SCROLLING REQUIRED: A CRITICAL DISCOURSE ANALYSIS OF

ANTIDEPRESSANT MEDICATION WEBSITES

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Rebecca Lynn Abbott, B.A.

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Committee Members Approved:

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Deborah Balzhiser, Chair

_____

Libby Allison

_____

Pinfan Zhu

Approved:

_____

J. Michael Willoughby
Dean of the Graduate College

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ABSTRACT

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Rebecca Lynn Abbott, B.A.

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SUPERVISING PROFESSOR: DEBORAH BALZHISER

The critical discourse analysis of five antidepressant medication websites revealed trends across the study sample, including the use of similar colors that mirror health information websites, the overrepresentation of women visually and positioning of females as the depressed subject more often than males and more often than well, and the use of ethical and emotional appeals. Furthermore, the analysis revealed a "reality" on these websites in which women appear to be depressed more often than men and more at risk for depression and certain anxiety conditions, in which antidepressant medication appears to be the best—or only—treatment option for depression, anxiety, and certain other mental illnesses, and in which medical professionals play a minor role in treating depression and anxiety, with patients being the guiding force in the treatment process. As users discuss the information they encounter on antidepressant medication websites with others in their community (friends, family, medical professionals, etc.), these websites have the potential to influence social reality concerning mental illness and antidepressant medication. Social reality may then affect diagnosis and prescribing trends, given that

public perception can influence who chooses to seek treatment, who is expected to need or seek treatment, and whether medication is viewed as a cure-all treatment or one that should be combined with other treatment options, e.g., talk therapy or lifestyle changes. The trends discussed in this thesis and their potential impact on social reality and the medicalization of women point to areas that those who are charged with shaping regulations for DTC advertising on the Web might want to consider, such as guidelines for discussing treatment options on medication product websites or acceptable ratios of males versus females when people are visually portrayed or testimonials are used on medication product websites.

CHAPTER I

INTRODUCTION AND LITERATURE REVIEW

As the pharmaceutical industry continues to expand its marketing reach across the

World Wide Web, research into the various forms of direct-to-consumer (DTC)

advertising that pharma utilizes on the Web will continue to be important, especially as

the U.S. Food and Drug Administration (FDA) tackles the challenge of expanding the

rules for print and television DTC advertising to also address such advertising on the

Web, or as the agency creates entirely new regulations specifically for Web advertising,

including medication product websites. When it comes to DTC advertising in general,

one concern that has received attention by feminists and within the communication,

advertising, medical, psychiatric, sociology, and business fields, has been how

antidepressant medications are marketed via DTC advertising, especially how that

marketing may impact women by affecting prescribing and diagnosis trends in terms of

gender and/or influencing public perception of mental illness and antidepressant use. To

explore antidepressant medication websites in terms of how they possibly contribute to

the medicalization of women, specifically via the "reality" created on these websites, I

filtered critical discourse analysis through a feminist lens and analyzed five

antidepressant medication websites, investigating if/how such sites target women, if/how

such targeting may contribute to the medicalization of women, and what type of "reality"

is created on the websites concerning antidepressant use and mental illness, especially

pertaining to gender.

<u>Introduction</u>

        The medicalization of women, which can be understood as the process by which

"previously non-medical problems" experienced by women become "defined and treated

as medical problems" (Conrad and Leiter 158), is a concern of feminists. For instance,

some scholars question the legitimacy of Premenstrual Dysphoric Disorder (PMDD),

wondering if "PMDD is a socially constructed diagnosis rather than a psychiatric

disorder" that "represents a continuation of the medicalization of women's experiences of

their bodies" (Offman and Kleinplatz 17). In exploring the issue of medicalization,

"feminists have researched the way in which medicine has exploited women in such areas

as reproductive technologies and psychiatry" (Woodlock 304). Moreover, "feminist

scholars have long been interested in the relation of psychiatry to women," especially

considering that "psychiatric discourses have [historically] recast women's responses to

subordination as disorder, hysteria, or madness" (Blum and Stracuzzi 271). One specific

area of concern—especially in research within the past decade or so—has been

depression, a condition that women experience "twice as often as men" ("Depression in

Women"). In addition to women being diagnosed as depressed more frequently than men,

"studies have shown that women make up 70% of those prescribed antidepressants"

(Woodlock 304). Given the statistics on depression and antidepressant use, it is no

surprise that this is an area of particular concern to feminists.

Prior to the influx in the United States of direct-to-consumer (DTC) advertising, which has been defined by D.A. Kessler and W.L. Pines as "'any promotional effort by a pharmaceutical firm to present prescription drug information to the general public through the lay media'" (qtd. in Grow et al. 165), discussions concerning the medicalization of women dealt mostly with issues found directly in the medical field. One such example is the ongoing debate over the inclusion of PMDD in the Diagnostic and Statistical Manual (DSM), Fourth Edition, of the American Psychiatric Association (APA).[1] However, now that DTC advertising has inserted itself into medical discourse through "the new practices of mobilizing images and texts and attaching them to pharmaceutical products to create meanings about drugs and health" (Greenslit 480), research into the medicalization of women also encompasses the marketing practices and influence of pharmaceutical companies, which arguably operate within both a medical and corporate context. Medicalization research that focuses on pharma's influence via direct-to-consumer advertising is important because, as Peter Conrad and Valerie Leiter note, pharmaceutical companies can use DTC advertising to aid in the creation of new medical markets, which "are a significant force toward medicalization" (160).

DTC advertising, a relatively new issue for scholars concerned with medicalization, "in its current form….includes print and broadcast advertisements and Web sites" (Greenslit 479). Such websites include product sites for specific medications that use a medication's brand name as the URL and are sponsored by pharmaceutical companies and considered part of their marketing strategy (e.g., www.effexorxr.com, www.wellbutrin.com, and www.zoloft.com). Feminist scholarship looking at this newest incarnation of DTC advertising—product websites—adds to existent scholarship in

[1] The DSM-IV is the manual currently in use.

several fields; it expands the scope of research exploring the intersection of gender and DTC advertising beyond just print or television ads to now include the World Wide Web—a domain of technical communication—as an area of study. Moreover, technical communicators could potentially have a hand in creating/maintaining these websites, especially as more and more technical communication graduates leave school with web design skills, making it relevant to the field. Ultimately, feminist research exploring pharmaceutical product websites, of which there currently is little, can be used in an interdisciplinary fashion to further understand how the Web may play a role in the medicalization of women. Because depression has historically been identified as more of a female affliction (consider the use of Valium—"mother's little helper"—to treat depression prior to the introduction of Prozac), antidepressant medication websites are a good place to start conducting this research. Furthermore, "in 2000, 20 drugs accounted for 60 percent of direct-to-consumer advertising" (Conrad and Leiter 161), and because several of these 20 drugs were antidepressant medications, the widely-advertised antidepressant drug category is one that warrants individual attention.

Despite the popularity of websites containing medical information (including pharmaceutical product websites), little research exists from a feminist perspective, or any other perspective for that matter, that explores the potential effects of antidepressant product websites on the medicalization of women or the sites' potential impact on gender trends in mental health diagnosing and prescribing. Antidepressant product websites have the potential to reach a very large audience given that a) "more than 60 million Americans….went online in 1998 in search of health and medical information" (Maddox 489), a figure which has likely increased in the years since, and b) product websites for

antidepressant medications have become a standard tool in a pharmaceutical company's marketing arsenal, with the pharmaceutical industry's *online* DTC spending increasing 71 percent between 1999 and 2000 (Brichacek). Feminist researchers work to identify ways in which women historically have been and potentially still are medicalized, specifically in the realm of psychiatry, and identifying and understanding whether or not the World Wide Web—a relatively new and now very widespread technology—plays a role in the medicalization of women is important to fully understanding the issue. Therefore, more qualitative and quantitative research should be conducted on medication product websites, including antidepressant websites in particular. With that in mind, research that identifies whether women are targeted by antidepressant product websites and that explores the social reality (especially in terms of gender) presented on these sites needs to be conducted, and a discourse analysis of the websites themselves offers the best approach for such research., because discourse analysis looks directly at a text itself as well as its surrounding context. Discourse analysis has been used previously in research involving DTC advertising, making it a valid approach for this thesis.

It is my belief that if antidepressant medication product websites target women and succeed in convincing more and more of them that their mental/emotional experiences are "treatable medical conditions"—especially if the sites are not convincing men that their similar experiences are such—then these websites may in fact be contributing to the medicalization of women. Therefore, identifying whether these sites target women is crucial to more fully understanding if and how women are medicalized in modern American society and how the Web plays (or does not play) a role in it. Because technical communicators have knowledge concerning both web design and

rhetoric, they are in a unique position to conduct research into DTC website advertising. Furthermore, "research about women and feminism has been accepted within the academic purview of technical communication as a discipline" (Thompson 175), making this thesis applicable to the discipline of technical communication, in addition to its influence by and relevance to other fields of study.

Literature Review

This literature review explores the context surrounding the following two questions: 1) whether DTC antidepressant advertising contributes to the medicalization of women by targeting women via the Web, and 2) in what ways and to what extent antidepressant product websites influence social reality in terms of gender and mental health. To understand this context, one must explore a) the presence of gender biases in psychotropic drug prescribing and possible reasons for such differences, b) the nature of medicalization and some of the specific issues concerning medicalization and women, c) the nature of and controversy surrounding DTC advertising, as well as its potential impact on consumers and physicians, and d) the existent research looking into DTC website advertising of antidepressants as it pertains to the medicalization of women.

Gender Trends in the Prescribing of Antidepressants.

When looking into DTC advertising of antidepressants as it pertains to the medicalization of women and/or social reality, one must first understand the relationship between gender and antidepressant use. It is a well-documented fact that women in the U.S. and Canada receive more mood-modifying drugs than men (Cooperstock 239). In

fact, in the U.S., a study showed that even when "controlling for statistically significant presenting symptoms, physician diagnoses, and sociodemographic and health service factors, women were still more likely to receive a prescription for anxiolytics and antidepressants" (Hohmann 478). Several explanations have been suggested as possible reasons for this trend, including the following explanatory model proposed by Ruth Cooperstock:

> ….women are permitted greater freedom than men to express feelings, perceive their feelings more readily, and hence recognize emotional difficulties. This recognition enables the woman to define her difficulties within a medical model and thus bring them to the attention of her physician. The physician, representing the society that sanctions this freer expression, expects female patients to behave in this way, and thus expects them to require a higher proportion of mood-altering drugs than the less expressive male patients. (238)

Moreover, Ann A. Hohmann, acknowledging that "for many years, gender has been a key variable in the epidemiology of illness behavior and help seeking" (478), suggests another, somewhat similar explanation for existent gender trends in the prescribing of psychotropic drugs:

> Two major possibilities remain: 1) women were more likely to ask for psychotropic prescriptions or men were more likely to refuse them and/or 2) physicians were biased in their decision-making and prescribing processes, either by overdiagnosing and overprescribing for women or by underdiagnosing and underprescribing for men. (488)

Although Hohmann calls for more research into these possible explanations, Cooperstock's explanatory model suggests underlying reasons for both scenarios proposed by Hohmann.

In light of the potential reasons for women being prescribed antidepressants more than men—even when other factors are controlled for—the discourses presented on antidepressant medication websites become very important for two main reasons. First, if

these discourses are aimed at women, then the possible overdiagnosis of women/underdiagnosis of men scenario described by Hohmann could be exacerbated further. If women are the main target of antidepressant product websites and thus more likely to use the sites, then women may be more likely than men to seek out medical treatment as a result of viewing the websites—when one considers Cooperstock's suggestion that women are encouraged by society to more freely express their emotions, this potential trend becomes even more likely. Second, if these websites (by targeting women as the likely depressive subjects and/or presenting a reality that connects depression more readily to females) contribute to the development/perpetuation of a social reality in which women are allowed to express emotions more freely than men and thus are expected (by laypeople and physicians alike) to define their emotions within a medical model (as suggested by Cooperstock), then these websites may directly contribute to the continuation of current gender trends in antidepressant prescribing. If gender trends in antidepressant prescribing result from women being diagnosed as depressed more readily than men because of social beliefs and not because of medical facts, and if antidepressant websites contribute to the perpetuation of these gender trends, they by extension contribute to the medicalization of women.

Medicalization and Women

Medicalization can be understood as a process by which "a social situation of personal experience is made into a medical problem that requires the attention of medical experts" (Offman and Kleinplatz 19). Or, put another way, "medicalization consists of defining a problem in medical terms, using medical language to describe a problem,

adopting a medical framework to understand a problem, or using a medical intervention to 'treat' it" (Conrad 211). It is important to understand that definitions of "medicalization must include all problems that come to be defined in medical terms" (Conrad 211), though most concerns with medicalization stem from it being seen as "'a process whereby more and more of everyday life has come under medical dominion, influence and supervision'" (Zola qtd. in Conrad 210). Medicalization can be the result of actions/discourses by physicians, "organized lay interests," patients, or a combination thereof (Conrad 219). Moreover, it can occur on three levels: the conceptual, the institutional, and the interactional (Conrad 211).

All three levels of medicalization are important to consider when researching DTC advertising. Although such advertising does not play a direct role in the interactions between patients and doctors (interactional level), it may indirectly affect such interactions by influencing how patients approach conversations with medical professionals or perceive certain illnesses and treatments. Moreover, DTC advertising does not directly impact which approach medical organizations adopt to treat a particular problem (institutional level), though it may indirectly affect the approach by prompting patients to request specific medications or demand medication treatment in lieu of alternative treatments. Such advertising does, however, deal directly with medical vocabulary (conceptual level) by featuring medical terminology and framing conditions and treatments in certain ways via the text and images that surround the terminology; based on this direct relationship between DTC advertising and medicalization at the conceptual level, it can be argued that DTC advertising influences how laypeople perceive and use medical definitions, ultimately impacting how a problem is medically

defined by a society. This impact can then indirectly affect medicalization at the institutional and interactional levels.

Considering the potential role of DTC advertising (direct and indirect) on all three levels of medicalization, it is no surprise that feminist researchers in various disciplines and sociologists voice concerns with medicalization. One concern involves the correlation between medicalization and social control (as identified by Conrad), which in extreme cases, as with the Nazis, can have catastrophically tragic results (Conrad 217). Another concern centers on how the "medical model decontextualizes social problems, and collaterally, puts them under medical control," a process which "individualizes what might be otherwise seen as collective social problems" (Conrad 223). This second concern becomes especially pertinent when exploring DTC advertising's potential role in medicalization; some research into DTC advertising has revealed that a focus on biological cause of mental illness is present in DTC ads, which (as will be discussed later) individualizes mental illness and detracts from conversations about social cause and widespread social problems. In addition to these two concerns, many articles dealing with medicalization explore it in terms of gender, a research trend which is not surprising given that "women may be more vulnerable to medicalization than men . . . [that] women's natural life processes (especially concerning reproduction) are much more likely to be medicalized than men's, and that gender is an important factor in understanding medicalization" (Conrad 222).

One psychiatric condition related to women's natural life processes that is at the heart of many conversations concerning the medicalization of women is PMDD, a recently-defined condition that is now being treated with antidepressants. According to

Offman and Kleinplatz, "a central theme in the debate [over PMDD] is the utility and validity of the diagnostic category" (17). They point out that "even the DSM's own subcommittee on LLPDD [the precursor to PMDD] concluded that '(1) very little research supported the existence of a premenstrual illness [that could be separated from the physical signs associated with PMS]; and (2) the most relevant research was preliminary and methodologically flawed'" (Offman and Kleinplatz 21). Moreover, "premenstrual-related research has been characterized by an inability to find significant biological differences in women who experience premenstrual symptoms that distinguish them from women who do not" (Offman and Kleinplatz 20), and "it may be difficult to conduct research on PMDD without confounding the results with the effects of other mood disorders" (Offman and Kleinplatz 22). Despite these issues and the "strong feminist critique . . . on the medical understanding of menstrual cycle-related changes" (Offman and Kleinplatz 22), PMDD was included in most recent edition of the DSM. Because antidepressants are used to treat PMDD, this condition is may be discussed on antidepressant medication product websites. Given that "social scientists are increasingly interested in questions about illness and agency," including "how individuals come to make contested illnesses—illnesses whose 'realities' are in question—meaningful for themselves" (Greenslit 478), research is needed that explores how these websites may impact consumers' meaning-making surrounding PMDD. This thesis addresses this issue (at least to some extent) by exploring antidepressant websites in terms of how they impact social reality.

Because there is much debate still surrounding the very definition of PMDD as a psychiatric condition, the portrayal of this condition on antidepressant medication

websites is important when considering whether or not the sites contribute to the

medicalization of women. For instance, one should look at whether antidepressant

medication websites present PMDD as a "valid and well-established category of mental

disorder" (Offman and Kleinplatz 24), in which case the sites would not be giving

women the full picture, thus limiting their knowledge base and potentially causing them

to view their pre-menstrual experiences as needing medical treatment despite alternative

arguments and/or evidence to the contrary, or whether antidepressant medication

websites present PMDD as a condition that is still hotly debated and which the APA itself

identifies as an area needing further research (as evidenced by PMDD's placement in an

appendix of the DSM under "Criteria Sets and Axes Provided for Further Study").

Furthermore, given Conrad and Leiter's argument that pharmaceutical companies can

create a market for a medication by using a "savvy approach to marketing" that gives a

condition diagnostic credibility while making it seem like it can happen to anyone (164),

one must look at whether the discourses concerning PMDD on antidepressant websites

represent just such a "savvy approach." This thesis explores whether pharmaceutical

companies appear to be attempting to create a new market for antidepressants—a PMDD

market comprised of females—similar to how (as suggested by Conrad and Leiter in the

quote that follows) GlaxoSmithKline created a market for Paxil beyond the "saturated

'depression market'" (Conrad and Leiter 163):

> Efforts to define SAD and GAD as conditions, and market Paxil as
> treatment for them, have been extremely successful . . . the
> GlaxoSmithKline campaign for Paxil has increased the medicalization of
> anxiety, inferring directly and indirectly that shyness and worrying may be
> medical problems and that Paxil is the way to treat them. (164)

Although PMDD represents a popular topic in discourses about medicalization, the medicalization of women becomes particularly interesting when one considers the influence of our current economic system on the perception of gender roles and norms. Some feminist researchers argue that in the "postfordist"[2] era there is a "new feminine ideal" (Blum and Stracuzzi 282) emerging in which the feminine is becoming more masculine, a "muscular femininity" (Blum and Stracuzzi 281). This "muscular femininity" refers both to the physical appearance of females (who now wish to be lean and taut rather than curvy) as well as to their biology (they need to be less "emotional" to achieve success in the workplace) (Blum and Stracuzzi). Moreover, it has been identified that "promotional depression discourses transform individuals into self-managing consumers whose improved functioning significantly benefits society, the state, and industry, at low cost" (Gardner 550). When it comes to women, this improved functioning, according to the depression discourses analyzed by Linda M. Blum and Nena F. Stracuzzi, requires achievement of the new "muscular" feminine ideal.

In relation to this new ideal, through a content analysis of eighty-three major articles about Prozac in popular periodicals, Blum and Stracuzzi demonstrate that "popular talk about Prozac and its competing brands is largely degendered . . . yet replete with latent gendered messages" (269). These latent gendered messages "are about women with neurochemical imbalances but also about the need to discipline elite female bodies, to enhance their productivity and flexibility" (Blum and Stracuzzi 281). This need reflects what Blum and Stracuzzi claim that Lisa Adkins and Linda McDowell[3] have

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[2] "Postfordist" refers to the current economic system that has moved beyond the assembly line introduced by Henry Ford.

[3] Identified by Blum and Stracuzzi as "British social scientists" (272).

suggested, "that the hybridized bodies of muscular femininity are becoming an actual job requirement for elite women in the New Economy" (281). Furthermore, Prozac talk reinforces rather than lessens gender boundaries (Blum and Stracuzzi 273). Essentially, as indicated by the following quote, the study by Blum and Stracuzzi indicates that discourses surrounding depression and antidepressants in popular media sources medicalize women and perpetuate gender boundaries by making women see the new, safer antidepressants as a means for properly functioning in the modern economy:

> [In these articles] the manifest story is of equality and accomplishment, but with a latent message that women still need help or rewiring . . . [Prozac] appears to be the 'mother's' rather than the 'parents'' little helper for our time, covertly helping to rewrite gender oppression, if with new muscular twists. (Blum and Stracuzzi 283)

Paula M. Gardner finds further evidence of the re-gendering described by Blum and Stracuzzi in her analysis of various depression Web campaigns, in which she discovered that "depression reflects our culture's insistence on self-responsibility and symptomatizes women's growing *inability* to function well amid growing demands for self-improvement and for 'flexibility' as (overburdened) workers, mothers, and wives" (551). When exploring DTC advertising in terms of whether it contributes to the medicalization of women, one needs to determine whether such a reality is portrayed by pharmaceutical companies (in which women can be better achievers and more successful with the help of medication), and for that purpose, the article by Blum and Stracuzzi offers a strong methodological framework (e.g., what to look for in terms of latent messages concerning gender and depression).

When trying to identify the potential relationship between DTC website advertising of antidepressants and the medicalization of women, in addition to possessing

a familiarity with medicalization literature, one needs to be familiar with a) the history and nature of DTC advertising, b) what research indicates its impact on consumers (women in particular) and physicians may be, and c) existent studies concerning DTC website advertising. The sections that follow will address these issues.

DTC Advertising: A Brief Overview

Since 1997, when the U.S. Food and Drug Administration (FDA) relaxed its regulations concerning DTC advertising of prescription drugs, such advertising has exploded in the United States, one of only two countries in which this type of advertising is even legal.[4] In 2000, DTC advertising accounted for 15.7 percent of the pharmaceutical industry's total promotional expenditures, up from 8.6 percent in 1996 (Brichacek). Although in 1988 pharmaceutical DTC advertising expenditures only totaled $25 million (Morgan 31), according to the U.S. General Accounting Office, by 1996, this number reached $1.07 billion, and in 2002, it reached $2.7 billion (Park and Grow 379). As stated previously, the pharmaceutical industry's *online* DTC spending increasing 71 percent between 1999 and 2000 (Brichacek). Moreover, in 2000, DTC advertising of prescription drugs was considered "the fastest growing portion of the industry's promotional budget and the fourth largest advertising category in the U.S. market, surpassed only by cars and trucks, restaurants, and movies" (Blankenhorn et al. 67). Even the artistic world shows interest in this issue, with Jennifer Berry's 2006 play titled, *Pharma: The Rise of the Anti-Depressant Drug Industry and the Loss of a Generation*, bringing social commentary of DTC advertising to the stage. Because of its enormous and fast-paced growth, as well as its pervasiveness in contemporary American society,

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[4] New Zealand is the other country in which DTC advertising is legal.

DTC advertising of prescription drugs can be characterized as a powerful force that is deserving of scholarly attention, both in terms of its own characteristics and controversies and in terms of its potential role in both the medicalization of women and the development and/or perpetuation of social reality within the realm of psychiatry.

There is much debate, in the scholarly community and society at large, over the potential impact of DTC advertising on the American public, and women in particular, as well as whether it should remain legal in the U.S. Proponents of DTC advertising argue that this type of advertising can help educate consumers about both medications and medical conditions, enabling individuals to take a more active role in their healthcare and to make educated decisions. They also believe it potentially prompts more people to seek treatment for conditions that are typically underdiagnosed. Proponents also contend that by educating patients, thus enabling them to operate from a wider knowledge base and to engage more fully in conversations about their health, DTC advertising actually benefits doctor-patient interactions. Moreover, proponents often praise DTC advertising as providing fair and balanced information to consumers about both medication and medical conditions. One major proponent of DTC advertising is John E. Calfee, who looks at numerous studies concerning DTC advertising and concludes such advertisements "appear to provide valuable information . . . induce information-seeking . . . prompt patients to discuss conditions not previously discussed . . . and generate significant, positive externalities including the possibility of improved patient compliance with drug therapy" (174). Another proponent of DTC advertising is Alan F. Holmer, who has written articles such as "Direct-to-Consumer Advertising: Strengthening Our Health Care

System" and "Direct-to-Consumer Prescription Drug Advertising Builds Bridges Between Patients and Physicians."

Opponents of DTC advertising, however, have another take. They believe that it may actually hurt doctor-patient interactions, because it can cause physicians to feel pressured by patients to prescribe advertised medications despite a physician's opinion on the drug's appropriateness. Also, opponents cite DTC advertising as sometimes leading to unnecessary doctor visits. Opponents also believe that DTC advertising does not provide fair and balanced information; they argue that this advertising routinely offers consumers biased information that often downplays risks associated with certain medications and sometimes makes a particular medical condition seem more prevalent than demonstrated by statistics. Moreover, rising drug costs are often attributed (at least in part) to DTC advertising, which accounts for a significant percentage of the pharmaceutical industry's overall (and ever-increasing) advertising budget. Opponents of DTC advertising include Robert A. Bell, Michael S. Wilkes, and Richard L. Kravitz, who discovered through a content analysis of print ads that "the [DTC] advertisements that have appeared during the past decade have been superficial in their coverage of medical conditions and their treatments . . . Advertisements seldom educate patients about the mechanism of action by which the drug treats a particular condition, its success in doing so, alternative treatments, and behavioral changes that could augment or supplant treatment" (1096). Other opponents are Matthew F. Hollon, author of "Direct-to-Consumer Advertising: A Haphazard Approach to Health Promotion," and Sandra Coney, who "measures DTC advertising against criteria for quality health information and finds it wanting" (213).

In addition to these arguments over direct-to-consumer advertising's general benefits and downsides, one specific issue is sometimes raised in literature dealing with DTC advertising. This issue is how mental illness causation is framed in DTC ads. Literature addressing causation-framing often discusses how this framing may impact gender trends in psychiatry and/or contribute to the medicalization of women, and the pertinent literature is discussed in the section that follows.

DTC Advertising and the Framing of Causation

One specific issue concerning DTC advertising and gender relates to how pharmaceutical companies frame the causation of mental illnesses. As Paula M. Gardner points out in her analysis of the "depression script," the "reductionist, biopsychiatric mood logic [that] has long been normalized in North America and Europe . . . tends to assume a single-cause model of illness, despite a concurrent reading of the body as a 'complex system' informed by both environmental and biological factors" (538). "[T]wo main theories of causation" exist, which are "the biochemical theory, also known as the medical model, and the psychosocial theory" (Grow et al. 166). Although there are two theories, based on the results of analyses looking at DTC advertising by both Gardner and Jean M. Grow, Jin Seong Park, and Xiaoqi Han, it would appear that the two theories are not represented equally in DTC advertising, with the medical model predominating. While it is important for mental health discourses to address biology as a cause of depression, it is important for such discourses to address social factors as well, like abuse and neglect, because "depression is a complex illness with many contributing factors . . . [and] it occurs for a variety of reasons ("Causes of Depression"). Because depression has

come to be medically understood as a condition that can involve both biological and social factors, depression discourses need to present *both* the biochemical theory and the psychosocial theory when cause is addressed, thus facilitating a more holistic approach to understanding and treating depression.

Through a semiotic analysis of antidepressant medication print ads, Grow et al. found that "the current study strongly articulates a biochemical framing" (178). This finding is supported by Gardner's argument that "the script has made a compelling public case that depression resides in sick brains and requires biotechnical treatment" (538). Furthermore, Grow et al. discovered in their study sample that "the biochemical model," which they claim Paxil represents "quite literally" through "a systemic infrastructure . . . of walls and boxes" (178), is intersected "with salient semic codes for femininity" (179), such as "96% percent of all images signifying depression as a feminine problem" (177), in a way "that is most disturbing" (179). They suggest that "this combination has deep historical, referential salience, and thus the power to perpetuate the stereotype of females as biologically depressive" while obscuring "the psycho-social factors that significantly affect females' lives—from poverty to abuse to discrimination" (Grow et al. 179). As these studies indicate, when addressing depression cause, DTC print advertisements for antidepressant medications either discuss only the biochemical or emphasize biological factors over social factors, thus backgrounding social issues often associated with depression, e.g., abuse, conflict, death or loss, major life events, and personal problems ("Causes of Depression"). By failing to provide consumers with a balanced discussion concerning cause, in which both biology and social factors are given equal importance, DTC print ads for antidepressant medications contribute to the inaccurate perception that

depression is a condition caused completely or mostly by biology, despite the belief held

in the medical community that depression is a complex condition that can be attributed to

biological factors, social factors, or any combination thereof, depending on the person. In

terms of gender trends, one major consequence of a biochemical-only framing of

depression is the continuation of depression being underdiagnosed in men and

overdiagnosed in women, as women historically have been viewed as "biologically

depressive" (Grow et al. 179). Another consequence of this framing (which may

contribute to the aforementioned one) is that gender biases are maintained in depression

discourses and thus inserted into the public's perceived reality concerning depression.

