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"Your Life is Waiting!": Symbolic Meanings in Direct-to-Consumer Antidepressant Advertising

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“Your Life is Waiting!”
Symbolic Meanings in Direct-to-Consumer Antidepressant Advertising

By Jean M. Grow, Jin Seong Park, and Xiaoqi Han

This semiotic analysis demonstrates how pharmaceutical companies strategically frame depression within the hotly contested terrain of direct-to-consumer (DTC) advertising. The study tracks regulation of the pharmaceutical industry, relative to DTC advertising, including recent industry codes of conduct. Focusing on the antidepressant category, and its three major brands—Paxil (GlaxoSmithKline), Prozac (Eli Lilly), and Zoloft (Pfizer)—this comparative study analyzes 7 years of print advertising following deregulation in 1997. The authors glean themes from within the advertising texts, across the drug category and within individual-brand campaigns. The findings indicate that DTC advertising of antidepressants frames depression within the biochemical model of causation, privileges benefits over risks, fails to adequately educate consumers, and frames depression as a female condition. The authors close with commentary on the potential implications, with particular focus on the new codes of conduct, and offer suggestions for future research.

> We must ask ourselves: “Are these ads, which we know are costing billions, properly educating patients or just peddling expensive products?”
>
> Bill Frist, Senate Majority Leader (Thomaselli, 2005, n.p.)

On August 2, 2005, the Pharmaceutical Research Manufacturers of America (PhRMA) released its voluntary code of conduct for direct-to-consumer (DTC) advertising of pharmaceuticals (Appendix A). The release of these guidelines reflects the pharmaceutical industry’s efforts to refurbish its tarnished image in the wake of drug recalls and growing criticism of DTC advertising (Thomaselli, 2005). Yet, for an industry that spends U.S. $4 billion on its advertising (Thomaselli, 2005), only time will tell if this public relations effort also ultimately benefits consumers.

Concerns about the best interests of consumers are at the heart of the heated debate about DTC advertising (Hollon, 2005; Mehta & Purvis, 2003; “The New Face,” 2005; Paul, Handlin, & Stanton, 2002; Thomaselli, 2005). Proponents claim that DTC advertising is a powerful educational tool that increases awareness about health issues, offers consumers choices in their health care, and encourages medication compliance (Calfee, 2002; Mehta &

Purvis, 2003; “The New Face,” 2005). Opponents charge that DTC advertising is a biased informational resource that does not adequately explain side effects and negatively affects the doctor-patient relationship, needlessly driving up drug costs (Davis, 2000; Hollon, 2005; Holtz, 1998; Lexchin & Mintzes, 2002; Mehta & Purvis, 2003; “The New Face,” 2005; Paul et al., 2002).

Previous studies addressing DTC advertising have, in general, quantitatively examined content and effects (Foote & Etheredge, 2000; Hollon, 2005; Holtz, 1998; Kravitz et al., 2005; Lexchin & Mintzes, 2002; Parker & Delene, 1998; Wilkes, Bell, & Kravitz, 2000), addressed information utility and consumer response (Calfee, 2002; Huh, Delorme, & Reid, 2004; Mehta & Purvis, 2003; Pinto, Pinto, & Barber, 1998; Vatjanapukka & Waryszak, 2004; Wilkes et al., 2000), and analyzed physicians’ attitudes to DTC advertising (Copeland, 2001; Hollon, 2005; Holtz, 1998; IMS Health, 1998; Kravitz et al., 2005; Sylvain, 2005). However, few studies have provided qualitative, in-depth analysis of texts as a means of exploring message content and their implied meanings. Even fewer have focused on a single drug category— antidepressants.

Overall, the literature on DTC advertising of antidepressants is limited. Studies by Goldman and Montagne (1986) and Stimson (1975) address this category; however, their work does not reflect advertising since deregulation. Hansen and Dawn’s work (1995) addresses portrayals of females who are elderly, whereas Lõvdahl, Riska, and Riska (1999) examined this category internationally. Kravitz et al. (2005) published their groundbreaking study on consumer requests for antidepressants and the subsequent effects on prescribing rates. Hollon (2005), Holtz (1998), Kravitz et al. (2005), Mehta and Purvis (2003), and Paul et al. (2002) implied the need for studies that address message content within DTC advertising. Hollon (2005) and Kravitz et al. (2005) suggested the need is particularly salient for drug categories that are either controversial or address vulnerable populations, both of which apply to antidepressants. We believe that the current study, focusing on how DTC print advertising of antidepressants in *Time* and *Reader’s Digest* frames depression, is significant.

DTC Advertising and Depression

Direct-to-consumer advertising of prescription drugs has been defined as “any promotional effort by a pharmaceutical firm to present prescription drug information to the general public through the lay media” (Kessler & Pines, 1990, p. 2410). However, more recent literature suggests that DTC advertising generally refers to the traditional print and television advertising. In today’s marketplaces, any DTC marketing will necessarily involve multiple layers of marketing communications. However, for the current study when referring to DTC advertising, we refer to traditional advertising and not promotion.

The pharmaceutical industry utilizes the advertising effectiveness model, which focuses on exposure, awareness, and action. This model

> holds that (1) advertisement exposure raises consumer awareness of conditions and treatments; (2) increased awareness motivates patients to seek medical care and request drug therapy; and (3) patients' requests lead, ceteris paribus, to increased prescribing. Drug manufactures endorse this model to the tune of $3.2 billion per year. (Kravitz et al., 2005, p. 1999)

It is interesting to note that the United States is the only industrialized country that utilizes this model because it is the only industrialized country, other than New Zealand, that permits DTC advertising (Hollon, 2005).

The American Psychiatric Association (APA, 2000) describes *depression* as a clinical course "characterized by one or more Major Depressive Episodes, without a history of ever having had a manic, mixed or hypomanic episode, and not due to a general medical condition or substance-induced mood disorder" (p. 345). Symptoms of major depression, four of which must be present for a diagnosis, include changes in appetite, weight or sleep patterns, decreased energy, feelings of worthlessness or guilt, difficulty concentrating or making decisions, or recurrent thoughts of death or suicide (APA, 2000).

