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Selling Sanity Through Gender: The Psychodynamics of Psychotropic Advertising

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This paper provides a brief visual history of the ways women patients, and specifically women patients whose marital status is identified in conjunction with their "illness," have been constructed as abnormal in the images of advertisements designed to promote psychotropic medications to an audience of psychiatrists. The advertisements I discuss come from the two largest circulation American psychiatric journals, The American Journal of Psychiatry *and* Archives of General Psychiatry*, between the years 1964 and 2001. I use the ads to focus on two concomitant narratives. On one hand, I show how the advertisements situate the rise of "wonder drugs" in the context of an era described as the "golden age of psychopharmacology," during which time drug treatments helped revolutionize the diagnosis and treatment of anxiety, depression, and other outpatient mental illnesses in the United States. On the other hand, the advertisements also illustrate the ways in which these new scientific treatments could not function free of the culture in which they were given meaning. In the space between drug and wonder drug, or between medication and metaphor, the images thus hint at the ways psychotropic treatments became* imbricated *with the same gendered assumptions at play in an American popular culture intimately concerned with connecting "normal" and "heteronormal" when it came to defining the role of women in "civilization."*

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Women are uniquely vulnerable to institutional pressures toward defining their problems in medical terms.

Nathanson, "Social Roles and Health Status Among Women," 1980

Pharmaceutical marketing is the last element of an information continuum, where research concepts are transformed into practical therapeutic tools and where information is progressively layered and made more useful to the health care system.

Levy, "The Role and Value of Pharmaceutical Marketing," 1994

In 1999, the marketers of Prozac began a new advertising campaign on the back covers of many leading psychiatric journals. A seemingly simple cartoon backboard, innocently framed in blue and green, is shown against a light golden background. An orange basketball, its trajectory marked in a narrative of red, bounces off of the rim and begins its descent. Above and below the image, in white text, we learn that "*Sue's playing with her kids again. . . . just like normal.*"

What does normal mean? According to an Eli Lilly representative who visited the hospital where I work, "'Normal' means Sue has returned to enjoying life. She was depressed, but now because of Prozac she can play basketball with her children just like she used to."[3] There is, it seems, no real need to consider the specifics of this exceedingly vague message, nor wonder about the story it tells. Sue could be any woman; the realm of the "normal" simultaneously full of meaning and completely empty of specific content. This directive is perfectly conveyed by the advertisement's disembodied image—a backboard with no supporting pole, a jump shot with no shooter, a "normal" with no apparent referent—designed to appeal to atemporal, ahistorical postmodern sensibilities that are the products of an age when disconnect is a national aesthetic, and Keith Haring is a corporate logo. Sue is neither Madonna nor whore,[4] not housewife, sex object, ethereal, caricatured, nor naked; neither is she a viable woman, nor even a viable character.[5] We thus need not worry about her history and her history is in any way preempted by Prozac.

Sue, however, does have a history, and this history needs to be considered in order to understand why a cartoon that is apparently free of gender stereotypes is just the latest chapter in the negotiation of the visual representations of women in the promotion of psychotropic "wonder drugs." Though pharmaceutical advertisements have appeared in medical journals for over fifty years, this negotiation is relatively new to magazines such as *Cosmopolitan* and *Marie Claire*, since the Food and Drug Administration only relaxed regulations on pharmaceutical advertisements in August, 1997. However, while they have been recently modified for

[3]Discussion with Eli Lilly Pharmaceutical Sales Specialist, January 14, 2000, University of Michigan Hospital.

[4]Friedan, 1963, p. 40.

[5]Hawkins & Aber, 1988, p. 56.

mass consumption, popular representations of women in psychotropic medication advertisements call upon specific themes developed in the pages of psychiatric journals such as *The American Journal of Psychiatry* and *Archives of General Psychiatry*, arguably the two most influential American psychiatric journals of the past half century.

This paper examines the ways women patients, and specifically women patients whose marital status is used to index their sanity, have been constructed as abnormal in advertisements designed to promote psychotropic medications to psychiatrists between the years 1964 and 2001.[6] To be sure, a great deal of important work has thus far examined the problematic constructions of women in advertisements for psychoactive medications.[7] Social scientists, for example, have quantified the number of women represented in these advertisements and have found them to be grossly out of proportion with the number of women who visit psychiatrists and other health care professionals. Clinicians and health policy experts, meanwhile, have examined connections between these representations and the prescribing patterns of physicians.

These advertisements need to be considered as sources of visual history as well. While I in no way wish to dispute the work of quantitative studies, many of which I cite below, I believe many of these studies limit the theoretical connections that can be drawn from pharmaceutical advertisements. This is because the findings of these studies, by design of course, speak to the problem of pharmaceuticals *to* women. An analysis of gender-imbalanced prescription rates or resource utilization, for example, are critiques that focus on the effect of advertisements upon clinical interactions between doctors and patients, as measured in numbers of prescriptions or of office visits. However when considered as sources of visual history, advertisements can be seen to play upon problematic modes of representation of women, developed over time—and especially so because the images of pharmaceutical advertisements have historically been loosely monitored by the U.S. FDA, as opposed to their texts which are tightly regulated for "accuracy." Overtly pathologizing the concerns of women as threats to normativity and stability, the images thereby allow for a consideration of the ways the discourse of prescription writing is itself situated within larger conversation *about* women as well. The difference between these two approaches is the space between a question of if advertisements work, and a theoretical consideration of the reasons why they work and of the historically and culturally situated structures providing the necessary conditions for such efficacy.

Such an approach allows me to focus upon two concomitant narratives. On one hand, I trace the ways in which these advertisements situate their products

[6] See Levy, 1994, as just one of many articles arguing that these advertisements serve as primary sources of pharmaceutical "information" for many physicians.

[7] I focus on medications prescribed for outpatient conditions, such as anxiety and depressive disorders. I leave out advertisements for "antipsychotics," which have historically employed different representational strategies.

within an era of pharmaceutical innovation described by historian David Healy as the "golden age of psychopharmacology" (1997, pp. 111–112). Between the early 1960s and the late 1990s, psychotropic medications helped revolutionize the diagnosis and treatment of anxiety, depression, and other outpatient mental illnesses in the United States. Through the mid-1950s these conditions were largely conceptualized within a psychoanalytic paradigm that held rigidly defined heteronormative structures of gender at the fore of its conception of the structure of "normal" personality; and deviations in early relationships between mothers, fathers, and children as the source of symptoms in later life. To be sure, many psychiatrists were not psychoanalysts.[8] However, psychoanalytic concepts helped shape the ways in which illnesses were understood and treated throughout the profession. As an example I develop below, the condition of psychoneurotic anxiety was described in the profession's leading diagnostic manuals, the *DSM I* and *DSM II*, and thus defined in many sectors of psychiatry, in explicitly Freudian terms: as a response to the threat of an "approaching danger" in the "present" triggering a "painful emotion" not to the present stimulus, but rather to a past fearful state (*Diagnostic and Statistical Manual of Mental Disorders*, Ist ed.,1952, p. 31).[9] This emotion was often problematically linked to the fear of a specifically gendered form of loss, within a conceptual system that all too often defined loss with a man's anatomy in mind.

