Merchandising Madness: Pills, Promises, and Better Living Through Chemistry

LAWRENCE C. RUBIN

NEARLY A HALF-CENTURY AGO, THE DRUG THORAZINE WAS introduced to ease the suffering of the mentally ill and those who cared for them. Since then, pharmaceutical companies have laid the fruits of science and technology before us through advertising text and images that explicitly or implicitly promise some form of psychological "better living through chemistry."[1] Given our seeming preoccupation with one-stop shopping, ultrafast communication, and the quick fix, there appears to be a wholesale cultural acceptance of this promise as truth—so much so that of the billions of dollars spent annually on prescription drugs over the last several years—those designed to quickly and effectively combat depression, anxiety, and psychosis—consistently rank in the top ten ("Drug Monitor Report"; "US Physicians"; "Top 10 Therapeutic"; "Latest 12 Month").

This dynamic rise in psychotropic drug spending is due in large part to the combined success of the advertising, pharmaceutical, and psychiatry industries in commodifying mental illness. Commodification in this context refers to 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). And in our free-market, capital-driven society, advertising is the engine that shapes and runs this marketing. Further, as competition for market shares increases in this highly competitive and lucrative arena, "communication forms that abbreviate and truncate meaning systems" into familiar signs and symbols—that

The Journal of Popular Culture, Vol. 38, No. 2, 2004

is, dramatic, eye-catching images and seductive text—ascend to the status of popular and powerful cultural icons (Goldman and Montagne, 1047). Who is not familiar with Pfizer's promotional antidepressant campaign featuring a despondent anthropomorphized egg that is transformed through its close encounter of a Zoloft kind?

This blurring of boundaries between the normal and pathological experience of anxiety and depression is continually made evident to television viewers, magazine and newspaper readers, Internet surfers, and medical professionals in the form of advertisements that pathologize and sometimes exaggerate the incidence of these conditions (Vedantam). Capitalizing on the turbulent effect of current events, including terrorism, unemployment, and economic disasters, as well as the disquieting influence of daily pressures, including parenting, noise pollution, and overcrowding, the alluring promises of psychotropic drug ads is often inescapable. People who struggle with the very common problems of shyness, sadness, nervousness, malaise, and even suspiciousness are offered refuge under the umbrella of drug-assisted well-being. Exemplifying this point is a 2000 Bristol-Myers Squibb ad in *Reader's Digest* for the anxiety drug BuSpar. It depicts a smiling young woman triumphantly sitting atop a mountain of words that spell out daily complaints: "I can't sleep . . . I'm always tired . . . so anxious."

Although it has even been argued that temporary emotional discomfort can be instructive, adaptive, and motivational (Kramer 93), Americans readily accept this sacrifice for the benefit of instant equilibrium to the tune of $10.4 billion spent in 2000–2001 on the four top-selling antidepressants alone: Zoloft, Paxil, Wellbutrin, and Celexa (Stefanova; "Antidepressants").

Historical Foundation

The first major push in print psychotropic drug advertising in this country came in the late 1940s, to help manage the rigors of daily life and assist a wounded population recovering from the collective trauma of war. Early ads in professional medical journals promised restful sleep, relief from the psychoneurotic symptoms of depression and anxiety, an improved outlook, and even aid to the unfortunate housewife managing both an ailing husband and returning war

veteran son [who was] "a drunkard too weak to support himself."[2] The introduction of the major tranquilizer Chlorpromazine (Thorazine) in 1954 simultaneously heralded the era of deinstitutionalization of the mentally ill and the institutionalization of psychotropic drug advertising.

Thorazine, along with its soon-to-arrive competitors Desbutal, Miltown, Serpasil, Sandil, and Desoxyn, to name a few, picked up the pace with added promises of "counteracting the extremes of emotion, eliminating bizarre behavior problems, facilitating psychiatric treatment and dispelling shadows."[3] Throughout the rest of the 1950s, the push continued to advertise medications that were aimed not just at the everyday person, but at those unfortunate previously hospitalized mental patients who were now trying to piece together lives outside institutional walls. Images of contented former patients working productively were contrasted with those of their distraught, isolated, and deranged counterparts depicted "peering over the edge of a house of cards"—or, as in a 1956 ad for the antidepressant Serpanry, turned away from the portal to an idyllic pastoral setting. By the end of that first decade of advertising psychotropic drugs, families were depicted in various phases of reunion, men returned successfully to work and women to their domestic responsibilities. Sociocultural equilibrium was to be found in a jar.

