

Virtual Mentor

American Medical Association Journal of Ethics
June 2012, Volume 14, Number 6: 494-502.

IMAGES OF HEALING AND LEARNING

Mainstream Anxieties about Race in Antipsychotic Drug Ads

Jonathan M. Metzler, MD, PhD

Marketing research consistently shows that pharmaceutical advertisements entice patients to ask for particular medications and physicians to prescribe them [1]. How do these advertisements work?

Supporters of pharmaceutical advertisements argue that the ads provide patients and doctors with important information about new medications in ways that help both parties make informed treatment decisions [2]. Critics meanwhile contend that pharmaceutical ads help drug companies “create new disease markets” and “expand market share” [3].

Both sides of the argument overlook an important point: in addition to creating new markets or providing new information about medications, ads also tap into existing cultural attitudes and beliefs. Pharmaceutical ads identify, reflect, and even distort prevailing popular sentiments about such matters as race, gender, politics, and class and then posit prescription medications as treatments for “social” problems as well as medical ones. Of course, many types of advertisements work by identifying social anxieties and desires. It would seem particularly important that physicians be aware of these tensions, so that they can best differentiate cultural expectations and biases from actual information about medications and diseases when they make treatment decisions. To do so, doctors need to become competent, not just in the effects and side effects of pharmaceuticals, but also in the nuances of cultural manipulation on which ads for these pharmaceuticals often depend.

The history of doctor-directed pharmaceutical advertising from American psychiatric journals presents an object lesson in the ways drug ads reflect and distort cultural stereotypes. As is well known, starting in the 1950s, advertisements played off of popular attitudes about gender, and specifically about women’s roles as mothers and wives, to promote branding of antidepressants (see image 1) [4].

Image 1



Scholars have now begun to examine the ways in which themes regarding race and racial politics inflected the marketing of antipsychotic medications in psychiatric journals over the same time period.

As a pedagogically useful example, consider a shocking advertisement (see image 2) for the antipsychotic medication Haldol that appeared in the May 1974 edition of *Archives of General Psychiatry*. In the ad, an angry African American man shakes his fist menacingly. The man wears the street clothes of ignominy, complete with a ruffled shirt and a wide collar, and stands in an urban scene. The man sneers, and the image distorts his features in a manner that makes him appear particularly threatening to the psychiatrists who were the assumed audience for the ad. The text above the image then literalizes the scene. “Assaultive and belligerent?” the text asks above an angry black man constructed as exactly that. “Cooperation often begins with Haldol” [5].

Image 2

Assaultive and belligerent?

Cooperation often begins with
HALDOL
(haloperidol)
a first choice for starting therapy

Acts promptly to control aggressive, assaultive behavior

Several studies have reported the special effectiveness of HALDOL (haloperidol) in controlling disruptive and dangerously assaultive behavior. Even the number of violent assaults committed by a group of criminal psychotics "resistant to maximal doses of phenothiazines" was reduced substantially during treatment with HALDOL. Symptom control can be achieved rapidly, frequently within a few hours when the intramuscular form is used for initial control of acutely agitated psychotic states.*

Usually leaves patients relatively alert and responsive

Although some instances of drowsiness have been observed, marked sedation with HALDOL (haloperidol) is rare. In a report on a study with criminal psychotics the investigator states, "The patients remained alert and more amenable to psychotherapeutic intervention." Another investigator reports that HALDOL "normalizes" behavior and produces a sensitivity to the environment that allows more effective use of the social milieu and the therapeutic community.*

Reduces risk of serious adverse reactions

HALDOL (haloperidol), a butyrophenone, avoids or minimizes many of the problems associated with the phenothiazines. Hypotension is rare and severe orthostatic hypotension has not been reported. There is also less likelihood of adverse reactions such as liver damage, ocular changes, serious hematologic reactions and skin rashes. The most frequent side effects of HALDOL (haloperidol)—extrapyramidal symptoms—are usually dose-related and readily controlled.

