Direct to Consumer Advertising of Psychotropic Medications and its' Role in Perceptions of Mental Illness

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Abstract

This paper will discuss direct to consumer advertising of psychiatric medications and how it may lead to unwanted consequences for consumers. The paper is focused around the following research question: how does the advertisement of psychiatric medications influence views on mental illness? By portraying misleading and ideological information within their advertisements, pharmaceutical companies tend to create false perceptions in regards to mental illness. To further investigate how this happens, the following reviews several pieces of literature based on different aspects of drug marketing and the intentions behind them.
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Introduction

Direct to consumer advertising of pharmaceutical medications is a fast growing industry within the United States. It is typically expected that when most people turn on their televisions or open a magazine, they will see an advertisement for any type of a prescription drug. Psychotropic drugs, which are used to treat emotional or behavioral disorders, began appearing through advertisements in the 1980s. Such advertisements have been most controversial when in the form of direct to consumer marketing. With such a huge viewing population, concerns over the well being of consumers have increased (Arney & Rafałovich, 2006, p. 50).

This paper focuses around the following research question: how does the advertisement of psychiatric medications influence views on mental illness? By conveying misleading information, that is both incomplete and ideological, pharmaceutical companies have created false perceptions in regards to mental disorders. The following will review previous works of literature based on the several marketing strategies used to display and sell psychiatric drugs. First, the use of incomplete logic combined with the modus ponens style of reasoning will be discussed, specifically within print advertisements. Next, multiple aspects of pharmaceutical websites will be looked at, such as the use of personal stories and the downgrading of non drug treatment. Thirdly, commercial advertisements will be discussed, centered on the establishment of medical legitimacy, blaming and shaming, and disempowerment. Following the literature review will be a more detailed analysis of how advertisements use incorrect claims and medicalization to persuade viewers. Finally, the regulatory powers of the Food and Drug
Administration will be discussed, as well as suggestions of ways to improve upon direct to consumer advertising of psychiatric medications.

**Literature Review: Marketing Strategies**

**Incomplete Syllogisms**

A study completed by Arney and Rafalovich in 2007 gives a good look into the marketing strategies of pharmaceutical companies. The researchers examined advertisements for psychiatric medications in the 1997 to 2003 issues of several different magazines. The chosen magazines were thought to be popular and easily accessible. Those that were included were four gender neutral magazines (Time, People, Newsweek, Reader’s Digest), three aimed towards females (Cosmopolitan, Ladies Home Journal, Redbook), and three aimed towards males (Esquire, Men’s Health, Gentlemen’s Quarterly). Prozac, Paxil, BuSpar, Effexor, Wellbutrin, and Zoloft were all advertised within these magazines (p. 51).

Arney & Rafalovich (2007) found that the advertisements they analyzed all contained the same basic themes: get the consumer to examine their emotional problems, and then entice them to seek medical attention for these problems (p. 52). The advertisements did this with the Modus Ponens style of reasoning, which takes the form “If X then Y, X, therefore, Y.” This setup provides a particular premise (X), a general premise (Y) and a concluding premise which can be inferred (p. 52).

**The Particular Premise**

The particular premise of Modus Ponens in the advertisements urged the readers to consider their emotional or physical conditions (Arney & Rafalovich, 2007, p. 54). This was done by using first person narratives so that the consumer read the information the same way he or she would speak it. For example the expressions “I’m always tired” or “I just want to be
alone” were used frequently (Arney & Rafałovich, 2007, p. 54). In other advertisements, a second person narrative was used to establish empathy for the consumers. The purpose of this style was to advocate a sense of understanding from an outsiders view. For example sentences such as “you know when you feel the weight of sadness” or “whatever you do, you feel lonely” were included (Arney & Rafałovich, 2007, p. 54).

