“PLEASE TELL ME THERE IS SOMETHING I CAN DO”: RHETORIC’S ROLE IN SHAPING THE PHARMACEUTICAL INDUSTRY

by

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(Under the direction of Dr. Michelle Ballif)

ABSTRACT

The pharmaceutical industry has increasingly come under attack because of the rhetorical methods used in its advertising. The tensions informing what is seen as a crisis of irresponsible rhetoric influencing scientific process can be traced back to the Classical tensions between rhetoric and philosophy, and an examination of these tensions leads to a clearer understanding of division between the body and the self that is presented in many current advertising campaigns. When analyzing the rhetorical strategy used in modern pharmaceutical advertisements and theoretically examining the origin of the concepts which are presented and sold to consumers, an overzealous faith in scientific promise and the dichotomies it offers is shown to account for modern attitudes toward sickness that cause patients to view the body as an enemy which suppresses the self. Only when the body and self are considered as inseparable will consumers be safer from the manipulations of pharmaceutical advertising.

INDEX WORDS: Pharmaceutical companies, prescription drugs, advertising, rhetoric, philosophy, consumers
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INTRODUCTION

In the academic world, rhetoric has largely been reduced to the realm of the first year composition program, but in our culture of continuous marketing bombardment it still holds incredible power. Though it does not necessarily go by the name “rhetoric,” the persuasive and invasive methods of commercial advertising certainly utilize the effective methods of speaking that we traditionally associate with the discipline. Despite being marginalized in the academic world, rhetoric is a valuable commodity in the marketing field, and it is more influential in shaping our daily lives than many people would like to admit. The prescription drug industry’s marketing campaigns are an excellent example of this influence, and both the tremendous success of and backlash against direct to consumer advertising in the pharmaceutical industry are representative of long held tensions between the disciplines of rhetoric and science. Though it would appear that science is offered much more respect than rhetoric in the industrialized world, a closer examination of this powerful industry’s reliance on advertising reveals rhetoric’s true importance even in shaping the practices of the medical field. Especially in the case of preventative prescription drugs, the advertisers who insist that they are necessary are dealing in potential and futures, which is a gray area that is more rhetorical than scientific when it comes to convincing the lay person, and in some cases even the scientific community, about risk factors involved with taking or not taking new drugs. It is a dramatic and important battleground for the ideologies of rhetoric and science to struggle over, as life and death are very literally at stake.

The emphasis on advertising in the pharmaceutical industry has increased dramatically in the past twenty years, since drug industry lobbyists who saw a lucrative opportunity fought for
the companies’ ability to market drugs directly to customers, rather than only to physicians. The amount spent to advertise drugs directly to consumers in 1980 was $2 million, but by 2004 it was over $4 billion and climbing (Critser 6). A study done by the Kaiser Family Foundation in 2002 showed that 30 percent of consumers who view advertisements for prescription drugs go to their physicians in response to an ad, and that 44 percent of those get a prescription for the advertised product (111). If we trusted this prescription drug boom to be guided by what is understood to be purely scientific, this would seem to be good news: more people would be getting needed drug treatments. But when we recognize that patients' needs are determined by rhetorical constructions of disease, health and medicine, the trend becomes a bit more worrisome, especially when the enormous financial profits at stake for powerful private parties are taken into account. The new cultural embrace of prescription drugs is affecting both patients' relationships to their own bodies and the physical reality of those bodies as well. On the physical side there has been a rise in liver problems, as regular drug regiments can be extremely taxing on the liver. Both the Federal Drug Administration and the American Medical Association have noted that “liver damage, once rare, is now the leading reason for withdrawing a drug, usually a new drug, from the market” (7). As for the sociological effects, the onslaught of drug marketing often sets up the push for good health as a war that is being fought against a traitorous and potentially deadly body that must be reigned in with prescription drugs.

The rhetorical strategy used by these advertisements alienates consumers from their bodies, asking them to distance themselves by configuring the body as an enemy that prescription drugs can protect against. Whether this attitude toward the body came about along with the marketing itself or if it reflects a general feeling of separation from the body in a society that has been distanced from it by technological advances is unclear, but the theme of violent or
“strengthened” empowerment is almost universal. I believe that this separation of the body and the elevated values of the “self” in direct to consumer (DTC) advertisements comes as a result of the tensions between rhetoric and science, and the origins of those tensions in classical understandings of rhetoric and truth. In this paper, I will analyze the advertising strategies, the public response and the tensions therein by examining attitudes toward rhetoric as a manipulative force that opposes a philosophically understood “truth” by analyzing Plato's *Phaedrus*, a text that outlines philosophy's problems with the rhetorical tradition as practiced by the Sophists, who were interested in the paradoxical, contingent functions of rhetoric that Plato, who advocated one truth and its ideal forms, found suspicious and dangerous. I will then examine the situation in terms of Derrida's response to Plato's argument in his “Plato's Pharmacy,” particularly focusing on his criticism of Plato's attempts to construct the *pharmakon* concept as a purely negative force, to align it with writing and set it up in opposition to dialectic, his favored method for uncovering “truth.” The separation of the body and the self within the modern pharmaceutical phenomenon parallels this opposition, and in order to understand the complex ways in which institutions such as the medical community are actually constructed by fluctuating social forces, even as they claim to have an objective defense against them, I will consult Michel Foucault's *The Birth of the Clinic*, in which he exposes the historical construction of medicine's claim to a privileged “gaze” that is immune to language and all other outside constructions.

My study of the actual manifestation of these tensions and the resulting separation of science and rhetoric, and the body and self in turn, involves three major types of advertising media: television commercials, magazine advertisements, and internet websites explicitly or indirectly devoted to the drugs. While my survey of the many current and past drug campaigns is by no means exhaustive, the sampling I have studied is representative of the typical marketing
strategies consumers are exposed to on a regular basis. The television commercials studied were those shown during a day's worth of programming, including thirteen shows, some popular national programs and some cable programs marketed to specific audiences. The programming studied represents a cross-section of audience interests and a full day's worth of television viewing, from eight o'clock in the morning until after midnight, and includes three news programs (11 Alive News at Noon, Fox News at 6:00, and 20/20), two specialty news programs (Good Morning America and Sports Center), two popular late afternoon talk shows (The Oprah Winfrey Show and Dr. Phil), one soap opera (All My Children), one game show (Jeopardy), one children's show (The Adventures of Jimmy Neutron), one comedy show for teens (Punk'd), one sporting event (Atlanta Braves baseball), and one late night talk show (The Tonight Show with Jay Leno). These programs featured a total of seven advertisements for prescription medications, two public service announcement-style “awareness campaign” spots sponsored by drug companies, and one anti-drug message, warning athletes about the dangers of steroids, shown during the baseball game. Of the seven prescription advertisements shown, one was for erectile dysfunction (Viagra, shown around 11:30 at night during The Tonight Show), one was a pill for heartburn (Vytorin, shown during a rerun of the game show Jeopardy at noon), one treated incontinence due to enlargement of the prostate (shown around 10:00, during a broadcast of the news program 20/20), two advertised a prescription nasal spray (two different commercials for Nasonex, shown twice during the broadcast of the Fox News program at 6:00), and two were for sleeping pills (Lunesta, in spots after the Oprah Winfrey and Dr. Phil shows, as the manufacturer provided closed captioning services for both programs). The pharmaceutical company-sponsored awareness campaign commercials raised consumer “awareness” about HPV, a sexually transmitted disease that can cause cervical cancer, this advertisement sponsored by Merck, and
for the Partnership for Prescription Assistance, an organization sponsored by the industry trade
group Phrma, that helps uninsured patients get prescription drugs, this spot featuring a celebrity
appearance by talk show host Montel Williams. Both of these were seen during the soap opera
*All My Children*. In general, there were more drug advertisements shown at night than during the
day, and more shown on nationally broadcast programs with a wide variety of older viewers,
whereas reruns of shows for children and teens (*Jimmy Neutron* and *Punk'd*) featured no
prescription drug advertisements.

My study of magazine advertisements was twofold. I examined all of the prescription
drug advertisements in twelve issues of the magazine *Cooking Light* published between 2003 and
2005. This magazine is marketed to a health-conscious, middle-aged and older audience,
historically the most lucrative targets for prescription drug advertisements. In these issues,
representative of the number of magazines a subscriber would receive in one calendar year, I
found sixty-one advertisements for prescription drugs. There were thirty-four advertisements for
“chronic” pains and annoyances, ranging from arthritis pain to “chronic dry eye,” and also
including medications for overactive bladder syndrome, environmental allergies, and chronic
migraines. The most frequently advertised drugs for treatment of a chronic condition were those
for heartburn and acid reflux disease, these ads numbering eleven. There were twelve ads for
preventative drugs, including heart attack and stroke prevention, as well as drugs for lowering
cholesterol and preventing osteoporosis. Nine ads for “supportive” drugs were found, advertised
as ways to help patients living with a debilitating disease cope with their pain. These included
treatments that claimed to help control Alzheimer’s disease and diabetes, and one for a drug that
helped cancer patients who had undergone chemotherapy deal with that treatment’s harmful side
effects. Finally, there were six advertisements for psychopharmaceuticals: four for treatments for
depression and two for sleeping pills. There were also two advertisements for a “new” condition known as Deep Vein Thrombosis, part of an ad campaign launched to develop “awareness” for the disease before a specific treatment was sold, drumming up demand for the drug while it was still in the process of development.

Along with the study of a year's worth of *Cooking Light* magazines, a cross-section of magazines available in a major entertainment retailer (Border's Books and Music) were examined to determine which audiences are most aggressively targeted by pharmaceutical companies, and which specific drugs and marketing trends are aimed at particular demographics. A variety of magazines were examined, but only six were studied closely. In general, pharmaceutical advertisements appeared most often in national as opposed to smaller, more genre-specific magazines. If a magazine's subject was knitting or Amazon parrots, all of the advertisements within were likely to pertain to those specific subjects. Additionally, magazines marketed to women were more heavily loaded with prescription advertisements. Of those, magazines that dealt with beauty or fashion tended to have fewer DTCs, most of their ads focusing on cosmetics, hair care and weight loss, while magazines for older women, including those revolving around health and housekeeping, had more prescription drug advertisements than any others studied. The most prescription advertisements were found, not surprisingly, in a magazine called *Health*. The May 2006 issue of *Health* was one of the magazines selected for a closer study, along with *Travel and Leisure, Time, People, Newsweek*, and *Better Homes and Gardens*. These six issues are representative of the magazines pharmaceutical companies seem to advertise in most frequently: those marketed toward a middle-aged, middle-class audience, those marketed toward women, national magazines with a variety of readers, and those marketed to people who are particularly invested in the health phenomenon. In the study of these six selected
magazines, thirty-six ads for prescription drugs were found. *Travel and Leisure*, a magazine featuring tips about travel and glossy photographs of food, foreign terrain and beautiful hotels, only featured one prescription drug advertisement. The ad was specifically targeted toward the magazine's audience, advertising a drug called Malarone, which offers travelers protection against malaria as transmitted by mosquitoes. *Time*, a popular weekly newsmagazine, featured only three ads for prescription drugs. The first was for Abilify, a treatment for bipolar disorder, the second for Boniva, a treatment for osteoporosis, and the third for GlaxoSmithKline's campaign against childhood obesity and diabetes. *Newsweek*, a news magazine published weekly, is a national magazine for a general audience, and featured five prescription drug advertisements (one for Nulesta, a treatment for those undergoing chemotherapy, one for Abilify, one for Vytorin, for heartburn, one for the GlaxoSmithKline-sponsored awareness campaign for diabetes prevention, and one for Lipitor, which lowers cholesterol). *People* magazine, a weekly entertainment magazine featuring mostly articles and photographs of celebrities, as well as some sensational human interest material toward the back of the issues (on page 199 of the May 8, 2006 issue: “Kindergartner Kai Leigh Harriott tearfully forgives the man who shot and paralyzed her three years ago”), in a “Special Double Issue” naming its “100 Most Beautiful” individuals of 2006, had the third highest concentration of advertisements in the magazines studied, featuring six ads for prescription drugs (one for Crestor, which lowers cholesterol, one for Lunesta, the sleep aid, one for Topamax and one for Relpax, both treatments for sufferers of migraine headaches, one for Ortho Tri-Cyclen Lo birth control pills, and one for Lamisil, which fights toenail fungus). *Better Homes and Gardens*, a monthly magazine marketed to women and featuring decorating tips, family advice and recipes, contained nine advertisements for prescription drugs (one for Crestor, one for Nexium, a heartburn drug advertised here as a
treatment for regular takers of over the counter pain medications who want to prevent the risk of possible stomach ulcers, one for Relpax, one for Zyrtex, for allergy sufferers, a two page spread from AstraZeneca spreading “awareness” about bipolar disorder and directing consumers to the company's website on the subject, one for Nulesta, one for Humira, a treatment for rheumatoid arthritis, one for Lunesta, and one for Boniva). Health, a monthly magazine with elements of a typical beauty magazine for women (“Your Guide to Sexy Summer Skin” is featured on page 114 of the May 2006 edition) and pornography for health-hunting alarmists (the cover advertises the “Silent Killer you must know about!” which ends up being “inflammation” of various parts of the body, discovered after flipping past seven of the magazine's thirteen ads for prescription drugs, which advertise Crestor, Nexium, Topamax, Aricept for Alzheimer's, Lamisil, Abilify, Boniva, Restasis for chronic dry eye, Wellbutrin XL for depression, Imitrex for migraines, Lipitor and Astelin, a nasal spray for allergies).

