, still rely on photographic methods to convey their message. Over the past fifty years drug companies have made cases for the merits of their products through the use of a plethora of visual techniques based on the development of associations between drug and symbol. This brings me to a review of some previous work that has addressed how mental disorders have been constructed in advertising.

2.4 Theories of Advertising: A Review of Previous Work

In *A Social History of Minor Tranquilizers* Smith (1985) suggests the role of advertising is an indeterminate part of a complex set of social, medical, behavioural, and economic factors that result in the psychotropic drug prescription (p. 93). The family doctor or general practioner is the individual most likely in charge of mediating between the messages presented in psychotropic advertisements and his or her own medical knowledge before deciding on the appropriate treatment approach. In the work that Smith reviewed it was this overworked, pressured (p.96) family physician who was more likely to view psychotropic drugs as a simple and affordable answer to particular types of emotional distress.

Goffman's (1979) analysis of gender display[4] focused on the ways in which ads are visually constructed as a function of characteristics of gender. His analysis was based on print magazine advertisements geared towards a readership of the general public. However, this is not to say that "gendered" advertising is absent from print ads that are aimed at more professional or elite audiences. Mant and Dorroch (1975) suggest that "women in a doctored world appear as they do in the commercial world, as temptress, wife, mother and sex object...less intelligent and more dependant than men" (p. 613). It would be impossible to conduct an investigation of commercial representations of mental illness without also examining the representation of gender within the ads.

2.4.1 Myth and Metaphor

Many researchers (Chapman, 1979; Goldman & Montagne, 1986; Hanson & Osborne, 1995; Lovdahl & Riska, 2000) have found that the advertising of psychotropics has been largely based on the use of myths and metaphors. Myth, in the context of this thesis, refers to the presentation of an erroneous message related to mental disorders. Myth has been particularly useful in advertising as a legitimizer of views that are commercially advantageous to pharmaceutical companies (Chapman, 1979). Chapman conducted a qualitative analysis of Australian ads for psychotropics and specifically looked at the function of myth in these ads. A central argument in Chapman's study was that the ads contained a mythical dimension that was used to convey a message that may or may not be true. The truth eventually becomes irrelevant once elements within the ad become associated with the advertised product (Chapman, 1979, p. 752). Even if what

[4] Gender display can be explained as the visual manifestation of characteristics associated with sex type behaviour in advertising. Goffman's analysis is specifically concerned the tendency for female subjects of advertisements to be presented in typical feminine ways.

has been depicted is later shown to be untrue, the impression that was provoked is often stronger than the rational thought that would go into dismissing it. Chapman asserts that ads can be analyzed using a 'problem-promise-myth' framework. He used this approach in his analysis of eight ads for psychotropics. His framework essentially involves putting yourself in the position of the advertiser, identifying a problem to which the ad must offer a promise that will be made significant by the use of a myth (Chapman, 1979). The major argument of Chapman's article was that journal ads for psychotropics function to achieve three goals. They offer the promise of a solution to a problem perceived by their viewers. Secondly, these promises work by mirroring myths that are meaningful for a certain group of people, and third, these ads act to reproduce the ideologies of those they are trying to sell to (Chapman, 1979).

Chapman's investigation of symbolic representation in drug advertising is similar to Williamson's (1978) analysis of how concrete objects in advertising come to take on meaning or to convey particular messages based on the development of an association between object and ideology. In advertising, metaphors work by connecting abstract concepts or ideas with concrete commodities (Ettorre & Riska, 1995). Goldman and Montagne (1986) conducted an analysis of the metaphors contained within drug advertisements for antidepressants. They assert that the mechanism by which print advertising works for psychotropics is that advertisers turn visual representations into metaphors as a way of developing an association between a particular product and a particular feeling or experience. This abstract image or visual metaphor comes to be substituted by the advertised drug and becomes a symbol of the drug's action (Goldman & Montagne, 1986).

In their analysis Goldman and Montagne outline three interpretive procedures for deconstructing images of mental disorders in advertising. These are abstraction, equivalency and reification. Abstraction occurs when an object used as a symbol is presented in an unrelated context and a new meaning is assigned by the advertiser, or readers are expected to fill in their own. Here advertisers set the tone for drawing the connection between the two things presented; readers often fill in the gaps. The use of these abstract symbols is a way of forcing the audience of an advertisement to contribute to the construction of its meaning. Equivalency takes place when the physician reader of these ads is guided towards accepting equivalence between the abstract symbol which represents the psychiatric disorder and the condition of the patient he or she is treating. Next the physician is guided towards recognizing the symbol as equivalent with the drug's healing properties. The example Goldman and Montagne (1986) use is the rose. The rose is first made to stand for a particular anti-depressant drug and then becomes a metaphor for the actual chemical reaction that the drug elicits. The authors (p. 1047) suggest that psychotrophic drug advertisers use visual representations as a means of replacing drug names with symbolic representations of their actions by establishing carry-over symbols and meaning systems. A carry-over symbol is created when the audience of an advertisement interprets the ad in expected ways. Goldman and Montagne suggest that embedded within the performance of these interpretive procedures are meanings and background assumptions which perpetuate views about doctors, prescribing and patienthood that are commercially advantageous to pharmaceutical companies (p. 1047). Carry-over symbols come to represent the positive actions of drug therapies.

The third process for deciphering psychotropic drug ads is reification. Reification involves the depersonalization of the illness. Here advertising tactics are used to promote 'at-a-glace' diagnosis, a form of diagnosis which relates to how physicians themselves read the ads (Goldman & Montagne, 1986, p. 1057). The task of creating an association between drug treatment and cure involves presenting chemical interventions in ways which reflect the idea of 'ingestion and cure'. According to Goldman and Montagne, the other level at which these ads work is by encouraging a detachment between physician and patient by discouraging longer patient-doctor visits where issues related to both physiology and the social environment of the patient can be discussed.

A review of previous work in the area of psychotropic advertising has shown a trend towards gender bias. King (1980) conducted a content analysis of all drug ads appearing in the *American Journal of Psychiatry* over a 17-year period. The results of the study found the existence of a significant gender bias. Females were presented as patients more often than males and were also presented in a more demeaning manner. A more recent study (Munce, Robertson, Sansome & Steward, 2004) focused on determining who exactly is portrayed in psychotropic drug ads across time in three national psychiatric journals. All psychotropic drug advertisements portraying people were collected from the *American Journal of Psychiatry*, the *British Journal of Psychiatry*, and the *Canadian Journal of Psychiatry* at three time intervals (1981, 1991, 2001). It was found that both women and white patients were overrepresented as compared with psychiatric epidemiologic data in all three countries, and ads featuring women typically depicted them in either a submissive or sexualized manner with exaggerated concerns (p.287) . Hansen and Osborne (1995) were primarily concerned

with how drug advertisements portraying women as helpless, depressed and incompetent are reinforced so that physicians may be likely to diagnose and treat women differently than men. Their analysis of psychotropic ads found that despite a diagnosis ratio of 2:1 for women's versus men's diagnosis of depression, the ratio of women represented in anti-depressant ads was actually 5:1 in the *American Journal of Psychiatry* (between 1986 and 1989) and 10:0 in *American Family Physician.*

Lovdahl, Riska, & Riska (1999) conducted a cross-cultural analysis of depictions of antidepressant users in psychotropic ads in journals from Denmark, Finland, Norway, Sweden and the United States. They found that psychotropic ads in Danish, Finnish and Norwegian medical journals presented depression as a condition that primarily affects women and individuals who are single. This differed from American advertisements that mostly presented couples, with a focus on the female in the couple as the drug recipient (Lovdahl, Riska & Riska, 1999). A 2004 study (Munce, Robertson, Sansom, & Steward, 2004) examined who is being portrayed in Canadian, American and British psychotropic drug ads at three intervals: 1981, 1991, and 2001. This study found that in 2001 women were portrayed twice as often as men, which is an increase from the 1981 and 1991 intervals when women were depicted at a relatively equal rate.

The central idea that I wish to communicate in this thesis is related to the treatment approach and the influence that the promotion of psychotropics might have on selection (and value) of all treatments for mental disorders. In examining this question I cannot neglect the fact that the social climate with regards to psychotropic advertising remains very "gendered"; this, undoubtedly, has significance for decisions about mental health interventions.

2.4.2 Advertising and the construction of patienthood

Drug advertising is not unlike other forms of advertising except for the target audience it wishes to address. Lupton (1993) suggests that advertisements in medical journals are constructed in ways that appeal to the psychological needs of the physician including his or her needs for prestige, self-satisfaction and sense of confidence as a healer (Lupton, 1993, p. 806). She reviewed all issues of an Australian medical magazine over a six-month period from October 1991 to March 1992 and examined how the advertisements were composed according to gender representation and how the doctor-patient relationship was presented. Lupton found that the construction of patients in these ads was fragmented, particularly in the case of women. Body parts were presented and images were cropped so as to present pieces rather than a whole. Lupton argues that the purpose of such tactics was to dehumanize the doctor-patient relationship and to present the body as mechanical and machine-like (p. 811). She says,

> The trend in representation is congruent with the mechanistic metaphor of the body in biomedicine, in which only the diseased part of the patient is considered important, where mind and body are largely separated, and where medical techniques focus upon locating a specific problem in a part of the body and treating only that part. (1993, p. 811)

Goldman and Montagne (1986) assert that previous research has not paid enough attention to the long-term sociological impact of advertising practices and the effects these might have on modes of diagnosis. Lupton (1993) also notes the changing role and status of western medical professionals, citing that medical technology and drug therapy have begun to dominate the doctor-patient relationship (p. 807). Neill (1989) reports the results of a comparative analysis of the representations of patients and doctors in

American psychotropic advertising for the period of 1955 – 1980. Here it is suggested that the doctor/patient relationship is becoming increasingly distant. Instead of the renewal of health being based on collaboration between doctor and patient, patients were typically depicted as more passive while the doctor was presented merely as someone who applied treatment. Lupton (1993) suggests that a major shift in biomedicine since the 1970s is the likelihood of the treatment value to be placed on the actual drug intervention rather than on the physician (p. 870).

My work is primarily concerned with the ways in which psychotropic drug advertising might impact upon physician's selection of appropriate treatment approaches for mental disorders. I will not be consulting with any physicians. The objective of my research is to examine and analyze the advertising content of the journals I selected and to generate thought about what these images mean and surmise their potential impact upon treatment interventions. With this in mind it must also be said that doctors are not merely passive consumers of the advertising messages contained within medical journals. They are also active producers of a culture that includes these messages - as are all of us.

2.4.3 The effect of advertising on the treatment approach

Inaccurate representations of mental disorders have potentially negative consequences. Kleinman and Cohen (1991) conducted a content analysis of the portrayal of work in psychotropic advertisements. They argue that representations that neglect to provide a social context for mental disorders promote isolation and the idea that the problem is with the individual rather than the broader social world. Smith (1985) says that when physicians write prescriptions they are making statements that the source of the

mental disorder is personal and not social. In these scenarios the physician is not only prescribing a drug for the control of personal discomfort but also sending the message that drugs are the acceptable way of dealing with personal and interpersonal problems (p.97). Smith also found that there was a relationship between physician attitudes and prescription rates that worked like this: the more positive the attitude of the physician towards the use of drugs in the treatment of social problems and everyday stresses, the more psychotropic drugs were prescribed (p.96). Stimson in Smith (1985) says,

> The solution to the problem is not to change those things in the person's life that cause the problems, but to change the person by correcting his or her brain chemistry. The consequence of such symptomatic treatment is that cure, in a medical sense of solving the problem once and for all, is not possible. (p. 97)

I am not a physician. This thesis will not argue against the merits of drug therapies. Instead, I wish to examine the possible ways in which the promotion of drugs may impinge upon the consideration of alternatives. It seems reasonable that the treatment of mental disorders should involve careful consultation between physician and patient and that the negotiation of an appropriate treatment approach be based on full disclosure of all treatment possibilities.

3 Methodology

3.1 Introduction

In conducting my study no obvious methodological approach was most suitable. Instead, I elected to modify the traditional content analysis by combining both quantitative and qualitative elements to develop an approach that also lends itself to a reflexive feminist analysis. My investigation focuses on a review of two major North American medical journals: the *Journal of the American Medical Association* and the *Canadian Medical Association Journal*. These particular journals were selected because they are popular medical journals that are geared towards a readership of family physicians and general practioners. The analysis involves a review of advertisements in both journals over a fifty-year time period: from 1950 to 2000. A sample qualitative analysis of two advertisements is included at the end of this chapter.

Content analysis is a way of understanding the symbolic meanings behind cultural artifacts and the wider context within which they are formed (Rose, 2001). Content analysis, as a methodological approach, can be used either quantitatively or qualitatively. Neuendorf (2002) defines it as,

> A summarizing, quantitative analysis of messages that relies on the scientific method (including attention to objectivity-intersubjectivity, a priori design, reliability, validity, generalizabiliy, replicability, and hypothesis testing) and is not limited as to the types of variables that may be measured or the context in which the messages are created or presented. (p. 10)

3.2 Quantitative content analysis

Quantitative content analysis is primarily rooted in the systematic quantification of manifest content. This means that when analyzing an image the researcher is looking at surface structures and what can be taken from the image at its most topical level. It involves a careful examination of the data for repeated themes that are eventually grouped together and coded for common characteristics or elements (Neuendorf, 2002; Wilkinson, 2004). This type of research methodology is a practical way of assessing relationships among economic, social, and political variables as well as cultural change through the investigation of cultural indicators (Weber, 1990). This makes it an appropriate analysis for the examination of media and popular culture (advertising included). It is also a technique that allows for the processing of a large body of data over a long period of time (Winston, 1983).

Content analysis need not involve a quantitative component, but for the purposes of this research I have chosen to use it both qualitatively and quantitatively. The purpose of my quantitative analysis is as follows: I wanted to organize and present the data I was working with in as concise a manner as possible and I found that including a quantitative component provided me with a way of identifying any major themes or trends apparent in the data as a whole, prior to beginning a more in-depth analysis of these findings. Because the scope of my analysis does not allow for the examination of how physicians respond to psychotropic advertising I cannot assume any causal relationships based on my findings. As with any content analysis I am merely reporting on what is apparent and quantifiable in the ads reviewed.

3.3 Qualitative content analysis

I have already mentioned that content analysis, when used quantitatively, can allow a researcher to examine a large body of data over a long period time. One benefit of its qualitative use is that it can also allow for an in-depth examination of a small amount of data. Wilkinson suggests, "content analysis need not employ a formal coding scheme, nor need it be a precursor to any kind of quantification" (Wilkinson, 1999, p. 228). This is to say that at its most basic level, content analysis is a search for meaning which is uncovered by an examination of the repeated use of particular words, phrases, or "some larger unit of meaning" (p. 184). A content analysis that is absent of any sort of quantification of the unit of analysis or coding scheme can yield results that are based on the analysis of overall themes and/or discourses. For my study, the primary quantitative analysis provides a structure upon which a more interpretive qualitative analysis is based.

In their content analysis of 600 hundred photographs appearing in "National Geographic" magazine, Lutz and Collins defend content analysis by asserting that

> Although at first blush it might appear counterproductive to reduce the rich material in any photograph to a small number of codes, quantification does not preclude or substitute for qualitative analysis of the pictures. It does allow, however, discovery of patterns that are too subtle to be visible on casual inspection and protection against an unconscious search through the magazine for only those which confirm one's initial sense of what the photos say or do. (Lutz and Collins, 2001, p.89 [in Lutz and Collins, 1993])

I have elected to combine principles of feminist methodologies with traditional characteristics of content analysis in order to conduct an analysis that involves the quantification of the visual elements of psychotropic drugs ads as well as a reflexive interpretation of any uncovered themes. A merger between quantitative content analysis

and feminist principles holds the advantage of presenting results that are based on a methodology that is rooted in empirical science but draws upon the interpretive art of reflexive self-disclosure. These techniques are in keeping with a feminist approach that encourages the researcher to recognize the role that s/he plays in the research process.

