

DOCTORS AND ALL BLACKS:  
HOW DEPRESSION AND ITS TREATMENT IS FRAMED IN  
NEW ZEALAND GP-TARGETED ADVERTISING

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ABSTRACT

*Depression, and the treatment of depression is a complex and multifaceted issue, and part of how it is understood and managed by doctors is influenced by print advertising with specific corporate sources and sponsors. This study uses a framing analysis, with attention to semiotics and discourse, to identify the way which depression, depression treatment, and the clinical encounter are framed in New Zealand GP-targeted media. It focuses on two pharmaceutical advertisements (Avanza & Efexor-XR) and one public health campaign (The Journal) running concurrently in NZ Doctor magazine and MIMS New Ethicals, also paying attention to relevant editorial material. Competing frames are identified within these media publications around the biochemical versus psychosocial models of mental illness. The use of former All Black John Kirwan as spokesperson for The Journal contrasts with more typical western feminizations of depression, but nevertheless relates to other New-Zealand-specific cultural stereotypes by linking male mental health specifically with self-help rather than professional treatment. While mirroring the 'Green Prescription' movement and seeming to empower patients, The Journal also relies on and reinforces the discourse of the authority of the medical profession to legitimate the treatment process.*

INTRODUCTION

Depression and its treatment is a complex issue, at the heart of which lies a population of patients seeking relief from genuine suffering, and a population of health professionals trying to provide this. New Zealand has significantly high rates of mental illness, including depression, and one in six New Zealanders will experience serious depression at some time in their life ([www.depression.org.nz](http://www.depression.org.nz)). The *New Zealand Herald* recently noted that according to New

Zealand's drug-buying agency, Pharmac, there were 720,000 prescriptions of Selective Serotonin Reuptake Inhibitor (SSRI) antidepressant drug treatments in 2007 alone, valued at \$28 million (Borley, 2008). The purpose of this study is to explore print advertising as one of the factors influencing the way depression may be conceptualised by doctors, the doctor-patient dynamics in clinical encounters, and the patient's experience of illness and treatment. Issues of representation and discourse within advertisements for anti-depressant drugs are compared to a public health campaign, appearing concurrently in the fortnightly *NZ Doctor* publication and the bi-annual *MIMS* prescription guide.

Pharmaceutical companies spend two and a half times more on marketing and administration than on research and development (Currie 2005, p.15). To sell a cure, you must first sell a disease, and so to promote their drugs and maximise their profits pharmaceutical companies become intimately involved in the construction of ideas about mental illness itself; its causes, symptoms and solutions (Jureidini and Mansfield 2001). The circulation of capital, consumption and information is complex for the pharmaceutical industry and pharmaceutical companies have two broad audiences – mental health care professionals and mental health care consumers. As controversial and much-studied as Direct-to-Consumer (DTC) drug promotion is, in fact it is physician promotion that makes up approximately 85% of promotional spending by pharmaceutical companies (Currie 2005, p.16). Print advertising in medical journals or magazines has been a longstanding part of this (Jureidini & Mansfield 2001, p.96). Yet 'Advertisements do not emulate reality as it is, but draw their meaning from the dominant discourse and medical ideology underpinning the social and cultural understanding of diseases' (Curry & O'Brien 2006, p.1971). Clearly then, an analysis of the cultural messages conveyed in advertising for treatments for depression is a worthy social science research project.

There have been a number of key pieces of research that have used content analysis to examine psychopharmaceutical advertising. For example, Goldman and Montage (1986) deconstructed two print advertising campaigns found in American medical journals, for Ludomil and Desyrel. They note the use of abstract visual metaphors designed to create cognitive connections between the named drug and the visual images; these connections were called 'carry-over symbols' (1986, p.1048). They concluded that the privileging of certain knowledges of mental illness, its treatment and experience, created a reified and medicalised view of depression that enforced unproblematic drug-taking as a solution. Prozac, Zoloft and Paxil were studied more recently yet in a similar manner by Grown, Park and Han (2005) who concluded that both campaigns used thematic framing to create a serious, authoritative, biomedical view of

depression, with Paxil also feminizing the disorder.

Gender imbalance in advertising campaigns has also been discussed in many other studies. For example, Munce *et al.* (2004), Hansen and Osborne (1995) and Currie (2005) looked at the correlation between advertising and prescription trends, and found that women in North America and Europe had twice as many psychotropic drugs prescribed for them as men (2005, p. 8). Greenslit (2005) and Currie (2005) both discuss how the inordinate use of pictures of women as 'sick' changes gendered assumptions of power and health, and how normal emotional distress in women can be biologised. A semiotic analysis of antidepressant and heart disease drug advertising in Ireland by Curry & O'Brien (2006) showed how imagery, language, and the positioning of the gaze was used to gender heart disease as male and depression as female. Jonathan Metzl writes that gendered assumptions are often woven into 'the space between drug and wonder drug, or between medication and metaphor' (2003, p. 83). His qualitative studies of advertisements from 1964 to 2001 treated the texts as a 'visual history'. Metzl identified the continuing recurrence of psychoanalytic tropes within psychopharmacological settings, and argues both psychoanalytic and biochemical models of mental illness in advertising function to maintain traditional gender roles in similar ways.

Nathan Greenslit has explored the way marketing logic was extended to branding, packaging and presentation of the pills themselves, as social signifiers and the effect of this on patient experiences and expectations (2005). He studied Sarafem, and the chemically identical Prozac, their 'symbolic lives' and 'cultural messages regarding mental illnesses' that were involved in their branding, and found that differences in the branding of the pills, even with no chemical difference, significantly shaped the patient's understanding of their illness and treatment (p. 477). The work of Jeffrey Stepnisky focused on the way DTC anti-depressant advertising constructed the relationship between biology and selfhood, by sampling advertisements from numerous different media over an eight year period. Commonalities he identified included listing of symptoms (including ambiguous ones) and simplified, oppositional images of health and illness (2007). He focused on the important case of the Zoloft 'bubble', which he used to argue that the advertisements fetishise pills as a clean and uncomplicated resolution to emotional distress, and achieve what he called 'narrative magic'. Stepnisky argued that this 'biological bias' is actively attempting to force out older psychosocial and folk interpretations of psychological suffering. He also noted the strong framing of depression as an individual disorder with an individual solution.