Although it has been argued that the subsequent explosion of psychotropic drug advertising fostered psychiatric stereotypes of men, women, children, and the elderly, it can just as easily be argued that they simply held up a mirror to a culture that already defined its population on the basis of these stereotypes. Over the next several decades and into the present, the power of these ad campaigns has rested as much on the delivery as in the deliverables themselves. Masterfully in touch with the climate of the times and the pressures of the day, advertising companies have known exactly when to refocus their campaigns and on what target audience: males, females, young, old, workers, and homebodies.

Common to all of the advertising campaigns was their ability to capitalize, if not prey, on deeply entrenched popular culture archetypes such as the beleaguered housewife, the struggling bread-winning husband, the lonely and disengaged senior citizen, and the child isolated from family and friends by seemingly intractable behavioral and emotional disturbances. The presumption of these ads was that if a

drug could "fix" the problem, its origin must have been illness. This equating of problems in daily living with mental (or medical) illness fueled the legitimacy of psychotropic medicine (Kleinman and Cohen 870) that promised to heal the pain of the world, or "Weltschmertz" (Neill 336). The culture was being primed to accept the notion that there was a "pill for every ill." Pill, person, patient, and illness would indistinguishably merge, as depicted in an early 1960s ad for Smith-Kline-Beecham's Thorazine in which the pill, rather than a person, rested comfortably on the psychoanalyst's leather couch. There wasn't even a psychiatrist in the traditional chair behind it.

Over the next several decades and into the present, the advertising industry honed its ability to capture, if not direct, popular and professional attention to the promises of psychotropic drugs. Capitalizing on the time-tested techniques of repetition, emotional evocation, simplification, and the "picture superiority effect" (Singh et al. 3), the ads for psychiatric panaceas made bold statements, both explicit and implicit. For example, an early 1970s ad for the antipsychotic Stelazine makes an implicit comparison between the philosophical and musical genius of Plato and Beethoven and that of the drug by featuring their busts above the advertising text. In another, a frightening African tribal mask is used to depict the primitive destructive nature of mental illness. Implied in the latter ad is that the advertised drug can resocialize the sufferer.

Advertisements for various other psychotropic drugs have utilized images and icons of popular culture. An ad for Celltech Medeva's stimulant for children with Attention Deficit Hyperactivity Disorder (ADHD) utilizes the Batman genre: a beacon shining a glowing "M" on the clouds calling out for its "champion." Earlier advertisements for Elavil, a mood stabilizer, feature historic physicians Philippe Pinel and Benjamin Rush to suggest that the product user, and the product by association, is imbued with inherent wisdom and strength. Another advertisement for a stimulant drug features a blaring alarm clock that suggests to the reader that the "time has come" to do the right thing—that is, take the advertised medication. What is not suggested is that our society's preoccupation with speed, deadlines, and warning signals probably plays as much a contributing role in the disorder treated by that very same medication. This latter ad highlights one of the marketing strategies called decontextualization, which is addressed below.

Marginalization and Decontextualization

The success of psychotropic advertising in assuring people that well-being is just a pill away has depended on effective use of cliché, metaphor, seductive images, and suggestive text that capitalize on binary oppositions such as "then and now" and "before and after." However, the true backbone of the advertising industry's success in promoting their vision of well-being lay in its two-pronged strategy of marginalization and decontextualization. The process of marginalization involves simplifying the physician's role to that of a technician primed to dispense pills according to scripted cultural stereotypes. Decontextualization refers to elimination of the personal, social, and cultural contexts of peoples' lives from the explanatory equation, and by doing so, reducing the complexities of living to predictable, manageable, and ultimately medically treatable symptoms.

Marginalization of the Physician

At the 1971 United Nations convention, signatories (the United States included) agreed to prohibit the advertising of psychotropic drugs directly to the public. Up until 1997, when the Food and Drug Administration (FDA) modified its policy to allow direct-to-consumer advertising (DTCA), promotional campaigns for psychotropic drugs targeted physicians through professional medical journals. Through teaser ads and bold product claims, the pharmaceutical industry capitalized on entrenched social stereotypes cloaked in medicalized jargon to convince physicians that symptom reduction and/or elimination was just a prescription away. By merging patients with their problems in dramatic promise-laden ads, the process of "diagnosis at a glance" (Stimson 158) was implied as a substitute for traditional comprehensive assessment. Further, reliance on nonrational appeals, puns, and sympathetic patient depictions (Smith and Griffin 410)—as well as misleading claims and underuse of factual information (Bell, Wilkes, and Kravitz 1093)—began to replace the physician with the drug.