References: 1. Darling, H.F., *Dis. Nerv. Syst.* 32:31 (Jan. 1971); 2. Mao, F.L., and Chen, C.H., *Psychosomatics* 14:59 (Jan.-Feb. 1973); 3. Chouinac, R.J., and Remington, E., *Paper presented Amer. Acad. Psychiatry Annual Meeting, N.Y.*, Sept. 15-20, 1972; 4. Shankar, K.W., *Dis. Nerv. Syst.* 35:111 (Mar. 1974); 5. Howard, L.R.C., *Can. Psychiat.* 2:133 (May 1965).

*For information relating to Indications, Contraindications, Warnings, Precautions and Adverse Reactions, please turn page.

©1974 McNeil Laboratories, Inc.

One could argue ad absurdum that the ad provided psychiatrists with information about a relatively new butyrophenone-class antipsychotic medication—Haldol was released in 1967. A more likely response is to wonder how McNeil Laboratories, the makers of Haldol, could have promoted their medication through such blatantly discriminatory imagery.

“Racism” is an answer that comes to mind as we look in horror at the ad from nearly 4 decades ago. And, to be sure, racism seems an apt descriptor for an ad that sells

neuroleptics by depicting a problematic stereotyped man who appears to be a cross between a pimp and the Godfather of Soul.

But perhaps there is more to the story. The ad appears overtly problematic from the perspective of the present day, but was it seen that way when it was produced? Moreover, were the racial assumptions in the ad volitional, and if so, on the part of whom? The advertisers? The *Archives* publishers? The journal readers? Did these actors perform acts of racism knowingly, by creating particular images, or buying particular journals? Or was it also the case, and more troublingly so, that anxieties about belligerent, psychotic black men were embedded into acceptable public discourse in ways that defied recognition at the time?

Addressing these questions requires that we critique the ad as visual historians. Doing so involves focusing less on our immediate emotional response to the image. Instead, we would attempt to place the Haldol ad in historical context by uncovering how it connects to larger 1960s- and 1970s-era mainstream American cultural assumptions about race and insanity, in order to better understand the conditions that might have allowed such an image to appear in a mainstream psychiatric journal.

For instance, we might contend that the ad reflects era-specific cultural anxieties about race politics and racial protest. The man in the image presents a laden political gesture from that era: a clenched black fist (see image 3) [6]. Of course, the fist



Image 3

became a symbol of the Black Power Movement. And, while that movement was often popularly misrepresented as promoting violence, the fist connoted the opposite—solidarity, resistance, and joined struggle. Olympian Tommie Smith (see image 4) [7], whose raised fist at the 1968 Mexico City Summer games set off a wave of controversy, later explained the gesture as a “salute” to “human rights” [8]. The Haldol ad appears to

play with this popular misperception by inverting the fist in a way that suggests that the politicized figure—indeed a figure who is expressly not pictured in a treatment setting—will assault the assumed viewer of the image if not given Haldol immediately.

Similarly, the man seems to stand defiantly within an urban scene in which buildings and windows reflect an orange hue. We might contend that this color palate invokes

Image 4



connections to era-specific urban unrest. In the years preceding the ad, urban protests had spread across such U.S. urban centers as Detroit, Watts, and Newark. Popular representations of these revolts prominently displayed [burning buildings](#). Nightly newscasts often described the scenes as “insane” while overlooking the unjust economic conditions that led to the protests in the first place. Tapping in, the ad troublingly posits Haldol as a clinical treatment for a social, political, economic, and of course highly racial “problem.”

A second historical point that we might make about the Haldol ad is that its imagery is consistent with broad transformations taking place in antipsychotic advertisements—transformations that revolved expressly around race and gender in depictions of psychosis and schizophrenia. A quick flip through journals such as *Archives* and the *American Journal of Psychiatry* reveals that antipsychotic advertisements began to appear with regularity in these journals in the 1950s. At that time, images such as the one seen in the Haldol ad simply never appeared. Early antipsychotic ads (see image 5) [9] instead showed docile white women treated with medications such as Serpasil. Or, as in the case of 1955 Thorazine ads, depicted white-only women’s wards (see image 6) [10].

Suddenly in the 1960s and 1970s, Africanized or African Americanized themes emerged in ways that now seem shockingly abrupt. Thorazine ads, for instance, suddenly shifted to depicting Africanized icons (see image 7) [11] of what it called “primitive psychiatry,” while ads for Stelazine suddenly featured tribal artifacts or masks (see images 8, 9) [12, 13].