On the basis of these previous studies of both DTC and doctor-targeted anti-depressant advertisements, it would be fair to state that the pharmaceutical industry tends to frame depression in a reductionist, biochemical way that also implies the issue is individual, easy to solve, and female. Most of these studies, however, have been conducted in the USA or Canada, and some literature has suggested that outside of the US, laypersons still have a preference for psychosocial causation theories for depression (France *et al.*, 2007). No similar New Zealand specific-studies of psycho-pharmaceutical advertising have been conducted in the past, either for DTC advertising or for advertising directed at doctors. The research question for this project was thus: 'How is depression and its treatment framed in GP-targeted drug advertising and health promotion in New Zealand?'

## METHODS

Material for analysis was drawn from two different publications, often marketed mutually and concurrently, and targeted at the same audience: General Practitioners within New Zealand. The fortnightly *Doctor* magazine (known as *New Zealand Doctor* prior to 2003) is a broadsheet, full-colour publication, with a tabloid feel. The *MIMS New Ethicals* is a biannually published prescription guide. It is an A5 size, inch-thick manual for desktop use, and is separated into sections for quick reference. There is a strong overlap in the advertising content between the two publications. The material was reviewed by the author for a ten-year period, spanning from 2001 to 2011, including 20 copies of *MIMS* and 240 issues of *NZ Doctor*. From these publications, 3 advertising campaigns were selected for analysis. These included two recent anti-depressant drug advertising campaigns, Efexor-XR (Venlafaxine) and Avanza (Mirtazapine), and one public health campaign promoting a new, online, self-help service called The Journal.

The advertising images were analysed using the concepts of discourse (Wetherell *et al.*, 2001, Shaw 2010), framing (Entman 1993), and semiotics (Grow *et al.*, 2006). While a Foucaultian discourse analysis is quite well known, framing may be less so and is a process of constructing social reality, in which organizing principles within a text (known as 'frames') emphasise some elements of a perceived reality over others, using selection and salience to 'to promote a particular problem definition, causal interpretation, moral evaluation, and/or treatment recommendation for the item described' (Entman 1993, p. 52). Where a frame functions to promote two or more of these at once time, Entman calls this a 'substantive frame' (2004). A number of different theorists have utilised and built upon framing theory, many developing sub-theories, or specialised

theories for how frames work in particular settings (Grow *et al.*, 2006, Pan and Kosicki 1993, Reese *et al.*, 2003, Lee *et al.*, 2008). Frames also work symbolically, and Reese writes that framing uses all available verbal and visual symbolic resources to yield a particular, coherent understanding of the world (2003). Gamson & Lasch (in Johnson-Cartee 2005, p.166) argue for attention (within the paradigm of framing) to identifying symbols which are shorthand for a whole host of beliefs, feelings, values and world-views, also called 'condensational symbols' (2003, p.282). Condensational symbols which are salient across large numbers of members of a given culture can be called a 'significant symbol' (Johnson-Cartee 2005). This links draws on semiotic theory, which states that signs are selected and organized into meaningful codes which are in turn inextricably embedded in particular social and cultural realities (Grow *et al.*, 2006). Consequently as well as looking at the content, it is vital in frame theory to understand the 'sources and sponsors' of the frames (Reese *et al.*, 2003). In this case, we already know who is directly responsible for producing the texts, and the frames they support; pharmaceutical companies such as Eli Lilly, Wyeth, Merck & Co, Pfizer, AstroZeneca, GlaxoSmithKline and others, and then also the New Zealand government's Ministry of Health and their 'National Depression Initiative' sub group. Framing theory has typically been used to analyse print and broadcast news, but it can be applied effectively to advertising or public health campaigning, where it is not unconscious bias but rather deliberate intent which guides framing practice. The results are set out below against the images analysed.

## RESULTS AND ANALYSIS

### *Cast Study One – 'Action' Efexor-XR Campaign*

Venlafaxine hydrochloride is a serotonin-norepinephrine reuptake inhibitor (SNRI) which is used most commonly to treat Major Depressive Disorder and Generalised Anxiety Disorder (Holm & Markham 1999). It is sold in New Zealand under brand name Efexor-XR. There were 26 Efexor-XR advertisements published from March 2006 to March 2011 in the *NZ Doctor* magazine, including Figure 2 eleven times, Figure 3 five times, and Figure 4 ten times. Figure 2 also appeared in all 9 copies of *MIMS New Ethicals* over this period. Today many pharmaceutical companies employ naming consultants, and the sound morphology of medications are created to represent a 'promised state of health' (2008, p.1864). According to Abel & Glinert's study on the names of chemotherapy treatments, medication names can effect the experiences of both patients and doctors in emotionally-charged medical situations (2008). By deconstructing the sound symbolism and word morphology of this drug

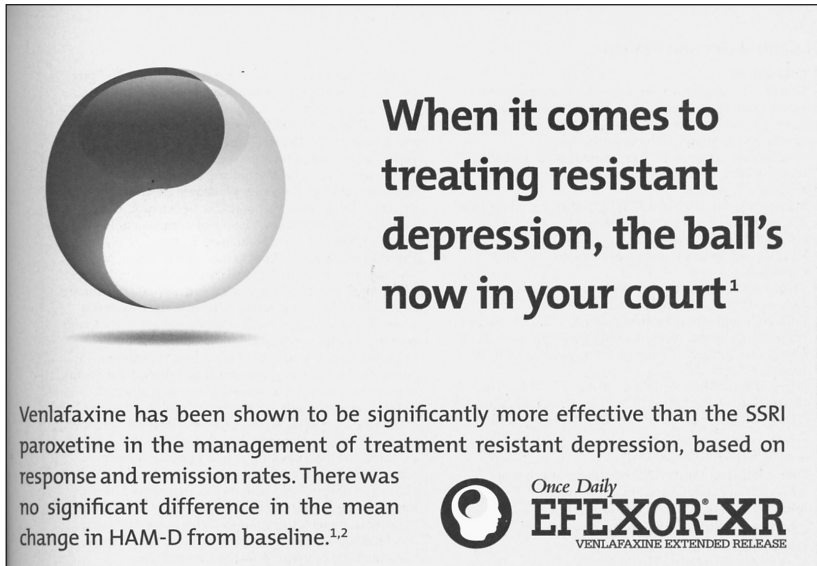
name in line with their methods, we can determine that with a prefix homonymous with 'effect' and 'fix', and voiceless consonants associated with speed and/or lightness the name 'Efexor' connotates rapid, effective and complete solutions, which fits with the tagline of 'dual action' (*ibid*). The use of two 'x's (even bolded in the logo) add a scientific feel to the name, and indicate a target (i.e. 'X marks the spot') which may relate to the advertising emphasis on the targeted nature of the drug, which is also highlighted in the body text in reference to the two specific chemical pathways which the drug acts on (serotonin and noradrenaline).