In addition to the print and televised advertisements, some websites sponsored by prescription drug companies were also studied. A broad study of the websites devoted to specific drugs was not conducted, as these sites typically mirror their more far-reaching magazine and television counterparts in style and substance. Instead, the internet advertisements that were focused upon were those of awareness campaign strategies launched by companies in an effort to appear as if they were providing the consumer with objective information about rare or “misunderstood” diseases. My consideration of online campaigns was based on advertisements in other media which directed consumers to seek out more information online, as the websites often serve as corollary paths toward purchase after the “hard sell” of the initial advertisement has already captured the consumers' attention enough to send them searching for the corresponding website. In relation to the magazine and television ads studied, the websites that
were examined under the suggestion of the initial media were www.tell-someone.com (Merck sponsored site about HPV), www.isitreallydepression.com (Astra Zeneca sponsored site about bipolar disorder, leading to their site about Seroquel, a drug they offer for treatment), and www.diabetes.com (a site for information about Type 2 diabetes, sponsored by GlaxoSmithKline, a company which claims to be launching a fight against the causes of diabetes, but offers no specific web resources in support of this fight).

The study of the advertising strategies and the struggling ideologies behind them reveals parallel problems with opposition as a source of fracture and misinformation, this disconnect leading to an overmedicated nation. Greg Critser discusses the current situation in his book Generation Rx, and refers to the advent of DTC advertising as a “deeply American” phenomenon, intended to “empower” consumers with once-privileged information about their own health. Even more than information-age empowerment, the current cultural obsession with health as manifested in control of the body seems to have its origins in post-September 11 anxiety and the subsequent desire to find security in a chaotic world by attempting to control not only the environment but the body itself in every aspect possible. This anxiety is not unlike that which Plato faced when he developed his concept of ideal forms and ultimate truth, an attempt to pin down and understand a violent world of shifting political influence and chaos. Even more than the desire to control, it is the tendency to want to have absolute faith in a system of truth that becomes dangerous when anything that questions or claims to fluidly compose that truth is viewed in opposition to a concept of reality that is unchanging and always discoverable, and, like rhetoric from philosophy, is separated and eschewed, the language that might otherwise have questioned this system only becoming more dangerous as the still-persuasive and variably motivated conveyor of an unchallenged truth.
CHAPTER ONE
RHETORIC, PHILOSOPHY, AND THE SALE OF “TRUTH”

Many in the medical profession view the direct to consumer advertising phenomenon and the growing influence of pharmaceutical companies who send representatives to coach doctors into prescribing their products as a sort of poisoning of science by rhetoric. What the current situation seems to actually reveal, however, is how susceptible science has always been to guidance and construction by rhetoric. It might be said that it is money, not rhetoric, that is truly poisoning science, if we believe that science can exist without the "poison" of outside constructions at all, but this would be an oversimplification of the ideological tensions inherent in the present situation. Like the Greek understanding of the word pharmakon, perhaps the poison and the cure become synonymous when we rely on agents that are designed to control the body at any cost. Derrida, in his discussion of this complex translation that can signify both remedy and poison, concludes that, “there is no such thing as a harmless remedy. The pharmakon can never be simply beneficial” (99). Similar to the pharmakon's complex understanding as a force that exists, paradoxically, with as much potential for harm as that for good, are the forces that have been associated with or placed in opposition to it throughout history: rhetoric, an absolute faith in science, and, at present, the legacy of the prescription drug, which has the potential to save and destroy lives and can sometimes cause pain even as it brings relief.

The argument that rhetoric is a dangerous force that has the ability to twist or manipulate systems of absolute “truth” is as old as the concepts of rhetoric and philosophy themselves. Plato
was a staunch critic of rhetoric, and believed it was only flattery with the potential to turn opinions in the rhetor’s favor, whereas dialectic, his preferred method of discourse, was an avenue for discovering and sharing actual truth. Plato’s arguments set up the essential tensions between rhetoric and ideas about ultimate truth, which, throughout history, would take the shape of philosophical concepts of ideal forms, theology, and eventually scientific principles based on observable fact. These doctrines, overreaching beliefs in what is true simply by nature, and discoverable by the rational observer, have historically figured themselves in opposition to rhetoric’s more contingent approach to truth on a pragmatic, situational basis. Both play a role in organizing a society, but systems of “truth” are often deferred to while the rhetoric that describes, organizes, and therefore constructs them is ignored or criticized. Since the Enlightenment, science has been the truth that is most universally accepted in Western culture, and rhetoric has accordingly been given the treatment that Aristotle once proposed, conceived of as a sort of “hand maiden” for the scientific processes that uncover fact, its ability to relay these methods and their discoveries to lay persons considered its only trustworthy function. In a recent article on issues with the direct to consumer advertising in *Forbes* magazine, Scott Lasserman, a lawyer for Phrma, is quoted as promising that ads will be given a “more sober tone” after facing criticism following controversy with recalls and overexposure (96). The choice of the word “sober” is interesting, as the complaints lodged against rhetoric from Plato’s time on have attacked its nature as an intoxicating, spell-like persuasive device, putting its audience in a kind of mindless trance after seducing them with language.

Plato’s concern that the rhetoric could be manipulative and advance the wicked agendas of talented speakers certainly holds some credibility, but his dismissal of the discipline because of its inability to uncover new truths does not take into account its ability to compose the
construction of those concepts and “truths” within the revelation itself. In the *Phaedrus*, a
dialogue between Socrates and Phaedrus, a young man who has earlier in the day been taken in
by a speech made by the Sophist Lysias, Plato has a sarcastic and condescending Socrates
explain the virtues of philosophic truth as opposed to rhetorically pleasing speeches like the one
the younger man was swayed by. Pressed for his true opinion of the speech as read to him by
Phaedrus, Socrates admits that it “struck [him] as a piece of youthful exhibitionism; an attempt to
demonstrate how [Lysias] could say the same thing in two different ways, each as good as the
other” (32). Socrates’ criticism lies in the pragmatic nature of Lysias’ musing on choosing a
lover, attacking its paradoxical arguments, as it does not come to a firm resolution or uncover a
new truth. Lysias is speaking about practical matters (how to actually choose a lover) rather than
using the process of dialectic to uncover exactly what love actually *is*, which is an endeavor
Socrates would find more worthwhile. The Sophistic concern with contingent truths and
antithetical discussions about the various methods of approaching practical problems was
dismissed by Plato and those in his school as ultimately frivolous, and their speeches on the
subjects as only “pleasing” for the audience, not instructive or productive, as they did not
discover new truths about the nature of things, such as a lasting definition of love. Herein lies the
groundwork for the long held tension between rhetoric and truth: one must allow itself to be
contingent and mutable, and the other rejects indecision and antithetical musing, as its
foundations are based in absolute fact, any questioning of which would tear away the supports it
stands upon.

The system of truth that is treated as unquestionable in the current climate is that offered
by science, and particularly the authority of the medical community. Responses from the
scientific community on the increasing influence of direct to consumer advertisements grow
directly out of the historically established tension between rhetoric and truth. Truth now operates as the knowledge available through the scientific process, which would claim to be only corrupted and not constructed by the rhetorical influence that has become so important to the sale and development of prescription drugs. For a long time the potentially dangerous element of seductive rhetoric as an “opponent” or manipulative distorfer of this truth was not as prominent as it has now become, as direct to consumer advertising was illegal until 1997. In the late 1970’s and early 1980’s there was an atmosphere of “pharmaceutical stoicism” in America (Critser 14). Scientists in the pharmaceutical field were deeply suspicious of “the business end of medicine,” or the marketing angle where rhetoric entered the picture (14). Drugs were somewhat aggressively marketed to physicians at the time, but it was thought that because of their education, doctors had the judgment required to make decisions about prescription drug treatments, whereas patients themselves did not. This changed when it was suggested by one of the early proponents of DTCs that the advertisements would serve as a helpful image of “coping reactions” for patients, and therefore might, in some cases, act as part of the cure (34). Howard Leventhal wrote in Psychology Today that “what patients confronted with illness want is complete and clear information on the threat and the methods of coping [. . . .] Success or failure in treatment may depend on [. . .] presenting an effective image of a coping reaction” (qtd. in Critser, his emphasis, 34). At the advent of the DTC phenomenon, rhetoric was being given some “real world” credence: it was recognized that just the suggestion that a cure was available could be part of the solution, and that offering accessible examples of how this cure would work might help to alleviate actual suffering, traditionally approached as only scientific in origin and therefore treated with scientifically-based tools. The practice of treating patients with prescription drugs would continue to be seen as a scientific solution, of course, but it is
interesting to note that, even early on in the campaign to deal directly with consumers, those in favor of a larger audience for pharmaceutical advertising were considering not only the customers’ influence in terms of whether or not they were willing to buy the drugs, but also the way advertisements would affect their ideas about illness and healing, simply through exposure to images and messages on the subject.

Despite early concessions like Leventhal’s, the fight to advertise directly to customers was still a long one, fraught with objections from a wary scientific community. In 1982, another call for direct to consumer advertising was roundly rejected by all of the big names in the pharmaceutical industry. The leaders in the industry called the idea both “unprofessional” and “downright dangerous.” The scientific, logical mindset that has always feared rhetoric's powerful influence is apparent here: rhetoric is not part of the “professional” world, and yet still hugely influential, and therefore dangerous. Ironically, the eventual decision to allow companies to advertise directly to consumers was actually inspired by the writings of Ivan Illich, an outspoken critic of the medical profession. Illich writes that while sickness was once a unique condition possessed by the sufferer, in the strictly codified practice of modern medicine his “illness is taken from him” (41). Patients essentially lose possession of their own bodies, forfeiting those rights in favor of a universally prescribed cure. Joe Davis, a leading proponent for DTC advertising, justified his beliefs about the availability of information about prescription drugs with Illich's writing. Illich complained that a patient sees his condition interpreted only according to a “set of abstract rules in a language he cannot understand” (qtd. in Critser, 41). Davis believed that the language of DTCs was valuable for patients because it explained their illness on their own terms, but he failed to acknowledge the impossibility of objective, purely informative language with no agenda of its own. It should have been clear here, with the word
“advertisement” attached, that there would be more at stake than simply bringing patients up to speed on their own illnesses, but Davis was not eager to problematize his solution. He might have learned more from what Illich went on to say about the alienation of a patient from his own condition, that he is “taught about alien entities that the doctor combats, but only just as much as the doctor considers necessary to gain his cooperation” (qtd. in Critser, 41). The world “doctor” can be replaced with “pharmaceutical company” to exactly describe the situation post-DTC’s as well. The doctor has simply been reduced to a scribe, who writes out a cure dictated from a patient who is quoting the drug advertisements that have sent them to seek this inscription. The body’s ailments are still “alien entities” that must be fought; the patient is simply viewing them as alien through a new lens. Illich wrote that “language is taken over by the doctors: the sick person is deprived of meaningful words for his anguish, which is thus further increased by linguistic mystification” (41). The “linguistic mystification” he referred to was the highly technical language of the scientific, but even when the tables are turned and patients are offered more familiar terms to attach to their conditions, the mystification is still present, only altered. Former FDA counsel Nancy Buc argued in 1995 that “empowering the patient as well as the physician with information increases the likelihood that someone – patient, friend or relative of the patient, or physician – will get the dialogue started” (qtd. in Critser 51). Medicine had become about starting a dialogue, an act of speech that would pass along scientifically established knowledge and change lives.

Illich was not arguing for a medical solution to be applied through different channels; he was arguing for the elimination of the large scale trust in science, and through Davis' misinterpretation of his message, this trust was only strengthened by the “linguistic mystification” that was hidden in the skilled appeals of rhetors. There exists such a faith in
science, in the absolute truth of the medical understanding of illness, that this mystification continues to be seen as acceptable or inevitable, whether coming from a medical journal or an advertisement that claims to be “speaking” for the scientific community. The rhetoric of the advertisements themselves often purports to serve as a kind of simplified explanation of a vast medical mythology that consumers do not expect or want to fully understand. Magazine ads feature simple graphs or diagrams that claim to explain away the illness and the way the cure will confront it, and television commercials employ quick animation segments that act as authoritative “flashes” of scientific principles, juxtaposed with the “personal testimony” of actors, and serving as the “final word” (or the hard sell) in a culture that trusts and respects these findings. The rhetorical components of the ads are here assuring consumers that they are only acting as “hand maiden” to science, even as they are, of course, leaving much more of an impression through persuasive techniques than with the actual scientific theory, which itself could never be entirely “bare” or “without” the rhetoric that comprises it.