A second technique found for the particular premise that helped to encourage consumers was “the bandwagon effect.” The idea behind the bandwagon effect was to explain to the readers what other people were doing to ultimately influence the readers’ decisions (Arney & Rafałovich, 2007, p. 54; Sutherland & Sylvester, 2000, p. 46). Readers would be more likely to use a medication being advertised if they felt a great majority of other people were also using it. In order for advertisements to use the bandwagon effect, they included information about the number of people suffering from the given disorder. For example a BuSpar advertisement expressed that if the consumer felt that they were experiencing the emotional conditions described then he or she “may be one of the over 10 million Americans who have a medical condition called persistent anxiety” (Arney & Rafałovich, 2007, p. 55; Bristol-Myers Squibb, 1997, p. 87). Paxil was found to advertise in much the same way, by expressing to the reader that he or she “is not alone, and might be in the company of 10 million others suffering from social anxiety disorder” (Arney & Rafałovich, 2007, p. 55; SmithKline Beecham Pharmaceuticals, 1999, p. 39). With statements such as these, advertisements are able to make disorders sound common.

Chananie (2005) also found the bandwagon effect in use for commercial advertisements. She used the term “validation,” defined as messages that aimed to comfort patients by suggesting that they are not the only ones struggling, and that other people out there understand exactly what they are going through (p. 505). A Zoloft commercial gave a similar claim as Paxil and
BuSpar did in their print advertisements, which suggested that depression is “a serious medical condition affecting over twenty million Americans” (Chananie, 2005, p. 506). This reinforced to consumers that they were not alone and that others like them have used Zoloft for the same conditions. A Paxil commercial presented validation a little differently, by showing social anxiety disorder through the male actor’s view point. The scenes showed scary faces all staring at the actor, with the narrator saying things such as “we know what social anxiety feels like, and Paxil can help.” These images and words allowed viewers to identify with the suffering actor (Chananie, 2005, p. 507). This again helped to encourage the idea that others out there are suffering from the same emotional conditions as the consumers may be.

A study completed by Park and Grow (2007) attempted to measure just how common consumers believed depression and anxiety actually were. The researchers surveyed 221 undergraduate students from the ages of 17 to 27. The survey was composed of five different sections that looked for familiarity with direct to consumer advertisements, interpersonal experiences with depression, perceived lifetime risk of depression, and perceived prevalence of depression (Park & Grow, 2007, p. 384). The researchers ultimately found that familiarity is positively associated with lifetime risk and prevalence of depression. More specifically, males reported that their risk of experiencing depression at some point in their lifetime was 32%, when it actually is only 13%. Women estimated their risk to be at 29%, when it actually is 23%. On average, both genders assumed that around 38% of all adults experience depression each year, when realistically it is only 10%. This study showed that there is a link between familiarities with medications through direct to consumer advertising and perceived prevalence of the disorders (Park & Grow, 2007, p. 388). This shows how the bandwagon effect and validation have affected the populations’ perceptions of clinical depression.
The General Premise

The next part of the Modus Ponens form of reasoning is the general premise and is considered the letter Y in the formula. This premise is where readers connect their emotional conditions to the specific mental illness. Once the advertisements have identified specific emotions, and perhaps even discussed their commonality, the advertisements then were able to shape those emotions as “symptoms” of a mood disorder (Arney & Rafalovich, 2007, p. 54). The drug promotions used medical terminology such as “clinical” depression or “generalized” anxiety when introducing the disorders. Quite often the disorders would be referred to as “serious medical conditions” characterized by all the previously mentioned “symptoms” (Arney & Rafalovich, 2007, p. 54).

A second marketing strategy found for the general premise was the use of incorrect grammar when describing symptoms (Arney & Rafalovich, 2007, p. 55). The intention behind this was to show disconnection and incomplete processing. This demonstrated how the reader could be unable to totally understand their own symptoms. For example a Prozac advertisement suggested the reader “may have trouble sleeping. Feel unusually sad. Lack energy” (Arney & Rafalovich, 2007, p. 55; Eli Lilly, 1998, p. 182). These are fragmented and may suggest a problem with normal emotions and behaviors.

The Concluding Premise

The final premise is the concluding premise. According to Arney & Rafalovich (2007) this is where the syllogism becomes incomplete. The concluding premise is not stated, however, the advertisement has already drawn a map to the one and only implied conclusion: self diagnosis and eventually medical diagnosis. The reader has identified their emotions, realized those emotions may be symptoms of a disorder, and concluded that in order to take care of the
disorder they must consult a professional about the advertised product (p. 56). All the
advertisements found in this study suggested that the consumers get medical attention for their
emotional problems.