Beginning in the 1960s, however, psychoanalytic treatment models began to fall out of favor in clinics, residency training programs, and academic departments throughout the United States. In their stead, psychiatry adopted models of illness of a more scientific, biological bent. Biological psychiatry defined mental illness not as the result of gender based conflicts and frustrated drives, but rather claimed to look beneath the level of culture to the level of organic matter by locating aberrations and imbalances through research in physiology, neurochemistry, and genetics. Anxiety was thought of in specifically non-gendered terms: as an alteration of electrical impulses emitted by the thalamus and the hippocampus, measured by then state of the art electrophysiological research.[10] These aberrations were treated not by psychoanalytic self-exploration, but ever-increasingly by the administration of psychotropic medications. Psychiatry by many leading accounts became a more "objectifiable" science (while pharmaceutical companies became hugely financially successful) as a result (Stone, 1997, p. 239). Many sources would rightly argue that such changes were to the benefit of psychiatrists,

[8]In 1958 for example, only one-third of American psychiatrists identified themselves as outpatient-based psychoanalysts of one sort or another. But the effect of psychoanalysis, in its many different formulations, spread a much wider circle of influence in the field (Wallerstein, 1991, pp. 421–443).

[9]When the danger is external this signal is called "fear." "In Freudian psychoanalysis . . fear," Alexander and Selesnick summarized in the influential 1966 work *The History of Psychiatry*, "is an alarm reaction to external danger; anxiety signalizes internal danger" (1966, p. 202).

[10]These signals would then cause hyperexcitable or "hyperirritable" interneuronal conduction, and ultimately the clinically observable sensations of sweating, tremor, palpitations, and other "body discomforts." See M.D. Altschule's *Body Physiology in Mental and Emotional Disorders* (1953).

who were now better able to assess criteria for illness more reliably; and of persons seeking treatment who were likewise offered the possibility of increasingly effective forms of palliation.[11]

However, the advertisements for these same medications also suggest the ways in which these new scientific cures, and indeed the very notion of objectifiable progress, often could not function free of the culture in which they were given meaning. Rather, in the space between drug and wonder drug, or between medication and metaphor, the advertisements can be seen to respond to a social climate that had a great deal of concern about the role of women in civilization.[12] As I explain below, these concerns were neither as static as a hypothalamus nor as transhistorical as an electrical impulse, but rather closely mirrored oversimplified notions of the concerns of women—specifically the "threats" to conservative notions of marriage, family, and social structure represented by women's political aspirations—at different points in time. When read with these tensions in mind, the advertisements reveal ways in which objectifiable psychiatry was complicated at the very site where visual popular culture commingled with medical science, all within the pages of leading professional journals. Ironically in the ads, the products of biological psychiatry were made to participate in the same, regulatory project as had the discredited psychoanalysis: connecting normal to heteronormal, while pathologizing threats to "stability" as diseases in need of treatment—only here these diseases were treated with medications instead of talking cures.

Looking closely at the representational strategies employed in the advertisements ultimately allows me to consider the instability of the biological notion of anxiety, as it came to be defined in images promoting biological cures. To be sure, anxiety was made manifest upon the body parts of women, and as the utilization studies I cite below contend, of many more women than men. But over time, and through a methodology that I ultimately describe as psychoanalytic, the anxiety of the patient was meant to become indistinguishable from the anxiety of their doctors, if doctors represent an also oversimplified discourse community concerned with marriage, fidelity, and other assumed requisites of social order and regeneration. Meanwhile illnesses, like dark continents, were depicted as destabilizing threats to productivity. Slipping freely between inside and outside, information and intuition, or between an anxiety of the surface and a surface of a projected depth, advertisements for wonder drugs can thus be seen to promote recuperative responses, restorative miracle cures, to specific American cultural moments.

Of course most advertisements work precisely through this conflation of transference and countertransference. Advertisements are not so much full of information as they are empty or loose. Successful magazine advertisements, Susan

[11] Thus "objectifiable" became a catch phrase for psychiatry's (Feighner, Spitzer) attempts, beginning in the 1970s, to establish a series of "objectifiable criteria" for the diagnosis of psychiatric conditions. Historian Michael Stone calls the 1970s "the flourishing of objectifiable science" (p. 239).

[12] My use of the terms "women" and "men" are meant to imply the oversimplified and ultimately unstable binary of subject and object constructed in the visual systems of the advertisements.

Josephson argues in *From Idolatry to Advertising: Visual Art and Contemporary Culture*, create a broadly understood point of conflict in their viewers—an ellipsis, an empty space, a feeling of need—which leads to a realization of "anxiety, in the form of an inadequacy or fault that the product can cure . . . an advertisement can act best as a reminder; a memory image that viewers can think of when they feel a desire that needs to be filled" (1996, p. 158). Advertisements thus create anxiety, and then provide their viewers the relevant information with which to construct a narrative that resolves the state of tension with an understanding of—hopefully followed by the consumption of—the brand-named object of promotion.

The difference here, however, is that pharmaceutical advertisements from medical journals require a slightly more complicated notion of the relational aspects of anxiety specifically because a prescription interaction is involved. At the most basic level these advertisements ask their target audience, primarily physicians, to locate anxiety in someone else. They ask their viewers not to become aware of an "inadequacy or fault" in themselves, but rather to use their diagnostic powers to ascribe an inadequacy or fault—ever-more by the discovery of a lack of serotonin than by the recognition of fear of the expression of drives—to someone they will view at a later point in time. It then follows that the products that "cure" this fault do so not in the doctor, but in the "patient" it effects. Pharmaceutical advertisements could thus be argued to create anxiety by the transitive property: while many advertisements seek a direct correlation between points a and c, if a is the viewer and c is the product, pharmaceutical advertisements must account for, and indeed appeal to, an intermediate point b along the way.

That pharmaceutical advertisements often successfully negotiate this algebra is a point I take as a foregone conclusion. While I in no way wish to imply a causal relationship between image and action, I support the contention made in Thompson's "Sexual Bias in Drug Advertisements" that "drug companies, of course, believe their advertising sells drugs, or they would not be spending millions of dollars annually on drug advertising. . . . If experience did not show beyond doubt that a great many physicians are splendidly responsive to current advertising, new techniques would be devised in short order" (1979, p. 187). Moreover it is important to note that many women, and many more women than men, visit physicians seeking treatment for problems that are in many cases successfully treated with psychotropic medications (Smith, 1985).[13] However, pharmaceutical advertisements have historically (and do currently) profited by amplifying the frequency of this interaction. They have done so, I argue, by the creation of a visual language employing historically based tropes of race, class, and gender—the latter being my primary focus in this paper—to depict patients, and especially women, as in need of treatment. Blurring the line between marriage and mental illness, these advertisements asked doctors to conflate the symbolic and the real: to

[13]See, for example, Hawkins & Aber, 1988; Smith, 1985.

look at women through predetermined spectator positions, view them as patients, and treat them as such.

DEPROL, 1964: PSYCHOPHARMACOLOGICAL MOMISM

In many pharmaceutical advertisements in the early 1960s, the married woman was not only the victim of mental illness, she was the cause of it as well. A 1964 *American Journal of Psychiatry* advertisement for the tranquilizer Deprol asked doctors to make a diagnosis that all-too-well illustrates my point.