Feminist methodologies are frequently used in interdisciplinary work, which makes them appropriate for this project. The bottom line in feminist research is to generate a wide variety of unique work that is basic and applied, theoretical and practical, abstract and compellingly concrete. The research goal is universal: to contribute to positive change in the gender system and within gender relations (Kimmel & Crawford, 2000, p. 4). Reinharz (1992) suggests that a feminist content analysis should examine cultural artifacts for examples of data that "illustrate the pervasive effects of patriarchy and capitalism" (p.149). When used quantitatively content analysis can allow the researcher to identify patterns in the data. These patterns can then be used to develop additional research questions or to test hypotheses (Reinharz, 1992), I use them as a starting point from which to proceed to a qualitative analysis.

It is important to mention how I have approached these ads. I approach them as a woman first and foremost, as a student of psychology and sociology secondarily, and also as someone who is a feminist researcher with a keen interest in many aspects of health policy and delivery. My own experience with chronic illness, which has resulted in a ten-year frequent patient status, undoubtedly colours my perspective also. My personal "gaze" will inform the reflexive component of this thesis, which is represented in the discussion chapter.

3.4 Reflexivity

Reflexivity involves the researcher actively placing her or himself within the context of what they are studying and acknowledging the fact that the personal and social constructs apparent in their "gaze" are never absent from the interpretation of the data they are studying (Murray & Chamberlain 1999; Prosser, 1998). Berg (2001) views reflexivity as an ongoing conversation with one's self and the basic recognition of the fact that the researcher is a part of the broader social world that he/she sets out to investigate or interpret. Stanley and Wise (1993) state it simply as the recognition of the feminist researcher as "an active and busily constructing agent" (p. 200) in her own research, and Ussher (cited in Prosser 1998), views the role of reflexivity when applied to visual research as the following:

> ...Reflexive understanding which is always potentially present in doing research is not primarily the gaining of an awareness of one's subjectivity, one's personality, temperament, values and standpoints. The desire that structures research is not the product of psychology which is made 'public' through honest introspection. Rather it is the effect of sociality and the inscription of self in social practices, language and discourses which constitute the research process (Ussher, 1993, p.9).

Personal reflexivity has been defined by Wilkinson (in Kimmel & Crawford, 2000) as a "disciplined self-reflection on who we are and how our identities as individuals in Western society, members of particular ethnic or religious groups, gendered beings, and feminists - influence our work and, in turn, how our work influences these aspects of self (p.3)".

All of these definitions reference the idea of self-disclosure in research and recognize the research process as both the examination of the data that is under investigation, as well as the unique "gaze" or interpretation that the individual who is conducting the analysis brings forth. Reflexivity allows me to be interpretative within my work. I can examine my data according to a specific set of research objectives while, at the same time, ensuring that the analysis remains very personal.

3.5 Advantages and Disadvantages of Content Analysis

A commonly cited disadvantage of content analysis is that its concern with manifest content tends to decontextualize the subject of its investigation. This is to say that it is primarily interested in looking at the surface meaning of the object of investigation rather than the latent or deeper underlying meaning. In the qualitative component of my analysis I attempt to overcome this disadvantage by adding context to my work and completing a more reflexive and unstructured review of some major themes of the ads. I illustrate my points using examples from the data set and incorporate relevant literature.

Lutz and Collins (1993) see benefits in using content analysis quantitatively. They suggest that a focus on manifest content can encourage research that is methodologically explicit. This is to say that it leaves room for the qualitative interpretations of its researcher should s/he elect to engage in an attempt to uncover any deeper meanings (Lutz and Collins, 1993). Ball & Smith (1992) cite the absence of "researcher effects" (p.26) as being another one of content analysis' benefits. This is because it is absent of the interactive effects that may occur in interviews or focus groups. It could be argued that I am counteracting this "benefit" by including an interpretative

qualitative component but, ultimately, I see this as contributing to a more holistic analysis.

Content analysis has been criticized by some qualitative researchers because of its seemingly scientific orientation. It has often been described as simply a 'counting' analysis and a means of substantiating relationships based on associations between the frequency of the appearance of particular characteristics and the data being investigated (Ball & Smith, 1992). My original data set contained 241 images spanning a 50-year time period.

Although content analysis is not without its disadvantages, I have worked to overcome these by conducting my analysis in a two-fold, quantitative and qualitative manner.

3.3 Critical visual methodology

Rose (2001, pp15-16) has described the major characteristics of a critical visual methodological approach. She asserts that such an approach should do three things:

> 1) It must take images seriously. This means that visual methodologies must not restrict themselves to just the social context in which images appear but should also consider the effects of the representation itself.
>
> 2) It should consider the social conditions and effects of visual objects, particularly cultural practices. Rose says, "cultural practices like visual representations both depend on and produce social inclusions and exclusions, and a critical account needs to address both those practices and their cultural meanings" (pp. 15-16).
>
> 3) It considers personal 'ways of seeing' that are historically, geographically, culturally and socially specific.

By applying the characteristics of a critical visual approach to my content analysis I can attempt to ensure that my study is not just based on surface interpretations of manifest content. Such an approach provides a general guide for a way to examine the data at a deeper level

3.4 Model for Content Analysis

When applied to advertising, Dyer (1982) describes content analysis as being based on the idea that there is a relationship between the frequency with which certain items or symbols appear in advertisements and the interests and intentions of their creators, as well as the responses of their intended audience. In developing the model for my content analysis I drew from relevant works that have utilized the method both qualitatively and quantitatively. Krippendorff (1980) views content analysis primarily as a quantitative methodological approach and suggests that six questions must be addressed when using content analysis to examine data. Through a quantitative analysis based on the codes I developed prior to analyzing the documents, I hope to address these objectives in a general sense in the body of my results chapter - and, in a more specific sense, in my discussion section. The following objectives have been adapted from Krippendorf's work and reworked to include elements of my own:

1) What visual representations are being analyzed? What is the image and where did it come from? What is being presented? Describe who is in the advertisement and other elements of the advertisement.

2) How are these representations defined? What is the image representing or implying? Is it appearing as a "factual" representation or a "stigmatized and/or stereotyped" one? What, if any, are the symbolic representations presented?

3) From what population are the images drawn? Who is most frequently represented or misrepresented and for what audience?

4) What is the context relative to which the data are analyzed? What is the social context in which these images occur? Are there differences in the images that are presented over time? Are there differences in the images as a factor of gender?

5) What are the boundaries of the analysis? How are the images related? Once they have been analyzed as separate entities, how can they be brought together? How are the images unrelated?

6) What inferences can be made based on the images? What can be said about psychiatric illness based on the images that have been presented? Do more contemporary depictions differ from early ones? If so, how and why?

I used a coding schema to analyse the elements of each of the images in my data set at a surface level. My qualitative interpretations are based on recurring themes and visual metaphors apparent in the ads and my own personal interpretations. If, while examining an ad, I was reminded of something or I noticed that a characteristic of the ad referenced

something (be it a pop culture reference, the use of colour metaphorically or the way sex was portrayed), it was noted on the back of the ad. These notes became the basis for my discussion and are incorporated into the two sample ad analyses that are included at the end of this chapter.

3.6 Journals

As mentioned, the journals I selected for analysis were the *Canadian Medical Association Journal* and the *American Journal of Medicine*. The *Canadian Medical Association Journal* (or CMAJ) is a bimonthly journal published by the Canadian Medical Association. It began in 1911 and is the leading journal of health sciences in Canada. It is also considered amongst the top five general medical journals (CMAJ, 2006) in the world. The *Journal of the American Medical Association* (its official name is now JAMA) began publication in 1883. It is the most widely circulated medical journal in the world (JAMA, 2006) and ranked number two behind the *New England Journal of Medicine,* in terms of impact factor – a measure of scientific importance in article content (JAMA, 2006). I chose to study both of these journals because

1) They are two of the most widely read journals in North America.

2) They are general medical journals; this is to say their readership is most likely comprised of family physicians and general practioners. General practioners may be less well versed in mental health disorders and non-pharmaceutically based alternative treatments than psychologists, social workers, psychiatrists and other mental health professionals. For this reason I believe the messages presented in drug advertising that

are aimed at these individuals are worthy of examination. The spring 2006 issue of the *Canadian Women's Health Network* journal stated that depression is the fastest rising diagnosis made by office-based physicians in Canada. It was also said that visits made to general practioners for depression have almost doubled since 1994 (Saibil, 2006). The majority of doctor visits for depression made in 2004 were by women (66%). Of these visits 81% resulted in a recommendation for an antidepressant.

3.6.2 Criterion of Selection of Images for Analysis

The units of analysis for this investigation were medical journal print advertisements ranging in date from the 1950s to 2000s. They are typically one page long but in some cases are as many as three. Each unit of analysis was coded according to the coding scheme I developed to account for the visual elements of each individual ad.

All ads for psychotropic drugs in the *Canadian Medical Association Journal* and the *Journal of the American Medical Association* from the 1950s-2000s were included with the omission of duplicates. The ads used to illustrate the points I make in my qualitative component have been systematically self-selected. Here I borrow a sampling approach that was used by Erving Goffman (1979) in his work on advertisements and gender display. Goffman believed that findings based on a systematic sample draw weight from the fact that the reader can be trusted to generalize the findings "beyond their stated universe, statistical warrant for which would require another study, which, if done, would induce a still broader overgeneralization" (Goffman, p. 48, 1979). Through this sampling approach the researcher is not concerned with being able to make

generalizations about the data as a whole; s/he purposefully selects advertisements that display gender differences or illustrate the social dynamics of gender relations.

Initially, all advertisements pertaining to psychotropic drugs in both sets of journals for the fifty-year period were tagged, photocopied and dated. Coding was developed prior to the overall analysis. The ads selected for inclusion in the qualitative component of this thesis are typical of psychotropic advertisements available for each time period. For my reflexive analysis I selected images that I was particularly drawn to. Each advertisement, however, is typical of the standard of psychotropic advertising of the timeframe.

3.7 Coding for Quantitative Component

The quantitative component of the analysis was conducted according to the basic principles of content analysis that were outlined on page 37. I began my analysis after first developing a specific set of codes with which to categorize each advertisement. An explanation of the codes I used follows:

1. Predominantly featured of sex – this code accounts for whether or not people are portrayed in the ads and if so which sex is depicted. In situations where both sexes were displayed the most prominent sex was coded. For example if a woman was pictured at the forefront while members of her family are pictured in the background of the image, the woman was taken to be the subject of the image and was coded under female. In advertisements where a heterosexual couple were pictured at equal range, equal gaze [this is to say there is no evidence of "licensed withdrawal" (which will be explained below)

(Goffman, 1979), or occupying equal space in the image, it was coded as "both". There were instances where there was no female depicted in the advertisements but a female was clearly the subject of the ad (for example: the word "she" is used in the ad, or a female patient is being discussed by her physician and husband). These ads were coded under male but a note was made that the subject of the ad was female.

2. Drug types: This category was used to classify the type of drug that was advertised in the individual ads. Drugs could be classified as used for either depression, anxiety, anxiety and depression, or other. The classification of the ads was based on the literal statements about particular symptoms that the advertised drug was supposed to combat.

3. Themes: Previous researchers (Chapman, 1979; Goldman & Montagne, 1986; Kleinman & Cohen, 1991; Lovdahl & Riska, 2000; Mant & Darroch, 1975; Smith & Griffin, 1977) have identified advertising tactics that have been used, not only in medical journal advertising, but also by the advertising world in general. Through a review of the data set as a whole as well as relevant literature based on similar work, some major themes were identified. The codes in this category were developed as a way of illustrating how mental disorders are symbolically represented in the psychotropic advertisements I analyzed according to these major themes. I also borrow from Goffman's work on gendered advertising and have included two criteria he developed: feminine touch and licensed withdrawal. The themes I used to classify my data are as follows:

(a) Metaphors: Visual metaphors are used heavily in psychotropic drug advertisements. The codes I developed under 'metaphors' are

(i) Metaphors of nature: Metaphors of nature were represented by the depiction of a subject's relationship with the external environment. This code was used to categorize ads that included depictions of an interaction with the outside world or an expressed desire to interact with the outside world (these were most frequently represented by a female subject staring out a window onto a nature setting).

(ii) Metaphors of light/clearing: Metaphors of light were coded as ads that present the notion of the 'eye-opening' experience that the drug may provide, or the light in the dark it may act as for its consumers. These were coded as any visual and/or literal references to light, darkness and clearing.

(iii) Other metaphors: Other metaphors were coded as images that presented a message that was not related to nature or light. These might be images where the visual metaphor is not easily categorized or understood.

(b) Feminine touch: Feminine touch specifically refers to the display and use of a woman's hands in an advertisement. In some instances women may be pictured cradling objects, holding their heads in the hands, or caressing something. For my analysis the use of female hands in an advertisement depicted in either of these ways was coded as feminine touch (examples of 'feminine touch' are included in the body of the analysis).

(c) Licensed withdrawal: Licensed withdrawal involves situations in which women are depicted as psychologically withdrawn from what is occurring in their social world. For example, a woman may be pictured as distant, detached or turning her gaze away from another. She may be presented as being disoriented to the situation she finds herself in or may display a need for protection (Goffman, 1979, pg. 57). Visual indicators of 'emotional vacancy' as displayed by obverted attention, social isolation and/or distance, were coded as 'licensed withdrawal' (examples of 'licensed withdrawal' are included in the body of the analysis).

(d) N/A: Some advertisements contain no visual metaphors; they simply present the name of their drug attached to a list of symptoms for which it provides relief. These ads were coded as N/A.

4. Context: The category 'context' was developed to account for the social environment or situations that enable the advertisements to make sense. The codes I developed under this category are:

(a) Return to nature/"normal": This was code for an advertisement's indication that the featured drug would help its consumers return to the natural environment or carry on with their daily lives as they had prior to their psychiatric symptoms. Indications that the context of an ad was return to nature/"normal" were usually presented by a promise, either visual or verbal.

(b) Return to productivity: The word "productivity" in this instance specifically relates to work for pay. A return to productivity was a code used for ads that presented their subjects returning to work after successful drug treatments or presented the subject's productivity in the workplace as impaired prior to drug treatment.

(c) Return to family life: An ad was coded as having a 'return to family life' context when it presented its subject's mental disorder as impinging upon her or his familial role. Some advertisements might associate their drugs with phrases like, "she's playing with her kids again," and others might promise relief from marital tensions that arise from one partner's mental disorder. Anything that visually represented the resolution of conflict within the family was coded as such. This was restricted to depictions of a man and woman in a home with or without the presence of a child. Adult couples depicted outside of the home were not usually coded under 'family' since their relations to each other were more ambiguous outside of this context.

(d) Treatment of the elderly: Treatment of the elderly was a code developed for advertisements in which the drug presented is linked to the treatment of elderly patients. These ads typically featured visual depictions elderly subjects or made specific reference to the elderly.

(e) Patient/physician relations: Patient/physician relations were coded as ads that depicted patients meeting with physicians, or, in a few cases, ads which featured

physicians engaged in conversation with the partner (usually a husband) of the subject of the ad.

(f) Other: Any context which was not easily categorized under these codes was placed in the 'other' category. Some advertisements presented no context (only the name of their drug and information about its effects); these were also coded as 'other'. The "other" category ended up being primarily comprised of ads that did not feature human subjects. The majority of these ads featured the drug name paired with a slogan about its effects, or, in some cases, the advertised drug was presented alongside a chart or diagram.

5. Role: The 'role' category of codes was developed to account for the social role that was represented by the subject of an advertisement. Again, this was not always easy decipher as it was not always the case that an ad contained a subject and, if so, that that subject was presented occupying a discernable role. The following codes were developed to include the most commonly occurring positions occupied:

(a) Professional: If the subject of the ad was presented in a business setting, sporting what could be thought of as business attire and in what looked to be a (paid) work environment of any sort the ad was coded as 'professional' under the role category.

(b) Family/In the home: Ads depicting couples or individuals in and/or around the home or in the presence of children were coded as 'family/in the home'.

(c) Leisure: Ads which featured their subjects participating in activities such as sports and hobbies were coded under 'leisure'.

(d) Unknown: In some cases ads presented subjects that had no discernable role. These were coded as unknown.

(e) Not applicable: As mentioned above, any ads that were presented as absent of theme or context (i.e. ads that simply presented a drug and information about that drug) were coded as not applicable. Ads which did not feature human subjects were coded as N/A under the 'role' category.