Ostensibly, the ads educated and empowered physicians by undermining alternative treatments, entrenching the medicalization of nonmedical problems, and promoting lack of confidence in personal health. This elevated the disease model, and with it, the physician (Medawar;

Mintzes et al.). Early ads prominently featured well-clad officious professionals tending to distressed, disheveled, and disoriented patients. Insidiously, however, the physician became far less prominent in psychotropic drug advertisements, a mere bystander in this conflict for the collective soul of the suffering masses. A 1960s ad for the antipsychotic drug Trilafon depicts a beleaguered and despondent patient sitting across the desk from his psychiatrist; clearly, both are allies in the treatment. In contrast, and in a recent ad for the antipsychotic agent Zyprexa, a disheveled man reaches desperately upward to the outstretched hand of a physician. Upon closer inspection, the viewer notices that the likelihood that the two will reach each other is made possible only by virtue of the patient standing on a rock in the shape of the stylized "Z" associated with the name Zyprexa.

How ironic that in a culture that has historically reified the medical professional—placing him in the central healing role—the very ads that rely on them for profitability eventually chip away at that centrality. The early ads of the 1950s were designed to show physicians how helpful these wonder drugs could be in freeing the mentally ill from institutional life. Drug and doctor were partners in liberation. Medicines were touted for their ability to "help keep more patients out of mental hospitals."[4] Wonderfully artistic and dramatic images reminded physicians that Thorazine and related drugs were the way to avoid the historically barbaric treatment of the mentally ill, and by association, to avoid the failures of his professional ancestors.

As deinstitutionalization of psychiatric patients progressed in the late 1950s and 1960s, psychotropic medicines were promoted as adjunctive aids to physicians who could now better reach their patients through psychotherapy. Nevertheless, those ads also made it quite clear that psychotherapy was not possible without the assistance of the medication that it was attempting to sell. Poignant and emotionally evocative images with captions such as "the therapeutic alliance"[5] and "removing the bars between patient and psychiatrist"[6] reminded both patient and physician that they had a friend. But the implied message was that they could no longer do their jobs alone. Few ads capture this process of physician marginalization better than a current one for the antipsychotic Geodon, in which a tangle of musical notes emerges from blackness into vivid color on a perfectly ordered musical staff. It features neither the patient nor the physician. It is the drug and the drug alone that retrieves the melody of life from the chaos of mental illness.

Another ad, this time for the antidepressant Celexa, depicts a brilliantly colored flower sprouting victoriously from the parched and barren desert of depression.

Actual response from physicians regarding the impact of pharmaceutical advertising in both professional and lay venues has varied. A survey of midwestern physicians in both urban and rural settings (Petroshius, Titus, and Hatch) suggests that satisfaction with DTCA is mixed, with greater perceived utility of these ads among younger and urban practitioners. Older and rural practitioners were more resistant to the idea of DTCA, and by association, to their marginalization. A related survey of consumers in a western metropolitan area (Everett 44) suggested that DTCA could stimulate doctor-patient conversations about appropriate prescriptions. A survey of 199 physicians by *Psychiatric News* suggested that few physicians felt particularly pressured to prescribe medications suggested by their patients ("Direct to Consumer" 2), and that many regarded the phenomenon of DTCA to be at worst benign. What is clear is that as advertising campaigns shifted from professionals to the consuming public, the assault on the bastion of psychiatry and medicine gained even greater momentum.

Decontextualization

The central premise behind decontextualization is as follows: It isn't overcrowding, aging, parenting, terrorism, global warming, recession, unemployment, or even the pressure of being a man or woman that is responsible for the epidemic of anxiety and depression in our culture. It is the individual's failure to adequately respond to these challenges for reasons of emotional and/or psychological inadequacy. Symptoms for which people seek relief through psychotropic medication and to which the pharmaceutical ads appeal are thus reinterpreted as personal failures and then recontextualized as illness. This in turn justifies the need for a medical solution. By localizing pathology within the person rather than in the external factors that give rise to them, decontextualization "serves to reinforce and legitimize social attitudes and relations [such as sexism and alienating working conditions] which may actually contribute to the problems these [medical] products target" (qtd. in Kleinman and Cohen 873). The promoted psychotropic agent may

indeed help the harried housewife, disgruntled worker, disenfranchised teen, or painfully shy salesperson muddle through their daily rigors. However, the seductive advertisements implicitly undermine self-help, alternative forms of treatment, and the need to remedy the inequities, injustices, and discomforts that gave rise to the problem in the first place.