Advertise Rather than Inform

A study completed by Graber & Weckmann in 2002 gave an analysis of psychiatric
medication websites and how useful they were for finding information (p. 420). The researchers
searched nine antidepressant and anxiety medications on the internet in July 2001 and again in
February 2002. Each time they reviewed the websites the researchers used a list of assessment
questions. They looked for anecdotal content (pictures or personal stories), and advertising and
emotive content (any content not important to explaining the drug’s main properties). They also
looked for information on counseling, depression, if the cost of the drug was mentioned, and
anything else that would be necessary in helping consumers make informed decisions (Graber &

First, Graber & Weckmann (2002) found that all of the websites contained some sort of
information about depression, including the diagnosis or treatment of it. The quality of the
information, however, varied for each website. Only four websites mentioned any other types of
drug therapy and none of the websites revealed the costs of their specific drugs. Six of the
websites contained a self-assessment tool that allowed consumers to respond to specific
questions about the symptoms of depression (p. 423). By using these tools consumers could self
diagnose the possibility that they may have depression. While this may be a good marketing tool,
it is not a highly effective way of diagnosing a mental disorder.

All of the websites contained personal stories or videos of people who had used or were
using the drug (Graber & Weckmann, 2002, p.421). For example Lacasse (2005) found that
Lorraine Braco, star of a television show called "The Sopranos," was endorsing Zoloft on the drug’s website (p. 177). She was quoted saying that she initially felt she could get over depression on her own, however she quickly realized that her normal coping technique, yoga, would not make her depression disappear. Braco said that her depression was “something I just can’t snap out of” (Lacasse, 2005, p. 177). By having this quote on Zoloft’s website, it is suggesting that only Zoloft can help to treat depression. The website fails to mention to consumers that this may not be a typical case. It is left up to consumers to assume that nothing other than an antidepressant can make Braco, and perhaps anybody, feel better. A separate study done in 2009 by Blumenthal, however, showed that exercise was actually more effective than Zoloft at treating depression (Lacasse, 2005, p. 177; Blumenthal et al, 1999). In fact Blumenthal (1999) even found that the participants who had never taken an antidepressant had better long term outcomes than those who had.

A similar quote downgrading non pharmaceutical methods of treatment was found on Prozac’s website. The website briefly discussed benefits of counseling however, it was quoted saying that “talk therapy cannot control the medical causes of depression” (Lacasse, 2005, p. 177). This first suggests that depression is a medical condition, which is a problem within itself, and then goes as far to inform consumers that the only way to treat a medical condition is to take medications. The website conveys that this is the only way to really control depression and if individuals try to engage in different ways, such as talk therapy, their depression will be uncontrolled (Lacasse, 2005, p. 178). This is a thought that could be frightening to anybody, especially those who are truly suffering from a mental disorder.

Other Strategies: Commercials
Chananie (2005) also examined marketing strategies within direct to consumer advertisements of psychiatric medications; however she looked at commercials rather than print advertisements. The researcher used an approach that looked at how the advertisers communicated their messages within the commercials in order to figure out the intentions behind them. She took detailed notes on any dialogue, textual or visual elements for each commercial. Chananie (2005) recorded three hours of broadcast per television station. She included stations such as ABC, CBS, and Fox. Part of her study was looking specifically at the impacts of direct to consumer advertising on women, so she also recorded broadcasting from stations with a primarily female audience, such as Oxygen, Lifetime, and day time soap opera channels (p. 494). Two disorders, depression and social anxiety, were discussed along with four medications, which were GlaxoWellcome, Zoloft, Prozac, and Paxil. The researcher emphasized that although this was a small sample, the repetition of each commercial was extremely large (Chananie, 2005, p. 494). From reviewing these commercials she was able to identify three commonly used marketing strategies.

*Medical Legitimacy*

The first strategy was that all of the commercials attempted to establish medical legitimacy. It is necessary that socially, disorders are considered medical problems in order for advertisers to really persuade consumers that their products are medically legitimate (Chananie, 2005, p. 496). Emotional disorders were not always, and still are not by some, considered medical conditions. Because of this advertisers need to emphasize any biological bases behind the disorder that they can. Chananie (2005) found that the commercials did this in three ways. The first was by having a medical expert within the advertisement. This would usually consist of
a doctor speaking about the condition or the medication. The advertisements also showed scenes of patients visiting with doctors (p. 496).

