Suffering, Pharmaceutical Advertising, and the Face of Mental Illness[1]

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Over the past decade, the legitimacy of advertising prescription drugs to the lay public has been vigorously debated. Proponents argue that such "direct-to-consumer" or DTC advertising plays an important role in enhancing public health by providing information to sufferers and encouraging help-seeking. Rejecting such arguments, critics contend that DTC advertising provokes unnecessary prescribing, strains doctor-patient relations, and misappropriates healthcare dollars. This is an important debate. While I make no pretext to be neutral, it is not my purpose here to make a pro or con argument. Rather, I want to explore one feature of DTC ads, specifically those for psychoactive medications, that is surprisingly overlooked. I want to ask how mental illness is visually represented in print ads and commercials, what such images signify about suffering, and what response they are designed to elicit. Visual representations of mental illness did not begin with pharmaceutical advertising; such representations have a long history in psychiatry. That history provides some clues to the dynamics of DTC advertising.

The Face of Madness

The tradition of visually representing the mentally ill begins with Philippe Pinel's *Medico-philosophical Treatise on Mental Alienation, or Mania*, published in 1801.[2] Although it

[1] The author would like to thank the Horowitz Foundation for Social Policy for support of this research.

[2] The primary source for the following history is Sander L. Gilman, *Seeing the Insane* (New York: John Wiley & Sons, 1982).

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was commonplace by that time that the pathology of insanity was reflected in the afflicted person's physical appearance, it was Pinel, famous for developing humane treatments for the insane, who was the first to provide illustrations to document his medical cases. His head illustrations are in the mode of earlier craniological studies, while the faces reflect the new studies of human physiognomy that had begun to appear in the late eighteenth century. For Pinel, who sought to describe mental diseases so as to classify them, head size and physiognomic properties were empirical indicators of an individual's mental state. Drawings of the insane, and the scale of normative appearance they established, were an aide to diagnosis.

Pinel's student and co-worker, Jean Etienne Dominique Esquirol, expanded this method of visualizing and sorting the mentally ill. In his *Dictionary of Medical Sciences* (1812–22) and then more expansively in his textbook of 1838, *Mental Maladies*, which includes 27 engraved portrait drawings, Esquirol created an atlas of the posture and expression of the insane. He emphasized that physiognomy was unsurpassed as a diagnostic tool and promised that one day he "would provide diagnostic illustrations for every one of his reformulated nosological [disease classification] categories."[3] He did not make good on that promise, but others took up the project, most influentially the Scottish physician Alexander Morison. The case descriptions in Morison's 1840 atlas *The Physiognomy of Mental Disease* are accompanied by 108 lithographs, including contrasting pictures of the same patient "before" and "after" recovery. These illustrations purported to show the distinguishing physiognomic features for each of his diagnostic types. For Morison and others like him, to quote a commentator, "there was a readily identifiable 'face' for every type of madness."[4]

With the introduction of photography to the study of mental illness at mid-century, physiognomy as a tool for categorizing and diagnosing became a science. For now a truly objective representation of mental states seemed possible. According to an 1856 presentation by Hugh W. Diamond, a pioneer of psychiatric photography, the photograph was a giant leap over the "painful caricaturing which so disfigures almost all the published portraits of the Insane."[5] It alone could record "with unerring accuracy the external phenomena of each passion, as the really certain indication of internal derangement…."[6] Diamond's pictures were given wide attention in a series of essays in 1858 on the physiognomy of insanity by John Conolly, a major figure in the reform of the British asylum. Like Diamond, Conolly saw the photograph as a decisive scientific

[3] Janet Browne, "Darwin and the face of madness," *The Anatomy of Madness: Essays in the History of Psychiatry*, vol. 1, ed. W.F. Bynum, Roy Porter, and Michael Shepherd (New York: Tavistock, 1985) 155.

[4] Browne 154.

[5] Quoted in Gilman 166.

[6] Quoted in Gilman 164.

tool for distinguishing between ordinary expression and "the peculiar expression and the general external character of mental suffering…."[7] Conolly also followed Diamond in emphasizing the utility of the photograph for clinical practice, as did many others. Beginning in 1855, general psychiatric manuals began to incorporate psychopathic physiognomies based on photographs and provide descriptions of how to use the pictures to study patient features and verify diagnoses.

As psychoanalysis came to dominate psychiatry in the twentieth century, the visualization of mental illness lost the classificatory and diagnostic place it had occupied in medical thinking.

