In her study of direct-to-consumer advertising of antidepressants, Clarice Nguyen discovers a dark side to increased patient control over health care.

Focusing on the visual logic of two well-known advertising campaigns (for the antidepressants Prozac and Zoloft), Clarice discovered that pharmaceutical marketing strategies piggybacked on the recent movement to empower patients.

The sudden emergence and massive expansion of direct-to-consumer advertising of pharmaceuticals in the 1990s is well known, as is the concurrent arrival of a wide array of antidepressants, most notably, Prozac. Clarice’s analysis looks at these trends, discovering that the impact of antidepressant marketing is partly due to rhetorical power, and in particular, visual logic.

Advertisements for Prozac and Zoloft wrote a paradoxical script for the consumer, in which the person suffering from depression can “take control” of the illness by purchasing the advertised drug. This message contributes to positive social changes such as de-stigmatization of mental illness and increased patient agency. To the alarm of patient advocates, though, these changes are subordinated to the drug manufacturer’s economic goal, that of selling more medication.

Clarice’s essay demonstrates the power of careful rhetorical analysis when supported by thorough research. Her work shows the immense complexity of contemporary rhetorical situations: at the nexus of government deregulation, cutting-edge pharmaceutical research, and mass-mediated visual rhetoric, a simple story of patient empowerment changed both the pharmaceutical market and the landscape of mental illness.

—Jonathan Hunt
A black and white egg-shaped object with sad and forlorn eyes sits defeated beneath a foreboding raincloud. But eventually, with the help of Zoloft, this dejected blob regains its infectious enthusiasm and bounces across the television screen with its bluebird friend. Although unassuming and innocuous, this egg-shaped object, often deemed the Zoloft “blob,” “dot,” “bubble,” or “spot,” has symbolized the widely popular campaign for the antidepressant manufactured by pharmaceutical giant Pfizer. According to New York Times writer Kate Aurchur, “It [the Zoloft blob] makes the struggle for stability downright cute.” These seemingly harmless, ordinary, and even “cute” icons and images have surfaced in the advertising of prescription antidepressants in the United States during the past two decades, bringing a new face to the subject of depression and antidepressant medication. In this paper, I will explore the emergence of two antidepressants—Prozac and Zoloft—in the direct-to-consumer advertising scene and the reasons behind their effectiveness in constructing an altered reality for consumers.

I. Parallel Paths: Direct-to-Consumer Advertising and Antidepressants

The Zoloft ad campaign falls under the umbrella of direct-to-consumer (DTC) advertising, a type of pharmaceutical marketing that attempts to sell, educate, and persuade the consumer directly through mediums such as print ads in magazines and television commercials. While DTC advertising is the form of marketing most familiar to the average American consumer, this type of advertising
actually accounts for a small portion of funds spent on pharmaceutical marketing (Abrams 157-8). Before the 1980s, most of the pharmaceutical promotional activity targeted physicians; this practice of “drug detailing” to doctors still continues to constitute the majority of marketing activity today (Abrams 154). Nevertheless, DTC advertising remains a significant issue since it seeks out an audience of lay consumers without substantial knowledge about the chemical and biological effects of the advertised drug. As such, DTC advertising then becomes a powerful tool for “educating” and influencing a population of non-experts.

The regulation of DTC advertising falls under the supervision of the Food and Drug Administration (FDA) whose lax and vague guidelines regarding DTC advertising led to its increased use during the 1980s (Abrams 161; Arney and Rafalovich 50). Furthermore, the 1980s coincided with an era in which consumers gradually assumed greater roles in determining their healthcare needs, and it seems as though DTC advertising not only supported this trend of greater consumer knowledge and autonomy, but also augmented it (Conrad and Leiter 17). Perhaps even more importantly, it was during the 1980s that the antidepressant Prozac first became available in the United States; Prozac marked the “breakthrough” of the class of antidepressants called selective serotonin reuptake inhibitors, or SSRIs (Benkert, Szegedi, and Mueller 530). The appearance of Prozac on the market intersected with the growth of DTC advertising as well as the movement toward greater consumer freedom, which, in retrospect, seemed to have forecasted Prozac’s eventual popularity and incorporation into the DTC advertising scene. The trend of consumer “determinism” would continue into the next decade along with the use of DTC advertising and antidepressants (Stepnisky 29; Rosenthal and Donohue 171).