This second consequence of a biochemical-only framing is supported by Gardner's

research findings, as indicated by the following quote:

> Pharmaceutical companies have historically referenced women as the
> depressive subject, hence making this the norm . . . Despite the broad and
> targeted marketing directed beyond females, the visual culture of
> consumer Web pages instructively positions female biology, particular
> women, or femininity as the primary referents signifying risk of
> depression. (540)

Gardner discovered through her analysis of Web campaigns by pharmaceutical

companies, advocacy groups, and state policy makers that in male-targeted depression

campaigns the cause of depression is treated as somewhat of a mystery and alludes to

both social and biological factors as causes or triggers, which contrasts with the portrayal

of depression in women as being a definite result of only biological factors: "male-

targeted campaigns….tend to name depression as a brain illness with unknown causes

and social triggers, in contrast with the equation of female biology with depression"

(546). The framing of depression that Gardner discovered in Web campaigns, a framing

which implies a single-model cause of illness, not only portrays a reality in which the

biochemical model is the only explanation for mental illness, it also creates fertile ground for depression to be connected more readily to women. In her study, she discovered that "where women's hormonal systems are specifically targeted as a cause of depression (and social stressors as triggers), men's hormones are not noted as problems, and social causes are glossed over" (Gardner 547). Accordingly, a dual message about depression is communicated which implies that yes, there is a risk for the general population, but there is a greater risk to females (Gardner 541). Gardner's study indicates that depression campaigns correlate female depression with biological cause only—not addressing research that cites social factors—a correlation which implies that when it comes to depression in women, there is something "off" in their brains requiring medication to "correct" it. As stated previously, these campaigns often connect women's hormonal systems with depression cause, and it can be argued that by associating women's experiences (those accompanying menstrual cycles, for example) with needing medication to function properly in society, the depression campaigns studied by Gardner (and antidepressant advertisements that use similar tactics) continue the medicalization of how women experience their bodies.

In terms of the research conducted as part of this thesis, Gardner's study has provided a context and direction of what to look for on the antidepressant websites in terms of gender (e.g., Are biological factors emphasized? Are women's hormonal cycles treated as causes of depression? Are men represented visually as strong while women are represented visually as hopeless?). Moreover, the research by both Gardner and Grow et al. has given me an understanding of how the framing of depression in terms of gender can contribute to the medicalization of women. If on antidepressant websites, depression

is connected to women's hormonal systems and research concerning biological cause is emphasized while research concerning social factors is neglected, then these websites create a perception that women are more at risk of depression *because* they are women and will likely need treatment at some point to "manage" their biological factors so as to continue being functional and productive beings in modern society (a perception which arguably medicalizes women). Furthermore, the research by Grow et al. has provided groundwork concerning how DTC advertisements can frame depression by connecting images or ideas with certain semic codes (like femininity), which can influence social reality as it is perceived by consumers and physicians in the U.S. Relevant to the interpretation of my study's finding, I have been able to take the arguments presented by Grow et al. regarding *print* ads—like how focusing on a biochemical model not only plays up medication as the best or only treatment option but also leads to a more gendered view of depression—and extend them to my *website* study.

To fully understand how the framing of any idea or image in DTC ads may impact social reality (as perceived by consumers), one must first attempt to understand the complex relationship between DTC advertising and consumers. The next section will discuss multiple studies that explore this relationship.

DTC Advertising and the Consumer

A great deal of the research exploring DTC advertising focuses on the consumer. Grow et al., for example, address how this form of advertising affects social "reality" as it is perceived by consumers. Based on their semiotic study of antidepressant DTC print ads, they suggest that the framing of depression within a biochemical model "forms a

very compelling argument for utilizing drug therapy" (which is arguably the ultimate goal of DTC advertising—to get consumers to use the advertised drugs), and it minimizes "the potential for a broader discussion about depression's impact on society or conversely the social causes of depression" (Grow et al. 178). As Grow et al. point out, "narrowing the frame to biochemical is the true point of danger because in doing so reality becomes fleeting . . . and individuals living in situations that are inherently stressful, anxiety producing, and/or depressing are marginalized" (178). The danger referred to by Grow et al. results from a biochemical-only focus a) minimizing concerns over social problems (like abuse or neglect) as being a cause or result of depression, and b) leading to conversations about the relationship between social problems and depression taking place less frequently or ceasing to take place at all. These outcomes could be attributed to the effects of DTC advertising on consumers' perceived social reality, if antidepressant ads promote only a biochemical framing of causation or treat biological factors more thoroughly than social factors, thus prompting people to connect depression to biological cause only or to see social factors as less important than or less frequently occurring than biological factors, and thus making depression become perceived as primarily an individual problem that usually results from one's brain chemistry and nothing else. This suggestion regarding the effect of biochemical framing is supported by Conrad's argument that the individualization of social problems is part of the "darker side" of medicalization's consequences (223).

The framing of depression in DTC advertisements within only a biochemical model not only implies the problem of depression is an individual one—linked to one's biology—but also that the solution is pharmaceuticals and only pharmaceuticals (Grow et

al. 178). Because of this framing, the pharmaceutical industry creates a culture in which DTC advertisements sell "consumers a quick fix, and not too subtly promote self-diagnosis," which confounds "the doctor-patient relationship" (Grow et al. 179). Grow et al. not only argue that the framing of depression within only a biochemical model alters the doctor-patient relationship, they also argue that DTC print ads for antidepressants create a social reality that is different from "the lived experiences of patients" (179). Put simply, these advertisements essentially create (or contribute to) a "social" reality amongst consumers that is based on and maintained through discourse and does not necessarily mirror the reality of human experience. For example, while the Paxil campaign examined by Grow et al. "frames depression and anxiety as biochemical problems . . . easily resolved with Paxil" (177), not all patients experience depression as a result (or solely a result) of biological factors, nor do all patients experience symptom relief from Paxil, either at all or minus intolerable side effects. These arguments by Grow et al. have provided me with a basis for how to interpret the findings of my study. That is, I began my research with the understanding that if my study revealed antidepressant product websites focus on a biochemical model, then I could argue that the reality created by prints ads (as discovered by Grow et al.) holds true for Web ads as well, meaning that the websites have the same potential impact on social reality (i.e., creating a public focus on individual responsibility that leads to social problems being downplayed or outright ignored).

While Grow et al. relied on textual analysis to explore the complex relationship between consumers and DTC advertising, other studies have relied on input from the consumers themselves—through surveys and case studies. One such study synthesizes

ideas from cultivation theory,[5] construct accessibility,[6] and availability heuristic[7] to

understand how "DTC advertising may play a role in constructing social reality of

diseases and medicine" (Park and Grow 379). Park and Grow's 221-subject survey study

supported both of the authors' hypotheses about a possible relationship between

consumers' familiarity with DTC advertisements for antidepressants and risk perception,

as well as one of the authors' two hypotheses about the potential relationship between

consumers' interpersonal experiences with depression and risk perception. Their study

implies a relationship between DTC advertising and risk assessment in one market

segment—college students—which, while it cannot conclusively identify a link between

DTC advertising and risk assessment in the population at large, does suggest the

possibility of such a connection. Specifically, this potential connection can be described

as follows: "[T]he more familiar consumers are with DTC advertisements for

antidepressants, the more prevalent they will perceive clinical depression to be in the U.S

. . . and the higher they will perceive their own lifetime risk of depression to be (Park and

Grow 382). Moreover, consumers' risk assessment, according to "research on health

behavior," "may produce attitudinal and behavioral changes, such as engaging in

preventive and remedial behaviors . . . including consultation with doctors" (Park and

Grow 387). Therefore, the study by Park and Grow suggests that DTC advertising, by

affecting consumers' perceptions of risk (in this case, risk of experiencing depression),

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[5] "Cultivation analysis is the study of television's independent contribution to viewers' conceptions of social reality" (Shanahan 4).

[6] "According to recent models of social-construct accessibility (Higgins & King, 1981; Wyer & Srull, 1981), the more frequently a [personal] construct is activated, the more accessible it should become and the longer the increase in accessibility should persist" (Higgins 36).

[7] "[T]he principle of availability heuristic . . . posits the more easily people can retrieve information, such as relevant examples, from their memory regarding a certain feature of social reality, the more prevalent or frequent they perceive the phenomenon to be" (Park and Grow 382).

may prompt consumers to seek medical advice about depression and/or to request

treatment with antidepressant medication, which could ultimately impact diagnosis and

prescribing trends. When the findings of Park and Grow are combined with other studies

that shed light on consumers' relationship with DTC advertising in terms of gender,

several implications concerning how DTC advertising may impact the medicalization of

women are revealed.

One study exploring gender trends in consumer response to DTC advertising is a

case study conducted in Sweden by Linda M. Maddox. Her study indicates females are

much more likely than men to use the Internet, including medication product websites, to

find health information, and women also are more likely than men to bring up the

information they encounter on these websites with their doctors. Specifically, Maddox

discovered "a total of 70 percent of women versus 42 percent of men said they went to

the Web site to learn more about a particular medicine or drug, and 45 percent of women

and 24 percent of men went to decide which drug was right for them" (493). Moreover,

"a total of 45 percent of women and 30 percent of men were likely or very likely to

request more information from their doctor on a particular product; while 37 percent of

women and 27 percent of men were likely or very likely to ask their doctor to prescribe a

particular medication" (Maddox 493). Her research paints a picture of how

pharmaceutical websites are used by Swedish citizens, and the data, while it "cannot be

applied to other Web sites in other countries" (Maddox 492), does show "that women are

more likely than men to request specific prescription drugs from doctors" (Maddox 494).

Furthermore, despite its limitations (as identified by Maddox herself), her study is

supported by the work of Abhilasha Mehta and Scott C. Purvis, who found through a

survey study that women (as a group) tend to have a positive attitude toward DTC advertising, with a majority of the women surveyed viewing DTC advertisements as important, nearly half the women viewing these sites as credible, and a significant number of the women indicating they are likely to follow up on a DTC advertisement with a physician.

In terms of the potential relationship between DTC advertising of antidepressants and the medicalization of women, the results of Maddox's study and the study by Park and Grow, when taken together, have significant implications. These studies indicate that if women are targeted by DTC advertising of antidepressants, they may perceive themselves to be at a greater risk of depression (greater risk than men and greater risk than what may be statistically demonstrated), and because women are more likely than men to use and follow up on these ads, targeting women may prompt significantly more women than men to seek out medical advice about depression and/or to request treatment with antidepressants, an effect which could create or exacerbate problems with the overdiagnosis of women and/or underdiagnosis of men. Moreover, as Gardner and Grow et al. discovered, depression is often framed within a biochemical model and connected to women's biology, a trend which further increases the likelihood that consumers (and women in particular, if they are the target of DTC antidepressant advertisements) may view females as being at a greater risk of depression than males. When the works of Gardner, Grow et al., Maddox, Mehta and Purvis, and Park and Grow are all taken together, it becomes apparent that a reliance in DTC advertising on a single-cause framing of depression, combined with women's positive attitude toward DTC advertising and greater likelihood to view and follow up on DTC ads, increases the potential for

consumers to associate depression risk with female biology and for more women than men to seek out treatment.

In addition to being relevant when looked at with other research, Maddox's study has its own implications in terms of the possible relationship between DTC advertising of antidepressants—websites in particular—and the medicalization of women. The results of Maddox's study suggest that if pharmaceutical companies are targeting women with antidepressant websites, it may be because women are more likely to use the websites, as well as to take action (like asking their doctors about the advertised medication) after visiting the sites. If women are targeted by these websites, and if they are targeted for the reasons implied by Maddox's study, one could argue that pharmaceutical companies set their sights on women, because they perceive women as most likely to seek out a prescription after visiting DTC websites, thus increasing the company's profits. This argument suggests a profit-driven motivation on the part of the pharmaceutical industry when it comes to DTC advertising, rather than a concern with educating the public, as the industry often argues is its primary concern: "the pharmaceutical companies claim that direct-to-consumer advertising has an educational function that creates better informed consumers" (Conrad and Leiter 161). If the industry was mostly concerned with educating the public, it would arguably want to reach out to men equally (especially when men may be underdiagnosed as depressed and/or underprescribed antidepressants). Therefore, Maddox's study brings up questions about whether it is ethical for the pharmaceutical industry to target women via antidepressant websites.

As with Maddox's research, the research by Mehta and Purvis also has specific implications in terms of the potential relationship between DTC advertising and the

medicalization of women. Their findings concerning women's attitudes toward and

responses to DTC *print* advertising can help understand women's likely attitudes toward

and responses to DTC *website* advertising. Medication product websites contain much of

the same information as print ads—oftentimes going even more in depth—and use

similar presentation techniques (e.g., images, text, and headlines). Given women's mostly

positive attitudes toward DTC print advertising and their likelihood to follow up on

information they view in print ads (as indicated by the survey results of Mehta and

Purvis), as well as the similarity between the type of information provided and the

presentational approaches of print ads and product websites, it is likely that women will

have similarly positive attitudes toward DTC website advertising. These positive attitudes

will likely translate to women believing information on antidepressant medication

websites to be unbiased and/or asking a doctor about the medical/medication information

that they encounter on these sites. With that in mind, if antidepressant medication

websites do target women, then the social reality created by targeting women—a reality

where depression is connected more readily to females—may be accepted by a significant

number of women who view antidepressant websites. This trend can contribute to the

medicalization of women by making an increased number of women believe that

depression is associated with feminine characteristics and making more and more women

perceive their emotional experiences as requiring medication maintenance.

Though the research by both Maddox and Mehta and Purvis seems to indicate that

DTC advertising may potentially affect consumer choice—given that "more than two out

of five respondents say they are very or somewhat likely to ask their doctors about a

specific medication they saw advertised" (Mehta and Purvis 198) and that "37 percent of

women and 27 percent of men were likely or very likely to ask their doctor to prescribe a particular medication" (Maddox 493)—other research suggests that the impact of DTC advertising may have less to do with consumer choice of medication and more to do with the number of people being treated for a mental illness. Julie M. Donohue and Ernst R. Berndt, based on an econometric study using a data set that "consists of health insurance claims for the use of medical services and prescription drugs, marketing data on pharmaceutical promotion, and information on various characteristics of the study medications" (128), argue that "DTCA for antidepressants has little impact on drug choice" (123), though it has a "treatment-expanding effect," i.e., it increases the total number of people who receive antidepressants (124). Although this finding is interesting, it is important to note that the study by Donohue and Berndt has one big limitation: they "did not observe an individual subject's level of exposure to advertising," which may account for their "inability to find an association between DTCA spending and antidepressant choice" (Donohue and Berndt 125). The significance of this limitation is supported by the fact that the studies by Maddox and Mehta and Purvis indicate a possible relationship between DTC advertising of antidepressants and consumer choice of which antidepressant medication to take.

Despite its limitation in determining DTC advertising's effect on consumer choice, the study does point to an important correlation: "DTCA appears to affect whether someone receives medication" (Donohue and Berndt 125). Based on this finding, it can be argued that DTC ads, including antidepressant websites in particular, have the potential to influence whether someone receives treatment via medication for a mental illness like depression. This influence may be attributed to (at least in part) a trend noted

by Donohue and Berndt: "consumer surveys suggest that prescription drug advertising motivates people to visit their physicians for a range of chronic conditions, some of which are newly diagnosed" (116). If this suggestion is true, then antidepressant medication websites have the ability to motivate site visitors to seek out medical advice. In terms of this thesis, if these websites target women, then based on the findings of Donohue and Berndt, the sites have the potential to contribute to the medicalization of women by motivating more women than men to visit physicians, which can contribute to a "treatment-expanding effect" in just the female population of the U.S. To explain further, if more women than men are encouraged to seek out treatment (because women are more drawn to the websites than men as a result of the female-friendly text, graphics, and/or interactive features), then the social perception of depression being more prevalent in women (which can lead to the perception of women's emotional and/or hormonal experiences being seen as symptoms or causes of depression, a.k.a. women being medicalized) may be perpetuated.

In summary, what the literature concerning DTC advertising and consumers seems to suggest is that consumers, specifically women, value DTC advertising and are likely to follow up on it (Maddox; Mehta and Purvis); DTC advertising may impact the rates at which people, and women in particular, are diagnosed with mental illnesses (Donohue and Berndt; Park and Grow); and DTC advertising can impact social reality in terms of how consumers perceive mental illness and psychotropic drugs, with regard to gender in particular (Grow et al.; Park and Grow). In terms of this thesis, numerous implications can be drawn from the studies exploring DTC advertising and its relationship with consumers.

What these studies ultimately suggest is that if antidepressant websites are targeting women, then more women than men *may* be prompted by antidepressant websites to seek medical advice for depression or treatment with antidepressants (given that studies show DTC advertising leads to action on the part of consumers), an effect which *could* contribute to the medicalization of women. To further explain, if in targeting women with antidepressant websites, pharmaceutical companies communicate a reality in which depression is viewed as more related to women, then these companies would be perpetuating the idea that being female is a risk factor for depression and reinforcing gender biases in the minds of consumers and (as some feminists would argue) physicians. It could also be argued that targeting women with antidepressant websites might complicate diagnosis/prescribing trends, because such targeting distorts the public's perception of the prevalence and risk of depression in terms of gender by downplaying male depression while focusing on female depression. To take this idea one step further, Kravitz et al. have concluded that DTC advertising "may have competing effects on quality, potentially both averting underuse and promoting overuse" (1995), and (as studies indicate) women are more likely than men to use antidepressant medication websites and to follow up on the information provided on these sites, so the resulting prescribing trends may lead women to fall into the overuse of antidepressants category and men to fall into the underuse category. Moreover, "the promotional portion (e.g., the visual and headline) of DTC advertisements relies more on emotional appeals than rational appeals," and "research has demonstrated that emotional responses to advertisements are more influential than cognitive responses" (Main et al. 136). If women are targeted by these sites and thus drawn to them more than men, and thereby more

women than men use the websites and encounter the emotional appeals on the sites, then

they may be (as a group) more affected by these emotional appeals than are men. The

trend of women being more affected—or to put it another way, persuaded—by

antidepressant product websites has the potential to impact diagnosis/prescribing trends

(given that more women than men would presumably seek out medical advice/treatment)

and could therefore possibly influence society's perception of depression in terms of

gender, especially as it relates to risk and prevalence. The potential effects of

antidepressant product websites on diagnosis/prescribing trends and risk perception in

terms of gender could be argued as contributing the medicalization of women, making

research into the Web practices of pharmaceutical companies important.

Although consumer-oriented research seems to dominate much of the literature

concerning DTC advertising, this form of advertising may impact more than just

consumers. The next section will look at research addressing the potential impact of DTC

advertising on physicians.

DTC Advertising's Potential Impact on Physicians

DTC advertising not only potentially has an impact on consumers, but physicians

as well. Finy Josephine Hansen and Dawn Osborne conducted a frequency analysis of all

psychotropic drug advertisements in the *American Journal of Psychiatry* (AJP) and the

American Family Physician (AFP) between 1986 and 1989 to see how many females

versus males were displayed in antidepressant advertisements. They "expected that twice

as many antidepressant ads would depict females," because "females are depressed twice

as commonly as males" (Hansen and Osborne 129). However, the study found that

females were in fact displayed far more frequently than males in both publications, more than the 2:1 ratio that was predicted: "the actual ratio of females to males in antidepressant ads was 5:1 in AJP and 10:0 in AFP" (Hansen and Osborne 130). Based on their research, Hansen and Osborne concluded that "since almost half of all diagnoses of mental disorders are provided by primary care physicians (Schurman et al., 1985), the highly skewed patient profile in ads…is certainly cause for concern" (139).

Hansen and Osborne's concern is that the overrepresentation of females in antidepressant advertisements in medical journals may lead to primary care physicians overprescribing antidepressants for women and underprescribing them for men (Hansen and Osborne 139). This concern becomes even more relevant when one considers Cooperstock's proposal that when society sanctions women to more freely express their feelings and seek out treatment for emotional difficulties, physicians may come to expect female patients to behave this way and, as a result, see more women as requiring mood-altering drugs than men. An overrepresentation of females in antidepressant ads in medical journals, especially in a society like the one described by Cooperstock (and the U.S. arguably is one), almost certainly has the potential to affect physicians' perceptions about depression and gender and, by extension, diagnosis/prescribing trends. And if physicians come to view depression as more of a female issue or begin to believe women are more in need of mood-altering drugs than men, simply because of social perception rather than medical fact, then such a trend might be argued as representing a medicalization of women and their emotional and/or hormonal experiences.

In terms of this thesis, if the rate at which primary care physicians prescribe antidepressant drugs to women versus men can be affected by a visual overrepresentation

of females in print advertisements for antidepressant medications that appear in medical journals, one can assume that a visual overrepresentation of females on antidepressant medication websites targeted at consumers might have a similar effect on users in terms of treatment-seeking behavior. That is, just as primary care physicians may come to view depression as more of a female issue or begin to believe women are more in need of mood-altering drugs than men, because of a visual overrepresentation of females in the antidepressant ads featured in medical journals, public perception of depression in terms of gender may be similarly influenced by an overrepresentation of females on antidepressant medication websites aimed at the public. As implied by Cooperstock, when society gives women more freedom than men to express their feelings and recognize emotional difficulties, then women become more likely than men to identify their emotional difficulties within a medical model and to seek medical advice for conditions like depression. A visual overrepresentation of females on antidepressant medication websites might create the perception that society has granted females this liberty to express their emotions freely and to identify and seek advice for emotional difficulties, while denying this liberty to males. Therefore, the visual overrepresentation of females on antidepressant medication websites may not only prompt the public to perceive depression as more of a "female" issue or women as more likely to need antidepressant medication than men, it may encourage women to feel freer than men to define their emotional experiences within a medical model and/or to seek treatment with antidepressant medication.

Although a large body of literature exploring DTC advertising (especially with regard to print ads) exists, there is very little research that looks at antidepressant

medication websites in particular. The next section will address an article published in 2005 that focuses on antidepressant medication websites and their potential role in the medicalization of women.

Antidepressant Medication Websites and the Medicalization of Women

A feminist study concerned with the medicalization of women that looks specifically at antidepressant websites is Delanie Woodlock's analysis in "Virtual Pushers: Antidepressant Internet Marketing and Women." Using feminist content analysis, Woodlock analyzes a small cross section of websites representing the different classes of antidepressant drugs. She focuses on "the sort of messages the sites are conveying about women, mental 'illness' and drugs" (305) and looks at design features like links, images, colors, and meta tag keywords, as well as content features like online quizzes, adverse effects disclosures, and the types of mental disorders that are discussed on the sites. Her analysis is framed from a feminist perspective concerning women's mental distress, which puts "the focus on women's external circumstances" (Woodlock 306) and argues that "women's mental disorders are a result of society's stereotypes and expectations of them" (Woodlock 307). However, there is no clear explanation as to how Woodlock determined which site features to look at and no reference to any sort of rhetorical or communication theories that she may have used to interpret the messages being conveyed.

It is important to note that Woodlock's study rests in part on her assumption that if "pharmaceutical companies are marketing their drugs to women who are already diagnosed as mentally 'ill' and are taking antidepressants . . . [the marketing] would not

increase the number of women taking antidepressants (although some might change

brands)," while if they are marketing "to women who are not (yet) currently taking

drugs," this strategy would "create new markets and hence further increase the number of

women on antidepressants" (Woodlock 312). This notion of medicalizing through the

creation of a new medical market is supported by the work of Conrad and Leiter

mentioned previously. The second strategy described by Woodlock would contribute to

the medicalization of women by convincing increasing numbers of women that their

"mental distress" is a medical condition requiring treatment with medication. While

interpreting the findings of my study, I have operated from the same assumption

regarding the effect of targeting women already on antidepressants versus targeting

women not already on such medication.

    Woodlock's findings suggest that antidepressant websites are not only marketing

to women but also targeting women who are not already taking antidepressants:

> There are numerous indicators that the websites are indeed focusing on women….having more images of women could be a technique to allow a woman web reader to identify with the mentally "ill" women on the site, perhaps enabling her to see herself in these images. (312)

Her study also demonstrates that "the seriousness of the adverse effects is minimised by

comments claiming that it is rare for users to suffer any ill effects" (312). Moreover,

concerning the online quizzes, "the fact that each site suggests that the web users print

out their results and take it to their doctor seems to be further evidence of these

companies' aim to convince people, particularly women, that they are ill and need drugs"

(Woodlock 312). Ultimately, Woodlock contends that the findings of her study have

uncovered another layer in the medicalization of women—this layer being the

antidepressant industry using the Web to capitalize on ideology that "theorises that it is

women's biology that is at the root of mental 'illness'" (313). As indicated by the previous quote, like Gardner and Grow et al., Woodlock notes the effects of a biochemical framing of causation.

Woodlock's article has been extremely important to this thesis, because her article has strongly contributed to the methodological foundation of my study, along with the works of Gardner, Grow et al, and Blum and Stracuzzi. Specifically, these studies have provided the basis for the categories I used for analysis, and they also have provided guiding questions, specific analysis questions and criteria, and implications for how to interpret results. Woodlock's study in particular is the only one I have located in which a researcher analyzed antidepressant medication websites in terms of whom pharmaceutical companies target via these sites. Unfortunately, the study looks strictly at content, failing to address how the content is laid out on each website (i.e., where elements are placed on a page and in relation to each other). Layout is an important factor to consider when analyzing the meaning created on these websites, because where an element is placed on a page impacts the importance attached to it, just as its placement in relation to other elements on the page can influence the audience's interpretation of each element or the page as a whole. Furthermore, as a result of how she presents her research, it is unclear whether Woodlock pulled from any sort of rhetorical, linguistic, or communication theory to inform her analysis of antidepressant medication websites, and because these websites combine visual rhetoric with linguistic features to create meaning, such theory can help one thoroughly analyze all aspects of the sites, including how different elements on a page, or across several pages, work together to create meaning. I therefore have essentially repeated Woodlock's study, but have attempted to do so in a way that has

enhanced the validity and reliability by combining a feminist lens with an approach deeply-rooted in rhetorical, linguistic, discourse, social, and epistemological theories that is well-suited to advertisements and websites: critical discourse analysis (CDA).

I believe the CDA approach has allowed for a more thorough and theoretically-grounded analysis than did Woodlock's approach. Moreover, given the potential reach of antidepressant medication websites, as well as the fleeting nature of information on the Web, the impact of these websites (specifically, their representation of depression and gender) on both social reality and the medicalization of women is an important area of study requiring more than just a single analysis that represents a mere snapshot in time. This thesis aims to fill a gap in the body of research exploring DTC advertising not only by building on Woodlock's study, thus adding both to the limited discussion surrounding antidepressant medication websites and to existent research concerning DTC advertising and the medicalization of women, but also by exploring how trends on these websites may be changing over time. Hopefully, this thesis will prompt continued research into DTC advertising on the Web as it pertains to medicalization and social reality.

CHAPTER II

METHODOLOGY

This thesis presents a study of antidepressant medication websites using critical

discourse analysis (CDA) filtered through a lens of feminist theory. Feminist theory has

framed many of the analysis questions, and it also has guided my discussion of the

findings. Although feminist content analysis has been used to analyze antidepressant

medication websites in the recent past (Woodlock), based on the following reasons, I

believe that utilizing CDA and supplementing it with questions that reflect a feminist lens

has allowed for a more thorough and complete analysis of these websites: 1) CDA has a

strong theoretical basis that essentially merges linguistics, rhetorical and epistemological

theory, and cultural studies, 2) it is characterized by an inherent applicability to

advertisements, and 3) it possesses an adaptability to newer discourses (like websites)

that combine textual, visual, and interactive elements to create meaning. Moreover, CDA

has been combined with feminist theory by scholars before, making it a practical choice

for feminist research; in fact, a collection of such research, titled *Feminist Critical*

Discourse Analysis: Gender, Power, and Ideology in Discourse, was published in 2007.

To ensure that I approached each website in the same manner, as well as to

minimize the possibility of the feminist lens causing me to overlook or ignore certain

elements or to look only for proof that these websites do target women, I created an

analysis chart that was used to analyze all websites in the study. The categories on the

chart—layout, links, color, images, headlines and taglines, user interaction, meta tag

keywords, and website copy—all were included in one or more of the studies conducted

by Woodlock, Grow et al., and Gardner. For each category, I selected CDA elements, as

discussed by Thomas Huckin, which seemed most appropriate for that category. For

example, metaphor might be found in text and images, but it would be difficult to identify

metaphor in layout or color. Similarly, spatial elements and textual elements alike can be

foregrounded or backgrounded, whereas meta tag keywords, which by their very nature

operate in the background of a website, cannot very well be foregrounded. And

intertextuality may be present in links and user interaction on antidepressant medication

websites; however, color and layout, while they might foreground or background

intertextuality, cannot very well exhibit intertextuality. I also looked to the works of

Woodlock, Grow et al., and Gardner for questions grounded in feminist theory that could

be asked in each of the analysis categories, like whether women are visually portrayed as

ill more often than well and what types of appeals, if any, are used on the websites.

