

Medicated Media: The Well/Unwell Paradigm and Psychiatric Medication Commercials

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Depression hurts.

Depression isn't just feeling down. It's a real illness with real causes. Depression can be triggered by stressful life events, like divorce or a death in the family. Or it can appear suddenly, for no apparent reason.

Some people think you can just will yourself out of a depression. That's not true. When you're clinically depressed, one thing that can happen is the level of serotonin (a chemical in your body) may drop. So you may have trouble sleeping. Feel unusually sad or irritable. Find it hard to concentrate. Lose your appetite. Lack energy. Or have trouble feeling pleasure. These are some of the symptoms that can point to depression - especially if they last for more than a couple of weeks and if normal, everyday life feels like too much to handle.

To help bring serotonin levels closer to normal, the medicine doctors now prescribe most often is Prozac®. Prozac isn't a "happy pill." It's not a tranquilizer. It won't take away your personality. Depression can do that, but Prozac can't.

Prozac has been carefully studied for nearly 10 years. Like other antidepressants, it isn't habit-forming. But some people do experience mild side effects, like upset stomach, headache, difficulty sleeping, drowsiness, anxiety and

Prozac can help.

irritability. These tend to go away within a few weeks of starting treatment, and usually aren't serious enough to make most people stop taking it. However, if you are concerned about a side effect, or if you develop a rash, tell your doctor right away. And don't forget to tell your doctor about any other medicines you are taking. Some people should not take Prozac, especially people on MAO inhibitors.

As you start feeling better, your doctor can suggest therapy or other means to help you work through your depression. Remember, Prozac is a prescription medicine, and it isn't right for everyone. Only your doctor can decide if Prozac is right for you - or for someone you love. Prozac has been prescribed for more than 17 million Americans. Chances are someone you know is feeling sunny again because of it.

prozac
lily's prescription

Welcome back.

Please see important information on following page. Lilly

In the beginning, there was Prozac. During the summer of 1997, advertising agency Leo Burnett ran the first ever campaign of consumer-targeted advertisements for the controversial drug by the pharmaceutical company Eli Lilly. The ad used the imagery of a sullen rainstorm and a beaming sun to convey the experiences of depression and prozac, respectively. Reports at the time of the ad's release compared the imagery of the sun to "the 'happy face' symbol that urged everyone to 'Have a nice day' in the 1970's," (Elliott) capturing the simple but effective message conveyed in just a few small pictures and blurbs. However, within this seemingly cheerful illustration lies a deeper meaning, one that strikes to the core of modern psychiatric care and has sweeping implications on societal discourse about what it means to have a psychiatric disability.

Of course, Prozac is not alone in constructing complex and often problematic narratives about psychiatric disability. Psychiatric medicine is a multi-billion dollar industry that is only expected to grow rapidly in the coming years. Within this lucrative market, there is intense

