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The Construction and Consolidation of Patriarchal Biomedical Discourses in Psychiatric Drug Advertisements in the *Irish Medical Times*: Implications and Impetus for Change

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Abstract

This research was concerned with the construction and portrayal of gender in psychiatric drug advertisements, in order to determine the existence of a patriarchal biomedical discourse. The research involved a comprehensive review of social science literature, an investigation and evaluation of relevant regulations and legislation in relation to sexism in advertising as well as an analysis of advertisements for psychiatric drugs in the *Irish Medical Times*. The analysis consisted of both content analysis and semiotic analysis, which was carried out on a sample of advertisements taken from the period 2005 to 2011. The analysis revealed the existence of a patriarchal biomedical discourse in psychiatric drug advertising; women were depicted as being of inferior status to men and mental illness was shown as though deriving solely from the individual, thus completely glossing over potential societal causes. In addition, this research also noted the significant gendering of particular mental illnesses in advertisements. This was seen as evidence of how patriarchal notions of gender infiltrate our relationship with mental illness - with harmful consequences. These findings were considered in the wider context of the power and interests of the pharmaceutical industry and were also examined in relation to patient-professional interactions. It was recommended that changes be made immediately to existing legislation and regulations in relation to advertising in medical journals.

Keywords: Gender, mental health, patriarchal biomedical discourse, psychiatric drug advertisements.

Introduction

This research was primarily concerned with investigating how women and men were portrayed in the *Irish Medical Times* – a medical publication directed at Irish health professionals, in order to ascertain whether patriarchal conceptions of women’s inferiority to men are ingrained in psychiatric drug advertisements. It also sought to simultaneously explore the biomedical conceptualisation of mental distress, with such an understanding seen as failing to locate the potential causes of mental illness in the wider societal context. For instance, societal expectations in relation to gender roles can have damaging consequences for mental health, such as when women are expected to assume sole caring responsibilities for dependents, which can result in stress and isolation (Wiley and Merriman, 1996; Hyde et al, 2004). Furthermore, the biomedical model was considered to be inherently patriarchal as the very characteristics it considers ‘normal’ and healthy, such as being active and rational, are those associated with masculinity (Hyde et al, 2004). Thus patriarchal biomedical discourses could be seen as particularly harmful to women, as not only do their gender roles fail to be problematized, but they are also constructed as inferior and a deviation from the norm. This research also aimed to examine the related concern of the gendering of particular illnesses, where patriarchal conceptions of masculinity and femininity have come to almost define particular illnesses, such as depression, Generalised Anxiety Disorder (GAD) and Attention Deficit Hyperactivity Disorder (ADHD). This can result in these illnesses being under-diagnosed, misdiagnosed or even over-diagnosed in particular groups (Quinn and Wigal, 2004; Hyde et al, 2004; Offe and Phillips, 2008).

Research Rationale

Patriarchal discourses are so insidiously entrenched in our society that they essentially go undetected; indeed more often than not we are in fact complicit in their very perpetuation. Thus, the ultimate justification for this research related to its potential in helping facilitate the revelation of these implicit patriarchal discourses, even if limited in impact due to its small-scale nature.

It also aimed to fill the gaps in existing research. Research in the area of gender and psychiatric drugs has been relatively underdeveloped. For example, research has examined pharmaceutical advertising in general (Scott et al, 2004), and the effects of the gendering of advertising in medical journals in general (e.g. Hawkins and Aber, 1993; Leppard et al, 1993), or just in advertisements for antidepressants (Lovdahl et al, 1999) or contrasting specific psychiatric drugs with drugs for physical ailments (e.g. Curry and O'Brien, 2006; Foster, 2010). However, this research was more specific in terms of focusing primarily on the gendering of advertisements in relation to psychiatric drugs, and more encompassing in that it also included advertisements for psychiatric drugs for conditions like ADHD and Alzheimer's disease.

Furthermore, Irish research in this domain has been relatively scarce. As this research focused on psychiatric drug advertisements contained in a medical publication directed at Irish physicians, it was seen as being able to add to, and indeed strengthen, the limited amount of research already completed in an Irish context, and perhaps provide a foundation for future larger-scale research.