By the time the advertisement for Deprol appeared in the pages of *The American Journal of Psychiatry*, the class of "minor tranquilizers" of which Deprol was a member had only recently become the object of a popular frenzy.[14] Approved by the FDA in April, 1955, the minor tranquilizers soon brought about what *Cosmopolitan* magazine called "a revolution in the treatment of mental and emotional illness . . . drugs that promise quick relief for the tense and anxious, without a long, drawn-out program of psychotherapy" (Cooley, 1956). The drugs were an overwhelming success: only a few years after their release, one in twenty Americans was prescribed tranquilizers in a given month (*Consumer Reports*, 1958, p. 4). Of these, prescriptions to women outnumbered prescriptions to men by two to one (Parry, 1968, 1973; Manheimer, 1973).

The long-running Deprol advertisement (Fig. 1 [The images discussed in this paper appear at <http://www-personal.umich.edu/~jmetzl/index.html>]) asked its viewers to enter into a scene likely familiar to many of the readers of the *Journal* in the mid-1960s: a clinical interaction between a physician and a middle aged, white woman. Here it might have seemed these viewers would have had no trouble locating what Josephson defines as the "anxiety or fault that the product can cure": it surely existed upon the woman marked as patient in the foreground of the image. By presenting a medical encounter at the moment of assessment and before the treatment has begun, the image invites its viewers to join with the white-coated doctor in the simple acts of diagnosis and treatment. Even the least astute professional surely would have noticed that the unmedicated woman to the left of the doctor appears to demonstrate the conventions of psychoneurotic distress. Her brow, for example, is markedly furrowed, her gaze nervous and indirect, and her hand clutches her heart is if she is in the throes of painful emotion.[15] A viewer of this image would hardly have needed to reference the *DSM I* to ascertain that the woman suffers from a textbook case of anxiety.

[14]Deprol was a combination 400 mg of meprobamate with 1 mg of the anticholinergic drug benatyzine hydrochloride. Although the latter was found to have psychosis-inducing properties in patients with schizophrenia, the medication was marketed for anxiety depression until well into the 1990s—thus outliving its more famous Wallace Laboratories progenitor, Miltown.

[15]This convention was seen in many images. See for example the Bergman-like advertisement for Trilafon from the December, 1964 *American Journal of Psychiatry*, C4.

Further, many of the visual markers within the image seem to cede to the power imbalance between doctor and patient requisite for the diagnosis and treatment of a clinical interaction in the 1960s to take place. For example the physician's considerable authority is vested in his white coat and sanctioned by his framed license on the wall. From his position behind the desk the physician is clearly allowed to gaze at the patient with what art historian Tamar Garb calls the "socially legitimated, historically specific socially and psychically produced look, the non-innocent look of culture" (1993, p. 220). The woman patient, in the less powerful position of object, is therefore defined in opposition to the doctor's medically legitimated gaze. As such we might well surmise that the advertisement asked its viewers to think like doctors when viewing the image: to observe the diagnosed but not-yet treated patient in much the same way that the physician in the image did, and to come to the conclusion that the diagnosis required treatment with Deprol.

However, the assumed hierarchy of the clinical interaction, and indeed the visual connection between doctor and patient (within the clinical structure in which doctors had power and women lacked it), is subtly destabilized by the deployment of a stereotype: within the meticulously constructed image the woman quite purposefully holds up her left hand instead of her right and upon the fourth finger of her fisted hand she wears a large wedding ring.[16] Why might the presence of a wedding ring serve to destabilize authority? And why would such destabilization have been a good marketing strategy when promoting medications to a largely medical audience? Certainly the image of a woman wearing a wedding ring was not an unusual cultural trope in the mid-1960s. A wedding ring, and specifically a wedding ring on a middle-aged woman, might have been thought to imply normativity, stability, and adherence to the social mores of civilization. Rings, meanwhile, connoted closure and containment, according to *Gender Advertisements*, Erving Goffman's classic book examining advertisements of the 1960s and 1970s. Goffman writes "women more than men are pictured using their hands in advertisements." That wedding rings feature prominently on these hands, according to Goffman, shores up a woman's place in a cosmology where the coherence of "the nuclear family as a basic unit of social organization" was primary (1979, pp. 28, 37). Wedding rings thus serve to locate the women in advertisements, and the products they represented, within the larger narrative structure in which marriage implied narrative resolution. According to Laura Mulvey (1981, pp. 12–15), such strategies also pervade western cinema, where marriage at the end of a movie implies "symbolic social integration" into the patriarchal structure of narrative (a point Mulvey accesses through the work of Vladimir Propp [1968], who traces similar tropes in cultural modes of storytelling, arguing that marriage often is an important convention in the narrative closure of folk tales).

[16]By "visual connection," I mean to imply that the visual bond between the patient and doctor was disrupted by a third point of focus within the image: the ring. The intrusion of the ring thus changed a standard, psychoanalytic linear narrative (patient-doctor) into a triangular narrative (patient-doctor-ring).

The wedding ring in the Deprol advertisement, however, is quite problematically meant to have exactly the opposite narrative effect: rather than being a symbol of closure and resolution, it is a locus of ambiguity. This is because the ring opens up the possibility of at least two equally plausible readings—or more accurately two possible notions of psychopathology—at the same time. First, the ring ironically implies that the married woman is the source of a mental illness threatening both the "basic unit of social organization," the family, and the civilization of which this unit was a part. And second, rather than the married woman causing the pathology in civilization, civilization could also have been the cause of the pathology in the married woman.

The former reading seems to be the one supported by the advertisement's accompanying text: "Depression and manifest anxiety," "oppressive despondency," and "self hostility" cause the "aggression and anxiety" that left the patient unable to "function" "in home." Anxiety and depression then left the patient unable to function as mother and as wife, and unable to fulfill her socially-determined role. Society, the argument goes, suffers as a result. We need only consider the obvious manipulation of perspective to understand how such a reading is borne out by the image: visually foregrounding the un-medicated woman serves both to phantasmagorically dwarf the suddenly-small doctor, and to not-so-subtly invert the site of anxiety in the advertisement. Goffman describes advertisements in which the "social weight of power, authority, rank" do not fall along traditional gender lines: "On the very occasions where women are pictured larger than men, the men seem almost always to be not only subordinated in social class status, but also thoroughly consumed as craft-bound servitors" (1979, p. 37). In the Deprol advertisement, however, the inversion of the status relationship moves the anxiety from the patient to the doctor, thereby complicating Goffman's notion of servitude. The licensed, white-coated physician is clearly marked as the bearer of authority, rank, and office, yet his authority is visually subverted by the untreated patient. The woman's size, and her potential for what the advertisement describes a her "aggression" and "hostility," present her as a threat not only to the doctor, but to the requisite structure of the medical interaction.