Figure 1.

The Efexor-XR logo (Fig. 1) is an important part of the advertising campaign, appearing in all advertisements, and in part enlarged as the sole image in Figure 2, the longest running advertisement in the campaign. It comprises of a dark blue circle, inside which is the white silhouette of a head in profile. Inside the head (in the place of the brain) there is a circle split into two halves by a curved line, in the dark blue and warm yellow that are the brand's colours. It is a relatively simple symbol, yet there are at least three layers of meaning within it; balance, a pill, and a tennis ball. These are linked together in one conceptual package to contribute strongly to the way depression is framed and the drug is promoted in this advertisement.

The first meaning, balance, is drawn from the circle's close resemblance to a yin and yang. The yin and yang has a history as a symbol in Chinese culture of balance and harmony within and between the body and the environment, 'Qi' or vital energy (with a special meaning for health) and in Feng Shui where it is black and white with the addition of contrasting dots that represent interchanging and gendered principles in nature (Chen 2001). The association of this symbol with the idea of 'balance' works twofold, signifying both chemical balance and personal harmony, which are framed as one and the same in the biochemical theory of depression. Chemical balance is most clearly repre-



**When it comes to treating resistant depression, the ball's now in your court<sup>1</sup>**

Venlafaxine has been shown to be significantly more effective than the SSRI paroxetine in the management of treatment resistant depression, based on response and remission rates. There was no significant difference in the mean change in HAM-D from baseline.<sup>1,2</sup>

Once Daily  
**Eflexor-XR**  
VENLAFAXINE EXTENDED RELEASE

Figure 2.

sented where the yin-and-yang symbol is used inside the white head outline in place of the brain. Figure 4 in particular emphasises that Eflexor-XR is ‘A dual action treatment’ and that ‘depression symptoms are mediated by both serotonin and noradrenaline.’ The two colours or two sides of the circle could therefore represent those two chemicals specifically, being balanced within the brain. In wider popular culture the symbols commonly refers to another type of balance – personal, spiritual peace and harmony. Depressed patients experience their lives as imbalanced on a number of fronts, and therefore the use of this symbol to market anti-depressants conflates the use of drugs to achieve chemical balance in the brain with an experience of emotional/spiritual wellbeing.

The blue and yellow Eflexor circle is also reminiscent of a pill, thus this symbol alone creates a neat conceptual package of chemical balance = personal peace = pills which frames medication as the solution to depression as both a biological disorder and an existential crisis. A third and final interpretation of the blue and yellow symbol is the one emphasised in the accompanying text in Figure 2. The phrase ‘the ball's now in your court’ acts as a verbal framing device, guiding the reader's identification of the symbol temporarily with the image of a tennis ball. The use of this sports metaphor creates an idea of decisive, competitive

action. Tennis is a sport of speed and energy, which are the same meanings associated with the language of the advertisement, and the brand name, interestingly also linking back to the yin and yang's relationship to the 'vital energy' of the healthy body/soul. The 'back-and-forth' action of tennis is also potentially symbolic of the clinical encounter, an idea to which I will return.

The blue sky counterposed with dark clouds are the primary images of the Efexor campaign in Figure 3 and 4. These images rely on readers' very specific cultural understanding of the meaning of the blue sky as positive and cheerful, to relate it to a life without depression. The cultural understanding of clouds as ominous and unwelcome links it to depression, as does the overlaying of the cloud image with the symbolic 'cloud' of words and phrases that are symptoms of depression; depressed mood, anxiety, impaired attention, etc in Figure 3. Furthermore, the list of symptoms referred to in Figure 4 as being symptoms of risk of recurrence of depression (fatigue, slow information processing, impaired attention, obsessions and compulsions, psychomotor retardation, panic, anxiety, problems concentrating, deficiencies in working memory, phobia, and depressed mood) are arguably subclinical when occurring alone or briefly, but are listed without the specific temporal criteria part of the definition in the current Diagnostic and Statistics Manual of Mental Health (DSM-IV).

#### *Case Study Two – 'Restore' Avanza Campaign*

Mirtazapine is a tetracyclic antidepressant recommended for patients with moderate to severe major depression; clinical results particularly indicate its

**“50% of those who recover from a first episode of depression have one or more additional episodes in their lifetime<sup>1</sup>”**

**Consider EFEXOR-XR**  
**A dual action treatment**  
**for prevention of relapse and recurrence of depression<sup>2</sup>**

**Once Daily**  
**EFEXOR-XR**  
 VENLAFAXINE EXTENDED RELEASE

Figure 3.



FATIGUE  
SLOW INFORMATION PROCESSING  
IMPAIRED ATTENTION  
OBSESSIONS & COMPULSIONS  
PSYCHOMOTOR RETARDATION  
PANIC  
PROBLEMS CONCENTRATING  
ANXIETY  
PHOBIA  
DEFICIENCIES IN WORKING MEMORY  
DEPRESSED MOOD

Depression symptoms are mediated by both serotonin and noradrenaline<sup>1</sup>

# Consider EFEZOR-XR

**A dual action treatment**

- working on both the serotonin and noradrenaline pathways\*
- indicated for major depression including prevention of relapse and recurrence\*

Once Daily  
**EFEXOR-XR**  
VENLAFAXINE EXTENDED RELEASE

Figure 4.

usefulness for patients with anxiety symptoms and sleep disturbance (Holm & Markham 1999). In Australia and New Zealand it is marketed under the brand name Avanza by Merck, Sharpe and Dohme (MSD) Pharmaceuticals. The Avanza advertisement campaign commenced in *Doctor* magazine in June 2010, but has not appeared in *MIMS New Ethicals*. At the time of this study thirteen separate advertisements for Avanza had run in the magazine, including

Figure 5 nine times, Figure 7 three times and Figure 6 just once.

