

Contents lists available at [ScienceDirect](#)

## Social Science &amp; Medicine

journal homepage: [www.elsevier.com/locate/socscimed](http://www.elsevier.com/locate/socscimed)

## Resistance and mutations of non-specificity in the field of anxiety-depressive disorders in Canadian medical journals, 1950–1990

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## ARTICLE INFO

## Article history:

Available online xxx

## Keywords:

Psychotropic drugs  
Advertising  
Primary care  
Pharmaceuticalisation  
Anxiety  
Depression  
Modern psychopharmacology  
Specificity

## ABSTRACT

Pharmaceuticalisation is a complex phenomenon, co-constitutive of what scholars identify as a pharmaceutical regime, comprised of networks of actors, institutions and artefacts as well as cognitive structures that underlie the production, promotion and use of medications. The aim of this paper is to explore the linkages between different components of this pharmaceutical regime through the analysis of psychotropic drug advertising in Canadian medical journals between 1950 and 1990. Advertisements stand at the nexus of macro-level processes related to the development, regulation and marketing of new drug treatments and of micro-level processes related to the use of these drug treatments, both by clinicians and lay persons. We thus examine advertisements from the angle of the mental and classificatory universes to which doctors were exposed through direct-to-prescriber advertisement strategies implemented during this period. Furthermore, we explore to what extent the rationale behind advertisements was permeated by both scientific/professional and popular narratives of mind–body connections. This paper demonstrates that, although this period was marked by paradigm shifts in the classification of mental diseases, the development of modern psychopharmacology, and the questioning of the scientific legitimacy of psychiatry, advertisements unveil a remarkable continuity: that of the mass management of anxiety-depressive disorders by primary care physicians through psychotropic drugs. Also, despite the effective resistance to specificity as shown by the constant redefinitions of diagnostic categories and therapeutic indications, our analysis suggests that the language of specificity used in the promotion of new drugs and in the various narratives of mind-body connection may have been appealing to general practitioners. Finally, our study of the classes of psychoactive medications that have been in use for over half a century reveals a complex, non-linear dynamic of pharmaceuticalisation and de-pharmaceuticalisation.

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From the “Valiumania” of the 1970s to the rise of the “Prozac Nation” in the 1990s, the popularity of psychotropic prescription drugs in recent decades has been extensively described and analysed from the viewpoint of the medicalisation of everyday life (Tone, 2009; Herzberg, 2009; Healy, 2004). However, the increased use of psychotropic drugs within and outside the medical sphere to treat “mild” mental health problems is also a major trend in the pharmaceuticalisation of contemporary Western societies, briefly defined as “the redefinition and reconstruction of health problems as having a pharmaceutical solution” (Williams et al., 2011: 3).

Indeed, since the rise of modern psychopharmacology in the 1950s, the mental health field has been characterized by a constant redefinition of the delimitations of mental disorders, which is intimately related to the development and marketing of new drug treatments. For example, the number of prescriptions for anti-anxiety drugs in the United States rose from 45 million in 1964 to 95 million in 1972 (Smith, 1985). Moreover, the sales of SSRI antidepressants more than doubled between 1994 and 2000 in the United States (Abraham, 2010). Similar trends have been reported in Canada and Europe.

However, to reach beyond overly simplistic interpretations of the phenomenon of pharmaceuticalisation, it is necessary to extend our analysis beyond the observation of the expansion of the pharmaceutical market. Complex and multifaceted, pharmaceuticalisation is in line with what scholars identify as a pharmaceutical

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regime constituted of networks of actors, institutions and artefacts as well as cognitive structures that underlie the production, promotion and use of medications (Williams et al., 2011). We define cognitive structures as culturally and socially accepted coding systems or classifications.

The aim of this paper is to explore the linkages between different components of this pharmaceutical regime. To achieve this, we will analyse psychotropic drug advertising in general practice journals between 1950 and 1990. Advertisements stand at the nexus of macro-level processes related to the development, regulation and marketing of new drug treatments and of micro-level processes related to the use of these drug treatments, both by clinicians and lay persons. We thus suggest approaching advertisements from the angle of the mental and classificatory universes to which doctors were exposed through direct-to-prescriber advertisement strategies implemented during this period, and also to explore to what extent the rationale behind advertisements is permeated by both scientific/professional and popular narratives of mind–body connections.

The time period that our analysis covers is bounded by two significant sets of events. The 1950s are marked by the advent of the first psychoactive drugs considered as *specific* treatments in psychiatry (Moncrieff, 2008; Healy, 2002). The end of the 1980s is meaningful because of the arrival on the market of SSRI antidepressants, also celebrated because of their *specific effects* on depression. However, despite this desire and claim for specificity, it is our contention that throughout this period, the classification of disorders on the one hand and drug indications on the other are perpetually moving targets that, precisely by these constant re-definitions, bear eloquent testimony to an almost ontological resistance to the paradigm of specificity.

