

Changing Views of Depression: Messages in Antidepressant Advertising

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**Abstract**

Media influences our views of certain issues in society. Advertising is a type of media used to convey information about products to the general public. In the case of medications, such as antidepressants, advertisements impart a message about illness and the people who suffer from them. The public view of antidepressants and those who take them has shifted over time, shown by changes in the advertising field and in the diagnostic criteria. This information can be used to change certain types of advertising in order to sway public opinion of important issues, such as increasing respect for those with mental illness.

### Changing Views of Depression: Messages in Antidepressant Advertising

When browsing galleries full of vintage psychiatric medication ads in the early days of psychology, advertisements showed a clear negative bias when portraying mental illness. Advertisements often portrayed patients as being crazy or unable to function when they were experiencing something as mild and natural as menopause or stress. This negativity conveyed a stigma about those who suffered from mental illness. This paper will present research on themes present in these advertisements and on the persistence, or lack thereof, of the themes in today's advertisements for psychiatric drugs, specifically those for antidepressants. The message that mental illness is wrong or abnormal is offensive to those who have experienced it, and society absorbs these ideas subconsciously through subtle themes present in the media. The purpose of this paper is to research how this negative view of mental illness is conveyed through advertising in the past and to see if this message has changed in present day advertisements.

Comparing the messages conveyed in antidepressant advertisements in the past and today is needed to analyze the messages that they present about mental illness. This paper will present an in depth analysis of five advertisements from the past and five advertisements from the present day. This paper will also compare the results of the analysis to changes in the Diagnostic Statistical Manual (DSM) in order to see if changes in advertising have come from changes in diagnosis of depression. By analyzing the messages as well as the common themes present in the advertisements, it is possible to compare and contrast the views of mental illness from the past and present. Analysis will consist of dissecting each of the advertisements using SAMIAM, or identifying the sender, audience, message, intention, appeal, and means.

### Definition of Depression

According to the DSM-IV, depression requires the following to be diagnosed:

A. Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.

Note: Do not include symptoms that are clearly due to a general medical condition, or mood-incongruent delusions or hallucinations.

(1) Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful). Note: In children and adolescents, can be irritable mood.

(2) Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation made by others).

(3) Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day. Note: In children, consider failure to make expected weight gains.

(4) Insomnia or hypersomnia nearly every day.

(5) Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down).

(6) Fatigue or loss of energy nearly every day.

(7) Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick).

(8) Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others).

(9) Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide. (American Psychiatric Association [DSM-IV-TR], 2000)