Regarding the symbolic meanings of the brand name 'Avanza', the prefix 'Av' calls to mind the word 'Average', which links to the text's focus on the drug's ability to restore 'a *normal* night's sleep' (italics mine). The voiced consonants conjure a sense of slow or heaviness, which relates to the focus of the campaign (two out of three advertisements) on sleep restoration. All three advertisements in the campaign also rely on language to link the ambiguous visual content with the drug's properties (Goldman & Montage 1986, p.1055). They combine the visual metaphor of the sunset/sunrise with the verbal pun of 'Goodnight?' or later 'Good night or Goodnight?' This phrase is related to the healing 'good'-ness of sleep (in Figs 5 & 6) and of sexual intimacy (in Fig. 7),

**Good night?**

A normal night's sleep can make all the difference to a patient suffering major depression.

Working your way through depression is hard enough, let alone if you are also suffering from unsatisfactory sleep. Avanza is just as effective as amitriptyline,<sup>1</sup> SSRIs<sup>2</sup> and venlafaxine<sup>3</sup> in treating major depression with the added advantage of helping restore normal sleep patterns.<sup>4,5</sup>

If you suspect your patient is suffering sleep loss on their current medication, consider Avanza and let them start the day on the right side of the bed.

mirtazapine  
**AVANZA**

Figure 5.

**Good night?**

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Figure 6.

contrasted in the later with the unfulfilled lovers' farewell of 'goodnight'. There is also the final threatening meaning of 'goodnight' as a suicidal leave-taking.

In comparison with the Efexor-XR campaign, which contains semiotic meanings emphasising a targeted, rapid return to a state of wellness, the 'promised state of health' which the name Avanza evokes is one of peaceful normalcy. The people in the images in all three advertisements partake in physically and

AVANZA  
AGAINST DEPRESSION

# Goodnight or good night

Battling depression is hard enough, but the fact that their treatment could be causing sexual dysfunction just adds insult to injury.<sup>1,2</sup> AVANZA is as effective as SSRIs in treating major depression<sup>3,4</sup> with the added advantage that it is less likely to inhibit sexual function than other common anti-depressants.<sup>1,2,6,7</sup>  
Prompt discussion with your patients to see if their current medication could be affecting their sex life, and help them get back to normality by considering switching to Avanza.

Figure 7.

mentally healthy activities such as surfing, dog-walking (both culturally relevant to New Zealand, and echoing the content of the New Zealand specific 'Like Minds Like Mine' campaign (Vaughan & Hanson 2004), and physical intimacy. All three advertisements include images of relationships; between friends, a person and pet, and lovers. The word 'restore' is used in all three advertisements, multiple times, where not only is it intentionally linked to sleep

– generally understood to be a restorative process – but its connotations are of a gentle, therapeutic process which is closer to the holistic idea of ‘heal’ than the reductionistic ‘fix’ or ‘cure’. In addition, the term restore implies a period of restoration, or a transitional phase, linking to the image of a sunset/sunrise which becomes a carry-over symbol between all three advertisements. The colours of the advertisement’s text and stylisation – peach, pink, orange, and yellow – all calming yet ‘warm’ colours – echo the colours of the sunset/sunrise. The cultural understanding of the beach (another carry-over theme) in New Zealand is as both a place of recreation and of introspection, sometimes with spiritual associations too and (see Figs 5, 6, 7 and top of Fig. 8) it can be identified as a significant symbol. The repeated combination of beach and sunset/sunrise alongside the term ‘restore’ ascribes an almost mystical quality to the drug. The use of a silhouetted person arguably allows the reader to easily place themselves within the image evoking strong feelings of serenity and spiritual awareness which are in turn intended to be associated with the experience of taking the drug.

#### *Case Study Three – ‘Wellness’ The Journal Campaign; A contrasting paradigm*

The National Depression Initiative’s (NDI) ‘Stay Well’ campaign involving former All Black John Kirwan was a noteworthy landmark in New Zealand’s landscape of mental health. It is also an interesting example of dominant western discourses of depression and treatment interacting with localised national discourses. Kirwan’s involvement in the television advertisements about depression has been extended now with the launch of an initiative called The Journal, an online self-management tool recommended for those with mild to moderate depression, or recovering from a major depressive episode. It was launched in July 2010, and on July 28th 2010, *NZ Doctor* ran a four-page story in their weekly ‘How to treat’ section, on ‘How to treat: adult depression using e-therapies’, with a full page advertisement for The Journal running on the page prior, along with, perhaps ironically, advertisements for Avanza and Efexor. The Journal similarly had advertisements alongside Efexor in *MIMS New Ethicals*.

The John Kirwan ‘Stay Well’ TV advertisements, website and the new online programme The Journal mark a campaign which deliberately seeks to frame depression with strong counter-discourses to those set by the global pharmaceutical industry. While psycho-pharmaceutical advertising frames depression as female, individual, and biochemical (Currie 2005, Greenslit 2005, Grow *et al.*, 2006) this campaign operates in direct contrast by linking it with men and masculinity, relating treatment to the wider level of families and communities,

**THE JOURNAL - A NEW TOOL FOR THE DEPRESSION CAMPAIGN**

The National Depression Initiative has entered a new phase with John Kirwan promoting a self-management strategy for people with depression. To support the new campaign the Ministry of Health has launched a leading edge internet-based self-management programme. The programme is being promoted in a series of television ads featuring JK talking about how he stays well.

**DEVELOPED WITH MENTAL HEALTH PROFESSIONALS**

JK has teamed up with three mental health professionals to deliver the six-week programme in a series of video clip sessions. For many New Zealanders this will be their first introduction to an online programme of this kind.

JK 'coaches' people through the programme and is joined by Dr Simon Hatcher, Elliot Bell and Dr Lyndy Matthews to cover the range of topics.

Dr Hatcher has translated his expertise in Structured Problem Solving therapy into an accessible, user-friendly programme that people with mild to moderate depression can use on their own, or in the context of clinical treatment. It is also likely to be helpful for people in recovery from more severe bouts of depression.