CLEAN, COOPERATIVE, AND COMMUNICATIVE”

Under the influence of Serpasil, patients who had been destructive, resistant, hostile, withdrawn, untidy, or troubled with hallucinations became, in a short period of time, clean, cooperative, and communicative persons.¹

Serpasil has been shown to be effective even in violently disturbed psychotics if sufficiently high dosage is used. After 6 to 8 weeks of Serpasil therapy in 127 chronic schizophrenics “the result was frequently astounding, even to psychiatrists of long clinical experience.”²

In similar studies, the worst behavior problems in the hospital showed improvement, “chiefly . . . a reduction of motor activity, of tension, of hostility, and aggressiveness.”³ Many reports have indicated that Serpasil

may be substituted for electro- or insulin shock and that it sharply reduces destruction and assaults in the violent back wards. *Adequate trial is essential*—a minimum of 3 months, beginning with “parenteral doses of at least 5 mg. of reserpine and continued daily doses of 2 to 8 mg. orally.”⁴ “The occurrence of the turbulent phase (with exaggeration of symptoms) is not an indication for discontinuing treatment.”⁵

1. Hollister, L. E., Krieger, G. E., Krings, A., and Roberts, R. H.; *Ann. New York Acad. Sc.* 47:95 (April 15) 1955.
2. Hoffman, J. L., and Krasner, L.; *Ann. New York Acad. Sc.* 47:144 (April 15) 1955.
3. King, M. S., and Basler, A. M.; *Ann. New York Acad. Sc.* 47:165 (April 15) 1955.
4. *Parenteral Solution*, 2-ml. ampuls, 2.5 mg. Serpasil per ml. *Tablets*, 4.9 mg. (scored), 2.0 mg. (scored), 1.0 mg. (scored), 0.25 mg. (scored) and 0.1 mg. *Ellixir*, 1.0 mg. and 0.2 mg. Serpasil per 4-ml. teaspoon.


Serpasil
(reserpine CIBA)

high dosage for psychiatric patients



I B A
NEW YORK, N. Y.

XXXIII



Libograph by Robert Rigg

“disturbed wards have virtually disappeared”¹

Many hospitals have found that

THORAZINE*

- makes patients accessible and receptive to psychotherapy
- reduces or eliminates the need for restraint and seclusion
- improves ward morale
- speeds release of hospitalized patients
- reduces destruction of personal and hospital property
- reduces need for shock therapy and lobotomy
- increases capacity of hospital to serve more patients than ever before

*Thorazine is the generic name for the hydrochloride.

Images 5 and 6

One might posit many reasons for this transformation, ranging from changed marketing techniques to altered cultural aesthetics. But this transformation also provides important supporting data for our hypothesis about the racializing of antipsychotic drugs in the 1960s and 1970s and a linking of that racialization to concerns about politics as well as about mental illness.

Finally, we might note that the transformation in antipsychotic advertisements reflects larger transformations in American popular and medical representations of psychotic and schizophrenic illness [14]. Here as well, a broad transformation occurred in which understandings shifted from docility to hostility, and often from white to black. For instance, through the 1950s, psychiatric journals and textbooks often depicted schizophrenia as a condition, manifest by “emotional disharmony,” that negatively impacted white people’s abilities to “think and feel.” Psychiatric authors frequently assumed that such patients were nonthreatening and were therefore to be psychotherapeutically nurtured by their doctors, as if unruly children, but not feared [15].

Meanwhile, through the 1950s, popular magazines such as *Ladies’ Home Journal* [16] and *Better Homes and Gardens* [17] wrote of unhappily married, middle-class white women whose schizophrenic mood swings were suggestive of “Doctor Jekyll and Mrs. Hyde”—a theme that also appeared in Olivia de Havilland’s infamous depiction of a schizophrenic housewife named Virginia Stuart Cunningham in the 1948 Anatole Litvak film, *The Snake Pit*, on which the earlier Thorazine ad appears to be based [18, 19].