The APA (2000) stated that treatment options for depression include psychotherapy (including cognitive and behavioral therapies), drug therapy, physical exercise, and electro-convulsive therapy. Some studies suggest that psychotherapy, especially the cognitive approach, can be highly effective (Gardner, 2001). Psychotherapy is also considered to be equally effective to drug therapy in cases of mild to moderate depression (Altshuler, Hendrick, & Burt, 1998). Still other studies suggest that drug therapy or a combination of drug and psychotherapy are effective (Altshuler et al., 1998; Carmen, Russo, & Miller, 1981; Copeland, 2001). The number of patients who were depressed and were treated with prescription drugs increased from 37.3% in 1987 to 74.5% in 1997 (Altshuler et al., 1998). At the same time, the use of psychotherapy declined slightly, despite its recognized effectiveness (Altshuler et al., 1998; Kotulak, 2002; Vedantam, 2002). Furthermore, the "percentage of patients who are helped by psycho-therapeutic drugs is much lower than commonly claimed" (Valenstein, 1998, p. 165). Gender also appears to complicate diagnosis with diagnosis being consistently higher among females (Altshuler et al., 1998; Copeland, 2001; Nadelson & Dickstein, 1998; Weiss & Lonnquist, 1997), at a rate of three to one to males (Copeland, 2001; Gardner, 2001).

Depression carries social stigma and is often still considered a taboo subject. The Mayo

Clinic ("Mental Illness and Stigma," 2005) describes *stigma* as a mark of disgrace or shame, which often fuels inaccurate perceptions of depression. Silenced by social stigma, some consumers are reticent to discuss depression or seek information. Stigma and overlapping symptoms can complicate depression diagnosis. Thus it is fair to suggest that DTC advertising of antidepressants may target a vulnerable population (Altshuler et al., 1998; Carmen et al., 1981; Copeland, 2001; Hollon, 2005; Kravitz et al., 2005), and it is this vulnerability that makes DTC advertising of antidepressants among the most controversial (Altshuler et al., 1998; Copeland, 2001; Kravitz et al., 2005).

Medical literature suggests two main theories of causation: the biochemical theory, also known as the medical model, and the psycho-social theory. The biochemical theory suggests that mental health disorders arise "from internal causes . . . resulting in impaired social functioning" (Weiss & Lonnquist, 1997, p. 75). This theory focuses on irregularities in brain chemistry to conceptualize depression. The psycho-social theory suggests that stressful personal and social situations are the explanation for most depression. Stressful situations may include poverty, marital discord, death of significant others, and low self-esteem (Freden, 1982). Scholars in psycho-social traditions point out that many of the depression-inducing life experiences are associated with demographic factors that include gender (Stoppard, 2000).

The Pharmaceutical Industry and Advertising Regulation

Pharmaceutical manufacturers have been advertising for nearly 70 years. The Food and Drug Administration (FDA) implemented regulation for the pharmaceutical industry in 1938. This early regulation addressing advertising to physicians is still the standard by which all drug advertising is judged; however, much has changed since 1938. First, advertisers are more skilled at research than ever before, and audience segmentation is now highly sophisticated. Second, new media have emerged, and advanced technology has enhanced advertisement production quality. Finally, consumers' desires for, and access to, information has rapidly expanded. Nonetheless, only two major changes have occurred in FDA regulations for the pharmaceutical industry since 1938.

First, in 1985, DTC advertising in print took off when a government notice stated that "current regulations governing prescription drug advertising provide sufficient safeguards to protect consumers" (Holtz, 1998, p. 202). Despite the fact that the FDA regulations from 1938 focused on advertising to physicians, these same standards are applied to consumer advertising. Specifically, DTC print advertisements must include brief summaries to fulfill FDA requirement (Holtz, 1998). This simply means that advertisers must list the same information in consumer

advertisements that they list in physician advertisements, with no consideration for the educational variance between consumers and physicians (Holtz, 1998).

Second, in 1997, the FDA relaxed its restrictions on broadcast DTC advertising. Since then, antidepressants have become one of the most heavily advertised drug categories (Rosenthal, Berndt, Donohue, Frank, & Epstein, 2002). The relaxed restrictions and new focus on consumers has led to an "explosion" of DTC advertising (Paul et al., 2002), including huge increases in print advertising budgets (Bell, Wilkes, & Kravitz, 2000; Paul et al., 2002). The limited range of advertised drug types suggests that the drugs chosen for intensive advertising are those that consumers may be most receptive to, not necessarily those that are in the best interest of overall consumer health. "Just 20 prescription drugs account for about 60 percent of the total industry spending on DTCA" (Hollon, 2005, p. 2030).

Advertising spending across the pharmaceutical industry is extensive, with some advertising agencies focusing exclusively on this lucrative category (Courtney, 2003). In 2002, Paxil, handled by McCann-Erickson Consumer Health, was number 8, and Zoloft, then handled by Deutsch, was number 20, on the list of 20 top DTC drugs advertised. Paxil had advertising expenditures of $91,418,000, while $65,547,00 was spent on Zoloft ("The Tipping Point," 2003). Pfizer, Zoloft's parent company, was the top spending advertiser for DTC pharmaceuticals, while GlaxoSmithKline, the parent company of Paxil, was the number 2 spender on DTC advertising ("The Tipping Point," 2003). In 2001, Lilly's patent on Prozac expired. Had the Prozac brand still been on the market in 2003, there is no doubt it too would have been on the top spenders list.

By 1998, the pharmaceutical industry was spending $1.3 billion annually on DTC advertising, reflecting "a 20-fold increase over 1991 spending, and more than U.S. companies spent on advertising beer" (Paul et al., 2002, p. 565). A 134% increase in pharmaceutical sales between 1997 and 2000 reflects the fruits of this advertising expenditure (Paul et al., 2002). During this same period, print media expenditures also ballooned from $573 million to $898 million, representing a 57.3% increase (Paul et al., 2002). By 2003, $3.2 billion was being spent on DTC advertising (Hollon, 2005; Kravitz et al., 2005; Paul et al., 2002; Sylvain, 2005). Hollon (2005), in an editorial in the *Journal of the American Medical Association*, called this spending an "uncontrolled experiment" (p. 2030).