**AN ONLINE SELF-MANAGEMENT PROGRAMME**

The Journal has been designed to guide people through evidence-based techniques they can apply to their everyday life to help manage depression. It covers:

- staying positive
- the benefits of a healthy lifestyle
- using Structured Problem Solving

The programme is made up of six sessions. Participants will learn the theory behind each strategy and are set enjoyable tasks to build into their daily routine. The programme includes text and email reminders to encourage participation. The Journal programme is available through the [www.depression.org.nz](http://www.depression.org.nz) website.

**SUPPORTED BY THE DEPRESSION HELPLINE**

The programme is backed up by the Depression Helpline which provides optional personalised support, accessed either online or by phone or text. The service offers help with getting through the programme itself, and where necessary supports journal users by providing information on treatment options and appropriate local services. Team members are experienced and qualified to provide effective support to service users in crisis as well as supporting people through the self-management Journal.

REFER TO PAGE 99 FOR A COMPLETE OUTLINE OF THE 6 WEEK PROGRAMME. [www.depression.org.nz](http://www.depression.org.nz)

Figure 8.

and focus on psychosocial rather than biochemical treatments. Firstly, in relation to the gendering of depression, The Journal advertisements are atypically masculine in their use of a former All Black as a spokesperson and collaborator. The choice of Kirwan relates specifically to the New Zealand context and its culture of hypermasculine idealisation, with Kirwan representing the tough

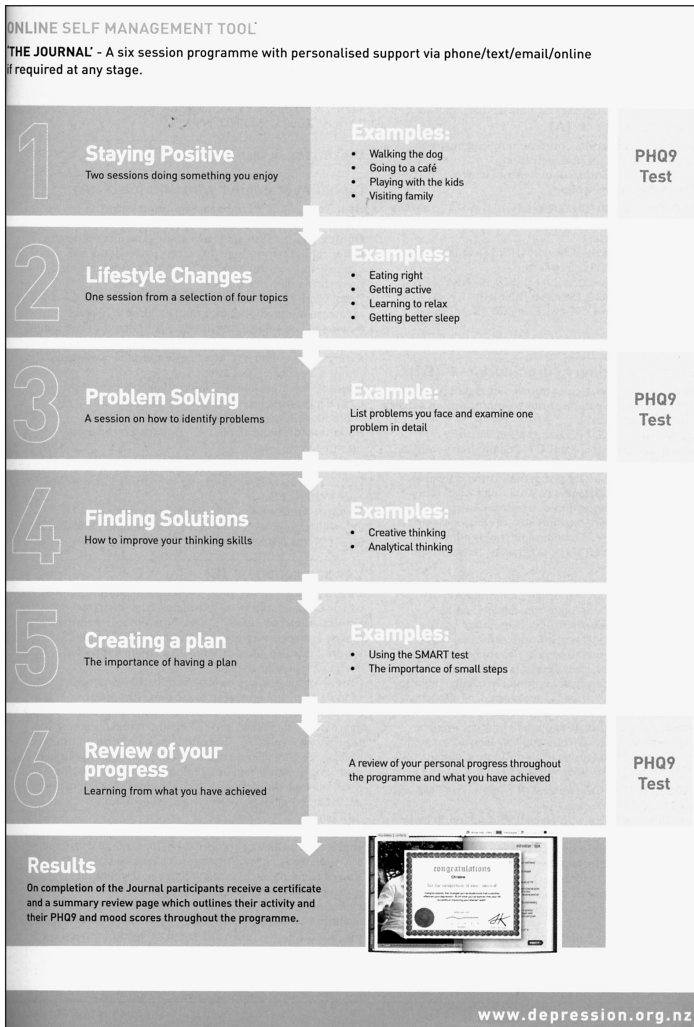


Figure 9.

kiwi 'bloke' ideal (Shrearer & Jackson 2008), but shows him speaking about having depression. While the Eflexor-XR campaign was gender-neutral, in the Avanza campaign men are depicted more frequently suggesting a specific New Zealand style gendering of the illness. Even in the 'How to Treat: Treatment Resistant Depression' which ran in *NZ-Doctor* alongside these advertisements,

a specific note was made of the tendency of men to hide depression. This drew the reader's attention to male depression and in doing so again pressed against dominant and well-known cultural attitudes discouraging men from seeking emotional and physical care or treatment. The NDI TV and print campaigns, similar public health campaigns such as the 'Like Minds, Like Mine' campaign (Vaughan & Hansen 2004), the editorial content of *NZ Doctor* and even the anti-depressant advertisements in these publications seem cumulatively to indicate that depression in NZ today is not as often framed as feminine as it is elsewhere, or was in the past

The second way The Journal campaign presents a counter-discourse to dominant global pharmaceutical discourses is that it presents depression as a social, community and family issue, rather than a purely individual one. The NDI home website explicitly state their aim as being to 'Strengthen individual, family and social factors that protect against depression'. This is in direct contrast to the biochemical, individualistic framing of depression evident in pharmaceutical marketing. Also The Journal advertisements (Figs 8 and 9) emphasise social relations in the therapeutic process. While The Journal is essentially an individual tool, the advertisement emphasises the 'team' of professionals who contributed to the programme's development and the 'experienced and qualified team members' who can offer phone and email support to individuals completing the programme. Step 1 ('Staying Positive – doing something you enjoy') includes the examples of 'playing with the kids' or 'visiting family'. This framing of depression presents both causes and treatments as social. Some *NZ Doctor* editorial content showed this framing also ('With a little help from their friends', *NZ Doctor*. June 2011, p.30).

The third atypical and New Zealand specific way of framing depression evident in The Journal advertising is their lack of reference to medication either generally or specifically. Their programme promotes numerous non-chemical strategies for reducing depression, including; exercise, lifestyle-change, an adapted system of self-administered CBT, and a support system of one-to-one guidance and talk therapy. The Ministry of Health 'best practice' guide for treating common mental disorders (Fig. 10) which appears on the page opposite the introductory The Journal advertisement (Fig. 8) in *MIMS* similarly makes little mention of medication. Out of eleven bullet-points, medication is mentioned explicitly only in points 9 and 11. The other bullet points are related to cultural appropriateness, psychological assessment, verbal screening, psychological interventions... even the language of these guidelines is angled towards a psycho-social or psychological understanding of mental disorder, rather than a biochemical one.



