

## **“Now I can feel myself!” The production of affects in the visual discourse of psychopharmaceuticals.**

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### **Abstract**

This paper addresses the visual discourse of psychopharmaceuticals, such as Prozac, in order to investigate the network of relationships of affects, advertising, design and the production of new identity practices.

As psychopharmaceuticals enter the public sphere through television and print advertisements, as well as first person narratives increasingly promoted in the media, the cultural discourse surrounding their use and the identity of the users are also changing.

Drawing from a Spinozist notion of affect, ‘the trace of one body upon another’, as well as from a semiotic analysis of advertisements, I intend to examine the identity practices and the type of embodiment emerging in, and envisioned by, the increasingly normalised object ‘psychopharmaceutical’.

The centrality of affects in the constitution of subjectivity is increasingly relevant to contemporary critical theory (see the notion of ‘affective turn’, Clough). Addressing the network of affective investments we exchange with objects is crucial for an understanding of how embodied subjectivities mutate accordingly to the objects they interact with.

Against the theoretical backdrop provided by what Nikolas Rose calls the ‘pharmaceutical biopolitics of the neurochemical self’, the analysis of packaging, colour, visual and textual language of their advertising suggests how new scripts of selfhood are inscribed in the relationship between users and psychopharmaceuticals.

The ensuing dialogue among chemistry, affects and design creates narratives of the self as a myth-making operation in which psychopharmaceuticals perform as objects imbued with magic properties.

### **Paper**

The starting point of my analysis of the visual discourse of antidepressants and, more generally, of psychopharmaceuticals (SSRI - selective serotonin reuptake inhibitors or other, serotonergic substances) is a simple assumption: that they are not simply medicines, but objects with specific social and material effects, cultural artefacts that are profoundly altering the way in which selfhood is thought of, experienced and represented. It has been said (Smith, 1991) that, perhaps with the exception of oral contraceptives, no other class of drugs has the social significance of psychopharmaceuticals, whose status is more social than medical. The aim of this paper (part of a wider work in progress), is to look at their visual discourse in relation to the production of new identity practices.

A few theoretical fields intersect here. The first concerns the production of subjectivities in a biopolitical sphere. I refer to what Nikolas Rose has defined as *neuropolitics*, that is, the “pharmaceutical biopolitics of the neurochemical self” (Rose, 2006, p.215). The second field concerns the visual discourse of psychopharmaceuticals, their design, packaging, branding and advertisements. At their intersection, we find the emergence of new narratives of the self.

To investigate psychopharmaceuticals, visual discourse and consumers, and to understand how they result in the production of new narratives, I have chosen to focus on the affects mobilised in their triangulation and to use an ethological perspective. Drawing from Spinoza, Deleuze defines ethology as “the study of the relations of speed and slowness, of the capacities for affecting and being affected that characterize each thing” (Deleuze, 1988, p.125). An ethological perspective is a way of mapping bodies (that is, objects, subjects, ideas, etc.) on the grounds of their materiality, their composition, their powers and their interdependence with the totality of other bodies, in other words, on the basis of

their affective capacities, their passions and their inclinations. (1) This means to look first and foremost at those practices that shape bodies into material, affective and semiochemical agglomerates. From this perspective the consumption of psychopharmaceuticals is a practice that, while it modifies the composition of the body materially, affectively and semiochemically, is also discursive, normative and subjectifying.

In critical theory there has been recent talk of an affective turn (Clough, 2007) that shapes new configurations of bodies, technology and matter and that places strongly the realm of affects at the centre of processes of constitution of subjectivities. My theoretical frame is given by the shift from subject identity, representation and discipline to information flows, affects and control or, to use Patricia Clough's words, from an "economy of production and consumption" to the "economic circulation of preindividual bodily capacities or affects in the domain of biopolitical control" (Clough, 2007, p.2).