The commercials also used medical terminology to help establish legitimacy. For example in a Zoloft advertisement the narrator expressed that “depression may be related to an imbalance of naturally occurring chemicals between nerve cells and the brain” (Chananie, 2005, p. 496). The commercial then went on to further state that Zoloft could fix this chemical imbalance. Other phrases such as “depression is a serious medical condition” or just words such as “symptoms” helped the advertisements to reinforce the supposed biological basis of depression or anxiety (Chananie, 2005, p. 497).

The third technique to establishing legitimacy was the use of a serious tone by the narrator of the commercial. They were usually speaking in a “serious, soft spoken, and comforting” manner while happy and upbeat images were playing (Chananie, 2005, p. 498). The happy visuals usually occurred towards the end of the commercials, to demonstrate how the medication had recovered the individual.

*Blaming and Shaming*

The second marketing strategy identified was “blaming and shaming”. Chananie (2005) found that this technique aimed to persuade consumers that if they were experiencing emotional disorders then they needed to take action to fix their problem. The commercials suggested that by doing so, the patient and his or her family or loved ones would benefit (p. 499). For example Chananie (2005) viewed a commercial for GlaxoWellcome that showed a scene with a couple looking very distant. It showed the female with her head down and the male sadly watching her. The narrator started discussing how GlaxoWellcome, unlike other antidepressants, did not cause sexual side effects, therefore implying that the problem between the couple was due to sex (p.
500). The female’s position in the advertisement suggests that she feels shame for her lack of interest in sexual relations with her partner. The narrator went on to say “find out how you can help yourself, and the one you love,” which suggested that if the consumers did not take this new medicine than ultimately they would be hurting themselves as well as those they cared about. If the consumer does not make the change then they are to blame for any issues they have (Chananie, 2005, p. 501).

Empowerment

The final marketing strategy Chananie (2005) discussed was empowerment, which she defined as a way in which the commercials conveyed to consumers that if they started taking the advertised product then they could once again have control over their “disordered” lives (p. 505). Empowerment can increase the self efficacy of individuals which therefore allows them to believe that they are capable of making a difference or of making something happen within their own lives. (Chananie, 2005, p. 505). Phrases such as “you can gain control of your life again,” “your life is waiting” or “life can feel like life again” were all found in the commercials to establish empowerment to viewers. Advertisements redefine the disorders as conditions in which the consumers have no power over, and then suggest that they can regain power and control by taking the simple step of getting a prescription. By addressing the self efficacy of consumers, advertisements are able to convey these messages of empowerment. Doing so can increase the number of sales, which is a clear goal of all advertisements (Chananie, 2005, p. 505).

A Closer Look: Incorrect Claims and Medicalization

Psychiatric medications were created in order to ease suffering for those experiencing emotional disorders. The above literature has demonstrated how there are hidden agendas behind the marketing campaigns of such drugs. Most pharmaceutical companies are aiming to sell
psychotropic medications for the obvious goal of making money; however this has hindered public perceptions of what mental illnesses are and how they are treated. The drug companies have offered false and incomplete information to attract consumers, rather than truly inform them. This will be shown by discussing the companies' use of incorrect claims and of medicalization.