By playing to and preying upon weakness, psychotropic drug advertisements make the moral assertion that people who struggle unsuccessfully under these pressures are of a lesser god, and as a result, need the help of the psychiatric establishment. In a sense, the success of decontextualization rests in its power to victimize and dehumanize those who are ostensibly unsuccessful at living. This process was presaged in the early 1960s by psychiatrist Thomas Szasz, who in his treatise *The Myth of Mental Illness* suggested that "We don't expect everyone to be a competent swimmer, chess player or golfer, and we don't regard those who can't play as sick. Yet, we expect everyone to play at his own life game competently, and when they don't, we call them sick—mentally ill!" (35). In his later volume, *Ideology and Insanity*, Szasz reflected on the ethics and morality inherent in calling people mentally ill, noting, "The notion of mental symptom is inextricably tied to the social and particularly ethical context in which it is made, just as the notion of bodily symptom is tied to an anatomical and genetic context" (14).

Consider a 1960s ad for the tranquilizer Prolixin that offers relief from the stresses of the day. The intentionally blurred image of the crowded metropolis literally and metaphorically shifts the reader's focus away from the relatively faceless denizens. We are not asked to consider the context (i.e., the opprobrious rat-race conditions of urban living that results in emotional stress), nor are we asked to consider the humanity of the people caught in it. Instead, we are drawn to the oasis of clarity found in the promissory advertising text that zeroes in on the medicalized symptoms of the emotional stress.

Fast forward to 2001 and the social, emotional, and cultural upheaval following the attacks of September 11. In the twelve-month period between October 2000 and October 2001, national sales for the top three antidepressants—Prozac, Paxil, and Zoloft—rose 20%, or $499 million. Pfizer, maker of Zoloft, spent $5.6 million on TV and magazine advertisements in October of that year, while Glaxo spent $16.5 million on ads for Paxil in that same period, up significantly

from spending in October of the previous year ("US Physicians"). Although these statistics do not speak directly to the issue of decontextualization as a driving force in the advertising of psychotropic drugs, the implication is that medication had a role to play in recovery from those events. Pfizer's advertisements for Zoloft during that painful period featured flags, candles, firemen, and referenced the $10 million spent by the company on relief funds. Advertising text such as, "We wish we could make a medicine that could take away the heartache, but until we can, we will continue to do everything we can to help" (qtd. in Parpis 2), suggested that although they could not heal the nation from this tragic event, ultimately it would be their responsibility to do so. Here again, as in the 1963 advertisement for Prolixin, it was not the sociopolitical antecedents of the stressor, which in this case was terrorism that required attention; it was an otherwise helpless, anxiety-ridden, victimized, and psychologically impaired populace that required medical assistance. Context had been stripped from the event so that a wounded population could be sold on the merits of modern medication.

Perhaps the most heavily documented example of decontextualization in psychotropic advertising has focused on gender construction. It has been demonstrated that the disproportionate representation of women in ads for antidepressants and antianxiety drugs has perpetuated gender stereotypes (Nikelly 233; Hansen and Osborne 130). Advertising companies took (and take) full advantage of cultural expectations with regard to the gender imbalance inherent in psychiatric epidemiology rates. A 1960s antipsychotic ad for Navane features a mother looking lovingly at her young, who sits atop a kitchen counter amongst the groceries. It was Navane that brought her home to the bliss of domesticity and parenthood. Another depicts a young woman chatting with her female friend over breakfast, with a pastel-colored early morning sky in the window behind them. A 1980s antidepressant ad for Asendin depicts a woman's face in a crumpled divorce decree, suggesting that the medication will liberate her from this decontextualized nightmare of divorce. A more recent ad for Zoloft shows a mother in a business suit joyfully running through the park with her two young, soccer-clad sons; the ad talks about the power of the medication to provide this. Each of these suggests that relief from the stresses of parenting, domesticity, and even divorce is just a pill away. Once liberated from the grips of disease rather than from the cultural

dictates of their role, women are freed to return to that prescribed role, or an idealized version of it.