### **Cosmetic psychopharmacology, or the bliss of a chemical-enhanced personality**

Peter Kramer coined the term "cosmetic psychopharmacology" in his 1993 book, *Listening to Prozac*. Cosmetic psychopharmacology describes a chemical induced shift from feeling well to feeling better than well, the use of drugs to improve mental states in non-ill 'normal' people, outside the usual diagnostic boundaries of mental disease (tellingly, the Prozac website states "feeling better is not enough"). However, the notion of a chemical enhanced personality existed well before the Prozac era. As Smith reports (1991) in the 1950s there was Miltown, the first psychoactive drug developed for everyday anxiety, in the 1960s there was Librium, and in the 1970s there was Valium, which became so well known that its trade name was used to describe the entire category of tranquilisers.

What is interesting to notice is the shift in the diagnosis. In the 1950s the favourite diagnosis is not depression, but neurosis. In fact, depression was not at all part of the cultural vocabulary the way it is now - with the media talking about a depression epidemic; reports that one third of the worldwide population may suffer from it; that in the UK one in six people will experience it, and that according to the World Health Organisation, depression will be second only to heart disease as the world's leading disability by 2020. In the 1950s, 1960s and 1970s people were not depressed. They suffered from 'anxiety' and 'nerves' and were given, routinely, Miltown first, then Librium and later, Valium. For Professor David Healy, author of *Let Them Eat Prozac* (2004) there has actually been a rebranding of antianxiety drugs as antidepressants, alongside a relabelling of anxiety as depression.

(2) As Healy argues, the first drug to be marketed as active on the serotonin system (Buspirone), in the late 1980s, was promoted as a tranquiliser but flopped because everyone was by then very wary of the terrible addiction induced by Valium and similar medications. However, antidepressants were commonly believed to be non-habit forming so, in a masterful marketing stroke, the new drug was marketed as an antidepressant. It is certainly true that drugs like Paxil and Effexor, among others, are today advertised for "generalized anxiety disorder" so, in a sense, we have come full circle back to Miltown.

Indeed, SSRI are prescribed not only to treat clinical depression but a variety of other conditions: social phobia, panic disorder, obsessive compulsive disorder, body dysmorphic disorder, eating disorders, Tourette's syndrome and sexual compulsions. There is a market logic at work here, which conveniently splits, rather than groups, illnesses. This manoeuvre reinforces the culture that reduces the relationship between user and psychopharmaceutical drug to an individualised, solipsistic relationship between personal body and chemical compound.

The success of Prozac and analogous SSRI must be located within the history of the wonder drugs and within the shift in their supporting narratives. Prozac was launched in 1997 as an entirely safe and non toxic option. A crucial difference with Miltown and Valium was that Prozac was not about providing sedation but increasing productivity. Its narrative, as its name suggests, is all about being proactive, productive, professional. (3) Or, in the words of Kramer, "manically hyperproductive" and "hyperthymic, that is, chemically Taylorized beings (Metzl, 2003, p.174). (4) The company Eli Lilly supported campaigns about depression and funded eight million brochures and 200,000 posters. By

1999, Prozac was providing Eli Lilly with more than 25 per cent of its \$10 billion revenue. On the market for 20 years, Prozac is the most widely used antidepressant in history, prescribed to 54 million people worldwide for a wide range of ailments (the new entry is premenstrual dysphoric disorder). After losing Prozac's patent in 2001, Eli Lilly has come back with Cymbalta.

The more interesting shift in the narrative concerns the introduction of the serotonin hypothesis. Everyone reading this paper is certainly familiar with serotonin and the theory of chemical imbalance according to which there is a connection between high levels of serotonin and happiness and between low levels of serotonin and depression. In only 20 years this hypothesis has deeply entered popular language. The problem is that, as Healy (2004) and others have remarked, this is only a hypothesis with little scientific evidence to support it. No reliable tests are available to assess it and scientific literature is increasingly dismissive.