Once the chart was complete, I used it as my guide to analyze each website. I

analyzed one website at a time, moving through the chart each category at a time. First, I

would note my general observations of the category (e.g., for color, I noted what colors

were used on the homepage, whether color was used in the body text and/or for links, and

whether the colors were consistent throughout the website). Then, I would look for

instances of the CDA elements included in that category (e.g., for website copy, I looked

to see if there were any presuppositions in the body text on the website, and if I

discovered any, I noted what presuppositions I found, where on the site I found the

presuppositions, and the effect(s) that the presuppositions might have on the site's

"reality" and/or the user's perception, and if I did not discover any, I noted that none was

identified). I then answered the questions grounded in feminist theory included in the

category (e.g., for the question concerning the ratio of men to women in the images

category, I counted the number of women and men pictured on the site and calculated the

ratio). I followed this process on each website, thus ensuring I looked at the same

categories on all sites and approached each category in the same way. By approaching the

websites in this way, I was able to identify ways in which women may in fact be targeted

on these websites, as well as areas in which no targeting appears to occur. I also was able

to look at the completed charts of all five websites to identify trends in the various

categories across the study sample, thus enabling me to draw conclusions about

antidepressant medication websites as a group, to suggest areas for future research, and to

point out issues that those who are charged with considering if and how to regulate

medication product websites might want to consider.

Overview of Critical Discourse Analysis

      A current practitioner of CDA who has published works that outline an analytical

framework based on the methods of several prominent CDA theorists is Thomas Huckin.

Because he synthesizes the ideas of prominent CDA theorists, including three of whom to

which I looked when developing my methodology, Siegfried Jager, Teun van Dijk, and

Norman Fairclough, and because he creates a list of what can be looked at on multiple

levels of a text, I have found Huckin's work particularly useful in shaping my own

methodology. According to Huckin, at the word level, CDA looks at the following

concepts within a text: classification, connotation, code words, metaphor, presuppositions, modality, and register (Huckin, "Discourse of Condescension" 7). At the sentence level, the following concepts are of concern to CDA practitioners: transivity, deletion, topicalization, foregrounding, register, politeness, presupposition, insinuation, and intertextuality (Huckin, "Discourse of Condescension" 8). Concepts looked at on a text level are as follows: genre, heteroglossia, coherence, framing, extended metaphors, foregrounding, backgrounding, omission, and auxiliary embellishment (Huckin, "Discourse of Condescension" 9). CDA also concerns itself with "higher level concepts," including "central" processing versus "peripheral" processing, heuristics, reading position, naturalization of ideas, cultural models and myths, resistance, hegemonic discourse, and ideology (Huckin, "Discourse of Condescension" 10). (*For definitions of CDA terms use in my analysis, see Appendix A*.) Many of the specific concerns of Jager, van Dijk, and Fairclough, whose ideas are discussed in the next few paragraphs, are included in Huckin's lists. As Huckin points out, "it is important to emphasize that the concepts just described are meant to be used *selectively*, not exhaustively" ("Discourse of Condescension" 12). With that in mind, for my study I selected techniques at the word-, sentence-, and text-levels from Huckin's work that fit *website* analysis the best and appear most applicable to my analysis categories. Because Huckin's work pulls from the works of Jager, van Dijk, and Fairclough, the methods of those scholars can be seen in my own analytical approach. Moreover, van Dijk contends that "good scholarship, and especially good CDA, should integrate the best work of many people, famous or not, from different disciplines, countries, cultures and directions of research" (96), justifying

my choice to rely primarily on Huckin's framework, which is based on the approaches of multiple scholars.

Probably the most important point one must understand about critical discourse analysis is that its practitioners view it more as an approach than a methodology. In fact, van Dijk identifies it as "a shared perspective on doing linguistic, semiotic or discourse analysis" (Wodak 2). Moreover, "CDA sees itself more in the tradition of Grounded Theory (Glaser and Strauss, 1967), where data collection is not a phase that must be finished before analysis starts but might be a permanently ongoing procedure" (Meyer 18). As such, data collection and analysis can occur in an oscillatory way or even simultaneously. According to Ruth Wodak, "CDA aims to investigate critically social inequality as it is expressed, signaled, constituted, legitimized and so on by language use (or in discourse)" (2). It has its roots in several theoretical perspectives, including "classical rhetoric, text linguistics . . . sociolinguistics . . . applied linguistics and pragmatics" (Wodak 3), as well as epistemological, general social, middle-range social, micro-social, and socio-psychological theories (Meyer 19). As far as methodology, there are several perspectives (Meyer 18), and the guiding theoretical viewpoint will vary depending upon which major practitioner's work one is exploring. Some major contributors to the development of CDA are the following individuals: Ruth Wodak, Michael Meyer, Norman Fairclough, Teun van Dijk, Siegfried Jager, Ron Scollon, Theo Van Leeuwen, and Gunther Kress. For the most part, I have looked to the ideas of van Dijk, Fairclough, and Jager to inform my own work. To create a methodology with which to analyze antidepressant medication websites, I pulled from the approaches of various CDA practitioners to develop a methodological framework tailored to my study sample.

Because my sample includes websites, I discarded approaches irrelevant to the Web, like

exploring turn taking and hesitation, and incorporated approaches relevant to websites,

like exploring omission, insinuation, and framing. Moreover, I revisited the websites as I

reviewed my analysis charts and wrote up the results, at times making new observations

that influenced my discussion, in keeping with oscillatory nature of CDA.

As Michael Meyer points out, Jager "is closest to the origin of the notion of

discourse, that is to Michel Foucault's structuralist explanations of discoursive

phenomena" (20). Jager contends that social reality is determined solely by the

discursive, and that the "social acting subject . . . [is] the link between discourse and

reality" (Meyer 20), ideas which undergird my own research. I too see social reality as

constructed through discourse; in fact, it is this notion that makes research into

antidepressant websites so important—these websites have the potential to, through

discourse, create meaning and impact social reality, as well as to prompt actions on the

part of those who view the sites, actions which in turn can also impact social reality. For

example, if site visitors take away a message that depression is a female affliction, then

they may continue that discourse elsewhere (with doctors, friends, family) spreading that

message and creating a social reality that women are more likely to be depressed. This

discursive process, in turn, could lead to more women being prescribed antidepressants

(perhaps women who do not necessarily need them), as well as to men who may need the

medication being overlooked as depressed subjects because they are men. Hence, it is

important to investigate the discourses on antidepressant medication websites to see how

depression is framed and who is targeted by the pharmaceutical companies that publish

these websites. Moreover, Jager tends to look at the following elements when using

CDA, some of which have influenced my own approach: argumentation, intrinsic logic

and composition of texts, implications and insinuations, symbolism, idioms and clichés,

actors (persons, pronominal structure), references, and sources of knowledge (Meyer 25).

Another aspect of Jager's work that has been helpful to me in identifying how to

view and approach antidepressant medication websites is his notion of discourse strands,

discourse fragments, and discourse planes. To understand the very nature of the websites

and their greater context, I have found it helpful to identify how they fit into this

viewpoint. According to Jager, discourse strands are "'thematically uniform discourse

processes,'" and discourse fragments are the "texts" that comprise a discourse strand

(47). Although I believe the genre of medication product websites can be viewed as a

discourse strand and that specific antidepressant medication websites can be viewed as

discourse fragments, I find it more helpful to look at each website as a discourse strand

and each page on the site as a discourse fragment. I prefer to make this distinction,

because the theme of each page on an antidepressant website is different from the other

pages' themes—e.g., depression, anxiety, PMDD—yet still related to the overall theme of

the website/strand, i.e., medication can help. Moreover, according to Jager, "the

respective discourse strands operate on various discursive planes (science(s), politics,

media, education, everyday life, business life, administration, and so on)" (49). I tend to

identify the discourse planes upon which antidepressant medication websites lie as

corporate and medical. By understanding these publically-aimed pharmaceutical

discourses in terms of strands and fragments upon a plane, I have a better view of the

context surrounding these sites. Understanding the websites in this way helps identify the

overall theme that ties thematically-different pages on each site together, which can then

inform my analysis in terms of how elements like presupposition or framing are used to guide the audience into making certain connections on and across the various pages. And recognizing the seemingly-dichotomous planes upon which these websites operate has helped me understand potential ethical issues surrounding these websites.

The socio-psychological slant toward CDA promoted by van Dijk is also important to my research. He "defines discourse as a communicative event, including conversational interaction, written text, as well as associated gestures, facework, typographical layout, images and any other 'semiotic' or multimedia dimension of signification" (Meyer 20). This idea is important, because websites include not just text, but also images, sounds, and links, and it supports my decision to explore multiple elements on the sites beyond just the words themselves. Furthermore, van Dijk sees context as extremely important and identifies all of the following as elements that CDA might focus upon: stress and intonation, word order, lexical style, coherence, topic choice, speech acts, schematic organization, rhetorical figures, syntactic structures, propositional structures, turn takings, repairs, hesitation, and local semantic moves such as disclaimers (Meyer 26). Although some of these concerns apply only to spoken discourse (e.g., intonation, speech acts, and turn takings), many of them have informed my analysis of antidepressant medication websites as multimodal Web texts.

In his article "Multidisciplinary CDA: A Plea for Diversity," van Dijk outlines a specific method for approaching a text and even models his method by providing a brief critical discourse analysis of a petition. He suggests first looking at topics in a text; I have found this particularly useful when approaching the websites, because several of my analysis categories lend themselves to looking at what topics are present and how the

topics are arranged. Van Dijk identifies "local meanings" as what should be explored after topics. Local meaning are important, because "they are the kind of information that (under the overall control of global topics) most directly influences the mental models, and hence the opinions and attitudes of recipients" (103). Because I am looking at whether antidepressant medication websites target women, and more specifically women who are or are not already taking antidepressant medication, and how these sites might play a role in the medicalization of women, it is important for me to consider how local meanings might affect the opinions/attitudes of site visitors (women in particular). In my analysis category of "website copy," I included several elements that enabled me to explore local meaning, including connotation, register, and insinuation. Van Dijk also recommends looking at "subtle 'formal' structures" (106). One such structure might be how passive constructs are used or how a text is polarized; analysis categories I have selected like foregrounding and topicalization attend to concerns such as these. Context models and event models are also important to van Dijk, though because Web texts are constantly evolving, I find it difficult to deal with these ideas fully, at least as they would relate to my own research.

Fairclough's work has also provided a foundation for my research. Working from a Marxist perspective, Fairclough contends that "CDA is [an] analysis of the dialectical relationships between semiosis (including language) and other elements of social practices" ("Critical Discourse Analysis as a Method" 123). This idea is important to my research, as I am concerned with the practices of pharmaceutical companies and the possible motives that lie behind the creation of and choices made when designing antidepressant medication websites. Also, by inquiring as to whether women are targeted

via antidepressant medication websites and as to what type of "reality" is portrayed on these websites, I hope to uncover any capitalist, profit-based motives exhibited by pharmaceutical companies in the creation of antidepressant medication websites, an aim in line with a Marxist philosophy. Such motives could become the subject of future research, perhaps leading to discussions about possible misuses of power by the pharmaceutical industry. Moreover, Fairclough uses a "three-dimensional framework of analysis," looking at the "spoken or written language *text*," the "*discourse practice* involving the production and interpretation of text," and the discourse practice as "a piece of social practice" (*Critical Discourse Analysis* 133). I too hope to employ (at least to some extent) this "three-dimensional framework" by being not only interested in the text itself, but also with the DTC advertising practices of pharmaceutical companies (specifically as they are embodied on the Web) and the social practice of communicating medical information to the public (by any agency).

Furthermore, Fairclough puts forth an argument that promotion has become generalized in modern society and argues that one of "the consequences of the generalization of promotion for contemporary orders of discourse" is the creation of "new hybrid partly promotional genres" (*Critical Discourse Analysis* 139). Antidepressant medication websites seem to be such a hybridized discourse, mixing promotion with medical information, and understanding that these websites are a new hybrid genre can help one identify ethical questions that surround the sites as a genre: Is meaning ever manipulated or subordinated to enhance the promotional aspect and thus increase the likelihood of the website leading to a purchase? Is the public's trust being violated or compromised? Do these websites seem to hide their hybridized nature, that is, do the sites

appear to and/or purport to be strictly informational as opposed to sites with a promotional agenda? Although my research does not address these particular questions directly, I do address them to some extent by looking at framing, omission, insinuation, and foregrounding/backgrounding. In the conclusion, I discuss what my research findings indicate about these ethical questions, and I suggest areas for future research regarding ethics and antidepressant medication websites.

Justification for Using Critical Discourse Analysis

CDA is an appropriate method for an analysis of antidepressant medication websites for a number of reasons. First, "CDA offers a powerful arsenal of analytic tools that can be deployed in the close reading of editorials, op-ed columns, advertisements, and other public texts" (Huckin, "Discourse of Condescension" 3), making it suitable for antidepressant medication websites, which are essentially complex advertisements. Second, CDA shares a theoretical foundation and similar concerns with approaches that have recently been used by scholars to analyze DTC advertising. Delanie Woodlock's 2005 study of antidepressant medication websites, for instance, relies upon feminist content analysis, and Paula M. Gardner's 2007 study of various depression Web campaigns combines cultural analysis with feminist media analysis. Practitioners of feminist analysis, cultural analysis, and CDA are all concerned with power structures, manipulation, and oppression. Moreover, Jean M. Grow, Jin Seong Park, and Xiaoqi Han use semiotics in their 2006 study of DTC depression print ads, and Gardner's study (in addition to cultural analysis and feminist media analysis) mixes semiotics with post-structuralism; CDA draws heavily on post-structuralist ideas and rests upon the view that

reality is socially constructed through people's interaction via semiotic systems (Huckin, "Critical Discourse Analysis" 79). Third, CDA approaches a text on multiple levels, including word, sentence, and text levels, leading to a thorough analysis of an entire text. Moreover, "CDA tries to unite, and determine the relationship between, three levels of analysis: (a) the actual text; (b) the discursive practices (that is the process involved in creating, writing, speaking, reading, and hearing); and (c) the larger social context that bears upon the text and the discursive practices" (McGregor). Given the function of DTC advertising in American culture (to market medications to the public), context is an important consideration in any study involving this form of advertising. And finally, CDA looks at elements like metaphor, modality, register, foregrounding, insinuation, intertextuality, politeness, deletion, transivity, coherence, framing, and omission (Huckin, "Discourse of Condescension" 7-9), all of which can be applied to both textual and visual elements of a discourse, as well as spatial concerns like layout and Web-specific concerns like user interaction, making it appropriate for Web texts.

Another reason I have chosen this method is because it looks not only at text but also context. When looking at antidepressant medication websites, I find it particularly important to consider who created the sites and their possible motives for publishing the sites, as well as who visits the sites and how they are using them. By considering context in this way, I can gain a deeper sense of how these websites may reveal ways in which the powerful pharmaceutical industry is attempting to manipulate the public in the pursuit of profit. This approach fits right in with one of the aims of CDA, which is to address "contemporary societal issues, seeking to show how people are manipulated by powerful interests through the medium of public discourse" (Huckin, "Discourse of

Condescension" 2). Moreover, CDA takes "into account omissions, implicatures, presuppositions, ambiguities, and other covert but powerful aspects of discourse" (Huckin, "Discourse of Condescension"), all of which are important to consider when exploring how a discourse may contribute to the medicalization of women.

Study Sample

The study sample includes the following websites: www.wellbutrin.com, www.remeronsoltab.com, www.marplan.com, www.zoloft.com, and www.effexorxr.com. There are twenty-three antidepressant medications on the market in the U.S. that are approved by the FDA to treat depression ("Medicine Information Sheet").[8] Of those, Wellbutrin, RemeronSolTab, Marplan, Zoloft, Prozac, Lexapro, Effexor XR, Celexa, and Cymbalta have product websites that a) use the drug name as the URL, and b) are sponsored by the pharmaceutical company that manufactures the drug (see Table 1). The nine medications that have product websites represent five of the seven classes of antidepressant drugs; two classes do not have any medications with a corresponding product website. I created a study sample that a) represents approximately 56% of antidepressant medications that have product websites, and b) represents all five classes of antidepressant medications in which product websites exist.

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[8] There are twenty-four medications listed on the Depression and Bipolar Support Alliance's website; however, Serzone was pulled from the U.S. market by the manufacturer in 2004 ("Serzone Pulled").

Table 1
Antidepressant Medication Websites on the Market in the U.S. that are
Approved for the Treatment of Depression

Medication class	Medication	Brand names	Product website? (as of July 2009)
Selective serotonin reuptake inhibitors (SSRI)	Citalopram Escitalopram Fluvoxamine Paroxetine Fluoxetine Sertraline	Celexa® Lexapro® Luvox® Paxil® Prozac® **Zoloft®**	Yes Yes No No Yes **Yes**
Norepinephrine and dopamine reuptake inhibitors (NDRI)	Bupropion	**Wellbutrin®** Wellbutrin- SR®	**Yes** No
Serotonin antagonist and reuptake inhibitor (SARI)	Trazodone Nefazodone	Desyrel® Serzone® (drug pulled from U.S. market)	No No
Serotonin and norepinephrine reuptake inhibitor (SNRI)	Venlafaxine Duloxetine	Effexor® **Effexor XR®** Cymbalta®	No **Yes** Yes
Noradnergic and specific serotonergic antidepressant (NaSSA)	Mirtazapine	**Remeron®**	**Yes**
Tricyclic (TCA), Tetracyclic	Clomipramine Amitriptyline Desipramine Nortriptyline Trimipramine Imipramine Protriptyline Amoxapine Maprotiline	Anafranil® Elavil® Norpramin® Pamelor® Surmontil® Tofranil® Vivactil® Asendin® Ludiomil®	No No No No No No No No No
Monoamine oxidase inhibitor (MAOI)	Phenelzine Tranylcypromine Isocarboxazid	Nardil® Parnate® **Marplan®**	No No **Yes**

To create my sample group, I randomly selected one website—Zoloft.com—from the Selective Serotonin Reputake Inhibitor (SSRI) class, which has four medications with product websites. In addition to this randomly-selected site, I also randomly selected one website—Effexorxr.com—from the Serotonin and Norepinephrine Reputake Inhibitor (SNRI) class, which has two medications with product websites. I also included each of the following websites (which represent the other three classes of antidepressant medications that have drugs with product websites, each of which has only one product with a corresponding website): Wellbutrin.com, Remeronsoltab.com, and Marplan.com. In the Tricyclic medication class, a landing page indicates that a website is coming soon for Anafranil (www.anafranil.com), indicating that more product websites for antidepressants may populate the Web in the future and pointing to a need for continued research into medication product websites as the number of such sites (and their potential audience) expands.

Methods Used to Collect Data

Rather than just applying CDA to each website in its entirety and haphazardly, I created the following analysis categories based on the studies of Woodlock, Grow et al., and Gardner, all of which analyzed DTC advertisements either in website or print form: layout, links, color, images, headlines and taglines, user interaction, meta tag keywords, and website copy. For each website, I focused mostly on the homepage, which is essentially the gateway to the website and functions as the landing page that all visitors see. Typically, colors, navigation menus, and layout are consistent throughout a website, meaning the homepage is adequate for analyzing these categories. However, text, images,

and interactive elements may vary from page to page, so I explored those elements on all

pages. I analyzed each category with the following process: I first noted general

observations about the homepage in terms of the category in the "initial impressions"

section, and then I looked at a) the category in terms of CDA elements that were pre-

selected from Huckin's lists based on what is most relevant to websites in general as well

as to each category, and b) the category in terms of supplemental questions that I based

on feminist theory and derived from the methods and discussions presented by

Woodlock, Grow et al., and Gardner. I also made notations concerning anything I noticed

about the website outside of the analyzed categories and reflected on my overall

impressions of the entire site. Information about each website was recorded in a chart in

MS Word (*see Appendix B*).

     For comparison purposes, I conducted an informal study of the following health

information and product websites in terms of layout, color, and images, using my analysis

chart as a guide: Webmd.com, the National Institutes of Health website at www.nih.gov,

Mayoclinic.com, Health.com, Health.gov, the World Health Organization website at

www.who.int, Myoptumhealth.com, Discovery Health at www.health.discovery.com,

Playstation.com, Xbox.com, Samsung.com, Sonyericcson.com and Hoover.com.

How the Results Were Interpreted

     After I completed the analysis of all websites in the study sample, I looked

through my notes on the analysis charts to identify significant findings as well as trends

within and across the websites. I used these trends both to inform my discussion about

how social reality is created/communicated on antidepressant medication websites and to

help me determine if the websites, as a genre, do in fact target women. I found it important to explore trends in this way, so I could be certain generalizations were not drawn from an insignificant portion of the sample. In subsequent chapters, I discuss what I found on each antidepressant medication website, as well as the trends I discovered across the sample websites. I then conclude with a discussion about the significance of my findings in terms of medicalization and social reality, exploring my analysis results within the context of the works presented in my literature review.

FINDINGS: INDIVIDUAL WEBSITES

RemeronSolTab

Schering-Plough, manufacturer of REMERONSolTab® and

REMERON® Tablets, presents consumers with a rather minimalist website. When

consumers enter "www.remeron.com" into the address bar on an Internet browser, they

are directed to a webpage with two menus: one for consumers and one for medical

professionals. The consumer drop-down menu contains links labeled "USA" and

"International," and the medical professionals menu contains the following links:

"International," "USA," "Spain," and "Germany." Clicking on "International" on the

consumer menu takes one to the Merck Bewell company website, a company with which

Schering-Plough merged. Because DTC-advertising is illegal in all but the United States

and New Zealand, the company cannot sponsor an international product website for the

medication. When consumers follow the "USA" link in the consumer menu, however,

they encounter a U.S. product website for RemeronSolTab with the following URL:

www.remeronsoltab.com/consumer/index.asp. Although this website is minimalist in that

it has few pages, with most information being contained on the homepage or in PDF

documents that are linked to from the homepage, it functions as a product website for this medication nonetheless in that it does not address any other treatment options, it uses an emotional appeal in the tagline, and it presents an image that connects the brand name with smiling, happy people.

One aspect of the RemeronSolTab website that might quickly stand out to Western consumers is the lack of a navigation menu at the top or left of the page, which is the conventional placement for navigation menus on Western websites. Furthermore, unlike what one may expect to find on an antidepressant medication website, the RemeronSolTab homepage is text-heavy. Only one image is featured throughout the entire website (on the homepage), the site does not make use of page frames to group information, its sole navigation menu is a text-only one at the very bottom of each page, and it contains few links within the body text. Most health information websites, on the other hand, use dropdown menus, have a navigation menu or menus at the top and/or left of each page, use many images and links on the homepage, do not include a lot of body text on the homepage, and use frames to group information. Schering-Plough does not appear to be trying to boost the site's credibility by mirroring the layout conventions of health information websites, especially given that this website actually flouts the layout conventions of health information websites. However, the RemeronSolTab website's use of green is in keeping with health information website conventions, as green is commonly used on such sites, like Webmd.com, Mayoclinic.com, Health.com, and Myoptumhealth.com, probably because of its association with health in American culture (Singh 48). This color choice subtly connects Remeronsoltab.com to the credibility

associated with health information websites and suggests a desire to communicate health information to site users.

Similar to how Remeronsoltab.com flouts layout conventions of health information websites, it also separates itself from the genre of persuasive product websites by avoiding the layout conventions of those websites as well. Product websites typically have little body text on the homepage, numerous links and multiple navigation menus, and either one large image that dominates most of the homepage, or many smaller images. Product websites also frequently use a dark or colored page background, whereas the RemeronSolTab website does not. Color choices vary from product website to product website, so the use of green on the RemeronSolTab website is significant only in terms of health information websites, where the most common colors are blue, green, and occasionally orange. In addition to the site's layout not conforming to health information or product website conventions, because of the large amount of body text on the homepage, as well as the lack of images, links, and conventionally-placed navigation menus, the RemeronSolTab homepage looks more like an informational print document, with paragraphs of text beneath one major headline and image, rather than a traditional Western website.

Despite this informational appearance, the layout foregrounds the image and the tagline (both persuasive elements) by placing them near the top of the homepage, where users will likely notice these elements first. The image and tagline are the largest elements on the page, and they sit within a pale, purple text box that helps them stand out against the white page background. Moreover, the user has to scroll down the page to read most of the body text, because when the page initially loads, the browser window

only shows the pale, purple text box (which contains the brand name, tagline, image, and a brief amount of text describing the purpose of the medication), two lines of text beneath the text box, and the first three lines of text in a second text box, which contains information on "suicidality and antidepressants" and relies on a simple black border to highlight its content. The fact that very little of the page's body text is visible without scrolling foregrounds the tagline and image, while backgrounding the suicidality text box and the remainder of the body text that lies beneath this box, text that presents information concerning safety and warnings. Although at first glance, the website's unconventional appearance gives the impression that it is strictly informational in nature, the foregrounding of the two persuasive elements on the homepage—the image and tagline—undercuts this assumption. According to CDA theory, foregrounding gives an element prominence; therefore, the foregrounding of the two persuasive elements indicates the website does aim to advertise the medication to consumers who have not yet been prescribed RemeronSolTab, rather than simply providing safety and prescribing information to consumers who are already taking the medication. The combination of an unconventional layout that suggests an informational aim with the foregrounding of persuasive elements in a way that suggests a persuasive aim embodies the hybridized, "partly promotional genres" described by Fairclough (*Critical Discourse Analysis* 139).

The headline and tagline are likely the elements that immediately stand out when a user first glances at the website's homepage. The tagline—"Life With Depression Under Control"—is the largest text on the page, and the only text (aside from links) that has color. Moreover, the tagline is surrounded by white space that makes it stand out from the other text on the homepage. "Life With Depression Under Control" sounds like

an advertising slogan and connotes empowerment, as if saying to users suffering from depression that they can regain control over their well-being and their lives by taking RemeronSolTab. Furthermore, the tone of empowerment serves as an emotional appeal, one that likely speaks louder to women than to men. Being in control of one's life is a concept that likely appeals to men and women, but given that women have historically been stereotyped as and/or expected to be "submissive," and considering women are still battling for equality in this country (equal pay for equal work is an issue of current relevance in the U.S.) and elsewhere in the world, this particular emotional appeal might trigger a stronger response in women than in men. Furthermore, when one considers the following stereotype, which could influence advertising decisions, the nature of the tagline's emotional appeal, as well as the fact that the tagline relies on pathos as opposed to logos or ethos, suggests the intended audience of this website may be comprised of more women than men: "Stereotypically, females are thought to be more 'emotional' than males, and so conventional wisdom would suggest that females have more extreme responses to advertising with emotional content" (Fisher 850).

The placement of the tagline is also important. It sits just below the brand name that hovers in the upper-left corner of the homepage, and it lies directly to the left of the website's sole image. The Gestalt principle of proximity states that elements in close proximity become associated with one another. The proximity of the tagline to the brand name associates these two elements, subtly implying that RemeronSolTab will help one enjoy "Life With Depression Under Control," thus enabling one to regain control over his/her life. Furthermore, the tagline is split into two lines, with the word "control" alone on the second line, making it stand out directly below the word "life." The words "life"

and "control" being so close together and within close proximity to the brand name is enough to suggest that RemeronSolTab enables one to control his/her life without even reading the entire tagline. Moreover, the subject of the tagline is "life," and this topicalization of "life" implies the manufacturing company is concerned with consumers' well-being and quality of life, boosting the company's and the site's credibility. But, this topicalization also implies an advertising aim behind the website. The tagline suggests to site visitors that the website can help consumers suffering from depression—presumably those who are not already taking RemeronSolTab, or, perhaps, any antidepressant medication at all—learn how to experience "Life With Depression Under Control," and this purpose pushes the website beyond being an informational tool for consumers already taking RemeronSolTab. The tagline, especially considering its proximity to the brand name, markets RemeronSolTab to site visitors who are experiencing symptoms of depression and either a) are not being treated for depression and might be persuaded to try RemeronSolTab as their first line of treatment, or b) are being treated for depression, though not effectively, and might be persuaded to switch to RemeronSolTab from another antidepressant medication.

The tagline's placement near the brand name is not the tagline's only relevance in terms of proximity, however. The tagline sits directly to the left of the sole image on the homepage. The image alternates between two different photos each time you visit the page. The first photo ("Photo A") shows a white couple who seem to be in their fifties or sixties; the woman is smiling and framed in the center of the photo, and the man's face is turned sideways, with his profile only partially visible to viewers (his face shows, but his ears and the back half of his head are cropped out of the photo). The other photo ("Photo

B") shows an African-American couple who also seem to be in their fifties or sixties; both the man and woman are fully framed in the shot, and they are facing forward at a slight angle while smiling, with the man's arm around the woman, and the woman sitting slightly in front of the man. Both photos emphasize the females through foregrounding. In Photo A, foregrounding of the female is achieved by cropping the male partially out of the photo and blurring his face slightly, while in Photo B, foregrounding is achieved by positioning the female slightly in front of the male. This foregrounding positions the females as a depressed subject who, given the close proximity of the photos to the tagline, has her "Life With Depression Under Control." The male in each photo is framed in a supportive role to the depressed-but-treated females; the male in Photo B places a supportive arm around the female's shoulders, and the male in Photo A sits supportively near the female, though he remains backgrounded in the shot, as he is partially visible and slightly out of focus.