Identification of  
**Common Mental Disorders**  
and Management of  
**Depression** in Primary Care

**Key messages**

- Mental disorders are common in primary care and are a major cause of disability
- All assessment, support and treatment of mental disorders in primary care should be culturally appropriate
- Routine psychosocial assessment is the key to improving the recognition of common mental disorders
- The use of verbal 2–3 question screening tools is recommended as a support for clinical assessment, when targeting adults at high risk for common mental disorders
- A high index of suspicion is needed for substance use disorder which is common but often hard to recognise as it is relatively less disabling than other mental disorders
- Most young people and adults with depression can be managed within primary care using a 'stepped care' approach. A good outcome depends on partnership between the patient and practitioner and on provision of active treatment and support for a sufficient length of time
- Planned treatment for depression should reflect the individual's values and preferences and the risks and benefits of different treatment options
- Use of self-management strategies for depression should be encouraged and supported by practitioners
- Psychological and pharmacological therapies are equally effective for treating adults with moderate depression, on the basis of current evidence
- Brief psychological interventions such as structured problem-solving therapy should be available in the primary care setting
- Where antidepressant therapy is planned, selective serotonin reuptake inhibitors are first-line treatment, with few exceptions

Jun 2011

New Zealand  
**GUIDELINES GROUP**  
Te Raukōwhiri | Te Rauwhiri | Te Rauwhiri  
Promoting Effective Health and Disability Services

**MINISTRY OF HEALTH**  
MANATŪ HIAHORA

Evidence-based  
Best Practice Guideline  
Summary • July 2008  
MIMS NEW ETHICALS G-6

Figure 10.

## DISCUSSION

Depression as a clinical disorder came to the forefront of discussion and diagnosis in the 1960's. Much antidepressant advertising since then has been targeted at GPs, and research indicates that today in New Zealand and elsewhere, the majority of depressed patients both present to and are treated by GPs (Saltini *et al.*, 2004, Kepmayer *et al.*, 2006, Hatcher 2010, Wilson 2000). There

are two main theories of causation for depression; the biochemical theory and the psycho-social theory. While they are not absolute dichotomies, they do represent two distinct models with different ideological underpinnings and practical implications for treatment (Luhmann 2001). The ideological shift 'from psychobabble to biobabble' (Law 2006) has been largely driven by the discovery, development and marketing of drugs which can and do successfully treat mental disorders (Healy 2004). 'Blockbuster drugs' like Prozac brought depression into the public eye, but with a very specific understanding of it as a chemical deficiency state to be treated with SSRI pills, according to the serotonin hypothesis, which is still not well understood or scientifically demonstrated (Law 2006, Currie 2005, Moynihan & Cassels 2005, France *et al.*, 2007). This has shaped the field of mental health, and the ideas and practices of those within it and subsequently therefore in the meaning patients create from their experiences also (Stepnisky 2007, Hickey & Kipping 1998).

The Avanza and Efexor-XR campaigns have different foci for their drugs' curative process, but both function through selection and salience to articulate a strongly biochemical framing of depression (Entman 1993). By affirming the assumption that mental illness should be seen unproblematically an individual, medical problem, these advertisements at the same time exclude alternative therapeutic strategies. In fact, much academic literature pronounces the evidence-based conclusion that psychotherapy holds equal value to biochemical intervention in cases of mild to moderate depression, and that the two work exceedingly well in conjunction (Luhman 2001). With this in mind, it is perhaps concerning that the *NZ Doctor* magazine in some places shows a clear complicity with the aims and frames of the Efexor-XR campaign. 'Treatment resistant depression' is Efexor-XR's self-proclaimed specialty target disease and it was therefore significant when Figure 2 appeared on page 19 of *NZ Doctor* on 5th April 2006, within a 5 page editorial article entitled 'How to treat: treatment resistant depression'. The identical phrasing made the unmistakable link between the advertisement and editorial content surrounding it. Despite noting at the outset that 'Depression is not a homogenous condition' and later that 'there may be many reasons behind the depression' the majority of the article's content was focused on instructing doctors in identifying when, where and how to apply 'treatment' and was totally assumptive that the treatment would be one or another anti-depressant drug (Unknown 2006, pp.17-20).

Despite the frequent presence of pharmaceutical ads, and seemingly complicit editorial content, in these GP-targeted media publications, the publication of The Journal advertisements and MCH guidelines alongside them must be considered as a meaningful indicator of the way depression is framed within

*NZ Doctor* and *MIMS* overall. Their presence shows that while the (predominant western) biochemical model of depression is heavily privileged in the psychopharmaceutical advertisements, in GP-targeted media overall it is present in a considerably less singular way. This shows the comparative strength of alternative psycho-social discourses of depression within the landscape of mental health treatment in New Zealand. Janet Currie, writing in 2005, makes an interesting New Zealand-specific note in her study of depression treatments and advertising. She suggests that the 'green prescription' movement, introduced in 1998, can offer a sense of what an alternative treatment and health promotion model might look like (Currie 2005, Handcock & Jenkins 2003). In New Zealand, she explains, doctors can formally prescribe exercise and nutritional changes to address health issues such as diabetes and heart disease. This is called a 'green prescription', and ensures the patient is monitored and given concrete support to fulfill these goals. While it is not a model specific to depression, Currie suggests that it could be expanded as a useful strategy to help patients cope with personal distress (Currie 2005, p.19). The online self-help programme *The Journal* is perhaps a good example of the ethos behind the green prescription movement in New Zealand being applied to mental health, and of the overall prevalence of psychosocial framing of depression in this country. Furthermore the gendered framing of depression as 'feminine' is notably absent both in the *NDI* advertisements *and* the anti-depressant advertisements, showing how the interaction between dominant western and specific New Zealand frames of mental illness can interact to alter the more persistent historical frames of depression.