With regard to the decontextualization of men's issues, psychotropic advertisements have typically focused on the power of the pill to return the man to work by freeing him and those around him from the threat of his aggressive nature, or to re-establish the romantic bond with his partner. In these ways, the flaws of masculinity—or at least the stereotypical limitations of the masculine role—are reduced, as in the case of women, to treatable psychiatric symptoms. In this context, a 1960s ad for Thorazine shows a man in mid-rage against a woman. The text talks about the control of agitation. A later ad, which discusses the power of the drug to return sufferers to reality, depicts a man whose image is cut in half. On the left is a robotic shell that is being reconstructed square by square. On the right is the man fully restored, including hair and suit. A more recent ad for Remeron, an antidepressant, shows a sixty-something something couple embracing each other, with the man holding a brilliant bouquet of flowers behind the woman. As in the case of advertisements targeting women, the pharmaceutical industry is holding up a mirror to our entrenched cultural attitudes and expectations about men—that is, their violent tendencies, their fulfillment through work, and their potential for grace and compassion (with medication).

Pitching the Pill in the Late 90s: Direct-to-Consumer Advertising

Consider the implications of the following. In the four-year period following the FDA's removal of restrictions on DTCA, national spending on pharmaceutical promotion rose from $791 million to $2.4 billion (Kreling, Motta, and Wiederholt 31). No longer dependent on physicians as their primary audience, advertisers pointed their promises and pills directly at the American public. With estimates that one dollar spent on television and magazine advertising translates into $1.69 and $2.51 in drug sales, respectively ("Europe on the Brink" 2), the potential profit in marketing directly to the public becomes inescapable. In 2001, $16.4 billion was spent on drug promotion, $2.6 billion of which went into DTCA ("In the Six Months" 2). Of that latter amount, $184.5 million was spent solely on marketing only

some of the more popular medications for depression, insomnia, and anxiety (O'Connell and Zimmerman 11).

Over the last five years, psychotropic drug ads have found their way into a wide array of popular magazines (*Parents*, *Reader's Digest*, *TV Guide*, *Better Homes & Gardens*, *Time*, and *Redbook*), newspapers, prime-time television commercials, radio spots, public transportation kiosks, billboards, and the Internet. It is not uncommon to hear references to Prozac in daily conversations or in movie dialogue, and the expression "taking a Prozac moment" has become idiomatic in our culture. Several years ago, the books *Listening to Prozac* by Peter Kramer and *Prozac Nation* by Elizabeth Wurtzel were runaway best-sellers that brought the battle for the American psyche into bold relief. Each year, an astronomical number of prescriptions are written for psychotropic medications by psychiatric and nonpsychiatric physicians: almost 70 million for Paxil, Prozac, and Zoloft alone in 2000 (Kreling, Motta, and Wiederholt 32). Recent research suggests that "patients who request particular brands of drugs after seeing advertisements are nearly nine times more likely to get what they ask for than those who simply seek a doctor's advice" (qtd. in Lewis 20).

It is difficult to overstate the importance of an educated consumer, and DTCA, by all credible accounts, is having just that effect. But while the "hard sell" is ostensibly on the merits of psychotropic medication, destigmatization of mental illness, and consumer empowerment, the driving force behind that "sell" rests in the undeniable truth that there is "gold in them thar pills"! Money and medical promises make for not only strange but also highly unlikely bedfellows who toss and turn in attempts to win over a restless culture seemingly bent on self-stimulation, self-sedation, or both. However, the most restless and that with the greatest stake in the "merchandising of mind mechanics" (Goldman 1047) is the pharmaceutical industry, in its ongoing quest to create new niches from which to market its products.

Quoted in the journal *Advertising Age*, Barry Brand, Paxil's product director, noted that "Every marketer's dream is to find an unidentified or unknown market and develop it. That's what we were able to do with social anxiety disorder" (Vedantam 3). In this context, Brand refers to the marketing success behind the promotion of Paxil, with its "You're life is waiting" campaign. Supporters argue that social anxiety disorder is a legitimate psychiatric condition necessitating medical treatment. Detractors contend that pharmaceutical companies are

medicalizing shyness to sell drugs. A related phenomenon occurred in the recent advertising campaign for Serafem, a Prozac clone for treating the depressive component of premenstrual dysphoric disorder (PMDD). In anticipation of Prozac's patent expiration, Lily spent $14 million in DTCA of Serafem, which in its first six months on the market garnered $33 million in sales. In this case, the controversy centered not so much on the legitimacy of PMDD as a psychiatric condition, but to the morality of expanding the boundaries of the condition to include depression that could then be medicated with the new drug.