By the 1870s, the visualization of mental illness was widespread in the medical literature and had largely shifted from art to photographs. Photographic studies of mental pathologies began to appear. From 1877 to 1880, for example, two colleagues of Jean-Martin Charcot, the eminent director of the Salpêtrière asylum in Paris, published the *Photographic Iconography of the Salpêtrière*. The journal dealt with the positions and expression of Charcot's hysteria patients, and was restarted in 1888 as the *New Iconography of the Salpêtrière*, under the editorship of Charcot. Before it ceased publication in 1918, 28 volumes were produced. Long before that, however, doubts had begun to arise about the notion that mental disorder was inscribed on the body of the mad and about the presumed objectivity of still photographs in providing empirical proof. A number of developments contributed to the growing skepticism, but the decisive change was undoubtedly the rise to prominence of Sigmund Freud in the years after Charcot's death in 1893 and the emergence of the psychoanalytic school.

Freud, who had studied with Charcot in the mid-1880s, originally accepted Charcot's method of treating hysteria with hypnosis. However, in rethinking the etiology of hysteria, he revised his view of the effects of trauma on consciousness and came to emphasize the role of fantasy and unconscious conflicts in mental life. He abandoned techniques like hypnosis and abreaction in favor of free association and the interpretation of resistances that emerge in the clinical encounter. Freud's new clinical method—psychoanalysis—stressed listening to patients, not observing them (in fact, the therapist sat behind the patient). Rejecting the mental theory that underwrote the naïve representationalism of "the face of madness," he rejected medical physiognomics and the role of the visual in diagnosis. In contrast with typical fin-de-siècle psychiatric works, Freud's writings contain no pictures.

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[7] Quoted in Sander L. Gilman, *Disease and Representation: Images of Illness from Madness to AIDS* (Ithaca: Cornell University Press, 1988) 41.

medical thinking. The biologically oriented psychiatry that has largely replaced the psychoanalytic over the past few decades likewise gives no theoretical place to visualization. *The Diagnostic and Statistical Manual of Mental Disorders (DSM)*, the American Psychiatric Association's official list of mental illnesses, is devoid of pictures. Mental illness—especially since the third edition of the *DSM*, published in 1980—is taxonomized based on common patterns of symptom presentation, not physical stigmata. In general, if psychiatric books have pictures, they are of PET scans and other images of brains, not of faces.

Yet visual representations have by no means disappeared as diagnostic aides or in presenting psychopathologies. One has only to open a medical journal or popular magazine, watch television, or browse the Internet to see images of the "mentally ill." Such representations are the visual core of pharmaceutical advertisements for prescription psychoactive medications, particularly those pitched to the public.[8] The drawings and photographs in these ads are not of real patients, but phenomenologically these images are significant because they seek to convincingly show a physiognomy of mental illness. They are not "the real thing," so to speak, but they can be perceived as being similar to or an "icon" of the real thing. This perception is possible because conventions are available for displaying mental distress through facial expression and bodily position. These cues no doubt owe some of their currency to nineteenth-century psychiatric images. Like the old physiognomy, the new representations of the mentally ill serve a diagnostic and naming function.

How does this function work? Proponents of DTC advertising seem to believe that the new representations work in a manner analogous to the old. In this view, like the old physiognomy, DTC images visually display distinguishing features, the distinctive faces of mental disorders. These images aid diagnosis by showing sufferers themselves these faces, one of which—and unlike other viewers—they can recognize as their own. The following analysis will suggest much the opposite. Rather than demonstrating "otherness," I argue, DTC images are deployed to blur boundaries and eclipse differences. In these images mental illness and the everyday suffering of modern life present the same face.

DTC Pharmaceutical Advertising

For analysis, I have chosen four marketing campaigns for psychoactive medications that can be fairly described as representative. They were chosen because they allow for comparisons over time and between different medications and conditions. The first

8 Psychoactive medications, sometimes also referred to as psychotropic or psychiatric medications, act directly on the central nervous system and are prescribed to change mood/affect, cognition, and behavior.

two, which ran from 1999 to 2001, are promotions of the drug Paxil for the treatment of Social Anxiety Disorder (SAD). The other two campaigns are promotions concerned with Attention-Deficit/Hyperactivity Disorder (ADHD) in adults. In 2002, the drug Strattera became the first medication approved by the Food and Drug Administration (FDA) for the treatment of adult ADHD, a relatively new diagnosis. Manufacturer Eli Lilly's initial marketing campaign of "illness-awareness" commercials, which did not mention Strattera, ran from late 2003 to summer 2004. The second and overlapping campaign of Strattera ads followed from spring 2004 to summer 2005.[9]

The objective of DTC advertising, in the words of marketers, is "increasing consumer-generated prescription volume."[10] Provoking and facilitating an initial "self-diagnosis" is the central strategy to achieving this end. The "creatives" at the pharma-marketing departments and ad agencies have developed a number of fairly standard techniques for the written or spoken aspect of the DTC strategy.[11] Symptom checklists, for example, are often utilized to coach viewers to believe that a problem might exist that they did not recognize before or to define a problem or experience in medical terms. To the same end, some ads suggest that a specific symptom implies a particular diagnosis. Appeals to the emotions are common (for example, appeal to the desire to get back to normal or to avoid a feared outcome), as are personal testimonials, with the alleged benefit of the drug presented in vague, qualitative terms. Side-effects are listed, as required by law, but last. The pharmacological solution is always pitched as the appropriate treatment, while lifestyle changes or other non-drug interventions are seldom mentioned. Ad viewers are instructed to get more actively involved in the management of their own health care and to act on the ad message without delay.