Presenting an oversized, married woman as a threat to the authority of men is a message that would likely have carried a great deal of cultural valence in the late 1950s and early 1960s. The previous decade saw the sociopathology of "Momism," a term coined by Philip Wylie in the hugely successful book *Generation of Vipers* (1942, 1955), enter into common parlance. Momism lay the blame for a vast array of psychological and social problems squarely on a single group of culprits, "American mothers." *Generation of Vipers*, and Momism specifically, tapped into overwhelming popular sentiment in the postwar period that blamed pathologically-empowered women for the emasculation of men. Wylie attacked the domineering American mother as a "domestic powerhouse . . . who spends several hundred dollars a year on permanents and transformations, pomades, cleansers, rouges, lipsticks and the like." She "ruled" over her husband and children with

"sharp heels and a hard backhand." Mothers, Wylie argued, had assumed "domestic authority" through "aggression" and "oppression"—the very same terms used in the Deprol advertisement. The result was a dynamic that "robbed men of their virility." As such he blamed mothers for an incredible array of maladies in men, from thumb sucking to premature ejaculation. And since Wylie called upon Freud to readily conflate the ills of the individual with those of civilization ("the philosophy of the state is only a magnification of the philosophy of the person"), he also blamed mothers for dismembering the country as well, creating an apathetic, "sick society" (pp. 1, 184, 201, 298).[17]

Momism is important for the purposes of this paper because its visual aesthetic was defined by large, intimidating women, and by resultantly shrunken men. Such representations were seen in images ranging from the cartoons of James Thurbur, to representations on the cover of *Look* magazine (March, 1959), to the Osborne cartoon from Eve Merriam's 1958 satire in *The Nation* (November 8, 1958, p. 332) entitled "The Matriarchal Myth, or The Case of the Vanishing Male."[18] In each case the constructed threat of woman—much like the inverted power relationship between a large, well-manicured patient and a relatively shrunken doctor—was presented as a destabilizing threat to the structure of society.

In *Feminism and Its Discontents* (1998), Mari Jo Buhle grounds the popular appeal of Momism in the resonance between popular perception and psychoanalysis. Buhle argues that Momism, and Wylie's self-described "psychoanalytic methods," rose from Freudian origins and "its ability to tap into psychoanalysis as a popular discourse" in the 1950s. The result was an attack on motherhood that both mirrored and helped shape popular sentiment. Buhle compellingly argues that the discourse of Momism suffused psychoanalysis as well. As just one of many examples, Buhle asserts that American ego psychologists "sought out not motherhood's beneficent, but malignant potential. With the assistance of popularists like Wylie, psychoanalysis transformed mothers into the principle agents of children's disorders, and the maladies that plagued the nation" (pp. 127–131).

And yet psychoanalysis failed to dictate the politics of the consciousness of the self in American psychiatry in the latter half of the twentieth century. Rather, American psychoanalysis suffered what historian Nathan Hale (1995, p. 300) describes as a "rapid decline in the field," replaced in clinics and in training programs by a biological model envisioning mental illness as result of biologically, and often chemically influenced disorders of brain chemistry treated by Deprol and other medications. Over the coming years biological explanations for illness and health

[17]The book was an overwhelming success. Revised for a second printing in the years preceding the Deprol advertisement, the book sold over 180,000 copies between 1956 and 1966.

[18]"The myth of the Big Momma is on the upswing. When Philip Wylie crusaded some years back for misogyny, a fair-sized opposition went into action. But now everybody's in his corner. It would seem that Wylie's rantings weren't wrong: he was simply a bit too prematurely anti-Mom. The impact of the Big, Bad, Bold Momma has become part of the American way of life . . and as Big Momma thus brazenly ascends the scale of things, so Big Daddy has come down" (Merriam, 1958, 332).

would become the foundation for the ways psychiatry thought of selves, while prescriptions, and not analysts couches, framed many of the interactions between doctors and patients. As a 1964 Deprol advertisement suggests, the new "science of the mind" was unable to transcend either Freud's mom or Wylie's Momism.[19] And, at the very historical moment when medications became widely accepted in outpatient treatment—and the moment that the science that would ultimately come to replace psychoanalysis as a diagnostic and treatment model in American psychiatry was just being defined in the profession—we see a method of appeal based in the assumption that an uncontrolled, married woman is as much of a threat to the white-coated biologist as she had been to the psychoanalyst. Implicitly, the threat this woman presents is constructed as her direct confrontation of male power and privilege.

This then leads to the second implication suggested by the wedding ring in the Deprol advertisement, and in many other advertisements of the mid-1960s connecting visual markers of marriage with the symptoms of mental illness: rather than the married woman causing the pathology in civilization, civilization could also have been the cause of the pathology in the married woman. Marriage, in other words, might not have only been an institution that empowered women to become domestic superwomen; it might also have been an arrangement that drove middle aged, white women to visit psychiatrists. In this case the ring could also have implied a mother's dissatisfaction, and even despair with the structure of marriage, and by extension with the structure of society. Such a reading also connects to a larger historical correlate. At the same moment Momism enjoyed its final, senescent days in the sun, many mothers began to voice their unhappiness with an American culture that was, to slightly refigure the language of the advertisement, despondently oppressive.

For example, Betty Friedan's *The Feminine Mystique* was published in the same year the Deprol advertisement first appeared. Often described as the turning point in the second wave of feminism, the strength of Friedan's argument lay in tracing the "shift" in the female image from the "Madonna/whore" binary that traditionally characterized "men's representations of women," to the "split between the feminine woman, whose goodness includes the desires of the flesh; and the career woman, whose evil includes every desire of the separate self"(Friedan, 1963, p. 40). Such stereotypes were intimately connected with psychotherapy. The "bright, well educated career woman" was the woman as so frustrated, so "masculinized by her career that her castrated, passive, impotent husband is indifferent to her sexually" that she seeks "help from a psychiatrist" (pp. 51–52).[20] That Friedan's

[19]This theme appeared in many other advertisements. See for instance Librium, 1971, *Archives of General Psychiatry*, *24*(4), front cover.

[20]Friedan attacked Freudian psychoanalysis as "an all embracing American ideology" whose patriarchal structure prohibited women into questioning long standing prejudice into "dogma." In April, 1963 the book joined the best seller list. By 1964, it had become the best selling paperback in the country. *Publisher's Weekly* (January 18, 1965, pp. 68, 72).

book both reflected and gave voice to the discontent felt by many of the housewives it described is a point that hardly needs to be argued. Susan Douglas writes, "The real tip-off that many of our mothers hated their assigned positions, weren't sure whether to hate themselves or the men around them, and were tired of straddling the untenable contradictions in their lives was the eagerness with which thousands of them ran out to buy *The Feminine Mystique*" (1994, p.125).

Advertisements, like Rorschach tests, are texts that ultimately profit by ambiguity, and pharmaceutical ads of the 1960s are no different. It is impossible to discern which reading of the ring was intended—this is, of course, the point—and even if we could it would tell us little about its role in the advertisement's reception. My point in citing works such as *The Feminine Mystique* or *A Generation of Vipers* is not meant to imply that the makers of drug ads read, or were effected by, these works. I do believe, however, that in the ambiguity of a symbol, pharmaceutical advertisements found an ironic means of connecting the tensions inherent in Wylie's and Friedan's books, and more importantly in the social movements they represented. In the space between the decade before and the decade to come, or between the threatening mom of Momism and the protesting mom of feminism, the wedding ring translated both the concerns of women and of men, of patients and of doctors, into the language of illness (itself equivocal to the point of inobjectivity) and its brand named cure.

VALIUM, 1970S: JAN'S FEMINISM

How much did the conventions of pharmaceutical representation change by the time America's next wonder drug arrived? It seems only as much as the women's movement itself had changed. Valium has long been called a "mother's little helper" as a result of its massive over-prescription to middle class women in the 1970s. But as revealed in the subtle difference between two seemingly similar advertisements in the *American Journal of Psychiatry*, Valium might have been a drug intended for daughters as well.