In addition to the metaphors, images, and promises that have formed the foundation of these powerful and profitable advertising campaigns, pharmaceutical companies have saturated the professional and popular landscape with a plethora of palpable promotionals. The range of psychotropic pharmaceutical merchandise is breathtaking (Findlay 4). It is not uncommon to find friends and colleagues drinking from a Zoloft mug, writing with a Seroquel pen, squeezing a Paxil sponge ball-brain, relaxing to a Prozac waterfall, eating popcorn and Pop-Tarts in Resperdal packaging, wiping away tears with Librium tissues, or telling time from a Geodon clock. Bombardment is the more apt term for this facet of the psychotropic advertising campaign in its attempt to remind stressed men, women, and children that better living is within quick reach. In a culture that turns both to superheroes and science, what could be a more fitting reminder of the power of the advertising industry than the promotional campaign for Metadate, a stimulant medication used to treat ADHD? With the promising power of their superhero Metadate-Man, the pharmaceutical industry has in a single bound come full circle.

Conclusion

Advertising is so much a part of our culture that it is hard to imagine a day without being sold something in some form by someone. Advertising slogans are part of our language. Their symbols are a part of our visual landscape, and their metaphors reveal and inform our social constructions. We are influenced through every conceivable medium by pitches and promises of products and services ostensibly designed to make our lives easier, richer, and more fulfilling. Of the plethora of products on the market designed to enrich life, psychotropic

medication stands prominently. The massive annual dollar amount spent on advertising and purchasing these products is a testament to our willingness to embrace these promises—a culture stricken with "mental pillness."

It is appealing to attribute this phenomenon solely to the joint effort of the advertising and pharmaceutical industries to commodify mental illness, and through doing so, to create products with which to cure it. It can and has been argued that these industries capitalize on the vulnerabilities, perceived powerlessness, and naïveté of the consuming public—and on those of the prescribing professional, on whom both industries depend. Equally, if not more compelling, however, is the possibility that this so-called "merchandising madness" is of our own making, born out of cultural impatience with, among other things, traffic, noise, aging, weight gain, sexual decline, fear, stress, and in the context of this article, emotional pain. The true madness underlying the merchandising of psychotropic medication may be a symptom of our cultural preoccupation with expedience, reification of science, and a collective outward search for salvation.

NOTES

1. From advertising motto of the E.I. Dupont Corporation, "Better things for better living through chemistry."
2. Advertising text for Mebaral, Allonal, and Dexamyl appearing in the *American Journal of Psychiatry* between 1945 and 1954.
3. Taken from ads appearing in the *American Journal of Psychiatry* between 1954 and 1956.
4. Taken from a 1955 ad for Thorazine in the *American Journal of Psychiatry.*
5. Taken from a 1970s ad for Haldol in the *American Journal of Psychiatry.*
6. Taken from a 1960s ad for Trilafon in the *American Journal of Psychiatry.*

Works Cited

"Antidepressants." *IMS Health.* 2002. IMS Health. 15 Sept. 2002 ⟨http:www.imshealth.com/public/structure/dispcontent1,2779,1203-1203-133808,00.html⟩.

Bell, Robert, Michael Wilkes, and Richard Kravitz. "The Educational Value of Consumer Targeted Prescription Drug Promotion Advertising." *Journal of Family Practice* 14.12 (2000): 1092–98.

"Direct to Consumer Ads Have Their Positive Side." *Psychiatric News* 4 Feb. 2000: 1–3.

"Drug Monitor Report." *IMS Health.* 2002. IMS Health. 17 Sept. 2002 ⟨http:www.imshealth.com/public/structure/dispcontent/12779,1000-1000-144319,00.html⟩.

"Europe on the Brink of Direct to Consumer Advertising." *The Lancet* 18 May 2002: 2.

Everett, Stephen. "Lay Audience Responses to Prescription Drug Advertising." *Journal of Advertising Research* 31.2 (1991): 43–50.

Findlay, Steven. "Prescription Drugs and Mass Media Advertising." *NICHM Foundation–Washington* 3 Sept. 2000: 1–8.