This understanding of rhetorical influence on scientific practice is not widely acknowledged in the medical field. There are two major camps in the current medical community when it comes to attitudes toward direct to consumer advertising: those who claim that efforts on behalf of the pharmaceutical companies are not truly affecting the practice of objective medicine itself, and those who fear that the advertisements are making a mockery of the discipline. Neither side of the argument gives appropriate credit to rhetoric's ability to shape both doctor and consumer beliefs about health and illness, and both approaches fail to recognize how dramatically that ability, more than the greed of individual companies or the corruption of authoritative institutions, truly comprises the struggle over DTCs. Doctors are constantly propositioned by drug companies who invite them to all-expenses paid conferences where
information is specially tailored to coincide with a product they are set to launch, for which they need both medical endorsements and a group of doctors who feel comfortable writing prescriptions for the drug. This process is often driven completely by rhetoric, as Roy Moynihan and Alan Cassels describe in *Selling Sickness*, writing that “sometimes a little-known condition is given renewed attention, sometimes an old disease is redefined and renamed, and sometimes a whole new dysfunction is created,” all through advertising and “educational” conferences for doctors sponsored by drug companies, this sale of a concept of disease influencing not only industry sales but the medical communities' perception of it (xi). This kind of fluctuating understanding of illness and health has always existed, but only now, with billions of dollars at stake and convenient rhetorical structures in place to identify and blame, is it being given any attention, and even now it is considered mostly as a problem unique to its cultural moment, arisen only from legislature and a failure to adequately control language. Most doctors believe that their scientific education is protection against the rhetorical stylings of these marketers who attempt to win them over with mere language. Dr. Mary-Margaret Chren, in a recent interview with the *British Medical Journal*, argued that “Our system would never tolerate a judge taking money from those they judge, yet for some reason this doesn't apply in medicine. Doctors feel they should have complete freedom with no protection from potentially compromising relationships” (qtd. in Critser 240). Dieter Boxmann, who has studied medical literature from a rhetorical perspective, writes that even this seemingly objective reporting “confirms the central role of persuasion in shaping the character and practice of medicine” upon closer examination (175). This attitude toward objectivity is a fundamental difference between scientists and rhetors: rhetors are willing and able to see their discipline as vulnerable to constructions of all sorts, while science cannot, at its most basic level, submit to that idea, lest it completely lose its
foundation in pure, discoverable fact. This attitude branches out from the most essential understanding of scientific principles in a society that unquestioningly embraces them, leading to an over-reliance on what is seen as objective truth when making more pragmatic decisions, based on unique and individual criteria such as that of a body with a particular history, anchored to a particular lifestyle.

There are those in the medical community who do recognize that DTCs are creating a problem for their discipline, but often they fail to recognize the true source of the issue, simply wanting to dismiss the ads as only the product of greed, signifying nothing more in their changing industry. Irv Lerner, the former head of the drug company Roche, has argued against the DTCs, stating that they “whittle down the power of the physician and [...] hurt the image of the industry by lining up pharma with beer and tobacco and cosmetics” (qtd. in Critser 52). According to Lerner and others who were wary of muddying science with advertising, science had been brought down to the level of cosmetics just by applying the cosmetic rhetoric to its discipline. Critser writes that, following the advent of direct to consumer advertising, “the temple of science [...] was still a temple of science, but now the science was much more directed by the commercial imperative” (83). In other words, rhetoric was now directing the scientific field, perhaps more clearly than ever before. Dr. Sami Timimi, in an editorial in the June 2005 issue of Mental Health Today, writes that “psychiatry has effectively become a commodity that is being sold to the drug industry.” She believes there is a “reliance on drug industry money in shaping theory and practice” in modern psychiatry (21).

While scientists are generally dismissive or regretful of this new reality, the marketers are openly embracing it. As early as 1991, Marcel Corstjens, in his handbook for advertisers on marketing pharmaceuticals, was confidently stating that “marketers are considered equals by
their research and development colleagues” (7). One drug company called Commonhealth writes, when describing their marketing philosophy, that “the message is part of the medicine” (qtd. in Critser 120). They describe rhetoric as curative when partnered with science. Commonhealth also believes that “imagination and belief play a huge role in the healing process. Feeding their minds can fuel positive change in both physicians and patients.” These rhetors are comfortable putting themselves in a “helping” position, propping up science in order to reach the masses, but even as they do, they also suggest that the part they play is an essential one, as if an element of rhetoric could be removed from a scientific equation, leaving it unbalanced and ineffective, or perhaps only drawing attention to the fact that the equation itself is rhetorical, composed of symbols we assign meaning to through language, no matter how sparse and clinical they may appear. Dr. David Healy, in *Let Them Eat Prozac*, his critical approach to the psychopharmaceutical industry, a response to his own experience as a physician who had a patient die because of a drug he prescribed, wants to attribute the current cultural approach to depression to the invention of antidepressant themselves. He writes that “depression was all but unrecognized before the antidepressants; only about fifty to one hundred people per million were thought to suffer from what was then melancholia” (2). He fails to recognize the significance of the name change itself in depression's new treatment: when subjectively motivated parties wanted depression to be reconsidered, it had to be renamed. Melancholia sounded self indulgent and temporary, but depression had negative connotations that were culturally recognizable: it was the name given to the country's period of debilitating financial troubles in the 1930's.

Unwilling to credit language with the ability to construct and reframe diseases like depression, the scientific community remains suspicious of rhetoric, but is not willing to afford it much power, claiming that medical practices and attitudes cannot be swayed by its influences, or
that it is only a negative component, its influence representing nothing more than the greed of pharmaceutical companies. From their perspective, science stands for responsible accountability, whereas rhetoric, most familiar as the fanciful efforts of marketers, is representative of the base desires associated with the love for money, and the luxuriant and pleasurable life it affords those who earn it on the backs of the easily swayed consumer audience. This division of the aims of rhetoric and science parallels another of Plato’s concerns with rhetoric and the body, also discussed in the *Phaedrus*. In his dialogue, Plato has Socrates construct a metaphor about a charioteer who is being pulled by two horses: one who represents the human desire to seek pleasure, and another whose “thirst for honor is tempered by restraint and modesty,” who “needs no whip, but is driven simply by the word of command” (62). Socrates’ metaphor is an instructive tale that advises always keeping the “lustful” horse, or pleasure-seeking motivations, in check, in favor of nobler concerns. It is essentially a reigning in of the body and its base desires, in favor of the mind’s more rational concerns. This concept runs parallel to Plato’s view of rhetoric as a discipline that only seeks to please, while philosophy is seen as an austere exploration of truth. In direct to consumer ads, the customer is asked to adopt a similar doctrine: adhere only to truth (science), and do so by pulling that mischievous body back in. Ironically, rhetoricians are telling consumers to trust truth and suspect the body, but in this case it is in the interest of pleasure, or at least relief from pain. Rhetoric has effectively turned Plato’s argument around, dressing in the garb of science and selling that science as truth via rhetoric, as was always inevitable. The idea that the promise of any truth, philosophical or scientific, is not advanced rhetorically, that it can stand on its own as fact and simply “use” rhetoric to allow that fact to reach the masses, was always impossible, and rhetors are now using this naïve trust in absolute truth as something that is immune to rhetorical perversion to their advantage.
An outright rejection of the realities of the environment that have been established scientifically does not follow a recognition of the way in which the discipline as an epistemology has been rhetorically and socially constructed. As Deborah Lupton writes in *Medicine as Culture*:

The social constructionist approach does not necessarily call into question the reality of disease or illness states or bodily experiences, it merely emphasizes that these states and experiences are known and interpreted via social activity and therefore should be examined using cultural and social analysis. According to this perspective, medical knowledge is regarded not as an incremental progression towards a more refined and better knowledge, but as a series of relative constructions which are dependant upon the socio-historical settings in which they occur and are constantly renegotiated. (11) Some scientific knowledge must of course be accepted. If we walk off a ten story building or have unprotected sex there are certain outcomes that we should expect, based on what we refer to as scientific fact. Prescription drugs must be approached in the same way; understanding that the current cultural and scientific environment allows for manipulation of a cultural trust in science and overextension of the ability of rhetoric to comprise the concepts of healing and disease should not translate to a rejection of drugs that bring relief and cure conditions. Neither can an all-encompassing basis for judging when drugs are necessary or where exactly the line between science and rhetoric blur be determined via such an approach. The importance in rejoining science and rhetoric in the cultural imagination lies simply in the need to see that they cannot exist independently of each other, which is a difficult task given that the origin of this attitude is with Plato, whose outlook on rhetoric had as much to do with separating the discipline from the philosophy he preferred as it did with simply decrying its potential misuses.
Jacques Derrida responds to Plato’s concerns about rhetoric in his close reading of the *Phaedrus*, “Plato’s Pharmacy.” Derrida criticizes Plato’s use of strict dichotomies such as good or evil, true or false, citing the complex translation of *pharmakon* as a weakness in Plato’s attempt to carefully divide concepts by setting them up as opposites. Explaining the complexity of the word’s usage, Derrida writes that its understanding as “remedy” implies “the transparent rationality of science, technique, and therapeutic causality,” and thereby “excludes any leaning toward the magic virtues of a force whose effects are hard to master, a dynamic that constantly surprises the one who tries to manipulate it as matter and as subject” (97). He also recognizes that “the effectiveness of the *pharmakon* can be reversed,” according to the myth of its origin, and can possibly “worsen the ill instead of remedy it” (97). Derrida is discussing the *pharmakon* in Plato’s terms, as a metaphor for writing. Socrates treats the promise of hearing Phaedrus’ copied text of Lysias’ speech as a sort of drug, lamenting that Phaedrus has used the script as a “charm” to lure him outside the city walls, and that as “men lead hungry animals by waving a branch or some vegetable before their noses,” Phaedrus will lead him “all over Attica and anywhere else [he] please[s] in the same way by waving the leaves of a speech in front of [him]” (26). Plato is criticizing the potentially manipulative nature of rhetoric here, as well as writing, both of which can be dangerously intoxicating for audiences, and writing particularly so, because the writer can effectively make his arguments and then disappear, without having to stand up to the sort of scrutiny that his Socratic dialogues or other forms of dialectic (itself manipulative in its presentation of preselected opposing terms) might offer as a challenge.

Plato has Socrates compare rhetoric directly to “the art of medicine” later in his dialogue (88). Phaedrus asks Socrates to expand on his comparison, and he explains:
In both cases a nature needs to be analyzed, one the nature of the human body and in the other the nature of the soul. Without this any attempt to implant health and strength in the body by the use of drugs or diet, or the kind of conviction and excellence you desire in the soul by means of speeches and rules of behavior, will be a matter of mere empirical knack and not of science. (89)

Socrates ultimately concludes that “the function of speech is to influence the soul,” and not to please or entertain (91). He explains that rhetoric’s only appropriate use is to assist in defining the nature of the soul (as medicine must first uncover the nature of the body, before it can hope to cure it), he dismisses rhetoric that aspires to anything less lofty as wicked and trivial, and advances Plato’s argument that the only useful writing is that which is done on the soul of the student. The image of the speech of Lysias, compared with a pleasing drug that led Socrates astray at the beginning of the dialogue, suggests Plato’s use of the pharmakon in the negative sense, separating it from true medicine (or dialectic), which he clearly respects as he lines it up with “true” rhetoric that speaks to, influences, and uncovers the nature of the soul, “mapping” it as medicine seeks to map the body.

Derrida suggests that Plato attempts to utilize the ambiguity of pharmakon’s usage, but fails based on his inability to place writing in direct opposition to the discourse he favors. He believes that “writing as a pharmakon cannot simply be assigned a site within what it situates” and that to try to set it up in opposition to anything would require bending the understanding of the concept “into strange contortions [which] could no longer even simply be called logic or discourse” (103). He goes on to point out that, though Plato makes great pains to set himself and his philosophy up in opposition to the Sophists and their beliefs, even these oppositions do not work, as in some areas the two ideologies actually overlap. Gorgias, one of the most famous
Sophists, takes issue with writing himself, though “not as a pharmakon coming to corrupt memory and truth” (Derrida 115). He instead dismisses writing because “logos is a more effective pharmakon,” and he does utilize the ambiguity of the word, recognizing that “logos is at once good and bad; it is not at the outset governed exclusively by goodness or truth” (115). Derrida explains that, with Gorgias’ embrace of “ambivalence” within the concept, he “determines truth as a world, a structure or order, the counterpart (kosmos) of logos” (115, his emphasis). He believes that “before such a determination, we are in the ambivalent, indeterminate space of the pharmakon, of that which in logos remains potency, potentiality, and is not yet the transparent language of knowledge” (115). For Gorgias, truth is the world around us, but he believes in only a contingent understanding of this world as possible, so we must utilize the pharmakon of logos, an influenced and influential understanding that can be both good and bad. This understanding may not be perfect or absolutely true, but it is what we are left with in the necessarily absent “transparent” logic or system of absolute truth that could be comprehended outside of the pharmakon that we must use in our attempts to interpret it.