Literature Review

The literature review involved an exploration of the literature in relation to the multifaceted relationship between social constructions of gender and mental health, advertising, the pharmaceutical industry and patient-professional interactions.

Gender, inherent identity or implicitly imposed?

Patriarchal discourses contend that women and men are innately different with contrasting behavioural tendencies, for example men are argued to be rational while women are seen as merely emotional (Marchbank and Letherby, 2007). These apparently intrinsic characteristics give rise to the belief that men are naturally superior to women and that women and men are best suited to different tasks, thus legitimating one of the most fundamental divisions in society (West and Zimmerman, 1991). Thus, these differences are far from being an objective truth; rather they are the product of a quest to subordinate women. The fabrication of gender by patriarchal discourses has very real consequences for women's mental health. For example, women are frequently expected to carry the triple burden of productive, reproductive

and caring work (WHC, 2006), a situation which has been found to be particularly stressful (Wiley and Merriman, 1996).

Mental illness, a biomedical phenomenon or social construction?

The dominant understanding of mental health is derived from the biomedical model, despite only a small number of mental illnesses having a recognised biological basis (Hyde et al, 2004; Rogers and Pilgram 2005). The biomedical model explains mental health problems as individual pathologies which are caused by biogenetic or biophysical dysfunction (Hyde et al, 2004). Biomedicine has long held hegemonic status in our society, dictating what is considered normal and appropriate (ibid). Foucault posited that this was made possible through biomedical discourses, which through the use of new terms such as ‘symptoms’, were able to be perceived as possessing superior and objective knowledge and the ‘truth’ about human illness (Senior and Viveash, 1997). Biomedicine is inherently patriarchal, the very characteristics it considers normal and healthy, such as rationality, independence and assertiveness, are those associated with masculinity, while those considered unhealthy, such as emotionality, dependence and submissiveness are associated with femininity (Hyde et al, 2004).

Gender stereotyping in advertisements in medical journals

Research has shown that advertisements in medical journals engage in sexist advertising. Women are more likely to be shown as passive, as sex objects, and to be stressed only by family and housework (Hawkins and Aber, 1993). In contrast, men are more likely to be shown as active, as authority figures, and to be stressed primarily by work (Curry and O’Brien, 2006; Hawkins and Aber, 1993). In addition, women are more likely to be shown with an incomplete body, which suggests physical deficiency. In contrast, men are more likely to be shown with a complete body, which implies physical superiority (Curry and O’Brien 2006; Lovdahl et al, 1999). Women are more likely to be shown gazing at the viewer with vacant faces, which is seen as a way of signifying that women are defined by the gaze of others. In comparison, men tend to look away from the audience in advertisements, indicating independence and control (Curry and O’Brien 2006).

The pharmaceutical industry's profit motive and the drive to create illness

Traditionally, pharmaceutical companies were concerned with promoting drugs to treat diseases; however 'now it is often the opposite. They promote diseases to fit their drugs' (Angell 2005, p. 86). Driven by commercial interests, the pharmaceutical industry manipulates the subjective criteria for mental illness, transforming what were once considered normal life events, such as despair following a divorce, into an apparent biological illness (Hardey, 1998). The pharmaceutical industry has an incentive to individualise mental illnesses as, 'if diseases occur within the individual, the cure may be established within these same boundaries' –thus facilitating the sale of drugs (Peppin and Carty 2001, p. 570). It is therefore unsurprising that advertisements show no recognition of how societal causes, such as restrictive societal expectations surrounding gender roles, may actually lead to particular illnesses.

The impact of conceptualisations of gender on the patient-professional relationship

Busfield (1996) refers to 'the gendered landscape of mental illness' to describe differences in prevalence of various mental illnesses according to gender. For example women are two times more likely to receive a diagnosis of depression, GAD, panic disorder and post-traumatic stress disorder (WHC, 2006; Busfield, 1996). On the other hand, men are two times more likely to experience alcohol or drug abuse and three times more likely to be diagnosed with 'anti-social personality disorder' (WHC, 2006). ADHD is more commonly diagnosed among boys than girls (Akinbami et al, 2011) and Alzheimer's disease among women (WHO, 2004).