However although initiatives like this appear to, and in some ways do radically reframe the conceptualization of depression treatment, some of the specific areas of the divergence of New Zealand depression-related media from the mainstream western may show that this divergence also relates to specific, but more localized, cultural motifs. For example in *The Journal* promotion, the medicalisation of depression appears to be countered with a psycho-socially focused self-help programme, but rather than simply showing resistance to hegemonic western discourses this can also be read as aligning with an equally culturally-grounded tendency in New Zealand to 'tough it out' or 'do it yourself', and resist more modern, professional (medical) interventions. Adjacently advertised to the *The Journal* programme, point 8 of the *MOH* guidelines also reads 'Use of self-management strategies for depression should be encouraged and supported by practitioners' showing government-sanctioned support of this approach. The specific addressing of men by GP-targeted media in New Zealand therefore does relate to the professional help-resisting tendencies alongside the culturally engrained 'strong and silent' Southern man persona

as a long-standing ideal of masculinity (Wenner & Jackson 2009). By addressing men in this way it has the potential to re-enforce cultural stereotypes of masculinity in New Zealand, rather than being an example of the resistance of hegemonic assumptions around depression, as it may first appear to be.

The medical model is the prevailing model in the Eflexor-XR and Avanza campaigns, which often sits in opposition to overall literature promoting patient-centered doctoring, because it emphasises diagnostic skills and scientific knowledge (Hickey & Kipping 1998). Colombo *et al.* notes that a biochemical/medical understanding also invokes the necessity of empathy from the side of the doctor and the 'sick role' from the patient (Colombo *et al.*, 2003). Clearly evident in the Avanza campaign, is the attempt to activate the doctor's empathy alongside their sense of responsibility just as these sources suggest, in order to encourage drug prescription. To play on this institutionally expected empathy, the Avanza advertisements use highly emotive language in describing the depressed patient's condition. For example the text within Figure 5 and 6 uses the word 'suffering' three times, as well as other language denoting difficulty and struggle. The third Avanza advertisement (Fig. 7) has a different topic, but similar tone. This too emphasises the physical ('injury') and mental ('insult') pain of the patient and imperatively implores doctors to 'help them' just as Figure 5 and 6 suggest the doctor can 'make all the difference' to the suffering that is being highlighted. In the face of such existential, emotional and physical suffering a doctor is both compelled and implored to 'help' and may take what Marinker says seems an easy, suitably relieving response, and write a prescription (1973). Quoting Titmuss, Marinker (*ibid* p 29) writes:

[The Doctor] may react to these situations of stress by, for example, emphasising his authoritarian role in the giving and withholding of drugs. Unable to tolerate his own inadequacies, he may become intolerant of inadequacies in his patient. He may, for other and similar reasons, attempt to remain on the pedestal on which his patients and society at large have placed him, with a lavish supply of prescriptions.'

More recently, Luhrmann's ethnography of psychiatrists identifies the way that prescribing can make doctors feel like they are doing something to relieve the pain presented to them (2001, p 50). She notes particularly their preference for the active, assertive verb 'use' when talking about which drugs they will prescribe (or 'use') for particular cases. In line with this, the Eflexor-XR campaign seeks to motivate doctors to prescribe by framing them as tennis players – already active, capable, and decisive in the face of this problem. By placing the

doctor as tennis player, Figure 2, for instance, immediately frames the doctor as an active agent in the scenario. The onus is placed firmly on the doctor to respond to the 'ball', which once again returned to their court. Arguably this ball is initially the recurrent disease of depression which has not responded to their past 'volleys' of treatment. However in these advertisements 'Treatment-resistant depression' quickly becomes 'treatment-resistant patients' – those who continue to return to the doctor's office (or their 'court') and to whom the doctors must respond; it is the patients who are framed as problems, not just the disease.

This has been Efexor-XR's longest running advertisement and it also has an emphasis on speed and finality which fits much more closely with the response of prescription than with ongoing assistance in self-help or psychotherapeutic services. It is likely an imperative resonant with the practical constraints of general practice as well, for while a typical psychiatrist visit will last a minimum of 30 minutes and focus entirely on mental health, in General Practice a 15 minute appointment will need to move from one presenting problem to another and address multiple health concerns (Reid 2005, p.1). GPs must deal with competing demands, and subsequently they potentially do not have the time to address them all; treatment decisions will be influenced not only by the clinician and the patient, but also by the practice ecosystem (Klinkman 1997, Williams 1998).

In New Zealand, general practice is the first point of contact in the health system for most, and up to three quarters of all mental healthcare in New Zealand is delivered within the context of primary health care (MaGPIe Research Group 2005). However a study of mental health service provision within New Zealand found that GPs often struggle to deal appropriately with a patient's mental health concerns in the 15 minutes that the average appointment lasts (MaGPIe Research Group 2005). GPs expressed concerns about the extra time that mental health appointments required, increasing the waiting time for other patients, a reasonable concern considering the estimated shortage of 1400 doctors in New Zealand (MaGPIe Research Group 2005, Wynard 2007). Another New Zealand study also identifies that time constraints and workload are major barriers for busy general practitioners in providing the longer consultation times where needed (Reid 2005). These extratextual realities are important to acknowledge whilst discussing the way Effexor-XR frames depressed patients as recurring problems to be quickly dealt with, and the way Avanza frames depressed patients as suffering immeasurably and doctors as responsible for relieving this pain.

One additional image might be considered in relation to this. On 14th March 2007 the *Doctor* cover story was entitled 'Primary Mental Health finds its Bearings.' The image on the front was of a wild stormy sea, with a man in a tiny row-boat, half illuminated by a piercing yellow beam of the lighthouse on a rocky outcrop to one side, where a small house with lights on is also nestled (Fig. 11). While at face value the image could represent the experience of struggling with mental illness, in this context it actually refers instead to the experience of struggling to provide mental health care as a GP. 'You can hardly blame this GP for feeling lost without a compass on a rough and unpredictable sea' writes Wynard, in relation to the limited time and resources and large number of mental health complaints GPs were faced with (2007, p.8). The sense of overwhelmingness is apparent in both this sentiment and the cover image, related to the human experience of fear and threat to self in the face of great suffering for which one is supposedly responsible – the article suggests that a patient clutches at the GP 'like a drowning man' (Wynard 2007, p.8). This obviously articulates with the preceding discussion.



Figure 11.