These classical conceptions of the pharmakon, or drugs as a counterpart of the discipline of medicine and analogy for a type of rhetoric that serves as only a counterpart of dialectic or contingent approach to logic, form the groundwork for the Western attitude toward prescription drugs today, and it is interesting that these concepts entered so heavily into discussions of the nature and danger of rhetoric from the very beginning. Derrida’s comments on Plato’s faulty choice of the pharmakon as a metaphor in his argument against writing are important when considering the modern position of rhetoric and scientific truth. For Plato, the pharmakon was writing, and for Gorgias and the Sophists it was speech, but both groups used the comparison to suggest a potentially dangerous drug that was supplementary to the truth of medicine. Derrida
writes that the pharmakon necessarily “consists in a certain inconsistency, a certain impropriety, this nonidentity-with-itself always allowing it to be turned against itself” (119). He believes that “what is at stake in this overturning is no less than science and death.”

Now more than ever, the ambiguity of the concept of pharmakon, or prescription drugs, in modern terms, is a matter of the definition and status of science itself, with the potential for death always looming realistically over the debate, no matter which terms or ideologies are agreed upon. The fact that rhetoric has entered into the current situation as an aggressive determinant of attitudes, legalities and patient outcomes seems almost inevitable when returning to the classical source of the debate. Derrida’s points about the inescapable ambiguity of the pharmakon’s value as both a remedy and a poison echo the classical and modern concerns about rhetoric. While rhetoric will always be the living text that structures science, all we understand about our bodies and any cultural concepts of health, it can also always twist and be twisted by a variety of forces. To attempt to parse out the “good” and “bad” motivators in the scientific and rhetorical community that comprise the pharmaceutical industry is as problematic as Plato’s attempts to pin down the pharmakon and to use a vague concept comprised of positive and negative connotations to metaphorically condemn writing. Derrida notes that, “in disturbing the normal and natural process of the illness, the pharmakon is thus the enemy of the living in general, whether healthy or sick” (100). Plato’s invitation to compare it to writing, he believes, suggests that writing, similarly, can only “displace or even aggravate the ill,” the ill in Plato’s metaphor being irresponsible rhetoric (100, his emphasis).

The desire to completely dismiss any “interference” with the body’s natural process of disease and death is of course absurd in light of modern medical advancements, as to turn away from the chance to alleviate suffering or save a life would be cruel and wasteful. A desire to
similarly put a stop to “misleading” or intoxicatingly influential rhetoric would likely not be seen
as so grossly misguided, however, as the term “rhetoric” has largely taken on a pejorative
meaning in a Western culture that attributes the word to political calculation and intentionally
misdirecting or avoidant dialogue. To assume that we could eliminate any particular type of
rhetoric to put a stop to its interference is just as naïve and impossible as the idea that we might
erase our understanding of medical theory and practice because it sometimes does harm.
Similarly, the idea that we can completely control the degree of harm done by the medical
community based on scientific principles and testing that is designed to be objective is also
unrealistic. When drugs do harm it is certainly not by the design of their makers—it is only
ethical to demand rigorous tests for any drug, but those tests are still subject to missing some
variable for some individual whose unique chemical makeup or lifestyle might account for an
adverse reaction. The reasoning and rhetorical constructions that inform the scientific
community’s tests and standards are just as motivated by ideologies and personal financial gain
as their intentions are good. Increased research into drugs that fight Alzheimer’s and arthritis
may seem inevitable, but is also evidence of changing attitudes toward old age, influenced
heavily by a cultural faith in science that expects such deterioration of the body to be managed
and reduced if not eliminated. While such goals seem pure and straightforward, there is a
complex network of “remedy” and “poison” inherent in any supplement to the body’s natural
processes: the scientific quest for objective truth, and the rhetorical campaigns to advocate new
and always evolving concepts of health and various ways to achieve this health. The difference
between the two systems, which scientists, like the philosophers of Plato’s time, would like to be
viewed as completely separate from each other, is in the rhetoricians’ comfortable use of the
promises of science in order to further their persuasive arguments, and the scientists’
unwillingness to admit that the rhetoric of this increasingly influential marketing contingent is both comprising and changing the medical field itself.

Michel Foucault discusses the social constructions of the scientific community in *The Birth of the Clinic*, revealing how the belief in objective perception of the human body and its motivations is always socially and culturally structured. Foucault writes of the French Revolution as a catalyst for many changes in Western society, including those in the field of medicine and the general understanding of health:

> The years preceding and immediately following the Revolution saw the birth of two great myths with opposing themes and polarities: the myth of a nationalized medical profession, organized like the clergy, and invested, at the level of man’s bodily health, with powers similar to those exercised by the clergy over men’s souls; and the myth of a total disappearance of disease in an untroubled, dispassionate society restored to its original state of health. (31-32)

Foucault’s comment on those in the medical profession as a new “clergy” is representative of the status of a culturally elevated state of health as an ultimate truth on the level of Christian theology or Plato’s ideal forms. All of these ideologies are concerned with presiding “over men’s souls,” as Foucault puts it, promising a singular and discoverable answer that will end suffering and act as an authoritative force in the society that embraces that promise. Foucault questions the true wisdom of these new members of the clergy, the doctors who are so respected that they are expected to be able perceive the world around them with a truly objective gaze. He asks how “the free gaze that medicine, and, through it, the government, must turn upon the citizens [can] be equipped and competent without being embroiled in the esotericism of knowledge and the rigidity of social privilege?” (45). He writes of a “clinical” or “observing” gaze that doctors are
expected to possess, due simply to their scientific education, as if they are gifted with a sort of magical ability to see through illusion, and that doctors are thought to have achieved this specially discerning gaze through the observational element of their education itself, not merely from books or lectures.

Foucault sees the authority that medical science has been granted as largely growing out of its own retelling of history. He writes that medicine has tended “since the eighteenth century, to recount its own history as if the patient's bedside had always been a place of constant, stable experience” (54). Expanding upon this, he explains the profession’s proposed difference between theoretical knowledge and the observing space of the clinic, suggesting that while theories are accepted as continuously changing and evolving throughout history, clinical observation claims to remain a constant, unchanging and unopinionated revealer of truth:

The clinic [. . .] was thought to be the element of its positive accumulation: it was this constant gaze upon the patient, this age-old, yet ever renewed attention that enabled medicine not to disappear entirely with each new speculation, but to preserve itself, to assume little by little the figure of a truth that is definitive, if not completed, in short, to develop, below the level of the noisy episodes of its history, in a continuous historicity. In the non-variable of the clinic, medicine, it was thought, had bound truth and time together. (54-55)

Foucault’s emphasis on the myth of the clinic as a non-variable speaks to the bias of the scientific community and its desire to exclude any concepts of social or rhetorical construction from its arena, just as Plato wanted to differentiate between philosophy and rhetoric, as if one could not enter into the composition of the other. Though the intention in both fields was to
strengthen the authority of the prevailing discipline, the effect actually weakens its methods, as seen in the modern situation with the pharmaceutical industry.

To belittle the use of rhetoric in order to foster support for a system of concrete, unchanging truth is to lessen its power only in the domain that it is then reduced to: strictly as speech that is persuasive for the gain of those who use it. The true power of rhetoric of course still remains; the situation with prescription drugs is a perfect example of the disastrous effects such an attitude toward its influence can have. When persuasion is cast off as something that stands in opposition to a stagnant dogma based in what is accepted as fact, it assumes its most dangerous potential, as the truth that is taken for granted is not truly questioned or challenged, only held up by that which is dismissed as merely its hand maiden. When a system of truth is held up in this way, and rhetoric devalued, any rhetorical challenges to that accepted truth must be viewed as blasphemous or insane, leaving truth stagnant not because it cannot be influenced and will not eventually evolve, but because the system of rhetoric that supports it is so effective based on the faith in truth that it promotes. Healy sees the scientific community becoming “less rational rather than more rational” in light of the embrace of psychopharmaceuticals, and concludes that “far from our problems yielding to science, science has become something of a problem” (5). Part of the reason it has become a “problem” is simply because of its unquestionable status as truth, both because of its claims to uncover discoverable fact and because of the social institutions that are granted the authority to speak for truth via these processes.

One of the major social constructs that is at stake in a system of truth is that of the body itself, and a concern with (or dismissal of) the body can be seen throughout the struggle between rhetoric and philosophy, from Socrates' comparison of the work rhetoric should do to a
physicians' power to heal the body forward. Foucault has written extensively on the construction of the body by social institutions, and, as Socrates wanted rhetoric to define the soul, Foucault exposes these socially informed agendas that infiltrate individual bodies with their various ideologies. He explores the changing and socially influenced nature of the sciences by studying the “history of ideas” in the field, which is one beset and driven by the varying moral and social concerns of the communities that adhere to those ideas (195). Foucault writes that, “if one wishes to know the illness from which he is suffering, one must subtract the individual, with his particular qualities” (Birth of the Clinic 14). The body is interpreted via a set of standards presented generally by scientific truth, such as the fluctuating standard of health. What is considered healthy is heavily influenced by the culture that advertises and claims to discover the ideal, often based on research motivated by problems in the society. Foucault discusses the evolution of the way disease is viewed in relation to the body, remarking on a reconfiguring of the body itself in the process of understanding both; where disease was once a “set of forms and deformations, figures, and accidents,” and an invader within the body, under the authority of the modern medical gaze it “is the body itself that has become ill” (136, my emphasis). In this way it is no longer the disease that invades and reconfigures the body, but the medical discourse itself, which defines the healthy body according to the standards of the culture that it attempts to reintroduce what are resultantly categorized as unhealthy bodies back into. Foucault is concerned with the advent of the clinic, or teaching hospital, as a source of medical truth, and writes that:

For clinical experience to become possible as a form of knowledge, a reorganization of the hospital field, a new definition of the status of the patient in society, and the establishment of a certain relationship between public assistance and medical experience,
between help and knowledge, became necessary; the patient had to be enveloped in a collective, homologous space. (196)

Before any new medical truths are accepted, a social situation that they respond to must be in place. Culture is a breeding ground for the truths that emerge from its changing values, and scientific knowledge is no different. The creation and use of antidepressants arises both from the trauma of individuals and from a culture that has the luxury to establish a standard of happiness and to leave those who feel they do not meet the standard to wonder why. When the body is “enveloped” in a particular “space,” such as the literal and ideological space of the clinic, or the “space” of the satisfied, healthy individual who identifies with a state of “happiness” advanced by society, it is vulnerable to the rhetorical manipulations of that space which confidently presents itself as a stagnant location within immobile and unchanging fact, claiming to reside only in chemicals, observable within the organs.

Configurations of the body are always at stake when scientific discourses shift in response to cultural phenomena. Foucault believes that, with the eighteenth century, “the medicine of diseases” comes to an end, and that there is a shift to the study of the “space of the disease” which has become “the very space of the organism” who is suffering with it (191). He writes that the belief in the “unprejudiced gaze” of the doctor represents the “new medical spirit,” which is really nothing more than a “syntactical reorganization of disease in which the limits of the visible and the invisible follow a new pattern” (195). The doctor sees “the abyss beneath illness, which was the illness itself, [emerging] into the light of language.” It is language that ultimately comprises what is understood as an objective medical gaze, and choices in language can never be truly objective. More than this, Foucault sees the new precedence of the clinical gaze as what was once a “way of teaching and saying” that “became a way of learning
and seeing” (64, his emphasis). Through a medical lens endowed with faith and trust, saying becomes seeing. The clinic, credited with the power to uncover “more fundamental, more decisive forms of experience” (64), became a way of “reviving among the moderns the temples of Apollo and Aesculapius” (qtd. in Foucault, 64). A new faith was produced, not precisely a new God, but a new truth, based on a system that was already believed to work universally in the world, and founded in individuals gifted with the gaze needed for pure observation. A way to look was thought to have been uncovered, but it was actually only a new way to talk about looking and about what was seen.