Textual techniques for self-diagnosis are one element of the advertising strategy. The other element concerns the visual representations and their interactions with the text. DTC advertisements, like ads in general, are heavily visual. Dealing with visual imagery is less straightforward than analyzing words alone. The meaning is latent rather than on the surface, arising from the ways that different images and text are organized and associated, both within the ad and with reference to wider social and cultural knowledge. To create meaning, ads typically appropriate an existing "sign system" and use it to speak

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[9] Lilly ran another television commercial for Strattera in early 2005. This fast-paced commercial, depicting a man in various situations through the superimposed screen of a videogame, was pulled by the FDA in June 2005 because it was "false or misleading." The FDA said the "TV ad fails to clearly communicate the indication for Strattera because of competing visuals, graphics, and music…," and it "minimizes the risks associated with Strattera" because of "distracting visuals and graphics/SUPERs." See <www.fda.gov/cder/warn/2005/strattera.pdf>.

[10] Walt Sandulli, Barry Cohen, and Israel Rodriguez, Jr., "Winning Strategies in DTC," *Medical Marketing and Media* 32 (October 1997): 42.

[11] See, for example, Steven Woloshin, Lisa M. Schwartz, Jennifer Tremmel, and H. Gilbert Welch, "Direct-to-consumer advertisements for prescription drugs: what are Americans being sold?" *The Lancet* 358 (6 October 2001): 1,141–6.

of the product in the same terms. The classic ad for Chanel No. 5 perfume provides a simple example.[12] The ad has only two elements, a model (currently actress Nicole Kidman) and the Chanel bottle. No text links the two. In this example, the sign system is Kidman herself, who "stands for" glamour and beauty. Her juxtaposition with the bottle invites the reader to transfer what she signifies to the perfume, which, ergo, also signifies glamour and beauty. The transfer of meaning, however, is accomplished by the viewer. An ad typically does not actually state its meaning. We, the audience, have to participate to create it. To do so, we must understand the referents (for example, what Kidman "stands for") and complete the unspecified but necessary exchange of signifiers. The exchange, when made, is a product of our imaginative engagement and not simply a perception of what was written or seen.

In promoting self-diagnosis, DTC ads for psychoactive medications generally employ visual images of people (drawings or pictures) in two contrasting subjective states. Sometimes these states are directly labeled; more often the viewer is expected to recognize them. One image or set of images depicts sufferers in the grip of mental illness, usually signaled by their physiognomy, posture, and passivity. In print ads, this image is to the left or the top (where we begin to read). In broadcast ads, the images always come first; the product claim follows. These placements connote time—one of the depicted subjective states is "before" the other—and imply that the drug treatment is the turning point. We are shown the sufferer(s) before medication and then those same individuals changed, signaled by their appearance and their activity—this is the sufferer "after" medication. Both images, together with the accompanying text, create the meaning. As with Chanel No. 5, a transfer is required.

The Face of Social Anxiety

Social Anxiety Disorder entered the *DSM* in 1980. At that time, SAD was considered quite rare. Until the mid-1990s, it received only minimal attention in the psychiatric journals and very little in the popular press. Though some doctors were writing "off-label" antidepressant prescriptions for SAD, no drug company had received FDA approval, and so none could advertise for it. Without press or medical attention, there was, as the marketers say, little "disease awareness" of SAD and thus a very limited market for a treatment. In early 1999, however, anticipating FDA approval of Paxil as a SAD treatment, SmithKline Beecham (after 2000, GlaxoSmithKline) launched a public awareness campaign for SAD through the public aegis of a patient advocacy coalition.[13] The media blitz made no mention of Paxil or SmithKline but was instrumental in generating immense press coverage. Patients were recruited to share their experiences with

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[12] The example is from Judith Williamson, *Decoding Advertisements* (London: Boyars, 1978).

[13] Michelle Cottle, "Selling Shyness," *The New Republic* (2 August 1999): 24–9.

the media. Posters, placed in bus stops and other locations nationwide, described "what Social Anxiety Disorder feels like." The top half of the poster shows a picture of a man, sitting in a restaurant, with the overlying slogan, "Imagine Being Allergic to People." Despite others around him, the man is alone; his appearance bespeaks dejection. SAD had its first public face.