Goldman, Robert, and Michael Montagne. "Marketing Mind Mechanics: Decoding Antidepressant Drug Advertisements." *Social Science and Medicine* 22.10 (1986): 1047–58.

Hansen, Finy, and Dawn Osborne. "Portrayal of Women and the Elderly in Psychotropic Drug Ads." *Women & Therapy* 16.1 (1995): 129–41.

"In the Six Months Since 9/11, the Psychiatric Drug Industry Cashes In." *SCI News.* 5 March 2002. MindFreedom Online. 16 Oct. 2002 ⟨http:www.mindfreedom.org/mindfreedom/911.html⟩.

Kleinman, Daniel, and Lawrence Cohen. "The Decontextualization of Mental Illness: The Portrayal of Work in Psychiatric Drug Ads." *Social Science and Medicine* 32.8 (1991): 867–74.

Kramer, Peter. *Listening to Prozac*. New York: Penguin, 1993.

Kreling, David, David Motta, and Joseph Wiederholt. *Prescription Drug Trends: A Chatbook Update of the Kaiser Family Foundation*. Madison: U of Wisconsin P, 2001.

"Latest 12 Month Global Retail Sales." *IMS Health.* 2002. IMS Health. 4 Oct. 2002 ⟨http:www.imshealth.com/public/structure/dispcontent12779,1000-1000-144238,00.html⟩.

Lewis, Carol. "Selling Your Cure on the Telly." *New Statesman* 24 June 2002: R20–R21.

Medawar, Charles. "Because You're Worth It." *Health Matters* 43 (Winter 2000/2001): 1–4.

Mintzes, Barbara, Ariminee Kazanjian, Ken Bassett, Robert Evans, and Steve Morgan. "An Assessment of the Health System Impacts of DTC Advertising of Prescription Medicines (DTCA)." *Centre for Health Services and Policy Research-University of British Columbia* Feb. 2002: 1–48.

Neill, John. "A Social History of Psychotropic Drug Advertising." *Social Science and Medicine* 28 (1989): 333–38.

Nikelly, Arthur. "Drug Advertising and the Medicalization of Unipolar Depression." *Healthcare for Women International* 16 (1995): 229–42.

O'Connell, Vanessa, and Rachael Zimmerman. "Mood Altering Drug Pitches Resonate with an Edgy Public." *Asian Wall Street Journal* 15 Jan. 2002: 11–12.

Parpis, Eleftheria. "Fear Factor." *Adweek* 12 Nov. 2001: 2.

Petroshius, Susan, Phillip Titus, and Kathryn Hatch. "Physician Attitudes Toward Pharmaceutical Drug Advertising." *Journal of Advertising Research* 35.6 (1995): 35–41.

Sing, Surendra, Parker Lessig, Dongwook Kim, Reetika Gupta, and Mary Ann Hocutt. "Does Your Ad Have Too Many Pictures?" *Journal of Advertising Research* 40.1 (2000): 11–27.

Smith, Mickey, and Lisa Griffin. "Rationality of Appeals Used in the Promotion of Psychotropic Drug Ads: A Comparison of Female and Male Models." *Social Science and Medicine* 11 (1977): 409–14.

Stefanova, Kristina. "FDA is Probing Higher Drug Sales and Advertising." *Washington Times* 10 May 2001: B9.

Stimson, G. "The Message of Psychotropic Drugs Ads." *Journal of Communication* (Summer 1975): 153–66.

Szasz, Thomas. *The Myth of Mental Illness*. New York: Hoeber-Harper, 1961.

———. *Ideology and Insanity.* New York: Anchor, 1970.

"Top 10 Therapeutic Classes by US Population Sales in 2001." *IMS Health.* 2002. IMS Health. 11 Nov. 2002 ⟨http:www.imshealth.com/public/structure/dispcontent12779,1203-1203-1440055,00.html⟩.

"US Physicians' Response to Patient Requests for Brand Name Drugs." *IMS Health.* 2002. IMS Health. 12 Oct. 2002 ⟨http://www.imshealth.com/public/structure/dispcontent/1,2779,1203-1203-144020,00.html⟩.

Vedantam, Shankar. "Drug Ads Helping Anxiety Make Some Uneasy." *Washington Post* 16 July 2001: A1.

Author's note: The visual ads described in this article are compelling, and the reader is invited to browse through psychiatric and popular journals and magazines, old and new, to garner their full impact.

Lawrence Rubin is professor of counselor education at St. Thomas University in Miami, Florida.