The scientific process asks physicians to understand the body first, then to treat and cure its ailments based on that understanding. In order to come to an understanding about the body, decisions must be made about an ideal state to return all accordingly malfunctioning bodies to. The medical discourse of the body grows out of this need to define an ideal. Classical philosophy had many of the same goals, which is not surprising, as the pursuit of truth via science grew out of its own desires to define concepts clearly and come to an organized understanding of a seemingly chaotic world. Philosophy, of course, was concerned with defining and improving the soul, without the aid of manipulative forces such as the pharmakon, but with only earnest attempts to uncover truth. The complex attitudes toward prescription drugs are informed by all of these historical and ideological pressures. The prescription drug today represents a combination of the rhetorical and the scientific, a powerful force that has fueled a billion dollar industry and changed consumers’ conceptions of their own bodies based on both culturally pervasive rhetoric and the dominance of scientific truth, trusted so completely that patients are willing to put their lives in the hands of its newest drugs at the very suggestion that they might find relief.
Relief from pain is an important component in the understanding of the body. In *The Body in Pain*, Elaine Scarry deals with the difficulty of expressing physical pain and the social situations that result from attempts to do so. Scarry writes that “physical pain does not simply resist language but actively destroys it, bringing about an immediate reversion to a state anterior to language, to the sounds and cries a human being makes before language is learned” (4). There are many scientific truths that are influenced or motivated by the constructions of society, but those dealing with the pain and suffering of the body are particularly complex due to this inexpressibility. It may be tempting to infer that a person is exaggerating their claims of pain in order to obtain a stronger treatment or more attention from medical authorities and their community, but to determine and verbalize exactly what another person is feeling with any certainty is impossible. Pain is an arena that language cannot effectively enter, but of course there must be attempts to do so. This necessity to only try to describe pain, and therefore illness and the body, accounts for much of the slippage involved with the discipline of curing this pain, and with the rhetoric that advocates its cures. Scarry writes that “because the person in pain is ordinarily so bereft of the resources of speech, it is not surprising that the language for pain should sometimes be brought into being by those who are not themselves in pain but who speak on behalf of those who are” (6). In any situation where one person's motivations are complicated by those of another who speaks on his or her behalf, the entrance of subjective rhetorical choices is all the more important to examine. Scarry discusses the physician's attempts to decipher and treat the stunted utterances that those in pain communicate to them, writing that this situation is complicated by the fact that there exists a cultural belief that “physicians do not trust (hence, hear) the human voice, that they in effect perceive the voice of the patient as an 'unreliable narrator' of bodily events, a voice which must be bypassed as quickly as possible so that they can
get around and behind it to the physical events themselves” (6). Physicians are both contributing to and responding to an emotional distance from the body that is introduced to consumers by prescription drug advertisements.

Scarry's book was published in 1985, before the advent of DTCs and the prescription drug boom. Doctors' long held distrust of the language of an individual patient in favor of deferring to scientific truths is evident here, and the ads are a reaction to this tension between the consumer and physician. Certainly a doctor should not be expected to take everything a patient says as an objective report of his situation, but her interpretation of the situation should not always be trusted as objective, either, based on her own personal experience in the field and a variety of other factors. While the doctor should not be expected to treat the patient based on what is reported to her by the individual alone, the trend in brushing aside patient input clearly contributed to the popularity of the new method of “asking your doctor” and coming to her armed with facts about a particular drug that has prompted the asking. Davis' citation of Illich's problems with the medical community grew out of this same disrespect for the patient. While the disrespect is understandable, given that doctors probably treat many patients whose complaints or desires are motivated by ignorance or even addiction, the fact that this disrespect built up to a resentment of patients’ ability to speak for themselves is evident in the eagerness of consumers to take control of their own treatments, and therefore their own bodies.

Scarry's comments about doctors' desire to get “around and behind” the patient's voice to reach “the physical events themselves” is also representative of a tension brought on by the pharmacological revolution. The idea that the voice, or the individual, interpreting self who attempts to present the body as a unique self-construction to a doctor who must view it clinically, is separate from that physical body is perpetuated in the marketing for many prescription drugs.
The separation of the body and the self follows along the lines of the historical separation of philosophy from rhetoric: the self is allowed to remain a flexibly defined and socially informed creation, but the body is severed as completely objective, scientifically discoverable, and in opposition to this self. In the *Birth of the Clinic*, Foucault writes that “in the clinic, where one is dealing only with *examples*, the patient is the accident of his disease, the transitory object that it happens to have seized upon” (59). In the modern climate, the disease has become the accident of the body, in many cases due to a multitude of lifestyle support drugs and powerfully suggestive advertisements. The body is the object, but the patient, the self and the motivators and lifestyles attached, are separated from this body, which must be controlled, or reigned back in, as in Plato's metaphor about the charioteer. Only now the body is being reigned in not to control desires (in the case of the popular drugs for erectile dysfunction, it is being controlled to maximize desire), but simply *to be controlled*. Like the effects of the *pharmakon*, any such manipulation will have positive and negative elements, and the task of differentiating between the two is always complicated by the paradox. Any questioning of the lifestyles that require these treatments is quieted by their easy solutions and scientific authority, and instead there exists an embrace of their ability to keep the body in the space of a separate, controllable entity, one that is directed by the individual, and done so in what is dressed as a correspondingly objective acceptance of what modern science is offering. Pills that to allow patients to reclaim their own bodies are sold in what is cherished as a safe arena: that of pure science, or truth.
CHAPTER TWO
THE SEPARATION OF THE BODY AND THE “SELF” IN PHARMACEUTICAL ADVERTISING

Configuring the body as an autonomous enemy that is standing in the way of a unique “self” who must control it is a common trend seen in advertising for prescription drugs, and the advancement of this division is achieved through several different marketing strategies. Separating the self from the body this way leads to forsaking the separate body in favor of the self, by arranging the priority of its functioning parts according to society’s emphasized standards of health. Socially important functions (sexual performance, freedom from anxiety among peers) are given precedence, either expressly as the cure or more subtly, as representative of a happy, healthy life in advertisements for drugs that treat other problems, while other parts of the body bear the burden (the liver, the stomach). The complexities inherent in these distinctions can be viewed in terms of the history of the pharmakon, and through the lens of a culture rife with paradoxical values: Americans are obsessed with food and weight loss, are exploitative and conservative about sex. Advertisements elevate cures for the body while forsaking the body by promoting the self whose expression the body prohibits. In many marketing campaigns, the self is not only treated separately from the body, it is invoked and celebrated. In the process of helping consumers to realize their “best selves” via the culturally accepted standards of health, the body is abandoned without hesitation to trusted science, which would presume to take credit for the standards of health that customers believe they can reach. The real job of the strategies used to convince consumers to purchase particular drugs is not to convince them that the body
can safely withstand the treatments invented by the objective medical field, for the trust in science is already firmly in place. The more difficult task is selling a concept of health as scientific truth, even while openly appealing to cultural values like marital intimacy and productive employment, and to do this the concept of a separate self and body must be advanced, for while the quality of consumers' individual lives is used to sell drugs through images and text, the body must be advertised as something that is completely understood by science, and, as part of a universal standard of health, configured as something that can only get in the way if not controlled.

The methods used to advertise the body as a potentially dangerous enemy are varied, though the common theme of separating the goals of the self from the hindrance of the uncontrolled body is apparent in many campaigns for a variety of different drugs. Some strategies are as simple as asking consumers why they have not yet taken advantage of the tools available to control the body, often encouraging them to reclaim their lives by doing so. The “life” and the “reality of the body” become separate entities when the body is treated simply as a biological object, the property of science, and easily manipulated by the fruits of its research. Often these appeals for control take on a violent vocabulary: consumers are asked to “fight,” “fight back,” to be “strong” or “stronger” than their ailments. Images in some campaigns follow this structure as well, depicting patients who are being assailed by cartoonish representations of the body and its pains. In many cases the authority of science is invoked to advance only theoretical claims, or to overestimate the potential danger of a rare disease which is suddenly treated as a common problem that is simply lacking “awareness” in the community. The guise of an “awareness campaign” is often used to appear as an objective community service announcement, offering simply scientific information about a mostly unknown condition, but
actually sponsored by a company that is preparing to release a drug to treat the condition based on the very theoretical understanding of the problem that is advertised in its “objective” sources of information. Language itself often plays a role not only in describing but in recreating the accepted knowledge about a disease. Drugs invented to treat a particular problem are repackaged as solutions to another illness, and problems like heartburn are renamed and re-explained so that they can be configured as deadly and common killers, lurking secretly under previous understandings of the disease that were simply misinformed. The complex relationship between the scientific and the rhetorical is apparent in the textuality of many of the advertisements, which feature “personal testimony” from actors alongside diagrams that are meant to explain the body as an impediment via computer animations or cartoon diagrams, showing how the drugs will enter and take over as the actor or model who represents the patient extols the virtues of regaining his or her “self” thanks to the treatment.

In privileging a self that is essentially separate from a body that is viewed as a flawed, necessary burden, the emphasis of many advertisements is on the frustrations of an uncontrollable body that many consumers can relate to, followed by the promise of a return to the true self when the body is reigned in. In a television commercial for Avodart, a drug designed to control the enlargement of the prostate in men over fifty, which results in a combination of frequent urges to urinate and incontinence, a stocky, middle-aged fellow with gray hair complains of “always going,” and the negative effects this uncontrollable urge have on his sense of self are shown. He is shown at a crowded movie theater with his wife, embarrassed when he must push through the aisles to hurry for the bathroom, and then at work in a white-collar office, mortified when he must leave in the middle of an important presentation. After having taken the drug, the man is restored to who he feels he “should” be, and is shown laughing and enjoying a
movie in a crowded theater, and back at work, assuming a leadership position now, amicably picking up a golf club and demonstrating a swing for a few younger employees. He is also shown gardening and being playful with his wife, and, interestingly, they give each other a suggestive look just as the announcer is warning about the drug’s “sexual side effects.” The paradox of the satisfied self and the suffering body is shown in full effect here: it could be seen as a promise that the threat of sexual side effects has not affected this couple, or as a promise that the problems of the man's body are simply not getting in his way any longer, that if the body has to be sacrificed in order to be controlled, the self is still fully realized. Another division of the self and body can be seen in the advertising campaign for the popular sleeping pill Lunesta. The copy in one of their most common magazine ads assures consumers that “Even when [their] restless minds keep them awake, Lunesta can give [their] bod[ies] and mind[s] the soothing sleep [they] need.” The mind is clearly configured as a part of the unique self; individual problems and a variety of anxious circumstances keep consumers awake. But Lunesta promises that even the mind can be treated as simply another of the body's organs available to control. Ads for the Topamax, which claims to treat the “cycle” of migraine headaches (though the ad copy admits that “the exact way TOPAMAX works is unknown”), feature a slogan proclaiming that “life shouldn't always revolve around migraines,” telling consumers that if the body is at the center of their lives, directing their concerns, it should be removed and controlled, sectioned off in a more appropriate, less important space. Even advertisements for birth control pills are stepping up their campaigns, as if controlling the reproductive system is no longer enough to compete in the market. In a magazine ad for the Ortho Tri-Cyclen Lo pill, a pack of pills is shown, with a woman's finger pushing on one of the plastic bubbles over the pill, releasing it. Below the image, text reads: “Prevent pregnancy and make your periods lighter with the push of a button.” The
emphasis is not actually on the prevention of pregnancy, but on the pill's ability to keep the body
doubly in check. While this is a subtle appeal to a self that wants to be apart from the concerns of
her monthly menstrual cycle, some drugs, like Aricept, a treatment for the symptoms of
Alzheimer's (the drug “can” slow down its progression, according to the copy), are more overt,
with slogans that promise patients the ability to “feel more like themselves longer.”

The advertisements often encourage patients to “fight” against a body that has betrayed
the self. In fact, the word “fight,” or similar figurative allusions to a battle that needs to be won,
are found in the text or script of the ads almost as often as the signature appeal to “ask your
doctor” about the drug. In ads for the drug Actonel, the body is clearly figured as a corruptive
agent that needs to be fought. The tagline for the product is “help fight fracture,” and the drug is
intended to help prevent the onset of osteoporosis. The same ad also asks the patient to “fight
back with Actonel.” The “back” suggests that a malevolent force, the traitorous, previously
uncontrollable body, started the fight, and the ability to reign it back in is within reach. Aricept, a
drug intended to slow the onset of Alzheimer’s, also sets itself up as a partner in the war against
a corruptive body, with an ad featuring an older man kissing a grandchild, labeled as “Fighting
Back with Aricept.” The tagline on this ad is “Strength in the face of Alzheimer's.” Text written
on the picture in the older man's “script” states that he loves his life too much to “just hand it
over to Alzheimer's.” The message is that without empowerment through drugs, the consumer is
giving the diseased body control. In an ad sponsored by the drug company Aventis, promoting
“awareness” of a condition called “Deep Vein Thrombosis,” a middle aged woman is shown
lying in a hospital bed looking forlorn, and the text below her picture asks: “When do ordinary
legs become killer legs?” This is an extremely overt example of setting the body up as an enemy.
In ads for the now defunct Vioxx, which was intended to treat arthritis pain, the tagline is:
“Vioxx: For Everyday Victories.” The ads are meant to suggest that these victories are won against pain, but, as is especially ironic in the case of Vioxx, pulled off the market after studies showed that it greatly increased the chance of heart attack in patients, these victories over localized pain often come at the expense of the corruption of the body itself.