**Incorrect Claims**

*A Chemical Imbalance*

Drug companies use a few easily identifiable incorrect claims in their advertisements. First, they wrongly attribute the root cause of depression as a chemical imbalance. The idea behind this stems from 1960 when George Ashcroft found that the metabolite of serotonin in depressed patients was lower than normal (Healy, 2004, p. 11). Antidepressants, or SSRIs (Selective Serotonin Reuptake Inhibitors), were thought to be able to bring those levels back up. In 1970, however, Ashcroft concluded that lowered serotonin levels were not what was wrong in depression. Improved studies were able to show that there were absolutely no lower serotonin levels in patients who had depression (Healy, 2004, p. 12). In 2002 Irving Kirsch examined all trials of antidepressant drugs that were submitted to the Food and Drug Administration by pharmaceutical companies. He found that 80% of the responses of the placebo were exactly the same as the responses for the SSRIs (Leo & Lacasse, 2007, p. 39). So basically, according to Leo and Lacasse (2008), “low serotonin levels are no more the cause of depression as low aspirin levels are the cause of headaches” (p. 39). A major misunderstanding was created between the scientific evidence and public knowledge, causing a myth that is still used in describing the causes of depression today (Healy, 2004, p. 12).
The biggest problem behind advertising the chemical imbalance theory is that this leaves out the fact that depression can be caused and resolved by life events (Leo & Lacasse, 2007, p.40). Suggesting there is a neurological problem in the brain conveys to consumers that they could be walking down the street one day and out of thin air become clinically depressed due to a random change of chemical levels in the brain (Leo & Lacasse, 2007, p. 40). Because of the way this is worded, consumers are led to believe that the only true way to control their depression is to seek medical treatment, which again is a claim not based on any evidence.

*Only Medication Can Control Your Disorder*

Stemming off the chemical imbalance theory is the idea that drug therapy is the only true way to treat, or control, a mental illness. As mentioned previously, most psychiatric drug commercials suggest to consumers that medication is the best, and truly only, option for treating their emotional conditions. What these advertisements fail to mention is that first, there is no empirical evidence to support that mental disorders have a biological basis, and second, that there are other treatment options (Leo & Lacasse, 2007, p. 40). None of the advertisements include detailed information on talk therapy or exercise, which have both been proven to help ease the stress of mental conditions. In fact, advertisements often go as far as to claim that “only your doctor can diagnose depression,” when this simply is just not true (Lacasse, 2005, p. 177). Psychiatrists can also diagnose depression as well as other disorders, and psychologists, therapists, and social workers are trained to treat these conditions. By leaving out this information, advertisements are pointing consumers directly to the doctor’s office where they can most easily gain a prescription (Lacasse, 2005, p. 177). Dr. William Glasser, a well known and noted psychotherapist, stated that advertisements should mention the truth, which is that the majority of counselors are good at what they do: counseling without drug therapy. Glasser
(2004), who was awarded as a legend of counseling in 2004, claimed that over his fifty years of counseling he has never prescribed a drug to a patient, and believes that drugs often make it harder for him to counsel his clients successfully (p. 344).

You Could Be One of the 10 Million Americans...

A third frequently used incorrect claim within psychotropic drug advertisements is the idea that mental disorders are common. As mentioned, only 10% of the population is suffering from depression and similarly, only about 8% of the population has social anxiety disorder (Healy, 2004, p. 23). So why, then, did the study completed by Park and Grow (2007) find that individuals perceived the prevalence and risk of mental illness to be so high? This can be explained through Cultivation Theory, which suggests that with increased television watching, people’s social reality may become mixed with the way reality is depicted on television. (Park & Grow, 2007, p. 381; Potter, 1993). Emotional disorders then, are thought to be more prevalent based on the advertisements saying they are, but also because of how abundant the advertisements are. When asked to estimate the prevalence of depression, participants in Park and Grow’s (2007) study probably used the same technique that most individuals would. They recalled familiar information that has frequently been most accessible, a process known as construct accessibility (Park & Grow, 2007, p. 382). In relation to construct accessibility, availability heuristic suggests that the more easily information from memory can be retrieved, specifically referring to any part of social reality, the more common individuals will presume that occurrence to be (Park & Grow, 2007, p. 382). Overall, because television, and other forms of media, provides an abundance of advertisements for mental disorders, the information within them has become easily accessible as well as increasingly familiar, causing consumers to overestimate the numbers of people suffering from such disorders.
While these overestimates may help reduce stigmatization of disorders, they also may be causing more people to conform to a decision that may not be right for them. Advertisements portray the abnormal conditions of the disorders as common and normal, allowing those who are uncertain about their ailments to become more convinced that they belong in the mental illness category (Arney & Rafałovich, 2007, p. 55). These advertisements cause more people to visit their doctors therefore resulting in more people receiving prescriptions. Physicians have reported that 88% of their patients, when asking for a certain type of drug, request a specific brand name (Grabr & Weckmann, 2002, p. 422). Therefore, physicians may feel pressured to comply with their patients’ requests, despite their own professional opinions (Grabr & Weckmann, 2002, p. 422).