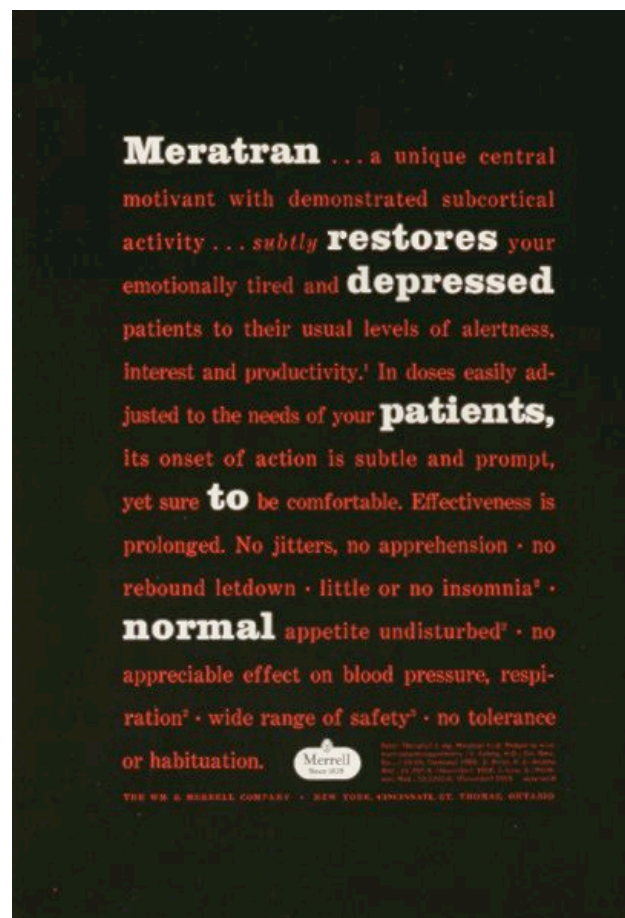
### Analysis of Vintage Advertisements



**Figure 1: Dexamyl Advertisement.** A vintage Dexamyl advertisement.

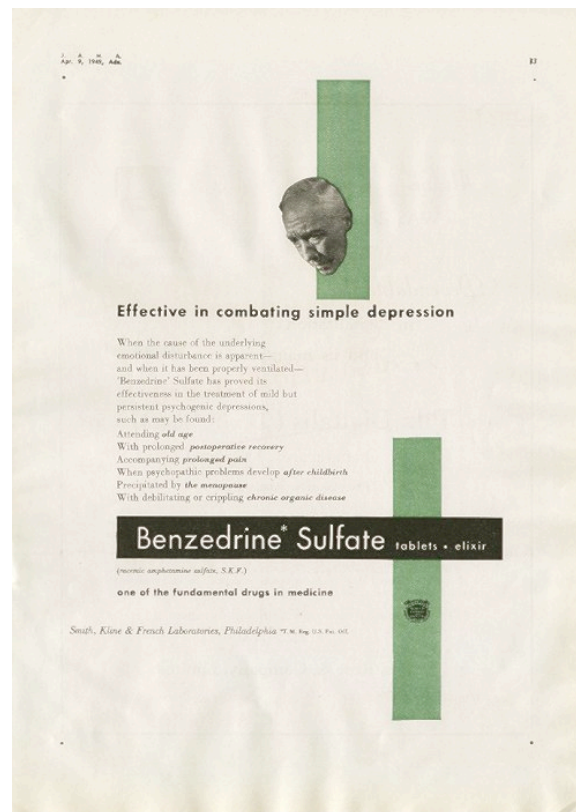
This first vintage advertisement is advertising Dexamyl, an antidepressant that was distributed by Smith, Kline, and French. The audience appears to be the general public because the language is simple and accessible. The message of their ad is that Dexamyl is a fast acting mood enhancer that shows improvement in as little as 30 minutes. In addition to lifting mood, the

advertisement quotes a doctor as saying that it also helps patients become more communicative. Despite saying nothing about housework or women in the text, the picture of a woman vacuuming implies that the medicine would likely be used on women.. Since it is aimed at the general public, the advertisement's goal would be for a caregiver of a patient to see it and to inquire about it at the doctors. It is unlikely that the ad was directed directly at the patient because the advertisement refers to the patient as “the patient,” not “you.” It seems as if the senders do not believe that the patient could be aware of what is wrong with them. The intention behind this advertisement shares a similarity with the rest: make the drug appear to be the best one available for the depressed consumers.



**Figure 2: Meratran Advertisement.** A vintage Meratran advertisement.

A company called Merrell is the sender of this next advertisement. The audience is clearly for doctors because the text refers to those who would be using the medication as “your patients.” By bolding certain words, the message can be grasped easily: Meratran restores depressed patients to normal. Since this advertisement is directed at doctors, the advertisement persuades doctors to treat their patients with Meratran. This advertisement highlights the fact that Meratran has limited physiological damage on the patient, which makes it sound clinical and usable as if in a hospital setting. The use of the word patient in this advertisement and the previous advertisement emphasizes the idea that having depression is wrong and constitutes an illness. The intention of this advertisement is to make doctors aware that this drug is available and to convince them to use it on their patients.