The alternating image relies on an extended metaphor consistent across both photos of "female as depressed subject," reinforcing the "stereotype of females as biologically depressive" (Grow et al. 179). More specifically, these smiling women are meant to represent depression when it is treated, while the smiling men are meant to represent the support a woman can expect from loved ones when her depression is controlled. Because the women are foregrounded in the photos, they function as the subject of each photo, and though the women are smiling, the proximity to the tagline "Life With Depression Under Control" implies they are smiling because their depression is under control. Moreover, the proximity of the tagline to the brand name correlates the women controlling their depression with this particular medication, and it therefore is

further implied these females are smiling because their depression is controlled by

RemeronSolTab. Moreover, the image relies on the presupposition inherent in the tagline

that life is better—one is happier—when his/her depression is treated with medication,

presumably with RemeronSolTab, given that the image and tagline are placed in close

proximity to the brand name. Furthermore, this alternating image, especially as a result of

its proximity to the tagline and brand name, insinuates a) women are the ones more likely

to be depressed, b) they can be happy (smiling, supported by male loved ones) when they

treat depression with Remeron, which will enable them to have their depression "under

control," and c) men are always supportive of their female significant others, especially

when a female's depression is "under control." These insinuations reinforce the idea that

females are more likely to be depressed and/or to need treatment with antidepressant

medication, and this website, therefore, would likely encourage more female visitors than

male visitors to seek medical advice concerning symptoms of depression and/or to ask a

medical professional about RemeronSolTab.

The alternating image on the website portrays females as ill more often than well,

and it portrays females as ill more often than it portrays males as ill. Although the women

appear well in the photos, because of the proximity to the tagline and brand name, the

implication is that they are well because they are taking Remeron, that is, they are

depressed subjects who are controlling their illness with medication. Moreover, because

each female is positioned as the depressed subject in the photo, while the male is

positioned in a supportive role, the website portrays women as ill more often than men,

given that two out of two females are portrayed as ill, while two out of two males are

portrayed as well. This trend reinforces the notion that women are more likely to be

depressed and/or to need antidepressant medication than are men. Moreover, the proximity between the alternating image, brand name, and tagline, considering that in each photo the female is positioned as the depressed subject, suggests that women are more likely to need treatment with RemeronSolTab. This subtle implication could result in the website being more likely to encourage women than men to seek advice concerning depression symptoms and/or to consult a medical professional about RemeronSolTab. Furthermore, considering that treatment with antidepressant medication requires a prescription from a medical professional, one might expect the images on a product website for an antidepressant medication to include pictures of medical professionals and/or depictions of people in a healthcare setting. However, such images are missing from the RemeronSolTab website, and according to CDA theory, omissions can be as telling as what *is* included in a text. This particular omission empowers patients to have a voice in their depression treatment, but it also downplays the important role of medical professionals in treating depression. This omission positions depression treatment outside of a healthcare setting, conveying the idea that patients can live "Life With Depression Under Control" without connecting to this notion the necessity of a medical professional.

Another omission on the website exists in the site's use of links. One might expect a product website for an antidepressant medication to include links to informational resources about depression or to websites that might point users in the direction of where to seek out help for depression. However, although the site continually refers to depression (specifically, major depressive disorder), as well as to side effects related to treating major depressive disorder with RemeronSolTab, it does not provide links to websites that contain information about the symptoms of major depressive

disorder, information about what distinguishes major depressive disorder from other forms of depression, or information about other treatment options for major depression disorder, like other types of medication or talk therapy. This omission extends to the body text as well; just as there are no links to such information, there is no body text on the homepage or elsewhere on the website that provides such information. The body text centers on warnings and safety information concerning RemeronSolTab, and the only references to major depressive disorder are within this context and when it is stated that RemeronSolTab is "approved by the Food and Drug Administration for the treatment of major depressive disorder" (*Remeronsoltab.com*).

Just as omission is important when looking at body text and links, the ordering of links is important too. Reading the website from top to bottom, the first link one encounters on the homepage leads to prescribing information, a placement which foregrounds this link from the other links on the page, thereby suggesting the aim of this website is to provide people already on the medication (or thinking about taking it) with health information. However, this link appears in the same pale, purple box as the photo and tagline, a placement that undermines the informational aim suggested by the foregrounding of prescribing information, as these two persuasive elements reveal the company's intent to market the product to new patients via this website. Unlike the prescribing information link, a link to an FDA website where consumers can report negative side effects of prescription drugs is at the bottom of the page and is not visible without scrolling, thus backgrounding it on the homepage. This placement downplays the importance of this FDA website, which reflects the subtle marketing techniques use on this website. When marketing a product, companies usually try to avoid associating

anything negative with it, and placing this FDA link at the bottom of the page, far away

from the product name/logo at the top of the page, helps prevent proximity from creating

a perception that consumers might need to be weary of RemeronSolTab having negative

side effects. Furthermore, the prescribing information at the top of the homepage, and the

warnings and safety information contained in the body text of the homepage, address

only the orally disintegrating tablets, RemeronSolTab; a link to a PDF file with

medication information for REMERON® Tablets, the non-orally disintegrating version of

the medication, appears at the bottom of the page and requires users to scroll in order to

view the link, suggesting the company has prioritized the marketing of its orally

disintegrating tablets via this website.

The RemeronSolTab website does appear to target women in some ways, and it

definitely speaks to consumers not already taking the medication. The framing of two out

of two females as depressed subjects, while two out of two males are not framed as

depressed, and the proximity between the alternating photo and the empowering tagline,

subtly targets women, although this targeting may not have been intentional on the part of

the company. Furthermore, relying on an emotional appeal in the tagline instead of logos

or ethos also might be seen as a way to target women, given the stereotypical view

mentioned earlier that women are more responsive to emotional appeals than are men.

Moreover, the website's tagline clearly addresses consumers not already taking

RemeronSolTab (or perhaps any antidepressant medication at all). This tagline empowers

consumers to take control of their depression, and given the presupposition implied by

the proximity of the image to the tagline that people on RemeronSolTab have their

depression under control, the tagline must speak to consumers who are not taking

RemeronSolTab. However, although the tagline targets consumers who are not already taking RemeronSolTab, and possibly consumers not taking any antidepressant medication at all, the body text centers on safety and warning information that people taking RemeronSolTab, recently prescribed RemeronSolTab, or thinking about starting RemeronSolTab arguably would find most useful. Therefore, on this website, an advertising agenda mixes with an informational aim, resulting in a site that is functional as both an informational tool and a DTC-advertisement.

Marplan

When one enters "www.marplan.com" into a Web browser's address bar, a product website for Marplan loads, a site copyrighted by the drug's manufacturer Validus. The most prominent element on the homepage is a large, Flash image positioned slightly above and to the right of the page's center. This image moves through several screens before staying on a static image, starting with a picture of beige desert sand and blue sky, with some green (presumably grass) in the distance. Overlaying this desert image, white text that says, "Your depression just won't go away," zooms in from the background and moves toward the user, stopping near the bottom of the image just above a maroon link that reads, "Learn more now." That text then disappears, and the image moves so that the user seems to travel forward through the desert, toward a yellow road sign that depicts a fork in the road. At this point, the movement stops, and the following white text zooms forward toward the user, stopping near the top of the image in the blue sky: "You've been on several different anti-depressant medications." After a few beats, another line of text moves forward and stops near the bottom of the image: "but none

seem to help." This text, like the first line of text the user sees before "moving" toward

the road sign, sits just above (actually touching) the "Learn more now" link, which is

ever-present, appearing when the Flash presentation begins and remaining when the

presentation concludes with a static image. After encountering the sign and text, the

presentation continues as though the user again moves forward through the desert, and a

large, green tree comes into view. The movement stops with the tree still somewhat in the

distant, though clearly visible. Then, green grass appears below the tree and sunrays

radiate from behind it; simultaneously, the following white text appears near the bottom

of the image (touching the "Learn more now" link): "Your depression may be different. It

may require a different kind of anti-depressant medication." The first sentence sits above

the "Learn more now" link, and the second sentence sits below it. The image then

continues as though the user moves forward just a tad more, the tree coming slightly

closer, and then becoming blurred so that it functions as a blurry background to the final

text, which is maroon rather than white: "We are here to help you make sense of it all."

With this Flash presentation, the marketing agenda of this website starts to become clear.

   Although this Flash presentation clearly functions as an advertising technique, the

layout of the website mirrors some conventions of health information websites. Health

information websites, which are not sponsored by pharma and are presumably unbiased,

tend to have multiple images on the homepage, and the homepages are usually comprised

of mostly links with little to no body text (examples include www.webmd.com and

www.nih.gov). Homepages of product websites, which are persuasive in nature, tend to

have a lot of smaller images throughout the page (www.sonyericcson.com) or a small

number of very large images that dominate most of the page (www.playstation.com,

www.xbox.com), and these websites usually have little to no body text on the homepage. The Marplan homepage has only two images on the entire page, neither of which dominates a majority of the page, and it has a several paragraphs of body text, so it does not follow the conventions of either health information websites or product websites in terms of body text-to-image ratio, body text-to-link ratio, or number and size of images. Moreover, the main color used on the Marplan website is maroon, which is not commonly used on health information websites; in fact, this color does not appear on any of these popular health information websites, sites on which the most popular color choices are blue, green, and occasionally orange: Webmd.com, Mayoclinic.com, Health.gov, Health.com, Myoptumhealth.com, the National Institutes of Health website at www.nih.gov, Discovery Health at www.health.discovery.com, and the World Health Organization website at www.who.int. Therefore, it does not appear the Marplan website mirrors layout or color conventions of health information websites to create ethos.

On the Marplan website, color is used to foreground elements. Maroon serves as the background for the main navigation menu, a vertical menu located at the left of the page that includes the following text-links in white: "Learn More About Treatment Resistant Depression," "About Marplan," "How Marplan Works," "Treatment With Marplan," "Patient Assistance Program," and "Additional Patient & Family Resources." Just below the main navigation menu is black box with a thick white border that has in it a photo of a male and white text that reads, "Patient Profiles." Gold text that reads, "Greg, Marplan Patient," sits directly beneath this box as a photo caption, and the photo and caption collectively function as a link. Beneath this image-link are text-links to "Greg's Story" and "Full Prescribing Information," and these links sit under the gold

heading "Quick Links." Maroon also serves as the background to the image-link and quick links located below the main navigation menu. This bold background makes this part of the homepage stand out when one first looks at it, foregrounding these elements on the page. The maroon background also foregrounds white text that reads, "Patients and Caregivers," which sits above the main navigation menu on the left side of the page; this text makes it clear that the website is intended for consumers, not healthcare professionals. The text on the static image at the end of the Flash presentation is maroon, making it stand out from the image behind it as well as the body text on the page. The color blue foregrounds text-links located at the top and bottom of the homepage, as well as a tagline below the large Flash image, which reads, "A different kind of medication for people with a different kind of depression." Although the blue is less prominent than the maroon, it still stands out on the page and draws attention to the links and tagline. The body text is gray, which backgrounds it, because gray does not stand out as much as bold maroon or sky blue. The foregrounding of the tagline, the links in the main navigation menu, and the image-link to the "Patient Profiles" page becomes important as one considers the content of these elements and the purposes behind them.

The main navigation menu foregrounds the medication itself over health, prescribing, and safety information, and the role of healthcare professionals is completely backgrounded in terms of the homepage links. When the page loads, three of the six links in the left navigation menu mention Marplan by name, foregrounding the medication. Interestingly, only one reference to "healthcare professionals" can be found on the entire homepage—a blue, button-link with white text that reads, "Healthcare Professionals," which directs users to a Marplan website developed specifically for healthcare

professionals. None of the links in the main navigation menu, nor in the text-only navigation menus at the top-right and bottom-left of the page, include text related to finding or consulting a medical professional, nor text that indicates the link leads to information provided by a medical professional as opposed to the medication manufacturer. Moreover, the main navigation menu also foregrounds the condition that Marplan is intended to treat—treatment-resistant depression—by referencing this condition in the link at the top of the menu that most users will read first: "Learn More About Treatment Resistant Depression." The homepage's link to prescribing information, on the other hand, sits below the image-link to "Patient Profiles," which sits beneath the main navigation menu; the placement of this link below the main navigation menu and profile link backgrounds prescribing information and thus downplays its importance. To access product safety and prescribing information from the main navigation menu, one has to click on either "About Marplan" or "Treatment with Marplan" to reveal drop-down menus with additional links. The fact that these links to product safety and prescribing information are placed in drop-down menus, which require action on the part of the user in order for them to become visible, backgrounds this information on the homepage and downplays its importance.

Safety and prescribing information not only is backgrounded via the links on the homepage, however. In the body text located beneath the large Flash image, the paragraph that discusses some of the risks associated with Marplan and that contains a link to "Full Prescribing Information" is positioned at the end of the page's body text. The tagline, as well as text that first informs users the website is intended to "offer hope" to those who suffer from treatment-resistant depression and their families and caregivers,

and then outlines the information which can be found on the website, all come before any mention of product safety and prescribing information. This placement of the product safety and prescribing information at the end of the body text on the homepage backgrounds this information and downplays its importance. In fact, this final paragraph is not even visible when the page initially loads; one has to scroll to view this paragraph and the link to prescribing information within it. Moreover, the only mention of "doctors" on the entire page can be found in the middle of the body text, and one has to scroll to see this reference. The reference to "doctors," located in the first of two bullet points outlining what information the website contains, does not place Marplan within a healthcare context, but, rather , it reinforces the notion of difference stressed on this website, which is discussed further in subsequent paragraphs: "Why doctors recognize long-lasting, chronic depression as different and more challenging to treat" (*Marplan.com*). The lack of any mention that a doctor's prescription is required for treatment with Marplan, or that one needs to consult a medical professional to determine if Marplan is the correct treatment for him/her, represents an omission. This omission positions Marplan outside of a healthcare setting, even as the website encourages consumers to "optimize [their] therapy" (*Marplan.com*), an empowering notion. However, the homepage's body text and links fail to connect Marplan with the idea that patients must work with a medical professional to optimize their depression treatment.

In addition to omitting references to medical professional, the Marplan website avoids jargon, and second-person is used frequently to speak directly to users in a friendly, conversational tone. The use of this tone, combined with the site's informal, jargon-free register, reinforces the positioning of Marplan outside of a healthcare context,

context in which the advice and prescription of a medical professional are necessary to depression treatment. Moreover, this register disarms users by giving the website the voice of a friend who wants to help: "We are here to help you make sense of it all" (*Marplan.com*). When users forget they are viewing a website that functions as a complex advertisement, they are more likely to be persuaded by the advertising tactics, as they will be less likely to remain a critical reader. Even on the website's page titled, "About Treatment Resistant Depression," the register is friendly and conversational. Although medical information is being presented on the page, the register does not become more formal, inclusive words like "us" and "we" are still used, and even colloquial phrases can be found on the page: "For many people depression is experienced as an extended emotional low point. Some people call it 'the blues,' others refer to it as being 'down in the dumps'" ("About Treatment Resistant Depression"). On the one hand, avoiding a formal tone and medical jargon makes this information more accessible to the layperson—explanations about depression and how Marplan works to treat it are expressed so that most anyone will be able to understand the information. On the other hand, this friendly, conversational register also makes it easier for a user to trust the "speaker," because the speaker sounds like a concerned friend; therefore, this register may be seen as an attempt to gain the user's trust, which, once gained, makes it easier for the user to be persuaded by the advertising tactics on the site. Such advertising tactics include mentioning only Marplan—no other medications—by name, mentioning Marplan repeatedly, and differentiating Marplan from other medications: "Marplan is different from more widely used antidepressant medications because it is an MAO-Inhibitor (MAO-I). Only MAO-Inhibiting drugs like Marplan raise the level all three

neurotransmitters - and that may account for its well known efficacy in treatment-resistant depression" ("About Marplan").

In keeping with the lack of jargon on the website, the term "treatment-resistant depression" is used instead of the alternative choice "refractory depression." The choice to use the less clinical-sounding term maintains the friendly, conversational register used on this website. Moreover, most users likely would not know what "refractory depression" means (at least not without some sort of explanation), whereas nearly anyone can likely grasp what "treatment-resistant depression" means, as the term directly refers to depression that resists treatment. Interestingly, on the "About Treatment Resistant Depression" page, the term "refractory" is introduced, but only in the backgrounded part of the body text near the bottom of the page, and as a parenthetical: "Dealing with Treatment-resistant (or Refractory) Depression." Moreover, the term "treatment-resistant depression" is used on the website as though this condition is clearly-defined, although, according to Webmd.com:

> Even experts don't agree on what 'treatment-resistant depression' really means. As an example, some doctors might discuss treatment-resistant depression after a single depression medicine fails. But research suggests that up to 70% of people do not fully recover after taking their first course of antidepressants. Other doctors say that true treatment-resistant depression should only apply to people who haven't been helped by at least two different depression treatments, such as medicines, talk therapy, or electroconvulsive therapy (ECT).

On the "About Treatment Resistant Depression" page, a brief explanation concerning this condition is offered: "When a patient's symptoms are not responding to different prescribed antidepressant medications, that condition is referred to as 'treatment-resistant.'" However, this explanation still does not discuss the disagreements over this classification in the medical community, making it clear that the website, and, by

extension, the Marplan manufacturer, presuppose that this is a clearly-defined medical condition that Marplan can effectively treat. The website also insinuates in the tagline, "A different kind of medication for people with a different kind of depression," that Marplan is *the* choice for people with this "different kind of depression." By saying, "a different kind of medication," it implies that Marplan is different from all other medications (even though in actuality it is not the only MAOI on the market), insinuating that users who have a "different kind of depression" and need "a different kind of medication" need Marplan. The body text on the homepage also insinuates that people who "do not respond to the antidepressants that have been prescribed for them" and therefore do "not experience symptom reduction or remission" feel hopeless, with the following sentence: "This website is designed to offer hope to those people [who do not respond to the antidepressants that have been prescribed for them] and their families and caregivers" (*Marplan.com*). The sentence says the website offers "hope," implying that people suffering from treatment-resistant depression and not currently being treated with Marplan are lacking in hope, thus insinuating they are hopeless.

The insinuation in the tagline that Marplan is different from all other medications points to another important issue: the connotation of "different" on this website. "Different" is used five times in the eleven sentences on the homepage that come before the paragraph about prescribing information at the bottom of the page. (Note: I am including the text on the static image at the end of the Flash presentation and the tagline as one sentence each, and the bulleted list and the line that precedes it as one sentence total). Interestingly, the connotation of "different" on this website is positive. "Different" is not portrayed as equivalent to bad, abnormal, or unacceptable, but, rather, as an

answer, a solution, an explanation as to why some people do not respond to the antidepressant medications they are prescribed. The website essentially says to users that their depression is simply "different" (not worse or abnormal) and requires a "different" (not stronger or more risky) kind of medication. The term "different" is used on this page to reassure users, making difference (in terms of depression) seem okay and treatable— treatable with Marplan, that is.

The text on the static image and tagline not only promote difference, however, they also rely on emotional appeals. The text on the static image at the end of the Flash presentation, "We are here to help you make sense of it all," suggests that visitors to the website do not have to feel alone, because "we," understood to represent Marplan and the company associated with it, can help them (*Marplan.com*). This text has a comforting, reassuring tone, and it represents an emotional appeal, as this text attempts to make users feel supported and less alone, i.e., to impact how they feel. This text also backgrounds the notion that a healthcare provider plays a role in treating depression, given that it suggests Marplan and the people behind it are the "we" who will help patients through their depression. Similarly, the tagline, "A different kind of medication for people with a different kind of depression," which sits below the static image, represents another emotional appeal (*Marplan.com*). The tagline presupposes that people visiting the Marplan website are either patients who have experienced limited to no success with other antidepressant medications, or family members or caregivers of these patients, and it further presupposes that Marplan will be an effective treatment for these patients. The tagline attempts to reassure these patients, who, because other antidepressant medications have not proven effective, feel like there might be something wrong with them as people,

that there is nothing wrong with them. By attempting to reassure, the tagline appeals to users' emotions, especially the frustration, despair, hopelessness, or confusion sufferers of treatment-resistant depression may feel. The tagline explains that these patients are experiencing a *different* kind of depression that requires a *different* kind of medication (insinuated on this website to be Marplan), and the website reassures users that these patients are not alone in this experience—after all, their experience has a name: "treatment-resistant depression." Furthermore, the tagline plays on the privileging of individuality in American culture, representing another emotional appeal, as the tagline attempts to share a value with users. The tagline tells users they may be *different* and need something *different*, that is, they are not a typical, common, or everyday patient. Considering the only image on the website that features a person depicts a male, and the only patient profile on the website conveys a male patient's story, it is as if this website equates treatment-resistant depression (the "different kind of depression") with men, thereby indirectly equating "regular" depression (depression not considered "treatment-resistant") with women. The connection of a "different" depression with men seems to reinforce notions that women are more likely to be depressed and/or need treatment with antidepressants, that is, to experience "normal" types of depression and/or to need antidepressant medication used to treat this "regular" or "typical" depression.

The only image on the website that features a person depicts a male, who is represented as, "Greg, Marplan Patient." This photo is a profile shot of Greg against a black background. His face is well-lit, while the back of his head and neck fade into the black background, and the image crops Greg from the chest up, his chest facing forward and his head turned to his right, or the viewer's left. Greg appears to be looking at text

that sits next to him within the white-border box, which reads "Patient Profiles." Interestingly, although the image says "profiles," the link goes to a page with only one profile—"Greg's Story." This profile shot with light that foregrounds Greg's face depicts him as strong; he does not appear sickly or "depressed." It is the positioning of Greg so that he appears to "look" at the text "Patient Profiles" that suggests he is a depression patient. When users click on this text-box link, they are redirected to a page featuring "Greg's Story," and the most prominent element on this page is a larger version of Greg's profile picture, which is placed near the middle of the page. This larger version of the image crops out less of Greg; his face is still foregrounded by the lighting, but the back of his head and neck, as well as his entire chest, remain visible, whereas on the homepage, these parts of Greg fade completely into the black background. On the profile page, the text Greg "looks" at is different than that on the homepage, but it still implies his role as a depression patient: "Greg and other patients are overcoming treatment-resistant depression with Marplan" ("Patient Profiles"). In both versions of the photo, the proximity of the text to Greg, and Greg appearing to "look" at it, makes clear that he is a patient diagnosed with treatment-resistant depression, while the profile angle and lighting make Greg appear strong and healthy, suggesting Marplan has been an effective treatment for him. In short, both versions of Greg's profile photo frame him as a depression patient who is now healthy, thanks to Marplan. The fact that Greg is the only patient visually portrayed and whose story is shared on the website connects treatment-resistant depression to males more than females and, thus, indirectly suggests non-treatment-resistant depression may be more relevant to females.

The other image on the page, the Flash presentation that ends on a static image, has implications of its own. The Flash image frames Marplan as "different" from other medications, and people who need Marplan as "different" from the majority of depression patients. It achieves this with the text, which repeats the word "different," as well as with the image presentation itself. The presentation begins by placing users in a deserted, empty desert, signifying isolation and aloneness. This frames those who suffer from treatment-resistant depression as being "alone." Then, when the tree comes into view, the desert no longer is deserted—implying that those who suffer from treatment-resistant depression do not have to be/feel alone. The text also switches from being exclusive ("you") throughout the presentation to inclusive ("we") at the end of it. This final point-of-view frames the website as being an inclusive community that will support and embrace patients, rather than as an impersonal tool with which users can obtain medical information.

During the Flash presentation, as well as throughout the entire website, there are no images depicting healthcare professionals or any sort of medical setting. This lack of medical imagery separates Marplan from its clinical purpose and chemical nature and makes the medication seem like a "natural" answer to one's depression problems. The nature imagery in the Flash presentation—desert, tree, grass, sunlight—combined with the absence of any medical imagery, reinforces the idea of Marplan being a "natural" solution, rather than a clinical one. The lack of medical imagery also downplays the role of healthcare professionals in diagnosing depression and determining the best treatment options for each patient. Moreover, color in the Flash presentation is significant. At the start of the presentation, there is a barely-visible strip of green in the background, and

then a large, green tree moves to the foreground of the image. Because green is often associated with health in American culture (Singh 48), it is significant that when green moves to the foreground of the image, the text tells users that they may be different and may need a different type of medication. The foregrounding of green when this text appears suggests patients who suffer from different, i.e. treatment-resistant depression, will be healthy with a different type of medication, i.e. Marplan.

In addition to marketing Marplan as "different" and attempting to reassure and empower consumers, the website also encourages word-of-mouth advertising, a reminder to those approaching the site with a critical eye of its primary purpose—persuasion. On the homepage and all other pages, one can find links near the bottom of the page to the following websites: Facebook (social networking site), Digg (information sharing site), Delicious (social bookmarking site), Furl (knowledge sharing site), and reddit (a site where users post links and vote on "what's good" and "what's junk"). These links to social networking and bookmarking sites encourage users to share the Marplan website and/or information about Marplan (or at least to share the brand name) with others. Although the placement of these links near the bottom of each page backgrounds them on the Marplan pages and thereby downplays their importance, the intertextuality created by these links promotes word-of-mouth advertising via the Internet. For example, clicking the Facebook link prompts one to sign in to his/her Facebook account, and then he/she can enter text into a "What's on your mind?" box. The user's text, along with a picture of "Greg" from the Marplan website and the following text-link to the Marplan homepage, then posts to the user's Facebook profile, and anyone who can view the profile can see the information about Marplan: "Some people simply do not respond to the

antidepressants that have been prescribed for them. As a result they may not experience

symptom reduction or remission. This website is designed to offer hope to those people

and their families and caregivers." Encouraging word-of-mouth advertising indicates a

marketing agenda on the Marplan website and demonstrates how Validus attempts to

extend its targeting of consumers not already taking Marplan beyond the website itself.

Moreover, while the homepage has links to social networking and bookmarking

websites, it does not have a single link to other antidepressant medication websites or

websites with information about non-drug treatment options, to websites devoted to

helping people locate healthcare professionals, or to the FDA website where consumers

can report medication side effects. These glaring omissions contribute to the

foregrounding of Marplan over other antidepressant medications, the backgrounding of

healthcare professionals and their role in diagnosing and treating depression, and the

backgrounding of potentially negative information like side effects. Also, the main

navigation menu's links to safety and prescribing information are only visible after one

clicks on a link that opens a drop-down menu, as is the link labeled "Links to Sources of

Depression Info & Support," which leads to a page with links for health information

websites that are not sponsored by a pharmaceutical company, including websites

provided by the following organizations: Center for Mental Health Services

(www.mentalhealth.org), Mental Health America (www.mentalhealthamerica.net),

National Alliance for the Mentally Ill (www.nami.org), National Institute of Mental

Health (www.nimh.nih.gov), and National Suicide Prevention Lifeline

(www.suicidepreventionlifeline.org). The placement of these links in drop-down menus

backgrounds the information; in fact, those users who do not click on the links that open

the drop-down menus may never realize the website contains this information. While

links to information about alternative treatment options are omitted, and links to

prescribing and safety information are backgrounded, links to social networking websites

that can help spread the Marplan brand name on the Web beyond its product website are

found on every page of Marplan.com.

The promotion of word-of-mouth advertising does not end with the links to social

networking and bookmarking websites, however. On all pages of the Marplan website

that are linked to from the main navigation menu, with the exception of the page where

one signs up to receive information from the Validus, there is a text box with a "Join the

Conversation" tagline and a text-link labeled, "Visit patientslikeme.com," that leads to

the following website: www.patientslikeme.com. This text box is positioned in the same

place on each page, to the right and slightly above of the page's center, and because of

this box's size, its background color that is slightly darker than the page background, and

its separation from the rest of the page by a white border, it is more prominent than the

body text that surrounds it. PatientsLikeMe.com is a social networking site where people

can "share information that can improve the lives of patients diagnosed with life-

changing diseases" ("Patients Like Me"). As with the links to social networking and

bookmarking sites at the bottom of the website's various pages, this link promotes word-

of-mouth advertising via the Internet, though to a slightly lesser extent, given that

patientslikeme.com is intended for people who have already been diagnosed with a

medical condition, including those already familiar with or taking Marplan.