Concerns of DTC Advertising

The current study addresses six major concerns of DTC advertising. First, DTC advertising may not as effectively educate consumers as the pharmaceutical industry claims (Hollon, 2005; Holtz, 1998; Kravitz et al., 2005; Lexchin & Mintzes, 2002; Paul et al., 2002). The

brief summaries required by the FDA do not address the educational variances between consumers and physicians (Holtz, 1998), nor does their placement on a separate page enhance the advertising's educational value (Hollon, 2005). The separation between brief summaries and the color image advertisements are far from the educational tool that the pharmaceutical companies claim (Hollon, 2005; Vatjanapukka & Waryszak, 2004).

Second, balance between risk and benefit information is lacking. Weak regulation has allowed the pharmaceutical companies to focus on the benefits of the drugs and downplay their risks (Hollon, 2005; Holtz, 1998; Paul et al., 2002; Sylvain, 2005; Vatjanapukka & Waryszak, 2004). "The standard practice seems to be to list the top three (risks); however, this may be grossly inadequate" (Holtz, 1998, p. 215). The lack of clear risk information is one of the strongest rallying points for opponents of DTC advertising (Davis, 2000; Lexchin & Mintzes, 2002; Mehta & Purvis, 2003; "The New Face," 2005).

Third, concerns about the impact of DTC advertising on the doctor-patient relationship remain (Hollon, 2005; "The New Face," 2005; Paul et al., 2002; Sylvain, 2005). Direct-to-consumer advertising adversely affects prescribing rates, which go up "several fold" when patients request a drug, suggesting that "physicians may not be the stalwart intermediary that the law assumes" (Kravitz et al., 2005, p. 2000). Furthermore, a study by Paul et al. (2002) states that close to 80% of physicians oppose DTC advertising because they feel it impedes their ability to provide the best possible care to their patients.

Fourth, the costs of prescription drugs continue to rise. The excessively high cost of advertising has driven up the price of prescription drugs across all categories (Hollon, 2005; Paul et al., 2002). Skyrocketing marketing budgets may ultimately affect the ability of many consumers to afford needed medications (Hollon, 2005; Holtz, 1998; Kravitz et al., 2005; Paul et al., 2002), as the costs of prescription drugs have reached an all-time high (Sylvain, 2005; Vatjanapukka & Waryszak, 2004).

Fifth, the FDA does not have the resources to effectively enforce its own regulations (Hollon, 2005; Wilkes, 1992), whereas pharmaceutical companies seem to have ever-deepening pockets. A study by Wilkes et al. (2000) suggested that 30% of DTC advertisements potentially violated five or more FDA standards, and 40% did not provide a balanced account of information. The need to attend to the public outcry over DTC advertising and recent drug recalls has created a public relations opportunity for PhRMA, which released the pharmaceutical industry's new code of conduct. Industry executives quickly heralded the codes as groundbreaking, whereas critics assailed the codes as a "softball approach" (Thomaselli, 2005).

The sixth and final concern is specific to the antidepressant drug category. It appears that

DTC advertising of antidepressants predominately targets women (Altshuler et al., 1998; Carmen et al., 1981; Copeland, 2001; Gardner, 2001), promoting stereotypical assumptions about depression and exacerbating the underdiagnosis of males and overdiagnosis of females (Copeland, 2001; Gardner, 2001).

Codes of Conduct

These pharmaceutical industry's codes of conduct (Appendix A), like other industries' codes of conduct, are not binding; rather they may be voluntarily adopted by individual drug manufacturers. "There are no restrictive features in the 15-point code of conduct" and as a chief marketing officer stated, "It's better to self-regulate than to have somebody else tell you how to conduct your business" (Thomaselli, 2005, n.p.). The codes did not adopt the one-to two-year moratorium on DTC advertising suggested by many drug industry critics and supported by the medical community. PhRMA, however, is planning to establish an office of accountability, to which any signatory company is bound (Thomaselli, 2005). Congress or the FDA could impose more regulatory measures, although the underfunding of the FDA (Hollon, 2005) suggests that more regulations are probably not on the horizon. Thus, it seems that these codes, as a proactive strike by the PhRMA, appear to be an attempt to head off any future regulations.

Having discussed various aspects of depression, the pharmaceutical industry, and its regulation, we now set forth the following three research questions. The over-arching research question guiding this study is, how has DTC antidepressant advertising framed depression causation and recovery? Two subquestions are also explored. First, how are risks and benefits symbolically represented in the advertisements? Second, what role does gender play, if any, in how depression is framed within the advertisements?

Theoretical Framework

Semiotic decoding of advertising texts helps contextualize the framing of messages. Thus, semiotics and frame theory provide insightful perspectives for examining the symbolism and themes within DTC advertising. Semiotic theory suggests that signs are selected and organized into codes or thematic paradigmatic chains (Fiske, 1990). Central to semiotics is de Saussure's (1998) work, which suggests that all paradigms emerge through cultural and social experiences. Even the simplest sign has a meaning relevant only to those with knowledge of the social and cultural context in which it emerges. Signs connoting meaning are iconic (illustrative forms that are associated with particular objects), indexical (logical, systemic signs whose connections are based on shared understandings), and symbolic (signs that emerge out of cultural and social

practices; Peirce, Hartshorne, Weiss, & Burks, 1994). The signified collides with the signifier creating a fluid and highly intimate relationship with the reader. The signified ultimately embodies salient (Entman, 1991) and resonant (Schwartz, 1973) messages, which form the context or thematic frame (Eco, 1984).

Barthes (1977) took us deeper into the social and cultural realm of semiotic theory. He suggested that signs appear as natural items; however, the power structure within our cultural and social world is expressed semiotically through the signification of the sign. Meanings within signs are postponed; and hence their meaning only emerges later within the broader social and cultural context in which the texts circulate. This is particularly insightful for advertising texts, as their persuasive power is predicated on the authorship of the text being interactive; that is, the author is removed or "dislocated," (Barthes, 1977) allowing the reader to take ownership of the text. In the process, the signifiers and the signified emerge as part of a broader systemic infrastructure as the authors of the advertising text recede, becoming archaic (Sturrock, 1979). Texts themselves have no integrity because they are part of a larger system. Thus, the text becomes an intermediary between author and reader. The advertising text, as intermediary, thus becomes part of the cultural world that forms social reality.