(f) Multiple: An ad was coded as 'multiple' when its subject was presented in more than one context (i.e., images of the subject both at work and in the home, etc,).

The data was coded per one unit of analysis (i.e., for each individual drug ad). Some advertisements were up to three pages long; in these cases the full advertisement was treated as a whole and coded once. Upon completing the coding for all ads the next component of my analysis required that I use SPSS, a program that allowed me to statistically examine patterns in my data based on the quantified textual elements of the advertisements. I used descriptive statistics as a means of identifying the general themes apparent in the ads at the surface level. This was typically based on the number of times particular indicators appeared in the data set. These initial observations provided the

structural basis from which a more interpretative qualitative analysis could be built. A copy of the content analysis coding form follows.

Content Analysis Coding Form

1. Journal_____
2. Year_____
3. Predominately featured sex:
   - Male _____
   - Female _____
   - Both _____
   - Undetermined _____
   - Not Applicable _____

4. Drug Type:
   - Anti-depressant _____
   - Anxiety _____
   - Depression and anxiety _____
   - Other _____

5. Themes:
   - Metaphors of nature _____
   - Metaphors of light/clearing_____
   - Other metaphors_____
   - Feminine touch_____
   - Withdrawal_____
   - N/A or other_____

6. Context:
   - Return to"nature/normal"_____
   - Return to productivity_____
   - Return to family life_____
   - Treatment of elderly_____
   - Patient/Physician relations_____
   - Other_____

7. Role:
   - Professional_____
   - Family/In the home_____
   - Leisure_____
   - Unknown_____
   - Many_____
   - N/A_____

3.8 Ethical considerations

This study does not involve any living subjects. Based on this fact, ethics approval was unnecessary. Since these are advertisements, they do not involve depictions of any real-life sufferers of mental disorders. Therefore, issues of the ethical treatment of those depicted are not relevant. It is relevant to consider the ethical implications of commercial representations of illness. With respect to mental illnesses many of these are inaccurate and perpetuate false ideas.

3.9 Images unpacked: sample psychotropic advertising analyses

I developed the codes for my analysis based on a review of the literature surrounding psychotropic advertising. Similar to the use of the rose in Lubiomil® and Zoloft's® campaigns, other researchers (Goldman & Montagne, 1986; Chapman, 1979; Riska & Hagglund, 1991) have also found a heavy reliance on the use of metaphors in this type of advertising. I specifically looked at metaphors of nature and metaphors of light. Included in metaphors of nature was everything from ads that pictured flowers (the obvious theme being personal growth), to rainbows, to mountain ranges. Metaphors of light and/or clearing were images featuring the transition from light to dark, transparency, subjects looking through windows or starring at reflections, and other images which seemed to illustrate "eye-opening" experiences. There were some images however that did not quite fit into either of these categories. These were coded as "other metaphors" and, their elements were noted. Figure 7 is an example of one of these ads. This section presents a short analysis of what I see in the ad. It should be noted that my assertions are

based on speculation. What I take from these visual representations actively informs the narratives I construct.

Figure 7: *CMAJ*, V.109, 1973

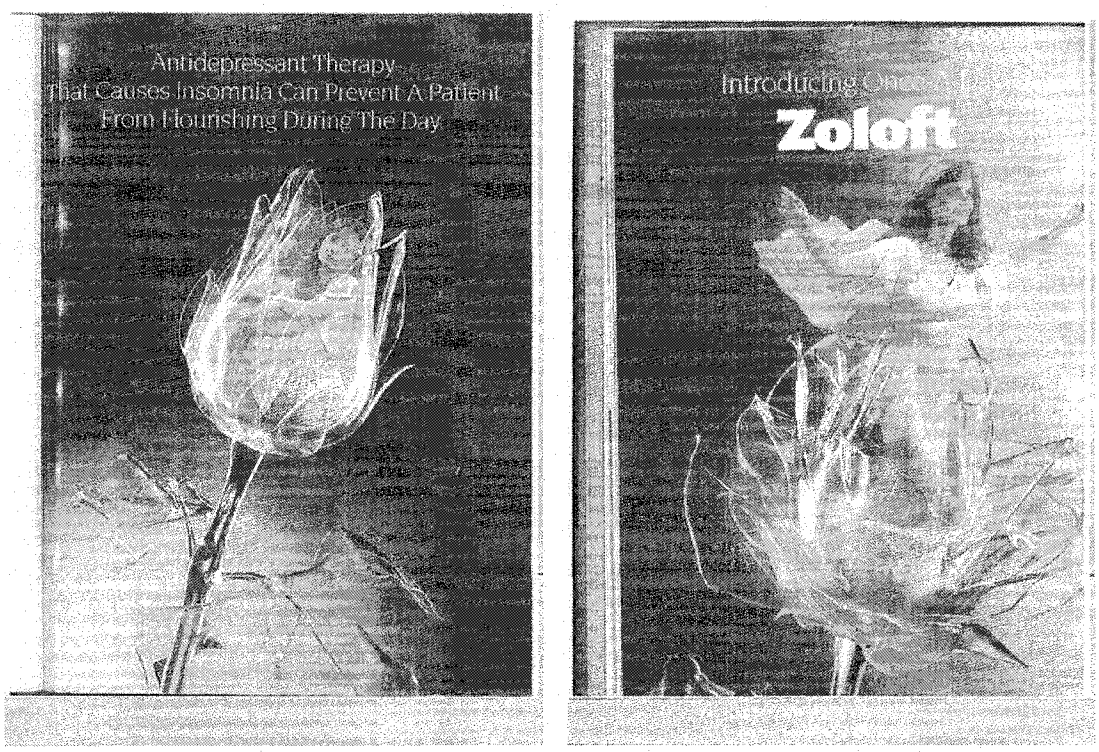
The female subject appears disoriented and distraught. She does not meet our gaze and looks withdrawn. She is the central focus of the ad and her 'in the home' role is made obvious. The elements of the image are arranged in a triangular formation that has her as the central focus. To her left, almost on the outskirts of the image is a suitcase; this could represent her desire to leave the situation while on right is a safety pin, which I view as representing the 'safety net' or the security that her home situation may represent; thus the dilemma, to stay or to go. It is likely that she is married and her husband plays the role of the breadwinner while she attends to the home - her desire to flee (the suitcase) must be balanced out against her need for security (the safety pin). This is particularly so if she has no skills or education that could be applied to work outside the

home. Although not apparent in this black and white copy, the most prominently featured colour in the ad is bright blue. This colour choice may represent the notion of "feeling blue" as a metaphor for depression. She is not displaying "feminine touch" in the traditional sense that her head is rested in her hands, but the idea behind that theory still rings true. Her head is in her hands, but she appears to be plugging her ears to block out the sounds of the plugged in vacuum cleaner. She is smoking a cigarette, which may also be related to her anxious symptoms.

Figure 8: *JAMA*, V. 248, 1982

Upon first inspection of the above advertisement I was immediately struck by the tagline "the unspoken complaint". What is the unspoken complaint? Betty Friedan dissected the dilemma of the unsatisfied housewife in her book, *The Feminine Mystique*. The gist of her argument was that women wanted something more than to live out their lives through those of their husbands and children. She believed that for women, true self-actualization could not be achieved under the existing economic structures (Friedan,

1963). This ad is particularly reminiscent of Friedan's essay, "The Problem Without a Name" – that is the sentence that the image communicated to me upon first view. After reading Goffman's work on gender advertising, the 'licensed withdrawal' effect is easy to pick out, as clearly the subject appears emotionally distant and removed from whatever might be happening in her social world. Included in the advertisement is a paragraph that is hard to read from this copy. It talks about the subject's nervous energy, inability to concentrate on work, sleep disruption and general feelings of emptiness. She appears to be looking out a window, and the idea of looking outside of oneself is commonly represented in the ads. In some cases this idea is presented as a subject simply staring out a window, possibly feeling detached from the natural world. At other times this idea is conveyed by images that show their subjects staring at their reflected self, or else drug treatments are presented as a tool to restore clarity.



Figures 9-10: *CMAJ*, V.158, 1993.

In certain instances the colour yellow has come to be associated with the presence of melancholy. I do not know how this came to be, but it plays a prominent role in Charlotte Perkins Gilman's short story *The Yellow Wallpaper*, as well as in several Paxil® and Zoloft® ads. The image of the rose has been featured in many ads for psychotropics. Goldman and Montagne (1986) note the rose's history as an "aesthetically appealing, emotionally uplifting symbol" (p. 1050). Drug promoters have attempted to make use of the rose's inherent symbolic value by pairing it with a psychotrophic. This approach uses the rose as a carry-over symbol so that upon adequate pairings of a rose and a drug name, the rose alone eventually comes to take on its own immediate drug/treatment associations. The two ads on the previous page show a woman first looking withdrawn and insular with her arms drawn around her legs. She is resting inside a rose that has yet to fully bloom. The second ad shows the subject smiling, with her arms raised in triumph. She has broken out of her former self and is finally ready to fully bloom. Many of the ads I analyzed used binary opposition (Goldman and Montagne, 1986, p.1050) to express mental distress. This is to say that they often present two things in contrast with each other – much like the ways in which darkness and light are used as metaphors to symbolize the absence of presence of depression – or in the case of the aforementioned ad, a question of whether to bloom or perish. Here 'before and after' is represented in terms of treatment. Life before treatment is associated with sadness and withdrawal, while the Zoloft® cure is associated with personal growth, renewal and vitality.

4 What is shown: an overview of quantitative content analysis findings

A total of 241 advertisements were considered for this analysis. A thorough review of all of the ads prior to developing the codes immediately eliminated six duplicates from the data set. A further 32 ads were eliminated from the analysis because they did not meet the criteria for inclusion. Of these 32, most did not appeal to specific mental disorder diagnoses but to psychiatric symptoms that were the result of more "organic" illnesses of the body. The most commonly occurring "organic" illnesses for which psychiatric appeals were made concerned women's reproductive health. These ads were typically related to menopause and/or estrogen deficiency and they illustrated the havoc this natural occurrence wreaked on husbands and friendly neighbourhood bus drivers. I would have liked to include these ads because, for the most part, they were quite interesting and a lot could be said about them, but, as mentioned, they did not fit in with the scope of this project.

The following tables illustrate a quantitative breakdown of the reviewed advertisements in terms of decades, drugs advertised, sex portrayed, themes (when discernable), contexts and perceived patient roles. I hand counted and coded each advertisement three times prior to entering the data into SPSS - a statistical software program for the social sciences. I used a function called "crosstabs" to generate descriptive statistics and identify the overall trends in the data. It was not possible to include any statistics on advertisements in 1950's issues of *JAMA*. Although Memorial's

Health Sciences library stocks these journals, they were not including advertisements in their bindings of individual issues at that time. This is unfortunate because it does not allow for a comparison between Canadian and American ads for that decade. However, journal advertisements for all other decades were available. The categories represented in the tables are based on a preliminary set of codes that was developed through an initial review of all of the advertisements. Based on the most frequently occurring characteristics that were identified in the counting process, I was able to formulate general ideas about how visual representations of mental disorders were commonly constructed. I also borrowed from the work of Munce et al. (2004) and some of the themes and roles that were identified in their comparison of how psychotropic drugs are portrayed in psychiatry journal advertisements in Canada, Britain and the United States. For organizational purposes the majority of the tables are grouped by decade. The decades are then grouped into sets of three. The first three decades reviewed, 1950s, 1960s, and 1970s, appear together and are named "table a" when referenced. The second set of decades, the 1980s through to the 2000s, are labeled "table b".

Table 1a. Psychotropic drug advertisements by journal and year (% in parentheses)

Journal	**JAMA**			**CMAJ**		
Year	**1950**	**1960**	**1970**	**1950**	**1960**	**1970**
Number of original Advertisements	**N = 0**	**N = 33**	**N = 58**	**N = 11**	**N = 4**	**N = 17**
Drug treatment						
Antidepressants	0	8 (24)	11 (19)	7(64)	1(25)	5 (29)
Anxiety	0	17 (52)	30 (53)	3 (27)	3(75)	2 (12)
Depression and anxiety	0	4 (12)	8 (12)	0	0	7 (41)
Other	0	4 (12)	9 (16)	1 (10)	0	3 (18)

4.1 Advertisements by drug type

Table 1(a) illustrates the breakdown of advertisements for the 1950s, 1960s, and 1970s according to the types of drugs that were advertised. In the majority of these instances (except for 1960s issues of *CMAJ* in which ads for anti-depressants were more commonly represented and 1970 when drugs for the combined effects of depression and anxiety were most frequently represented), anxiety was the most commonly represented mental disorder in psychotropic drug advertisements. If we look at the information on the decades 1980s-2000s (Table one b), the available advertisements indicate that anti-depressants were the most commonly represented pharmaceuticals in psychotropic advertising. A cross tabulation of statistics from the *CMAJ* versus the *JAMA,* which took into account the fact that more *JAMA* ads were represented in the analysis than those

from *CMAJ*, showed a much higher frequency of anxiety drug ads in American journals (45%: 16%). In the overall analysis of advertisements, drugs used to treat mental disorders such as depression were more common in the *CMAJ* (61%) than in the *JAMA* (32%) while advertisements for drugs aimed at combating both anxiety and depression were the same (13% for both journals).

Table 1b. Psychotropic drug advertisements by journal and year (% in parentheses)

Journal	**JAMA**			**CMAJ**		
Year	**1980**	**1990**	**2000**	**1980**	**1990**	**2000**
Number of original Advertisements	**N = 27**	**N = 8**	**N = 8**	**N = 8**	**N = 28**	**N = 3**
Drug treatments						
Antidepressants	17 (61)	4 (50)	4 (50)	5(63)	21 (75)	1 (33)
Anxiety	6 (21)	0	0	1 (13)	4 (14)	0
Depression and anxiety	4 (14)	1 (13)	0	0	1 (4)	0
Other	0	3 (25)	4 (50)	2 (25)	2 (7)	2 (67)

4.2 Advertisements by sex

For both journals women were the more commonly featured subjects of the ads for all decades. It is interesting to note that although there was a code for "both" to represent ads that pictured both women and men together, the advertisements coded as such commonly depicted familial relations in which women were predominantly featured

as the aggressor in marital tensions. There are important differences apparent in how women are depicted in the advertisements as opposed to how men are depicted. In the overall analysis females are depicted more often than men for every decade (for the first three decades respectively, the ratios were 4:2, 18:7, and 47:17; for the second they were 17:5, and 23:6; for the decade 2000, which is still in progress, the ratio thus far is 8:1). Table 2 shows a breakdown of drugs advertised by sex portrayed in each ad and represents the sex distributions for the overall analysis of all advertisements. Of the 203 advertisements analyzed, 117 (58%) depicted females as the sole subjects. Females were more highly represented than men for all drug classifications

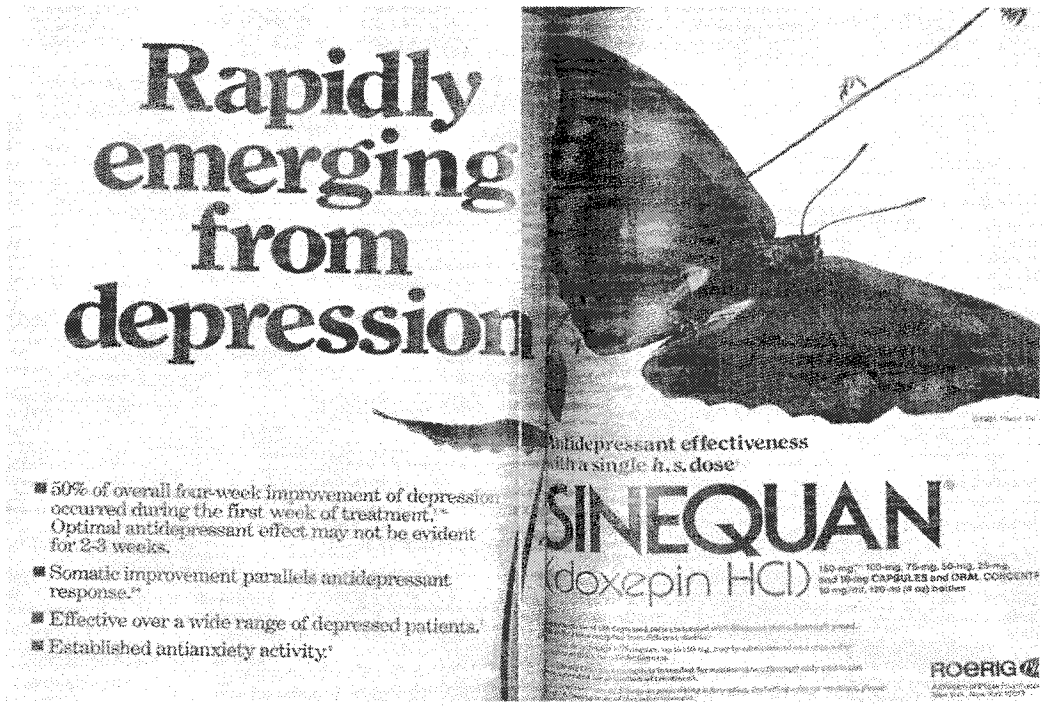
Table 2. Sex portrayal in psychotropic drug ads (% in parentheses)