Somewhat surprisingly, DTC advertising through print ads in magazines and television commercials only became mainstream practice during the late 1990s. In fact, the proliferation of DTC ads came after the FDA lifted the requirement for the inclusion of the Brief Summary in 1997 and allowed for an “adequate provision” (Lurie 444). The Brief Summary had mandated the inclusion of side effects in advertisements, but the adequate provision allowed pharmaceuticals to refer consumers to a toll-free number, website, or print advertisement (Abrams 157). As a result of loosening restrictions, the amount spent by pharmaceuticals after 1997 soared (Conrad and Leiter 18). Incidentally, this was the same year that Eli Lilly launched its first DTC ad campaign for Prozac using print advertisements in magazines and spending up to $20 million on the promotional project (Valenti; Elliot). Again, the timing seems to suggest that, since the 1980s, the growth of DTC advertising developed in
tandem with the increasing prevalence of antidepressants.

Of course, the widespread DTC advertising campaigns could not be possible without the outpouring of copious funds. Indeed, amounts spent on DTC advertising totaled $965 million in 1997, and eventually reached $2.8 billion in 2001 (Arney and Rafalovich 50). It was also during this time that the Zoloft blob campaigns began airing on television in May 2001, signifying the rise of DTC advertising for another SSRI (Arthur). As evidenced by the ever-increasing amount of funds directed toward DTC advertising, it is likely that modern advertising tactics for prescription drugs now include DTC advertising. Indeed, Kravitz et. al state that “DTC advertisements have become a stable...feature of the media landscape” (1995). Taking into account the parallel rise of antidepressants—namely the SSRIs Prozac and Zoloft that will be the focus of this paper—it would seem that DTC advertisements of these particular drugs would also become a natural and significant part of the advertising “landscape.” The apparent correlation between the growth of DTC advertising as a whole and the emergence of SSRIs sets the backdrop for this examination of antidepressant advertising for Prozac and Zoloft.

II. Discussing Depression Shouldn’t Be So Depressing

Generally, marketing any type of prescription drug emphasizes an appeal to the pathos of the audience, to its “beliefs and values,” rather than an appeal to rationale or logos (Faigley 10). In fact, “emotional appeals were far more prevalent than rational appeals in the promotional portion of DTC ads with just more than one-third of prescription drug ads containing a rational appeal in either the visual or the headline and nearly 89 percent including an emotional appeal in these positions” (Royne and Myers 68). Evidently, the audience becomes the focus of the advertisement, the entity around which pharmaceutical persuasion is shaped and tailored to achieve maximum effectiveness. The advertising of SSRIs, which includes Pfizer’s Zoloft and Eli Lilly’s Prozac, illustrates how successful advertisers were in making a sensitive and once stigmatized medical condition something that could be talked about in public (Grow, Park, and Han 166).

With the importance of the audience in mind, Pfizer and Eli Lilly sell their respective antidepressant drugs by utilizing visual techniques in DTC advertising that 1) make the drug and the condition (depression) appear more personable and comfortable to the consumer 2) simplify the medical condition itself and 3) ultimately lead the consumer to connect the particular drug to recovery and personal well-being through his own observations. When marketing antidepressants, pharmaceutical companies support pathos-driven
advertisements chiefly shaped around generating a comfortable tone to make the consumer feel more emotionally at ease when discussing depression (Valenti). Thus, the advertisement reduces the anxiety or fear associated with the medical condition while promoting a seemingly straightforward and uncomplicated solution to the problem at hand. In doing so, the advertisements subtly create a new reality surrounding both depression and the antidepressant in which the consumer holds jurisdiction over his medical needs with regard to depression (the original concept first suggested by Grow, Park, and Han to be discussed in further detail in Sections III and IV). They ultimately alter the consumer’s conception of the product and the larger medical condition behind the drug.

More often than not, pharmaceuticals use visual imagery which serves to effect the aforementioned changes in the consumer’s conception of SSRIs. In this paper, I will primarily center on the visual components of the following advertisements for Prozac and Zoloft. Initially, to create an atmosphere in which depression sheds its stigma and fear, both pharmaceutical companies Eli Lilly and Pfizer employed images that appear harmless and even mundane. For example, in 1997, Eli Lilly’s first DTC print ad campaign used a series of ads (see Figure 1) which displayed simple pictures on the left and right pages (like the rain cloud and the sun) that have opposing, conventional connotations (Elliott). The use of simple lines and commonplace objects to represent highly serious matters seemed to deemphasize the gravity of depression while simultaneously and effectively capturing the attention of the audience. In fact, Michael Valenti, art director of the Prozac campaign at the Chicago-based advertising firm Leo Burnett during the early 1990s, recalled:

> When we did our research into depression we heard many people describing the experience with similar metaphors. The simple images were an expression of what we heard, knowing they would resonate and feel true to users. The opposite side, the “happy” side was the product benefit. Fonts, colors, art style and the simple two page layout were all chosen with the obvious attempt to create a good/bad, happy/sad, light/dark mood to connect with the viewer.