Nonetheless, this is the view promoted on depression websites owned by drug companies and in advertising. (5) It is a highly simplistic and very convenient myth according to which the cause of illness is chemical and lies in a molecular imbalance. The main consequence of this theory is that other factors such as interpersonal relationships, environment, personal life history, past experiences and so on, are treated as irrelevant. As Valenstein has remarked (2000, p.1), "American psychiatry is said to have changed from blaming the mother to blaming the brain". Actually, as Rose (2006) observes, it is not that all other factors are ruled out. Rather, it is that in order to be accountable for, these other factors have to be registered through the neurochemical brain, that is, to the extent to which they affect the brain and impact on it. Not only is brain chemistry the explanation to mental problems but also what explains normal behaviours and their variations. This is a radical shift in the narrative behind mental issues from the psychoanalytic to the biochemical model, where everything can be made visible and optimised. No wonder that, for some, Prozac comes to signify "the conclusive evidence of the death of the unconscious" (Metzl 2003, p.172).

### **New narratives, new myths**

Psychopharmaceutical advertisements are discursive spaces where a variety of cultural tropes and rhetorical strategies meet (Singh, 2007). They are sites where cultural representation collides with medical information to produce a system of information directed first at male doctors then, in 1997 with the introduction of 'direct to consumer' (DTC) advertising, to the general public. They reflect the shift in the cultural understanding of mental illness, the shift we mentioned earlier from a psychoanalytic model to a biochemical one. Contemporary campaigns portray the promise of life post-treatment, one in which everything is working perfectly, everyone is well-behaved and attractive, performing social roles in highly idealised situations where self, social life and family all seem to shine. The message is that the consumption of drugs is a normal domestic routine. We may therefore ask, which narratives are emerging in the visual discourse of antidepressants? A brief analysis of antidepressant advertisements from the 1950s to the present day indicates how they *de facto* make stories available for the construction of the self. The history of psychopharmaceutical advertisements gives us, therefore, a precise idea on how the relationship between cultural attitudes towards mental problems, patients and treatment is articulated and changed in time to correspond to different ideas of selfhood.

Some characteristics emerge in these advertisements. The first is the introduction of the language of bioscience and neurochemistry, what Healy calls pure "bio-babble" (2004) Individuals involved (patients, practitioners, etc.) are increasingly using this language to express their mood, emotional states, desires and thoughts. Any disorder becomes located in the individual brain and articulated through the functioning or malfunctioning of the brain's own chemistry and its chemical modulation. This language of biochemistry is always conjugated in the present tense. All its tools (i.e. scopic nanotechnologies) frame the self exactly as anatomy "in the simulacrum of real time" (Metzl 2003, p.172). This is a language of the here and now, of immediately observable symptoms and immediate efficacy treatment. Immediacy is indeed another crucial aspect: the narrative suggests the immediacy of the restoration of the self (for instance the Effexor tagline: "I got my marriage back. I got my mommy back. I got my brother back", which implies the return to a nuclear fold). The self,

constructed as lacking certain chemicals, can be instantly restored by taking the pill, which is thus imbued of magic properties. Incidentally, drug companies are fond of talking about potential drugs that can act as “magic bullets” that target a specific problem. The object pill in itself becomes a fetish: “both a commodity that stands in for and covers over social relations, and [as] an object that stands in for fantasies of wholeness and completion” (Stepnisky, 2007, p.32).

Another aspect that emerges concerns the idea of the individual. Whereas in the past, different ideas of selfhood would emphasise the interpersonal experience, here the relationship is played between the individual (as a consumer) and the pill (as a technology of change). Social dimension is replaced by a kind of “isolated atomism in which the dilemma of the self are reduced to biological problems” (Stepnisky 2007, p.26). Stepnisky’s investigation of the first eight years of DTC advertisements (1997-2005) finds that all antidepressant advertising, suggests that depression is a biological disease and promises the restitution of the whole self, divested, however, of all its social qualities. By posing depression outside human control, literally out of bounds, the biochemical paradigm frames the illness as chemical and ultimately releases the user from personal responsibilities. However, if on one hand the user is divested of agency, on the other hand s/he is given back one kind of agency only, as a consumer where s/he is free to exercise a choice: the choice ‘to become one’s self.’