Barthes (1975) offered five codes for semiotic analysis: (a) *hermeneutic* orders the sequence of signs; (b) *actional* defines the sequence of movement within the text; (c) *semic* catalogues meanings within the text; (d) *symbolic* explores oppositional structures in the text; and (e) *referential* connects the text to the extratextual or historical reality. Barthes actually disparaged the idea of realism. Rather, he suggested that because of the fluidity of signs, realism is fleeting and the "continuity of a text is a deception" (Sturrock, 1979, p. 75). Thus, intertextuality and history offer the only hope for grounding the text. Barthes' semiotic codes form a fluid model and are thus insightful for advertising analysis, as they suggest that reality is ever altering and there is no single author. Advertisements are a conglomeration of multiple internal authors (copywriter, art director, creative director, planner, client, and more), and the meanings within advertising texts are dependent on external authorship (readers decoding the advertisement within their cultural and social framework). Discourse circulates fluidly around the text, and this suggests the power of the text to frame or articulate meaning (Bowie, 2001).

At a macro level, frame theory provides a window into the social and cultural norms of the world in which individuals live, helping them make meaning of various experiences and events. From a microperspective, frame theory helps us understand how individuals make sense of their lived experiences, how individuals sort and organize the complex stimuli of everyday life (Creed, Langstraat, & Scully, 2002). Framing can be seen as a process of constructing social reality in

which the producers of mediated texts and the receivers of those texts interact (Scheufele, 1999). In such light, framing helps construct “affirmative action” (Gamson, 1992). Social reality is thus constructed through mediated texts, such as advertisements, and often takes precedence over lived experiences (Gitlin, 1980).

The framing of social reality becomes possible only when advertisements have personal resonance (Schwartz, 1973) and salience (Entman, 1991), all of which leads to selective social reality (Entman, 1991). To frame is to select some aspects of a perceived reality and make it more salient in a visual text (Entman, 1991). The quality of being salient and resonant is what makes the signified noteworthy and memorable. Furthermore, what is omitted is as important as what is selected (Entman, 1991). Salience and resonance are achieved when the messages embedded within the advertising text, the signified, are consistent with the cultural or social belief system; thus social reality comes to life through the advertising text. Selection, salience, and resonance are pivotal to advertising analysis. Together, semiotics and frame theory allow us to more definitely access the persuasive intentions of the producers. In this sense, semiotics and frame analysis are highly compatible for advertising analysis. Their application has been extended to various social scientific traditions, including journalism and a wide range of mass communication studies, and its popularity has grown since its introduction.

Method

In the current study, a *print advertisement* is defined as either a “single page” advertisement or a “spread” (two pages facing one another). The advertisements analyzed here are *image ads*, an industry term that means advertisements that focus on the perceived benefits of the product rather than the physical features of the product itself (“product ad”). Furthermore, in pharmaceutical advertisements there is an additional page listing the brief summary, as required by the FDA. These brief summaries are not included in the analysis. Suffice it to say that the brief summaries accompanying each advertisement are always printed in black and white with extraordinarily small print, use highly complex medical terminology, and appear on the page following the image ad. Finally, the brief summaries never appear on a page directly next to the image ad, so the image ads and the legally required brief summaries are never viewed simultaneously.

Six years of print advertisements from *Reader’s Digest* and *Time* were gathered from August 1997 (the month the FDA enacted its latest deregulation) to August 2003. *Reader’s Digest* and *Time* were selected because of their high circulation. They are the top two magazines with the highest subscription rate according to MediaMark (2002). A *MediaMark* (2002) survey

found that *Reader's Digest* has a readership of 43,029,000, whereas *Time* has a readership of 23,900,000. This same study found that among primary readership 14% of *Time*'s readers indicate a "considerable interest in advertising," whereas 16.8% of *Reader's Digest*'s readers indicate a "considerable interest in advertising." In addition, *Reader's Digest* skews toward women, whereas *Time* skews slightly toward men (*MediaMark*, 2002), forming a more balanced readership overall. Finally, both have large audiences, high subscription rates, and significant interest in advertising among readers, further enhancing the rationale for their selection.

The examined print advertisements represent the three major brands advertised during this time: Prozac, Zoloft, and Paxil (examples of each brand's advertisements are included in Appendices B, C, & D). Twenty-seven advertisements appeared during this time. Six Prozac advertisements appeared in *Time* and four in *Reader's Digest*. Six Zoloft advertisements appeared in *Time* and three in *Reader's Digest*. Six Paxil advertisements appeared in *Time* and two in *Reader's Digest*. A sampling of advertisements from across 10 randomly selected magazines (every seventh consumer magazine was pulled from a local public library shelf for October 1999 and May 2002) confirms that the same ads ran across multiple media.

It is notable that Prozac's advertising only ran from August 1997 to April 1998, yet it accounts for the highest placement in these publications during the entire period of analysis. Being the first brand to advertise in the DTC venue may account for this high, early media placement. Zoloft, with the second highest media buy, ran advertisements from May 2001 to September 2002. Paxil, the leading seller among antidepressants, has the smallest media buy, with sporadic placement in 1999, 2000, and 2001, and extensive placement only in 2002.

Because of space limitations, an in-depth analysis of each advertisement is impossible. Thus, the current study uses a "purposive sampling" (Lindlof & Taylor, 2002, p. 120) of ads that exemplify thematic paradigmatic chains within each brand campaign and subsequently demonstrate the thematic framing of depression causation and recovery by each brand. Although selected advertisements bear strong similarity to others in the campaigns, the purposive choice represents "their relevance to the research question, analytical framework, and explanation . . . being developed in the research" (Schwandt, 2001, p. 233). To that end, headlines and taglines, visuals, and the placement of copy and visuals (photographs or illustrations) are discussed in terms of semiotics and frame theory to illustrate how the thematic framing moves across all the advertisements within each brand's campaign.

The following presents study findings based on examining advertisements for each of the three antidepressants of interest.