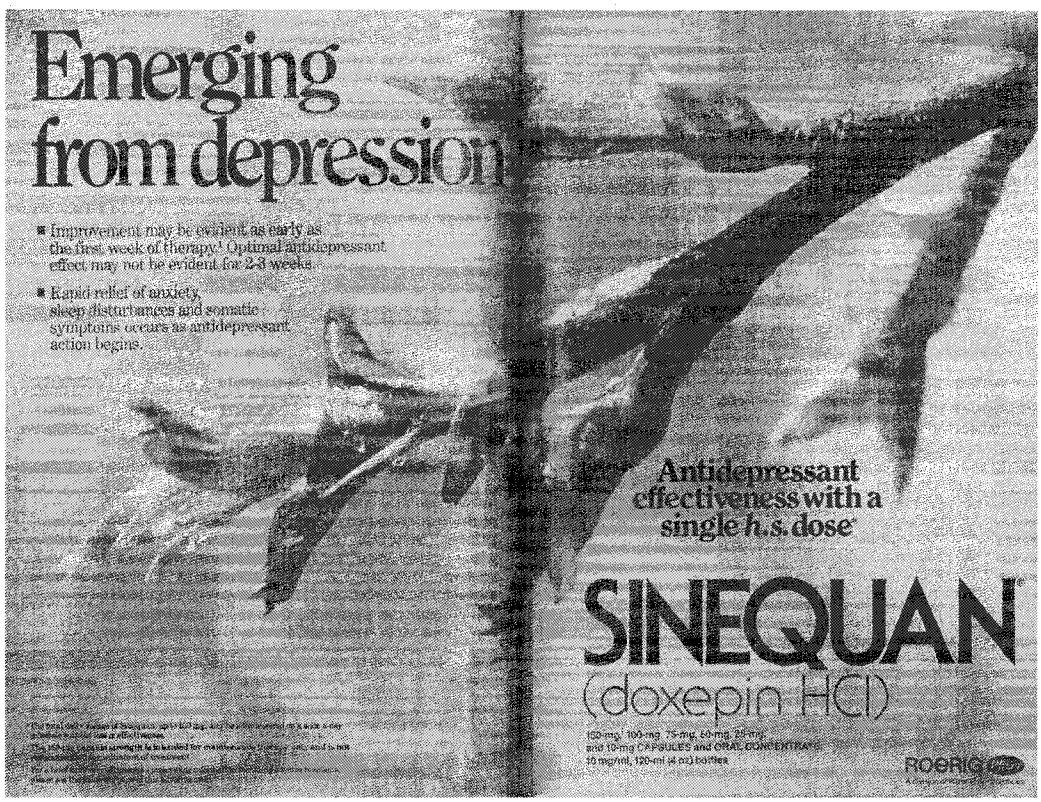
Drug Advertised	**Antidepressants**	**Anxiety**	**Depression and anxiety**	**Other**	**Total**
Sex Portrayed					
Female	55 (47)	42 (36)	12 (10)	8 (7)	117(58)
Male	9 (25)	11 (31)	8 (22)	8 (22)	36 (18)
Both	5 (25)	8 (40)	5 (25)	2 (10)	20 (10)
Undetermined	3 (60)	1 (20)	0	1(20)	5 (2)
N/A	13 (52)	9 (36)	1 (4)	2 (8)	25 (12)
Total	**85**	**71**	**26**	**21**	**203**

4.3 Themes

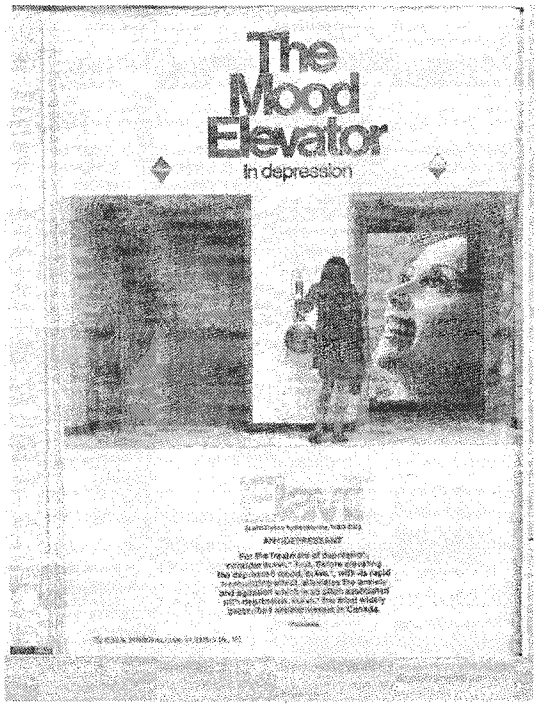
I identified some general themes presented in the ads. I was specifically interested in the use of metaphors, particularly metaphors of the natural world.

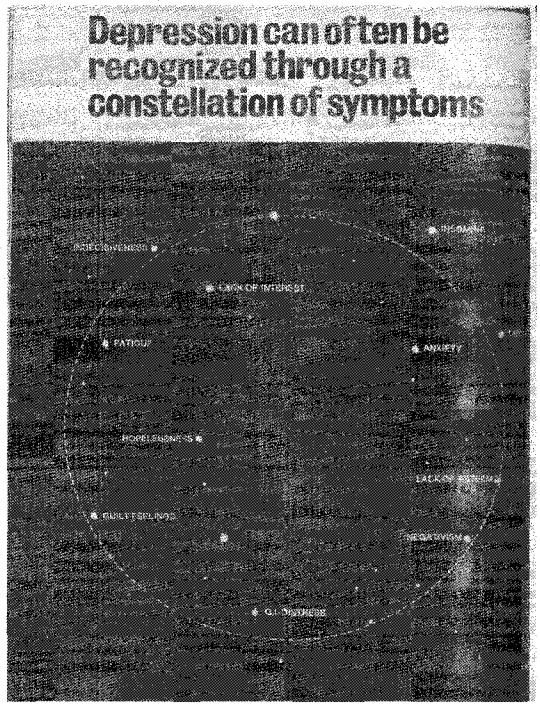
Expanding on the work of previous researchers (Smith & Griffin, 1977; Kleinman & Cohen, 1991; Goldman & Montagne, 1986) and Chapman's (1979) theory of the advertising message 'problem-promise-myth', I looked at metaphors of nature as being representative of the idea that psychotropic drugs could be viewed as a bridge towards the healthy return to the natural world. I divided codes for themes into six categories: metaphors of nature, metaphors of light, other metaphors, feminine touch, licensed withdrawal, and N/A. The "other" category was used to classify ads that did not contain any visual metaphors. The development of my categories is based on a study of the visual elements presented in the ads and what I can reasonably assume these elements are trying to convey based on a common sense analysis as well as the findings of previous researchers. Metaphors of nature were coded by the presence of any elements related to the outdoor world and one's place in it. For example, an advertisement which clearly depicted a woman in a home setting staring out the window at the outside environment would have its theme coded as 'metaphors of nature' because of the element of nature present. Her (inferred) domestic role might also be noted. Another ad might be coded as 'metaphors of light/clearing' if it contained the image of light reflected off a woman's face. Some examples of the use of metaphors in psychotropic drug advertisements follow. I begin with some metaphors of nature and also include some metaphors of the "reflected self".



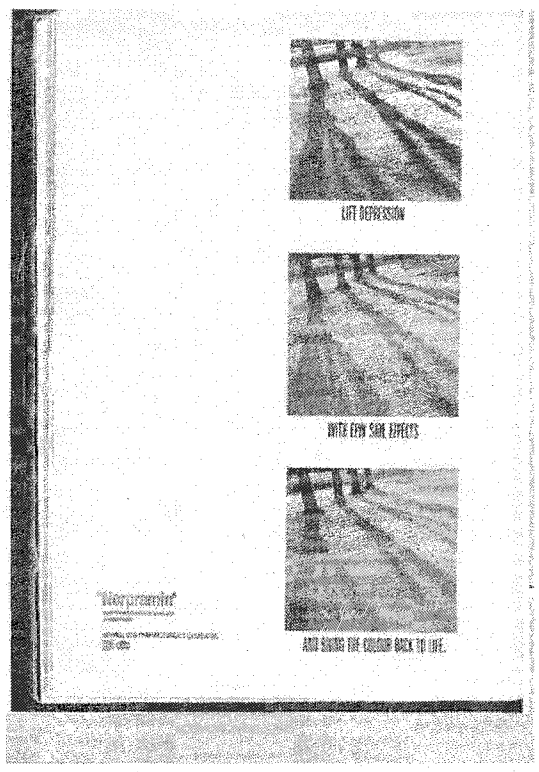


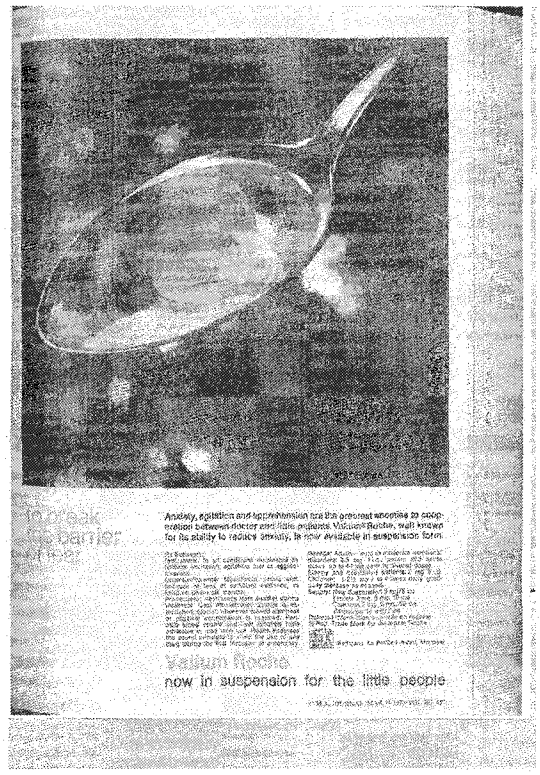
Figures 11-12: Both from *JAMA*, 1982.





Figures 13-14: Left to right: *CMAJ,* V. 102, 1970; *JAMA*, V.225, 1973





Figures 15-16: Left to right; *CMAJ*, V.140, 1989; *CMAJ*, V. 102, 1970

Table 3a illustrates the breakdown of themes represented in the data for the first three decades of my analysis. Metaphors were commonly used in both journals in all decades. Some of these metaphors were easily decipherable and categorized under the established codes while others were placed in the 'other metaphors' categories. Some metaphors I identified which were coded under the 'other metaphors' category were pin cushion, art, safety pin, loss as depression/depression as loss, elevator up to emotional highs, images of reflected self, clenched hands, clenched hands wearing wedding rings, painted portraits of ad subject, ancient Greek mythology, locks, spilled cups of coffee, scissors, dripping tap, constellations, broken strings, empty nests, umbrellas, and more.

Table 3a. Themes in psychotropic drug advertisements by journal and year (% in parentheses)

Journal	**JAMA**			**CMAJ**		
Year	**1950**	**1960**	**1970**	**1950**	**1960**	**1970**
Number of original Advertisements	**N = 0**	**N = 32**	**N = 57**	**N = 11**	**N = 4**	**N = 17**
Themes						
Metaphors of nature	-	1 (3)	5 (9)	0	0	2 (12)
Metaphors of light	-	2 (6)	2 (3)	0	0	1 (5)
Metaphors (other)		1 (3)	17 (29)	1 (10)	0	12 (71)
Feminine touch	-	5 (15)	7 (12)	1 (10)	1 (25)	5 (29)
Liscensed Withdrawal	-	4 (12)	18 (31)	3 (27)	1 (25)	7 (41)
N/A	-	17 (52)	18 (31)	5 (45)	2 (50)	2 (12)

Themes that were not classifiable under the established codes included ads that contained images which echoed the psychiatric photography of decades past, wholeness and the whole body approach to treating depression, ads which advocated combined therapeutic approaches such as drug therapy along with psychotherapy (of which there was only one), role strain, marital difficulties, psychiatrization of medical problems, alcoholism, illustrations of the limbic system, etc.

The category 'other metaphors' is well represented. This is because when developing my original codes I took into account the most frequent discernable themes – the ones that were alike in the characteristics they presented, thus, easily classifiable as fitting into the metaphor categories above (i.e. metaphors of nature, metaphors of light etc). Metaphors such as broken strings, safety pins or dripping taps could not be as easily classified. These ads were categorized in as 'other metaphors' (Figures 19 and 20 on page 65 represent two examples of this category).

The 'N/A' category under the 'themes' section was used to classify ads which did not contain visual metaphors but used other means to convey drug messages or information. The ads included in this category simply presented the name of the advertised drug along with a chart or table that contained information regarding its uses. These were typically text based and did not feature nature or human subjects. Table 3b illustrates the representation of 'themes' for the latter three decades.

Table 3b. Themes in psychotropic drug advertisements by journal and year (% in parentheses)

Journal	**JAMA**			**CMAJ**		
Year	**1980**	**1990**	**2000**	**1980**	**1990**	**2000**
Number of original Advertisements	**N = 28**	**N = 8**	**N = 8**	**N = 8**	**N = 27**	**N = 3**
Themes						
Metaphors of nature	7(25)	0	2(25)	2(25)	5(19)	1(33)
Metaphors of light	6(21)	1(13)	0	1(13)	4(15)	0
Metaphors (other)	6(21)	0	0	2(25)	9(33)	2 (67)
Feminine touch	1(3)	1(13)	1(13)	2(25)	1(4)	0
Licensed withdrawal	6(21)	2(25)	3(38)	0	5(19)	0
N/A	2(7)	4(50)	2(25)	1(13)	3(11)	0

Goffman's ideas about 'licensed withdrawal'[5] and 'feminine touch'[6] were explained in my methodology section. Several ads presented images of women that were in keeping with his conclusions about the gendered nature of advertising. This point will be further exemplified through the use of specific advertisements in the discussion section.

[6] Figures 17 and 18 are examples of advertisements which feature 'feminine touch'. For additional examples of this form of gender display see Figures 23-24, (p.72).

Figures 17-18: Examples of 'feminine touch' left to right: *CMAJ*, V.110, 1974; Psychiatric photograph by Hugh Diamond, 1856 (Gilman, 1996)

Figures 19-20: 'Other metaphors': *CMAJ*, V.148, 1993; *JAMA*, V.253, 1985.

4.4 Context

After preliminary advertisement codes were developed and themes identified, ad contexts were assigned. The context of the ad was taken to be its general statement. Some researchers refer to this as the advertisement's promise. The codes for advertisement contexts are listed in the tables that follow. They were most commonly linked to the ad's theme. For example, ads in which female subjects were displayed as detached from the natural environment would be coded as containing 'licensed withdrawal' as their underlining theme while the ad's context would be coded as return to nature/"normal". Similar displays of detachment and withdrawal within a family setting would be coded under 'return to family life' as their context. Other possible contexts were 'return to productivity', which was coded by visual indications of the subjects' involvement in the workplace based on themes that indicated a disruption of work-related productivity due do a mental disorder. A return to productivity code represented a return to the world of employment and was indicated by visual cues that indicated the subjects' relationship to the outside-the-home work world. This might be indicated by a picture of a young woman sitting behind a typewriter, a middle aged man dressed in business attire with briefcase in hand leaving his house and any other elements associated with work. The 'return to family life' context was coded by indications that the subject was returning to his or her regular family duties.