American assumptions about the race, gender, and temperament of schizophrenia changed beginning in the 1960s. Many leading medical and popular sources suddenly described schizophrenia as an illness marked not by docility but by rage. Growing numbers of research articles from leading psychiatric journals asserted that schizophrenia was a condition that also afflicted “Negro men” and that black forms of the illness were more hostile and aggressive than were white ones. A 1968 article from the *Archives of General Psychiatry* asserted that this psychotic hostility emerged because black men listened to the words of Malcolm X, joined the Black Power Movement, or “espoused African or Islamic” ideologies—indeed, the same ideologies that seem to be referenced by the 1960s- and 1970s-era antipsychotic advertisements [20].

Meanwhile, mainstream newspapers in the 1960s and 1970s warned of crazed, black, schizophrenic killers on the loose. “FBI Adds Negro Mental Patient To ‘10 Most Wanted’ List” warned a *Chicago Tribune* headline in July 1966, above an article that advised readers to remain clear of “Leroy Ambrosia Frazier, an extremely dangerous and mentally unbalanced schizophrenic escapee from a mental institution, who has a lengthy criminal record and history of violent assaults” [21]. Hollywood films such as Samuel Fuller’s 1963 B-movie classic, *Shock Corridor*, similarly cast the illness as arising in black men, particularly men who participated in civil-rights protests [22].

This all-too-brief history helps tell a story about the Haldol advertisement that complicates a narrative in which the inventions of a particular advertiser led to a specific doctor's prescription response. Reading historically, we begin to see that the problematic Haldol ad also emerged from a cultural moment in which concerns about race, insanity, and black political protest lodged into mainstream anxieties, social networks, and notions of common sense.

In no way is this telling meant to suggest that doctors in the 1960s and 1970s should have refrained from prescribing psychotropic medications. Indeed, many patients benefitted from Haldol in vital ways. Yet the 1974 ad also suggests that, in its worst moments, the discourse about this medication and the illness it treated reflected a larger set of cultural anxieties that doctors should have been aware of. Such awareness might have helped psychiatrists address a much larger problem that emerged at the same time: the link between the themes of the ad and the emerging overdiagnosis of schizophrenia in African American men. Indeed, at precisely the same historical moment, a series of studies “shockingly” discovered that African American men were “significantly more likely” than other, white patients to receive schizophrenia diagnoses and were also more likely to receive higher doses of antipsychotic medications [23-27].

Ultimately, the Haldol ad presents a cautionary tale about the relationships between pharmaceuticals and society in the present day. Thankfully, we live in an era in which the racial profiling of the 1974 ad seems a relic of the past.

We also live in an era of dramatically expanded pharmaceutical advertising. Information about prescription medications permeates magazines, journals, television programs, the Internet, and seemingly everywhere else. Many times, the advertised medications help people recover from illnesses or lead more meaningful lives. But at the same time, expanded advertising presents ever-more opportunities to link expectations about these medications to cultural desires, anxieties, and stereotypes.

In other words, there has never been a greater need for physicians to become fluent in the social and cultural tensions that underlie many pharmaceutical advertisements. At the least, awareness of these tensions allows clinicians to recognize the social manipulations on which many ads depend. And, at the best, this type of cultural competency enables clinicians to get ahead of the conversation by understanding, and then talking about, the many complex gendered, racialized, and politicized meanings that Americans, patients and doctors both, ascribe invisibly to mental illnesses and prescription drugs.

References

1. Mintes B, Barer ML, Kravitz ML. How does direct-to-consumer advertising (DTCA) affect prescribing? A survey in primary care markets with and without legal DTCA. *CMAJ*. 2003;169(5):405-412.