“Welcome back.” Prozac™

Eli Lilly was the first pharmaceutical manufacturer to begin DTC advertising for antidepressants with its Prozac brand. Lilly was also the first to cease advertising, most likely in anticipation of its soon-to-expire patent. The Prozac campaign consists of four 2-page spreads utilizing visual metaphors to construct oppositional codes (Appendix B). On the left-hand page, a graphically illustrated iconic sign symbolizes depression, and on the right-hand page the iconic sign symbolizes recovery. A semic code is created through culturally relevant seasonal signifiers, setting up a deeper coding system that becomes extratextual as readers engage with historically bound cultural understandings of the seasons. The iconic signs on the left are always weak or incomplete, signifying depression, while the iconic signs on the right are always strong and fully formed, signifying recovery. The actional coding signifies that no matter the season one withers under the strain of depression and blossoms when it is resolved with Prozac. The iconic signs are strongly supported by the headlines, which rest beneath them. The font is simple, bolded, and reverses out of highly color-saturated backgrounds. The oppositional metaphoric paradigm plays out with the visuals, or iconic signs, and headlines are grounded in the hermeneutic nature of the seasons.

Season	**Visuals**	**Split Headlines**
Spring	cloud/sun	“Depression hurts./Prozac can help.”
Summer	shattered egg/budding flower	“Depression shatters./Prozac can help.”
Fall	barren tree/fully leafed tree	“Depression isolates./Prozac can help.”
Winter	wilting tree/fully decorated tree	“Depression saddens./Prozac can help.”

Color becomes a semic code representing depression with dark blue, gray, and red, and recovery with yellow, bright blue, and green. Color also has obvious seasonal signification such as red and green for Christmas and yellow and blue for spring. The simplicity of the iconic signs creates a nonthreatening and thus engaging signifier. The use of saturated colors, a simple typeface, graphic icons, and rhythmic headlines form a simple, yet highly sophisticated, paradigm of depression framed by the seasons: recovery is simple with pharmaceuticals. Cultural connotations are grounded in seasonal themes with holiday joy, the budding of spring, the warmth of sunshine, and the security of togetherness. These recovery connotations are rooted in the morphed visuals, which become signified by the presence of the sunny Prozac logo, whose *o* is a sun, the semic code for recovery. The actional codes, which suggest the sequence of events within these advertisements, lead directly to the logo, which in turn links recovery

unambiguously to the Prozac brand name and thus creates an unmistakable referential code for biochemical recovery.

A rhythmic pattern of copy flows across the entire campaign. The copy stresses the oppositional paradigmatic chains grounded in the symbolic codes. The headlines, “Depression hurts/shatters/isolates/saddens,” link seamlessly to the iconic visuals. The tagline, “Welcome back,” reinforces the signified actional code that recovery is easily available with Prozac. The words of the tagline rhythmically repeat the messages in the headlines, thus reinforcing the overall extratextual framing that depression can be simply erased with pharmaceuticals. The transition lines of the body copy, “Depression is . . . /It’s a real illness with real causes ...” form semic codes linked to the iconic visual signifiers above each headline. Early in the body copy, the semic construction of biochemical causes begins. “Some people think you can just will yourself out of depression. That’s not true.” A simplistic explanation of depression follows, with a listing of principal symptoms, and this leads to a biochemical actional code or call to action with the copy line, “The medicine doctors now prescribe most often is Prozac™.” Minimal disclaimers and a few “mild side effects” are then listed within the image ad itself. The only reference to nonpharmaceutical treatment options, a single line of copy (of nearly 50 lines), suggests the possibility of psychotherapy, but only after one has begun taking Prozac. The body copy closes with actional codes framed

Call To Action (Last Line of Copy)	**Logo**	**Tagline**
“feeling sunny again because of it.	Prozac (as logo)	Welcome back.”
“getting it back together against because of it.	Prozac (as logo)	Welcome back.”
“blossoming again because of it.	Prozac (as logo)	Welcome back.”
“feeling merry again because of it.	Prozac (as logo)	Welcome back.”

This semiotic analysis of these advertisements helps illuminate how seasonal social reality is constructed and utilized to frame depression causation as conversely natural and out of an individual’s control. This biological paradigm takes precedence over lived experiences (Gitlin, 1980), and in the process, salient social and cultural signifiers become the referential codes for depression. As salience frames social reality (Entman, 1991), the seasonal signifiers set up the framing of pharmaceuticals as the only viable treatment option for depression. With seasonal causation for depression framed as natural, and thus biological, the framing of depression recovery rests equally naturally in pharmaceuticals. Using resonant everyday life seasonal experiences (Schwartz, 1973), Lilly frames Prozac as the biochemical solution to a natural

problem rooted in the consumer's biological nature and simply triggered by seasonal experiences; thus constructed reality supercedes lived experiences. Ultimately, oppositional codes suggest a subtle but rather ironic framing, which signify that seasonal celebrations are simply moments in time when individuals' biological depression emerges.

"When you know more about what's wrong, you can help make it right." Zoloft™

Pfizer began running advertisements for its Zoloft brand in early 2001 and continued through late 2002. The campaign consisted of four advertisements (Appendix C). Those in *Time* were single-page advertisements, and those in *Reader's Digest* were spreads. The content does not change; however, the layout shifts slightly to accommodate the differing formats. This campaign, like Prozac's, featured illustrated iconic signs along with the copy. The Zoloft campaign adds an additional illustrative icon, a medicalized diagram whose semic code "demonstrates" the chemical reactions of Zoloft within the brain thus expanding the paradigmatic chain leading directly to the biochemical model of depression causation and treatment. Each advertisement is executed in black and white, which connotes the seriousness of the illness, yet the simplicity of the drawings of the Zoloft icon (or egg, as it is sometimes referred to) and the "medical diagram" oppositionally imply simplicity. The ovalesque shape of the Zoloft icon, signifying a pill, referentially enhances the medicalization of depression.