We will therefore analyse advertising discourse in terms of the therapeutic indications and scientific rationalisations that underlie the promotion of new drugs to general practitioners during these four decades. Indeed, primary care physicians were already involved in the management of anxiety-depressive disorders at the beginning of the 1950s (Shorter, 2009; Harrington, 2008). Our sources also attest to the involvement of general practitioners in the management of emotional tensions, anxiety and depression in Canada from the 1950s and 1960s, and to the desire on their part for more training regarding these disorders (Fortin, 1965).

Moreover, this article draws a picture of the pharmacological landscape of these four decades — and indirectly of the markets targeted by the different classes of psychotropic medications—more comprehensively than has been done until now. Indeed, focussing on one or several famous drugs somewhat blurs the resulting global perspective and prevents shedding light on how non-specificity in the field of mass psychopharmacology is expressed and transformed.

## 1. The issue of contemporary anxiety-depressive disorders

The 1950s were a major milestone in the development of modern psychopharmacology and of mass treatment of anxiety and depression disorders (Healy, 2002; Shorter, 2009). This period was also marked by the publication of the DSM-I (American Psychiatric Association, 1952), which was developed on the base of earlier classificatory schemas as a tool for clinicians in office-based psychiatry, and by the rapid emergence and spread of both psychosomatic medicine and the concept of stress (Harrington, 2008; Viner, 1999).

“Emotional or nervous tension,” “nervousness,” “depression,” “psychoneurosis,” “stress,” and “anxiety” are terms among many others that, depending on the historical period, have designated the amorphous category of anxiety-depressive disorders. At every period, it seems, “social nervousness” is seen as both a major public

health problem and a theoretical problem reviving debate among experts from different disciplines (psychiatry, sociology, psychology, epidemiology, etc.) about its nature and aetiology. In the wake of these debates, the volatile alliance between “mental disorders” and “psychosocial problems” is one area in which pharmacological non-specificity is most resistant to the canonical model of “one drug, one disease”.

Important studies have been published on the sociology or the history of psychotropic drug use since the 1980s (Montagne, 2001; Gabe, 1990; Ettore et al., 1994). Moreover, in the past decade or so, the history of psychiatric drug treatment has inspired a number of significant publications (Horwitz, 2010; Shorter, 2009; Herzberg, 2009; Tone, 2009; Moncrieff, 2008; Healy, 2004). Two foci of analysis are chiefly covered in the literature: 1) the boundary between mild and severe mental problems as well as between anxiety and depression (Horwitz, 2010); 2) the scientific validity of the claim that modern psychotropic drugs are disease-specific treatments (Moncrieff, 2008; Healy, 2002). However, most authors approach the subject from a specific angle. Tone has examined the social and political reception of Miltown in the 1950s and 1960s, decades of the “age of anxiety” (Tone, 2009). Herzberg (2006, 2009) has examined the changing diagnoses of anxiety and depression from the 1950’s to 1970’s as well as the influence of feminists and addiction activists on the psychotropic drug scare of the 1970s. Other authors have focused on the rise of modern psychopharmacology and of the idea of specific drug treatments in psychiatry (Moncrieff, 2008; Healy, 2002), or on the classification of mental disorders within the DSM as well as on the external and internal factors responsible for epistemological shift of DSM III (Horwitz, 2010). Shorter (2009) has emphasised the role of the FDA and the American Psychiatric Association in these reclassifications. In these studies, drug advertising is a prime source for illustrating the influence of the pharmaceutical industry while at the same time accounting for everyday clinical practice in the field.

Yet, few authors have conducted comprehensive analyses of this advertising in medical journals over a long period, as was done by Metzl (2003) and Smith (1985). Smith’s in-depth study of drug advertising is focused on minor tranquilisers during the 1960s and 1970s. The author analyses the regulatory context as well as the evolution of psychotropic drug prescription and use. This impressive work of synthesis also allows situating the place occupied by tranquilisers (among all classes of psychotropic drugs) in the management of anxiety-depressive disorders during this period. Metzl addresses the subject from a particular angle as well, namely, gender stereotypes. Indeed, the author shows how women are portrayed with consistency from the 1950s to the 2000s according to a schema inspired by psychoanalysis and long after the rejection of psychoanalysis in American psychiatric nosology. Through the analysis of psychoactive drugs in psychiatric journals, Metzl’s thesis demonstrates how drug treatments have replaced therapy in the management of neuroses.

However, it is our contention that successive drug treatments for nervous disorders have shown no signs of interruption in general medicine, both before and after the period covered here. Since the first decades of the 20th c., barbiturates and stimulants were already part of the therapeutic arsenal in general practice (Tone, 2009; Rasmussen, 2008; Shorter, 2009). The popular tradition of consulting for somatic problems related to nerves has been well established historically and continues until now (Harrington, 2008). Indeed, while a certain elite consulted nerve doctors as of the second half of the nineteenth century, the popular masses had to make do with psychoactive drugs to treat their nerves, exhaustion, neurasthenia, and so on (Oppenheim, 2001). The hypothesis of a physical substrate to these psychological and mental states was also firmly rooted in popular culture (Harrington, 2008). Continuity

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