**Figure 3: Benzedrine Advertisement.** A vintage Benzedrine advertisement.

Smith, Kline, and French laboratories distributed this advertisement for Benzedrine Sulfate. Because of a lack of clinical language, the advertisement appears to be directed to caregivers of the depressed instead of doctors, and the lack of appealing to patients suggests that it is not directed to them. The advertisement proclaims Benzedrine as “one of the fundamental drugs in medicine.” It lists a few ways it can be used, from combating depression due to old age to helping with the emotional side effects of menopause. The picture is of a clearly upset old man. Unlike previous advertisements, this advertisement does not show a woman or refer to the depressed person as a patient. It does suggest that the emotional effects of menopause are to be categorized as a mental illness, even though it is a natural process. The intent of this advertisement is to show that their drug can be used to treat many different causes of depression. It is trying to get the patient or caregiver to approach a doctor for more information.



**Figure 4: Thorazine Advertisement.** A vintage Thorazine advertisement.

This advertisement is for Thorazine, but there is no indication of who the sender is. We can assume that it would be the company that distributed Thorazine, which would be Smith, Kline, and French. The audience is difficult to determine because it is not stating anything other



than that the drug helps people return to a normal life after being hospitalized. It refers to the woman as a patient, suggesting that the target may be a doctor. However, it would just be notifying the general public that their drug works, and there may not be any other intention. Once again, this advertisement shows a woman. The fact that a medication was the difference between hospitalization and freedom suggests that her illness must not have been too bad, but in those days, it was seen as requiring hospitalization since it was a disease. The intention and audience, as stated earlier, are difficult to determine because of the ambiguity of the advertisement.



**Figure 5: Milprem Advertisement.** A vintage Milprem advertisement.

Milprem is currently distributed by MedPointe healthcare. This advertisement targets women going through menopause, but because of the clinical language, it may also be targeted at doctors. It discusses how women going through menopause need two types of symptoms

relieved, psychological and physical. For the psychological issues, such as depression and irritability, the medication contains an antipsychotic. For physical problems due to hormonal imbalance, the medicine contains equine estrogen—estrogen found in horses. The fact that such extreme remedies were used for naturally occurring phenomena seems to be representative of all psychiatric medication at that time. The intention of this advertisement is to persuade doctors, patients, and caregivers to look into using this drug.

### Patterns in Vintage Advertisements

My analysis, thus far, has made a few themes stand out. First, there was an overwhelming amount of advertisements that targeted women and that suggested that their emotional issues were equivalent to mental illness. Another theme was the targeting of doctors or caregivers, not patients. There is an underlying idea that patients were unaware that something was wrong with them, or that they couldn't take responsibility for their own medication and help. Furthermore, problems that today would not require hospitalization, such as depression, were seen as mental illness severe enough to merit tranquilizers or antipsychotics.

### Current Advertisements



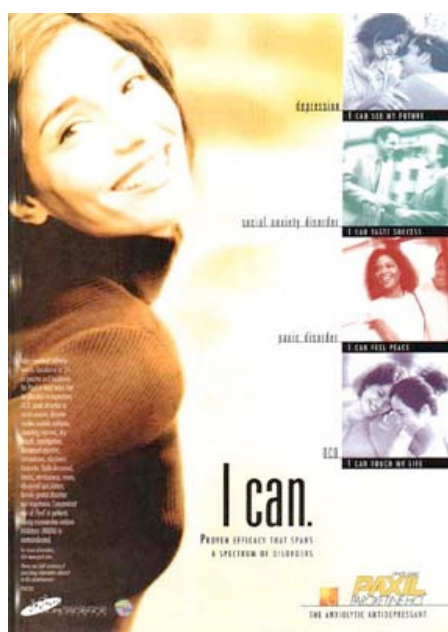
**Figure 6: Effexor Advertisement.**  
A current Effexor advertisement.

We immediately see a huge change between vintage and present day ads. This advertisement is for Effexor XR, a drug manufactured by Pfizer. The first thing to notice is that the advertisement addresses the reader directly, suggesting that the patient has control over their condition and is aware of it. Next, the advertisement states that the reader has options and that the drug will provide “the change you deserve.” This is a positive message, very different from earlier messages of the patient not being aware of their condition or incapable of caring for themselves, or portraying them as sick people. Telling someone that he or she deserves to be happy is a leap from institutionalizing someone for depression. The intention of this advertisement is to have readers ask their doctors about this medication. The appeal of this advertisement, which was completely absent from previous ads, lies in the bright colors, positive words, and picture of a happy woman.