Life on Hold/New Hope

With FDA approval in hand, SmithKline Beecham ran its first print ad for Paxil in the fall of 1999 in wide circulation magazines like *Time* and *Life*. The large "before" picture in the ad shows a man's face from the side. His forehead rests against a wall, as does one of his hands at shoulder height. The light is behind him, darkening his face. His eyes are closed, which, along with his position, suggests distress. He might be ashamed, or embarrassed, or frustrated. It is hard to tell; his face registers no particular emotion, and there are no other contextual clues. He is clean-shaven and wears a tie, suggesting he is at the office. A second version of the ad, which ran in the spring and summer of 2000 in *People*, *Health*, and other magazines, has the identical text but features a woman, who also appears to be at the office. The picture is not as close up. The fingers of her hand are raised to her forehead, and both her arm and bowed head lean against a rough wall. Her face, too, is darkened by the position of the light. Her eyes are closed, her mouth is set, and her hair is slightly dissheveled. She registers more anguish, but like the man's, it is indistinct. She also appears to be at the office.

The pictures invite a transposition. The dress and other appearance cues signal the familiar, middle-class world. But the suffering conveyed in the faces and postures, a non-specific suffering, is also familiar. Failures at work have caused you—all of us—pain. You have been in that position; you have registered that look. Could that not be *your* face, *your* distress? The generic images invite the exchange of signifiers. These images are not icons of the "other," as in the nineteenth-century psychiatric atlases. They are icons of people like you, of experiences like yours.[14] Perhaps, they are you.

The accompanying text explicitly calls *your* status into question. The bold copy across the top asks, in the format of a questionnaire: "Has social anxiety put your life on hold?" The "yes" box is already checked, a projection carried to the first line of text, also in bold: "You are not alone." SAD, the copy reads, is "an intense, persistent fear and avoidance of social situations" and manifests itself in such signs as blushing and in self-limiting decisions—about school, job promotions, dating, and the like. It "affects over ten million Americans." So many! What are the chances, the ad seems to ask, that you don't have it? The pain is familiar, after all, as the images have already indicated.

[14] Or, alternatively, someone you know. Studies of mental illness help-seeking have long demonstrated the key role that intimates play in encouraging people to label and address a problem. One of the Strattera ads makes this secondary diagnostic audience explicit: "If you, or someone you care about, has felt these symptoms…."

Things may not be what they seem; your experiences may in fact be symptoms. To further promote a diagnosis, three yes-or-no questions are provided. A dashed line around the questionnaire indicates a coupon, and an instruction just below suggests clipping the ad and showing it to your doctor.

In the same time period as the "Life on Hold" print ads were running, a companion television commercial, with the theme "New Hope," was airing in national markets. The voiceover in the commercial closely follows the text of the print ad. It begins with the definition of SAD, asserts that over ten million suffer from it, and then asks, "Do you?" As this is being read, a man is pictured with much the same expression and posture as in the print ad. Next follows a sequence of three scenes of troubled people that correspond with the three diagnostic questions from the questionnaire. The first scene features a man in a darkened room uneasily watching television. He shifts in his chair, giving the remote a twist; his agitation and indifferent expression convey his disquiet. The voiceover asks if your "unreasonable fear of embarrassment" is causing you to "avoid most social interaction." The second scene shows a woman at her desk, head bent, fingers to her forehead. A co-worker gives her a passing reminder tap; a staff meeting is about to begin. She draws a breath and reluctantly stands and turns to go, her pained expression indicating her worry. The voiceover asks if your anxiety around people is "so intense it sometimes feels like a panic attack." The final scene is of a woman at home staring through the curtains from a darkened room. Reflections on the window indicate that it is a nice day and there is activity outside. Her face is drawn; her expression is strained. The ad asks if your "overwhelming anxiety" is impairing your work or social life.

Compared to the print ad, the commercial images convey more emotion and more storylines. Each narrative is a sign system out of everyday life. The "after" scenes in the second half of the commercial (as the side effects are read) fill out the stories. They show that SAD interferes with important social engagements, job success, educational attainment, and romantic involvements. While the questions indicate that the symptoms of SAD are fairly severe, none of the "before" scenes depicts any severe action or emotion. The images and the stories they tell of middle-class people are entirely familiar, generic instances of social isolation. As in the print ad, a diagnosis is projected onto the viewer, but here it takes on greater intensity. The familiarity and force of the images implicitly challenges you to account for how you are different, *not* in fact like the isolated figures depicted. The "after" scenes, initiated by the Paxil product claims, raise the ante. The scenes of joyful social interaction at work and home are familiar too. They are the face of success, and they not only signify the self-transformative power of the drug but also prompt you to compare your self-image and experience with them as well. Perhaps you are not quite what you think you are or might be; perhaps, as the commercial says, "your life"—that is, a more successful life—"is waiting."