Human features ascribed to the Zoloft icon, such as eyes, hair, and mouth, come to signify depression in its human form. The human references become part of the extratextual experience of depression, thus allowing semic codes to be placed on the icon. A contrasting spike in the line across the top of the icon signifies a tuft of hair. Other lines and circles combine to connote eyes. Subtle curving lines graphically signify tears, surprise, or anxiety. A simple, curved stroke near the bottom of the icon signifies a mouth, often downturned in a frown or wrinkle, connoting sadness. A drop shadow beneath the Zoloft icon signifies groundedness and movement, further signifying the human qualities ascribed to the inanimate Zoloft icon. Smooth motion lines around the Zoloft icon connote running, and when combined with squiggled "facial" lines connote fear. Wiggly motion lines connote shaking and thus are referential codes signifying panic. The absence of motion lines signifies isolation, building referential codes for depression. Furthermore, by utilizing the illustrative inanimate form to create the Zoloft icon, oppositional symbolic codes emerge. These optional codes allow depression to be at once human and chemical. Creating referential signs of humanness, while not showing a human, serves to reduce

the stigma of depression. Thus the tagline, “When you know more about what’s wrong, you can help make it right,”™ becomes individualized and acceptable. With stigma reduced, the *you* becomes an individual abstraction, and the symptoms of depression become at once less threatening, more manageable, and personal. *You*, now signified as detached from the depression, codifies the medical model as the manageable solution to “your” problem.

With the stigma reduced, the actional codes lead directly to the medicalized diagram, a highly simplistic drawing connoting “chemical imbalance” and the change that occurs “with Zoloft.” These captions define the semic code within the diagram of nerve endings and brain chemicals, signified by crudely drawn circles or dots. Without Zoloft, there are few dots. However, the subhead, resting beneath the medicalized diagram states, “Prescription Zoloft works to correct this imbalance.” Thus, the dots signifying Zoloft become the extratextual referential signs of recovery. Symbolically, the power of recovery is grounded in the chemical reaction—the dots that signify Zoloft. Ultimately, both illustrated icons (the Zoloft icon and the medicalized diagram) come to signify that with Zoloft “ . . . you can make it right.”

A multiple series of bolded headlines codify depression symptoms, leading to a highly simplistic description of depression that supports the coding within the medicalized diagram.

Headlines

“You know why you feel the weight of sadness.”

“You may feel exhausted, hopeless, and anxious.”

“Things just don’t feel like they used to.”

The first headline begins the hermeneutic code circularly linking the headline to the visual sign of the Zoloft icon. In the case of feeling “the weight of sadness,” the Zoloft icon is under a “heavy” rain cloud. The shadow beneath it, along with the cloud, rain, and tears form semic codes for weighty sadness. Midway through the body copy actional codes for the medical model are employed with “Only your doctor can diagnose depression,” which implies that only a doctor can cure depression, which reinforces the detachment codified by the inanimate Zoloft icon. Brief side effects follow, and a final call to action, “Talk to your doctor about Zoloft, the #1 prescribed brand of its kind. Call . . . for more information,” sets up actional codes. As with the Prozac advertisements, the cursory listing of mild side effects has the intended effect of framing the side effects as minor and thus negating the “brief summary” on the following page.

Gitlin’s (1980) perspective that social reality takes precedence over other experiences frames these advertisements. The social realities framed by the Zoloft icon, be they “weighty”

sadness under a “heavy” cloud or the “fearsome” grip of anxiety under the “shadow” of a looming hand, are known consumer realities. They have salience (Entman, 1991) and cultural resonance (Schwartz, 1973). The graphic framing of depression as chemically bound, framed within the biochemical model, offers readers the opportunity to “select” information that on the surface appears educational. Yet the selective framing (Entman, 1991) of depression is limited and unmistakably biochemical. The oppositional construction of the detached Zoloft icon, along with the use of the personal pronoun *you*, referentially establishes personal resonance (Schwartz, 1973), whereas the symbolically informational medicalized diagram works to frame a highly complex illness simplistically. These simple, friendly, and approachable black-and-white illustrated advertisements frame and organize depression as an easily understood biochemical imbalance. Everyday life, so simply organized (Creed et al., 2002), frames the problem as simply resolved “with Zoloft.” For “When you know more about what’s wrong, you can help make it right,” with “prescription Zoloft.”

“Your Life Is Waiting.” Paxil™

Direct-to-consumer advertising of today’s number-1 selling antidepressant, Paxil, began appearing in print in 1999 and continues to date. The strategic focus across the campaign is anxiety (Appendix D). Unlike Prozac and Zoloft advertisements, the visuals in all Paxil advertisements employ models as indexical signs. As with Prozac and Zoloft, oppositional themes frame the campaign. Unlike Prozac and Zoloft, whose campaigns had highly consistent imagery and copy, the Paxil campaign had wider variation in imagery and layout. Yet, like Prozac and Zoloft, the Paxil campaign had consistency in copy content. Thus, multiple ads are analyzed.

The campaign utilizes symptoms, as copy, to create repetitive subheads that visually form a symbolic wall of words, literally separating the anxious and nonanxious models. Through this separation, isolation becomes a symbolic oppositional code for *anxiety*. The female models are always signified as anxious and separated from the male models who are nonanxious. The headline, “What’s standing between you and your life?” forms an actional code paradigmatically linking anxiety directly on the female model. Beneath this main visual is a small close-up photograph of the female model embracing a young male model. The sign formed by embracing “mother” and “son” comes to signify recovery and is strategically placed between signifiers of isolation and the logo signifying chemical recovery. Actional codes drive the copy. “A chemical imbalance could be to blame. And life can feel difficult ALL DAY. That’s why you need relief ALL DAY.” The overall hermeneutic code begins with the headline, “What’s standing between you and your life?” and ends with the Paxil logo and tagline, “Your life is waiting!”

Another advertisement uses semic codes of floating symptoms as copy to signify the anxiety of isolation, much like the wall of words from the previous advertisements. This signification is heightened by the oppositional symbolic codes of a blurred crowd surrounding the crisp image of an anxious female model. A split headline, “Millions suffer from chronic anxiety,” literally cuts through the model’s body, suggesting referential codes to the broader world and her isolation from it. The second part of the split headline, “Millions could be helped by Paxil,” is placed beneath her body on a calming yellow background, creating semic codes of groundedness all located in the Paxil brand. The hermeneutic code definitively orders the sequence of anxiety, depression, and recovery within the biochemical model.