If the 1950s and the early 1960s were an era in which mainstream popular culture worried about Mom, then perhaps the late 1960s and early 1970s was a time to worry about the next generation of women. In the late 1960s the women's liberation movement burst onto the national stage. "Many of the new feminists are surprisingly violent in mood," *Time* magazine's November, 1969 article "The New Feminists: Revolt Against Sexism" explained, complete with photo exposés of "angry young women" who "hated men" and "learned karate," and descriptions of the legions of women who "burn their brassieres" (pp. 53–56). In March, 1970, *Newsweek*'s "Special Report: Women in Revolt" explained that "women's lib groups have multiplied like freaked-out amoebas . . . spreading a hostility that is gravely infectious" (p. 70). The references described a diverse women's movement that fundamentally questioned patriarchal institutions such as marriage, and

the very "male-female role system" (Koedt, 1971) they implied. Kate Millett was featured on the cover of *Time* in August, 1970, in an article condemning her argument in *Sexual Politics* that women's oppression originated in men's "sexual power over women," and took on an institutional form through the political economy of patriarchy (p. 1). Ti-Grace Atkinson explained to a national television audience that "Marriage means rape" (Douglas, 1994, p. 175). Jill Johnson upped the ante by claiming "a true political revolution would not occur" until "all women are lesbians" (1973, p. 166). Psychoanalysis, and Freud specifically, became a target of attack in the ensuing debates about biology as destiny, and biology as determinism. "Freud," Millet wrote, "is the strongest counterrevolutionary force in the ideology of sexual politics" (1970, p. 23).

Yet far from the national glare, a biology claiming to be beneath anatomy or destiny grew in stature in the field of psychiatry. The mid to late 1960s and early 1970s were a time of remarkable progress in understanding the links between neurochemistry and behavior. Split-brain research, evoked potentials, and the discovery of neural pathways and neurotransmitters moved psychiatry farther away from the role of gender and culture to identity formation—instead focusing beneath these constructs to the level of the biological substrate (Ayd, 1984, p. 125). Brains and pathways and peptides, in other words, were described as largely the same in women and men, in wives and in husbands.

Riding the crest of this new science were the next miracle treatments in the fight against the anxiety of everyday life, the benzodiazepines, of which Valium was the most famous public ambassador. Approved by the FDA in 1964, Valium was shown in 1967 to "reduce the activity of serotonin neurons and reduce the activity of norepinephrine neurons" (Corrodi, 1967, p. 363).[21] What followed was what the *New York Times Magazine* would aptly describe as "Valiumania" (Cant, 1976). In 1969 Valium became the most widely prescribed medication in the United States, on its way to becoming the single most successful drug in pharmaceutical history. By the early 1970s one in ten Americans was taking Valium for tension and nervousness. According to many credible studies, up to 70.5% of regular users were women (Chambers, 1972).

The tensions of science and of society once again met in a mainstream professional journal when a series of similar advertisements appeared in *The Archives of General Psychiatry* in the summer of 1970. Valium's marketers did not take any chances with the ambiguity of a ring to connect mainstream anxieties about the role of women with the selling of psychopharmacology. Rather, the connection was made explicitly on the page. Here the narrative defined by Josephson, in which advertisements create points of tension, and then provide their viewers the relevant information with which to construct a therapeutic temporality that resolves the state of tension with a brand-named product, unfolds in a narrative trajectory from top to bottom, left to right, and past to present.

[21] These actions would later be attributed to the disinhibition of the neurotransmitter GABA.

The first of the two-page advertisements (Fig. 2) appeared inside the front cover of the journal in April, 1970.[22] A series of framed pictures, arranged chronologically, construct a visual narrative of a woman named Jan. The advertisement invites its viewers to "read" the story of Jan's fifteen year history of unsuccessful heterosexual relationships after her happy childhood playing tennis with her father (top left). But neither Tom (top, middle), nor the James Dean-like Joey (top, right), nor buff Charlie (middle, right), nor drunken, groping Bunny (bottom, left) measure up to Dad (who reappears in the bottom, middle image). "Jan never found a man to measure up to her father," the text explains. The narrative's final photograph (bottom, right) shows Jan alone on a ship, looking forlorn while standing near a life preserver.

A simple comparison reveals a glaring difference between Deprol and Valium: in the space of six years, the single woman replaces the married woman as the marker of pathology and abnormality. While the Deprol presented marriage as the source of anxiety, Valium shifts the medical gaze to a woman's lack of a man rather than her control of one. Here the mental illness from which Jan suffers in the Valium advertisement—her inability to find the right man—is unequivocally presented not merely as the result of illness, but as the illness itself. As the text reveals, she is "35 and Single," and unable to find a man. Drug advertisements, it seems, had negotiated the path between Momism and Daughterism, and had emerged with a new product in the fight for restoration.

We might infer however that the Valium advertisement's message presented some problems even within the world of pharmaceutical advertising. In pharmaceutical advertisements in general, social and cultural tensions are used to broaden existing definitions of disease, thus expanding the pool of potential consumers. The more an advertisement can persuade a physician-viewer to think of quotidian assumptions as pathological, the more the product-in-question is prescribed, bought and sold. In the Valium advertisement as it appeared in the April, 1970 *Archives*, however, a line seems to have been crossed for one simple reason: there was no disease except for a social disease. The mental illness appeared entirely under erasure, and was completely effaced by gender inflected social and cultural tensions. While advertising agencies are highly secretive about the processes involved in image production, we need only look at the advertisement as it re-appeared two months later to wage an educated guess about intent.

When the advertisement re-appeared inside the front cover of the June, 1970 *Archives of General Psychiatry* (*Fig. 3*), the word "psychoneurotic" suddenly accompanied the word "single" in the heading.[23] One might well surmise that the addition of psychoneurotic was meant to imply that a patient's visit to the psychiatrist might have had at least a vague connection with psychopathology and that Jan's failure to adhere to social mores of coupling might not have been her only

[22]*Archives of General Psychiatry*, *22*(4), 1970.

[23]*Archives of General Psychiatry*, *22*(6), 1970.

reason for seeking treatment. Importantly though, nothing else in the advertisement is changed whatsoever. The flow of images, from dad to desperation, remains entirely intact. As such the pictures tell the true story: not merely that the diseased patient was the single patient, but that single in this case *is* the disease—a disease that would be cured, thinking of the Proppian narrative, were the patient to get married.

However, beneath this troubling shift in nosology and the changing conventions of representation, the Deprol advertisement and the Valium advertisement are more similar that it may initially appear. Three important points of connection link the construction of the two advertisements. The first of these similarities functions at the level of the sales pitch, the address made by the image to the viewer. Like the Deprol advertisement, the Valium advertisement asks its viewers to enter into a narrative in medias res, at a moment immediately prior to the initiation of treatment. In both images the moment of encounter begins when the "illness" has reached its most symptomatic moment—the moment of presentation to the physician. Jan, like the woman in the Deprol advertisement, comes to the physician's office when her symptoms cross the line from despair to disease. Here, true to Josephson's definition, these viewers are asked to think with the authority of doctors: to recognize the presence of psychopathology, and to construct a diagnostic narrative which leads to the conclusion that the object of their gaze required a specific brand of medication.