**Medicalization**

*Emotions as Symptoms*

The advertising of psychiatric medications allows pharmaceutical companies to establish a list of conditions that could be outlined as the symptoms of a mood disorder. Normal human emotions, such as anxiety, worry, restlessness, and irritability could be viewed as completely unrelated. In the context of an emotional disorder, however, these conditions are joined together to form the basis of depression (Arney & Rafałovich, 2007, p. 55). Almost any other variation of these emotions could be included as symptoms of depression as well, including apprehension, nervousness, agitation, frustration, insomnia, or sadness. There is no specification of these symptoms within advertisements. Advertisements typically do not say all symptoms need to be present or that the symptoms need to be shown for an extended period of time. It is just suggested, simply, that if you feel any of the described emotions than you may be suffering from depression, social anxiety disorder, or any other related illness (Arney & Rafałovich, 2007, p.
55). Individuals are pushed to believe that their possibly commonplace “troubles” are actually symptoms of serious medical disorders. By telling consumers that the causes of their personal problems are related to a medical issue, consumers may dismiss any other life events that could have attributed to emotional fluctuations (Arney & Rafalovich, 2007, p. 55). This causes people to feel that they have no control over their problems, allowing them to enter what Arney & Rafalovich (2007) called “the sick role” (p. 56).

*Playing the Sick Card*

The sick role occurs when people who are considered ill take no responsibility for their illness. These individuals attribute the illness to causes that are out of their control, so any consequences resulting from it are not their faults (Arney & Rafalovich, 2007, p. 56; Parsons, 1951). This is surrounded around four basic ideas: the incapacity to perform regular duties is not the fault of the sick person, because the individual cannot perform these duties he or she is therefore exempt from these duties, the sick person is aware the illness is undesirable, and the sick person seeks treatment for their illness (Arney & Rafalovich, 2007, p. 56; Parsons, 1951). However, in most advertisements it is suggested that if the sick person does not seek the treatment, specifically the drugs described in the advertisements, then they are not trying to get better and therefore they should be held accountable for their actions (Hunter, 2007, p. 43). So overall, consumers are told that if they are experiencing certain emotions then they have symptoms of a mood disorder. If they have this mood disorder it is therefore not their fault that they are unable to perform as usual, however if they do not engage in the treatment offered through the advertisements than they are at that point held accountable. These are all contradicting ideas created solely by the pharmaceutical companies, with no true scientific backing.
A major problem with the establishment of the sick role is disempowerment. By portraying to consumers that medical disorders are out of their hands, it is implied that they have lost control of their own lives (Chananie, 2005, p. 507). If an individual completely gives up their role in their emotions, they are giving up their power over themselves. Advertisements attempt to shape the psychotropic drugs as mechanisms to regain that power over the individual’s chaotic life (Chananie, 2005, p. 507). Rather than examining the patient’s social context and making an alteration there, psychotropic drugs aim to just change the patient (Arney & Rafalovich, 2007, p. 58). While this message is suppose to be empowering for consumers, it actually is just the opposite. The goal of the marketing strategies is to sell the drug to the consumers. The most successful way to do this is to make the consumers believe that this is the best, and virtually only, option of truly getting better. By backing consumers into a corner where the advertised drug is the only way out, pharmaceutical companies are actually disempowering those people. The companies are suggesting that those who are suffering cannot help themselves, and the only way to fix their personal problems is to take a prescription medication. Consumers give up their responsibilities and may rely heavily on the drug for improvement.

Discussion

Direct to consumer advertisements of psychotropic medications are able to manipulate information and create the previously discussed false perceptions of their products and the disorders involved due to the weak regulatory powers of the Food and Drug Administration (FDA). The FDA does not review any advertisements before they are marketed. Federal law actually prohibits the FDA from requiring such action (U.S. Department of Health and Human Services, 2009). This means that the FDA sees advertisements on television or in magazines at the same time that the public does (U.S. Department of Health and Human Services, 2009). The
problem with this is that consumers may see advertisements that are in violation of the law before the FDA has a chance to fix it. Consumers may then be misinformed which first, is unethical and second, can pose health problems. For example, an individual may feel a certain antidepressant is right for him after seeing an advertisement that downplayed the true risks involved with that specific medication. This would make the drug more appealing than others that are portrayed, legally, with greater risks, and could lead the individual to go to his doctor, and consequently start taking the drug. The individual might never realize he was misinformed and could experience more severe side effects than he had anticipated.