In another advertisement, semic coding is apparent in the choice of the color blue, which suggests the extratextual context of “feeling blue.” Following the same thematic strategy as demonstrated previously, before-and-after visuals signify the biochemical model. The advertisement begins with a questioning headline, “Has social anxiety put your life on hold?” The use of questioning headlines engages the reader in actional codes, encouraging movement into the body of the ad, where the subhead, “You are not alone,” signifies that the answer lies with Paxil. An iconic wall continues to be utilized symbolically, representing isolation. This time, models lean against a wall holding their heads in their hands. One advertisement features a male and the other a female. Significantly, the male is cropped tightly; at a glance gender signification is muted. The female is cropped more broadly making the signification of femininity exceedingly clear. Visual signification of depression is paradigmatically linked with the subhead “put your life on hold.” Symptoms are listed within the body copy and lead to bolded copy stating that “Paxil is the only medication . . . approved by the FDA. ” The FDA, signifying an authoritative education code, links into the referential code for the biochemical model. When the biochemical model is established, signification of recovery is seamlessly linked to Paxil.

The logo and a “survey” are contained within a series of broken lines signifying a coupon. The use of the boxed coupon style signifies containment and thus the power of Paxil to contain anxiety. Actional codes such as boxes to check, a circled logo, and the broken lines forming the coupon itself encourage engagement with the text and thus the brand. “You may want to cut this out and show it to your doctor” implies a direct reference to the doctor-patient relationship.

Across the Paxil campaign, 74% of the models are female, whereas 26% are male. Females are signified as depressed 96% of the time whereas males are codified as depressed only 13%. By contrast, no more than 5% of all advertisements are males signified as depressed. A model was judged to be depressed by its overall visual representation (sad face, head in hands, etc.), its association with the copy elements referring to the symptoms of depression (e.g.,

sleeplessness, loneliness, etc.), and references to visual and textual elements that represent happiness (e.g., smile, hugging a child, etc.). The resulting semic codes signify males as stable and supportive while signifying females as anxious and unstable. Despite the strikingly gendered visual referent system, the copy remains gender neutral. Visual signs within the text have more salience over copy, however (Entman, 1991), and constructed social reality takes precedence over lived experiences, thus the paradigmatic effect supports the overall gender bias of females as depressed.

The Paxil campaign quite literally, through a systemic infrastructure (Sturrock, 1979) of walls and boxes, frames depression and anxiety as biochemical problems, easily resolved with Paxil. Oppositional codes grounded in isolating distance, using before-and-after visual images, suggest the power of the visual text (Entman, 1991). Grounded in salient selectivity (Entman, 1991), codes of isolation become salient triggers, and the questioning headlines heighten anxiety. Referential codes from the boxed survey, to the authority signified within the FDA, to significations of recovery in an embrace, construct affirmative action (Gamson, 1992) and frame the solution to anxiety and depression as biochemical. With 96% of all images signifying depression as a feminine problem, by using female models, selective salience (Entman, 1991) is powerfully articulated. The campaign frames anxiety as grounded in everyday life social experiences (Gitlin, 1980), yet the coded text signifies it as biologically female. As visual texts always dominate (Entman, 1991), the feminization of depression by GlaxoSmithKline and its number-1 selling antidepressant, Paxil, is unmistakable.

Conclusions

Returning to the overarching question of how DTC advertising of antidepressants frames depression, causation, and recovery, the current study strongly articulates a biochemical framing in which selective and salient codes (Entman, 1991) dominate the framing of depression. On the surface, this comes as no surprise considering the product category is pharmaceuticals. Furthermore, we do not dismiss the possibility that depression has a biological component. However, the larger concern is about how narrowly causation is framed and how cultural and social practices are used to symbolize (Peirce et al., 1994); not actual practices but rather distorted frames of social reality (Gitlin, 1980). Certainly, framing causation and recovery as naturally biochemical forms a very compelling argument for utilizing drug therapy. At the same time, though, it marginalizes the psycho-social causes for depression, thus minimizing the potential for a broader discussion about depression's impact on society or conversely the social causes of depression. Narrowing the frame to biochemical is the true point of danger because in

doing so reality becomes fleeting (Barthes, 1975) and individuals living in situations that are inherently stressful, anxiety producing, and/or depressing are marginalized. Thus selective social reality (Entman, 1991) becomes finite, making individuals responsibility loom large.

Using social conditions and lived experiences as hooks or triggers, every advertisement analyzed constructs as resonant (Schwartz, 1974) and salient social reality that takes precedence over all lived experiences (Entman, 1991). When resonance is established, the advertising strategically shifts the focus from broader social experiences and conditions to the individual, while social conditions and causation recede. Reflecting Entman's (1991) proposition that omissions are highly salient, the problem of depression is placed squarely on the individual and her or his biology. Contrarily, salvation—constructed through paradigmatic chains (Fiske, 1990)—is linked to an individualized solution: pharmaceuticals. Thus, as texts take precedence over reality, the truly salient question is not how antidepressants (or other drugs) are advertised to consumers but whether we should be advertising pharmaceuticals to consumers at all. Unfortunately, this debate is not on the table. Successful DTC advertising of antidepressants is all about the bottom line, necessitating an inextricable link to biology— not serious consumer education, balanced risk, and benefit information; protection of the doctor-patient relationship; affordable drugs available to all; or concern for gender equity. DTC advertising of antidepressants is, of course, all business, and so are PhRMA's newly proposed codes of conduct.

The first subresearch question addresses how risks and benefits are symbolically framed in DTC advertisements of antidepressants. We suggest that risks are appallingly underprivileged. As Entman (1991) suggested, omission has high salience. Omissions, along with the fluid discourse (Bowie, 2001), frame recovery as biochemical signified by pharmaceuticals. The power of this framing affirms that benefits are highly privileged. To that end, antidepressants are framed as a quick fix to what is truly a larger and more complex problem. Considering that the product category is pharmaceuticals and the fact that the use of drugs is predicated on serious health conditions, minimizing risks seems at the least problematic and at the worst dangerous and unethical. With risks symbolically minimized within these image advertisements, and virtually lost in the complex language and obscure placement of the brief summaries, the health care information provided through DTC advertising is seriously compromised because the "continuity of a text is a deception" (Sturrock, 1979, p. 75). The claims that DTC advertising is educational are erroneous on this point alone. Furthermore, these advertisements selling consumers a quick fix, and not too subtly promoting self-diagnosis, confound the doctor-patient relationship. Without an unvarnished and accessible understanding of the overall risks and benefits and treatment

options, consumers are not well served. When it comes to risk information and treatment options, especially for at-risk individuals, the standards must be raised and the doctor-patient relationship must be protected. The lived experiences of patients must supersede constructed social reality.