Another advertising campaign that explicitly sets the body up as an autonomous enemy is that for Relpax, a prescription drug for migraine headaches. The ad states that “migraines have their own agenda,” and shows a conference room where a woman giving a presentation has been flattened by a meteor that has crashed through the roof. In other words, the body has acted like a violent outside force, preventing this woman from being a productive and reliable worker. The tagline reads: “Don't let a migraine keep you down.” Again, the use of “let” suggests that consumers are allowing their lives to be controlled by an unreliable body, until they take control themselves. Another ad for Relpax also features a work scenario, with another woman flattened by a meteor, this time in the midst of an office hallway. It states that “Not many things knock you out like a migraine,” and tells consumers that they can “knock out a migraine with Relpax.” The scene is violent on both fronts: the migraine has launched its attack on the patient, and she must “knock out” or retaliate, with the drug-weapon. The newer Relpax advertisements continue to feature violent images of the body's attacks on the self, this time featuring a pretty young woman, only shown from the shoulders up, with a cartoon of a vice grip drawn around her head, two cartoon hands reaching onto the page to twist it tighter as she grimaces in pain. The text reads that “a tough migraine needs a tough migraine medicine,” and the appeal to fight back is clear. It is interesting that the woman is separated here from the effects her sickness by being shown as a kind of “floating head.” The self, the face and place where the mind resides, is focused on, and the body is represented by the vice grip, tightening and smashing the self
between its crushing grip, like a prison that the personality is locked into. The slogan for Relpax is “Stronger than a migraine.”

Setting up the body as an enemy whose potential dangers must be controlled is of course playing on consumers' fears. Many of the ads are frightening, making consumers aware of conditions that are actually extremely rare, but of course could be lurking under an apparently healthy exterior. Patients may identify with one common irritation that has been figured as possible indicator of a much more grave condition, and they configure themselves as helpless victims of a deadly disease they did not know they had, rather than the victims of heartburn suffered because of a dinner of greasy pepperoni pizza. The glamorized condition referred to here is GERD, or Gastroesophageal Reflux Disease. Critser describes GERD as, “in essence, heartburn that gets so bad and so chronic that it causes damage to the esophagus. True GERD is rare, but the precondition for it, a weak esophageal sphincter, is part of the natural aging process. That is why almost everyone gets heartburn, and why almost everyone's heartburn gets worse with age” (71). The problem for the drug companies was figuring out how to “convince a lot of people – and a lot of physicians and insurers – to pay for an expensive prescription dug when most people saw heartburn in a benign way and treated it with a 49 cent roll of Tums.” The answer to that question was to make the body's natural processes not benign but sneaky, deadly, out to get the consumer, and above all: preventable, but only if they take action and “fight back.” These advertisements work against a “long-held folk wisdom” that heartburn is at least partially the patient’s own fault. In an ad for Nexium, a pill that treats the heavily promoted Acid Reflux Disease, manufacturer AstraZenca’s branded variation on the GERD syndrome (which was created by drug company Glaxo), a man wearing a tie is featured. Written on the tie is the text: “Behind this tie acid could be burning the lining of his esophagus.” This sets up the body as not
only an enemy, but a sneaky one that hides behind an apparently healthy and normal veneer. Just because a consumer looks and feels well, aside from suffering from a little heartburn after eating heavy foods, doesn't mean they don't need to take preventative action to reign in a potentially deadly body. As another ad for the drug warns, “With acid reflux disease, even a little heartburn can be serious.” The ads that promote GERD and Acid Reflux as potential killers assure consumers that those who might tell them that their habits of eating too much or eating the wrong foods are causes of their heartburn are only blaming innocent victims for something they can not hope to prevent without expensive medical intervention. Their bodies have been refigured right out from under them with the promise of a privileged victim status and absolution from any responsibility for their suffering. It is ironic that, while the pills claim to enable patients to control their bodies, with the loss of personal responsibility for their suffering they are actually handing over control to the pills themselves, even as they feel that they are being empowered.

Another example of playing to a customer's fears is seen in an ad featured in the May 2006 issue of Travel and Leisure, a magazine featuring tips about travel and glossy photographs of food, foreign terrain, and beautiful hotels. The ad is specifically targeted toward the magazine's audience, advertising a drug called Malarone, which offers travelers protection against malaria as transmitted by mosquitoes. It features a giant, frightening mosquito standing on a woman's back as she awaits a massage in a cabana on a beach. Oblivious, the woman is smiling and has her eyes shut while the mosquito hungrily zeroes in on her neck. There are two featured taglines on the ad: one over the mosquito's wing, which reminds customers that “Mosquitoes that spread malaria like the same exotic places [they] do.” Another, toward the bottom of the ad in large black text, assures consumers that they can “Travel the world with Malarone.” The ad copy asks readers to “talk to [their] doctor[s] about Malarone,” and to do so
“before [their] next trip.” If the giant, bloodsucking insect poised to kill the dozing woman in the ad wasn't enough to frighten potential customers into buying the drug, the copy also warns readers that “Infected mosquitoes are not just found in the jungle—they can be almost anywhere.” This ad uses the common practice of overstating the possibility of a consumer suffering from the featured disease. The claim that a mosquito carrying malaria could be “almost anywhere” may not be exactly scientifically impossible due to that “almost,” but it is still a fairly bold statement, and the image suggests that if travelers are headed for any beach, this giant killer will be waiting for them there, ready to pounce as soon as they relax. The advertisement addresses middle class concerns, playing up the anxiety that follows working men and women even on vacation, and also taking advantage of the typical, middle class American traveler’s desire to see exotic places without becoming embroiled in or truly affected by anything “exotic,” like the trappings of poverty and disease that surround tourist towns in such sunny locales as Jamaica and the Bahamas.

The strategy of making consumers more “aware” of rare diseases is not always as simple as drumming up fears with images of holes burning in esophagi and giant killer mosquitoes. The phenomenon of the “awareness campaign” is one of the most carefully crafted rhetorical structures used by marketers, and, not surprisingly, its effectiveness hinges on its presentation as unbiased scientific information. The May 2006 issue of *Better Homes and Gardens* features a two page ad sponsored by AstraZeneca, which does not name a drug for treatment but advances an “understanding” of bipolar disorder. The ad features many Polaroid pictures of the same middle aged woman, going about her daily life while stuck in the grip of bipolar disorder. We see the woman “Talking too fast” (she's shown on the phone, a manic look on her face), “Sleeping less” (she's at work, tired and unable to concentrate), “Buying things [she doesn't]
need” (wielding an armful of overstuffed shopping bags with a look of wicked glee), and “Flying off the handle” (snarling and baring her teeth at the camera in rage). Underneath these scenes of a manic personal life is the text “It could be bipolar disorder,” and to the right there is a helpful quiz for consumers, brought to them by their friends at AstraZeneca. The quiz asks “Has there ever been a period of time when you were not your usual self and . . .,” with options including “you were much more talkative and/or spoke much faster than usual?” and “you were much more interested in sex than usual?” The quiz instructs consumers to be concerned if they checked more than two “yes” boxes on the quiz, and the website www.isitreallydepression.com is offered as a place to get more information. The website stresses the difference between depression and bipolar disorder, citing misdiagnosis of patients who suffer from the latter, and seems to be targeting individuals who have already experimented unsuccessfully with traditional antidepressants. The ad also features a postcard that can be mailed to AstraZeneca for more information: pictures of the woman are featured on the front, the manic tension gone from her face, smiling with her husband and frolicking with their dog. The idea that “buying things you don't need” could be a sign of a serious mental disorder is certainly a dangerous one, and with bait and switch awareness campaigns such as this one, the objective trust in the medical community reaches its most damaging potential. Nothing is being advertised yet, but further inquires into the AstraZeneca-sponsored vaults of information lead to advertisements for Seroquel, their new drug for bipolar disorder, a competitor for Bristol-Meyers Squibb's new bipolar drug Abilify. At the bottom of a row of links on the “objective” and informative website provided is one that directing consumers to “Learn about a Treatment for Bipolar Mania.” Clicking this link opens a pop-up window with a legal disclaimer: “You are now leaving the website www.isitreallydepression.com.” Another pop-up window follows this acknowledgement,
this one informing the consumer that they are being redirected to a “product Web site” where they will find “Information about a treatment for Bipolar Mania,” and the familiar entreaties to ask your doctor about a drug—Seroquel—are found at the end of this information-seeking path.

Merck employs a similar strategy with television commercials directing women to their www.tell-someone.com website, raising “awareness” about HPV, a sexually transmitted disease which can sometimes cause cervical cancer. The ad is presented as a service to the public, featuring young, pretty women frightened and concerned when they learn facts about HPV that they were previously unaware of, including how dangerous it can potentially become. At one point a female doctor appears, wearing a lab coat, a stethoscope hanging around her shoulders, to provide a voice of authority in the midst of these hysterical women who want to “tell everyone they love” about the risk, and encourage customers to do the same, first seeking out more information on the Merck-sponsored website, of course.

One interesting permutation of the awareness campaign method is GlaxoSmithKline's recent campaign against the causes of Type 2 diabetes, often brought on by a poor diet, lack of exercise and the resulting obesity. The ad was found in four out of six national magazines that were examined closely, and is likely a response to pressures from critics of the pharmaceutical industry who suggest that lifestyle support drugs like those that treat Type 2 diabetes are an avoidance or profiteering off of the real problem, which is the poor American diet. The ad features a middle aged man, wearing a polo shirt and a GlaxoSmithKline name tag (though he looks like a high school gym coach than a stuffy research scientist), holding up a prescription card, but no actual medicines are being promoted here. All that has been written on the card (in a readable but carefully messy imitation of a doctor's scrawl) is “Keep people from getting it.” The card has been signed by “Bill,” who ads a comma and, after his name, clarifies “Scientist,”
announcing his qualification here. The text below Bill's prescription reads “I'm not just a scientist; I'm a diabetic, too” (recalling, though seemingly not with humorous irony, the infamous Hair Club for Men commercials of the 1980's, where an attractive man with a full head of hair informs the audience that he is not only the president of the Hair Club, but also a client!). Bill's statement that “you might not think a drug company would want to prevent disease” directly addresses the suspicion and criticisms the industry has faced with increasing frequency over the past year and a half. This scientist and sufferer of diabetes assures us that is not the case, that GlaxoSmithKline is interested in “Finding a Way Forward” and confronting the problems of childhood obesity before they lead to adult diabetes. There is no reason to believe that GlaxoSmithKline will not be serious in its efforts to combat diabetes, but it cannot be denied that this new campaign featuring a scientist/patient is evidence of a nervous squirming of the industry under the recent scrutiny. It is interesting that they chose to respond to this with one of their classic “awareness campaign” advertisements, and that they are representing their efforts here with a self-proclaimed Scientist (written, in fact, with a capital “S” directly after his first name, as if he is part of a family with a trusted legacy), where rhetors have become increasingly distrusted, or at least exposed for what they are. Rhetoric continues to operate with science's authority, but suddenly there is increased pressure to shove that authority more directly into the light, or to hide more carefully behind its promise. Interestingly, GlaxoSmithKline, not selling anything here, does not offer a website or any avenues for more information within its war cry against Type 2 diabetes. A quick internet search for “GlaxoSmithKline” and “Type 2 diabetes” turns up an article from February 2006 about Avandaryl, a drug the company released to treat the disease, as the first result, and the second result is for Avandia, another Type 2 diabetes treatment manufactured by GlaxoSmithKline. Four hits down is a link for Diabetes.com, an
informative website sponsored, of course, by the company, but the information here is centered around treating and living with the disease, not keeping people from getting it.

It is widely recognized among those who are currently writing about the industry that, more than selling drugs, pharmaceutical companies profit from campaigns that create “awareness” about diseases that they have branded as their own through exaggerations or re-examinations of existing conditions, or even by reconfiguring the irritations of everyday life into serious and treatable illnesses (Angell xiv). William C. Steere Jr., the former head of drug industry leader Pfizer, spoke in 1985 of the company's goal “to communicate earlier on products to make sure that their development was such that when they entered the market, they'd be instant successes” (Critser 89). The intention is to create demand for the drugs prior to their release, drumming up fears about diseases that are promoted along with the cures. When it was discovered that Viagra, a drug originally invented to treat angina, had the side effect of giving men erections, Steere asked his research team to “find” a “disease” that regarded an erection as a cure, and erectile dysfunction was born (95). It is a scientific process that is dramatically motivated by language: once the new “condition” was named, it existed and could be treated.

John Dirckx, in *The Language of Medicine*, recognizes the power that a brand name can eventually have on medical culture, writing that, “just as the public has taken up some prominent trade names like Frigidaire and Kleenex and applied them generically to all similar products, so the medical profession often absorbs a trade name into its vocabulary and, eventually forgetting its origin, drops the capital letter” (93).