Some advertisements presented this context with simple sentences such as, "she's playing with her kids again" combined with the image of a mother frolicking with her children. Other frequently presented contexts included in the analysis were the use of drugs in the 'treatment of the elderly', and 'patient/physician' relations. Figure 21

represents an example of an advertisement that was classified as 'patient/physician' relations.

Figure 21: *CMAJ*, V.84, 1961

Ads coded as 'treatment of the elderly' typically presented female elderly patients suffering from psychiatric distress. It was rare for an advertisement to present a male in this context. 'Patient/physician' relations were coded when an ad presented an image of a doctor consulting with a patient. In almost all ads this was represented by a male doctor consulting with a female patient.

Table 4a Contexts of psychotropic drug advertisements by sex

Ad Context	Family life	Return to Nature	Return to Productivity	Physician/Patient relations other	Treatment of elderly	Other
Sex Portrayed						
Female	13	38	7	12	6	40
Male	2	10	7	1	2	14
Both	3	6	1	0	1	9
Undet.	0	2	0	0	0	3
N/A	0	5	0	0	0	20
Total	18	61	15	13	9	86

In the few incidents of ads coded under 'male' as the predominately featured sex as well as 'patient/physician relations', the advertisement usually featured a male (who is presented as the subject's husband – such as in Figure 22) in conversation with a physician about his wife's mental distress. Table 4a (above) shows a breakdown of the ads in terms of 'context' as a factor of sex.

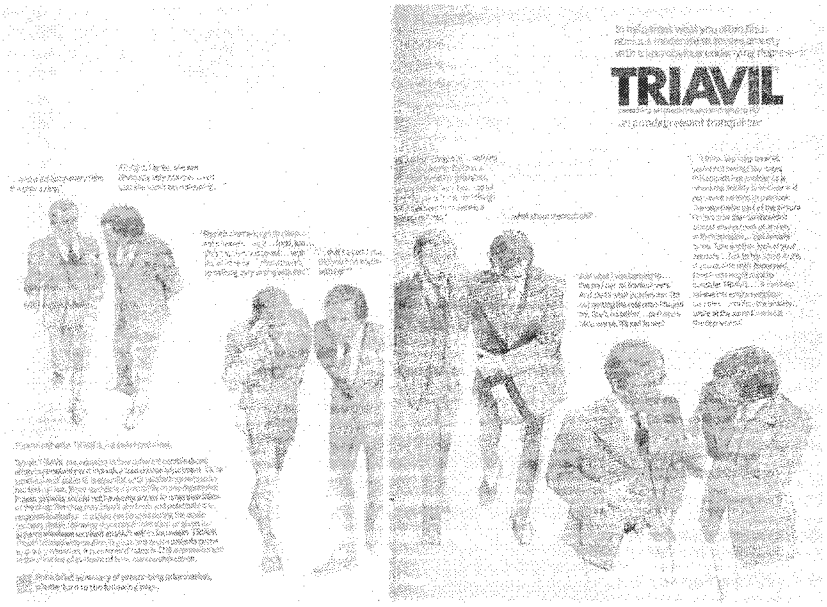


Figure 22: Physician consults with patient's husband: *JAMA* (date not available).

Advertisements which did not present specific contexts that fell under the above were coded as "other" and, when available, the context was noted. Contexts that were coded as "other" include ads which contained specific messages about the drugs they pitched (i.e., "Zoloft®, first and for most", drug as "first-line of therapy" etc.), ads that appealed to a whole array of disorders such as inhibited function in business, loss of energy, hopelessness, fear, lack of confidence, and ads that featured messages about the cessation of specific symptoms upon which the drug was designed to act. Some ads also contained multiple contexts, such as when they contained images of the subject occupying more than one role (i.e., at home with the family and also in the workplace).

It should be noted that for the coding categories context and subject role, the question of the unpaid work of women was not addressed. The context category

distinguishes between "return to productivity" and "family life" because the ads themselves have illustrated a clear distinction. The same is true of the coding category, role. Here subjects are classified based on whether or not they occupy family, leisure, professional, multiple, N/A, or unknown roles. The "professional" role designation recognizes an individual's work and earning potential outside the home. The majority of the subjects who were categorized under "family life" were women. The unpaid work of women is not considered as contributing to the gross domestic product of a country and thus is not assigned any monetary value (Waring, 1999). Because this work is not valued in terms of money, it is often undervalued in general. It should also be stated, with respect to the "leisure" category, that traditionally women who engage in unpaid work have little time for leisure. What might be leisure for one individual represents work for another (i.e., sewing) (p.130). With all this said, my coding categories were developed after the ads were first reviewed multiple times. They are representative of what is apparent in the ads and this, undoubtedly, is influenced by the particular set of social values and assumptions present at that time.

4.5 Subject Role

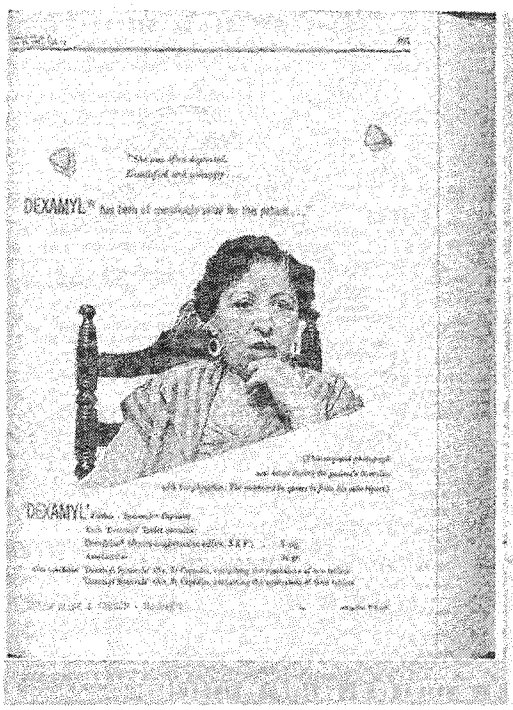
The 'subject role' was coded as the role that the subject of the advertisement appeared to occupy as illustrated by the ad. Subject roles were coded as professional, family/in the home, leisure, unknown or N/A. This category was fairly straightforward. An individual's role was coded in accordance with the context of the ad that s/he was presented in. Unsurprisingly, men, though represented in the ads much less than women, when included were often featured occupying professional roles within a work context.

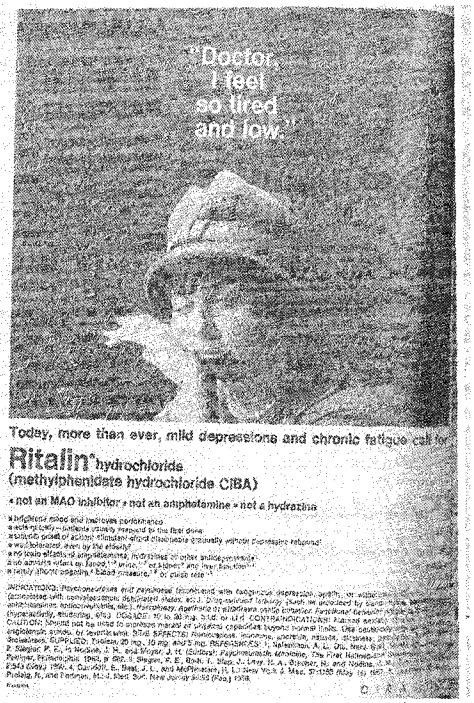
Women, though not entirely absent from representation in professional roles, were usually attached to family and the home.

Table 5. Roles portrayed in psychotropic drug ads (% in parentheses)

Role	**Family**	**Leisure**	**Professional**	**Multiple**	**N/A**	**Unknown**	**Total**
Sex Portrayed							
Female	20(17)	8(7)	5(4)	4(3)	5(4)	75(64)	117
Male	3(8)	4(11)	11(31)	0	2(5)	16(44)	36
Both	4(2)	3(15)	1(5)	3(15)	2(10)	7(35)	20
Undetermined	0	0	0	0	1(20)	4(80)	5
N/A	0	0	0	0	24(96)	1(4)	25
Total	**27**	**15**	**17**	**7**	**34**	**103**	**203**

Deciphering the roles of women presented with no discernable context was particularly baffling. Often times ads presented close-ups of women's faces. These were usually coded under 'licensed withdrawal' and/or 'feminine touch' (see Figures 23-24, p. 71) but what exactly the role of these women was undetermined. Equally difficult was trying to decipher what exactly the role of the elderly was in the context of these ads. The role they appeared to occupy was 'the sick role' (see Figures 25-26, p. 73). The 'sick role' will be elaborated on further in the discussion section.





Figures 23-24: Examples of 'feminine touch', left to right: *CMAJ*, V.73, 1955; *JAMA*, 1964.

The last three decades of *CMAJ* and *JAMA* contained fewer ads for analysis than the decades that preceded them. I have surmised that this might be because of two reasons. As mentioned, the two journals I chose to include in my analysis are general medical journals. They are two of the most widely regarded journals in the field of medicine and they were established prior to the development of more specialized journals. Since the establishment of the *JAMA* and *CMAJ*, journals such as the *British Journal of Psychiatry*, the *American Journal of Psychiatry*, the *Canadian Journal of Psychiatry* as well as a plethora of other publications that make it their business to appeal primarily to mental health professionals, are available. It makes sense to assume that

psychotropic advertisers are now dividing their advertising campaigns between a wide range of different medical and psychiatric journals. Another reason why we might find a decrease in the amount of ads present in these journals is because of new direct-to-consumer advertising tactics. In Canada this is not yet an issue, since the advertisement of psychotropic drugs in magazines and on television has not yet been approved, but in the United States direct-to-consumer advertising is a flourishing market. It is reasonable to assume that drug companies may be taking some of their advertising dollars away from ad campaigns that are geared towards the family physician and instead marketing their drugs directly to the general public of possible consumers.

Though my quantitative analysis was useful in helping to identify the major themes in North American psychotropic advertising over the past 50 years, it is most useful when combined with a review of the literature describing previous work in this

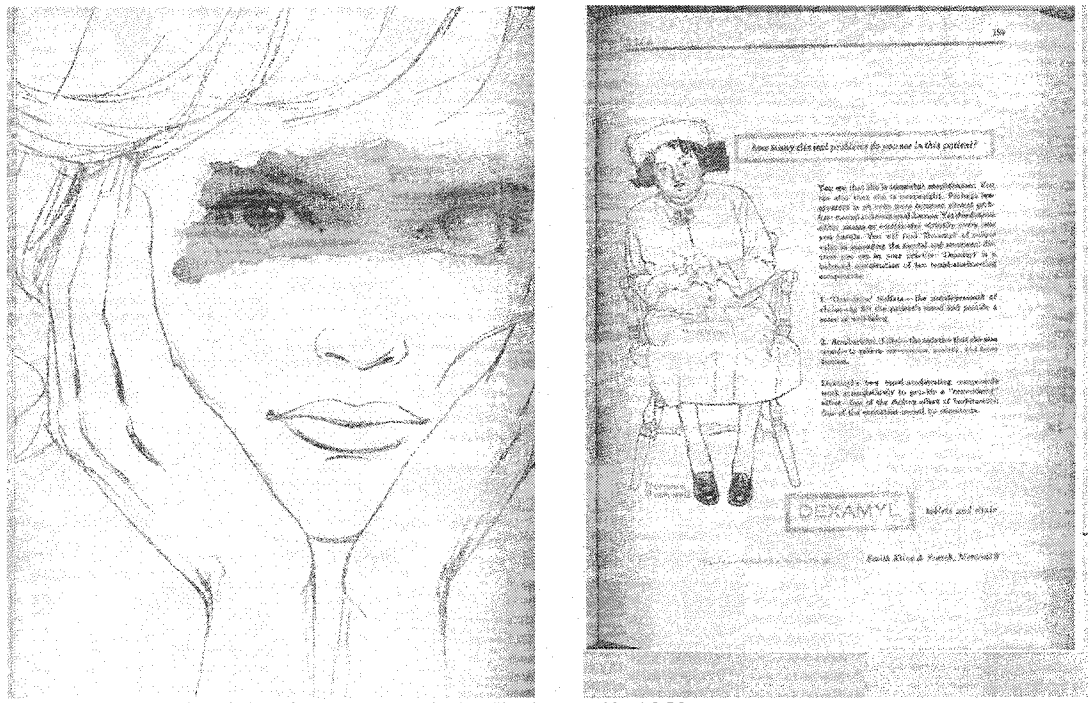


Figure 25-26: "The sick role": *JAMA*, 1972, *CMAJ*, V. 69, 1953.

area. This combination presents some interesting ideas and a basic structure upon which to build. The discussion section of this thesis serves as my qualitative component. It will include an interpretative elaboration of some of the major themes identified through my quantitative investigation as well as their relationship to relevant social sciences theory.

4.6 Summary of Quantitative Results

In short, the results of my quantitative analysis show a strong tendency towards psychotropic advertising which presents women as the more likely featured subjects. There is also a tendency towards displaying women in passive roles. The advertisements I reviewed were heavy with metaphors. The majority of the categorical metaphors were related to either nature/the natural world, or clarity and light. There were a plethora of other metaphors used as a means of developing an association between an object and a drug. As mentioned, objects such as cracked coffee cups and broken strings were classified under 'other metaphors'. My quantitative findings also suggest a propensity for women to be displayed in a role-less fashion. I surmised that perhaps the actual "role" of the women in a lot of the ads was to occupy sickness or "the sick role".

5 Enlisting for a ship of fools: the pervasive nature of psychotropic advertising

Advertising then and now

I no longer have access to cable television. I do not miss it. Every once in awhile when my parents are in town I will visit them and end up spending a little bit of time watching theirs. An old favorite is the *Oprah Winfrey* show. I sat down with my mother one afternoon last spring and took advantage of an opportunity to watch Oprah. But on this particular day I noticed something strange. In the span of Oprah's 60-minute show, not one, but three ads for psychotropic drugs were aired. Two of these ads featured women in the title role of the depression and/or anxiety victim/sufferer, and used a before and after sequence to illustrate how life with Zoloft (today's most popular antidepressant) is a lot more bearable than it ever could have been before. I remember turning to my mother and questioning her about this: "Have you noticed these ads?" She was not really paying attention. I started to think about it a little bit, to try to put two and two together. "Let's think about this. What time of day is it? Who might Oprah's key audience be comprised of?"[7] It seemed like a case of marketing to the lonely unfulfilled housewife/stay-at-home mom who was probably taking a break from her chores to sit for a while and watch Oprah. The third ad that aired that afternoon was for a drug to treat ADHD in children. So then I began to think: not only does this appear to be a case of 'direct-to-consumer' marketing of psychotropics to women, but these companies also appear to be trying to convince these women that there are problems with their children,

[7] It should be acknowledged that the ideas expressed in this anecdote are based on personal speculation.

too. That afternoon spent watching television really got me thinking about drug marketing in a different way and is one of the reasons I chose this thesis topic.

This discussion section presents an analysis of the advertisements based on themes suggested by the results section as well as examples taken from selected images. Though my quantitative analysis was useful in helping to identify the major themes in North American psychotropic advertising over the past 50 years, it is most useful when combined with a review of the literature surrounding previous work in this area. This chapter represents my attempts to merge theory with personal interpretations. In doing so I must acknowledge the fact that what I say is based on what I see and what I see is informed by how I see it. As such, it is one of several possible interpretations. Through this qualitative analysis, which is a reflexive elaboration on the results of my quantitative analysis, I hope to paint a more holistic picture of psychotropic advertising practices and will attempt to answer questions concerning 'what is shown?'.