The second subresearch question explores how gender plays a role in the framing of depression within DTC advertising of antidepressants. The number-1 selling brand, Paxil, clearly and saliently frames depression as an overwhelmingly female disease. Within the Prozac and Zoloft campaigns, gender construction is subtle, with neutralized semic codes of gender intentionally embedded in iconic visuals. The gender neutrality within semiotic content may well be a strategic tactic to engage men and women, with the intent of engaging women through the men in their lives or tapping into women's greater propensity to seek medical care. However, this is purely speculative. It is the intersection of the biochemical model with salient semic codes for femininity that is most disturbing. This combination has deep historical, referential salience, and thus the power to perpetuate the stereotype of females as biologically depressive obscures the psycho-social factors that significantly affect females' lives— from poverty to abuse to discrimination. Finally, the consequences of framing depression as predominately female will only perpetuate the overdiagnosis among females and underdiagnosis among males.

Individualized quick fixes, rooted in the biochemical paradigm, negate the larger and significantly more pressing question of the impact of depression and its root causes for society at large. This paradigm privileges constructed reality over lived experiences (Gitlin, 1980). Selective omissions (Entman, 1991) seem to be the rule, rather than the exception, and a systemic infrastructure (Sturrock, 1979) promotes deception. Limited educational value, an abhorrent minimization of risks, intrusion on the long-privileged doctor-patient relationship, rising drug costs, limited regulation, and the perpetuation of gendered stereotypes risk leaving consumers more depressed and discouraged than ever before.

Advertising of pharmaceuticals may not be new; however, the intensity of DTC advertising, particularly antidepressants, should be a red flag to all. The salience of their construction and the power of their omissions (Entman, 1991) should spur us on to critically analyze these deceptive texts. With this in mind, we suggest that the voices of consumers need to be heard more often in the literature, as they are the ultimate interpreters of DTC advertising. In addition, no current study gives voice to the individuals who create these advertisements, and as Barthes suggested, one cannot study texts "in isolation from their mode of production" (as cited in Sturrock, 1979, p. 64). Furthermore, a comparative study of advertisements produced before and after implementation of the new PhRMA codes of conduct could offer insights into the impact of these new codes. The words of Senator Frist call us to seriously consider whether

these advertisements are "'properly educating patients or just peddling expensive products'" (Thomaselli, 2005, n.p.).

Acknowledgments

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Appendix A

Pharmaceutical Industry Issues DTC Ad Guidelines

Softball Approach Rejects Calls for Restrictions or Moratorium

Text of PhRMA Principles

PhRMA Guiding Principles on Direct to Consumer Advertisements About Prescription Medicines

To express the commitment of PhRMA members to deliver DTC communications that serve as valuable contributors to public health, PhRMA has established the following voluntary guiding principles.

1. These Principles are premised on the recognition that DTC advertising of prescription medicines can benefit the public health by increasing awareness about diseases, educating patients about treatment options, motivating patients to contact their physicians and engage in a dialogue about health concerns, increasing the likelihood that patients will receive appropriate care for conditions that are frequently under-diagnosed and under-treated, and encouraging compliance with prescription drug treatment regimens.
2. In accordance with FDA regulations, all DTC information should be accurate and not misleading, should make claims only when supported by substantial evidence, should reflect balance between risks and benefits, and should be consistent with FDA approved labeling.
3. DTC television and print advertising which is designed to market a prescription drug should also be designed to responsibly educate the consumer about that medicine and, where appropriate, the condition for which it may be prescribed.
4. DTC television and print advertising of prescription drugs should clearly indicate that the medicine is a prescription drug to distinguish such advertising from other advertising for nonprescription products.
5. DTC television and print advertising should foster responsible communications between patients and health care professionals to help patients achieve better health and a more complete appreciation of both the health benefits and the known risks associated with the

medicine being advertised.

6. In order to foster responsible communication between patients and health care professionals, companies should spend an appropriate amount of time to educate health professionals about a new medicine or a new therapeutic indication before commencing the first DTC advertising campaign. In determining what constitutes an appropriate time, companies should take into account the relative importance of informing patients of the availability of a new medicine, the complexity of the risk-benefit profile of that new medicine and health care professionals' knowledge of the condition being treated. Companies should continue to educate health care professionals as additional valid information about a new medicine is obtained from all reliable sources.

7. Working with the FDA, companies should continue to responsibly alter or discontinue a DTC advertising campaign should new and reliable information indicate a serious previously unknown safety risk.

8. Companies should submit all new DTC television advertisements to the FDA before releasing these advertisements for broadcast.

9. DTC television and print advertising should include information about the availability of other options such as diet and lifestyle changes where appropriate for the advertised condition.

10. DTC television advertising that identifies a product by name should clearly state the health conditions for which the medicine is approved and the major risks associated with the medicine being advertised.

11. DTC television and print advertising should be designed to achieve a balanced presentation of both the benefits and the risks associated with the advertised prescription medicine. Specifically, risks and safety information in DTC television advertising should be presented in clear, understandable language, without distraction from the content, and in a manner that supports the responsible dialogue between patients and health care professionals.

12. All DTC advertising should respect the seriousness of the health conditions and the medicine being advertised.

13. In terms of content and placement, DTC television and print advertisements should be targeted to avoid audiences that are not age appropriate for the messages involved.

14. Companies are encouraged to promote health and disease awareness as part of their DTC advertising.

15. Companies are encouraged to include information in all DTC advertising, where feasible, about help for the uninsured and underinsured.

Source: Thomaselli (2005).

Note: DTC = direct-to-consumer; PhRMA = Pharmaceutical Research Manufacturers of America.

Appendix B

Prozac Advertisements

Image unavailable due to third-party copyright restrictions. Please see definitive published version to view image: http://dx.doi.org/10.1177/0196859905285315.

Appendix C

Zoloft Advertisement

Image unavailable due to third-party copyright restrictions. Please see definitive published version to view image: http://dx.doi.org/10.1177/0196859905285315.

Appendix D

Paxil Advertisements

Image unavailable due to third-party copyright restrictions. Please see definitive published version to view image: http://dx.doi.org/10.1177/0196859905285315.

Appendix D (continued)

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