Despite the fact that language is a motivational force in not only the marketing but the functioning of prescription drugs, the authority of science is still an important part of the success of the industry, and the terminology and methods of the medical profession are often invoked in
the drugs' advertisements, usually in the middle of the commercial or the center of the magazine ad, as if to cement the belief that the foundation of this phenomenon is wholly scientific, and trustworthy because of this. One recent ad for the tremendously popular Viagra utilizes this strategy by segmenting its scientific promises, reassurances, and warnings within a television set in a character's home, while he is suggested to be successfully making love to his wife thanks to the drug. The commercial shows a man enjoying a baseball game on TV, until his wife comes in and makes some suggestive gestures. An announcer proclaims that, “in life, there is room for only one great passion,” and the man looks longingly after his wife, picks up a video tape and pops it in the VCR, the announcer adding: “unless you're really clever.” The “record” button lights up on the VCR, the man stands up and grins impishly, and the word Viagra pops up over his head, the announcer saying the name of the product as it does. As the man gets up to go have sex with his wife, the scene fades to a blue background, the word 'Viagra' looming larger, and the announcer, an amiable, relaxed male voice, proclaims that Viagra can “help guys with all degrees of erectile dysfunction, from mild to severe.” Then a doctor, an older man with gray hair, wearing a tie and a lab coat, appears, delivering information and warnings about the drug, including its side effects, which he rattles off lightly as “headache, flushing, upset stomach and abnormal vision.” At one point, the camera cuts to show a close up of his name tag: “Howard Torman, M.D.,” cementing his authority, and when he is finished with his scientific interlude, the camera moves back to reveal that he is speaking from the television of the man who went to have sex with his wife. The “record” button is shown again, to insinuate that the sex is continuing offscreen, and the Viagra logo is imposed over it. In magazine advertisements, this “middle,” scientific section of the sell often takes the form of artistically rendered, “diagram” style images that are intended to explain the way the medicine works within the body, brought down to an
extremely simplified level, showing one example that is “bad” (usually this diagram will have “too many” or “too few” of a particular element within the shadowy outline of a body pictured), and another that shows the “good,” restored body after the treatment has been successful. This strategy is used in the current campaign for Nulesta, a drug intended to help cancer patients who are undergoing chemotherapy regain their strength, by increasing the production of white blood cells. In magazine ads for Nulesta, under a picture of a woman whose testimonial is featured (the self-representative activity that she wants to return to is painting, and in the image of her at the top of the ad she is holding a paintbrush and standing before an easel, thanks to Nulesta), there is a classic pair of diagrams, the one on the right showing a sudden proliferation of white blood cells, represented by a mass of white dots within the chest region of an otherwise indistinct “body shape,” standing in opposition to the pre-Nulesta, “ill” example on the left, which possessed only six white blood cells in the same region. In television commercials for Avodart, the patient testimonial is broken up by an animated sequence showing a prostate shrinking back to its normal size, thanks to the drug, and the pressure on the bladder decreasing as a result. The fact that the scientific properties of the medicines are expressed chiefly through images is a deference to the doctor's observational gaze, broken down into simple “less” or “more” patterns that consumers can “observe” in a pseudo-clinical sense.

The most complex, and some of the best-selling, prescription drugs are fraught with controversy because of their inability to be observed as clearly as the workings of the stomach or the bladder, though marketers have certainly employed diagrams to convince consumers that their theoretical causes can be seen clearly, and are just as simply controlled and inevitably experienced by those whose chemicals are imbalanced. These are the drugs of the antidepressant culture, which treat clinical depression in a number of ways, based only on theoretical
understandings of depression, but sold as if they are the products of discoverable health uncovered. In their book, *The Myth of Depression as a Disease*, clinical psychologists Allen Leventhal and Christopher Martell confront the myths about depression and its treatment by pointing out the strictly theoretical understanding of both. They write that “the explanation of depression as something you are born with is a theory that exists without sound backing, and the science that allegedly supports the use of antidepressant drugs to correct such a biological condition is woefully weak” (xiv). Despite the fact that treatments like Zoloft are based only on theories is well understood in the medical community, the drugs are sold as if they are the only solution, as if the diagrams that show cartoon representations of chemicals clustering significantly around nerve centers in the brain are just translations of the clear understanding of how depression works, our understanding of the brain as trusted as that of any other organ. In *Let Them Eat Prozac*, referring to the widely accepted theory that serotonin levels control our moods, Healy observes that “a huge gap has opened between what is scientifically demonstrable and what people believe, pointing to a cultural phenomenon that lies well beyond the 'medicalization' so worrying to sociologists and bioethicists” (xiv). He believes that “there is something here that reaches down to the level of the myths we make to live by,” and that “our ideas of what it means to be human are at stake” (xiv). Though the drugs being sold are based on only theories that some scientists confidently refer to as “weak,” (while others, certainly, would passionately defend them), “the last 20 years have shown an enormous increase in the diagnosis and pharmacological treatment of depression. A recent survey showed that one out of three office visits by women includes a prescription of an antidepressant drug” (135). Women certainly seem to be the consumers who are targeted in most advertisements for drugs that treat depression and bipolar disorder, a condition that has recently gained quite a bit of marketing
attention. AstraZeneca’s two page “awareness campaign” for bipolar disorder features a woman, as does Bristol Meyer Squibb’s ads for Abilify, its new drug for the disease. Abilify’s magazine ads feature a young woman with her long hair up in a bun, standing a green field and looking out toward a blue sky on the horizon. Her face is not shown, and there is an atmosphere of quiet reflection and loneliness. Large, blue text at the top of the page informs the consumer that “Treating bipolar disease takes understanding,” and in turn claims to understand “where [the consumer has] been,” where those suffering with the disease “want to go” and “how to get there.” The ad copy is written in the second person: “you've been up and down, with mood swings and relapses. You may have also been misunderstood and misdiagnosed for years before being properly treated.” This may certainly be true of individuals who suffer from mental disorders, who are often stigmatized, the causes of and treatment for their feelings of unhappiness and despair always hotly debated in the medical community. But to broadly suggest that someone has been “misunderstood” is a seductive offering, as most people can identify with feeling this way at some or many points in their lives, to one degree or another. The text that proceeds the illustration that demonstrates the medicine at work within the body (here, the brain, undergoing a vague transformation featuring arrows, a squiggly red line, and a blue band around its middle with the words “chemical activity” printed across it) actually reads “How Abilify is Thought to Work,” indicative of the theoretical foothold that many antidepressants and similar mood enhancing drugs actually stand on (my emphasis). Side effects are listed in the traditional manner, in small black text on the bottom of the ad copy (away from the image), and in more detail on the page behind the ad, which is comprised entirely of black text on a white page. Two side effects are actually featured in the emphasized copy of the ad, for they are two that have become infamous along with the cultural embrace of prescription drugs, two which Abilify
claims its users will not have to worry about: weight gain and drowsiness. The side effects that are downplayed or highlighted exhibit the concerns of the society: appearance and ability to remain a member of the work force. Productivity in a work environment is often featured as a benefit of taking prescription drugs, especially psychiatric drugs. One ad for Zoloft we features the “story” of “Joanne,” a woman with a “great job” that she was unable to enjoy because of depression, though she did not realize this was the problem until she read about the disease on Zoloft’s website. The story goes on to relate her success in treating her depression after taking the drug, and finishes with Joanne asking how she could “possibly enjoy [her] career if [she] didn’t manage [her] depression.” Critser writes that “almost all chronic-disease drugs are sold because they increase performance, sustain productivity, lessen pain, or increase longevity. They are all, in a sense, drugs for a work-based culture” (137). That trend is seen here, where the benefit of maintaining good health is clearly to remain productive in the workforce. In this sense, control of the body is not just about minimizing pain in the pursuit of a pleasurable existence, but is also about being able to survive in a demanding capitalist culture. Starting in college, and perhaps earlier for some determined students, we are taught to put productivity ahead of the body: if we need to finish a project, we can deny ourselves sleep or drink coffee to supplement our energy. This attitude does not change once one enters the adult workforce, where it often seems that the motivation to control the body at any cost is to be able to endure as a responsibly productive employee, and also to help grapple with the stress that our work obsessed culture can cause. The popularity of sleeping pills and antidepressants could be seen as related to a society that asks too much of us, rather than the serotonin imbalance or chemical deficiencies that drug advertisements tend to offer as easier solutions (Selling Sickness 23). Ads for the drug Lunesta ask consumers why they can’t “turn off [their] restless mind[s],” and the answer seems more
likely to be found in an examination of the reality of their daily lives rather than a sleeping pill. Tranquilizers are often thought of as “liberating” people from their nerves, but are actually liberating them from their bodies, promising that the cause was physical, or at least that it could be physically blotted out, even if it was environmentally caused. In their article “Your Life is Waiting!,” which analyzes the methods used in direct to consumer advertisements for antidepressants, Jean Grow, Jin Seong Park and Xiaogi Han write that “framing causation and recovery as naturally biochemical forms a very compelling argument for utilizing drug therapy,” warning that taking this view can also “marginaliz[e] the psycho-social causes for depression” and “minimiz[e] the potential for a broader discussion about depression's impact on society or conversely the social causes of depression” (16).

This type of deference to a pill’s ability to separate and control in lieu of a scrutiny of a full life comprised of a self and a physical reality that have a codependent bearing on each other is embraced in ads that suggest that a full examination of lifestyle is not always “enough.” The ads can effectively ask consumers to stop working with their body to treat illness, by dismissing diet and exercise as effective treatments. Ads for the drug Zocor, which claims to lower cholesterol, show a middle aged man looking contemplatively into the distance, and feature the text: “I thought diet and exercise were enough to lower my cholesterol. Turned out I needed more.” The ads are usually careful to suggest that their medication be taken along with a healthy diet and exercise regimen, but they can more conveniently be seen as alternatives to the hard work of monitoring diet and getting regular exercise. They are treated as the next step, the improved method, and patients might be even more likely to ignore diet and exercise if they feel they have taken care of things with a pill. This represents an artificial “reigning in” of the dark horse of pleasure; the horse can be allowed to gallop wildly, the balance of the chariot restored if
the driver is willing to surrender the reigns of body to an outside force. Television and magazine ads for Vytorin, a drug that treats heartburn, defer to the temple of genetics in order to offload consumers' problems with diet. While the ads admit that “heartburn can come from fettuccine alfredo,” they work to advance the belief that the problem can also be genetic, coming instead “from your grandpa Alfredo,” showing a bowl of pasta, representative of guilt over not taking care of the body, and then a kindly old Italian man in its place, tipping his hat, representing freedom from this guilt, an idea of the body as always out of the consumer’s control without the medicine designed to confront the problem with this specific attitude. In Medicine as Culture, Lupton writes that “with the current obsession for locating the genetic precursor of illnesses, diseases and behaviors, the knowledge base of scientific medicine has encroached even further into defining the limits of normality and the proper functioning and deportment of the human body” (1). The self is pushed back from the body, which is treated as a predetermined blueprint drawn up by familial fate and impossible to satisfying coincide with without the detaching and controlling powers of a drug. “A healthy diet is important,” says the announcer, supplementing this by assuring consumers that “when that's not enough, adding Vytorin can help.” The commercial ends with a reinforcement of this message, asking consumers to “eat right” and “stay active,” and, when they discover that is “not enough” to “ask their doctor[s] about adding Vytorin.” The motto is to “treat 'em both, with Vytorin,” but the message that actually comes across is that to fight alongside the body is a losing battle. It must be controlled, not partnered with, because the genetic problems were always going to make its betrayal of the self inevitable. A magazine ad for Lipitor, a drug that claims to lower cholesterol, also features the “when diet and exercise are not enough” mantra in its copy. It is as if the manufacturers are saying that they have heard that nonsense before, too, and that they trust that consumers have done everything
they can, so they have earned the right to a little assistance. An ad for Avandia, a treatment for Type 2 diabetes, shows an older couple reading on a porch with their grandson, and features the text “I am stronger than diabetes.” The empowerment against the body is present, and the finer print of the ad suggests that exercise and diet, which are recommended to treat the disease, often brought on by poor diet and lack of exercise, need to be supplemented with this medication. The testimonial in the ad states that the “customer” pictured has “switched to a healthier diet” and “walk[s] a mile a day,” but still “need[s] some help.” In other words, partnering with the body is not entirely effective. In order to “control” his blood sugar “more effectively,” the customer must be treated with drugs, not lifestyle changes that utilize the body itself. The tagline on the ad is “Avandia: Help Use the Natural Insulin in You.” In order to “use” the body effectively, outside forces must be applied for additional control over its natural processes.