5.5 Reification

Reification is the process of taking away what is human about the individual and replacing it with commodity. With respect to my analysis of psychotropic drug advertisements, I believe that reification occurs in three forms. These include reification of the treatment approach, reification of patients in general, and reification of the female patient. The reification of the treatment approach occurs when the treatment of illness becomes a commoditized practice. In a health system where physicians are regarded as the gatekeepers of health and health information, physician/patient relations are very important. We are vulnerable when we are ill and it is the physician's role to ease our anxieties and attend to our suffering based on the medical knowledge s/he has acquired.

Physicians are trained to treat the signs and symptoms of disease, but these are not fixed entities. Signs and symptoms convey different meanings at different points in history and according to different cultural contexts. Symptoms of illness can present themselves as biological phenomena but they are also social. A headache, coughing or blood in the urine are all symptoms of physical ill health that might be associated with one particular illness at one point in time in one class of society, but that can acquire different meanings under new circumstances (Taussig, 1980, p.87). An interpersonal relationship with one's patients, that includes the time and inclination to discuss the circumstances under which specific symptoms present themselves according to biological as well as social, environmental and psychological factors, should be part of the physician's role. When drug therapies are marketed not only as the standard form of therapy, but also in terms of convenience, there is a threat that they may influence patient/physician interactions by minimizing the amount of time spent gaining insight into the nature of the specific problems of the individual. Taussing says, "the manifestations of disease are like symbols, and the diagnostician sees them and interprets them with an eye trained by the social determinants of perception" (p. 87). I view the importance of the establishment of rapport between patient and physician and the maintenance of this relationship as part of the standard practice of medicine. It should be acknowledged that the "eye trained by the social determinants of perception" should be able to discern inaccurate portrayals of mental disorders in medical journals and to question whether or not these portrayals are simply representations of how drug companies understand mental disorders– or how they want their readerships to understand them. I think that understandings that are based on the patient/physician

relationship can be used as important tools to add a context to the presence of illness and to counteract stereotypes and misconceptions.

The reification of patients occurs when they are stripped of their personhood and treated as an object or "thing". This can be related to the reification of the treatment approach in that once more it is a process through which human interactions are discouraged or diminished and any power the individual has over his or her own health is discouraged or is not actualized. Increased reliance on drugs can have consequences not only for the physician/patient relationship but also in terms of a patient's feeling of power and control over his/her own life. The patient may come to view his/her illness as something that is inherently biological and for which any personal efforts at change are therefore meaningless. This is not to suggest that mental disorders may not be biological, but to say that the increased promotion of exclusively chemical treatments means that other avenues are left unexplored and the possibility for positive change in the individual, as well as in the social structures that affect all of us, go unexplored.

Ancient medicine saw woman as healer. Women were responsible for health care within the family and applied home remedies to the ailments of those they provided care for. They acted as support systems and exchanged knowledge about problems relating to childbirth, menstruation, menopause and other female-centered issues (Lenz & Myerhoff, 1975; Martin, 1987; Lorber & Moore, 2002). The introduction of the biomedical approach has deemphasized women's control over their bodies and encouraged a dependency on modern medicine. It has medicalized normal feminine functions and

promoted drug interventions rather than preventive medicine[8]. Lenz & Myerhoff suggest that the "nurturing mother" of ancient medicine has been replaced by the "aloof, impersonal father figure" (p. 121) of today. This has resulted in a process that takes health care out of women's hands and has served to distance them from their bodies and minds. I also see greater potential for the existence of a circular relationship between women and drug advertising as a factor of drug therapies. This is to suggest that women are depicted more prominently because they are more likely to seek medical attention for psychiatric (as well as physical) issues, thus drug ads represent women more often because of their 'most likely patient' status. Prescription practices might reflect both a history of discouraging women's power over their bodies as well as a history of promoting the notion of 'female as psychiatric patient'[9].

5.1 Dichotomies

In examining how advertisements for psychotropics are constructed, several things become apparent. Many of the advertisements use particular devices as a way of presenting contrast within the images themselves. One specific example of this concerns

[8] Here I use 'preventative medicine' to mean both health promotion and healthy lifestyle indicators such as improved nutrition, exercise and other positive health behaviours that a woman can engage in to take an active role in her health.

[9] Both Goffman (1961) and Chesler (1972) talk about the 'career' mental patient. Goffman's analysis is of the process by which civilians achieve patient status according to "career contingencies" and "circuits of agents" – the physician represents one of these agents. Chesler takes these notions one (gendered) step further in her discussion of the female career as the psychiatric patient. Chesler's typical North American psychiatric patient is a 'career' woman. She is appears to follow a pattern that is a function of age, marital status, social class, race and attractiveness. (Chesler, 1972)

the use of dichotomies. The ads provide many examples of two things in opposition. Perhaps the most predominately illustrated dichotomy is that between the body and mind. Much of the discourse surrounding this duality views illnesses of the body quite differently than illnesses of the mind. Concepts of health are culturally specific in that ideas surrounding who is thought of as ill, who views themselves as ill, and who becomes ill are governed by the ways in which the dichotomy between what is healthy or unhealthy is arranged (New, 1996). A brief look at how our health care system is structured provides clear indication that currently the biomedical approach is the standard way of dealing with illness in our society. This approach, which is rooted in the treatment of bodies, governs the institution of medicine (Lorber & Moore, 2002).

Illnesses of the body are often viewed as being involuntary even when the sick individual is participating in behaviours (i.e. smoking, drinking and/or eating poorly) that are not in accordance with what have been classified as positive health practices (New, 1996, p. 31). However, illnesses of the mind are different in that they are not always subject to the same freedom from blame. Despite the fact that the idea of the mind/body as one entity is becoming increasingly acknowledged, mental illness is still often viewed as the "ghost in the machine" (p. 31). Mental disorders are thought to result when this "ghost" becomes interrupted or distorted, resulting in an absence of intentionality, and, thus, moral responsibility. The dichotomy between mental and physical health can be represented by the idea that physical ill health is something that happens to us, while mental health resides within us (New, 1996, p.31). When our mental health becomes disrupted "we" are disrupted. We have a responsibility for our mental health that we are not perceived as having for our physical health. When we are mentally "unwell", we must

attend to ourselves or be attended to so that we can once again function in the social world. Physical illnesses are different in that typically the source of the illness can be isolated to the affected areas and treated. If it prevents us from completing our duties at work or in the home, provision can be made. Physical illness, however, is not assumed to affect our "being" in the same way that mental ill health does. Neither set of illnesses can be considered voluntary, but mental disorders carry a weight of responsibility that is often absent from illnesses of the body. Blame with regards to a physical illness such as multiple sclerosis is attributed differently than with mental disorders like schizophrenia or depression. With MS responsibility is placed completely out of the hands of the affected individual, while in the case of schizophrenia everyone and everything from the individual and his or her own genetic makeup, to his or her family history, to the nature of his or her childhood is implicated, and the responsibility to 'return to normal' is placed with him or her. New illustrates the duality of mind/body by using some interesting examples:

> If Alice wants to look after her new baby, but cannot because a severe breast abscess has given her a raging temperature, there is no blemish on her moral fibre. But if there is no physical impediment, yet she neglects the little one, how are we to distinguish between "I can't" and "I won't"? If someone says words that make no sense and the doctor says there is nothing wrong with their brain, their mouth and tongue, then surely they could have said other, more sensible words? If someone sits in a defeated posture, hour after hours, gazing at the floor, surely they could get up, wash their face and get on with life? (New, 1996, p. 31)

These scenarios bring into question the notion of intent. Physical illnesses are viewed as unintentional even when individuals act in ways that can negatively influence their own health outcomes. Personal responsibility with regards to mental illnesses,

however, is attributed differently. Theories of the mind such as psychoanalysis try to compensate for a 'body based' model by broadening the scope of what might be considered 'rational' behaviour through the presence or absence of intentionality. I think that it is this broadening of the scope of 'rational' and 'irrational', along with the medicalization of everyday emotions and life experiences, that has contributed to the invention and categorization of "disorders" that might otherwise be considered "normal" (according to the classification practices of the DSM[10]). Szasz (1974) says that individuals who exhibit symptoms and engage in behaviours that are outside of social norms are classified under either "sin or sickness" (p. 39). He suggests,

> People tolerate uncertainty poorly and insist that misbehaviour be Classified. As sin or sickness. This dichotomy must be rejected. Socially deviant or obnoxious behaviour may be classified in numerous ways, or may be left unclassified. Placing some physically healthy persons in the class of sick people may indeed be justified by appeals to ethics or politics; but it cannot be justified by appeals to logic or science. (p. 39)

New says that it is the responsibility of psychiatry to act as the "unsteady bridge" between the biomedical approach and opposing theories such as psychoanalysis (p. 32) and argues that, the more effectively it renders unintelligible behaviour intelligible, breaking down the wall between the mad and the reasonable, the more our conceptions of moral responsibility and agency themselves expand to the point where we take responsibility for our unconscious wishes. Herein lies what might be considered an important distinction between physical and mental health. If the cause of illness is physical it is more eagerly accepted as the result of organic processes external from our

[10] The Diagnostic Statistical Manual for mental disorders is the standard diagnostic reference tool of psychiatry. The latest edition was published in 1994. The number of mental disorders included in the DSM grows with each new edition.

true selves, while if it is of the mind, then it is us[11] (New, 1996). A further complication is the fact that mental disorders are not tangible. They cannot be seen and felt in the same ways that many physical illnesses can. With this comes the desire to represent them, both physically (through the search for a biological etiology) and visually (through the desire to present mental disorders in ways that can be seen).

It is my opinion that isolating mental disorders and presenting them as extensions of the biological body - mystifying organic processes - seems advantageous for drug companies. If physicians can be convinced that these illnesses, regardless of underlying cause, can and should be treated in much the same way as asthma, Crohn's disease or various forms of cancer, then the drug industry stands to profit every time a prescription for a psychotropic is filled.

5.2 Gender lines: the male/female dichotomy

The discrepancy with relation to how men and women are presented in psychotropic drug ads was discussed in the results section. It exists not only in how advertising is structured with regards to mental disorders but in how the disorders themselves are categorized. Gender, as displayed in these ads, is set up as a system of binaries that includes not only male or female but whole categories of symptoms, behaviours, and role expectations that are organized around gender lines.

In psychotropic advertisements we are presented with images that set up stark contrasts between the suffering of men and the suffering of women, as well as the

[11] An exception to this might be in the case of HIV and AIDS. This physical illness remains highly stigmatized and the source of the stigma seems to be behaviour based. This is to suggest that its suffers are often stigmatized on the assumption that it was somehow their own actions which resulted in their illness.

professional and personal roles of men and women. This encourages viewing the genders as more different than alike. Even different advertisements for the same drug tend to convey drastically different messages depending upon whether or not the subject of the ad is male or female. Typically, where the symptoms of a mental disorder in a man result in a disruption in his productivity, equivalent (gender appropriate) displays in women result in an interruption in family life. It would be misleading to insinuate that women are never depicted in productive roles, but it is interesting to note that the same ad campaign that features a man returning to a role that requires heavy concentration and meticulous attention to detail in the workplace features a women returning to a role that requires the same concentrated effort and attention to detail – except, towards her make-up application.

Figures 27-28: Both from *JAMA*, 1968.

In reviewing the coding category "role" it also became apparent that many of the ad's subjects – women - are presented in such a way that their "role" is indistinguishable. This was particularly true for elderly women but was also the case for many ads that merely featured a close-up image of any female face and a suiting drug caption. These subjects were not doing anything; they were depicted with no attachment to work or family. I surmise that the role of the majority of the women featured in these ads was to occupy illness and play "the sick role". Those who occupy "the sick role" have a social obligation to get well, be normal and resume routine activities as soon as possible (Segall and Chappell, 2000). A second responsibility of the sick individual is to seek appropriate help. Segall says, "Thus, sick role occupancy is perceived by others as legitimate only if the sick person clearly demonstrates a desire to get well by seeking medical care and complying with the physician's recommended treatment regimen" (in Segall and Chappell, 2000, p.24). Occupying membership in "the sick role" is a way of extending the notion of "the other" to the realm of health. In the case of advertising there appears to be a notion that anyone can fit "the sick role"; they do not even need to "look" sick. A close-up image of a beautiful young female face appears to send the message that mental illness comes in all different shapes and sizes, though it is primarily female. In the ads I reviewed there were far fewer males depicted in the indistinguishable role that I now categorize as "the sick role" [12].

[12]I mentioned the historical psychiatric photographer, Charcot, in my literature review chapter. In examining Charcot's images of 'hysteria' one notices that he predominately features women as the subjects of his visual spectacles. That makes me question whether the practices of so commonly linking women with mental disorders could be rooted in earlier established visual documents.

If a dichotomy is set up between illness and health it requires individuals to fill the role of either one or the other. The categorization of individuals into either one of two categories is one way of being black or white about an issue that has the potential to be very grey. Once a symptom has been classified and given a name it becomes much easier to potentially treat. Drug advertisements depend upon the notion that drug therapies can be used to combat specific symptoms and disorders. It is also a fact that the FDA (Federal Drug Administration) in the United States will not approve a drug for a 'disorder' (or "mental condition") which has not been included in the DSM[13]. As long as they remain 'grey' and there are no categories under which to attribute symptoms, the task of advertising drugs for particular disorders becomes much more problematic. It is not possible to visually document what has not been classified and given a proper name. Therefore, dichotomies of illness and health convey ideas about what is treatable (profitable) and what is not.

5.3 The Medicalization of treatment and the hysterization of women's bodies

There are consequences to presenting "cures" for mental disorders in the same commoditized fashion as advertisements for perfume bottles. Ideas about appropriate treatment choices for mental disorders are likely to result from a combination of information passed down through channels of ideas and sources of traditional medical knowledge. Sources of health information such as medical journal advertising often

[13] This was made public in the April 20th 2006 issue of the New York Times which revealed the results of a study linking psychiatrists who have worked on the most recent edition of the DSM-IV to drug markers.
Note: a link to this article is provided in a footnote later in this thesis.

present drugs as the quickest and most efficient way of counteracting sickness and restoring normality. Visual representations can be a quick and efficient way of relaying messages by creating associations between a signifier and what is signified, or, in the case of this study, the metaphor of illness (or other symbolic representation - signifier) and the advertised drug (signified). The signifier and what is signified combine to present a sign which is (in this case), a treatment for a mental disorder.

In one set of ads the antidepressant Zoloft® was billed as the "first-line in the treatment of depression". An ad for another brand of antidepressant promised the physician that it was s/he who was the "first-line" in the treatment of depression. In either case, however, the "first-line" in treatment is linked to drug therapy. In his article *Prozac and the Pharmacokinetics of Narrative Form* Jonathan Metzl (2002) focuses on an ad that reads "Depression Hurts: Prozac can help". He suggests that "the message – reinforced by a medical system that replaced fifty-minute hours with seven-minute office visits and interaction with prescription- is that excavation and retrospection are not required when a medication can do all the work" (Metzl, p. 355). Metzl raises two critical points with his argument against the medicalization of the mental state. Firstly, he addresses the lack of human interaction present in a system that is impatient and quick to push pills rather than establish rapport based on physician/patient interactions. Secondly, he speaks to the idea that drug therapies can act as an eraser. They work in the immediate present with little acknowledgement of or concern for the future or the past.

Kleinman and Cohen (1991) make a similar argument when they talk about the decontextualization of the treatment approach. They assert that the act of writing a prescription for a psychotropic is "making a significant social statement to the effect that

the patient's problems are internal rather than external" (p. 867). Drug therapies that focus on treating the internal act in ignorance of the fact that social factors can actively play into, influence and/or create psychological suffering. I think, further, that the aggressive advertising of psychotropic drugs to physicians has other negative consequences for the treatment of mental disorders. Accepting drugs as a "first-line" treatment for mental disorders in individuals can be yet another way of "othering" them. Such a view again assumes that there is nothing wrong with the external world and isolates the patient by attributing the disorder to something that resides within his or her personhood. This view ignores the possibility for changes in the patient's external environment that might be equally therapeutic. It does not address the role of the social or economic world of the individual, and it neglects the possibility of treating him or her with other less invasive and pharmaceutically lucrative techniques like interpersonal talk therapies[14].