### **Emerging selfhood: neurochemical selves**

It can be said that antidepressant advertising constitutes the self as a disembodied essence waiting to be offered its choices. Antidepressants are technologies that promise to change subjectivity. This change is seen as a restoration, while the promise is to bring back the real self, which may or may not be the previous one. Adverts enact precisely this drama as they blur the distinction between a project of behaviour management and a project of normalisation. The selfhood that emerges from this discourse is temporally constituted in a continuous present and spatially within a network, not of other actors, symbolic relations, expressions or objects, but in a single point (what for Charles Taylor is the “punctual” self). (6) Through a new set of tools for self-management and control in the biomedical age “it knows itself not by slipping into its own narrative skin, as it were, but rather through symptoms checklists” (Stepnisky 2007, p.30). Both bodies and selves have been rephrased using the language of biochemistry. Everyday affects, moods, cognition and will are being recoded as molecular and consequently treated with molecule-targeting drugs as molecular disorders (Rose, 2003). It is as if a new script of selfhood was inscribed in the drug itself. For Rose, “an ethics is engineered into the molecular makeup of these drugs and the drugs themselves embody and incite particular forms of life in which the “real me” is both “natural” and to be produced” (Rose, 2006, p.222).

### **From control to optimisation**

Deleuze, in his analysis of the shift from disciplinary society to control society, has made reference to the role played by the “extraordinary pharmaceutical production” (Deleuze 1995, p.178). What can now be said, is that the level of self-scrutiny and self monitoring (for instance, the websites of the major psychopharmaceuticals offer questionnaires to establish whether you are affected by or at risk of depression, which you are invited to fill in and take to your GP; popular magazines have adopted the biolanguage that assesses modulations of mood in chemical terms, and of course in the US, DTC), constitutes a further shift from control, to normalisation, to optimisation and enhancement. As Clough remarks: “the target of control is not the production of subjects whose behaviours express internalised social norms; rather, control aims at a never-ending modulation of moods, capacities, affects, and potentialities” (2007, p.19). Thus, a new form of body discipline is established, one that goes far beyond Foucault (Metzl 2003). This self imposed “pharmaceutical discipline” (Zita, 1998) operates a physical rearrangement of body matters. Psychotropic medications “prescribed, ingested, signified and metabolised” (Metzl 2003, p.66) allow a normalisation and optimisation from within. It is the realm of neuropolitics that works at the molecular level of bodies and where bodies are controlled in terms of their affective capture. This self medicated chemical body is made of, and

traversed by, modulations of affects and chemical flows that circulate on its surface and that are manifest in the space of encounters with people or objects or, in this case, with a pill ready to be consumed.

### **The skin of the product**

The consumption of the psychopharmaceuticals, like the consumption of any other object, begins with its visual consumption, in other words, with its packaging/skin. This is the first skin the user encounters, the one that has to be peeled off, unveiled and unwrapped in order to proceed to ingestion. The packaging is the first communicative filter through which the product is perceived and touched. It recounts an aspect of its identity (the myth of the intake of the magic potion) by providing an interface between the subject (user) and the object (pill). We can consider packaging as a 'surface-skin', a bi-dimensional communicative apparatus where surfaces connect. No longer a border between inside and outside, this is rather the image of a hyper-extended skin, à la Lyotard, a skin as expression - an unfolding and most immediate surface of encounters, an interface that allows the circulation of specific affects.

An example of packaging may illustrate this point. If we examine the packaging of the classic Prozac and we compare it to the packaging of the weekly Prozac, we may find, in fact, some remarkable indications as to how the skin of the product contributes to defining and making available to its users, a discourse of the self. While the classic Prozac complies with the standard requirements of medical packaging by suggesting identifiable, professional and efficient scientific authority (it uses the visual codes of wide white space, two contrasting blocks of colour, white and pink, a conservative no-frill design), the weekly Prozac conveys a markedly different message. Tones of yellow and orange merging one into the other connote a transformation of state, while the colour choice is a reminder of the incoming upbeatness. The shining sun of the 1990s advertisement is back; only this time is traversed by regular waves, whose gentle, regular rhythm embodies the promise of harmony and of a stable flow, a stable chemical modulation. No wonder that no straight lines are to be found. The mood is soft and reassuring like the warm embrace of the sun. These visual codes communicate the idea that the weekly Prozac is symbolically an object of transformation, not only by visually translating its promise, its modal 'can-do', but also by dislodging it from the conventional psychopharmaceutical visual discourse, to connote it alongside the discourse of nutritional supplements.