It is possible that this gendered landscape is connected to the diagnostic patterns of health professionals, which are related to notions of femininity and masculinity. For example, depression has often been conceptualised as a 'woman's illness'. In medical journals, for instance, women are often shown as the dominant users of antidepressants (Curry and O'Brien, 2006). In addition, users of antidepressants are generally depicted as passive, thereby linking the symptoms of depression with femininity (ibid).

Diagnostic criteria appear to further strengthen this perception as they often overlook the symptoms which may be expressed differently in men. For example, one

diagnostic criteria for depression focuses on the expression of feelings, such as helplessness, worthlessness and guilt, which is characteristic of a feminine pattern of behaviour (Kilmartin, 2005; Oliffe and Phillips, 2008). This has limited applicability to men who are socialised in a patriarchal society to ‘act out’. Indeed, men’s depression tends to be expressed through chronic anger, workaholism, drug use, gambling and womanizing (Kilmartin, 2005). The absence of ‘feminine’ symptoms may contribute to the under-diagnosis of depression in men, and this may be a factor in their high suicide rate. Moreover, the symptoms they actually do display may be mistaken for personality disorders (Oliffe and Phillips, 2008).

Advertising in medical journals – a subtle yet powerful influence

Such gendered understandings of illnesses can be constructed or consolidated by the use of particular images in advertisements. Research has suggested that physicians use journal advertisements as a source of information and that the images used can influence doctor’s views of patients (Lexchin, 2011). The use of a model in an advertisement of a certain age or gender can imply that such an individual is likely to have the condition for which the product is intended (Hawkins and Aber, 1993). Thus, a particular group’s under-representation in advertisements may reinforce the notion that particular diseases only occur in certain groups. This association may affect health professional’s prescribing patterns, as they may neglect an illnesses various expressions in one group and then over-pursue it in another.

Policy Review

The policy review involved a critical examination of existing legislation and regulations in relation to sexism in advertising in general; and in relation to the advertising of medicinal products specifically.

Sexist Advertising – a residual concern

Although legislation and regulations imposed by The Consumer Protection Act 2007 and the Advertising Standards Association of Ireland (ASAI), a self-regulatory body, are not applicable to medicinal products specifically, they highlight a culture where sexism in advertising is, essentially, a residual concern. The Consumer Protection Act 2007 makes no provision for sexist advertising, and while the ASAI provide a slightly more encompassing description of what is considered to be sexist advertising, their

attempts are marred by an equivocal conception of who exactly decides what constitutes such advertising (ASAI, 2010).

Official European and Irish legislation in relation to the advertising of medicinal products make no reference to sexism in advertising (DOHC, 2007; European Parliament, 2001), leaving such issues to the self-regulatory body of the Irish Pharmaceutical Healthcare Association (IPHA), who obviously take their cue from the disinterested culture propagated by The Consumer Protection Act 2007 and the ASAI. The IPHA's regulations in this aspect were wholly inadequate, making only a vague reference to how advertisements should be in 'good taste' (IPHA, 2012a).

Does self-regulation mean no regulation?

The increasing reliance on self-regulation in the advertising and pharmaceutical industries in Ireland was seen as a worrying trend, with self-regulation considered to amount to essentially non-regulation. The ASAI were found to handle breaches of advertising regulations with a level of leniency that led to a failure to impose relevant sanctions, as exemplified by the notorious Hunky Dory campaigns of 2010 and 2011 (ASAI, n.d). However, in the context of this research, the IPHA's regulations were seen as particularly problematic. Firstly, sexist advertising is not explicitly outlined. Secondly, even if it was, their regulations lack independent input, for example their Code Council (who decide whether a complaint warrants investigation) is essentially entirely composed of IPHA members. Thirdly, they lack transparency, for instance their annual Publication of Findings is not available to the public, and finally, their sanctions are relatively soft, with no mention made to potential financial sanctions or legal ramifications (IPHA, 2012b).