The localization of mental disorders such that they are viewed exclusively as problems of individual patients in isolation of the influence of a broader social context is advantageous for drug companies. Kleinman and Cohen (1991) say,

> When mental illness is decontextualized it is localized entirely within the individual - the patient - and its treatment requires only transformation of the individual, most notably through drug therapy. Competing therapies such as psychosocial rehabilitation, which are rooted in a contextualized view of mental illness, are implicitly undermined. Alternative remedies that are even more socially contextualized, such as improvements in housing, job opportunities, education, and economic equality are totally beyond the pale. (p. 868)

[14] Talk therapies include cognitive-behaviour therapy, feminist therapies, psychoanalysis and eclectic therapies that combine elements of a variety of different approaches.

Drug companies are in the business of supply and demand. They are profit-seeking industries that cannot be expected to look out for our best interests. With that said, it is important to recognize the power of their persuasion and to acknowledge the fact that the messages they represent are not necessarily those of reality. There are not any equally powerful equivalent messages about alternative treatment approaches that are being marketed in the same way that drugs are. This means that it is up to the trusted physician or psychiatrist to be educated in non-drug related interventions, which in itself presents an issue. Psychiatrists and psychologists are in short supply in Newfoundland (this statement is based on my personal knowledge as an employee of the Health Care Corporation and judging by the four advertised psychologist positions within that organization that continue to go unfilled months after having been posted and re-posted) , and overworked GPs and family physicians, who are typically not adequately schooled in dealing with psychiatric illness, may be an easy target for companies who encourage a "quick fix" solution to disorders. Furthermore, they may not be in a position to provide information about any possible alternatives.

Increased promotion of psychotropics as the gold standard in treating mental disorders may have the most debilitating effects on those for whom these drugs are most prescribed, women. It is well documented that within a mental health context, women are more likely to be diagnosed with depressive disorders than men. They are also more likely to seek professional help for mental distress (Jamison, 1995). For years researchers have voiced concerns over the increased medicalization of women's bodies. This has included everything from the categorization of symptoms associated with reproductive processes as mental disorders in the DSM-IV, to the controversies

surrounding hormone replacement therapy, and the ways in which the Western world handles pregnancy and childbirth (Lorber & Moore, 2002). Currently, there is debate about the introduction of a new drug (Anya) which would put an end to menstruation (George, 2005; O'Grady, 2006). Now even this natural womanly process can be conveniently manipulated (forever) with a daily dose of medication. Just as the pharmaceutical industry has played an active role in the medicalization of women's bodies, it attempts to do the same with their minds.

Jean-Martin Charcot's photographs of women at the Salpêtrière asylum in Paris provided a visual dimension to early notions of 'hysteria' but in the end raised significant controversy about how much of the 'disorder' may have in fact been manufactured. Hysterization can be loosely defined as an erroneous belief about the female sex as inherently neurotic. Foucault discussed the hysterization of women's bodies as being one example of the ways in which specific mechanisms of power and knowledge are negotiated around sex. Foucault claimed that hysterization was the result of a threefold process "whereby the feminine body was analyzed- qualified and disqualified- as being thoroughly saturated with sexuality; whereby it was integrated into the sphere of medical practices, by reason of a pathology intrinsic to it" (Foucault, 1978, p. 104). Here, once more, a dichotomy between male and female is setup. Women's bodies are viewed as pathological by virtue of the fact that that they do not measure up to a male standard of normalcy. The notion of the neurotic woman is a long-standing stereotype that was born out of Freudian psychoanalysis and Jean-Martin Charcot's photographic "documentation" of Freud's ideas. Historically, women who were unable to find happiness and fulfillment

as housewives and mothers were branded neurotic. It is interesting to trace how elements of those prior depictions are apparent in some of today's psychotropic drug ads.

5.4 Psychotropic Feminism

Much has been said about how the structure and diagnosis of mental disorders occurs in ways that perpetuate and reinforce adherence to gender roles. In the case of antidepressants, feminist psychological researchers (Jamieson, 1995; Ettorre & Riska, 1995; Blum & Stracuzzi, 2004) have suggested that the higher recorded rates of depression in women do not represent the truth of the issue. It is the expectation that women will act out their inner turmoil in expected ways that affect prescription rates. While women may be more willing to talk about their emotions, thus, explicitly stating the expected symptoms of depression, gender role expectations dictate that men do not express their emotions in quite the same way[15]. This inability to counteract the ways in which the inner state is acted out according to gender role expectations can result in a self-fulfilling system where advertising can be thought of as reflecting prescription rates. The masculinization of femininity spins established gender role expectations into reverse. Recent advertisements for drugs like Paxil®, Zoloft® and Prozac® have made new attempts to show women in productive roles. The results of my quantitative analysis show that over the years women were seldom pictured in productive roles in psychotropic

[15] Within the advertisements depression in men was often masked as alcoholism. Figure 29 as an example of an advertisment which features a male subject. Here the antidepressant Librium, is pitched as "an important aid in the treatment of alcoholism".

Figure 29: *CMAJ*, 1980.

advertising. Blum and Stracuzzi (2004) have discussed these more modern depictions of 'productive' medicated women in terms of "female fitness" and what they call "muscular femininity".

It used to be that advertising depicted depressed women in ways that echoed the psychiatric photography of the past. Images of women pictured chin in hand illustrating elements of Goffman's feminine touch and/or feminine withdrawal were popular in the ads I reviewed. Since then, however, things have changed, slightly. Although women still outnumber men in these ads, the ways in which they are pictured might suggest some

semblance of progress, though many feminist scholars see it differently. Blum and Stracuzzi found that much of the discourse surrounding Prozac was abundant with latent messages about increasing women's "fitness" (p. 273). The authors performed a content analysis of articles about Prozac and discuss the notion of the drug's use as it relates to systems of production and social control. They found that a trend towards picturing women in "productive" roles as opposed to former advertising campaigns which mostly depicted their roles within family life[16] was not to be viewed as a feminist victory but instead as the emasculation of feminism. What occurs through this process is that women receive value through their association with male-oriented indicators of success. The authors found that in the articles they examined Prozac® was used to "enhance manipulative ability and more masculine-typed emotional detachment" (p. 273). They also note the irony of the fact that these are qualities that the "mother's little helpers" (valium) of previous years worked to sedate (Blum & Stracuzzi, 2004, p. 273; Metzl, 2002, p. 356).

Based on their analysis of the writing surrounding Prozac®, Blum and Stracuzzi suggest that attempts to counteract the effects of the gender division with respect to mental disorders has resulted in "the Prozac® self: masculinized, productive, competitive (though strictly heterosexual, it paradoxically creates the binary) [p. 280]". Adkins (2001) calls these types of processes cultural feminization and specifically relates the performance of appropriate feminine gender role expectations to economic productivity.

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[16] Because they are usually classified as sharing no direct relationship with GDP 'family life/work inside the home' roles are seldom considered under the realm of economic productivity.

5.6 Metaphor and Mysticism

Goldman and Montagne (1986) decoded antidepressant drug advertisements in an examination of the 'carry-over symbols' and metaphors contained within the presentation of these drugs. In is interesting to speculate about why an industry so routed in science, that is, the pharmaceutical industry, would be so eager to infuse its advertising with characteristics that some might believe are in opposition to a scientific perspective: metaphor and mysticism. I tend to believe that the construction of these advertisements is heavily based in the power and immediacy of the visual message. Goldman and Montagne (1986) use the drug Ludiomil® to illustrate how this process of symbolic representation works. In examining the layout for psychotropic drug advertisments Goldman and Montagne assert that these ads consist of three things: "a signifying image – either a photo or an artist's drawing, usually combined with a frame to set it off; name of the drug, or name plus an image of the package design, and; a framing caption that conflates and connects the meanings of the signifying image and the brand name" (p. 1049). A Ludiomil® ad which pictures a rose blooming above the image of a face buried beneath a cracked earth could mean one of many things. Some may view it as conveying hope, a symbol of renewal or emotional growth, or a return to the natural beauty of life. In short, the rose is the "carry-over symbol" of the ad and subsequent pairings of the rose and the name Ludiomil® should recall the metaphors of nature that constitute the drug's therapeutic value. In terms of reification one might view the latent intentions of advertising such as this as a strategy to isolate mental illness from any social context and develop direct associations between disorder and drug. Many advertisements for psychotropics work this way. Some use metaphors of light/reflection or colour in place

of nature images. In these scenarios the subject is typically depicted looking at her incomplete reflection, looking at a photograph of herself (or ideal self) or existing in a colourless world. Here the introduction of drug therapies encourages a return to one's true self. The message psychotropic advertisements promote is seeing "the real you", being as whole as possible and living a vibrant colourful life.

It is not the purpose of this thesis to argue against drug advertising in general. The issue at hand is the fact that psychotropic advertisements, in particular, are marketed in a questionable way. The remedy they offer is all-encompassing. They appear without reference to the possibility of alternatives. Drug companies encourage the use of these drugs for anyone at any time. The way they are promoted discourages discourse about possible alternative treatments. In other words, if drugs are not the solution, this sort of advertising certainly does not encourage the contemplation of what might be.

5.7 Theories of the gaze and the new age of medical advertising

"The gaze" is a concept based on interpreting the ways in which particular audiences view particular subjects. Art historians, philosophers and social theorists alike have contributed their own notions about how "the gaze" is constructed and the influence it enacts. John Berger (1972) has examined the role of the male gaze in relation to the female subject in art and print advertisements. He insists that in these forms of visual representation the ideal spectator is always male and the image of the female subject is constructed to flatter him (p. 64). In her analysis of the cinematic representation of women according to the "male gaze", Mulvey (1975) viewed the "pleasure in looking"

(p.8) as split between the active male spectator and the passive female subject. She says,

> An active/passive heterosexual division of labour has similarly controlled narrative structure. According to the principles of the ruling ideology and the psychical structures that back it up, the male figure cannot bear the burden of sexual objectification. Man is reluctant to gaze at his exhibitionist like. (Mulvey, p. 9)

Berger describes the female "lookers'" response to the female subject as the following:

> The spectator-buyer is meant to envy herself as she will become if she buys the product. She is meant to imagine herself transformed by the product into an object of envy for others, an envy which will then justify her loving herself. One could put it this way: the publicity image steals her love of herself as she is, and offers it back to her for the prices of the product. (Berger, p. 134, 1977)

Both theorists view the construction of "the gaze" as being rooted in a "social context of patriarchy" (Lutz & Collins, 1993, p.189). These "ways of looking" are related to power dynamics and the ways in which the looker exercises power over what is looked upon.

Foucault's ideas about "the clinical gaze" are also rooted in notions of the unequal distribution of power between observer and the observed. He uses the phrase to describe the privileged status and unrestricted access to our bodies that we have come to allow physicians. The "gaze", in Foucault's sense, has arisen out of the development of myths surrounding the doctor as wise and powerful enough to uncover the hidden truths of the body. Foucault (1973) says,

> In the depths of its being, disease follows the obscure, but necessary ways of tissual reactivations. But what now becomes of its visible body, that set of phenomena without secrets that makes it entirely legible for the clinician's gaze: that is, recognizable by its signs, but also decipherable in the symptoms whose totality defined its essence without residue. (p. 6)

It has already been argued throughout the course of this thesis that one of the problems involved with developing an appropriate understanding of mental disorders, an

understanding upon which important decisions about treatment can be made, is their absence from vision. They do not play out in physically observable ways, yet, within the institution of medicine which is a system based on the classification of symptoms, the desire to understand and treat them in ways similar to the body is still present. Physicians are still in positions to enact their "clinical gaze", yet diagnosing and treating what cannot be seen presents a paradox.

Lutz and Collins (1993) discuss Lacan's notion of "the gaze" which is also relevant to ideas surrounding the representation of mental disorders. Lacan explains "the gaze" in terms of "the other". Lacan believes that the self gazes upon itself as an outsider and is unsatisfied with what it sees from this position. This is because from the position of the outsider or "the Other", the self cannot envision itself in a way that is personally imagined - or in the way in which it believes it should be seen (p. 190). Because of this fact the self will always have an unsatisfactory view of her or himself. The gaze of "the other" differs from "the clinical gaze", but I see the possibility to assume relationships between Lacan's analysis and what John Berger says about the 'spectator-buyer'. Ideas about 'the other' and the 'spectator-buyer' are representative of a general dissatisfaction with how people view themselves within their social context. In the case physician/patient relationship and the treatment of mental disorders, "the clinical gaze" might have something to offer that could conveniently remedy this dissatisfaction: drug therapy.

I can speculate about other possible ways in which "the clinical gaze" exercises power. I see ways of linking ideas about the power of "the clinical gaze" (Foucault, 1973) to Foucault's notions of surveillance. Surveillance, as Foucault views it, is based

on the idea that social structures are set up in such a way that individuals learn to survey their behaviour even in the absence of authority figures (Foucault, 1977). This is to say that even in the absence of a physician an individual may modify his or her health and act in accordance with socially acceptable health practices, and that, even when the physician is not directly involved in our lives we may act in ways that are in keeping with his/her approval. In the context of individuals seeking relief from mental anguish or an inability to feel "normal", the physician need no longer be 'the first-line' in treatment. The patient is still the patient since she has to visit a physician and specifically request a particular drug or at least open up the lines of communication for a discussion about it, but now her role can be more suitably be divided into 'patient/consumer'. Drug advertising for psychotropics offers individuals a means of 'policing' their mental health (by specifically asking physicians for drugs by name) and using psychotropics as the solution when they come to believe that as individuals, they do not measure up. Williamson sums up this sentiment:

> Advertisements are selling us something else besides consumer goods: in providing us with a structure in which we, and those goods, are interchangeable, they are selling us ourselves. (1978, p. 13)

As of now direct-to-consumer advertising is only legal in the United States and New Zealand. This form of advertising makes it easier than ever to police our mental state (by providing us with the information to specifically request drugs by name). The Canadian Food and Drug Act prohibited direct-to-consumer advertising until quite recently. Health Canada amended the act in 2005 to allow for

> 1) "reminder ads -- where the name of a prescription drug is mentioned, but no reference to a disease state appears in the ad; or

2) help-seeking ads -- where a disease state is discussed, but no reference is made to a specific prescription-drug product. (Piccard, 2005)"

Direct-to-consumer advertising is an important issue because it is a form of advertising that has pharmaceutical companies eliminating the doctor/middle man and advertising directly to potential consumers. I can speculate that the effects such advertising tactics might have on the treatment approach to mental disorders might be highly controversial.

Research that has already been completed in this area has found that patient requests for direct-to-consumer advertised drugs have increased along with the promotion of particular drugs (Kravitz, Epstein, Feldman, Franz, Azari, Wilks, Hinton & Franks, 2005). Others found that direct-to-consumer advertising of antidepressants was associated with an increase in the number of people diagnosed with depression who imitated drug therapy (Donohue, Berndt, Rosenthal, Epstein & Frank, 2004). As previously mentioned, in the United States the FDA will not approve a drug if it is for the treatment of a disorder that has not yet been included in the DSM. This makes the promotion of mental disorders profitable even in isolation of specific drug therapies - which can be viewed as secondary since it is the disorder that must be established first and foremost.

In Canada, just recently (at the time of writing this – Spring 2006), two CBC[17] news stories reported the harmful effects of misused psychiatric drugs. One reported that some psychiatric patients are drugged without their consent and suffer long-term side effects as a result. The author of this article advocated for the mandatory requirement

[17] http://www.cbc.ca/story/science/national/2006/05/01/psychiatric-drugs060501.html

that psychiatrists review patient medications twice a year to see if they can be reduced or stopped. The second news story[18] suggested links between the use of particular types of antidepressants and an increased risk of suicide that was almost five times higher in seniors who were taking these antidepressants than in those who were not. Psychotropic drug companies consistently spend many more dollars on advertising than on research (Kleinman and Cohen, 1991; Mant & Darroch, 1975). These examples emphasize the need for greater research into drugs and drug therapies prior to advertising spending, to ensure that drugs remain safe and effective in the longterm.