Unlike what one might expect to find on an antidepressant medication website

after reading the discussion in my literature review, Marplan.com appears to target men,

not women. It targets men by featuring an image of a male on the website, while omitting images of females, and by presenting one patient profile that share's a male patient's story. The foregrounding of males visually and on the "Patient Profiles" page increases the likelihood that the Marplan website will connect more readily to men, while the omission of females in images and the lack of a female patient profile might make it more difficult for women to feel connected to this website. Targeting men creates a reality on the website in which treatment-resistant depression is the type of depression most likely to afflict men and insinuates that men are more likely to experience this type of depression than are women. This insinuation, combined with the framing of Marplan as "different" and the type of depression it treats as "different," indirectly suggests that other types of depression, those that are not "different," are more likely to afflict women, reinforcing existent prescribing/diagnosing trends and the current social reality in the U.S. that depression is more common in women.

Furthermore, because this website focuses on treatment-resistant depression, it targets consumers who have already been diagnosed as depressed and prescribed one or more antidepressant medications, speaking to those for whom other medications have not proven effective in treating depression symptoms. Although it only targets consumers who have already been diagnosed as depressed, the website focuses on patients who are not already taking Marplan. This focus represents a clear advertising agenda meant to increase the number of patients taking this particular antidepressant medication. Marplan.com, as evidenced by the Flash presentation alone, is intended to offer hope and support to sufferers of treatment-resistant depression by introducing them to Marplan, a "different kind of medication" that may be the solution to their treatment problems. The

advertising aim of this website, though it is concealed throughout the site behind a

friendly, helpful tone and presentation of seemingly unbiased medical information, jumps

out in the form of links to social networking and bookmarking sites that promote word-

of-mouth advertising beyond Marplan.com. The emotional appeals used on the website

further confirm that Validus targets consumers not already taking Marplan, an aim that

undermines the company's ability to present unbiased information on the website.

Zoloft

One of the first elements on the Zoloft.com homepage that users likely notice is

the cartoon image that features two black-and-white, pill-shaped characters with stick-

figure-type features drawn on their faces. These figures, used throughout the Zoloft

website, are simple, spherical shapes that have faces but no bodies. These figures have

appeared in Zoloft television commercials as well, becoming widely associated with the

brand. The figures typically are used to represent consumers, rather than medical

professionals, and the facial expressions are very important. For example, a figure with a

frown usually represents a person experiencing symptoms of depression. A figure with a

smile, on the other hand, might represent a person whose depression is being treated,

such as the figure smiling as it shops in a grocery store on the "Managing Your

Condition" page of the website. A smiling figure might also represent a person who is

hopeful that relief for their symptoms is just a Zoloft prescription away, like the figure on

the "Learning About PMDD" page, which smiles as it reads a pamphlet about Zoloft.

These cartoons can represent anyone, as they are gender-neutral and do not imply race,

ethnicity, class, sexual orientation, or any other identifying social marker. All pages of

the website feature these cartoon figures, rather than photos or illustrations of real people, which allows the website to appeal to all potential consumers while avoiding the creation of implicit connections between the medication and/or conditions it treats with certain groups of people.

In addition to a single cartoon image, the Zoloft homepage has numerous paragraphs of body text, lots of white space, and three navigation menus. This layout strays from what is typical of health information websites and product websites. Health information websites tend to have on the homepage dozens of links, multiple images, and little body text and white space, as seen on Webmd.com, Myoptumhealth.com, Health.com, and nih.gov. Product websites also tend to have on the homepage dozens of links (usually a combination of text-links and image- or button-links), either numerous images or one large image supplemented with several smaller ones, and these homepages usually have little body text and white space, as on Playstation.com, Xbox.com, Samsung.com, and Hoover.com. Therefore, the Zoloft website does not appear to mirror layout conventions of health information websites or product websites.

However, Zoloft.com does use two colors common to health information websites: blue and green. Blue is used throughout the Zoloft website in various shades. On the homepage and all other pages of the site, a blue bar runs down the left side of the page. Near the top of the page on this blue bar, there is a navigation menu (the main navigation menu that is located on all pages of the website), which is a slightly darker shade of blue than the bar. Headlines throughout the website are blue, and the brand name in the upper-left corner of each page is blue, as is the Pfizer logo. Blue, associated with trust in American culture (Singh 48), is commonly featured on health information

websites; in fact, it is the primary color (excluding images) on the following websites: Webmd.com, the National Institutes of Health website at www.nih.gov, Mayoclinic.com, Health.com, Health.gov, Discovery Health at www.health.discovery.com, and the World Health Organization website at www.who.int. A secondary navigation menu found on all pages of the Zoloft website has green text-links and sits in the middle of each page, below the image and first section of body text and above the copyright and safety information located at the bottom of each page. Other links on the homepage to frequently asked questions about Zoloft are green also, as are links in submenus that open in the main navigation menu when users click on the primary links. Also, a link is featured on each page in green text that directs users to the Zoloft medication guide. Green, which is often associated with health in American culture (Singh 48), is also common on health websites, functioning as the primary color on Myoptumhealth.com and a secondary color on Webmd.com, Mayoclinic.com, and Health.com. By using colors common to health information websites, Zoloft.com mirrors these websites and thus borrows the credibility attached to them. Furthermore, the use of blue builds ethos by associating trust with the Zoloft brand and the website itself, and the use of green implies an informational rather than a persuasive aim by connecting the website, and by extension Pfizer, the company behind it, with health.

Although the color selections convey trustworthiness and a focus on health, the ordering of links in the main navigation menu backgrounds health safety information. In Western cultures, people tend to read left to right and top to bottom. Therefore, in a vertical navigation menu, people would tend to read the links at the top first, and therefore may be more likely to visit those links first. The ordering of links, then,

becomes very important, as what is placed at the top will be foregrounded and what is placed at the bottom will be backgrounded. The links in the Zoloft.com left-side navigation menu include the following, in this order from top to bottom: "Home," "About Zoloft," "Learning About Depression," "Learning About Certain Types of Anxiety Conditions," " Learning About PMDD," "Managing Your Condition," "Recognizing Depression and Anxiety Symptoms in Others," and "Important Safety Information." Placing the link to "Important Safety Information" at the bottom of the menu backgrounds it to the other links; the order of links in this menu suggests most importance to least importance from top to bottom, implying that learning about Zoloft is most important and reading the safety information is least important. Even though safety information is backgrounded in the main navigation menu, there is a link to the Zoloft medication guide that is surrounded by a lot of white space on the right side of the homepage. This link, although it is a simple text-link with no image or button, stands out on the page because of all the white space around it. The foregrounding of this link emphasizes safety information, while the ordering of links on the main navigation menu backgrounds it.

The ordering of links also implies importance in terms of the medical conditions listed in the menu. Depression is placed above anxiety, which is placed above PMDD. This order could imply a relationship between the conditions in terms of importance, prevalence, Zoloft's effectiveness in treating the condition, or the frequency with which Zoloft is prescribed for the condition. The placement of PMDD below the other two conditions seems to background it slightly, and therefore the featuring of this condition in the navigation menu does not appear to be an attempt to target women with the website,

although it definitely markets the drug as a treatment for this female-only condition.

Interestingly, of the six conditions discussed on this website, five of them are conditions

diagnosed more frequently in females than males (depression, PMDD, panic disorder

(PD), post-traumatic stress disorder (PTSD), social anxiety disorder (SAD), and

generalized anxiety disorder (GAD)), with PMDD being experienced by only females.

While this 5:1 ratio could mean that Pfizer sees the target audience for the website as

comprised of more females than males, it is difficult to know whether this is the case. If

there are clear indicators on the website, in addition to this 5:1 ratio, that females are

being directly targeted, then one can assume females comprise most or all of the target

audience and that the discussions surrounding these conditions may be part of the

company's attempt to target women with the website. However, as discussed in the

upcoming paragraphs, this does not seem to be the case with the Zoloft website, so the

5:1 ratio likely reflects Pfizer's attempt to present information regarding all conditions

that Zoloft treats, rather than an attempt to target women by discussing these conditions.

Even if women are not directly targeted through choices in design and/or content,

companies sponsoring antidepressant medication websites, as well as the designers who

work on the sites, need to be aware of the diagnosis trends attached to the conditions

discussed on the sites, and the possible problems with these trends, such as women being

"permitted greater freedom than men to express feelings, perceive their feelings more

readily, and hence recognize emotional difficulties . . . [a] recognition [that] enables the

woman to define her difficulties within a medical model and thus bring them to the

attention of her physician" (Cooperstock 238), or doctors potentially "being biased in

their decision-making and prescribing processes, either by overdiagnosing and

overprescribing for women or by underdiagnosing and underprescribing for men"

(Hohmann 488). Such an awareness can help designers of sites like Zoloft.com avoid

choices that might reinforce artificial trends (like those created by social realities

surrounding mental illness and psychotropic drugs), as well as assumptions or

misconceptions about certain psychiatric conditions or antidepressant medications. This

awareness might even enable designers to go a step further and make choices in design

and content that counteract artificial trends, assumptions, and misconceptions.

On the Zoloft.com homepage, there are two secondary navigation menus: one

found on all pages of the site with links to "Prescribing and Medication Guide," "About

Pfizer," and "Site Map," and another found on only the homepage. The homepage-only

menu is located in a light blue text box with no border, below the image and first few

paragraphs of body text, and it is labeled with the headline, "Thinking of Taking Zoloft?"

The text-only links that follow this headline are placed in a bulleted list, and they each

are framed in the form of a question:

- What are the possible side effects?
- Is it addictive?
- Will it make me gain weight?
- Will it change my personality?
- How does Zoloft work?
- How long will I need to take it? (*Zoloft.com*)

These questions are phrased as a site visitor would ask them and use first-person point-of-

view, characterizing the links in this navigation menu as informal and conversational.

The use of first-person questioning creates a tone of helpfulness, as it implies the website

knows what the user wants/needs to know and has the information available. These links

all lead to the "Common Questions" page accessed from the main navigation menu via a

submenu that opens when one clicks on "About Zoloft." The placement of this secondary

navigation menu on the homepage below the image and first few paragraphs of body text, a position that requires users to scroll in order to view the menu, backgrounds these links. Because these links provide answers to questions about prescribing and safety information (possible side effects, whether Zoloft is addictive, how long one will need to take it, etc.), the placement of this navigation menu in the middle of the page so that one must scroll to view it backgrounds safety information, just as safety information is backgrounded in the main navigation menu. The backgrounding of this information, which would likely be considered important by both people who have been prescribed Zoloft and those who are merely thinking about taking the medication, to information about Zoloft and the conditions it treats, which would likely be of primary importance to those not already diagnosed with a condition and/or not already taking Zoloft, suggests the website targets consumers not already prescribed Zoloft over those who have been prescribed the medication.

Furthermore, the secondary navigation menu that is featured on all site pages is also backgrounded, owing to its placement in the middle of page, below the image and first bit of body text on each page and below the bulleted links on the homepage, a placement that requires scrolling in order for the menu to be viewed. This menu includes a link to the medication guide for Zoloft, and it also has a link to the site map. The site map includes links to pages that are not accessible from any other point on the website ("About This Site," "Privacy Statement," "Privacy Policy Glossary," and "Terms and Conditions"), as well as to pages accessible only through submenus that become viewable after one clicks on a link in the main navigation menu, two of which—the "Online Resources" page accessible through a submenu under "Managing Your

Condition," and the "Online Resources" page accessible through a submenu under

"Recognizing Depression and Anxiety Symptoms in Others"—include links to several

health information websites. The fact that these pages are not accessible directly from the

homepage without action on the part of the user (clicking on a link to open a submenu),

backgrounds these links. Therefore, health information presented on websites not

sponsored by Pfizer or any other pharmaceutical company is backgrounded, and its

importance is therefore downplayed or implied to be of less value than the information

presented on the Zoloft website. Because Zoloft.com presents information concerning

only one drug choice, whereas health information websites provide users with more

balanced information concerning treatment options, addressing various drug choices as

well as non-medication options, the foregrounding of Zoloft.com over these other sources

of information can lead to Zoloft.com users a) perceiving Zoloft as the best or only drug

choice available, and/or b) not realizing there can be a more holistic approach to treating

depression that does not rely solely on Zoloft or other antidepressant medications.

Also of significance are omissions in terms of the website's links. No links are

included to the FDA website for reporting side effects of medications, and as stated

previously, links to health information websites not sponsored by a pharmaceutical

company are significantly backgrounded by being accessible only via the site map and

submenus, rather than directly from the homepage. Links to other antidepressant

medication websites that treat some or all of the same conditions that Zoloft treats are not

featured on the Zoloft website, nor are there links to any websites developed specifically

for helping people locate medical professionals, though some of the health information

sites that are linked to from the resources pages offer users this functionality. The lack of

links to a website or websites devoted to helping users locate medical professionals

backgrounds the role of medical professionals in recommending and prescribing Zoloft

for patients. By not including links to any other antidepressant medication websites,

Zoloft.com keeps Zoloft in the foreground and implies it is the most effective, most

frequently prescribed, or perhaps even the only option as far as medications available to

treat depression, anxiety conditions, and/or PMDD. The lack of links to competitors'

websites also represents an advertising technique of brand repetition coupled with the

backgrounding of competing products, suggesting a marketing agenda behind the Zoloft

website. In fact, the "Depression Treatment" page accessed via the submenu under the

"Learning About Depression" link states, "The most common treatments are

antidepressant medicines, 'talk' therapy, or a combination of both." The text goes on to

further state, "A type of medicine called selective serotonin reuptake inhibitors (SSRIs) is

most often prescribed by doctors" ("Depression Treatment"), and Zoloft is one of these

medications. Although the plural "antidepressant medicines" implies there are other

choices besides Zoloft, this page does not mention any other drugs by name, nor the other

classes of antidepressants available, and this text sits next to a navigation menu that

mentions Zoloft by name on a page with Zoloft in the upper-left corner, thereby

foregrounding Zoloft even while suggesting there are other options available. Moreover,

the text lists "antidepressant medicines" before "'talk' therapy," prioritizing the former

over the latter and reinforcing the website's foregrounding of Zoloft as *the* treatment

option for depression. On the "Treating Anxiety Conditions" page, however, information

about forms of talk-therapy is presented before a discussion about "How Medication Can

Help," placing more importance on talk-therapy than medication in treating these anxiety

conditions; in fact, even in the medication section, it is suggested that medications are "used to alleviate severe symptoms so that other forms of therapy can go forward" ("Treating Anxiety Conditions"). No page exists on the website that discusses treatment options for PMDD, and Zoloft is implied to be an effective treatment for PMDD only through statements that it has been approved by the FDA to be prescribed as such. Therefore, it would appear that only when discussing depression, does the Zoloft website prioritize medication in terms of treatment options and foreground Zoloft over other medication choices.

Users do more than just read text on the Zoloft website, and clicking on links is one way the users interact with the site. Links on the homepage that lead to outside websites are to Pfizer sites: the Pfizer Helpful Answers site, the PfizerPro site, and the privacy page on Pfizer.com. As stated previously, there are links to health information websites, which are sponsored by the following groups, on two "Online Resources" pages that can be linked to from submenus in the main navigation menu: National Institute of Mental Health, American Foundation for Suicide Prevention, American Psychiatric Association (APA), American Psychological Association, Depression and Bipolar Support Alliance (DBSA), International Society for Traumatic Stress Studies (ISTSS), National Alliance for Research on Schizophrenia and Depression (NARSAD), Anxiety Disorders Association of America, Center for Mental Health Services, Freedom From Fear, Madison Institute of Medicine, Inc., National Center for PTSD, Obsessive-Compulsive Foundation (OCF), Madison Institute of Medicine, Inc., OBGYN.net, and Women's Health Interactive. By only providing links to Pfizer websites on the homepage and backgrounding links to non-Pfizer sites by making them accessible only from

submenus and the site map, Pfizer—and by extension Zoloft—is foregrounded over other pharmaceutical companies and antidepressant medications.

User interaction is not limited to links and intertextuality, however. The website also features checklists, quizzes, and discussion guides. These elements instruct users to consult a medical professional; however, medical professionals are backgrounded through the user interaction. No links are provided to websites developed specifically for locating medical professionals, and the quizzes and checklists provide users the opportunity to evaluate their symptoms without the guidance or input of a medical professional, both of which backgrounds the medical community. While the quizzes and checklists might prompt some users to seek treatment that they need, these resources could also prompt some people to self-diagnose themselves before or without consulting a medical professional, which could lead some to self-medicate or could impact what information they convey to a medical professional if they do seek medical advice. Quizzes, checklists, and discussion guides are common on health information websites, so the featuring of these interactive tools on Zoloft.com is in keeping with the genre of health information websites. However, health information websites, unlike antidepressant medication websites, do not aim to promote any particular medication or medications via the site. Whereas Zoloft.com surrounds interactive tools with the Zoloft brand name and offers no statement that the website is an advertisement, the only promoting of medications that takes place alongside informational tools on health information websites exists in the form of Web advertisements that are clearly marked "advertisement." Interestingly, Webmd.com now offers users a depression quiz presented by the pharmaceutical company Eli Lilly & Company, which has raised concerns about

WebMD's independence. In February 2010, Senator Charles Grassley (R., Iowa) sent a letter to WebMD Health Corporation to probe the relationship between the two companies: "Grassley said WebMD is seen as an independent, objective medical resource and the sponsorship from Eli Lilly raises questions about WebMD's 'independence'" (Favole). Future research into pharma on the Web may include exploring whether relationships exist between companies that publish health information websites and the pharmaceutical industry and how such relationships develop or evolve.

Zoloft.com operates on the same presupposition as health information websites: users are visiting the website to obtain information. The headlines on several pages of the Zoloft website begin with "Learning About," which indicates that Pfizer assumes users are visiting the website to learn about Zoloft and the conditions it treats. Furthermore, these "Learning About" headlines suggest that Pfizer assumes users have limited or no knowledge about Zoloft and the conditions it treats, hence why site visitors need to learn about these topics. Although Zoloft.com is built on the assumption that users are seeking information, the website exists to promote Zoloft, so the issue of whether unbiased information is being presented becomes important. Presupposition, which, according to Huckin, can be used "for manipulative purposes" ("Discourse of Condescension" 9), can also be found in the body text of Zoloft.com. The site presupposes that some people view depression as a weakness or character flaw, and this presupposition is directly addressed (and countered) on the "Learning About Depression" page, in which the body text includes the following statement: "Depression isn't a sign of weakness or a character flaw. It's a real medical condition, but there are ways to successfully treat depression." The website also counters the same presupposition concerning anxiety conditions:

"Anxiety isn't a sign of weakness. It's not all in your head. It's a real medical condition" ("Learning About Certain Types of Anxiety Conditions"). The website also presupposes that some people may think PMDD is the same as premenstrual syndrome (PMS), which Pfizer addresses on the "Learning About PMDD" page: "PMDD is much more serious than premenstrual syndrome (PMS). PMDD isn't just part of 'being a woman.' It's a real medical condition, and it causes real suffering." Moreover, the body text on this website contains insinuations in addition to presupposing users might hold certain views. The most noticeable insinuation is on the "Managing Your Condition" page. The body text states, "There's more to treating depression and anxiety conditions than taking medication. You also have to learn how to manage your condition" ("Managing Your Condition"). This statement insinuates that medication is always part of depression and anxiety treatment; the phrase "more than" implies that while medication is part of the treatment, there are also other factors involved in effectively treating depression.

Insinuations also exist in the images on Zoloft.com. On the "Learning About PMDD" page, for instance, the image depicts one of the cartoon figures found on all pages of the site reading about Zoloft—the cartoon appears to be reading an oversized pamphlet that says "Zoloft" at the top. The figure is smiling, which insinuates that learning about Zoloft is a positive activity. The image on the "Managing Your Condition" page shows a smiling figure in a grocery store, thereby insinuating that one is happy if his/her condition is being managed, presumably managed with Zoloft, given the close proximity of the image to the brand name in upper-left corner of page. On the "Important Safety Information" page, although the first sentence of the second paragraph says, "Zoloft is not for everyone," the image on this page features eight cartoon figures—the

largest number of cartoon figures featured on any other page accessed from the main navigation menu is two—suggesting Zoloft may be suitable for most people, or at least a high percentage of patients. Although there are images on all pages of the website, an important omission exists. None of the cartoon settings are clinical in nature; none of the images depict a doctor's office, hospital, therapist's office, or pharmacy, for example. The settings instead include a living room, park, grocery store, home office, restaurant, and outdoor scene. This omission contributes to the backgrounding of medical professionals on this website, the foregrounding of the consumer, and the positioning of Zoloft outside of a clinical/medical setting. Even though users are instructed at various points through the website to speak to a doctor, none of the images depict a clinical setting or someone speaking to a doctor, just as no links lead users to a resource devoted to helping them locate a doctor. The backgrounding of medical professionals empowers the user—the consumer—to play an active role in their healthcare, but it also downplays the importance of a medical professional's input when it comes to diagnosing and prescribing medication for depression, anxiety conditions, and PMDD, which are all addressed on this website.

Consumers are also foregrounded in the blue body text located directly to the left of the image on the homepage. These two sentences are the only bit of body text on the homepage featured in color; all other body text is black or dark gray, while links are in color. The blue makes these two sentences stand out from the other body text on the page. The first sentence prompts users to take action for themselves by stating, "Find out if Zoloft could help you," while the second sentence prompts users to consult a doctor by stating, "Ask your doctor about Zoloft today" (*Zoloft.com*). Because the first sentence

suggests users take action, and only after users are encouraged to take action on their own is it suggested they consult a doctor, the consumer's role in healthcare is foregrounded over the doctor's role. While these sentences empower users to participate in the healthcare process, the framing of consumer action before doctor consultation downplays the importance of medical professionals' opinions, guidance, and prescription pads. These two sentences also point to another trend on the Zoloft.com homepage: repetition of brand name. On the homepage, the body text at the top of the page features "Zoloft," or the pronoun "it" in place of "Zoloft," as the subject/topic of each sentence in all three paragraphs of text. This repetition of brand name is a common advertising technique and foregrounds the medication throughout the body text. Because these paragraphs of text sit directly to the right of the main navigation menu, which features the terms "depression," "anxiety," and "PMDD" in its links, the close proximity of the repeated topicalization of "Zoloft" to these medical conditions creates a subtle visual connection between the medication and the conditions it treats. Connections like this reinforce the idea that Zoloft may be the best or only choice of treatment, especially when one considers that no other medications are mentioned by name on the homepage, an omission that backgrounds other medication choices. In fact, the only time other antidepressant medications are mentioned by name on the Zoloft website is in a chart on the "About Zoloft" page. This chart lists brand names across the top and mental health conditions vertically on the left, and checkmarks are placed within the chart to indicate which conditions each brand is approved to treat. Even though other brand names are mentioned on this page of the website, the chart frames the medications in a comparative context in which Zoloft is highlighted as being approved by the FDA to treat more conditions than any of these

other medications, thereby implying it is superior to these other brands. As stated in the methodology chapter, antidepressant medication websites can be understood as operating on two "discursive planes," a term put forth by Jager: corporate and medical. The influence of the corporate discursive plane seems to trump the influence of the medical discursive plane on this page of the Zoloft website, as the focus of the seemingly-informational chart appears to be less about providing unbiased medical information and more about representing Zoloft as superior to other antidepressant drugs.

Another interesting aspect of the body text, in addition to topicalization and omission, is classification. The Zoloft website stresses that depression, anxiety, and PMDD are "medical conditions." The choice of the phrase "medical condition" emphasizes biological factors as cause, although biological factors are not otherwise emphasized on the website, and by emphasizing biology as cause, this phrase implies medication is necessary for the treatment of these conditions. Had the phrase "psychiatric condition" been used instead, for example, biology would not have been as strongly emphasized, as "psychiatric" suggests other causes, like environment and experience, and the use of "psychiatric" would have implied that other treatment options, like talk therapy, could be effective with or without medication. Using the term "medical condition" was a choice on the part of those who created the website content, and this phrase is not the only way depression, anxiety, and PMDD can be described. Other ways to classify these conditions include "psychiatric conditions," "psychiatric disorders," "mood disorders," or "mental disorders."

Despite classifying depression, anxiety conditions, and PMDD as "medical conditions," the website maintains an informal register and creates a friendly, helpful

tone, rather than a clinical tone or formal register. The friendly, helpful tone is created in part by the use of second-person. This point-of-view creates the effect that the website is speaking directly to the user, which can make it easier for the user to relate to the information on the website and might prompt users to believe the website's purpose is to help and support them. The register, except for sections of text addressing safety and prescribing information, is informal and avoids jargon. Because the register is not formal and clinical-sounding, it maintains the friendliness and accessibility of the website, while also framing Zoloft outside of a medical setting. The tone and register used on this website makes the site just as accessible to consumers not already taking Zoloft and/or not diagnosed with one of the conditions discussed on the site as it is to consumers who have been diagnosed with one of the conditions and/or prescribed Zoloft or another antidepressant medication. The former group likely includes people who would not understand medical jargon related to depression, anxiety, PMMD and antidepressant medications, given that they may never have spoken to a doctor about such matters, as well as people who might feel turned away by formality or a non-friendly or non-helpful tone, especially if they are visiting the website in search of advice, to alleviate feelings of being alone, and/or to find a sense of supportiveness.

The website also makes use of various types of appeals to reach consumers not already taking Zoloft. On the homepage, ethos is the most obvious appeal. The first bit of body text on the homepage, above the image and secondary navigation menus, attempts to build Zoloft's credibility with phrases like, "FDA approved," "Zoloft is well tolerated and effective," "for more than 15 years," and "safely and effectively" (*Zoloft.com*). These phrases all add to the site's and brand's ethos, as they build credibility by highlighting the

medication as safe and effective, by suggesting it has been around for a long time, and by

citing the government approval it has received. These statements are most likely directed

at consumers not already taking Zoloft, as these users would be the ones needing to be

convinced that Zoloft is a safe and effective choice for treating depression with

medication; users already taking the medication would not need such convincing, though

if they are experiencing any side effects, they may need reassuring. The website also uses

rational appeals (logos) by providing useful information to consumers. On the "About

Zoloft" page, for example, the text describes Zoloft's uses without infusing ethos or

pathos into the text: "Zoloft® (sertraline HCl) is a type of antidepressant known as a

selective serotonin reuptake inhibitor (SSRI). It's approved to treat depression, social

anxiety disorder, posttraumatic stress disorder (PTSD), panic disorder, obsessive-

compulsive disorder (OCD), and premenstrual dysphoric disorder (PMDD) in adults over

age 18." Other appeals to logos include the "Common Questions" page in the depression

section of the website, a "PMMD Glossary" in the PMDD section of the site, the use of

quizzes and checklists, and the "Myths and Facts" pages in the depression and anxiety

sections of the website; all of these features convey information and allow users to learn

more about Zoloft, the conditions it treats, and/or themselves.

     Although logos and ethos are most prominent on the website, emotional appeals

(pathos) are also present. Pathos is limited on the website, but the website at times

attempts to reassure users, which appeals to their emotional sides. For example, on the

"Learning About Depression" page, the body text reassures users they are not alone and

that there is nothing wrong with them as people:

> Depression isn't a sign of weakness or a character flaw. It's a real medical
> condition, but there are ways to successfully treat depression . . . More

> people suffer from depression than you might think. Depression strikes people of all ages, backgrounds, and ethnic groups. Depressive conditions affect about 34 million American adults. Nearly twice as many women as men are affected by a depressive illness each year.

The last sentence in the quotation is one of the few times women are addressed explicitly on the website; the final sentence reassures women that if they are experiencing depression symptoms, they are not alone, because depression is more common in females. The "Learning About Certain Types of Anxiety Conditions" page includes similar emotional appeals that attempt to reassure users:

> Anxiety isn't a sign of weakness. It's not all in your head. It's a real medical condition. There are many types of anxiety conditions. More than 19 million adult Americans ages 18-54 have anxiety conditions. These conditions affect people in different ways through a wide range of symptoms.

On the "Learning About PMDD" page, however, there is more concise reassurance: "PMDD isn't just part of 'being a woman.' It's a real medical condition, and it causes real suffering." This page does appeal to one's sense of control, however, which is interesting when one considers that the PMDD page deals with a condition only females can experience: "If you have PMDD, learning more about it can be the first step toward feeling better and getting control of your life again" ("Learning About PMDD"). A similar emotional appeal is found on RemeronSolTab.com, where the tagline reads, "Life With Depression Under Control." As discussed in a previous section of this chapter, on the RemeronSolTab website, the tagline sits in close proximity to an image that positions females as the depressed subject, thus connecting the notion of gaining control over one's life more to females than to males. It is interesting that the same emotional appeal— speaking to one's desire for control over one's life—is found on two antidepressant medication websites, and that in both instances, the appeal is framed in a way that

connects it more to females than males—being featured on a page addressing a female-only condition and positioned so that proximity connects it to females. Perhaps this type of appeal is thought to be an effective marketing technique when targeting females, or perhaps the trend seen across these two websites points to a presupposition in the pharmaceutical industry, or in American society, that women want to be in control of their lives—women's historical fight for equality might explain such a presupposition.