Methodology

This research employed a mixed-methods approach, combining quantitative content analysis with qualitative semiotic analysis. Content analysis involves distinguishing material to analyse, developing a system for recording certain aspects of it and identifying how often specific words or themes occur (Ackerly and True, 2010). Semiotic analysis involves the study of signs and endeavours to decode the deeper meanings of advertisements (Curry and O'Brien, 2006). It involves identifying a sign

which is made up of the signifier and the signified. The former is a material object and the latter is its meaning (Williamson, 2005).

Method

A sample was created using advertisements for psychiatric drugs in the *Irish Medical Times*, a weekly publication from 2005 to 2011. The advertisements for psychiatric drugs for depression, GAD, bipolar disorder, schizophrenia, ADHD and Alzheimer's disease were included in the sample. The sample was taken from every alternative month of the years 2005-2011, which amounted to 176 issues and a total of 464 advertisements. The final sample was made up of 75 original advertisements, which excluded repeat advertisements.

Procedure for content analysis

The content analysis began with the categories used by Lovdahl et al (1999) in their study, which classifies advertisements either as 'user' (advertisements showing people), 'metaphor' (advertisements using pictures or drawings) or 'medicine' (advertisements depicting drug bottles, textual information or diagrams). The category 'user' was then broken down into a number of variables based on the gender discriminator and indicator variables identified by Curry and O'Brien (2006) in their research.

Gender discriminator variables are concerned with the more overt stereotypical representations of gender. For example, these might include showing a woman in the home and a man in the workplace. In comparison, gender indicator variables are those which are 'used to communicate gender' in a much more subtle way, such as through body imagery and gaze. For instance women may be shown with incomplete body and looking towards their audience (Curry and O'Brien, 2006). However it was also decided for this research to incorporate four age categories— namely (i) child (ii) young adult (iii) middle-aged adult and (iv) older adult. Advertisements were also evaluated on the basis of whether their images depicted a 'real-world context'. This meant observing whether advertisements made any reference to the wider societal context in which individuals generally find themselves in, for example such a reference could involve identifying whether a user was shown surrounded by poverty or perhaps experiencing sexism in the workplace.

Similarly to Curry and O'Brien (2006), the non-technical text used in advertisements was also examined, as this can help establish whether illnesses are being constructed as being an individual pathology. Advertisements for psychiatric drugs have been found to rely on emotional narratives which focus on an individual's irrationality or deviance, or else to describe the naturalness and simplicity with which individual patients can be made better through taking medication (Curry and O'Brien, 2006; Foster, 2010). The focus on individuals and the suggestion that illnesses are easily resolved through their use of medication, suggests that illnesses are located within the individuals themselves - that they are biologically determined as opposed to socially-produced (Curry and O'Brien, 2006).

Procedure for Semiotic Analysis

Nine advertisements, which were believed to reinforce gender stereotyping were chosen, and four 'steps' as identified by Chandler (n.d), were followed. These steps included:

1. Identifying the sign, signifier and signified.
2. Conducting paradigmatic analysis: noting what sets (for example shot size: long shot, mid shot, close up) are used and examine why such a signifier might have been chosen and what does the choice of this particular signifier connote.
3. Conducting syntagmatic analysis: examining how the signifiers used in the text relate to one another, such as how meaning is influenced by the spatial arrangement of the elements within the text.
4. Identifying the codes used in the text (for example 'social codes' such as body language), discerning what cultural assumptions are called upon and do such codes reflect or depart from dominant cultural values.

(Adapted from Chandler n.d)

Results

The content analysis and semiotic analysis revealed that a patriarchal biomedical discourse was indeed apparent throughout the *Irish Medical Times*.

Results of the content analysis

The content analysis revealed that women were shown as passive in 48.2% of advertisements compared to just 20% of men. Women were more likely to be shown

with incomplete bodies (75.8%) in contrast to men (65%) and were more likely to be shown looking at the camera (32.1%) in comparison to men (21%). Such representations of women and men are likely to reinforce notions of women's passivity and physical inferiority and the idea that they are defined by the gaze of others. Interestingly, only 4.5% of the advertisements suggested that a person was in some way employed. Surprisingly, in all cases it was women who were indicated to have a job; however the occupation depicted was that of a secretary – a stereotypical female occupation.