**Figure 7: Wellbutrin Advertisement.** A current Wellbutrin advertisement.

Wellbutrin XL is an antidepressant that is distributed by GlaxoSmithKline. This advertisement targets the reader and not a caregiver or a doctor. It appeals to readers' desire for lack of side effects present in many other antidepressants, such as weight gain, and, in this case, the advertisement is highlighting a lack of sexual side effects. The people in the advertisement are smiling and happy because their sex life has remained healthy. The fact that an antidepressant advertisement is targeting sexual ability rather than the depression itself shows that drug companies now believe that people can have a life outside of their depression and can continue everyday activities and relations. In previous advertisements, it was thought that depressed people were unable to function and should be institutionalized. This advertisement also focuses on a man's sexual issues and not the woman's, even though she is in the picture. Perhaps this represents an open mindedness about the truth that men get depressed too. The intent of this message is to promote the idea that you can continue to have a normal life even with depression with the help of their medication and to persuade people to talk to their doctor about how to do that. Similar to the previous advertisement, happy people in the advertisement shows that the medicine is effective.



**Figure 8: Paxil Advertisement.** A current Paxil advertisement.

Paxil is also distributed by GlaxoSmithKline. This advertisement is directed to the reader and shows a woman smiling and saying the positive affirmation “I can.” It shows people on the sidebar engaging in different types of relationships—friendships, romantic, mother/daughter—which suggest that the medicine will help you feel like being with people again. The intent is to inspire people suffering from depression to seek help in order to feel happy and to engage in these relationships again. Once again, by using photos of happy people and positive words, the advertisement suggests that medicine will be effective.



**Dishes piling up in the sink?**

**Zoloft**

**Could Zoloft be right for you?**  
Take this self-quiz.

Have you experienced any of the following?  
Check those that apply or might possibly apply:

Trouble concentrating?	<input type="radio"/> YES	<input type="radio"/> NO
Crying or thoughts of crying?	<input type="radio"/> YES	<input type="radio"/> NO
Feelings of sadness?	<input type="radio"/> YES	<input type="radio"/> NO
Low energy, fatigue?	<input type="radio"/> YES	<input type="radio"/> NO
High energy, restlessness?	<input type="radio"/> YES	<input type="radio"/> NO
Loss of interest in certain activities?	<input type="radio"/> YES	<input type="radio"/> NO
Unexplained pain or headaches?	<input type="radio"/> YES	<input type="radio"/> NO
Lack of motivation?	<input type="radio"/> YES	<input type="radio"/> NO
Stress?	<input type="radio"/> YES	<input type="radio"/> NO
Worry?	<input type="radio"/> YES	<input type="radio"/> NO
Lack of involvement with family or friends?	<input type="radio"/> YES	<input type="radio"/> NO
Over-dependence on family or friends?	<input type="radio"/> YES	<input type="radio"/> NO

If you took this quiz, Zoloft is probably right for you.  
Ask your doctor about Zoloft.

**Figures 9 & 10: Zoloft Advertisements.** Two current Zoloft advertisements.

These two advertisements show a less positive side of the current antidepressant advertising. Pfizer, the distributor of Zoloft, distributes these advertisements. Both advertisements target and engage the reader by asking if the reader's dishes are piling up or instructing the reader to take a self-quiz to see if the reader is depressed. The fact is that most Americans probably have some “dishes in the sink” or some level of stress. Most people would answer the questions on the self-quiz with yes.. It does not mean that you are depressed. If we look at the diagnostic criteria for depression, all of these things may fall into the diagnosis, but the quiz does not mention that these factors must occur at an extreme level to be considered

depression. For example, everyone has trouble sleeping occasionally, but to be eligible to be criteria for depression, it must include “insomnia or hypersomnia nearly every day.” This self-quiz is misleading and may lead people to think they are depressed, causing them to inquire about the drug to their doctor. By appealing to people’s fears and hypochondrias, the companies hope to make money off of them.