The Zoloft website does not appear to target any group in particular, including women, but it clearly targets consumers not already taking Zoloft. This targeting takes the form of emotional and ethical appeals, the foregrounding of Zoloft while backgrounding other medication choices and treatment options, the use of an informal register and friendly, helpful tone, and the repeated topicalization of the brand name. Zoloft.com also mirrors color conventions seen on health information websites, borrowing the credibility attached to these websites as unbiased sources of information. Nowhere on the website does it state the site is an advertisement, which reinforces this credibility borrowing. Although the website does not emphasize biological factors as cause directly in the body text, it does indirectly imply biological factors as the cause of the conditions discussed on the website by classifying them as "medical condition." The website also foregrounds treatment with medication over talk therapy in the depression section of the website. Although the website does not appear to target women, certain aspects of this website likely impact social reality concerning depression, anxiety, and antidepressant medications.

<u>Effexor XR</u>

At first glance, Effexorxr.com appears to be a conventional website as far as websites created for Western audiences go. The brand name logo sits in the upper-left corner on all pages and functions as a link to the homepage, a conventional placement and functionality for a logo. Below the brand name is a navigation menu with white text on a green background, and to the right of the brand name is a smaller, less noticeable, text-only navigation menu. At the very bottom of the homepage, there is a text-only navigation menu, and all three of these conventionally-placed menus appear on all pages of the website. One finds minimal body text on the portion of the homepage that is visible when the page first loads, although if users scroll down, they will find safety information in the form of a text box concerning suicidality and ten bullet points below the text box that outline general safety information. The homepage has one large photo and three small icons, the photo depicting a woman gazing out over an ocean and blue skies with fluffy, white clouds, though the background portion of the shot (the sky and sea) fades to white where the minimal body text on the main part of the page overlays it. The icons sit next to text-links below the photo, helping them stand out on the page. The page has a plain white background, so color on the page makes various elements, like links and headlines, stand out. Although the Effexor XR consumer website uses conventional elements of sites designed for Western audiences, one must take a closer look to understand how this Wyeth Pharmaceuticals website might affect users.

The layout of the homepage is similar to both health information websites and product websites. Unlike product most websites, however, the photo on Effexorxr.com is not the most prominent element on the page. Also, there is slightly more white space on

the Effexor XR homepage than what is found on most product and health information

website homepages. The white page background used on Effexorxr.com is more common

to health information websites (e.g., www.webmd.com and www.nih.gov) than product

websites (e.g., www.playstation.com, www.samsung.com, and www.xbox.com). While

Effexorxr.com has layout features similar to both health information websites and

product websites, it more closely resembles health information websites, given the white

page background, the fact that the image is not so large that it dominates the entire page,

and the use of two colors common to health information websites. Blue and green are the

main colors used throughout the Effexor XR website, both of which are common to

health information websites, including www.webmd.com, www.nih.gov,

www.mayoclinic.com, www.health.com, www.health.gov, www.health.discovery.com,

www.who.int, and www.myoptumhealth.com. As discussed in previous sections, blue is

often associated with trust in American culture and green is associated with health (Singh

48). By using colors associated with trust and health that are common to health

information websites, Effexor XR creates ethos. The abundance of blue on the Effexor

XR website implies trustworthiness, while the use of green suggests a primary concern

for users' health. Furthermore, because these colors are common on popular health

information websites, Effexorxr.com borrows from the credibility of these websites,

perceived as unbiased sources of information, by using the same colors.

Color on the Effexor XR website not only builds ethos, it also foregrounds certain

information on the website by making it stand out on the page. For example, links in the

main navigation menu, as well as the navigation menu at the very bottom of the each

page, are foregrounded by the use of white text against a green background; these links

stand out from other links and text on the page, because no other elements on the page use white text against a color background. Although the use of white text on a green background makes the navigation menu at the bottom of each page stand out when one views the bottom portion of the page, its placement at the very bottom of each page, which requires the user to scroll in order to even see the menu, backgrounds this menu to the navigation menus that are viewable without any scrolling when each page initially loads. This backgrounded navigation menu contains links to "Important Safety Information," "Prescribing Information," "Medication Guide," "Privacy Policy," "Terms & Conditions," "US Residency," and "Patient Assistance Program," thus backgrounding health and safety information, as well as information concerning how the website is intended to be used and a statement that the site is intended for U.S. residents only. Headlines on the homepage appear in green text, which makes them stand out from the page's body text that is dark gray. Links other than those in the main navigation menu and the secondary navigation menu at the top of each page appear in blue text, helping these links stand out against the white and light blue backgrounds on which they sit. Light blue serves as the background color to side navigation menus that appear on the internal pages of the website, helping these menus to stand out on the white page background. Although color is frequently used to foreground headlines and links on the Effexor XR website, lack of color is used to background some links; the links in the secondary navigation menu at the top of all pages, which lead to "Important Safety Information," "Prescribing Information," "Medication Guide," "Site Index," "Glossary," and "Contact Us," are the same color as the body text (dark gray) and are the only links on the website not foregrounded with color. Both menus that appear on all pages and that

contain links to safety and prescribing information are backgrounded, one by its lack of color, buttons, icons, and smaller text size, and the other by a positioning on the page that requires a user to scroll in order to even view the menu.

Not only are entire navigation menus backgrounded on the website, certain links are backgrounded within navigation menus because of the framing of the links. On the secondary navigation menu under the headline "Tools," the subheads above each link read from left to right as follows: "The path to remission," "Track your progress," and "Create a Doctor Discussion Guide." An American audience reads from left to right, so this ordering places emphasis accordingly; the last link, "Choose your topics; take the list to your doctor," that sits below the subhead, "Create a Doctor Discussion Guide," comes last in the list, downplaying the importance of talking to a doctor. Moreover, in the main navigation menu, the link that leads to the Doctor Discussion Guide is also backgrounded by the following order of links, from left to right: "Depression Treatment," "About Effexor XR," "Depression," "Anxiety Disorders," "Doctor Discussion," and "Resources and Support." The link labeled "Doctor Discussion" is the second-to-last one in the menu, downplaying its importance. The placement of links to the Doctor Discussion Guide in these navigation menus seems to encourage users to obtain information on their own about Effexor XR and the conditions it treats, before ever talking to a doctor about these matters. Encouraging users in this way can have the positive effect of prompting patients to take a more active role in their healthcare and to educate themselves about their symptoms and treatment options, and it may encourage users who have not sought medical advice for depression or anxiety symptoms to seek such advice. However, downplaying the importance of consulting a medical professional also has potential

negative consequences. Because users are obtaining medical information from the website without a medical professional present to a) interpret the information presented on the site, especially as it pertains to each user's particular symptoms and medical history, and b) provide a diagnosis and make treatment recommendations based on a user's particular symptoms and history, the potential exists for users to misunderstand information on the website, to err in seeing how information on the site pertains to their symptoms and medical histories, to be ill-informed as to what treatment options are available or which treatment option(s) may be best for them (especially if the website does not present unbiased information that outlines all available medications as well as non-drug treatment options), and/or to self-diagnose and possibly self-medicate according to a self-diagnosis.

Links to the Doctor Discussion Guide are not the only ones backgrounded on the website, though. Links labeled, "Important Safety Information," "Prescribing Information," and "Medication Guide," are located in the secondary navigation menu at the top of all pages, which uses a smaller text size than the main navigation menu and which does not use a color background or color text. The smaller text size and lack of color makes this secondary navigation menu stand out less than the main navigation menu and the other elements on the page that are foregrounded with color, white space, borders, or icons. The relegation of safety and prescribing information to this secondary navigation menu that does not stand out on the page backgrounds the safety and prescribing information and thereby downplays its importance. Furthermore, on the homepage, there is a series of six links that follow vertically under the heading, "Effexor XR Information." A link labeled "Managing Potential Side Effects" is the fourth of these

six links, coming after "10 Things to Know," "Dosing and General Information," and

"Getting Started," a placement which backgrounds the side effects to more general

information about the medication. In this same series of links, one finds a link labeled

"For Health Care Professionals," which leads to an Effexor XR website designed

specifically for medical professionals; however, the placement of this link as fifth in a

series of six keeps it from standing out on the page, and the link might even be

overlooked by users who do not read through the entire series of links.

Intertextuality via links is fairly limited on the Effexor XR website for consumers.

All links on the homepage lead to pages within the Effexor XR website or to pages on

other websites sponsored by the company that manufactures Effexor XR—Wyeth, which

has merged with Pfizer. Links on the homepage that lead to external websites include a

link to the Effexor XR website designed for medical professionals, the "Patient

Assistance Program" page on Wyeth.com, and the terms and conditions, privacy, and

residency statements on Wyeth.com. Also, a link to Pfizer.com appears at the bottom of

all pages, because the two companies have merged. Elsewhere on the website, links

remain limited to the Pfizer website and various Wyeth websites, including pages on

Effexorxr.com, with the exception of one page on the website. When one clicks on the

"Resources and Support" link in the main navigation menu, the user is directed to a page

that has a vertical navigation menu on the left side of the page, and the link labeled

"Resources for More Information and Support" in that menu leads to a page titled,

"Depression and Anxiety Disorders: Information and Resources." This page contains

links to various health information websites, as well as to the support groups Alcoholics

Anonymous and Narcotics Anonymous. As with Zoloft.com, some of the websites linked

to from this page allow users to search for medical professionals, but none of the websites

linked to from this page have been created specifically for that purpose and/or have URLs

that suggest such a function (like doctordirectory.com or findadoctor.com). If users are

looking for such a site in this list of links, they likely will not be able to tell which

websites on the list offer that functionality. Moreover, there are no links to websites with

information about other antidepressant medications or non-drug treatment options, nor is

there a link to the FDA website for reporting drug side effects, omissions seen throughout

the Effexor XR consumer website. In addition to including these omissions, the

"Depression and Anxiety Disorders: Information and Resources" page is backgrounded

on the Zoloft website, by only being accessible through a menu on an internal page and

through the site map. More importance would be attached to these resources if the

information were foregrounded on the homepage, either by the resources page being

linked to directly from the homepage or by the list of links being included somewhere on

the homepage; however, the importance of these resources is downplayed, as the links are

backgrounded by their placement within the website.

User interaction is not limited to scrolling and clicking links on this website.

Users can complete a depression symptom inventory via the website. The inventory

operates in a pop-up window accessed by clicking the link "View Now" on the "Facts

About Depression" page, which loads when one clicks on "Depression Treatment" in the

main navigation menu or "Take the Depression Symptom Inventory" under the heading

"Track Your Progress" on the homepage. The inventory begins with an introductory

video, and then users check "yes" or "no" response boxes to answer a series of questions

that follow the video. For some questions, users can click on a link that reads, "tell me

more…" which allows them to watch a video that explains more about the question (e.g., one video provides definitions for and descriptions of insomnia and hyperinsomnia). Before the final question of the inventory, which asks users about suicidal thoughts, a video comes on in which the woman says, "This next question is extremely important. And I encourage you to be honest in answering. For yourself and for everyone in your life" (*Effexorxr.com*). After a user completes the inventory, the video depicts the woman looking at a clipboard and telling users, "Let's take a look" (*Effexorxr.com*). Users whose responses indicate they are experiencing depression symptoms are encouraged by the woman in the video to talk to their doctor. Furthermore, users are instructed by the woman in the video that their printed inventory might help them recall specific symptoms, and the final screen of the survey has a button users can click to print their inventory. This survey is highly interactive, allowing users to interact with the website beyond simple scrolling or link clicking. There is a potential downside to the high level of interaction afforded by the video, however. The woman identifies herself at the beginning of the video as a registered nurse. As stated previously, the video depicts her looking at a chart after a user completes the inventory, and her commentary after a user has finished answering the questions relies on second-person point-of-view—"you"—making it seem as though she is speaking directly to the user. The video creates the illusion that this registered nurse reviews and comments on each user's survey results, and because she identifies herself at the beginning of the video as a medical professional, some users might mistake this interactive survey as a form of medical advice, despite the woman's instructions that they consult a doctor. While the intent behind featuring a registered nurse in the video may have been to create ethos, the effect may be that some

users mistake their completion of the depression symptom inventory as being more than

interacting with a website "developed and maintain[ed] . . . for . . . personal

entertainment, information, education and communication" ("Terms and Conditions");

some users may believe they have received actual medical advice.

Unlike the depression symptom inventory, the symptoms checklists for anxiety

conditions—panic disorder, general anxiety disorder, and social anxiety disorder—are

not interactive. These checklists are PDF documents that users can print and complete by

hand, moving a user's interaction with the checklist beyond the Effexor XR website.

Depression is foregrounded and anxiety backgrounded via user interaction on the Effexor

XR consumer website, given the higher level of user interaction associated with the

depression survey versus the anxiety checklists. This foregrounding indicates the website

aims to market Effexor XR as primarily a treatment option for depression, and

secondarily as an anxiety treatment option. The sandwiching of the link "About Effexor

XR" between "Depression Treatment" and "Depression" in the main navigation menu

supports this marketing agenda, as the close proximity to both depression links and

positioning between them visually associates Effexor XR with depression. On the other

hand, the separation of "About Effexor XR" and "Anxiety Disorders" by a depression

link in the main navigation menu creates a weak visual connection between Effexor XR

and anxiety, because of the lack of proximity and the presence of a depression link

between these two links. Furthermore, interactive quizzes and printable checklists are

common on health information websites, so the featuring of these elements on the

Effexor XR consumer site serves as a connection between Effexorxr.com and health

information websites, thus allowing Effexorxr.com to borrow credibility from health information websites by mirroring their user interaction conventions.

The website not only builds ethos by incorporating user interaction and color conventions from health information websites, it also builds ethos by utilizing a friendly, helpful tone. This tone implies an informational aim as opposed to a persuasive one, as it gives the impression that Wyeth hopes to help and support users by providing them with unbiased information about their symptoms and treatment options: "Unresolved symptoms can have an impact on the course of your condition. Knowing this, you shouldn't settle for *some* symptom relief. You deserve to reach the goal of remission" ("Facts About Depression Treatment"). Moreover, second-person point-of-view appears in both the body text and headlines throughout the website. For example, on the homepage, one of the three headlines below the image and body text in the top half of the page reads, "Track your progress." Moreover, in the body text on the homepage that is visible when the page first loads, one sees the following sentence: "If you're experiencing symptoms of depression, EFFEXOR XR may be an effective option for you" (*Effexorxr.com*). The use of "you" here and elsewhere on the website makes it seem as though the website speaks directly to the user, offering to help users in some way (e.g., by allowing users to track their progress or learn more about Effexor XR).

"You" is not the only important topicalization, however. The body text also features "we" in the Doctor Discussion Guide, as in the following examples: "How can we assess PD symptoms?"; "How can we assess GAD symptoms?"; and "How can we assess my depression symptoms?" This "we" empowers users to educate themselves and work with a medical professional to treat their depression or anxiety symptoms, rather

than relying solely on a medical professional's advice and decisions. However, this "we" also downplays the fact that medical professionals undergo extensive education and training that enables them to make medical decisions that patients simply do not have the training or knowledge to make. The Doctor Discussion Guide occasionally uses first-person as well, like in the following question: "Have I reached remission from depression?" By providing users with exact questions they can ask from their own point-of-view, these first-person questions give users a voice with which to speak to a medical professional. However, most of the questions in the guide, including those that use first-person to help users ask questions from their point-of-view, prompt users to ask specifically about Effexor XR, and they never prompt one to ask about other antidepressant medications and rarely address antidepressant medications in general, thus foregrounding Effexor XR and backgrounding other antidepressant medications and non-drug treatment options: "When should I expect to feel better when treated with EFFEXOR XR?" ("Your Customized Doctor Discussion Guide"). Furthermore, although the register throughout the website is informal, and the headlines and body text—including that which discusses safety information—avoid medical jargon, medical terminology does appear in the Doctor Discussion Guide:

"What are 'contraindications' for EFFEXOR XR?"

"How would you taper my dose for discontinuation of treatment?"

The use of terms and phrases like "contraindications" and "taper my dose for discontinuation of treatment" could have potential problems. If a patient asks the questions exactly as they are presented in the discussion guide without first understanding the terms used in the questions, the medical professional to whom he/she poses the

questions may assume that the patient has knowledge he/she does not possess and may then respond to the question accordingly, without ensuring the patient comprehends the question or the answer. The questions with jargon also seem to contradict a presupposition upon which the entire website is built.

Some headlines and parts of the body text, as well as the meta tag keywords, indicate the website is built upon the presupposition that people visiting the site are suffering from depression and/or anxiety symptoms and are looking for information about these conditions and treatment options. On the page that comes up when one clicks the "Resources and Support" link in the main navigation menu, the headline below the main navigation menu and above the body text reads, "Resources and Support: For You and Your Friends and Family." The headline presupposes that users—the "you"—are people suffering from depression and/or anxiety and who want to treat it. The first sentence in the body text below the headline reinforces this presupposition: "The resources in this section can help you, and your friends and family, take an active role in reaching your treatment goals, so you can get back to the life you enjoy" ("Resources and Support: For You and Your Friends and Family"). The "you" in this sentence represents someone suffering from depression and/or anxiety symptoms who wants to undergo treatment. Moreover, the meta tag keywords attached to the website include the following: anxiety treatment, depression medication, major depressive, generalized, social, and panic disorder. These terms all relate to the conditions treated by Effexor XR and also include the words "treatment" and "medication"; the meta tag keywords seem to be built on the same presupposition that people visiting the website are looking for information about depression and/or anxiety and are in search of treatment options. The

body text on the homepage also suggests the website is built on this presupposition, given

that the first sentence in the body text under the headline "The Effexor XR Option" reads,

"If you're experiencing symptoms of depression, Effexor XR may be an effective option

for you" (*Effexorxr.com*). Moreover, the featuring of second-person on the website also

suggests the site is built on this presupposition, as the use of the word "you" allows the

website to speak directly to users about symptoms they may be experiencing and the

treatment process they either have gone through or will go through: "Depression

treatment begins with diagnosis. If you've been treated before, you will probably

recognize the process. Your doctor will talk to you or administer a short diagnostic test to

compare your symptoms with those that define depression" ("Phases of Depression

Treatment").

Other presuppositions can be seen in the body text, including the notion that one's

quality of life is poor when his/her depression and/or anxiety is not treated, as well as the

presupposition that everyone's quality of life is good before depression and/or anxiety

symptoms appear: "Achieving remission is important for restoring the quality of life at

work and at home that you once experienced before depression" ("Facts About

Depression Treatment"). The body text also presupposes that partial symptom relief does

not help one return to a good quality of life and that only full remission should be

desired: "Knowing this, you shouldn't settle for *some* symptom relief. You deserve to

reach the goal of remission" ("Facts About Depression Treatment"). These

presuppositions all point to a target audience that includes consumers who are not already

taking Effexor XR, both those diagnosed with depression and/or anxiety and who are

undergoing other forms of treatment, and those who have not been diagnosed with either

condition but who are experiencing symptoms that may lead to a diagnosis. The website

encourages these consumers to assess their symptoms and seek medical advice, if they

have not already been diagnosed, and if they have already been diagnosed or after they

are diagnosed, to seek treatment that results in full remission and to see Effexor XR as

their top medication choice. The website essentially provides users with a script

concerning how to converse and interact with a medical professional, which may increase

the likelihood these users receive a certain diagnosis and/or are placed on a treatment

path that involves Effexor XR.

The push for Effexor XR to be users' top medication choice becomes evident

when one looks at insinuation on the website, specifically as it pertains to how Effexor

XR and other types of antidepressant medications are framed in two charts on the

website. On the "Antidepressants and Other Treatment Options for Anxiety Disorders"

and the "Antidepressants and Other Treatment Options [for Depression]" pages, there

are charts that outline the different classes of antidepressant drugs relevant to treating

these conditions. Interestingly, on both charts, the Serotonin-norepinephrine reuptake

inhibitor (SNRI) class—to which Effexor XR belongs—is listed at the bottom of the

chart, a placement that usually suggests the least importance. However, the body text in

all but these final sections of the charts mentions side effects and negatives aspects of

each drug class, making it seem as though the best class has been saved for last:

> Benzodiazepines: These drugs were often used to treat anxiety disorders
> from the 1960s until the 1980s. They act on a third neurotransmitter
> (GABA), which seems to play a role in fear. They generally work
> quickly, but due to concerns about abuse or dependency, other
> antidepressants are now more commonly prescribed.
>   ("Antidepressants and Other Treatment Options for Anxiety Disorders")

> Serotonin-norepinephrine reuptake inhibitors (SNRIs): Developed in the 1990s, EFFEXOR XR® (venlafaxine HCl) was the first SNRI. It works on 5HT, like an SSRI, but also helps prevent reuptake of NE. EFFEXOR XR is approved to treat generalized anxiety disorder, and it is also approved for panic disorder, social anxiety disorder, and major depressive disorder.
> ("Antidepressants and Other Treatment Options for Anxiety Disorders")

Moreover, Effexor XR is the only medication mentioned by name in either chart, thus foregrounding this particular medication, while backgrounding all other SNRI choices as well as brand names in the other classes of antidepressant drugs. The foregrounding of Effexor XR by mentioning no other medications by name in either chart, the inclusion of negative statements in all sections of both charts *except* for the SNRI sections where Effexor XR is discussed, and the placement of the SNRI sections *after* text that has divulged negative aspects of other antidepressant medication classes, combine to insinuate that Effexor XR is the best—or perhaps only—choice in treating depression and the anxiety conditions known as generalized anxiety disorder, social anxiety disorder, and panic disorder. The local meaning created by this insinuation, i.e., depression and certain anxiety conditions are best treated with Effexor XR, can be very powerful in terms of how users perceive drug choice when it comes to antidepressant medications, because as van Dijk points out, local meaning "most directly influences the mental models, and hence the opinions and attitudes of recipients" (103).

Other insinuations can be seen in the body text on the Effexor XR consumer website. For instance, on the homepage, this statement appears: "EFFEXOR XR has been proven to treat depression and help keep it from coming back" (*Effexorxr.com*). This insinuates there is scientific proof that Effexor XR is effective, but the website does not offer any results from clinical studies to validate this insinuation. In some places on the

website, studies are briefly mentioned, like in the safety information sections when users

are told about percentages of people who have experienced side effects in general or who

have experienced particular side effects, but no details about when or how the studies

were administered or discussions of the results can be found on the website. By

referencing studies and insinuating Effexor XR has been tested and proven safe and

effective, the website builds ethos without offering any study results that include

information about side effects or ineffectiveness in some patients, disclosures that would

undermine the medication's ethos. Moreover, passive voice is sometimes used to

insinuate certain ideas while hiding the subject of the sentence: "EFFEXOR XR is

believed to treat depression and anxiety symptoms by affecting the levels of two naturally

occurring chemicals in the brain" ("About Effexor XR"). In this sentence, passive voice

is used to conceal the "who" of the sentence—who it is that believes this about Effexor

XR. Although the "who" could in actuality be anyone, including the company that makes

Effexor XR, this sentence allows the user to fill in the "who" for themselves. Given that

the second part of the sentence references the way Effexor XR works on the brain,

knowledge doctors and pharmaceutical scientists would posses, users will likely fill in the

"who" of this sentence with such a person. Thus, without claiming that anyone in

particular believes Effexor XR treats depression and anxiety symptoms by "affecting the

levels of two naturally occurring chemicals in the brain," this sentence builds ethos by

insinuating that the medical/scientific community believes Effexor XR to treat such

symptoms in this way. This sentence also insinuates that Effexor XR is effective in

treating depression and anxiety symptoms; by referencing brain chemistry and no other

potential causes, the sentence implies the cause of depression and anxiety lies in the

brain, and because the sentence states that Effexor XR acts on "two naturally occurring

brain chemicals," one can infer that Effexor XR is effective in treating depression and

anxiety symptoms.

Biological factors are emphasized throughout the website. For example, the

"About Effexor XR" page emphasizes biological factors by attributing depression and

anxiety to chemical imbalances in the brain: "EFFEXOR XR is believed to treat

depression and anxiety symptoms by affecting the levels of two naturally occurring

chemicals in the brain — serotonin and norepinephrine. It is believed that correcting an

imbalance of these two chemicals may help relieve symptoms." Similarly, biological

factors are emphasized on the "Facts About Depression Treatment" page when SNRIs are

discussed: "It is an SNRI (a serotonin-norepinephrine reuptake inhibitor) and affects two

neurotransmitters in the brain thought to be important in treating depression and anxiety

disorders." Both biology and environment are addressed as causes of GAD and SAD,

though biological factors are foregrounded by being discussed first and given lengthier

treatment in the body text. On the "What Is Generalized Anxiety Disorder?" page, after

both biological and environmental factors have been addressed as possible causes, a

section called "Brain Chemistry" devoted to just biological factors follows. On the "What

Is Social Anxiety Disorder?" page, there is no section titled "Brain Chemistry," but

environmental factors are addressed in a single sentence sandwiched between discussions

of biological factors:

> Like many anxiety disorders, your genes may play a role. If a biological
> parent or sibling has or has had social anxiety disorder, you're at greater
> risk for it. Environmental factors, such as an overprotective or
> hypercritical parenting style, may also be linked with social anxiety
> disorder. Chemical abnormalities and overactive areas in the brain may
> also be at the root. Serotonin is one brain chemical that has been linked to

social anxiety disorder, as well as to the depression that often accompanies
it. Prescription medication for social anxiety disorder that affects serotonin
may help relieve symptoms.

And biology is the only possible cause attributed to PD: "Panic disorder seems to involve

an imbalance in the brain's 'fear circuit,' the parts of the brain that help us respond to

situations we see as threatening . . . Two neurotransmitters thought to play a role in panic

disorder are serotonin and norepinephrine" ("What Is Panic Disorder?"). Emphasizing

biological factors foregrounds treatment with antidepressant medications, because one

treats a chemical imbalance by taking medication that corrects the imbalance.

Furthermore, throughout the website, when users are encouraged to consult a

medical professional, the term "doctor" is used, which is most commonly associated with

a medical doctor. By choosing the term "doctor" over more general terms like "medical

professional" or "healthcare professional," which can be associated with psychiatrists,

nurses, psychologists, and medical doctors alike, treatment with medication is further

foregrounded, because a medical doctor would prescribe medication but not offer talk

therapy services. Moreover, depression is classified as a "serious medical condition" on

the website, although the site notes that "depression is described by the American

Psychiatric Association as a 'mood disorder,'" ("Facts About Depression and Its

Treatment"), which, according to the APA, includes disorders "where the primary

symptom is a disturbance in mood" ("Psychiatric Disorders"). This classification as a

"medical" condition also foregrounds medication as a treatment option, because

medication is typically used to treat "medical" conditions.

In fact, talk therapy, another common treatment option, is backgrounded to

antidepressant medications throughout the website. On the "Antidepressants and Other

Treatments for Anxiety Disorders" page, the first sentence of body text reads, "If you are diagnosed with generalized anxiety disorder, panic disorder, or social anxiety disorder, your doctor may recommend one or some combination of the treatments described here: prescription medications, talk therapy, and relaxation and coping techniques." In this sentence, "prescriptions medications" is listed first, which foregrounds and places the most importance on treatment with medication. On this same page, the headline "Prescription Medications" sits below the introductory sentence just discussed, and body text about antidepressant medications follows this headline. After this section, one finds a headline that reads, "Talk Therapy for Anxiety Disorders," which is followed by text about psychotherapy. The placement of the section about medications near the top of the page foregrounds and emphasizes it, while the section about talk therapy is backgrounded by being placed after the medication section and requiring the user to scroll in order to view it. Moreover, the discussion about medication on this page includes two main paragraphs plus eight paragraphs in a chart about different classes of antidepressant medications, whereas the talk therapy section has only two paragraphs, the second of which includes three bullet points; the larger amount of text devoted to prescription medications also makes it seem most important in terms of treatment options. Furthermore, the first sentence in the talk therapy section on the "Antidepressants and Other Treatments for Anxiety Disorders" page says, "Many people with anxiety disorders also benefit from talk therapy (psychotherapy)"; the "also" in this sentence, which follows the section on prescription medication insinuates that medication is the primary treatment and talk therapy a supplemental or secondary treatment. The same is true on the "Antidepressants and Other Treatment Options [for Depression]" page, where the section

of text about prescription medication comes first and contains more text than the section about talk therapy, and the first sentence in the talk therapy section uses "also" to insinuate that medication is the primary treatment for depression.