Women were shown as users of psychiatric drugs for depression in 92.3% of advertisements and users for GAD in 80%. However, in terms of passivity, body display and gaze, a feminisation of these illnesses was less clear-cut. Contrary to other studies (e.g. Curry and O'Brien 2006), women in these advertisements tended to be shown as active and to be looking elsewhere. However, a possible explanation for this is that in these advertisements, women were shown after they had taken medication, which would explain the correspondence with masculine characteristics, given their association with conceptualisations of healthy adults. However, ADHD was the most gendered, with 90% of users being shown as young boys. While advertisements of drugs for schizophrenia, bipolar disorder and Alzheimer's were more balanced, women still predominated in all categories.

A patriarchal biomedical discourse which maintains that mental illness is a result of individual pathology rather than being related to social conditions was particularly evident. Contrary to other research (e.g. Curry and O'Brien, 2006), none of the advertisements were set in real world contexts, regardless of whether a woman or man was shown as the user of the drug. This lack of context was compounded by the language used in advertisements. The vast majority of advertisements used natural or emotional language (79.5%) using phrases such as 'restoring balance, lifting depression' in comparison to scientific or medical language (20.5%). The illnesses which were most highly gendered in terms of users (depression, GAD and ADHD), were also the ones with the highest rates of natural/emotional language used, which could be seen as suggesting that these illnesses are particularly innate to middle-aged women and young boys.

Results of the semiotic analysis

Two advertisements for psychiatric drugs for schizophrenia will be briefly discussed here, and can be taken as largely representative of what the semiotic analysis revealed.

In the advertisement for *Zyprexa*, shown in the Appendix, there is one large picture and two smaller ones underneath it. The larger picture shows a woman in her early 30s. She is situated at the foreground of the picture with a heavily locked door behind her. Across the top of this image is the caption 'This is how I kept everyone out'. Underneath this picture is the line 'But now I can let life in', followed by a narrative describing the 'story of Sinead', a schizophrenic, who believed her neighbours wanted her dead. In the smaller images, 'Sinead' is shown in a market place with a companion and in the other 'Sinead' is seated, smiling, with a man who we can presume to be her doctor.

There are many instances of a patriarchal biomedical discourse interweaved throughout this advertisement. The woman in the picture is passive, she has an incomplete body; she is gazing out at her audience with a morose expression. In the text we are told of the irrational activity she engaged herself in, irrationality being a 'typical characteristic' of a woman (Busfield 1996).

'Sinead's' place is clearly identified as the private sphere. The locked door signifies how she kept herself separated from others, not by refusing to go out, but by refusing to let them in. The statement 'But now I can let life in' suggests that, through the use of *Zyprexa*, this woman can let people come into her home again as this is what defines her life.

In this advertisement, 'Sinead' is stripped of any individual agency. Through a combination of the text and the images it is suggested that it is only with the help of *Zyprexa*, her (male) doctor, treatment team and family that she can manage her schizophrenia. Indeed, the advertisement reinforces the paternalistic view of doctors as rescuers, inherent in biomedical discourses, where patients are conveyed as incapable of helping themselves.

The woman is alienated from any social context that may have given rise to her schizophrenia. The text used in the advertisement revolves around the narrative of 'Sinead', and is more concerned with emotion than scientific fact, with such language reinforcing the perception that mental illness comes from an individual, rather than from society.

In the advertisement for *Serdolect*, shown in the Appendix, there is one large image of two men. In the background there is a man with a helmet on and the blurred outline of trees. In the foreground is the user of the drug. He is also wearing a helmet, elbow pads and hand pads; such attire denotes that he is cycling which also connotes that he is active. The man is smiling and facing away from the camera, which are all ways of reinforcing a masculine image.

On top of the picture in a red box is the line 'Switch on Power: Turn down weight gain, EPS and sedation'. Such words signify masculinity, with their suggestions of action and power. This advertisement sees schizophrenia as interfering with men's power, which through the use of *Serdolect*, can be once again 'switched on', enabling him to return to appropriate manifestations of masculinity, such as the enjoyment of physical pursuits in the public domain with his male companions.