Second, both advertisements use not entirely subtle cues to bolster the viewers' sense of their own authority, if authority means an identification with the name of the father. In the Deprol image this was accomplished by the fatherly figure of the physician, along with whom viewers were invited to gaze at the motherly figure of the patient. In the more subtle Valium ad the spectator is invited quite literally to be the father, or the man who measures up with the father. The flow of images tell the story of Jan's search for a man who could "measure up to her father," a search that seems to have ended in despair. The "final" photograph of Jan alone near the guard rail raises the possibility that her search ended with a plunge into the abyss. However, the present tense syntax of the text reveals that Jan lived to visit the psychiatrist—"Now she realizes she's in a losing pattern—and that she may never marry"—a psychiatrist overtly assumed to be male.[24] The thinly veiled message borders on a breech of the Hippocratic Oath: the psychiatrist is asked to be the next man in the narrative, and the man who might finally make Jan happy. The psychiatrist is thus invited to stand next to Jan in the photo, and to provide a welcome sense of closure. Lest a viewer miss this message, a glaring empty space, an ellipsis just large enough for one last photograph, is provided to the immediate right of the now-penultimate image of Jan on the ship.

Third and finally, the gendered form of mental illness within both images, whether single or married, functions in remarkably similar ways. In the Deprol

[24] A point known historically from Deprol, if not textually from the photographs.

advertisement the symptoms of the married woman were depicted as an emasculating threat to the power of the physician. The image suggested that the woman's anxiety, and the possibility that her anxiety might be the result of dissatisfaction with the social order, were labeled as a component of "the disease." In the Valium advertisement the symptoms seem to be markedly different. Here too, however, the threat of illness is constructed as the threat of a reading outside of a heternormative economy: just as the ring raised the possibility of discontent with the system, so too does the single woman present a threat to the white coated, nuclear "way things should be." The single woman, and specifically a single woman in the early 1970s, raises the possibility of a constellation of alternative symptoms and alternative readings. Maybe Jan prefers a union with another woman. Perhaps she wishes to live alone. Perhaps she needs a man like a fish needs a bicycle, or burns her bra, or reads Kate Millett, or is a vector for a gravely infectious social pathology. Each of these readings raise the possibility of a life beyond, or a life without, the doctor's control. Each broach the prospect that the doctor's power—the power to bring a patient back into the fold—might not be all that it seems. Each, under the broad rubric of 35 and single, is marked as pathology. In other words, symptoms carry the potential of undermining the authority of the doctor and destabilizing the basic structure of the social order he came to represent. This then turns the traditional notion of a symptom on its head, if a symptom means the complaint suffered by the patient. To be sure the symptoms constructed in the ads might appear similar to ones that affect patients. But within the visual systems created in advertisements over time, and viewed by the prescriber rather than by the recipient of medications, these symptoms threaten the doctor much more.

PROZAC, 1998: RESOLUTION

Almost twenty five years and a cultural revolution later Prozac became America's next psychotropic wonder drug. Prozac, and its class of SSRI antidepressants, were found to selectively inhibit the brain's uptake of serotonin. "We believe," scientist David Wong et al. wrote in the journal *Life Sciences* in 1974, "the discovery of specific inhibitors of 5HT reuptake like II0I40 will help in elucidating the function of 5HT in the brain and the importance of reuptake as an activating mechanism in 5HT neurotransmission" (p. 471). The result was a medication widely believed to resolve the symptoms of depression and anxiety without the risk of addiction, or the danger of overdose. Released in December, 1987, Prozac became the number one drug prescribed by psychiatrists by 1990. "Susan A. has spent most of her adult life fighting with people—her parents, her husband," *Newsweek*'s March, 1990 article "The Promise of Prozac" (pp. 38-41) explained. "But within a month (after taking Prozac) Susan had given up psychotherapy in favor of school . . . 'I feel 1,000%' she said in a handwritten note '. . . I actually like Mom & Dad now, and my marriage is five times better.' " "Prozac . . . is much more than a fad," *Time*

explained in a suspiciously similar 1993 article, "The Personality Pill." "It is a medical breakthrough that has brought relief to individuals such as 'Susan,' a self described workaholic who becomes irritable around the time of her periods and once threw her wedding ring at her husband. Now the edges of her personality have been planed off a bit" (p. 53). By 1994, Prozac was the number two selling drug in the United States (*Wall Street Journal*, March 31, 1994, p. B1).

It would stand to reason that a great deal had changed in the politics of representation in the more than two and a half decades between the appearance of Jan and the appearance of the Prozac advertisement. Many surveys would present evidence that the women's movement fundamentally changed conditions for many women in the United States. A 1989 *Time* magazine poll reported that 77 percent of women believed the women's movement had made life better, 94 percent said it had helped women become more independent, and 82 percent reported it was "still improving" the lives of women (Wallis, 1989, p.84) These changes were felt in medicine as well, where the numbers of women physicians, and the number of women physicians who read psychiatric journals, steadily increased. Finally, the portrayal of women in pharmaceutical advertisements had come under scrutiny, in large part due to feminist protests emerging from the social sciences in the 1980s (Courtney & Whipple, 1983; Hawkins & Aber, 1988), resulting in what were widely believed to be substantive changes in the ways women were portrayed in pharmaceutical advertisements in the 1990s.

One could certainly argue that much of this change was apparent in 1997, when an advertisement for the SSRI antidepressant Prozac touting the medication's success in promoting "restful nights and productive days" appeared simultaneously on the back covers of *The American Journal of Psychiatry*, *Psychiatric Times*, and then reappeared continually for the course of two and a half years (until it was replaced by a basketball in 1999).[25] For example, the woman in the advertisement is clearly depicted as a generative, working member of society. In her "productive days" she is seen to hold fruitful employment. She then sleeps soundly in her "restful nights." There seem to be no overt signs of Momism, men, or misogyny in the picture. Neither is there a threatened physician, nor a bra-burning militant. The woman appears to be anything but the passive stereotype of the feminine mystique. Prozac, to quote the popular slogan, means progress in an exceedingly 90s sense of the word: it restores productivity without a hint of dependence. Such productivity seems to illustrate what Peter Kramer in *Listening to Prozac* calls "a normal or near normal condition called hyperthymia. . . . Hyperthymics are optimistic, decisive, quick of thought, charismatic, energetic, and confident. Hyperthymia can be an asset in business" (1994, p.16).

However, the advertisement's tacit claims of progress begin to unravel when considered within the representational continuum, developed over forty years,

[25]The ad appeared monthly in these journals, often occupying the back cover. Readers are asked to view the image in such issues as the *American Journal of Psychiatry*, Volume 155, Number 12, 1998, p. A7; or in enlarged form in *Psychiatric News*, Volume XXXIII, Number 24, 1998, back cover.

linking women, marriage, and the marketing of pharmaceuticals. With visual history in mind, we begin to see the ways in which the Prozac advertisement represents a specific response to, rather than a departure from, this evolution. Three interconnecting representational strategies serve to illustrate the ways in which the Prozac advertisement is in conversation with its history. First, the advertisement enters the clinical narrative at a different starting point than did the advertisements for Deprol or Valium. The Prozac image asks it viewers to enter the scene at a moment after the treatment has already taken place and after the visit to the doctor has already occurred, thereby asking its viewers to construct narratives of treatment rather than of illness, or of follow up rather than of diagnosis. The woman appears free of the symptoms seen in previous images. Her forehead, for example, is airbrushed free of the furrows painted upon the brow of the woman in the Deprol advertisement. She certainly does not appear to be standing by the guardrails contemplating suicide, as did Jan in the Valium image. The moment of encounter is one in which the tension of illness has dissipated, the work already done. The woman, in other words, looks normal.