Just as information about talk therapy is backgrounded, so too is information about side effects and the names of other available antidepressant medications. On the "Your Customized Doctor Discussion Guide" page, questions about side effects are backgrounded by being placed in the fourth of six sections, a positioning that requires a user to scroll down the page in order for the section to be viewable. Talk therapy is also backgrounded on this page of the site, by being mentioned in the fifth of six sections (also requiring scrolling to view) and by there being only one question related to talk therapy, versus the fourteen questions related to Effexor XR and/or antidepressant medications in general. This backgrounding implies talk therapy is supplemental to and/or less important than treatment with antidepressant medication. Moreover, no other antidepressant medications are mentioned by name on the Doctor Discussion Guide, while Effexor XR is mentioned by name ten times in the headlines and body text on the guide, which backgrounds other treatment options and prompts users to ask medical professionals only about Effexor XR as a potential treatment option. Backgrounding occurs on the homepage as well with the placement of safety information. Although safety information on the homepage is presented via a bulleted list, which breaks up the text and makes it easier to read, and although it uses second-person point-of-view to speak directly to users and maintain an informal register that is easy to understand, the information is placed on the bottom half of the homepage, requiring users to scroll down to view it. This same information is also presented on the "Important Safety Information"

page of the website; however, the link to this page is in the backgrounded navigation menu at the top of each page.

An element on the homepage that is foregrounded rather than backgrounded is the photo. The photo depicts a woman sitting with her back to the user, and only a profile shot of her face is visible. The positioning of the woman in the photo seems to frame her as a depressed subject, albeit one who is or will experience remission with Effexor XR. The positioning of this woman with her back to the audience creates a sense of isolation in the photo; it seems as though this woman has withdrawn from other people. She sits gazing out over an ocean scene, though the ocean and sky that she looks upon fade to white where text overlays it, and because the scene in the photo fades to white, it appears that she is looking at the text on top of the photo. The text she appears to look at includes the headline, "The Effexor XR Option," and the following body text: "If you're experiencing symptoms of depression, EFFEXOR XR may be an effective option for you. EFFEXOR XR has been proven to treat depression and help keep it from coming back" (*Effexorxr.com*). The woman rests her chin on her right hand, and her right elbow sits on her right knee, a positioning that could suggest relaxation as easily as it could suggest lethargy or contemplation. The woman also has a slight smile on her face. The combination of the woman being isolated in the photo and sitting in a position—her back to the audience—that suggests a withdrawn or standoffish disposition frames her as a depressed subject, given the topic of this website. However, the slight smile on her face as she appears to look at the Effexor XR headline and body text suggests she may be experiencing—or is hopeful she will experience—symptom relief with Effexor XR.

The blue sky with fluffy, white clouds that fades to white on the homepage is also featured on the other pages of the website, as a background to the first headline on each page. The sky image sits behind the headline, moving from white where the headline begins to clearly visible after the headline ends. The use of nature imagery, especially considering that no images with a clinical setting appear on the website (the closest being the set in the depression inventory video, which could just as easily be a living room as a doctor's waiting room), frames Effexor XR outside a medical setting. Nature imagery also appears on the Marplan website, and such imagery removes the Marplan and Effexor XR brands from their clinical/medical context and makes them seem a more natural, less chemical treatment option. To put it simply, the chemical nature of Effexor XR is backgrounded by nature imagery. The most glaring omission on this website in terms of images, however, is not the lack of a medical setting, but the lack of men anywhere on the website. Both the homepage image and the video feature females, one framed as a patient and one identified as a medical professional. Men are not depicted on the website, which foregrounds women in relation both to the conditions discussed on the website— depression and anxiety—and the primary subject of the website—Effexor XR, an antidepressant medication.

Although the Effexor XR website does not appear to target women in all design and content aspects, it does target them through the site's images by overrepresenting females and completely omitting images of males. The ratio of women to men on this website is 2:0, though women are portrayed as ill an equal number of times as they are portrayed as well. It is difficult to know whether Wyeth chose to only picture women on the website because the four conditions discussed on the website are all diagnosed more

frequently in women than in men, or whether the company chose to omit men from the images in an attempt to attract more women than men to the website. Regardless of the intent behind the design decision, the effect of visually overrepresenting women on the website is that women may be more likely than men to relate to or feel a connection with the website. In addition to overrepresenting women visually and framing only females as the depressed subject, the website also targets consumers not already taking Effexor XR. This targeting can be seen in the foregrounding of Effexor XR over all other antidepressant medications and non-drug treatment options, the framing of the SNRI drug class, and Effexor XR specifically, in a positive light and other drug classes in a negative light, the use of interactive elements that encourage users to assess their symptoms and seek medical advice, and the fact that the website is built around the presupposition that users are experiencing depression or anxiety symptoms and are looking for information about treatment options. In addition to targeting consumers, across the website, Wyeth emphasizes biological factors in terms of depression and anxiety causation, a framing that affects not only the reality communicated on the website, but also the social reality that extends beyond the website.

Wellbutrin

Although a website with numerous pages existed at www.wellbutrin-xl.com when I first began this thesis, before I was able to analyze the website, it was removed from the Web, presumably by the company that manufactures the drug—Biovail, which manufactures Wellbutrin XL for GlaxoSmithKline. Now when users enter "www.wellbutrin-xl.com" into the address bar of a Web browser, they are directed to a

page on Biovail.com with the headline "Products." On this page, a link labeled "U.S. Patient" leads to another page on the Biovail website with information about Zovirax ointment. If users click the link "Wellbutrin XL" in the "Our Products" menu on the left of the Biovail pages, a PDF version of the Wellbutrin XL prescribing information appears. However, if users enter "www.wellbutrin.com" into a browser address bar, they are directed to a webpage copyrighted by GlaxoSmithKline that provides information about Wellbutrin. Unlike the other websites in this study, Wellbutrin.com is a one-page website. There are no images, aside from brand logos for Wellbutrin, Wellbutrin XL, and Wellbutrin SR, and there are no headlines, taglines, or body text about anything but standard safety information. Moreover, the links on the page lead to PDF documents on the GlaxoSmithKline website containing prescribing information, the Biovail product page described above, a "Contact Us" page on the GlaxoSmithKline website, a page on the GlaxoSmithKline website that discusses patient assistance programs, the FDA website for reporting medication side effects, and pop-up windows with the GlaxoSmithKline legal notices and privacy statement. This minimal website simply provides users with safety and prescribing information for the different forms of Wellbutrin and does not have any persuasive elements or any other markers that it functions as an advertisement.

Interestingly, two other antidepressant medication websites were removed from the Web or reduced to minimal pages around the same time as the Wellbutrin XL website, including Prozac.com and Paxilcr.com. Although Paxilcr.com once had numerous pages with headlines, body text beyond safety and prescribing information, images, links, navigation menus, and interactive elements, now when users visit

www.paxilcr.com or www.paxil.com, they are directed to a page on the GlaxoSmithKline

website that says, "We're sorry – the page you are looking for was not found" (*Gsk.com*).

Although it is a well-known antidepressant medication in the U.S., there is no longer a

product website for Paxil. Prozac.com, which at the outset of this thesis had a website

with numerous pages, including headlines, links, navigation menus, images, body text

beyond safety or prescribing information, and interactive elements, now is a single-page

website with one image, a headline that reads, "Prozac Makes History," a paragraph of

body text introducing the medication and its indications, and body text that presents the

medication guide for Prozac. The new Prozac website is essentially the same as the new

Wellbutrin website, except that the headline, introductory body text, and image go

beyond simply conveying information and could be seen as advertising techniques.

Similar to Wellbutrin.com, however, the Prozac website has links that lead to

informational pages on the Eli Lilly & Company website and to pop-up windows with the

privacy and terms of use statements and copyright information.

Given that the manufacturers of three major antidepressant brands recently pulled

or reduced the content of the product websites for these brands, one has to wonder if this

signals a new trend in how antidepressant medications are presented on the Web. Future

researchers may want to see whether other drug manufacturers follow suit and take down

or minimize the content on antidepressant medication product websites, as well as

whether websites for other antidepressant brands emerge in place of these websites that

have been taken down or reduced. Research that explores the reasons GlaxoSmithKline,

Biovail, and Eli Lilly & Company have changed how they present their antidepressant

medications on the Web may also be worthwhile, as it might point to new trends in

direct-to-consumer advertising practices involving psychotropic drugs. Perhaps one reason for these website changes, as well as the lack of new antidepressant medication websites since I began my research in December 2008, is the fact that the "FDA's advertising regulations . . . were written for print media and television . . . [and] most drug companies are waiting for clarification from the FDA before committing to aggressive Web strategies" (Barlas 12). In fact, "the FDA sent out warning letters to a number of drug companies requesting that they revamp their current online advertising campaigns," including Merck & Co., Eli Lilly & Company, and Genetech, Inc (Barlas 12). The FDA also criticized online ads by GlaxoSmithKline for Treximet, citing that "the company had communicated the drug's serious risks in smaller text, and they were less prominently displayed, than the eye-popping visual images . . . meant to highlight the drug's effectiveness" (Barlas 12). It will be interesting to see whether the FDA revamps its rules for print media and television to address the capabilities of the Web, or whether it will develop a new set of guidelines and regulations specifically for drug advertising on the Web. It also will be interesting to see what types of online marketing the FDA will address—product websites with content that goes beyond simple safety information, banner ads, marketing via social media tools like Twitter, YouTube, and blogs, and/or "sponsored links" that "pop up when someone types a health term into a search engine such as Google" (Barlas 12). Future research into DTC advertising on the Web will definitely need to keep an eye on the FDA's decisions concerning this matter.

CHAPTER IV

FINDINGS: TRENDS

Now that each website has been discussed at length, this chapter presents the

trends identified across the websites in the study sample, as well as the implications of

those trends in terms of the research explored in the literature review.

Images

Across the sample websites, women are slightly overrepresented via images, with

a 4:3 ratio of females to males. (Note: I am only counting the image of "Greg" on the

Marplan website once, because the exact same photo of him is used twice on the site.

Also, Wellbutrin.com has no images at all, and the Zoloft website does not use images of

people). This ratio, nearly balanced, stands out as far different from the ratios discovered

by Hansen and Osborne in their study of antidepressant ads in issues of *American Journal

of Psychiatry* and *American Family Physician* from 1986 to 1989: 5:1 and 10:0,

respectively. The ratio of images depicting females versus males in my study sample

could indicate that antidepressant advertisements are becoming more balanced in terms of

representing gender, or it could mean that product websites for antidepressant

medications are simply more balanced in their visual representation of gender than are

antidepressant print ads. One possible explanation for why the websites appear to use a

more balanced approach to visually representing gender than do print advertisements is

that print ads (for any product) are often tailored to the target audience of the publication

in which they appear, and websites generally have a broader appeal (at least on the

surface) than, say, a trade magazine.

However, if one looks beyond the study sample to include Prozac.com, which has

a ratio of 1:0 females to males on the homepage, Cymbalta.com, which has a ratio of 8:2

females to males on the homepage, and Lexapro.com, which has a ratio of 3:1 females to

males on the homepage, the ratio of females to males on antidepressant medication

websites becomes far less balanced. Furthermore, on the Cymbalta.com homepage,

images of women appear in close proximity to mental health issues, including major

depressive disorder (MDD) and GAD, whereas the few images of men appear in close

proximity to the medical condition known as diabetic nerve pain. Similarly, on the

Lexapro.com homepage, the images of females appear near mentions of MDD and GAD,

whereas the sole image of a male appears next to a link for medication side effects. The

trend of visually representing women as ill (including those experiencing relief from

medication) more often than well, either through the content of photos or the proximity of

photos to text, headlines, and/or links about various conditions, is consistent across the

study sample, with a 3:1 ratio of sick to well. In fact, the only website in the study sample

that clearly represents a female as well (and not well thanks to antidepressant medication,

but, rather, well with no medical treatment) is the Effexor XR website that features a

registered nurse in the site's depression symptom inventory video. Both the

overrepresentation of women and the ratio of females visually represented as ill versus

well are cause for concern. Furthermore, the overrepresentation of females and framing

of females as ill more often than well may be a direct attempt by pharmaceutical companies to target women via these websites. While it is difficult to determine a company's actual intent, the effect of these websites' images is the same regardless of the motivation behind them, making it important for companies to be mindful of what social reality they communicate with images on antidepressant medication websites, as well as the implications that social reality might have beyond the website itself.

By picturing more females than males and framing females as ill more often than well, these websites create a social reality in which a) mental illness occurs more frequently in females than males, b) females are most likely to need treatment with antidepressants, and c) simply being female is a risk factor for depression and various anxiety conditions, just as it is a risk factor for experiencing PMDD (a condition restricted to females). This social reality suggests what Gardner and Blum and Stracuzzi point to as being communicated via DTC advertising of antidepressant medications, which is that women may experience "an *inability* to function well amid growing demands for self-improvement and for 'flexibility' as (overburdened) workers, mothers, and wives" (Gardner 551), and antidepressant medications can help women properly function in the modern economy. Furthermore, Purvis and Mehta discovered that women generally exhibit positive attitudes toward DTC print advertising, a finding that can be assumed true of DTC website advertising as well, because of the similarities between print ads and websites discussed in a previous chapter; therefore, a majority of women will likely view antidepressant medication websites positively, making them more likely to accept the social reality communicated on these websites.

By presenting a social reality through the content and framing of images on these websites in which depression is connected more readily to females than to males, and it is implied that more women than men will need antidepressants and that women may need antidepressant medication to help them function in society, antidepressant medication websites potentially contribute to the medicalization of women. If the websites convince more women than men that their experiences can be diagnosed as medical conditions requiring treatment with antidepressant medication, which might occur if women are immediately pulled into the website by seeing images that appear similar to them on the homepage, or if these sites convince women that they need antidepressant medication to help them meet the demands of the society that surrounds them, which might occur if women see images that frame females as happy, well, and/or "in control" thanks to antidepressant medication, then these websites are directly contributing to the medicalization of women by possibly increasing the number of women who define their mental, emotional, and physical experiences within a medical model and who believe biotechnical treatment is necessary for them to enjoy a healthy and happy life. Furthermore, as suggested by the studies of Grow et al. and Park and Grow, DTC advertising leads to action on the part of consumers. Therefore, if the social reality communicated on antidepressant medication websites affects how women define their experiences, as well as whether they perceive themselves as needing biotechnical treatment, the websites likely will encourage at least some women to take action, perhaps a positive step like consulting a doctor, but perhaps a negative step like self-medicating without the guidance or prescription of a doctor. Although not all design and content on these websites contributes to the social reality discussed in this section, images are

arguably the most important, or at least a very important, aspect of these websites, given

that they jump out at users when people first visit a website's homepage, and they create

a visual reality that can influence how users perceive other website elements. As Grow et

al. infer from Robert M. Entman, "visual texts always dominate" (178).

Framing of Causation

Another issue of importance when considering the social reality communicated

via these websites and whether they may contribute to the medicalization of women is

how causation is framed on the websites. Causation is not addressed on

RemeronSolTab.com or Wellbutrin.com; however, it is directly addressed on

Effexorxr.com and indirectly addressed on Marplan.com and Zoloft.com. As discussed

previously, the Effexor XR consumer website emphasizes biology as the cause of

depression and several anxiety conditions throughout the website. The Zoloft website, on

the other hand, indirectly suggests biological factors cause depression and anxiety

disorders by classifying these disorders as "medical conditions," with "medical"

emphasizing biology in a way that other classifications, like "psychiatric disorders" or

"mood disorders," might not. Similarly, the Marplan website never addresses cause, but it

does provide an explanation and visual representation of how Marplan treats depression

by affecting certain chemicals in the brain. The inclusion of this information, which

indirectly emphasizes biological cause by referencing a chemical imbalance in one's

brain, coupled with the site's omission of a direct discussion about the potential causes of

depression, emphasizes biology over other factors, like environment. Three out of the

five sample websites emphasize biological factors in relation to cause, either directly or

indirectly, a framing of causation that has significant implications in terms of both medicalization and social reality.

By emphasizing a biochemical model of depression and anxiety conditions, the websites create a social reality in which a) "individuals living in situations that are inherently stressful, anxiety producing, and/or depressing are marginalized" (Grow et al. 178), b) concerns over social problems (like abuse or neglect) as a cause or result of depression or anxiety are neglected, and c) medication is the solution. This social reality might be great for pharmaceutical companies that hope to increase the number of antidepressant prescriptions in the U.S. and thus profits, given that the emphasis on biotechnical treatment might persuade users to treat their depression or anxiety symptoms with antidepressant medication. However, this "reality" might cloud perception of and discussions about social issues that cause or result from depression and/or anxiety symptoms, and it could prompt consumers to ignore other treatment options and/or to desire antidepressant medication when it might not be one hundred percent necessary to their overall well-being. Furthermore, the social reality created on the websites that suggests the biochemical model is the only explanation for mental illness, combined with the overrepresentation of women and the visual framing of women as ill more often than well, positions "female biology, particular women, or femininity as the primary referents signifying risk of depression" and/or anxiety (Gardner 540), thus maintaining gender biases historically found in depression discourses. These biases promote the notion that more females than males experience depression and more females than males need treatment with antidepressants, and the websites extend these gender biases to anxiety discourses as well. Because these websites are viewed by the public, the discourses

presented on the websites—and the biases attached to them—can move into the sphere of shared social reality as users discuss the information presented on the websites with others, thus shaping the public's perception of depression, anxiety, and antidepressant medication, including how these issues relate to gender. And if antidepressant medication websites contribute to a public perception of depression and/or anxiety as being caused by biological factors only and being essentially "female" conditions, then these websites contribute to the medicalization of women in several ways. Firstly, they potentially encourage more women than men to seek medical advice concerning depression, anxiety, and antidepressant treatment; secondly, they reinforce the social sanctioning for women to express their feelings more freely than men, thus making it easier for women to bring emotional difficulties to the attention of medical professionals than it is for men to do the same, and potentially shaping the expectations of physicians in terms of antidepressant need (a scenario addressed by Cooperstock); and thirdly, they reinforce or even exacerbate diagnosis and prescribing trends in which females are overdiagnosed/overprescribed when it comes to depression, anxiety, and antidepressant medications, and/or males are underdiagnosed/underprescribed.

Interestingly, similar to what Gardner discovered in her study, the framing of causation on the one site in my sample group that targets men treats cause more or less as a mystery. Although the Marplan website indirectly emphasizes the biochemical model, the site never addresses cause directly, in keeping with Gardner's finding that in male-targeted depression campaigns the cause of depression is treated as somewhat of a mystery. Moreover, although women's hormonal systems are not addressed on four of the five sample websites (Zoloft.com being the exception, because it addresses PMDD),

female risk for depression and anxiety conditions is still emphasized over male risk, because across the study websites, and even on websites not included in the study, only females are framed visually as subjects suffering from depression or anxiety, creating a "reality" on the websites in which these conditions appear more relevant to and frequently-occurring in females. Moreover, PMDD is only addressed on one of the five websites, Zoloft.com, and it is backgrounded on this website. Therefore, it does not appear that antidepressant medication websites are attempting to create new, female-only markets. However, Fluoxetine Hcl now is marketed in the U.S. as both Prozac and Sarafem, the latter being prescribed solely for PMDD, though there is no website with the URL www.sarafem.com. The marketing of the same drug under a new name to specifically target women suffering from PMDD might be an attempt to create a new market for Prozac, similar to how Conrad and Leiter claim GlaxoSmithKline created a market for Paxil beyond the "saturated 'depression market'" (163). The Sarafem marketing campaign, as of now, only includes a product page on the Warner Chilcott website, the company that offers this version of Fluoxetine Hcl. Future research might explore the effects of marketing Fluoxetine Hcl as Sarafem and inquiry as to whether other drug companies have made similar moves to create a PMDD market for their antidepressant medications.

Appeals

The sample websites use a combination of logos, ethos, and pathos, with ethos and pathos being most important in terms of social reality and the medicalization of women. The Zoloft and Effexor XR websites, for example, attempt to build ethos with

statements or insinuations that emphasize each drug's effectiveness, its presence on the

market for a number of years, its government approval, and its safeness. The Marplan

website also uses ethical appeals, specifically by emphasizing how the medication is

different from other drugs and by highlighting its effectiveness in treating refractory

depression. Ethical appeals on the websites contribute to a social reality in which the drug

presented on the website is perceived not only as safe and effective, but also as a patient's

best choice for treating their symptoms. However, the social reality created with

emotional appeals on the websites perhaps is even more significant.

In the study sample, all but the Wellbutrin website use some form of emotional

appeal. Pathos can be seen in the tagline and image on the RemeronSolTab website, as

well as in the supportive statements on Marplan.com, Zoloft.com, and Effexorxr.com that

reassure users they are not alone, they can experience symptom relief, and/or there is

nothing wrong with them as people. These emotional appeals can be very persuasive in

nature, and their presence on the websites points to an advertising aim, even though most

of the sites attempt to appear unbiased. The appeals that reassure users they are not alone

create a social reality in which depression and anxiety can happen to anyone. Such a

social reality may increase users' perception of risk, which could have the effect of

prompting them to seek medical advice concerning depression and anxiety, given that

according to Park and Grow, consumers' risk assessment "may produce attitudinal and

behavioral changes, such as engaging in preventive and remedial behaviors . . . including

consultation with doctors" (387). Moreover, because women may be more attracted to

these websites initially or feel a stronger connection to the sites than do men, primarily

because females are visually overrepresented on the sites, the websites may affect female

users' risk assessment more than male users'. The overrepresentation of women visually

on these websites and the social reality this overrepresentation creates, in which

depression and anxiety are more or less "female" conditions, likely prompts more women

than men to see themselves as being at risk for these conditions, despite the emotional

appeals that suggest these conditions can affect anyone. If female users' risk assessment

is more heavily influenced by these websites that that of male users, then these websites

potentially contribute to the medicalization of women by prompting an increased number

of females, and more females than males, to perceive themselves at risk for these

conditions and likely to require antidepressant medication at some point in their lives.

This effect on risk perception might then encourage more women than men to seek

medical advice concerning depression and anxiety, which, in turn, can affect gender

prescribing and diagnosis trends related to these conditions.

As noted in a previous chapter, site developers working on antidepressant

medication websites might be influenced by the common stereotype that women are more

emotional than are men, and therefore choose to incorporate emotional appeals as a

means to target women. The emotional appeal most likely to contribute to the

medicalization of women, however, is one found on both the RemeronSolTab website

and the PMDD section on the Zoloft website. The RemeronSolTab website's tagline,

"Life With Depression Under Control," appeals to one's desire for self-control. Given the

tagline's close proximity to a rotating image that positions two different females each as a

depressed subject, this appeal becomes associated primarily with women through the

Gestalt principle of proximity. The "Learning About PMDD" page on Zoloft.com uses a

similar appeal, stating, "If you have PMDD, learning more about it can be the first step

toward feeling better and getting control of your life again." Because this particular

appeal appears on a page directed at women, given that only women can experience

PMDD, and nowhere else on the website, this appeal appears directed at and connected to

females. The targeting of women via an emotional appeal to one's desire for self-control

reinforces the following social reality that is created on antidepressant medication

websites through the overrepresentation of women visually and framing of females as ill

more often than well: more females than males experience depression and anxiety, more

women than men will need treatment with antidepressants, and women may need

antidepressant medication to help them function in society. Moreover, this targeting

reinforces the following notion implied by the works of Gardner and Blum and Stracuzzi:

pharmaceutical companies portray a reality in which women can be better achievers and

more successful with the help of medication. In terms of antidepressant medications

specifically, once this reality moves beyond the product websites and into the realm of

widely-accepted belief, the medicalization of women may be fueled by more females

defining their experiences within a medical model and believing they need antidepressant

medication to help them be successful in modern society, whereas, absent the social

reality communicated on antidepressant medication websites, they might otherwise define

their experiences through the psychosocial theory and seek to improve their well-being

with methods other than biotechnical treatment.

Foregrounding and Backgrounding

Another trend across the sample websites is the emphasis of the medication brand

name. This emphasis is achieved through a number of methods, including foregrounding

the brand name while backgrounding other antidepressant medications and non-drug treatment options, frequently topicalizing the brand name in body text and headlines to repeat the brand name throughout the website and foreground the medication at the sentence level, and omitting links to websites for other antidepressant medications and to websites focusing on non-drug treatment options, which might also be viable treatment options for users. This trend suggests some accusations leveled against DTC advertising by its opponents may be applicable to antidepressant medication websites specifically. Bell, Wilkes, and Kravitz suggest that DTC advertising seldom educates patients about alternative treatments, which, as indicated by the backgrounding and omissions described above, appears to be true of antidepressant medication websites. Moreover, this characteristic of the websites demonstrates one way in which they attempt to appear informational in nature—by presenting information about medical conditions and their treatment—while, underneath the surface, they contain bias and persuasive aims, as evidenced by the emphasis of one medication brand above all other drug and non-drug treatment options. While non-drug treatment options are mentioned on some of the sample sites, this information is typically backgrounded either by its placement on a page, its accessibility on the website, and/or the amount of space devoted to it. Brand names of alternative medications are not mentioned on any of the websites, except in a comparative manner that frames them as inferior to the brand being marketed on the website. These tactics keep users' focus on the brand marketed via the website, creating a "reality" in which the brand is either the best or only treatment option available to users.

Bell, Wilkes, and Kravitz also suggest DTC advertising "seldom educates patients about the mechanism of action by which the drug treats a particular condition, its success

in doing so . . . and behavioral changes that could augment or supplant treatment" (1096).

When mechanism of action (the biochemical interaction that allows a drug to create the

desired effect) is addressed at all on the sample websites, explanations about how the

drug works are general and oftentimes vague. RemeronSolTab.com and Wellbutrin.com

omit this information entirely, while the other three websites offer the following

superficial explanations:

> Marplan is different from more more [sic] widely prescribed
> antidepressant medications because it is an MAO-Inhibitor (MAO-I). That
> means it blocks the action of an important enzyme called Mono-
> Amine Oxidase. But only MAO-Inhibiting medications like Marplan raise
> the levels of all three key neurotransmitters (serotonin, norepinephrine,
> and dopamine). ("How Marplan Works")
>
> Nerve cells in the brain and the rest of the nervous system use chemical
> messengers. These messengers help cells send messages to each other.
> One of these messengers is called serotonin . . . Because it is linked with
> so many functions in our body, serotonin has an effect on a wide range of
> conditions such as depression . . . This tie between depression and
> serotonin led scientists to an interesting find. Scientists believe people
> with depression could have an imbalance of serotonin in their brain . . .
> Zoloft helps fix this. Zoloft helps the nerve cells send messages to each
> other the way they normally should. ("How Zoloft Works")
>
> EFFEXOR XR is believed to treat depression and anxiety symptoms by
> affecting the levels of two naturally occurring chemicals in the brain —
> serotonin and norepinephrine. It is believed that correcting an imbalance
> of these two chemicals may help relieve symptoms. Because EFFEXOR
> XR affects these two chemicals, it is known as an SNRI, or serotonin-
> norepinephrine reuptake inhibitor.
>   ("About Effexor XRT: Depression and Anxiety Disorders")

Omitting information about the mechanism of action or presenting it superficially

backgrounds potential risks associated with the drugs by failing to present users with a

complete picture of how the drug works. Consider the way the mechanism of action is

addressed in the Effexor XR prescribing guide:

> The mechanism of the antidepressant action of venlafaxine in humans is believed to be associated with its potentiation of neurotransmitter activity in the CNS. Preclinical studies have shown that venlafaxine and its active metabolite, O-desmethylvenlafaxine (ODV), are potent inhibitors of neuronal serotonin and norepinephrine reuptake and weak inhibitors of dopamine reuptake. Venlafaxine and ODV have no significant affinity for muscarinic cholinergic, H1-histaminergic, or α1-adrenergic receptors in vitro. Pharmacologic activity at these receptors is hypothesized to be associated with the various anticholinergic, sedative, and cardiovascular effects seen with other psychotropic drugs. Venlafaxine and ODV do not possess monoamine oxidase (MAO) inhibitory activity. ("Effexor XR")

Granted, the terminology used in the prescribing guide is highly technical and full of jargon, making it inappropriate for a website aimed at consumers who do not possess the pharmacological knowledge necessary to digest this information, especially given that when users view these websites, they do not have a pharmacist standing by who can answer questions about the prescribing guide, as patients do when they are given a prescribing guide along with their medication. However, it does point to possible side effects, unlike discussions concerning mechanism of action on the consumer websites: "Pharmacologic activity at these receptors is hypothesized to be associated with the various anticholinergic, sedative, and cardiovascular effects seen with other psychotropic drugs" (*Wyeth.com*). More detailed explanations concerning the mechanism action that point to possible side effects, though remaining relatively jargon-free, would lessen the extent to which side effects are backgrounded on these websites. Also, presenting additional information included in most prescribing guides, albeit in terms laypeople can understand, directly on the website, such as study results concerning adverse reactions and how things like gender, age, metabolism, and certain medical conditions might affect the drug's effectiveness, would also provide users with a clearer understanding of the drug overall, as well as its appropriateness for them.