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What It Is, What It Feels Like

In mid-2000, GlaxoSmithKline changed marketing firms and launched a new advertising campaign for Paxil. This aggressive campaign of print and television ads returned to the theme of what social anxiety "feels like." Running in the fall of 2000 and spring of 2001, the campaign was quite successful, and the marketing firm, McCann-Erickson, won a bronze Effie Award for the print ad in 2002. This award, presented by the New York American Marketing Association, is given on the basis of campaign results. The award summary noted that, "By building upon its first successful SAD campaign, Paxil looked to attract a broader group of moderate to severe suffer[er]s."[15]

The campaign clearly reflects a broadening of target audience. The questionnaire from the previous campaign, which emphasized the intensity of symptoms, is gone. Far more of the message is carried in images from everyday situations, the very types of performance and social situations—a work presentation, new class at college, wedding—in which many people are likely to experience nervousness and anxiety, quite apart from whether they have a disorder or not.[16] In contrast with the definition of SAD used in the previous ads, the vignettes are not about the "avoidance of social situations" or even about the "intense, persistent fear" of them. On the contrary, all depict social interaction already in progress. SAD, in these ads, is not about social isolation, but painful social experiences.

The print ad is organized around binary images that, while implying before-and-after, are more manifestly a contrast between what is "in your head" and what is "in reality." Two scenes are shown, both involving the same corporate conference room and the same people. The first scene, labeled "what it is," shows a group of five business people—three men and two women—sitting or standing in a semi-circle around the table. They face a sixth figure in the foreground, a man whose back is to the camera. The five are obviously impressed by him. All gaze intently at the man's face. Their facial expressions and body language convey ease and approval. More than that, they appear slightly wowed, one woman extending her hand, palm upward, in a gesture of "aha." No one is speaking; they are admiring the person they see. In the second scene, labeled "what it feels like," the corporate conference room, previously well lit, has been trans-

[15] See <www.effie.org/award_winners>.

[16] In a 2004 commercial for Paxil CR, Glaxo pushed this tactic too far for the FDA. The ad, "Hello, My Name Is," shows a series of "before" vignettes of people in everyday situations—unsure where to sit in a cafeteria, reluctant to attend the office party, unable to ask a woman to dance, and so on. They each wear nametags with words like "fearful" or "nervous" or "self-conscious." In June 2004, the FDA wrote Glaxo asking the company to cease dissemination of the commercial. The letter described it as "false or misleading," in part because it "suggests that *anyone* experiencing anxiety, fear, or self-consciousness in social or work situations is an appropriate candidate for Paxil CR," not just those suffering from the "narrowly-defined and more serious condition of social anxiety disorder" (<www.fda.gov/cder/warn/2004/MACMIS12439.pdf>). Apparently the letter arrived a little too late. The commercial won a silver Effie Award in 2005 for effective marketing. According to Glaxo, it yielded a "47% increase in patient requests and a 69% increase in total written prescriptions"; see <www.effie.org/award_winners>.

formed into an interrogation chamber. The only light comes from a shade close over the man's head, which is now bowed, and strong ropes encircle his slumped shoulders and tie him to his chair. The five observers stare intently at his face. Their physical postures are tense and aggressive; their faces display disbelief, anger, and contempt. No one is speaking; they are reviling the person they see.

The first Paxil campaign sought to foster a rethinking of your status by inviting you to recognize yourself and your experience in the SAD vignettes or to fail to recognize your own life in the images of success. The technique here is somewhat different. You are prompted, to be sure, by the structure of the images to exchange yourself for the man in the chair. However, only seeing his back means you cannot see the face of social anxiety. In this ad you are provoked to identify with a *feeling* of being criticized, not with any particular look or expression of distress. "If this is how you feel," the first line of text reads, "it could be *social anxiety*." The emphasis is on the words "social anxiety," but it is the "could be" that is significant. The syntax invites uncertainty, a reappraisal of negative feelings or experiences. The ad shows a conference room, which is not accidental. Work is a common site of performance anxiety. Yet the context is also generic, interchangeable with other types of social situations, other possible stories. Have you ever felt interrogated by others or wanted to escape their gaze but could not? If you have, then you may have been calling your suffering by the wrong name. Social anxiety is a better name for that feeling, a feeling that Paxil can make disappear. It's time to talk to your doctor.

The companion television commercial works the feeling dynamic even more forcefully. The communication of feeling and perception is carried entirely though the eyes of observers, who look directly into the camera. You enter the subject position involuntarily; it is you they "see." The three vignettes before the Paxil product claims are labeled on the screen as "friday staff meeting," "college chemistry class," and "carl and veronica's wedding." The first shows an ordinary-looking staff meeting in progress with a number of people conferring around a conference table, their voices audible but indistinct. The voiceover says, "what it is." The camera moves to focus in on a woman who is standing. She is looking at you from down the table, and then holding up and pointing at a sheet of paper. She is asking you to answer a question or explain something. Suddenly her image begins to become distorted. The voiceover says, "what it feels like." The camera shifts to a close-up of the faces of a man and woman very near to you. They are saying something to you, but their voices are radically slowed, making them incomprehensible and threatening. Their facial features contort in looks of shock and disapproval. Letters, which had begun to appear on the screen just before, combine into the word "fear."