Both advertising campaigns frame the clinical encounter in traditionally asymmetrical terms, where the doctor holds both authority and responsibility, and the patient holds the 'sick role' as either a victim or a problem. The idea that 'the doctor is the drug' (drawn from the work of Balint 1957) speaks into this dynamic, acknowledging that the medical practice element of doctor's services is only part of the therapeutic value the clinical encounter can provide (May *et al.*, 2004). Both the Avanza and Efexor-XR campaigns portray the mentally ill patient as sick, uncertain, with impaired judgment and searching for security, emphasising in contrast the responsibility of the doctor to take the leading agentive role in treatment decision making (Emanuel & Emanuel 1992, p. 2221). But it is The Journal advertisements which, in the absence of an actual drug to attribute healing powers to, allow the recovery of the patient to be framed as resting on the expertise (albeit translated into a self-managed medium) of doctors who created and manage the programme. Framing analysis in particular has strength in the way it acknowledges, or seeks to uncover, the 'power relationships and institutional arrangements support certain routine and persistent ways of making sense of the social world, as found through specific and significant frames' (2004, p.19). The framing of the clinical encounter in psycho-pharmaceutical advertising is not, however, simply a zero-sum equation between the doctor and the patient. Figure 2 reads 'The ball is now in your court' firmly mandating doctors to take responsibility for treatment. Nevertheless the power bestowed upon them in this statement must be bestowed *by* another, even more powerful than they. It is the cloaked power of the pharmaceutical companies that makes up the third element of power relations in these advertisements. According to Louis Althusser (1969), ideology is a system of representation that acts functionally on individuals to 'call' or 'recruit' them through a process which he calls interpellation. In the case of these advertisements, the pharmaceutical companies use the ideologies of illness and treatment within these advertisements to act functionally upon the doctors. Through them they call the doctors to take up a particular subject position – that of the authoritative, decisive, prescribing medical professional – by addressing them as such a subject. The doctor, recognising that the address is indeed intended for them, is thus interpellated into the subject-position – a subject position that notably functions in the interest of the pharmaceutical companies. In this way the powerful ideology of the pharmaceutical companies can itself out functionally on individual doctors, through the advertising medium. This Marxist perspective on the expensive advertising campaigns of Avanza and Efexor-XR is that the most powerful party in the equation is therefore not the doctors, who are interpellated to take up a position only of relative authority to the patient, but instead the pharmaceutical companies themselves whose ideology in the text powerfully 'hails' GPs to become subjects suitably

invested in identities and behaviours that profit the companies. However, as the deconstruction of The Journal campaign has shown, doctors are exposed to other frames of mental health and doctoring, which may also call to them. Via the Journal, the government (Ministry of Health) asks doctors to take a more holistic, psychosocial approach to mental health concerns. Thus in GP-targeted media overall these examples show that there is not one singular interpellating voice that doctors are exposed to.

## CONCLUSION

Ideas about depression and its treatment arise from complicated and constantly shifting fields of knowledge, discourse, and representation. The way suffering and healing are represented in texts targeted at doctors has a high likelihood of influencing the way doctors, patients, and the general public understand complex illnesses such as depression. Their impact in this way and the profit imperative of pharmaceutical companies makes the construction of such texts of considerable interest and concern. Conducting a frame analysis is an effective way to identify the selective social reality being created through particular text (Grow *et al.*, 2006, Entman 2004). However framing theory is sometimes criticised as imposing structures on texts. Texts can also be read and interpreted in numerous alternate ways, by an audience that is far from homogenous, and this is part of the nature of subjective interpretations within a qualitative study, which can also be a limitation (Denzin & Lincoln 2005). To overcome these limitations, this study appeals to established literature on the topic, anchoring it to (and contextualising it within) a broader database of studies from other publications and locations.

“The role of multiple competing frames has gone largely unexplored”, writes Borah (2011). By analysing two advertising campaigns, one public health campaign, and relevant editorial material, this study was able to use content analysis and semiotics to identify a number of strong and sometimes competing frames in New Zealand GP-targeted publications. The advertising campaigns of Avanza and Efexor-XR both relied on the expected biochemical, medicalised, paternalistic framing of depression and doctoring. Some level of complexity with these frames was evidenced by the *Doctor* magazine. However the concurrent printing of The Journal advertisement campaign and some other editorial content suggested that the frames that the pharmaceutical industry seek to impose in fact interact in complex ways, sometimes intentionally and sometimes incidentally, with local discourses of illness, healing, identity and agency. These included a more psychosocial approach and a different gendering of the illness. The hypermasculine sports star (as personified by former



All Black John Kirwan) appears in a depression treatment campaign in New Zealand in apparent antithesis to the traditional feminisation of depression by pharmaceutical companies, but it nevertheless reinforces other New-Zealand-specific gendered stereotypes of the tough 'DIY' man (who is self-sufficient and manages his problems alone) by linking male mental health specifically with self-help rather than professional treatment or pharmaceutical intervention. The prevalence of male figures in the drug Avanza's campaign also offers interesting evidence of frames not only competing, but interacting as global westernized representations of depression adapt in response to more localised cultural motifs. Similarly while *The Journal* appears to promote more equal power relationships in the treatment process between patients and professionals through a self-guided treatment format, it nevertheless utilizes the same discourses as are reproduced by Avanza and Efexor to give legitimacy to the programme. The language in all three advertising campaigns reinforces the medical profession's claims to privileged, objective knowledge, which is used to engender the authority of the doctor and legitimate the treatment process (Rudge & Morse 2001).

Further research might consider an analysis of other New Zealand public health campaigns, including the wider 'Stay Well' campaign, which could further investigate unique meanings of the use of John Kirwan as a front for this campaign and potentially initiate fruitful discussion on the New Zealand specific cultures and discourses around mental illness. Still more work could move away from textual analysis and framing theory to explore phenomenologically the experiences of GPs providing mental health care in New Zealand, or the experiences of mental health care patients receiving care in this system – the findings of which could be compared to the results of this research to assess the extent to which psychopharmaceutical frames of depression are influential in their life-worlds. The advertising of psychopharmaceuticals should be treated as a moral and a political issue (Goldman & Montage 1986), though it can be approached theoretically, semiotically, phenomenologically. This research contributes to critical discussion related to representational practices in a vast and complex area of study that is nevertheless at the heart of human experiences of self and suffering.

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