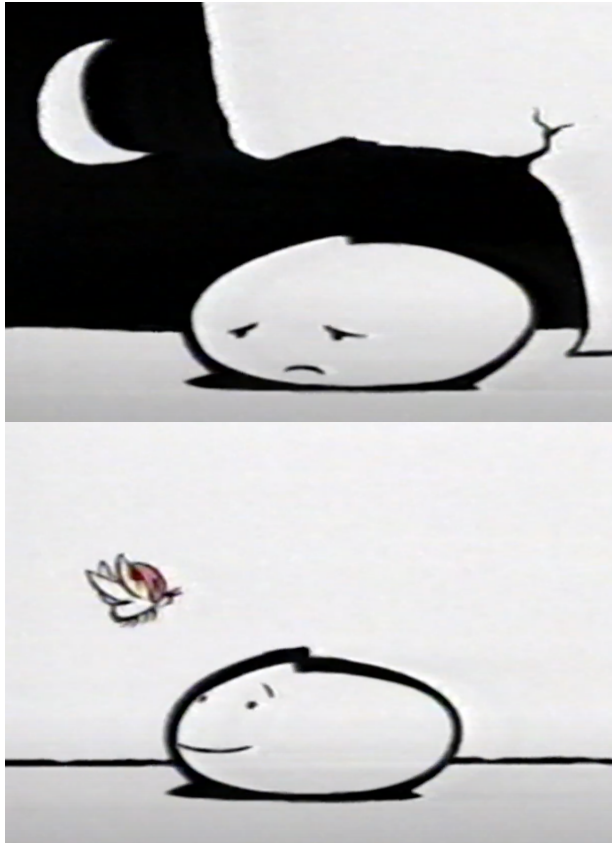
competition between various manufacturers and brands. In order to get ahead, it is now commonplace for newly patented medicines to advertise directly to consumers, hoping to catch their attention, build brand awareness, and secure new prescriptions for their product. However, these advertisements have a tendency to fall into certain tropes, both visually and in terms of messaging. These tropes usually construct what disability studies scholar Margaret Price refers to as the “well/unwell paradigm,” in which people with psychiatric disabilities are considered to always fit into one of these two categories (Price 12). The category of ‘well’ denotes no symptoms and a sort of ‘remission’ of the disability, while ‘unwell’ categorizes those who are presently experiencing symptoms and are actively experiencing the impacts of their disability. At its core, however, the well/unwell paradigm seems to assert that those who are ‘well’ are not disabled at that point in time, while those who are ‘unwell’ are actively disabled and have little agency.

Furthermore, Price draws upon the work of Linda J. Morrison to argue that someone with a psychiatric disability who is ‘well’ is always expected to become ‘unwell’ in the future, perpetually rendering them a patient under the care of their medical providers. Ultimately, the well/unwell paradigm is not only an inaccurate depiction of the experiences of those with psychiatric disabilities, but is also damaging to them. It limits their options by constantly subjecting them to a psychiatric medical system that strips them of their agency. Disability studies researcher Meghann Elizabeth O’Leary builds upon the work of psychologist Anthony D. Mancini, who proposes that current psychiatric medicine practices are “‘traditional/paternalistic,’ typically focusing on the rewards of adherence to a medication regimen and limiting choice for consumers to which medications will be used, not whether to take medication at all” (O’Leary 10). O’Leary adds to Mancini’s thinking, arguing that there must be a clean break from this

‘traditional/paternalistic’ model, and that greater agency in lifebuilding must be afforded to those with psychiatric disabilities. She goes as far as to state that “people with severe mental illness also have the right to make choices that may not benefit their health and well-being” (O’Leary 10). While this may seem like a controversial stance to take, O’Leary feels that affording those with psychiatric disabilities the right to fail will lead to a more self-guided path to recovery in which a lasting sense of fulfillment can be achieved, even in the face of symptoms. O’Leary’s argument is key to deconstructing the well/unwell paradigm. It asserts that one is not defined (or more accurately, constrained) by their psychiatric disability, and that they deserve the same right to self-determination as everyone else. This is especially important in the face of contemporary paternalistic modes of care, which assert power over the individual as to the ‘best’ or ‘correct’ course of action.

Perhaps one of the most well-known aspects of psychiatric pharmaceuticals is their advertisements. They are often teased for their long lists of potential side effects and sometimes outlandish visuals. However, these commercials are also often the first point of contact that a patient may have with a medication, and many of these ads use similar tropes and visuals to sell their product. Therefore, they’re an important step in introducing these incoming patients to the mode of care, namely the well/unwell paradigm and the paternalistic method. By examining these advertisements as visual texts, the true nature of these modes of care can be revealed.

Before diving in, it’s worth noting that most of the analysis will be for antidepressants, as these medications are by far the most readily advertised of psychiatric drugs. However, these medications are also frequently prescribed to those with other kinds of psychiatric disabilities, like anxiety and OCD.