The next two vignettes, of the class and the wedding, use much the same format and visual techniques to convey "criticism" and "avoidance" respectively. Yet the "feeling" of all three scenes is very similar: a sense of unreality and of suddenly and inexplicably being turned against. No reasons are offered, no buildup shown leading to trouble. The feeling of others' hostility is without warrant. In fact, it exists only in your mind. You

turn the meeting into an interrogation in the print ad; you are the source of distortion in the commercial. "What it is" is quite different. Others don't judge or embarrass or reject you—they admire you. The second half of the commercial shows a small group of stylish and attractive twenty- or thirty-somethings, gathered in an atrium restaurant filled with sunlight and piano music. They are enjoying each others' company. The words "meeting new people" appear on the screen as members of the group turn to encourage you as you approach. They smile broadly, moving closer together in excitement and joint greeting. They want you to be their friend. Not how you feel some—all?—of the time? A disorder could be to blame.

As an account of life events, the chemical imbalance explanation also implies that other possible explanations for one's painful experience…can very likely be ruled out—surely a comforting thought.

More precisely, "a chemical imbalance could be to blame." In the context of the ads, this is presented as good news. The dynamic of motivating a self-diagnosis involves more than an effort to create or heighten unease. Once provoked, the ads also work to relieve some of that tension. The chemical imbalance explanation operates to establish SAD as a physiological problem, much like the other sorts of somatic difficulties regular physicians treat. There are no references here—or in any DTC ads for that matter—to psychiatrists, or "mental illness," or working through complicated issues, or ids and egos. Emphasizing that SAD "could be" a biological problem implies its everydayness, its distinction from personal issues and the psychologically enigmatic. The meaning of experience is straightforward, right on the surface. As an account of life events, the chemical imbalance explanation also implies that other possible explanations for one's painful experience, possibilities that might reflect negatively on one's character or personality, can very likely be ruled out—surely a comforting thought.

Most importantly, the chemical imbalance explanation is connected to the promise of a positive prognosis. The commercial offers a graphical illustration. The camera follows a business commuter, walking in a busy Amtrak station. As the claim about a chemical imbalance is being made, the space before the man—roof, train, and people—divides into small squares and rearranges itself like a Cubist painting. The scene shifts to a bottle of Paxil and then back to the train station as the voiceover says: "Paxil, the only medication proven effective for social anxiety disorder, works to correct this imbalance." The small squares, signifying the out-of-balance brain chemicals, return to their places (normal). The prognosis is positive because, the scene connotes, there is nothing mysterious going on that Paxil can't correct. It can take you to that reality where people admire and befriend you.

The Face of Adult ADHD

Like SAD, adult Attention-Deficit/Hyperactivity Disorder has only recently begun to be talked about as a common problem. ADHD, under various diagnostic names going back to the 1950s, was long thought to be a childhood disorder whose symptoms would disappear in adolescence. Professionals had noted the phenomenon of "adult hyperactives"—those whose disorder persisted from childhood—beginning in the late 1970s, but the notion of "ADHD adults" was slow to catch on.[17] Only in the 1990s did adult ADHD begin to receive attention in the popular media, and only in the fourth edition of the *DSM*, published in 1994, is a place clearly established in the diagnostic criteria. Since then, the number of adults diagnosed with ADHD has risen sharply, as has the number taking attention-deficit drugs. Medication use in the 20–44 age cohort, for instance, doubled between 2000 and 2004, from one-half to one percent of the entire group.[18] Moreover, claims have increasingly been made that it is a vast problem, affecting as many as ten million adults, but one that is radically under-diagnosed.[19]

The idea that adult ADHD is a seriously under-recognized illness has driven the marketing of Strattera from the beginning. The initial marketing efforts, however, made no mention of Strattera. Instead, Eli Lilly ran what are known as "illness-awareness" or "help-seeking" commercials. These advertisements describe the symptoms of a condition and typically encourage viewers to see a sponsored website and visit their doctor to discuss treatment options. In contrast to the product-claim ads, they do not mention a branded drug. Somewhat confusingly and apparently in an effort to focus viewers on attention issues rather than on hyperactivity, all of Lilly's marketing campaigns use an old name, Attention-Deficit Disorder or ADD, for the condition.

Take Control/Find the Explanation

The first commercial began airing in late 2003. As it opens, the camera zooms in on a staff meeting in progress; the boss is talking. A woman, Anne, at the opposite end of the table, is shown next. She has a blank, far away look on her face. As the boss speaks, two disconnected images quickly flash across the screen—a supermarket cart, a traffic signal—each punctuated by a flash of light and a sound like the changing of television channels. Back to Anne, still looking distracted. The voiceover begins: "What if this wasn't your TV? What if it was your mind?" Meanwhile, in rapid sequence, the channels change with images of a flower, a bird, and then a boy. Back to Anne at the meeting; the boss's voice continues in the background. The voiceover returns: "What if your concentration drifted in and out?" More scene shifts between the meeting and

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[17] Peter Conrad and Deborah Potter, "From Hyperactive Children to ADHD Adults: Observations on the Expansion of Medical Categories," *Social Problems* 47.4 (2000): 563.