- <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC183290>. Accessed May 17, 2012.
2. Woodward LD. Pharmaceutical ads: good or bad for consumers? *ABC News*. February 24, 2010.
<http://abcnews.go.com/Business/Wellness/pharmaceutical-ads-good-bad-consumers/story?id=9925198>. Accessed May 17, 2012.
 3. Stop Drug Ads. Learn more: prescription drug marketing harms the doctor-patient relationship. http://stopdrugads.org/learn_more.html. Accessed May 17, 2012.
 4. Metzl JM. *Prozac on the Couch: Prescribing Gender in the Era of Wonder Drugs*. Durham, NC: Duke University Press; 2003: 127-164.
 5. Advertisement for Haldol. *Arch Gen Psychiatry*. 1974;31(5):732-733. See also: Franklin J. Race, civil rights, and psychiatry: a conversation with Jonathan Metzl, MD, PhD. *Atrium*. 2001;(9):12-16.
<http://bioethics.northwestern.edu/atrium/pdf/atrium9-metzl-franklin.pdf>. Accessed June 1, 2012.
 6. Raised fist. *Wikipedia*. http://en.wikipedia.org/wiki/Raised_fist. Accessed May 25, 2012.
 7. 1968 Olympics Black Power salute. *Wikipedia*.
http://en.wikipedia.org/wiki/1968_Olympics_Black_Power_salute. Accessed May 25, 2012.
 8. Smith T, Steele D. *Silent Gesture—Autobiography of Tommie Smith*. Philadelphia, PA: Temple University Press; 2007.
 9. Advertisement for Serpasil. *Am J Psychiatry*. 1956;112(7):xxxiii.
 10. Advertisement for Thorazine. *Am J Psychiatry*. 1995;112(5):xi.
 11. Advertisement for Thorazine. *Arch Gen Psychiatry*. 1978;35(1):94-95.
 12. Advertisement for Stelazine. *Arch Gen Psychiatry*. 1978;33(2) back cover.
 13. Advertisement for Stelazine. *Arch Gen Psychiatry*. 1978;33(9):back cover.
 14. Metzl JM. *The Protest Psychosis: How Schizophrenia Became a Black Disease*. Boston: Beacon Press; 2010.
 15. Noyes AP. *A Textbook of Psychiatry*. New York, NY: Macmillan; 1927:127-128.
 16. Marsden A, Adams J. Are you likely to be a happily married woman? *Ladies' Home Journal*. March 1949: 31.
 17. Cooley D. Don't tell them we're all going crazy. *Better Homes and Gardens*. July 1947: 122-125.
 18. Ward MJ. *The Snake Pit*. New York: Signet; 1946.
 19. Hopper H. Olivia de Havilland looks at "Snake Pit" role as most important in all career. *Los Angeles Times*. December 12, 1948: D1.
 20. Bromberg W, Simon F. The 'protest' psychosis: a special type of reactive psychosis. *Arch Gen Psychiatry*. 1968;19(2):155-160.
 21. FBI adds negro mental patient to '10 Most Wanted' list. *Chicago Tribune*. July 6, 1966: A4.
 22. Crowther B. The screen. *New York Times*. September 12, 1963:32.

23. Simon RJ, Fleiss JL, Gurland BJ, Stiller PR, Sharpe L. Depression and schizophrenia in hospitalized black and white mental patients. *Arch Gen Psychiatry*. 1973;28(4):509-512.
24. Welner A, Liss JL, Robins E. Psychiatric symptoms in white and black inpatients, II, follow-up study. *Compr Psychiatry*. 1973;14(6):475-481.
25. Chung H, Mahler JC, Kakuma T. Racial differences in treatment of psychiatric inpatients. *Psychiatr Serv*. 1995;46(6):586-591.
26. Segal SP, Bola JR, Watson MA. Race, quality of care, and antipsychotic prescribing: practices in psychiatric emergency services. *Psychiatr Serv*. 1996;47(3):282-286.
27. Mukherjee S, Shukla S, Woodle J, Rosen AM, Olarte S. Misdiagnosis of schizophrenia in bipolar patients: a multiethnic comparison. *Am J Psychiatry*. 1983;140:1571-1574.

Jonathan M. Metzl, MD, PhD, is the Frederick B. Rentschler II Professor of Sociology and Psychiatry and director of the Program in Medicine, Health, and Society at Vanderbilt University in Nashville, Tennessee. He is the author, most recently, of *The Protest Psychosis: How Schizophrenia Became a Black Disease* (Beacon Press, 2010) and co-editor of *Against Health: How Health Became the New Morality* (NYU Press, 2010).

Related in VM

[“For Me There Is No Substitute”—Authenticity, Uniqueness, and the Lessons of Lipitor](#), October 2010

The viewpoints expressed on this site are those of the authors and do not necessarily reflect the views and policies of the AMA.

Copyright 2012 American Medical Association. All rights reserved.