Second, the Prozac image, like the Valium image, presents an ellipsis next to a lone woman. To the right of the sleeping woman (the same dominant side occupied by the physician in the 60s, and by a gap in a picture book in the 70s)[26] is a suggested space where a partner might lie, covered over by the other image and by text. Here, however, the image depends upon a different interpretive strategy, since every indication suggests that the space is occupied: the hint of a second pillow, accompanied by draped bedsheets to the right of the "restful" woman implies that she has a partner sleeping next to her. Third and finally, the woman in the Prozac image prominently displays the fingers of her left hand both at work and in bed; and upon the fourth finger in each scene she wears a shining, gold wedding ring. Indeed the wedding ring is held at the visual focal point of both images of the woman in the advertisement. By its appearance both at work and in bed, the ring functions as a point of connection between both images. Moreover in bed the ring appears consciously, almost un-naturally placed, as if to highlight its presence.

Is this the same wedding ring as the one worn by the woman in the Deprol image? Certainly it appears to be the same thin, gold band worn on the hand of a middle aged, white woman. However, within the specific resonance between these three points—a different point of narrative entry, combined with a not-entirely empty space and the familiar symbol of a ring—we begin to realize an important change in the system of signification. The wedding ring in the Prozac advertisement, and more to the point, the ring depicted in bed on the hand of an admittedly "cured" woman, functions visually in exactly the opposite manner as it had in the Deprol image. The presence of a wedding ring upon the hand of a symptom-free woman who is likely not sleeping alone subtly implies that unlike her long-suffering predecessors, the Prozac woman has taken her place in the social order. Here the ring

[26]As opposed to the weaker, sinister side upon which wedding rings are worn in Western culture.

functions not as a marker of a Momist threat, as it had in the Deprol image, but as a marker of restoration; or as a symbol of enclosure and containment rather than of ambiguity. To be sure, the suggestion of a partner, combined with the absence of distress, suggests that the mental illness from which the woman no longer suffers is the very same ailment borne out of the feminist movement in the 1970s. And yet what was once a threat—a symptom—has become docile and domesticated, both in work and in love. The ring indicates that the productive, 90s woman is essentially less of a threat than were her disgruntled feminist predecessors. The ring in other words implies that the 1990s Prozac woman is neither Jan, nor is she the woman from the Deprol image, for the same, simple reason that she is symptom-free: because unlike the woman in the Deprol image, and unlike Jan, the woman in the Prozac advertisement had taken psychotropic medication.

This distinction holds true in numerous advertisements for psychotropic medications throughout the late 1990s—advertisement which often reappear for years on end.[27] Here a wedding ring—and specifically a wedding ring on the finger of a middle aged, middle classed, white woman—works to identify the cured patient in representations where it might be otherwise unclear. Together these images suggest a fundamental shift in the system of signification: the ring, almost a quarter-century later, marks a woman not as mentally ill, but as medicated.

CONCLUSION: ANXIETY

Why is the changing trope of marriage in the pages of psychiatric journals a cause for concern? Surely many popular advertisements show women wearing wedding rings very similar to those rings worn by a great number of married persons in real life. Moreover, I in no way doubt the sincerity of the message that women successfully treated with psychotropic medication are often able to live happy, productive lives; lives that include marriage, and companionship, and everything else that is ostensibly threatened by illness.

However, the shift in the meaning of a wedding ring, and its connection to psychotropic medication, raises troubling implications in the context of a discussion of advertisements directed not at consumers, but at doctors. As I describe at various points in this paper, a great many changes have taken place in the profession of American psychiatry in the time span separating the Deprol and Prozac advertisements. One could argue that the difference between an image depicting a verbally interactive relationship between a doctor and a patient and an image

[27] See the Effoxor campaign of 1998, "I got my marriage back," as the most egregious example. See also the "Prozac Promise" series of 1997, and the Luvox mother and child series of 1997. Meanwhile other high-profile images spell out the historically developed trope even more graphically, as suggested by the "Effexor: I Got My Mommy Back" campaign, 1997–1999, in which an Effexor-treated Mommy returns to the heteronormative fold. All campaigns unfold in both the *American Journal of Psychiatry* and in *Archives of General Psychiatry*. Although I do not address television ads in this paper, this convention made its way to Buspar advertisements in 1999–2000.

asking a doctor to view a preexisting relationship between a patient and a medication correlated with changes in clinical practice. Over this period a system of therapeusis based in the nuances of the interpersonal interaction fell out of favor across the wide spectrum of the field, to be replaced by a treatment system in which the relationship between doctor and patient was thought secondary to each party's relationship to medication. A doctor's role increasingly involved selecting medications, while a patient's role involved ingesting them. This difference in valuation helped bring about markedly shorter office visits and care givers often trained in the subtleties of pharmacokinetics at the expense of the kinetics of intersubjective communication. Many historians of medicine, and certainly many practitioners, contend that these changes were to the great benefit of the profession. Psychiatry, the argument goes, became more precise, more practical, and even more gender-blind when the object of its gaze shifted beneath the level of maternal based conflict to the level of serotonin. Edward Shorter's 1997 *A History of Psychiatry*, as just one example, relies heavily upon medical and psychiatric literature to claim,

> Between the 1950s and the 1990s, a revolution took place in psychiatry. Old verities about unconscious conflicts as the cause of mental illness were pitched out and the spotlight of research turned on the brain itself. Psychoanalysis became, like Marxism, one of the dinosaur ideologies of the nineteenth century. Today it is clear that when people experience a major mental illness, genetics and brain biology have as much to do with their problems as do stress and their early childhood experiences. And even in the quotidian anxieties and mild depressions that are the lot of humankind, medications can now lift the symptoms, replacing hours of aimless chat. If there is one central, intellectual reality at the end of the twentieth century, it is that the biological approach to psychiatry—treating mental illness as a genetically influenced disorder of brain chemistry—has been a smashing success. Freud's ideas, which have dominated the history of psychiatry for the past half century, are now vanishing like the last snows of winter. (1984, p. 539)

To be sure, the psychoanalysis to which Shorter refers was historically a problematic and possibly outdated system of care. It was at times as exclusive as a country club and as elitist as a black tie dinner. It had a hard time answering questions of outcome. And it often had serious conceptual and practical problems with gender. And yet psychoanalysis also gave language to the ways in which interactions—both contrived clinical interactions and the life interactions they replicated—could not exist free of the tensions of gender and power. The perceptions of the patient, in other words, were only defined in conversation with the perceptions of the doctor, while medical "knowledge" was only defined in inter-relationship with its larger context. For every transference there was a subsequent countertransference, for every manifestation a prior, if not entirely latent, threat. Nothing within this system, not even the most seemingly denotative of exchanges, could be understood free of an often-erotic matrix of signification and exchange. A cigar, in other words, was never really just a cigar. Biological psychiatry, meanwhile, was a more precise endeavor. It often took at face value the nuances of intrapsychic process, and just as often eschewed (or blanched at) the embarrassment of penises and absences,

of lust and of lack. Description was followed by prescription, and prescription by compliance, and often in fifteen minutes or less. No doubt the system of care became more efficient, and certainly more objectifiable, as a result.