The FDA clearly states on their website that consumers may typically not be aware of whether any direct to consumer advertisement has false or misleading information within it (U.S. Department of Health and Human Services, 2009). While this statement may be slightly insulting to the general public’s intelligence, it also should be raising some serious flags within the FDA. First, the FDA has admitted that it is possible for companies to convey false information on their advertisements for at least a short period of time. They then have also pointed out that most likely, consumers will be naïve to the false information, and will accept the advertisement as truth. It is troubling that the FDA does not do something to fix this. Ultimately the consumers are at risk of being mislead and possibly mistreated because of this zero screening policy.

In addition to this, federal law does not ban any kind of prescription drug from being advertised, no matter the severity of the risks involved (U.S. Department of Health and Human Services, 2009). An advertised medication may have the potential to cause serious injury, addiction, or withdrawal effects, yet it is still allowed to be marketed directly to consumers (U.S.
Department of Health and Human Services, 2009). This does not provide any protection for the public.

The FDA is clearly not involved in the process of creating these advertisements either. Typically, pharmaceutical companies get help from advertising agencies, whose main goal is to sell the product, not hand out information (U.S. Department of Health and Human Services, 2009). Drug companies are teaming up with those who will help them profit from consumers, not those who will help to educate consumers.

Lastly, the FDA only enforces that advertisements give the name of the drug, one approved use of the drug, and the risks involved (U.S. Department of Health and Human Services, 2009). This again, is aimed at selling the medication, not informing the viewers. Consumers are not told the cost of the drug, if a generic version is available, if a similar drug with less risk factors is available, or if changes in behavior could help (such as diet or exercise) (U.S. Department of Health and Human Services, 2009). The advertisements do not even need to explain how the drug works or what it does to the body (U.S. Department of Health and Human Services, 2009). By not having to include this information advertisements can easily manipulate viewers and convince them that the advertised product is the only chance the consumers have of recovery from their ailments.

Overall, the FDA has very little control over direct to consumer advertising. The only role of this association, when it comes to advertising medications, is to view drug advertisements after they have been aired to the public. If an advertisement violates the law by portraying directly false information, or information that is not allowed to be contained within the advertisements, the FDA will take action. Otherwise, pharmaceutical companies can engage in a
wide variety of marketing strategies to sell their product, rather than to truly educate the general public.

In order to avoid the issues previously discussed and to provide fair and balanced information to consumers, advertisements should make a change. While it is unrealistic to ban drug marketing, there are ways to make it safer and more reliable. First, companies should not be allowed to include information that is not scientifically accurate. For example, companies may suggest that low serotonin levels are the cause of depression; however, they must not say that it is absolutely the cause. Advertisements should also include other probable causes, such as traumatic life events. Next, advertisements should include information on other types of treatment; specifically talk therapy or exercise, so that consumers know that they have options. Lastly, advertisements need to be designed as informational tools. Pictures, music, and unnecessary images should be removed in order for consumers to truly understand the medications and be able to make balanced decisions.

**Conclusion**

This paper attempted to answer the following research question: how does the advertisement of psychiatric medications influence views on mental illness? It was found that the direct to consumer advertising of psychiatric drugs has created false perceptions of mental illnesses by providing misleading information to consumers. This has been done by pharmaceutical companies using incorrect and incomplete claims, as well as medicalizing, mood disorders. By using these strategies in their marketing, drug companies have been able to attract more customers than ever before. While this is profitable for companies, it may be at the expense of the consumers. People, who may truly need support for their suffering, are being persuaded to take medication based on false pretenses. Those who may not have any type of disorder may
have also become susceptible to the advertisements and are therefore baring unnecessary side
effects for drugs that they should not be taking. Overall, in order for consumers to know that they
are being provided with fair and balanced information from drug companies, the nature of direct
to consumer advertising needs to be amended.
References