Clearly, the advertisement for Prozac was shaped around the needs and emotions of the audience and all visual aspects of the advertisement were taken into consideration. Indeed, these visual components were chosen with “the intention…to help lessen some of the bad PR Prozac had gotten in the past…” (Valenti). In this manner, a “scary” prescription drug for a “scary” medical condition becomes as naturally discussed as a pair of jeans or a new floor lamp. In fact, Eli Lilly placed its 1997 print ad campaign for Prozac in popular and accessi-
ble magazines such as *Good Housekeeping, Cosmopolitan, Marie Claire,* and *Sports Illustrated* (Elliott). The placement of ads for prescription medication in magazines such as these suggests that the ads attempted to embed the language of depression and antidepressants into the consumer culture of America. It appears as though the ads create a new reality around the antidepressant—what was once regarded as a taboo subject gradually transformed into a topic of more comfortable conversation.

Figure 1. Print Advertisement for Prozac  Source: Valenti Advertising (2010)

Figure 2. Still Screen of Television Commercial for Zoloft  Source: Patrick Smith

Pfizer also followed the same guiding principles in its 2001 ad campaigns with the introduction of the Zoloft “blob” (see Figure 2). The Zoloft blob, like the cloud and sun, consisted of simple lines, making it appear cartoon-like and innocuous to the average consumer (Arthur). Indeed, the Zoloft blob makes depression seem
more controllable and the consumer more relaxed with the idea of treating depression with an SSRI since “creating referential signs of humanness, while not showing a human, serves to reduce the stigma of depression” (Grow, Park, and Han 173). As in the case of Prozac, the Zoloft ad used simple icons to create a less charged atmosphere in order to lay the foundation for an altered reality of greater consumer control and to make its reception by the audience more acceptable and less frightening.

Meanwhile, Grow, Park, and Han continue: “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” (173-4). Interestingly, and somewhat paradoxically, it seems that using non-human images ultimately serves to return the issue of depression back to the human, the consumer. The authors convey the notion that a non-human character removes the personal connection to depression which infuses a sense of confidence and power in the consumer by making the situation appear less frightening. Then, building on that basis of self-empowerment, the DTC ad calls for the consumer to take action, which only furthers the sense of control over the medical situation.

Indeed, “the trick of all good advertising is to place the reader of the advertisement within a story that has an outcome already written by the advertiser, while at the same time constituting the reader as a free subject who is able to make his or her own choices, as a consumer” (Stepnisky 29). Thus, in utilizing certain visuals—Prozac’s and Zoloft’s simple lines and non-human icons—the pharmaceutical companies connect to the audience in a manner that effects comfort and ease. It appears that they subsequently write a “story” or build a world altering the consumer’s conception of the antidepressant by placing the drug in such a casual context. The simple icons appear to evoke a calming and comfortable image of the antidepressants that, in the end, serves a twofold purpose: first, preparing the consumer for the altered reality in which he has increased power over depression and second, taking a hand at actually constructing and shaping that reality.

### III. Discussing Depression Shouldn’t Be So Complicated

While reducing the tensions associated with depression by using simple visual images, the DTC ads often simplify the medical condition itself, in effect reducing depression to a biochemical process easily fixed by the intake of a prescription drug. This, in turn, moves the consumer’s conception of depression beyond the category of “com-
fortable” and into that of “controllable.” For instance, in addition to employing the iconic sun and cloud imagery, Eli Lilly also applied the same concept to other seasons. During the winter, for example, a wilted tree represented depression on one side and then a fully decorated one symbolized recovery on the other (Grow, Park, and Han 172). Consequently, according to Grow, Park, and Han, “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” (174). Grow, Park, and Han imply that in their attempts to directly advertise to the consumer, pharmaceutical corporations actually build new realities around the medical condition; the ad implies that the biochemical cause-and-effect relationship between Prozac and recovery from depression is actually quite straightforward. Indeed, Valenti states that the Prozac ad was formed “by creating a simple, more appealing image to viewers and users.” The basis of the advertisement rested in the construction of an “image” with the intention of modifying the consumer’s conceptions regarding the drug and depression. It seems as if the DTC advertisement for Prozac allows the consumer to enter into a constructed world where talking about depression becomes easier and less formal and treating depression simply consists of popping a pill.