Zoloft, 2002

Dichotomization

One of the most common techniques seen within these advertisements is the construction of visual and aesthetic dichotomies that map onto the well/unwell paradigm. This allows the paradigm to be introduced and alluded to without having to use any kind of terminology labeling the patient's current state. For instance, the images to the left are frames from a 2002 Zoloft TV advertisement, featuring a small blob whose depression is relieved thanks to Zoloft. The imagery of day and night is used to dichotomize the blob's experience, with night and stillness representing

unwellness, while day and activity represent wellness.

These kinds of associations of happiness with sunshine and sadness with the dark seem intuitive and almost expected when the well/unwell paradigm is being mapped onto a disability that severely impacts mood. However, there are also some more atypical and unexpected visual and thematic dichotomies constructed in the pursuit of defining the bounds of the well/unwell paradigm in advertisements. For instance, a commercial for the antidepressant Pristiq juxtaposes the mechanical against the organic, with the state of unwellness being



Pristiq, 2009

represented by a metal wind-up toy, and wellness being represented by the toy's human counterpart.

This mapping onto the well/unwell paradigm is often inaccurate, as the symptoms experienced by those with psychiatric disabilities do not fit neatly into the binary that is being presented. Dichotomization suggests that psychiatric disabilities like depression are defined by either the experience of being symptomatic or asymptomatic at any given moment, and suggest that a given medication will bring someone into a state of no symptoms. However, symptoms exist on a spectrum of both form and severity, and medications only serve to manage, not to cure. Visual and thematic dichotomization oversimplifies both the experiences of having a psychiatric disability and of taking medication.



Abilify, 2011

Externalization

Many commercials depict depression as a thing, something that is outside of or separate from the individual with the psychiatric disability; this is externalization. For example, one commercial for the antipsychotic and mood stabilizer Abilify depicts a patient's

severe depression as a sort of shape-shifting amorphous blob.

The blob takes several forms throughout the advertisement, becoming a hole, a balloon, and a ball and chain.

In this case, the externalization is meant to fully separate the person from their psychiatric disability. The blob is separate from her being; it is wholly unlike her and outside of her control. This depiction of depression as a set of struggles that are outside of a person's being

is indicative of a paternalistic understanding of psychiatric disability, as it takes away the individual's agency and reduces the experience of the disability to just the symptoms at a given moment.

It's important to note the complicated interplay between dichotomization and externalization, as they can coexist in the same commercials. In the aforementioned Pristiq ads featuring a windup doll representing someone with depression, both of these tropes are occurring. There is externalization because the doll is separate from the individual with a disability, and there is dichotomization because the machine-like qualities of the doll are being juxtaposed against the organic qualities of the person. In this case, externalization defines the disability by locating it outside of the individual, and dichotomization seeks to describe the states of wellness and unwellness. Together, the tropes construct an image of an individual who needs to be cared for, not a person with agency who will work with providers in a collaborative manner.

Lingering Unwellness

Margaret Price explains that under the well/unwell paradigm, any patient who is considered 'well' is expected to become 'unwell' in the future. This lingering or recurrent unwellness can be seen in a number of advertisements for psychiatric medications, especially those which use externalization to create a physical manifestation of the psychiatric disability. Most commercials depict individuals with psychiatric disabilities in a state of 'unwellness' at the beginning, and the person moves to a state of 'wellness' by the end. However, the externalized object, representing unwellness, may linger around after the state of wellness is reached. This represents what Price described, as the possibility of future unwellness allows medical providers to keep those with psychiatric disabilities perpetually under their care, a key aspect of

traditional/paternalistic care methods. For example, in another Pristiq commercial from 2011 utilizing the same windup doll visuals, the doll continues to follow the woman around despite the fact that she has entered the 'well' phase. It is quite visually and thematically out of place in the yoga class that the woman is attending, yet it stands there as a testament to the implied possibility or expectation that one day, she will once again become symptomatic.



Pristiq, 2011

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