### **Patterns in Present Day Advertisements**

Many of the present advertisements showed happy people and positive words, encouraging people to get help in order to live life the way they want to. There was a noticeable absence of words like “patient” or “mental illness,” and depression was treated as a normal thing. In fact, in some ads, like the Zoloft self-quiz, the company made it seem like everyone could qualify as depressed, despite the fact that the DSM has much stricter criteria.

### **Comparing Present and Past**

Past advertisements focus on the idea that depression is a mental illness and that those who suffer from it belong in a hospital because they can’t function for themselves. Present day advertisements focus on positivity, encouraging people who have been saddled with depression, a normal thing, to seek help because they deserve to be happy. They take it one step further by trying to convince people that they are depressed by suggesting that normal emotions could be caused by depression. In the past, there was an aversion to people with depression; today, advertising wants to attract people with (and without) depression to take the medicine so that the companies can profit.

### **Changing Views Along With Changing Messages**

When researching possible causes of changing messages in advertising of antidepressants, it is helpful to research how the definitions of depression have changed over time. DSM-I, the

first installment of the diagnostic manual did not have a name for depression as we know it today, but the closest definition belongs to “Depressive Reaction.” Depressive Reaction is a disorder that is due to a loss in the patient’s life and is often accompanied by feelings of guilt over past failures (American Psychiatric Association [DSM-I], 1952). The DSM-I listed no symptoms for Depressive Reaction. In DSM-II, Depressive Reaction was renamed to Depressive Neurosis and moved from the psychoses category into neuroses. It is defined as an excessive depressed reaction to a loss in life, such as a loved one or cherished possession. (American Psychiatric Association [DSM-II], 1968). The change from being a psychosis to being a neurosis is significant because “The neuroses, as contrasted to the psychoses, manifest neither gross distortion or misinterpretation of external reality, nor gross personality disorganization” (DSM-II, pg. 40, 1968). Neuroses are less severe because the patient is aware of their dysfunction, which indicates a change in the perception of depression. The DSM-III changed the name of depression once again to Major Depressive Episode. The disorder includes change in appetite, trouble sleeping, decreased energy, feelings of worthlessness, trouble focusing, and thoughts of death and suicide. There is a lack of pleasure and a feeling of not caring anymore (American Psychiatric Association [DSM-III], 1980). The DSM-III not only has five pages of information about Major Depressive Episode, but also it has a list of diagnostic criteria instead of a description of symptoms. Furthermore, it has been moved from the neuroses category to the affective, or mood disorders, category. The DSM-IV, the current installment of the DSM, lists the same symptoms as the DSM-III, but is stricter on their criteria for diagnosis. For example, insomnia must be experienced every day, not just occasionally, and weight change must be a 5% drop or gain (American Psychiatric Association [DSM-IV], 1994).

Over time, depression has gone from a psychosis to a neurosis to an affective disorder.

That alone is enough to show that the view of depression has changed. Also, by observing the amount of detail increasing as far as information, diagnosis, and treatment goes, society has shown larger amounts of respect and enthusiasm towards individuals with depression.

### **Conclusion**

The definition and criteria for depression have changed over time, and advertisements have changed to mirror this change. Along with these changes, there have been changes in the way people with depression are viewed. Advertising and media have a great influence on the way that the public views certain issues. By changing advertising for antidepressant drugs, we can change views of depression. Recently, antidepressant advertisements have focused on positivity, which is a step in the right direction. Another less desirable trend is that of self-diagnosis, which can be dangerous and may lead to overmedication in our society. Advertisements do not use the criteria present in the DSM, and, instead, use more general terms that anyone could answer “yes” to. Since we know that advertising corresponds to perception of depression, the next step would be to encourage an end to self-diagnosis and to enforce the use of the DSM to ensure that only people who actually need medication get it, while still ensuring that those who suffer from depression are not seen in a negative light.



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