Similar attempts to attribute depression to a biological and chemical cause appear in Pfizer’s marketing of Zoloft. For example, in a Zoloft advertisement, the simple lines and black and white color scheme draw out a crude diagram of two nerves and chemical neurotransmitters (see Figure 2). In the same manner that the egg-shaped Zoloft character serves to reduce the stigma surrounding depression as a whole, the simple drawings of the nerves and neurotransmitters also seek to simplify the medical condition itself, making depression appear more manageable and less frightening to the consumer. “These simple, friendly, and approachable black and white illustrated advertisements frame and organize depression as an easily understood biochemical imbalance” (Grow, Park, and Han 176). In the context of modern medicine, it would logically follow that such a simple biochemical problem could be solved in an equally uncomplicated biochemical manner by using the advertised antidepressant.

Furthermore, because the diagram portrays depression as easily treatable, it continues to place more control into the hands of the consumer. Stepnisky notes:

In other words, the Zoloft advertisements provide linkages between otherwise inert biological matter and the human agent tasked with the use of antidepressants. In this manner, the Zoloft campaign makes the “inner life” of biology available to readers to understand both the putative mechanism
of antidepressant action and their own potential role in manipulating and managing neurotransmission. (27) Stepnisky comments on the advertisement’s ability to empower the consumer by displaying depression as a condition that can be corrected by merely taking Zoloft. The simplification of this medical condition allows the consumer to feel in control of depression and able to take action to care for himself by purchasing the advertised drug. Merging together these altered realities of the actual antidepressant and depression, the DTC ads set the stage for a carefully ad-designed world in which the consumer believes he exercises the power to affect his medical future.

IV. Self-Synthesis

Already, one can observe that by appealing to the pathos and emotions of the consumer, most DTC advertisements for antidepressants follow a similar pattern. According to Arney and Rafalovich, they also utilize incomplete syllogisms, a strategy deriving from the Modus Ponens conditional logic:

If X then Y  
X  
Therefore, Y. (53)

In applying incomplete syllogisms to DTC ads for SSRIs, Arney and Rafalovich argue that pharmaceuticals often provide the first two statements within the verbal and textual content of the ad and leave the conclusion to be made by the consumer (54). Interestingly, the idea can also be modified and applied to Grow’s, Park’s, and Han’s visual and emotional analysis of antidepressant DTC ads. Rather than focusing on the textual content of the advertisements, Grow, Park, and Han consider the visual clues of the antidepressant DTC ads that generate similar and relevant statements made within the text of the advertisement; these visual statements urge the consumer to discuss the drug with his physician (Valenti).

However, Arney and Rafalovich argue that, in the end, the incomplete syllogism within the textual framework “severely decreases individuals’ responsibility and subsequently reduces the status of the actor [the consumer]” (58). Although they come to reasonable conclusions, I have postulated that the idea of the incomplete syllogism concerning the visual analysis forwarded by Grow, Park, and Han and the concepts suggested by Stepnisky may indicate the reverse: perhaps the visual statements follow the same fundamental concept behind the incomplete syllogism in that they leave the connection between the recovery from depression and consumer agency
to be formed by the consumer.

Using the specific Prozac and Zoloft advertisements mentioned earlier, one can see that by employing simple, harmless icons and imagery, both Eli Lilly and Pfizer 1) attempt to show that the consumer should not fear depression and 2) imply that depression itself is not as complicated as it may appear. Furthermore, the visuals in both the Prozac and Zoloft ads (the opposing images in the Prozac ad and the physical transformation of the Zoloft blob in the television commercial) illustrate the efficacy of the drug in eliminating depression in the consumer. Altogether, it then follows that the consumer makes the implied connection in his mind: because he is in control of the medical condition and the condition is treatable, then he possesses the ability to treat his condition by way of the advertised antidepressant.

Arney and Rafalovich propose that “the delivery of an incomplete syllogism seeks to shape the reader’s perception of her or his condition” just as the visual images in the Prozac and Zoloft ads construct a new reality (56). In considering the work presented by Grow, Park, and Han on the visual components of the ads for Prozac and Zoloft, perhaps one can suggest that not only do the ads effectively build this altered conception of depression and antidepressants, but in doing so, also instill a greater sense of control in the consumer by allowing him the autonomy to formulate his own conclusions. While the advertisements themselves intrinsically cause the consumer to feel empowered to make decisions by simplifying the situation and solution, they also leave a void to be filled by the consumer’s own inferences and assumptions; this furthers the notion that the consumer has control over the health-related situation.

V. New Realities, New Relationships

As seen in the DTC ads for Eli Lilly’s Prozac and Pfizer’s Zoloft, the ability of pharmaceutical companies to construct new realities through visual advertising can potentially shape the consumer’s actual beliefs and concerns. By the reducing the fear of discussing depression and increasing the level of ease surrounding the condition and antidepressant medication, the DTC advertisements carve a place for the prescription drugs in the modern American vernacular. As SSRIs gradually take on the character of consumer goods, it seems as if antidepressants are falling under the reign of the consumer.