These trends in advertising, and with the obsession with “health” in America, even as problems with obesity abound, seems to indicate that the body is being held to different standards than the “self,” that health is something we seek in spite of the body, for the benefit of the self. In Health and the Rhetoric of Medicine, Judy Segal writes that “more and more, our identities are health identities,” and that this means that we “think of ourselves as healthy or not” and “able-bodied or not” (20). It seems as if we do think of our bodies this way, but not of ourselves, necessarily. In a culture that seems to want to move away from personal responsibility genetically and biologically, to explain lifetimes in terms of nerves and synapses firing first of all, and situational reactions to such as secondary or inevitable, we want to identify our bodies as having these properties of health or ability, and our selves as being dragged along for the ride. In some cases this is certainly true: a person with hemophilia or a brain tumor can hardly be blamed for feeling that chemical dispositions or circumstances have usurped the selves they feel than
cannot truly realize because of physical limitations. But in the case of “offloading” the problems of stress, diet or social anxiety onto the physical body, health is being configured more in the domain of the nervous and digestive system than in a “self” that is constructed and controlled by the individual. Health remains the “new God,” or attainable truth, but it is often viewed as attainable as a sort of accessory to self or lifestyle, as if it can be tacked on with the help of pills and treatments while the self lives autonomously, trying to access this tool that will allow it to live as only the self, unencumbered. This is not an alarming view for a sufferer of a severe allergy to take; if a drug enables her to travel outdoors without suffering debilitating attacks, the state of health would be somewhat appropriately constructed as a kind of object represented by whatever pill or treatment that allowed her to go about their business. But this attitude is being used as a marketing strategy to sell pills that promise to change a person's outlook on life, or to work around stressful or indulgent lifestyles, riding along with previous simpler conceptions of medicine as a handy tool and stopping people from questioning their satisfaction with their lifestyles by profiting off of them as they are, promoting these lifestyles as they cure or suppress pat physical symptoms or emotional responses that are explained away with comforting diagrams of misbehaving chemicals.

Part of the physical aspects of a reliance on prescription drugs that are explained away and pushed aside are the problems these drugs can additionally cause for the body they are enlisted to control. Side effects are rattled off carelessly as the body's less important concerns; images of the self finding true happiness when freed from the oppressive featured illness indicate that the separation is distinct and that the self is more important, the body different enough and unimportant enough to be compromised in favor of the happiness and satisfaction that the self knows it needs. The legal necessity of disclaimers about potential side effects forces marketers to
ask consumers to detach from their bodies. A new voice, or new font (text) often appears when these concerns of the body are grudgingly discussed (as opposed to the concerns of the self that are emphasized in the soothing images or more engaging ad copy and slogans: “I could no longer play catch with my son”/ “enjoy movies with my wife”/ “perform to the best of my actual abilities at work anymore”). There has been a move toward integration of the side effect inclusion into the “personal testimony” sections of the ads recently, perhaps because of pressure on the industry to own up more clearly to the potential dangers after several horror stories (Vioxx, for example) were given attention in the press, or maybe because the stark contrast between the discussion of individual quality of life and a rushed admission of the body's technical dilemmas was too jarring: easier to buy psychologically than textually.
CONCLUSIONS

The forces that are presented as oppositional in the textuality of the direct to consumer advertisements echo the ideological opposition that is culturally accepted, allowing pharmaceutical companies to make millions off of drugs like Topamax and Abilify that are admittedly mysterious in function, even as they claim to successfully control the body and save the self. The combination of rhetorical style and scientific promise in these advertisements ultimately relies on a faith in science and what it can reveal about a truth that is absolute, and is supported by a belief that entities like the self can be separated from the body, just as language can be separated from the objectivity of science. This can be seen in the division of scientific reassurance and the “patient’s” concerns for personal happiness in the composition of the ads. Now that the rhetorical functions of the advertisements have undergone some criticisms, a scientist in a lab coat will often appear in the newer marketing, telling consumers that they can trust these persuasive messages because they are motivated objectively. Arnold Matthew recognizes this development in an April 2006 article in Medical Marketing & Media, noting that DTC spending is rising again (a 4.9% gain to 4.65 billion in 2005), following a pause after the Vioxx debacle and the accompanying accusations. He writes that “consumer drug advertising is back—if it was every really gone—nattily attired in a starched lab coat” (39). When the industry was challenged, its response was to amp up reminders to consumers about why they trusted prescription drug ads in the first place: because they originate from a scientific community that is sold as unmotivated.
Science is being sold perhaps more garishly or even financially successfully than ever before, but it was always being sold as a system of truth, as an organizing force and entirely explainable source of human reactions and identity. The methods used for selling reflect, in their fragmented composition, the way in which science has always been sold, as something separate from all that can be persuaded and informed. This separation allows for the distinction between the self and body that is needed when harmful side effects must be included along with the promises of the benefits of the *pharmakon*. The profit of pharmaceutical companies is easily forgotten when relief from the body's concerns is promised, and the textual nature of the ads supports this, putting the warnings and legal information *behind* glossy images of smiling consumers who, free from the body, have been restored to themselves. The textuality of the television advertisements supports the same sort of disconnect, with a new, bland announcer's voice often breaking onto the scene to quickly read off the warnings about the burdens of attempts to completely control the body, while mesmerizing scenes of the self experiencing relief are shown, elevated to a different sphere, unconcerned with the rushed words of caution that are issuing from an unconnected place.

The backlash the pharmaceutical companies are now experiencing, the calls for control, and the continued villanization of rhetoric are all evidence of the fact that while these oppositions sell, they cannot comprise a complete reality. As Derrida points out in his critical examination of Plato's attempts to oppose the dangerous influence of writing with his preferred method of discovering truth, the *pharmakon* does not work as an opposition because its translation must be motivated, as Plato's was, to fit an agenda. The *pharmakon* itself, and prescription drugs in the modern realm, must be always understood as both good and bad. It can neither be condemned nor entirely embraced, and the same attitude must be taken toward a
culture that is reliant on prescription drugs, but without abandoning the desire to privilege science and truth as the unflinching opposition to anything persuasive and motivated, this realization cannot occur.

As Foucault explains in *The Birth of the Clinic*, the observing gaze was *created* as an objective force, just as everything that is understood to be “true” must at some point be proclaimed as *now found*, before only waiting to be realized and understood in a state of totality that would eventually be seen and described. But the idea that any real understanding of the world must only have been waiting to be discovered before it was revealed fails to take into account the fact that wanting to uncover a truth is perhaps the most powerful motivator of all. Objectivity can never truly exist as long as we want to explain the world around us. This does not mean that chaos should be embraced instead, but it should mean that all understood truths are questioned and that all institutions, attitudes and products that grow out of them should be handled not as manifestations of what is known absolutely, but as subjective properties that have been informed not only by the truth system desired, but by a variety of outside forces in the society that fosters it. A society does need a system of truth to organize around, and what is accepted is necessarily vaulted, while what works persuasively around that truth, or contingently within it, is questioned and accused. The only way to avoid problems like the current situation with prescription drugs, where corruption within the system and consumer blindness are allowed to endure, is to turn that scrutiny not on the rhetoric itself—the advertisements that have been questioned, the various methods of control of the language that have been suggested—but onto the audience that receives it, onto each individual’s contingent situation.

Many of those who see the influence of the drug industry on the medical profession as a problem advocate greater regulation of industry involvement as an ultimate solution. The idea of
a regulatory system that would protect consumers from the power of rhetoric is not adequate, however, as attempts to truly regulate or control language, while perhaps effective on a small scale or short term basis, can never be persistently successful. Rhetoric involving illegal drugs is highly regulated, and yet these drugs remain prevalent in our society. Control as a solution, in both the scientific and rhetorical fields, is a faulty and sometimes dangerous proposition. Like the concept of entirely controlling the body, the complete control of language as a means to affect change is highly flawed, as we can never get outside of it in order to objectively define meaning and usage. As a physician, Healy's solution to the pharmaceutical dilemma is a “new contract between society and the pharmaceutical industry” (Let Them Eat Prozac xvi). He fails to realize, perhaps, that new contracts are drawn up all the time, and that the industry always finds a way to use them to their advantage via rhetoric. In an earlier book, Healy remarked on the situation with prescription drugs in 1906, when manufacturers initially objected to a new law that required them to print the ingredients of their medicines on the labels, but eventually turned the new regulations into an “advantage” by “labeling their product[s] as approved by the Chemical Bureau,” there acknowledging the inability to control language, which can grow around any parameters set in place to defend against its influence (Creation of Psychopharmacology 34).

Peter Buirski argues for an openly subjective approach to clinical psychology in his book Practicing Intersubjectively, and his view of the profession could be seen as a step in the right direction for physicians. Buirski describes intersubjective practitioners as having “no uniform body of technique that defines [their] perspective” (xv). He writes that, if intersubjectivists in his field agree on any one principle, it is that “each treatment is unique and must be invented afresh by the participants.” His concessions to pragmatism in medical practice are refreshing, and he recognizes that even “therapists themselves are not interchangeable, and the intersubjective field
that the two participants create together would be quite different from the field created by any other pair. An articulation that might have felt right yesterday might not feel right today. As we say, ‘It depends.’” His statements about this approach to the profession recalls the Greek concept of *kairos*, or fitness for the occasion, favored by the Sophists.

Dr. Iona Heath, a contributor to the *British Medical Journal*, suggests that her patients write or share stories about their illnesses in order to help cope with them. The idea that an illness can be clearly understood or conquered still seems unlikely, but with this method other aspects of the body are not being sacrificed in the process of an attempt at a discoverable, “true” state of health. The idea that we might give up a struggle toward feeling better is of course absurd, as is the idea that prescription drugs cannot truly bring relief for some patients' suffering, but perhaps a rejection of the temple of standard health would not be unrealistic. We must recognize that we can neither fully control language, by regarding the regulation of ads as the entire solution, just as we cannot fully control the body by fighting against it in the name of reaching an ideal state of health. Health is not a universal, discoverable truth that can be sold. We will of course attempt to keep our bodies as comfortable as possible just as we will use language to communicate as best as we can, but relinquishing absolute control of both will deliver us from the unpleasant side effects that occur when we discover that such complete control is impossible.

The situation with prescription drugs grows out of the values of the culture, and the scientific research and marketing that fuels the industry is a response to those values as well. Understanding that the phenomenon arises from a variety of influences in the culture rather than pure science is important, because only then can consumers ask themselves if they support and accept the values of the society they live in, and only then will their decisions about treatments be based on a larger understanding of all that goes into creating them. If consumers instead
choose to question their society’s values, they must then approach scientific trends, new drugs and any concept of health that their society holds forth with caution and skepticism. Once consumers weigh all of the influences behind a marketing campaign or scientific development, they should have the information they need to make an appropriate contingent decision, but only after factoring in the values they in turn place on their individual bodies. Without a sense of partnership instead of opposition to that body, and an awareness of the ways in which not only concepts of health but scientific standards are constructed within a society, it would be hard to make decisions that, while not objective, make some attempt to account for the subjectivity of those institutions that would claim to be blank slates of truth, and advance the needs of an individual body, informed by desires that, while possibly flawed, are not prescribed as universal.

We must examine things from a less dogmatic, more contingent perspective to hope to guard ourselves against the kind of manipulative rhetoric that Plato warned against, even as he strengthened its influence by allowing it to manipulate on his terms.

The solution lies in pragmatism. Day to day, drug to drug, and patient to patient, lifestyles must be carefully evaluated on a personal, contingent basis, and identifying or placing too much faith in any ideology, even science, should be avoided. Systems of truth are inevitable in the organization of society, but a concept of how to respond to this truth does not have to be. The crisis with prescription drugs demonstrates the need for a new understanding of faith, for the development of a faith that has less to do with trust and more to do with value. Individuals must examine not what they want to put their trust in but what they choose to put value in, and must consider degrees of value placed on rhetorical and scientific explanations of the world they perceive, where these explanations originate from, and how the value placed on their origin affects their acceptance or rejection of the truth proposed.
This new system of faith must recognize motivations and embrace a rejoining of that which has been authoritatively separated. A consumer who feels sad and views an advertisement that promises to make her happy must take into account her wide variety of values, and then place her faith in a solution accordingly. If she decides she values science and the relief it has brought the sufferers of many other diseases, she must then examine the values of science itself, what has motivated and created those values, and if they still line up with her own value system. Before choosing to turn her body over to a theoretical treatment of a disease with fuzzy parameters or a rare incidence of occurrence, she must embrace her body as a part of her self, part of what will factor into making her happy again, not only a roadblock that must be set aside before she can reach the promise of an institutions' creation of chemical bliss. Through this weighing of personal values and value systems before placing faith in a solution, she may avoid buying into marketing strategies such as the Zoloft Woman campaign of the early 90's, which featured a 30-something woman shown successfully juggling the demands of both her family and her career. Critser calls the campaign a “not so subtle way to play to the newly emerging demographics of antidepressant use” (91). He also refers to a study done on depression around the time the campaign was launched, which found that “many of the same elements of the Zoloft Woman campaign, with its unattainable ideal of beauty and grace combined with the perfect juggling of work and parenting, could also be one of the causes of depression in the first place” (92). Only as a the body's partner can a patient effectively evaluate her values and clearly understand the values of institutions that may want to re-evaluate that body for her, tell her how she can save it by understanding it as an obstacle, never objectively, certainly for their own profit, always promising to speak for truth, and asking for one kind of faith in that one truth, a faith that never questions, a silent, obedient faith: a faith without a language.
WORKS CITED


Timimi, Sami. “Psychiatry has effectively become a commodity that is being sold to the drug industry.” *Mental Health Today.* June (2005) 21.