

The times

Images used to sell psychotropic drugs

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Advertisers use powerful images to sell everything from cars to coffee, from banks to baked beans. That this should also apply to pharmaceuticals then is unsurprising. Whatever view we as clinicians might take of drugs, for their manufacturers they are a product like any other, and doctors are the natural targets for their promotion. In 1982 the pharmaceutical industry spent £150,000,000 on drug promotion in the UK (Medawar, 1984). We have attempted to take an objective view of drug advertisements by examining the images used in all the advertisements that have appeared in the *British Journal of Psychiatry* over the last 30 years.

Portrayal of patients

Psychiatric patients are frequently portrayed in advertisements for drugs. Unfortunately, particularly in the 1960s and 1970s, numerous damaging stereotyped views of psychiatric patients have been reinforced, the most obvious of these being the portrayal of patients as dangerous and violent people. A series of advertisements selling Neulactil (pericyazine) has been the worst offender in this respect. Patients are depicted brandishing broken bottles (1973) and slashing screens with knives (1967). In an advertisement for Triperidol (trifluoperidol) the manic depressive patient becomes "manic and aggressive" (1971) and a series for Stelazine (trifluoperazine 1966–1967) shows a resistant patient requiring two male nurses to escort him into hospital. The danger of such images is not simply the fact that psychiatric patients are equated with danger but also that the message is conveyed that behavioural disturbance should be countered by medication. This pressure to prescribe is perhaps best illustrated by a Melleril (thioridazine) advertisement (1975) depicting an anguished man in pyjamas, as seen through the spy hole of an observation room; the question to the doctor is "Your move?", and the implied answer is to reach for the pen.

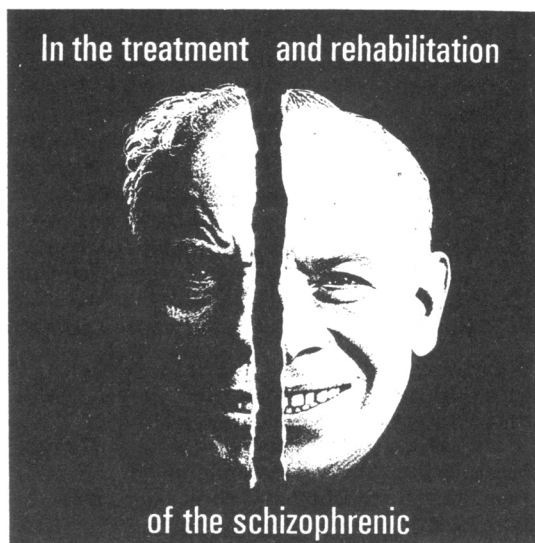
Other stereotyped views of psychiatric patients abound in drug advertisements. Images of regressed or apparently catatonic patients are over-

represented. Time and again patients are shown either curled in a foetal position (e.g. Stelazine, 1963) or sat slumped with head bowed (e.g. Depixol (flupenthixol), 1982). Furthermore the patient is often situated crouched in a corner (e.g. Serenace [haloperidol], 1974) or alone in a room (e.g. Stelazine, 1967). Further negative aspects of psychiatric patients have a tendency to recur; whether it is the "exiled" patient as in the "lost, discarded or simply forgotten" Depixol advertisement (1975) or the self-harmer shown about to jump into water (Surmontil [trimipramine], 1966), about to take an overdose (Fluanxol [flupenthixol], 1977) or having committed suicide (Norval [mianserin], 1982). On some occasions even stigmatising labels are reinforced pictorially. "The faceless schizophrenic" (Melleril [thioridazine], 1968) and "the revolving door patient" (Moditen [fluphenazine], 1968) are represented literally. Close-ups of eyes to sell Serenace (1965) and Stelazine (1963) reinforce the concept of the "psychotic stare" as portrayed in horror films.

An advertisement which, perhaps, has done the most disservice at a time when popular misconceptions have needed to be dispelled is one for Melleril depicting a schizophrenic with a head split into two parts (1967)! Even recovering patients are stigmatised by showing them in rehabilitation workshops (Stelazine [trifluoperazine], 1968–71) or making wicker baskets (Disipal [orphenadrine], 1977).

The portrayal of the patient's illness can be misleading – a person peeping through a venetian blind may be phobic (Nardil [phenelzine], 1974) or psychotic (Clopixol [zuclopenthixol], 1982); and "The Rake's Progress" may suggest psychosis (Clopixol, 1989) or depression (Nardil, 1960).

In those advertisements where a gender can clearly be ascribed to the patient the ratios of male and female patients portrayed are roughly in line with accepted rates of illness. However in comparable advertisements with similar captions, the roles portrayed are traditional ones – men at work; women at home. Similarly over 30 years no female doctor has ever been shown and neither a doctor nor a patient has been portrayed from a non-white ethnic group.



MELLERIL

by Sandoz

controls without excitation provides effective maintenance
or undue sedation therapy after discharge

TABLETS Thioridazine Hydrochloride B.P. 15mg, 25mg, 50mg, 100mg. SYRUP 25mg thioridazine base in 5ml

Detailed information will be supplied on request

Sandoz Products Limited, Sandoz House, 23 Great Castle Street, London, W.1.

Symbolism in advertisements

An alternative to using a direct portrayal of a psychiatric patient is to use an image which conjures up the idea of either psychiatric disorder or peace of mind. The most commonly used metaphors over the years have been good and bad weather, particularly with antidepressants; rough and calm water, particularly with neuroleptics; and light and dark, for both—especially with sun breaking through clouds. Other symbols include candles (e.g. Parnate [tranylcypromine], 1964), Spiders' webs (e.g. Prothiaden, 1973), jigsaws (e.g. Faverin [fluvoxamine], 1990) and mazes (e.g. Bolvidon [mianserin], 1980). The portrayal of patients as puppets has been used in advertisements for products as diverse as anticholinergics, anti-

depressants and antipsychotics (Disipal [orphenadrine], 1967; Ludiomil [maprotiline], 1975; Melleril, 1963; Moditen, 1962). Interestingly many of these images are readily interpreted in terms of Freudian theory or Jungian symbolism. Mazes and water, for example, are Jungian symbols for the unconscious, whereas sun and light are symbols of consciousness. Candles would undoubtedly have been seen by Freud as phallic symbols; what better way to sell a drug than by associating it with full sexual potency? The recovery process from psychiatric disorder, as depicted in advertisements, is also open to such interpretations. The most frequently used metaphors are passage through a doorway (Anafranil [clomipramine], 1983) or the image of flight, whether this is a bird (Clopixol, 1984) or a flying brain (Aventyl [nortriptyline], 1963). Jung considered flight as a symbol of transcendence. Freud would have equated the defiance of gravity with penile erection; a rocket blasting off (Parnate, 1982) perhaps best fits this way of thinking.

Many of these images described are both clever and emotionally powerful. They are also persuasive in terms of selling a particular product. The potential danger is how the viewer perceives such symbolism in relation to psychiatric patients. Does the image of a puppet, for example, convey the idea that the patient plays only a passive role in therapy? Does the image of tranquil waters representing an ideal state of mind, deny that emotions such as anger can be positive therapeutically? It is clear that imagery can convey messages at a number of levels and as such should not be treated lightly by the medical profession.

Acknowledgements

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References

- MEDAWAR, C. (1984) *The Wrong Kind of Medicine*. London: Consumers' Association and Hodder & Stoughton.