[18] Gardiner Harris, "Use of Attention-Deficit Drugs Is Found to Soar Among Adults," *The New York Times* (15 September 2005).

[19] See, for example, Shire U.S. Inc., *ADHD and the Family: A Blueprint for Success* (November 2005) 28.

elsewhere. "You'd feel distracted and disorganized; unable to finish things. Like the channel keeps changing in your mind and you don't have control of the remote." In the continuing scene shifts, Anne is shown at home angrily tearing up a paper, looking distressed, reacting in frustration as she spills the contents of her purse. The voiceover tells the viewer: "If you've felt this or a similar kind of frustration most of your life, you may have adult Attention Deficit Disorder." The boss, finished with his presentation, asks: "You guys have any thoughts?" More shifts to images of Anne in distress, then: "What about you, Anne?" A startled Anne looks up, speechless, the voiceover saying, "ADD…a condition your doctor can help treat." All eyes turn toward Anne's end of the table, but the camera has replaced Anne. All eyes turn and look at you, the boss repeating, "Anne?" The ad ends with a pitch to visit a Lilly website, take a "simple test," talk to your doctor, and "take control."

This rapid-fire commercial has some 55 scene changes in 45 seconds. At first glance, the ad seems to be an instance of the "what it feels like" genre. There is a sharp disjunction, however, between what the viewer experiences and what Anne is apparently experiencing. The constant flash of images and sound quickly create viewer overload. At the end of 45 seconds, one has had quite enough. One might expect that Anne, through whose mind these images are racing, would look downright crazed. Yet she does not show signs of distress. The face of ADHD in the meeting scenes is generally calm; the eyes register daydreaming. In the channel changes, there are images of Anne upset, and the implication of their positioning is that these emotional states are the result of poor concentration. But apparently inattention is not a distressing emotional state in itself. The "frustration" of feeling "distracted and disorganized" is not the daydreaming as such; it is the lack of control. At those moments when the boss can be clearly heard, he is saying "we've got our work cut out for us," and "sales are down." There are problems at the company. Anne needs to be paying attention. When the boss calls on her and the other heads turn to look, all are deadly serious. Anne needs to perform; the consequences of failure are going to be unpleasant. And she would have been ready, the ad implies, if she had been concentrating. The disconcerting feel of the channel changing was a signal to the viewer that trouble was afoot, that Anne's inattention, her seemingly normal inattention, was not under her control. Taking the diagnostic test for adult ADD is the first step to "take control."

The second illness-awareness commercial was aired by Lilly in the summer of 2004. It uses a similar rapid-fire approach, with some of the same images and the channel-changing theme. Anne, however, is no longer the face of ADHD. Images of the business meeting are interspersed in the commercial, but Anne is not present. The voiceover again addresses you, while "your concentration" is more directly signified by the channel changing, and you occupy the place of Anne at the business meeting. The exchange of signifiers is already done: the face of ADHD is yours. More directly than in the ads for Paxil, the text emphasizes the disorder as an account for past experience: "Adult ADD could be why it is so hard to sit still or remember appointments or obligations or why you feel distracted, disorganized, unable to finish things." The final line, following

the instruction to "take the first step" by visiting the website, taking the diagnostic test, and discussing the results with your doctor, holds out this arresting possibility: "You may finally find the explanation you have been looking for all your life." ADHD, then, may be only part of your suffering. Another part has been the inability to explain to yourself or others *why* you cannot "remember appointments" or "finish things." This suffering, the ad implies, the diagnosis itself can relieve.

Stay Focused

The second marketing campaign, a television commercial and print ad for Strattera, ran from spring 2004 to spring 2005. The first half of the commercial is a shortened version of the "take control" ad. Anne is again the face of ADHD. One symptom, "restlessness," is added to the earlier list. In conventional fashion, the product claim comes at the midpoint. It is very brief: "…prescription Strattera, the first FDA approved medication for adult ADD. Strattera can help you stay focused so you can get things done at work and at home." In the balance of the ad, as the product claim continues and the side effects and contraindications are read, nine "after" scenes, now coming more slowly, show Anne happily functioning in routine ways at home and at work. She is "getting things done." She can finally "stay focused."