In his warm embrace of the brain, however, Shorter overlooks the point that the advertisements make clear: medication, and the rise to power of medication, did not entirely replace psychoanalysis, nor did the chemical imbalance replace the concerns of the talking cure. Instead, medication was effused with the very displacement and the fear of loss that the profession of psychiatry was in the process of eliminating from its vernacular. Were Shorter to at least consider the possibility that biology might have accrued and enacted remnant components of psychoanalysis before that field melted (after all, the last snows of winter give rise to the first flowers of spring), he would surely have realized that even the most objectifiable of symbols are never defined in a vacuum. Rather, in the progression of advertisements, we see the ways in which symbols often could not function free of the culture in which they were given prescriptive valence, and became imbued with the same anxieties, the same gender politics, and even the same sexual tensions at play in the larger structure of which psychoanalysis and biology both were (and are) a part.

How then did pharmaceutical advertisements promote enormously profitable brand named medications for outpatient illnesses between the years 1964 and 1999? They certainly did so, as Josephson might have argued, by the construction of "anxiety" in women, if anxiety meant accessing the clinical narrative of medicine in order to emulate a condition in need of a diagnosis and a cure. And they likely did so by conflating a symbol of the normativization of marriage (and possibly even a symbol of the normativization of feminism) into a symbol that served to normativize mental illness, in the process ever-expanding the indications for the products in question. What once was fringe became mainstream as if by a corporate, commodified act of destigmatization.

But as the shifting trope of marriage reveals, the advertisements also sought to work by translating the developing language of medication into a broader, grossly oversimplified discussion of the anxiety of men: men as doctors, and men as the larger category these doctors were constructed to represent within the time-honored visual systems of advertisements. In this sense anxiety was not merely presented as the problem described by a patient (either Jan or Susan) who may have felt unhappy in her marriage, or unhappy with her inability to find marriage, or unhappy with the realization that she might never rise above a middle management job. Anxiety was also constructed as the sense of inquietude in the doctor, made uneasy by the threat these symptoms came to represent. With psychoanalytic paradigms firmly at the fore, the advertisements asked their viewers look as men, and look at their patients as women.

The threat implied in the images is, by design, a matter of interpretation. Possibly the threat is of a professional nature, if considered within the context

of the shifting power structure of the clinical interaction. Here symptoms once treated solely by the psychoanalytic power inherent within the man were ever-increasingly reliant upon the prosthetic power of the medication. At the same time, the images also asked their viewers to think of women's symptoms as representing threats that destabilized the very civilization—thinking of the connection between Freud's and Wylie's use of the term—within which the clinical interaction took place. In the most traditionally psychoanalytic sense, in other words, the anxiety realized by looking at a woman implied a direct threat to the well-being of men, as if unwanted intruders returning from the repressed. Growing women, as the Deprol image revealed, meant shrinking doctors and shrinking men, as if by LeChatlier's principle. And militant, unattached women, as Kate Millet and Ti-Grace Atkinson argued and as Jan made painfully clear, raised the possibility of new arrangements, new normatives, and new social orders.

Of course images of women constructed through the anxieties of men is hardly a novel narrative structure, either in medical advertisements or in medicine. The pathologization of the single woman, or the unmarried woman, or the lesbian extends through the history of psychiatry and many years beyond (see, for example, hysteria and its treatments). In this particular context, however, the stereotype of male anxiety was given a means of discharge by images specifically constructed to enhance the dispensing of psychopharmacology. Between an image of a married, symptomatic woman in an office, and of a married, symptom-free woman in bed three decades later, lay the implicit assumption that a crisis has been resolved, and order restored. In this visual system, however, the symbol of the resolution of anxiety and the assertion of control—the wedding ring—was connected not only to marriage, but to prescription. The images, in other words, conveyed the message that a man's anxiety was not the passive, helpless state it may have been when it was described by Freud. Rather it was a state that could now be assuaged by resolving a crisis in someone else. Objectifiable, in this equation, bordered closely on objectification. The woman who threatened the doctor in 1964 slept with Prozac in 1997, and the empty space vacated by the shrinking Deprol doctor was filled, thirty four years later, by the growth of the symbol. And within advertisements in mainstream medical journals between the years 1964 and 1998, the very same period in which these same psychotropic drugs in question were prescribed to women by rates up to four to one compared to men, this symbol was constructed as the symbol of psychotropic medication.

Again, I am arguing neither for cause and effect nor for stimulus and response. Moreover, advertisements were far from the only texts involved in constructing the meaning of medication—a point I have implied by referencing just a few of the numerous other types of texts where related discussions concomitantly took place. Advertisements did however illustrate, and often amplify, tensions or fears already existing within the culture of their viewership. As such, I believe that in certain images assumed to be viewed by doctors, there functioned a visual language that

tried (and tries) to make it easier for men to write prescriptions for psychotropic drugs to women. Moreover this language spoke to an anxiety not entirely within the presenting woman patient, but within the doctor as well, who was cued in, as it were, before the patient ever entered his office. When viewed over time, the images of psychotropic advertisements thus seem to promote the message that viewing, male doctors could react to various forms of anxiety, whether job related, psychological, or otherwise, by the act of writing a prescription. Prescription writing, in this system of not entirely chemical imbalance and rebalance, was presented as a gendered form of power, and medications as the agents of a rather familiar form of resolution.

I want to return, finally, to the cartoon Prozac basketball—an image that has neither a wedding ring, nor a woman[28]—for a consideration of future inquiry. I have made an assumption in this paper that pharmaceutical advertisements have been historically constructed for the viewership of a male audience, based upon the structural configuration of many of the images, and the assumption of a "male" spectator position. In the process, however, I have not considered the responses that the increasing numbers of women psychiatrists might have had to the advertisements, or the implications raised by the possibility that women viewers were asked to respond at all. At the same time, the current moment presents another pressing concern with respect to female spectatorship: advertisements specifically constructed to be viewed by women. Unlike their predecessors, contemporary psychotropic advertisements do not produce images for consumption only by doctors, but by the readers of *Cosmopolitan*, *Marie Claire*, and other magazines in which ads for Serafem, Prozac, and other medications predominantly appear.

As I claim above, these direct-to-the-consumer ("DTC") advertisements might seem vague to the point of being unproblematic. However when considered within the long history of images in which women such as Sue "return" to normative roles over time, and more importantly within the context of women's magazines intimately concerned with "self improvement," or ways to "feel more attractive," or "ways to catch a man," the possibility arises that DTC advertisements tacitly raise the threat of being "not normal"—whereby not normal means not attractive, and not self-improved, and most importantly not able to attract a man. When coupled with the implicit message that drugs like Prozac might help achieve such a state, it suggests that these advertisements might be cueing women readers of these popular magazines to provide the other half of a historically developed discussion. These images might in other words seek to have their viewers ask the very same questions that their doctors have already been prepared to hear—or more appropriately, to see.

[28]The image fits into the narrative I am describing: it begins in a post-Prozac moment in which Sue plays with her kids "again," and after the treatment has taken place.

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