Although these two advertisements are united by their lack of a societal context, they diverge significantly in terms of how they construct and portray the user of the drug. While the first advertisement depicts a passive, dependent, irrational woman, the second advertisement shows a man who is active and focuses on enabling him to regain his position of power. Thus these images can be largely be seen as drawing on biomedical understandings of health and as reinforcing gendered notions of women and men.

Discussion

The findings demonstrated that patriarchal biomedical discourses exist in advertisements for psychiatric drugs in the *Irish Medical Times*.

Through content analysis and semiotic analysis, it was shown that women were more likely to be shown as passive, with incomplete bodies and to be looking out at their

audience, features which are regarded as signifying their inferiority, their physical deficiency and that women are defined by the gaze of others. In contrast, men were more likely to be shown as active, with complete bodies and not to be looking at the audience, which are ways of conveying men's superiority, independence and control. There was also a focus on showcasing appropriate manifestations of masculinity and femininity. Women were portrayed in stereotypical feminine ways, such as striking soft, elegant dancer poses with dresses and long hair, or as excessive shoppers whereas men were more likely to be shown engaging in physical pursuits in the public sphere. Women were also more likely to be shown playing traditional roles, such as that of mother.

It could be argued that the pharmaceutical industry exploits and further reinforces patriarchal biomedical conceptions of the individual etiology of mental illness. All advertisements in this research were devoid of a real-world context. In fact, many of these advertisements portrayed drugs as being able to return a patient to their social role, thus completely ignoring that such roles may actually contribute to the condition in the first place.

Furthermore, advertisements tended to reinforce notions of paternalistic doctor superiority, particularly in the case of female patients, which seemed to suggest that ultimate decisions regarding patients welfare rests with the doctors, not the patients. Such attitudes could be seen as a manifestation of a patriarchal biomedical discourse which acts as a form of social control by removing patient's individual agency.

There was also a distinct gendering of the illnesses of depression, GAD and ADHD. Such gendering of advertisements and illnesses was considered to be problematic in light of existing research which suggests that advertising impacts on the patient-professional relationship in terms of diagnosis and prescribing patterns.

Recommendations

In light of the findings of this research, it is evident that a good place to start in the deconstruction of patriarchal biomedical discourses is in medical publications. However such efforts would be hampered from the outset by existing legislation and regulations. Therefore, it is recommended that effective changes be made to these,

including the addition of explicit codes of practice in relation to sexist advertising and the intensification of sanctions, such as financial penalties which are proportionate to a company's revenue, for those who have been found to be in breach of such regulations.

It is also recommended that the automatic marriage between mental illness and medication be prised apart. A renewed focus on the social context of people's lives is required. It is time to go beyond the biopsychosocial model which simply takes the context of people's lives into consideration in their treatment, and instead aim to change these very circumstances of gender-induced exploitation, poverty or marginalization. This requires the overthrow of patriarchy in all its explicit and implicit forms. It is time for a new urgency, and a steadfast commitment, in relation to the deconstruction of harmful gender constructs.

Conclusion

To conclude, patriarchal biomedical discourses are entrenched in psychiatric advertisements in the *Irish Medical Times*. Such advertisements influence physician's diagnostic patterns which can have negative consequences for both women and men. Legislation and regulation are lenient, or completely silent, on the issue of sexism in advertising, and such regulations need to be reformed in order to make a real impact on the sexism inherent in psychiatric advertisements. However, challenges to patriarchal discourses must not be confined to the medical sphere; real liberation for women and men involves the deconstruction of such discourses right across the spectrum of society and across all levels, from institutions right through to the daily interactions of women and men. The revelation of such discourses is essential for their ultimate termination, and it is hoped that this research, through its exposure of such discourses and examination of its implications, has contributed to the impetus for change.

Serdolect® now available in Ireland for the treatment of Schizophrenia*

Switch on power

Turn down weight gain, EPS & sedation ¹⁻⁵



Lundbeck  Serdolect
sertindole

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Serdolect should only be used for the treatment of patients who are intolerant to or have run out of other antipsychotic agents.

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