The print ad ran for more than a year in 2004–05, in publications like *Time* and *Health*. The earlier commercials convey the message that, like Anne, your failure to perform as well as you might indicates that you "could be" suffering from adult ADHD. You just haven't understood it. The print ad is organized to suggest a reason for the misrecognition. Six pictures and two blank spaces, each the same size, are arranged in two rows over the top area of the ad. The pictures come from the television commercial. Grouped in pairs, they are of the face and shoulders of Anne. The first pair shows Anne, eyes staring into the distance, looking lost in thought. The pictures are identical, but one is labeled "distracted?" The next pair shows Anne looking down, both hands raised to her head in a gesture of aggravation. The pictures are identical, but one is labeled "frustrated?" The third pair shows Anne sitting, leaning on an elbow with her hand on her forehead. Papers are scattered on her desk; her face registers a look of despair. Again, the pictures are identical, but one is labeled "disorganized?" Another question is posed in a box just below the pictures: "Modern Life or Adult ADD?" The layout of the pictures and blank spaces suggests one of those sliding-tile puzzles in which the object is to rearrange the moveable squares with your thumbs to make a picture. Can you, the question challenges, rearrange the pictures so as to put the "Modern Life" depictions in one row and the "Adult ADD" in another?

Of course, the puzzle cannot be solved. The pictures are identical. They signify that there is no observable difference between a disordered state and the normal state of modern life. Are you Distracted? Frustrated? Disorganized? Why? How do you account for your experience? The ad text begins, "Many adults have been living with Adult Attention Deficit Disorder…and don't recognize it." And they don't recognize it because the symptoms "are often mistaken for a stressful life." The images explain why the mis-

take is so easy to make. The experiences of stress in modern life and the symptoms of ADHD look exactly alike. Both explanations can account for the same problems. The explanations, however, are not equivalent. The ADHD account contains a promise and creates an imperative to act. Now you know that you may have a "condition" and one that "your doctor can diagnose and treat." Now you know that a medication is available "that helps you stay focused, so you can get things done." And now that you know that a better account is available, you need to explore it further. An attached card has a checklist of six questions about "how you have felt and conducted yourself over the past six months." The first is: "How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?" Any answer above "rarely" scores as a "symptom." You are on your way.

Renaming Everyday Suffering

Nineteenth-century psychiatrists understood mental illnesses as biological malfunctions that could be diagnosed on the basis of external physical indicators, especially facial expressions. Until cured, the mentally ill were different, and they looked different. The illustrations and photographs in the psychiatric atlases aimed to demonstrate the difference, to facilitate diagnosis by showing the distinguishing features. Today, no one officially believes there is some unique physiognomy to mental illness. But in the ongoing debate over the practice of DTC advertising, there are those who seem to hold that the portrayal of psychiatric conditions in these ads operates in an analogous fashion to the old atlases. In their arguments for the public health benefits of DTC advertising, proponents describe the function of the ads as prompting sufferers of a mental illness to recognize their problem and seek professional help. What this position seems to imply is that mental illnesses have distinguishing features, a look and a feel, which marketers can accurately capture and *visually* display. And, as a result, the display will have a beneficial impact on the mentally ill, without impact on anyone else.

Mental disorders and the normal vicissitudes of life are not the same thing. With their representations of mental illness, DTC ads seek to undermine this boundary.

Based on the ads studied here, I have argued that the iconography of DTC ads works in a fashion not analogous to but rather quite the opposite of the psychiatric atlases. To varying degrees, the "before" images are deployed to reduce or flatten, not highlight or display, a sense of distinctiveness to mental illness. In the context of the ad, the purpose of the images is to foster recognition of self, to provoke an emotional connection with stories that overlap with our own, to bring to mind our own painful feelings of isolation and ineffectiveness, to challenge our existing account of those experiences and rename them as symptoms. Psychiatry insists that disorders like SAD and ADHD are medical conditions and not another name for shyness or being scatterbrained. Mental disorders and the normal vicissitudes of life are not the same thing. With their representations

of mental illness, DTC ads seek to undermine this boundary. They facilitate a renaming of experience by showing how mental illness and everyday sufferings look and feel alike—how, as in the Strattera ad, there is no discernable difference between the two.

The portrayal of mental distress in DTC ads is directed to, and in part reinforces, a larger crisis of the spirit far beyond psychiatric disorder. The ads, of course, never actually say you have a particular condition, just that your experience "could be" an indication that a disorder is present. As with the Chanel No. 5 ads, you have to complete the unspecified but necessary exchange of signifiers. Presumably some percentage of those who identify their face and their feelings with those signified in the ads actually suffer from a debilitating condition. So much to the good. But as the marketers are perfectly aware, the pervasive dissatisfactions of modern life affect far more people than the mentally ill. The DTC ads expropriate and project images of aloneness and sadness, frustration and a sense of being beleaguered, insignificance and fragmentation. As many writers have chronicled, all are pervasive features of contemporary lived experience. DTC images resonate so widely because these feelings are so commonly felt. Despite all the talk of self and of empowerment, the self grows dimmer. DTC ads speak to this condition and they ask us to rename it. They promise that if we do, we will be transformed.