I recognize that throughout the course of this discussion I have presented many of the issues I address as opposing concepts. I have set up stanch dichotomies between ideas surrounding physical and mental illness, as well as, science and art. These are complex issues and I have decided to focus on the extremities of each but I acknowledge that my analysis is far from complete. Although the picture that I paint might mistakenly be interpreted as conveying an attitude towards these concepts that is strictly black or white, I recognize that there is potential for vast amounts of grey. Unfortunately, it is not within the scope of this thesis to account for the complete picture. At the most it has been my aim to provide the reader with something to think about and to encourage further critical inquiry of the issues at hand.

[18] http://www.cbc.ca/story/science/national/2006/05/01/ssri-suicide060501.html

6 Conclusion

This final chapter concludes my thesis. Here I will summarize my results and offer some final thoughts. I will also acknowledge some of the strengths and limitations of my study. Finally, I will make some recommendations about the type of research I would like to see conducted in this area in the future.

Throughout this analysis my goal was to investigate how mental disorders have been visually represented in psychotropic advertising and the possible consequences of such representations. Previous research had confirmed the presence of gender bias with respect to how women are depicted in the ads as well as in physicians' prescription practices. My quantitative investigation looked at Canadian and American psychotropic drug advertisements in two general medical journals, the *Journal of the American Medical Association* and the *Canadian Medical Association Journal*, over a 50-year period. The results of my quantitative analysis confirmed the overrepresentation of women in these ads. I also identified two common ways in which women in these ads were depicted, according to Goffman's theories of 'feminine touch' and 'licensed withdrawal'. The use of metaphors as a way of visually representing mental disorders was also examined. I chose to look at 'metaphors of nature' and 'metaphors of light' in particular, but there were a plethora of other metaphors that could have been examined more closely. My study also neglected to elaborate on some elements of the images such as the use of colour and other older symbols that can be linked to how mental disorders have been historically represented – I was primarily concerned with gender and metaphor. The qualitative component of my analysis consisted of a reflexive interpretation of my results based on emergent themes and relevant social theory.

In completing this analysis, particularly the qualitative component, I was primarily interested in theorizing the possible ways in which the visual representation of mental disorders in psychotropic advertising might influence the treatment approach. A full examination of this idea would involve the participation of physicians, which is something that was outside of the scope of this analysis. My thoughts on this issue are strictly personal reflections and of 'stream of consciousness' nature. Within the discussion section of this thesis I have made no attempts to disguise where my loyalties lie. I am concerned with the commodification[19] of emotion and the medicalization of the mental state – and, particularly, with how these relate to women. I would never suggest that drugs should not be a treatment option and I think it would be ignorant of me to neglect to acknowledge the fact that there are some individuals for whom these medications are absolutely essential. I am, however, critical of the trend towards viewing chemical therapies as the only option.

A key strength of this study is that it is both quantitative and qualitative in nature. Content analyses are often based on 'counting' the occurrence of particular cultural artifacts as a means of understanding a particular phenomenon, but they are lacking a reflexive component. Because many of my findings are based on personal interpretations of my quantitative results and are not rooted in empirical, scientific notions of "cause and effect", I am uncertain if they are generalizable, in the broad sense. I do, however, expect them to be relevant. This thesis was a personal exercise for me and I learned a lot through the process of writing it. I viewed the merging of quantitative and qualitative

[19] Rubin (2004, p. 369) defines this concept as, "the blurring of boundaries between discomforts of daily living and psychiatric symptomatology to the point that both can be equally and efficiently remedied through mass-marketed products (i.e. psychotropic medication)".

orientations as a merging of science and art. This helped me keep perspective and is, I feel, a strength of the study.

A weakness of this study is that towards the latter decades my sample of advertisements dwindled. I can speculate that this is because the emerging new journals that are specifically centered around mental illness and mental disorders have probably been viewed as the better choice for pharmaceutical companies wishing to advertise their products to mental health practitioners. Another weakness is the fact that American ads were overrepresented in the sample set, which limited the cross-cultural comparisons that I would have liked to make. New forms of advertising such as television commercials and popular print magazine ads may also have influenced the nature of American medical journal advertisements for psychotropics. This was not something that I was in a position to assess.

I would like to see future work in this area investigate how prescription rates for psychotropics in Canada and the United States correlate with current direct-to-consumer advertising. If Health Canada continues to strictly regulate these advertising practices while they remain legal and unregulated in the United States, it will place researchers in a good position from which to make cross-cultural comparisons about direct-to-consumer advertising's effects[20].

I would like to see more research that directly involves physicians and addresses their role in the interpretation of the medical images they see. Some work has already been completed in this area, though most of it has been quantitative. I would be

[20] It should be noted that although Health Canada is in a position to regulate Canadian advertisements for psychotropics they have no control over other sources of influence such as American magazine and television advertisements. These are easily accessible within Canada.

interested in more qualitative examinations of physicians' attitudes towards the ways in which mental disorders are represented, as well as how they view the physician/patient relationship in the context of the treatment of mental disorders.

It would also be interesting to see work that concerns itself with the investigation of drug treatments in conjunction with other treatments and examines the ways in which a combined approach to treating mental disorders might be beneficial. These combined approaches could include both drugs (though presumably lower doses than if they were the sole form of treatment) and interpersonal therapies.

In a perfect world health professionals would be educated in a variety of different treatment approaches for dealing with mental disorders. They would be versed in the issues of both women and men and they would be competent in providing treatments that are unique to the specific needs of the client. This is, perhaps, an unrealistic ideal. Therefore, I believe that the only realistic solutions lie with finding ways to regulate the promotion of psychotropics while at the same time promoting any effective alternatives. There are some other important issues that can be raised regarding present day psychotropic advertising practices. I have discussed their potential effects on the treatment approach, but there is also the issue of the changing audience of these ads. Women are beginning to outnumber men in terms of medical school enrollment, which means that they are increasingly becoming the more likely spectators of psychiatric advertising that remains very gendered. It is interesting to wonder how this might influence prescription practices as well as assumptions about mental disorders and the believed typical sufferers of mental illness. It might be worthwhile to conduct a study

like this 50 years from now to assess whether or not the construction of these types of ads has changed.

The process of completing this research and writing this thesis has, indeed, changed me. There were exhilarating highs and devastating lows in true manic fashion. It was certainly an exercise in self-motivation and self-confidence; one where I came out feeling both exhausted and invigorated at the same time. I had a keen interest in mental health issues prior to beginning my thesis work and as a result of this study my interest has only intensified. I find myself drawn to that intersection between science and art, biomedicine and therapy and the body and the mind. I would like to find a niche that rests comfortably at this intersection and work within it for awhile as I see myself interested in pursuing further (non-thesis based) work in this area.

Once again I thank my supervisors who were patient and supportive, my thesis committee who offered valuable suggestions and my friends and family who endlessly encouraged my progress.

References

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders*, 4th edition. Washington, DC: American Psychiatric Association.

Adkins, L. (2001). Cultural feminization: "money, sex and power" for women. *Signs, 26* (3), 669-695.

Ball, M., & Smith, G. (1992) *Analyzing visual data.* Newbury Park: Sage.

Berg, B. (2001). *Qualitative research methods for social sciences.* Boston: Allyn & Bacon.

Berger, J. (1972). *Ways of seeing.* London: Penguin.

Blum, L. & Stracuzzi, N. (2004). Gender in the prozac nation: popular discourse and productive femininity. *Gender & Society, 18,* (3), 269-286.

CMAJ (1950-2000). *Canadian medical association journal.* Ottawa: CMA Media Inc.

Carey, B. (2005, April 20). Study finds a link of drug makers to psychiatrists. In *New York Times Health* [On-line]. Available: http://www.nytimes.com/2006/04/20/health/20psych.html?ex=1148186712&en=cc00e69f8120e8b1&ei=5102&partner=vault

CBC News. (2005, May 1). Psychiatric drugs harming Canadians: report. In *CBC News Health and Science* [On-line]. Available: http://www.cbc.ca/story/science/national/2006/05/01/psychiatric-drugs060501.html

Chapman, S. (1979). Advertising and psychotrophic drugs: the place of myth in ideological reproduction. *Social Science and Medicine, 13.* 751-764.

Chesler, P. (1997 [1972]). *Women and madness.* New York: Four Walls Eight Windows.

Didi-Huberman, Georges, (2003). *Invention of hysteria.* Cambridge: MIT Press.

Donohue, J., Berndt, E., Rosenthal, M., Epstein, A., & Frank, R. (2004). Effects of pharmaceutical promotion on adherence to the treatment guidelines for depression. *Medical Care, 42,* (12) 1176-1185.

Dyer, G. (1982). *Advertising as communication.* New York: Methuen & Co.

Ettorre, E. &, Riska, E. (1995) Gendered *moods: psychotrophics and society.* New York: Routledge

Foucault, M. (1990 [1978]). *The history of sexuality.* New York: Vintage.

Foucault, M. (1973). *The birth of the clinic.* New York: Pantheon Books.

Foucault, M. (1977). *Discipline and punish.* New York: Pantheon Books.

Friedan, B. (1963). *The feminine mystique.* New York: Norton.

George, L. (2005, December 12). The end of menstruation. *Macleans,* 40-46.

Gilman, S. (1996 [1982]). *Seeing the insane.* New York: University of Nebraska Press.

Gilman, S. (1976). *The face of madness: Hugh W. Diamond and the origins of psychiatry photography.* New York: Brunner/Mazel.

Gilman, S. (1988). *Disease and representation.* Ithaca: Cornell University Press.

Goffman, E. (1961). *Asylums.* Chicago: Aldine Publishing Company.

Goffman, E. (1979). *Gender advertisements.* New York: Harper & Row.

Goldman, R. (1992). *Reading ads socially.* New York: Routledge.

Goldman, R, & Montagne, M. (1986). Marketing 'mind mechanics': decoding antidepressant drug advertisements. *Social Science and Medicine, 22,* (10) 1047-1058.

Hamilton, J., & Jensvold, M (1995). Introduction: feminist psychopharmacology. *Women and Therapy, 16,* (1) 1-7.

Hansen, F., & Osborne, D. (1995). Portrayal of women and elderly patients in psychtrophic drug advertisements. *Women and Therapy, 16,* (1) 129-141.

Ingleby, D. (1982). The social construction of mental illness. In Wright, P., & Treacher, A. (Eds), *The problem of medical knowledge: examining the social construction of medicine* (pp. 123-141). Edinburgh: Edinburgh University Press.

JAMA (1950-2000). Journal of the American medical association. Chicago: American Medical Association.

Jamison, Redfield K. (1995). *An unquiet mind: a memoir of moods and madness.* Vintage: New York

Kimmel, E., & Crawford, M. (Eds.) (2000). *Innovations in feminist psychological research.* Cambridge University Press: Cambridge.

King, E. (1980). Sex bias in psychoactive drug advertisements. *Psychiatry, 43,* 129-137.

Kleinman, D., & Cohen, L. (1991). The decontextualization of mental illness: the portrayal of work in psychiatric drug advertisements. *Social Science and Medicine, 32,* (8) 867-874.

Kravitz. R., Epstein. R., Feldman, MD., Franz, CE., Azari, R., Wilkes, MS., Hinton, L., Franks, P. (2005) Influence of patient requests for direct-to-consumer advertised antidepressants: a randomized clinical trial." *JAMA. 293* (16) 1995-2002.

Krippendorff, K. (1980). *Content analysis: an introduction to its methodology.* Beverly Hills: Sage.

Lenz, E., & Myerhoff, B. (1985 [1975]). *The feminization of America.* Los Angeles: Tarcher.

Lupton, D. (1993). The construction of patienthood in medical advertising. *International Journal of Health Services, 23*, (4) 805-819.

Lupton, D. (1994). *Medicine as culture: illness, disease and the body in western societies*. London: Sage.

Lutz, C., & Collins, J. (1993). *Reading national geographic.* Chicago: University of Chicago Press.

Lorber, J., & Moore, L. (2002). *Gender and the social construction of illness.* Walnut Creek, CA.: Alta Mira Press.

Lovdahl, U., Riska, A., & Riska, E. (1999). Gender displays in Scandinavian and American advertising for antidepressants. *Scandinavian Journal of Public Health*, 27, 306-310.

Lovdahl, U, & Riska, E. (2000). The construction of gender and mental health in nordic psychotrophic-drug advertising. *International Journal of Health Services, 30,* (2) 387-406.

Mant, A., & Darroch, D. B. (1975). Media images and medical images. *Social Science and Medicine, 9,* 613-618.

Martin, E. (1987). *The woman in the body: a cultural analysis of reproduction.* Boston: Beacon Press.

Metzl, J. (2002). Prozac and the pharmackinetics of narrative form. *Signs, 27*, (2) 347-380.

Metzl, J. (2003). Selling sanity through gender: the psychodynamics of psychotrophic advertising. *Journal of medical humanities, 24,* (½) 79-103.

Mirzoeff, N. (ed.) (2002). *The Visual Culture Reader*, 2nd ed., London: Routledge.

Mulvey, L. (1975). Visual pleasure and narrative cinema. *Screen, 16*, (3) 6-18.

Munce, S., Robertson, E., Sansom, M.A., & Stewart, D. (2004). Who is portrayed in psychotrophic drug advertisements? *Journal of Nervous and Mental Disease, 192, (4)* 284-288.

Murray, M. & Chamberlain, K. (Eds.) (1999). *Qualitative health psychology: Theories and methods.* London: Sage.

Neill, J. (1989). A social history of psychtrophic drug advertisements. *Social Science and Medicine, 28* (4), 333-338.

Neuendorf. K. (2002). *The content analysis guidebook.* Thousand Oaks: Sage.

New, C. (1996). *Agency, health & social survival.* London: Taylor & Francis Ltd.

O'Grady, K. (2006, Spring). Another look at menstrual suppression. *Canadian Women's Health Network.* 21-22.

Picard, A. (2005). Doctors influence by drug ads. *The Globe and Mail.* 27 April, pg. 2.

Prosser, J. (1998). *Image-based research: A sourcebook for qualitative researchers*. Routledge: London.

Reinharz, S. (1992). *Feminist methods in social research.* Oxford University Press: New York.

Riska, E., & Hagglund, U. (1991). Advertising for psychotropic drugs in the Nordic countries: metaphors, gender and life situations. *Social Science and Medicine, 32,* (4) 465- 471.

Rose, G. (2001). *Visual Methodologies*. Thousand Oaks: Sage

Rubin, L. (2004). Merchandising madness: pills, promises, and better living through chemistry. *The Journal of Popular Culture, 38,* (20) 369-383.

Saibil, D. (2006, Spring). Widespread use of SSRI antidepressants drives soaring health care costs in Canada. *Canadian Women's Health Network.* 5-7.

Seale, C. (2005 [2002]). *Media and health.* London: Sage.

Segall, A., & Chappell, N. (2000). *Health and health care in canada.* Toronto: Prentice Hall Allyn and Bacon.

Smith, M., & Griffin, L. (1977). Rationality of appeals used in the promotion of psychotropic drugs. A comparison of male and female models. *Social Science and Medicine, 11* (6-7). 409-414.

Smith, M. (1991 [1985]). *A social history of the minor tranquilizers: the quest for small comfort in the age of anxiety.* London: Praeger Publishers.

Sontag, S. (2001 [1977]). *Illness as metaphor and A.I.D.S. and its metaphors*, 1st edition. New York: Picador.

Stanley, L., & Wise, S. (1993). *Breaking out again: feminist ontology and epistemology*. New York: Routledge.

Steier, F. (1991). *Research and reflexivity*. London: Sage.

Sturken, M., & Cartwright, L. (2001). *Practices of looking*. Oxford University Press: Oxford.

Szasz, T. (1974). *The myth of mental illness*. New York: Harper & Row.

Taussig, M. (1992 [1980]). *The nervous system*. New York: Routledge.

Waring, M. (1999). *Counting for nothing: what men value and what women are worth*. Toronto: University of Toronto Press.

Weber, R. (1990). *Basic content analysis*. Newbury Park: Sage.

Wilkinson, S (1999). Focus groups: a feminist method. *Psychology of women quarterly, 23,* 221-244.

Williamson, J. (2004 [1978]). *Decoding advertisements: ideology and meaning in Advertising*. London: Marion Boyars.

Winston, B. (1983). On counting the wrong things. *Critical Communications Review: Labor, the Working Class and the Media, 1*. 167-189.