I have mentioned the familiar 1990s Prozac advertisement which, as many may remember, was a two-page spread depicting, on the left side, a dark cloud and some rain, and on the right side a shining sun. On the figurative plane we have a neat division in two fields, one connoted by icons of bad times, sadness, distress and depression, the other (the 'right' one) bright, happy and sunny. Visual and textual languages are extremely simplified; the drawing, with its almost 'doodled' qualities and its contrast of primary colours, could be described even as childish. The coding is deliberately uncomplicated and straightforward, as if to say "after the storm the sun shines again". Both words and images reinforce the point that the pain, like the rain, comes from outside. They are both beyond our control. There is, however, an area in which agency is given back to the user: in making the choice of restoring his/her self. No wonder the tagline says "welcome back". It is precisely this conflating of identity and consumption that calls for a critical questioning of the modes of producing and reproducing narratives of the self.

### **Notes**

1. For instance, Deleuze indicates how a plough horse is closer to the ox than to a racehorse (Deleuze, 1988, p.124).
2. Healy (2004) maintains that the more these drugs are prescribed the more diagnosis of depression go up and diagnosis of anxiety go down – a phenomenon not seen elsewhere in the world but only in Britain and the US.
3. Interbrand is the company that developed the name Prozac combining "the positive associations based on the Latin/Greek derivations of 'pro' with a short, effective sounding suffix". Prozac has

become the brand that defines the anti-depressant category worldwide. It is now in the dictionary. While pre-Prozac drugs had scientific names which referred to their compound, Prozac from its own name has ultimately blurred the boundaries between 'life' and 'illness'.

4. Hyperthimia corresponds to what the Greeks called sanguine temperament, that is, optimistic, charismatic, confident quick of thoughts energetic, what an asset in business.

5. According to American researcher Lacasse and Leo (2005) the mismatch between the scientific literature and the SSRI advertisements is “remarkable, and possibly unparalleled”.

6. This means that all the qualities that matter to the self are condensed in a single point. In articulating this conception of the 'punctual' self Locke expressed the ideal of a human agent “able to remake himself [sic] by methodical and disciplined action” (Taylor, 1989, p.159). For Taylor this ideal answered to the times becoming one of the foundation stones of the Modern world.

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Be not be upset, now you can feel yourself a real racer. en.drugasmuga.com. en.drugasmuga.com. I love also what Henry Tracol says in the magazine Parabola, issue of August 1991 on craft: "I try to make myself available in such a way that I can be conscious of the forces that pass through me in order to understand better their direction and orientation, and adapt myself better to them; to try to become a good instrument - and a. I know, I know I've let you down I've been a fool to myself I thought that I could live for no one else. But now through all the hurt and pain Its time for me to respect the ones you love mean more than anything. So with sadness in my heart I feel the best thing I could do is end it all and leave forever whats done is done, it feels so bad what once was happy now is sad I'll never love again my world is ending. I wish that I could turn back time 'cause now the guilt is all mine can't live without the trust from those you love. I know we can't forget the past you c High quality example sentences with "I can feel myself" in context from reliable sources - Ludwig is the linguistic search engine that helps you to write better in English. (p1,M,acu) I go for acupuncture now once a month and I find that any more than a month and I can feel myself sort of slipping and feeling really, you know, starting to get worse again. BMJ Open. 2. "I can feel myself growing more and more isolated, frustrated and feeling alone in my current isolation," she wrote. Huffington Post. 3. I can feel myself dying inside. The New York Times - Magazine. 4. I can feel myself disintegrating. The Guardian - Books. 5. I can feel myself progressing. The Guardian. 6. "I can feel myself changing". The New York Times. 7. "I can feel my...