As such, it appears as though a shift has taken place in the patient-physician relationship. In a study published in 2005, Kravitz et al. tested the effects of patient requests for antidepressants on physicians and found that their “results underscore the idea that patients have substantial influence on physicians and can be active agents in
the production of quality” (1999). Because DTC advertising exposes the consumer to a drug and often encourages the consumer to inquire about it with his physician, the impetus for the use of a certain drug (in the case of this paper, an SSRI) comes from a new source: the consumer himself. This finding serves as an illustration of the increasing influence of the consumer in the medical context, an influence which possibly stems from the altered realities created by DTC advertisements. Furthermore, Donohue and Berndt conclude that while DTC advertising of antidepressants does not necessarily have a large impact on drug choice, it can potentially affect the market as a whole, perhaps increasing the chances of whether a patient receives an antidepressant medication or not (125). Their research indicates that DTC advertising for antidepressants does potentially affect the larger market, demonstrating the efficacy of these advertisements and perhaps even holding testament to the effectiveness of visual cues discussed previously in the Prozac and Zoloft ads.

Maybe the true concern lies in the new realities that these advertisements create by utilizing visual techniques that have the ability to appeal to the consumer’s emotions, simplify biochemical processes, and cement medical terminology into the dialogue of the American consumer (as seen in the ads for Prozac and Zoloft). These new realities, in turn, can potentially affect the consumer’s conception of his role in evaluating his healthcare needs. Because this altered conception can also affect physicians and the larger market, it would seem natural that antidepressant advertising has taken its place in the larger debate on DTC advertising.

This DTC advertising controversy has emerged and grown over the need to address the adaptation of marketing techniques to a product that has significant consequences for the consumer’s health and role in medical decision-making. Dr. Marcia Angell, a long-running opponent of DTC advertising states, “If prescription drugs were like ordinary consumer goods, all this might not matter very much. But drugs are different. People depend on them for their health and even their lives” (xix). While individuals and groups, consumer advocates and professional healthcare practitioners, like Angell, make valid statements and address logical concerns, one must not forget that DTC advertising, according to some, can possibly have positive effects as well by raising awareness of undertreated medical conditions, including depression (Abrams 167; Rosenthal and Donohue 171). The advertisements provide an opportunity for the consumer to become at least minimally exposed to an undertreated medical condition such as depression, but can also lead to misrepresentation of the drug if the consumer decides to absorb the information under the incorrect assumption that advertised prescription drugs are “safer” (Arney and Rafalovich 58; Lurie 446). It is the connection to
the larger DTC advertising debate that the effects of visual cues in antidepressant advertising possibly holds significance.

Indeed, perhaps the impacts of the visual techniques discussed in this paper have contributed to the overarching efficacy of DTC advertising for antidepressants, for better or worse. As examined previously in the examples of Prozac and Zoloft, simple icons and images evoke emotions in the audience that permit and construct altered realities and modified views of both the advertised antidepressant and depression itself. As a result of these visual cues, depression becomes medically simplified and its solution equally adjusted, planting the idea that the consumer holds the potential to bring about the solution through use of the advertised drug. Furthermore, the possibility that these altered realities could also arise from implied conclusions made by the consumer himself appears to forward and solidify the idea of consumer control of depression. Ultimately, there exists evidence that this might be the case since several studies have revealed that the consumer or patient possesses the ability to greatly affect the market for antidepressant drugs by influencing the physicians who prescribe those medications. Interestingly, perhaps this notion of consumer control simply illustrates the trend of consumer “determinism” that began in the 1980s (Conrad and Leiter 17). Because of this potential impact that consumers have on physicians and the broader prescription drug market, DTC advertising for antidepressants (and in general) has earned its place in an on-going multilayered debate. Of course, the visual effectiveness of antidepressant ads necessitates further research before definite conclusions can be formed about its connection to American consumer culture and the prescription drug market.

Essentially, the Zoloft blob may appear “child-like” and adorable as its simple form suggests; however, it is precisely this simplicity that offers subtle, altered realities to the viewer. These realities appear to induce a sense of consumer control of what seems to be a manageable situation: depression is a chemical imbalance, Zoloft can treat this imbalance, and I can ask my doctor about Zoloft. By the time the tagline emerges at the end of the commercial, “When you know more about what’s wrong, you can help make it right,” it is easy to believe that you—the consumer—truly can make it right.
Works Cited


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