Risks and side effects are frequently backgrounded on antidepressant medication websites, another complaint expressed by opponents of DTC advertising. All of the websites address risks associated with the specific medication and antidepressant medications in general, yet this information often requires users to scroll in order to find it, and statements concerning risks and side effects are often placed on pages that cannot be accessed directly from the homepage without a user first opening a submenu or clicking a link for the sitemap. Unlike the other four sample websites, Wellburtin.com foregrounds the risks by displaying them on the homepage at the top of the body text directly beneath links to safety information. Safety information is slightly backgrounded on Remeronsoltab.com, however, because it is placed below the tagline, photo, and initial body text that presents general information about the medication, and one must scroll in order to read all of the risk and side effect text. In fact, on this website, the headline "Warnings" is not visible when the page first loads, requiring users to scroll down to see it. But, when the page initially loads, a headline that reads, "Important Safety Information," can be seen beneath the tagline, image, and first chunk of body text, and though this headline communicates a lesser sense of urgency than "Warnings," it nonetheless keeps information about risks and side effects from being completely backgrounded on the website. Marplan.com, on the other hand, does not display risk information on the site's main pages, instead directing users to click on links for "Full Prescribing Information," one of which is backgrounded by its placement near the bottom of the homepage, and the other of which is backgrounded by its placement on the "Full Prescribing Information" page that is accessible only from the site map or from a submenu that opens *after* one clicks on "About Marplan" in the main navigation menu;

these links then direct users to a PDF document. Effexorxr.com and Zoloft.com both present risk information on the homepage of the website; however, the information is backgrounded by being placed on the bottom half of the page, and on Zoloft.com, users must scroll down before the information is even viewable. Risk information is further backgrounded on both sites by being included on pages that can only be accessed from the sitemap or through submenus that appear in the main navigation menu *after* a user has clicked on a primary link.

Backgrounding safety information on these websites may prompt users to perceive the medications as safer overall, or safer for them, than they really are, which could impact social reality in the U.S. concerning whether antidepressant medications are considered safe and to what extent. This backgrounding trend also supports the assumption that these websites function as advertisements, given that when marketing a product, companies generally try to associate only positive qualities, perceptions, and ideas with the brand. By backgrounding risk and side effect information, they minimize the association of anything negative with the brand name. Moreover, backgrounding this information, combined with the foregrounding of the brand name throughout the website, as discussed in a previous paragraph, might increase how effective these websites are in convincing people not already taking the medication to try it, which points to the capitalist agenda behind these websites, that is, to increase the company's profits. If a company creates an antidepressant medication website with a motivation to increase profits, its ability to remain unbiased in its presentation of information on the site becomes compromised. Woodlock noted in her 2005 study that antidepressant medication websites appear to target consumers not already taking antidepressants, a trend that

appears to have remained the same over the past few years, and one that likely will not change in the future, barring new regulations from the FDA that outline what can and cannot be included on these websites.

Color and Layout

The most important findings concerning the layout of antidepressant medication websites have already been addressed in the "Foregrounding and Backgrounding" section of this chapter. However, exploring the ways in which genre is "manipulated for rhetorical effect" (Huckin, *Discourse of Condescension* 9) is an important aspect of CDA. Although antidepressant medication websites are technically product websites with a promotional aim, in that they are built to market a single product, as discussed previously, because these sites also include medical information about the drug (at the very least, its approved uses) and/or the condition(s) that the medication treats, these sites are best understood as hybridized websites that combine both information *and* promotion, rather than as a strictly informational or strictly promotional sites. Because these websites belong to a hybridized genre and not to the health information website genre, the latter of which avoids promoting any particular medication, it is important to determine whether they mirror layout conventions of health information websites in an attempt to borrow from the credibility associated with such sites. However, only two of the five sample sites—Marplan.com and Effexorxr.com—mirror any layout conventions of health information websites. While this suggests that some antidepressant medication websites attempt to bring the layout conventions of health information sites to the hybridized genre of drug product websites, thus manipulating the audience into associating the credibility

attached to health information websites to an antidepressant medication site, because these two websites do not represent a majority of the sample, this trend cannot be identified as characteristic of antidepressant medication websites as a group. Aside from foregrounding and backgrounding, the analysis of layout did not reveal any significant trends in terms of the "reality" created on the websites, nor any trends that indicate antidepressant medication websites target women.

Although the majority of the sample websites do not mirror layout conventions of health information websites, all the sample sites use colors found on popular health information websites. Blue and green are the two colors most frequently used on health information websites (images excluded), and one or both of these colors are used on all of the sample websites. The use of colors common to health information websites connects antidepressant medication websites to a genre perceived as being a source for unbiased, reliable medical information, an association that allows the antidepressant medication websites to borrow and build from the credibility of the genre it mirrors color-wise. Furthermore, the colors blue and green are often associated with trust and health, respectively, in American culture, (Singh 48), so the use of these colors on antidepressant medication websites builds ethos by associating the website and brand name with trustworthiness and suggesting the site's purpose is to provide information that will improve the health and well-being of users. Although blue and green do not reveal an attempt to target women, they do support my claim that these websites target consumers not already taking the medication featured on the website. By using these colors to build ethos, the companies behind the sites increase the likelihood that users will perceive the information on the website as reliable, which, in turn, increases the likelihood that they

will feel persuaded to try the antidepressant brand being marketed on the website. Furthermore, the ethos created with these colors reinforces the social reality communicated on these websites that the drug is safe and effective.

Another possible reason that blue is used as the primary or secondary color on the majority of the sample websites is its association with "feeling blue." As Grow et al. found in their study of Paxil advertisements, "semic coding is apparent in the choice of the color blue, which suggests the extratextual context of 'feeling blue'" (176). Given that antidepressant medications are used to treat depression, as well as other conditions that can occur alongside depression (like certain anxiety disorders), using the color blue on an antidepressant medication website is one way to visually create an association between the drug and the symptoms it treats. Interestingly, because Marplan is marketed as a "different kind of medication," it seems logical that the Marplan website would not use blue as its primary color, as blue would be the obvious and conventional, i.e., "not different," choice for an antidepressant medication website, given the association of "feeling blue" with depression. Moreover, Grow et al. found that in the Paxil campaign they analyzed, "yellow, bright blue, and green" are associated with "recovery" (172). Perhaps the use of green as a primary or secondary color on three of the sample sites indicates a desire to associate the medication not only with "feeling blue," but also with feeling better, i.e. recovering. Grow et al. also note that blue is associated with the season spring (172), and green too is often associated with this season. Because spring can be used to symbolize rebirth, perhaps blue and green appear so frequently on antidepressant medication websites so as to suggest the medication prompts a rebirth of sorts through recovery. Using blue and green on an antidepressant medication website positively

associates the medication with rebirth and recovery, borrows from the credibility of

health information websites by mirroring that genre's color conventions, and incorporates

colors associated with trust and health, all of which build ethos for the drug company and

the medication. This ethos may increase the influence that these websites have on social

reality, as users may be more likely to trust, act on, or share with others the information

on these websites if they believe the sites to be unbiased sources of medical information.

<u>Meta Tag Keywords</u>

Although some of my findings align with Woodlock's 2005 study of

antidepressant medication websites, such as blue and green being frequently used on the

sites, safety information being backgrounded, females being depicted in images more

often than males, and users being encouraged to complete quizzes, checklists, and/or

discussion guides and to take the printed forms with them to a doctor appointment

(although I only found this on two of the five websites in my study), one major difference

in our findings has to do with meta tag keywords. Only two of the websites in my study

sample have meta tag keywords attached to the site: Effexorxr.com and

Remeronsoltab.com. Woodlock discovered the following about meta tag keywords

through her study, however:

> All web creators used the mental "disorder" labels that the drugs are
> approved for as key words, such as Generalised Anxiety Disorder,
> anxiety and depression. The names of the drug are always used, with
> Effexor XR, Paxil and Zoloft also including possible misspellings such as
> Efexor, paxel and zolof. The symptoms of the "illnesses" are included
> in most meta tags with words such as worry, trembling, chest pain, sorrow
> and despair. The Zoloft site also includes tags labelling events that may
> have caused trauma such as domestic violence, physical attack, child
> abuse, sexual abuse and rape. (309)

The meta tag keywords on the Effexor XR website address the conditions treated by

Effexor XR and include the broad terms "treatment" and "medication." The meta tag

keywords on the RemeronSolTab website include the medication name, two ways

"antidepressant" might be spelled (with a hyphen or without), the generic name of the

medication ("mirtazapine"), characteristics associated with the medication ("dual action,"

"fast dissolving"), and the broad phrase "mental health." Neither RemeronSolTab.com

nor Effexorxr.com use any meta tag keywords related to traumatic events, common

misspellings of the drug names, or words that describe symptoms. It would appear that

there has been a shift in how antidepressant medication websites use meta tag keywords,

with the majority not using them at all, and the ones that do use meta tag keywords

avoiding keywords that might appear to target women (like "rape," "menstrual," or

"domestic violence"). However, to determine if the trend indicated by my study sample

holds true across all antidepressant medication websites, one would need to analyze the

meta tag keywords on all such sites. If this trend holds true, it would be interesting to

research whether this trend extends to other website genres, as well as the possible

reasons for the shift in meta tag keyword usage.

Although meta tags are not used on three out of the five websites in my study,

Woodlock makes a good point in her article that is applicable to the meta tag keywords

used on the Effexor XR website:

> The majority of terms that I found are related more to the general
> symptoms of the "illness" than the names of the drugs. This seems to
> signify that the drug companies are hoping that people searching the
> internet for mental illness information will be directed to their site . . .
> the ways in which the sites are disguised as mental "illness" resources,
> rather than as advertisements, is very misleading. (312)

I agree with her argument that using meta tags related to mental illnesses disguises the website as informational, while in reality it is a complex advertisement. This notion applies to the Effexor XR website, which has more keywords related to illnesses than to the medication itself. Meta tag keywords that mislead consumers as to the nature of the website are just one more way drug companies can build ethos and improve the chances that the website will be viewed as credible and will persuade users to try the medication.

<u>Summary</u>

The trends discovered through my critical discourse analysis of antidepressant medication websites shed light on how these websites may influence social reality and contribute to the medicalization of women. The "reality" portrayed on these websites is one that may lead users to overestimate their risk for experiencing depression and/or anxiety, to underestimate the risks attributed to antidepressant medications, and to view particular medications as being more effective, or effective in a larger percentage of people, than what has been proven scientifically. Moreover, the "reality" portrayed on these websites may lead users to overestimate the prevalence of depression and/or anxiety in women, to underestimate such prevalence in men, and to believe females are more likely to require treatment with antidepressant medication and/or may need such medication to be successful. These "realities" communicated on antidepressant medication websites can move beyond the realm of the website and become "reality" in American society, as users continue the discourses started on these websites with friends, family, medical professionals, and/or others. This social reality, which shapes how the public perceives depression, anxiety, and antidepressant medications in terms of gender,

might then influence people's actions. For instance, women may feel more encouraged than do men to define their mental, emotional, and physical experiences within a medical model, to seek treatment, and/or to accept antidepressant medication as necessary to living a healthy, productive life, and doctors may be prompted to more readily connect women's experiences to mental health disorders and/or to expect more women than men to require treatment with antidepressant medications.

While it is difficult to quantitatively measure the influence of antidepressant medication websites on social reality or the extent to which they medicalize women, developers and the companies that sponsor these websites must be aware that the potential exists for these websites to influence social reality and to medicalize women, so they do not make uninformed design and content decisions that have negative consequences in terms of public health and perception. Moreover, the FDA should monitor these websites, and they should enact regulations aimed at preventing the design and content on these sites from affecting public perception in ways that are detrimental to the populace's health and well-being, like women being overprescribed or men being underprescribed antidepressant medications. Although ideally, pharmaceutical companies would take it upon themselves to be responsible with their design and content choices on antidepressant medication websites and would employ website developers who consider the far-reaching effects of every element and word on a webpage, the fact that women are overrepresented on these websites, just as they have been overrepresented historically in antidepressant medication print ads, and the tendency of these websites to appear informational while presenting biased, unbalanced information, points to the need for government regulations regarding DTC advertising on the Web.

CHAPTER V

CONCLUSION

Although the antidepressant medication websites analyzed herein do not appear to target women in all aspects of design and content, they do appear to target women seemingly-intentionally in some ways, specifically in the overrepresentation of women visually, the depiction of females as ill more often than well (either as ill, or as ill but undergoing treatment with medication), the incorporation of emotional appeals, which may be predicated upon a stereotype that women are more emotional than are men, and the emphasizing of biological factors when it comes to causation, either directly or indirectly, which reinforces ways women have historically been positioned as the referent for depression. Moreover, several aspects of the websites, including causation framing and emotional appeals, create a social reality that, once it is carried through subsequent discourse acts beyond the website and into U.S. society at large, potentially contributes to the medicalization of women, as discussed at length in the previous chapter. The Web is an ever-changing tool, so continued research into DTC advertising on the Web, especially as new websites appear, redesigns of existent sites take place, and new trends emerge, will continue to be important to our understanding of both the medicalization of women and the creation and communication of social reality via the Web. Also, given the FDA's current interest in DTC advertising on the Web, it will be important to see how the FDA

deals with this relatively new form of DTC advertising, how the agency's decisions and regulations affect trends on medication product websites, and how these websites impact consumers and medical professionals, social reality, medicalization, and prescribing and diagnosis trends in the future.

<u>Ethical Concerns</u>

In the methodology chapter, I raised some ethical questions, which I would like to address now. The first question asks whether meaning is ever manipulated or subordinated on antidepressant medication websites as a means by which to enhance the promotional aspect and thus increase the likelihood of the website leading to a purchase. Based on the results of my study, I would argue that yes, meaning is at times manipulated or subordinated to increase a website's persuasive effect. For example, safety information is usually backgrounded on these websites, subordinating it to other, arguably more positive information about the medication, including persuasive elements like taglines and images. Future research that could answer this question more comprehensively might include studies that examine how and to what extent antidepressant medication websites influenced the decision-making of both consumers who have received a particular antidepressant drug and doctors who have prescribed it.

The second question asks whether the public's trust is comprised or violated on these websites. I would argue that the results discussed in previous chapters indicate that public trust may be violated or compromised to a certain extent on antidepressant medication websites. Developers often bury side effect and risk information at the bottom of pages, do not use color, larger text size, or white space to foreground such body text,

and often make pages of the site that are devoted to this information inaccessible directly

from the homepage. By treating safety information in this way, developers background it

and downplay its importance on the websites, which appear, for all practical purposes, to

provide medical information. Furthermore, the websites often omit links and body text

related to alternative drug choices, and they tend to provide limited information, if any,

about non-drug treatment options, information which is usually backgrounded on the

websites. Such omissions and backgrounding frames one medication—the one that is the

subject of the website—as the best or only treatment option. This framing means that

users encounter biased information on a website that, because of the inclusion of

symptoms quizzes, doctor discussion guides, information about the conditions the

medication is approved to treat, and/or links to additional resources, appears to have been

designed as an informational tool that is balanced and credible, similar to the genre of

health information websites, which are not sponsored by pharmaceutical companies with

an inherent capitalist agenda. Further research that could more comprehensively answer

this question might include survey or focus group studies that explore how consumers

perceive these websites, how they use the information on the websites, and whether *they*

feel their trust is violated or compromised on the sites.

The third ethical question asks whether these websites seem to hide their

hybridized nature, that is, do they appear to and/or purport to be strictly informational as

opposed to sites with a promotional agenda. I would argue that these websites do seem to

hide their hybridized nature. All of the websites in my study use colors commonly found

on health information websites, mirroring these websites color-wise. Some of the sites

also mirror layout conventions of health information websites. The majority of the study

websites adopts a helpful, conversational tone and/or use an informal register, also

characteristic of health information websites. Some of the websites also include

interactive elements common to health information websites, including quizzes,

checklists, and discussion guides. These similarities in design and content may signal to

users that the antidepressant medication websites serve the same purpose as health

information websites, which is to function as a source of balanced, reliable, and credible

information, a purpose that these hybridized sites cannot fulfill given the profit-driven

motivation that underlies them.

Moreover, statements about the site's purpose are typically backgrounded on

antidepressant medication websites, either by links to the information being placed in

backgrounded navigation menus, the information only being accessible from the sitemap,

and/or the information being contained on the company website rather than the

antidepressant medication website itself. Across the study sample, these statements,

usually labeled "Terms of Use" or "Terms and Conditions," indicate the sites are for U.S.

audiences only and describe the sites as "informational" (Zoloft, Marplan, and Effexor

XR), "educational" (Zoloft and Effexor XR), for "entertainment" (Effexor XR), not to be

construed as medical advice (Wellbutrin and Marplan), and for "communication"

(Effexor XR). Given that the majority of the statements characterize the sites as

"informational" and/or "educational," with only Effexor XR being attributed to

entertainment or communication, I would argue that antidepressant medication websites

do purport to be strictly informational, thereby concealing their hybridized nature and the

bias that results from the marketing side of it. In addition to being backgrounded on the

websites, none of these statements identify the websites as advertisements. In fact,

nowhere on any of the study websites does it state that the sites are advertisements, although all but the Wellbutrin website incorporate marketing techniques, like brand name repetition and framing of the brand in a positive light, as well as persuasive elements, like emotional appeals, taglines, and photos. Given that the majority of the websites in the study mirror conventions of health information websites while giving no indication they may also include persuasive content, I would argue they attempt to hide their hybridized nature.

Oftentimes in print, advertisements that use the conventions of informational documents—like newspaper or magazine articles, for example—plainly state on the ad that it is an advertisement. Because antidepressant medication websites mirror certain conventions of health information websites while also utilizing persuasive advertising techniques, with the exception of Wellbutrin.com, which has no persuasive content, perhaps these sites should feature the label "advertisement" at the top of each page. Future research might include comparative studies of antidepressant medication websites (or other prescription drug websites) versus various website genres considered to be strictly information, and such studies might seek to determine whether drug websites do hide their hybridized nature and should be required to bear the label "advertisement," or some other marker that will ensure users do not mistake the sites as being devoid of marketing tactics.

Areas for Future Research

Other areas for future research might include a renewed study of antidepressant medication websites in about five to ten years, or shortly after the FDA issues regulations

concerning drug advertising on Web if that comes to pass, to see if new trends have emerged and what implications can be drawn from them. Also, research that looks at websites developed to market other types of psychiatric medications, like bipolar drugs, for example, might reveal trends that hold true for Web advertising across various medication types, as well as trends exclusive to websites for each type of medication. Comparative studies that explore diagnosis and prescribing trends in countries that do not permit DTC advertising versus the U.S. might shed further light on the potential effects of DTC advertising, especially as it relates to public perception, and such studies could look specifically at issues like race, class, gender, age, and sexual orientation. One could also compare television and print ads for antidepressant medications to Web ads for the same medications to determine how design and/or content varies by medium, especially in terms of CDA concerns like omission and framing. Although this thesis offers valuable insight into how DTC website advertising of antidepressant medications may influence social reality and contribute to the medicalization of women, many more stones surrounding the issue of direct-to-consumer advertising have yet to be overturned.

DEFINITIONS

Antidepressant medication website: For the purposes of this study, this term refers to any website sponsored by a pharmaceutical company that takes as its subject a particular antidepressant medication and uses the medication's brand name as the URL.

Backgrounding: Deemphasizing certain elements or ideas by making them less prominent than other elements at the sentence, paragraph, or text level.

Classification: The name or label one chooses to give something.

Connotation: The contextual meaning of a word.

Developer: A person who develops the content of a website.

Extended metaphor: A metaphor that extends beyond a single sentence or visual element.

Foregrounding: Emphasizing certain elements or ideas by making them prominent at the sentence, paragraph, or text level.

Framing: How content is presented in terms of the way it's laid out on a page and the slant given to the writing.

Genre: A recognizable type of text.

Health information website: For the purposes of this study, this term refers to a website that presents health information and is not sponsored by a pharmaceutical company or any other company that has an economic interest in promoting a particular medication or health product.

Insinuation: Suggesting an idea slyly, without directly stating it.

Intertextuality: For the purposes of this study, I have used this term to refer to the linking of one text to another.

Layout: The way elements are placed on a page.

Meta tag keywords: HTML tags that store information about a webpage but that are not displayed in a Web browser. The keyword tags help direct users to the webpage when users enter a keyword into a Web search engine.

Omission: Deliberately leaving something out.

Pharma: A pharmaceutical company, group of pharmaceutical companies, or the entire pharmaceutical industry.

Presupposition: "The use of language in a way that appears to take certain ideas for granted, as if there were no alternative" (Huckin, "Critical Discourse Analysis" 82).

Register: Refers to a text's level of formality and technicality.

Tone: A writer's attitude toward the reader and the subject of the message. On websites, tone may be assumed by users as belonging to the website developer and/or or the person/group/company/organization/agency that published the website.

Topicalization: Positioning a person, place, thing, or idea as the topic, or subject, of a sentence. This foregrounds it at the sentence level.

User: Any person who interacts with a website by viewing its content, clicking its links, completing online forms, etc.

User interaction: When someone does more than simply viewing website content, including scrolling, clicking links, completing online forms, watching videos, etc.

APPENDIX B

BLANK ANALYSIS CHART

Blank Analysis Chart for Antidepressant Medication Websites

Category	Notes *(Initial impressions, CDA, feminist questions, and reflection)*
Layout	*Initial impressions of homepage:* *Genre (Specific concerns: Does it use/manipulate conventions of product websites or health information sites?):* *Framing:* *Foregrounding/backgrounding:*
Links	*Initial impressions of homepage:* *Framing (Specific concern: Ordering of links):* *Intertextuality:* *Omission:* *Foregrounding/backgrounding:* *Register:* *Are the links mostly associated with illnesses? If so, what ratio of the illnesses featured are more common in women than men?* *Are there links associated in any way with women's hormonal cycles (e.g. links to pages about PMDD)?*
Color	*Initial impressions of homepage:* *Foregrounding/backgrounding:*

Color (cont.)	*Genre (Specific concern: Are the colors similar to those used on health information websites?):*
	What do the colors traditionally symbolize in American culture?

Images	*Initial impressions of homepage:*
	Framing:
	Omission:
	Foregrounding/backgrounding:
	Insinuation:
	Extended metaphors:
	What is the ratio of men vs. women in the images?
	How are women portrayed?
	How are men portrayed?
	Are women visually represented as ill more often than are men?
	Are women visually represented as ill more often than well?

Headlines and taglines	*Initial impressions of homepage:*
	Foregrounding/backgrounding:
	Extended metaphors:
	Topicalization:
	Register:
	Presupposition:
	Do the headlines or taglines use emotional appeals?
	Do they reference female issues or concerns?
	Do they speak directly to women?

User interaction	*Initial impressions of homepage:*
	Intertextuality:

User interaction (cont.)	*Genre (Specific concern: Are there interactive items (like symptoms quizzes) that are found on health information websites?):* *Foregrounding/backgrounding:* *Toplicalization (Specific concern: What topics are the interactive features related to, e.g. illness, medication, etc.?):* *Do interactive elements suggest patients consult a doctor and/or print something out to take to their doctor?*
Meta tag keywords	*Initial impressions of homepage: N/A (meta tags are not present on the website itself)* *Presupposition:* *Omission:* *Do the meta tag keywords include words or phrases related to female experiences that might lead to antidepressant use (e.g. sexual assault, post partum)?*
Website copy (includes all body text, as well as disclosure statements)	*Initial impressions of homepage:* *Presuppositions:* *Connotation:* *Register:* *Topicalization:* *Insinuation:* *Classification:* *Foregrounding:* *Are biological factors emphasized?* *Are women's hormonal cycles treated as causes of depression?* *Are there personal anecdotes? If so, what is the ratio of anecdotes by women vs. men?* *Are women addressed directly? Are men?* *What types of appeals are used? What type is used most?* *Is first- or second-person used? Often?*
Additional comments	*Notes on anything outside the analyzed categories.* *Final reflections on website as a whole.*

APPENDIX C

SCREEN SHOTS OF SAMPLE WEBSITES

Illustration 1
Homepage of Remeron.com

ONCE-A-DAY
REMERONSolTab®
(mirtazapine) Orally Disintegrating Tablets

Life With Depression Under Control

REMERONSolTab®(mirtazapine) Orally Disintegrating Tablets has been approved by the Food and Drug Administration for the treatment of major depressive disorders in adults. RemeronSolTab® is not approved for use in pediatric patients, including children and teenagers.

The **Full Prescribing Information with Medication Guide** is helpful reading for anyone using or thinking of using REMERONSolTab®.

These documents are available as a PDF, If you cannot open them **click here**

REMERONSolTab® is indicated for the treatment of major depressive disorder (MDD) in adults. REMERONSolTab® is not approved for use in pediatric patients, including children and teenagers.

Important Safety Information

Suicidality and Antidepressant Drugs
Antidepressants increased the risk compared to placebo of suicidal thinking and behavior (suicidality) in children, adolescents, and young adults in short-term studies of major depressive disorder (MDD) and other psychiatric disorders. Anyone considering compared to placebo in adults aged 65 and older. Depression and certain other psychiatric disorders are themselves associated with increases in the risk of suicide. Patients of all ages who are started on antidepressant therapy should be monitored appropriately and observed closely for clinical worsening, suicidality, or unusual changes in behavior. Families and caregivers should be advised of the need for close observation and communication with the prescriber. REMERONSolTab® is not approved for use in pediatric patients.

WARNINGS
Clinical Worsening and Suicide Risk
Patients with major depressive disorder (MDD), both adult and pediatric, may experience worsening of their depression and/or the emergence of suicidal ideation and behavior (suicidality) or unusual changes in behavior, whether or not they are taking antidepressant medications, and this risk may persist until significant remission occurs. Suicide is a known risk of depression and certain other psychiatric disorders, and these disorders themselves are the strongest predictors of suicide. There has been a long-standing concern, however, that antidepressants may have a role in inducing worsening of depression and the emergence of suicidality in certain patients during the early phases of treatment. Pooled analyses of short-term placebo-controlled trials of antidepressant drugs (SSRIs and others) showed that these drugs increase the risk of suicidal thinking and behavior (suicidality) in children, adolescents, and young adults (ages 18-24) with major depressive disorder (MDD) and other psychiatric disorders. Short-term studies did not show an increase in the risk of suicidality with antidepressants compared to placebo in adults beyond age 24; there was a reduction with antidepressants compared to placebo in adults aged 65 and older.

All patients being treated with antidepressants for any indication should be monitored appropriately and observed closely for clinical worsening, suicidality, and unusual changes in behavior, especially during the initial few months of a course of drug therapy, or at times of dose changes, either increases or decreases.

Consideration should be given to changing the therapeutic regimen, including possibly discontinuing the medication, in patients whose depression is persistently worse, or who are experiencing emergent suicidality or symptoms that might be precursors to worsening depression or suicidality,

Illustration 2
Homepage of Remeron.com with image variation

Illustration 3
Remeron.com "Terms of Use" page

Illustration 4
Homepage of Marplan.com

Illustration 5
Marplan.com "Patient Profile" page

Illustration 6
Links to social-networking websites on Marplan.com

Illustration 7
Homepage of Zoloft.com
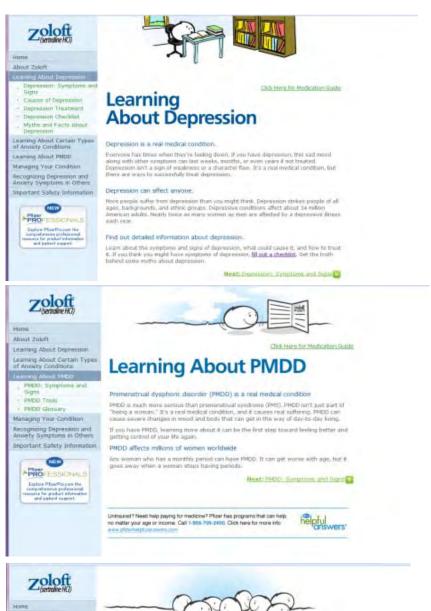
Illustration 8
Pages from Zoloft.com

Illustration 9
Homepage of Effexorxr.com

Illustration 10
Effexorxr.com "Prescribing Information" page

Illustration 11
Wellburtin.com

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VITA

      Rebecca Lynn Abbott was born in Memphis, Tennessee on December 8, 1981, the daughter of Gary Lynn Abbott and Mary Katherine deMello. After spending most of her childhood in Topeka, Kansas, she graduated from John Marshall High School in San Antonio, Texas, in 2000. After two semesters in the Honor's Program at the University of Texas-San Antonio, she transferred to St. Edward's University in Austin, Texas, where she earned a Bachelor of Arts in English Writing and Rhetoric with the distinction Summa Cum Laude. She entered the Graduate College of Texas State University-San Marcos in August 2006, where she has won an essay contest, been awarded a competitive academic scholarship, co-wrote a grant proposal with other students in the Master of Arts in Technical Communication program, and maintained a 4.0 grade point average. Her professional experience includes the completion of editorial and teaching assistant internships at St. Edward's University, employment as a communications specialist for Austin Board of Realtors, numerous freelance writing and editing projects, and more than three years experience as a legal assistant.

Permanent address: 7207 Silvermine Drive

                            Austin, TX 78736

This thesis was typed by Rebecca Lynn Abbott.