

“A Lot of Little Things Are Wrong”: The Tenacity of Gender Roles in Drug Advertising  
In an Era of Change, 1955-1972

An honors thesis for the Department of History

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### **Acknowledgements**

*I can no other answer make but thanks,  
And thanks; and ever oft good turns...  
~William Shakespeare, Twelfth Night*

This is the first occasion for which I feel an academic endeavor of mine merits an “Acknowledgements” section; I hope it will not be the last. This process began at the end of my sophomore year, when, after taking two history courses – Girlhood in the 1950s, and Women in Twentieth Century America – I decided that my honors thesis would focus on women and addiction. Though the topic has morphed from that point, nearly two years ago, my passion for social and gender issues in mid-century America has not waned. If anything, working on my thesis over the past year has only intensified my desire to delve further into the historical implications of what it meant to be a woman in the 1950s, 1960s, and 1970s. Yet enthusiasm alone is not enough, and my own passion for the subject, however great, could not have withstood the tensions of senior year, research, deadlines, revisions, and, well...life.

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Finally, I dedicate this thesis to my grandmothers, Ingeborg Grosser Mauksch, and Mary Durbin Kentch. Both of you lived and breathed during the era that I have spent the past year reading and

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In 1956, an advertisement in the *Journal of the American Medical Association* (JAMA) for the new drug Miltown promised “an entirely new type of tranquilizer...effective in ANXIETY, TENSION, and MENTAL STRESS.”<sup>1</sup> Released in 1955, Miltown was the first in a long line of psychotropic drugs – a classification including tranquilizers and antidepressants – that were marketed to Americans throughout the 1950s, 1960s, and 1970s in order to calm their nerves. A plethora of other medications based off of Miltown’s primary chemical compound, meprobamate, came out in the early 1960s. Many of the ads for these tranquilizers and antidepressants presented men and women in typical gender roles of the period. For instance, in 1961, still the era of women’s domesticity, an ad for the meprobamate drug Deprol pictured a housewife submissively seeking help from an older male doctor. Such advertisements perpetuated the traditional norms of femininity that kept women in the private sphere and men in the public sphere. In 1971, two decades after Miltown’s release, JAMA featured another drug advertisement for the tranquilizer Sinequan. A woman knelt on the floor of her kitchen lamenting her broken dishes, crying, “Most often it’s my stomach, but I get headaches too. My muscles hurt and I’m fidgety and sometimes I cry.”<sup>2</sup> In a year when thousands of women gathered together to advocate for their political rights, the Sinequan advertisement maintained that a woman’s most pressing concerns should center around her failure to set the dinner table without breaking a plate.

This essay begins in the 1950s, an era of traditional gender roles and containment in the wake of World War II, and traces the gendering of prescription drug advertisements from that period of prescribed “normalcy” to the tumult of the 1970s, when American women were in the midst of a fight for equality on all fronts. Prescription drug marketing grew throughout the decades of the mid-twentieth century, from the early days of Miltown to the heyday of the 1970s blockbuster drugs, Librium and Valium. Throughout those years, as scientific and technological innovation influenced the growth of medicine, pharmaceutical companies worked around the clock to develop new panaceas for Americans’ anxieties and tensions. Equally important was the rise of advertisements marketing emergent drugs to the physicians who, in turn, would prescribe

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<sup>1</sup> Miltown advertisement, *Journal of the American Medical Association* (28 January 1956), 18.

<sup>2</sup> Sinequan advertisement, *Journal of the American Medical Association* (4 January 1971), 153-6.

them to men and women. This dialogue existed primarily among white male professionals, for they dominated the medical profession and pharmaceutical industry. The relationship between these three groups: the pharmaceutical industry, the physicians, and American patients, operated under a set of gendered norms and assumptions about the nature of masculinity and femininity. The social upheaval of the 1960s and 1970s – most noticeably the rise of the women’s movement – radically reshaped popular conceptions about women’s personal and professional lives.

This thesis argues that even though expectations – about the ideals of masculinity and femininity, and traditional gender roles – shifted significantly from the postwar period to the early 1970s, the pharmaceutical industry barely changed its message. Instead, it persisted in portraying men and women through the same gendered lenses in the 1970s as it had from the end of World War II through the beginning of the 1960s. The gender ideology of the 1950s put men in the public sphere, kept women in the private sphere, and continued to do both in the drug advertisements of the 1970s. The ads consistently made generalizations about men’s and women’s emotional needs based on idealized gender roles, and suggested that prescription drugs could and would meet those needs. The advertisements revealed definitive differences in the ways in which companies marketed drugs to women versus to men. The contrast was an apt reflection of the differences between what historians have termed the crisis of masculinity and the crisis of femininity. The roots of these crises originated in the gender expectations of the 1950s, when ideas about the “ideal” masculine and feminine roles governed life in the home and in the workplace. Millions of Americans did strive to fit these ideals. The differentiation between the public and private (also called “domestic”) spheres was vital, and simultaneously liberating and confining. It gave men and women each a realm to preside over, but also limited their involvement in the other sphere. The crisis of femininity came to fruition as women voiced their dissatisfaction and unhappiness with such limited access to the public sphere.

The crisis of femininity emerged after a decades-long series of successes and setbacks for women’s independence outside the home, beginning with the ratification of the Nineteenth Amendment and culminating in the transformation of the American workforce during World War II. The war brought about huge changes in the American labor force – over 16 million Americans served in the military, thus vacating millions of jobs in the United States.<sup>3</sup> American women –

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<sup>3</sup> Anne Leland and Mari-Jana Oboroceanu, “American War and Military Operations Casualties: Lists and Statistics,” for *Congressional Research Service* (26 February 2010). Online via <<http://www.fas.org/sgp/crs/natsec/RL32492.pdf>>.

young and old, rich and poor, of variant races and social classes – filled those jobs. Historian Susan Hartmann reports: “Between 1940 and 1945, the female labor force grew by more than 50 percent, as the number of women at work outside the home jumped from 11,970,000...in 1940 to 18,610,000 in 1945. The proportion of all women increased [by over ten percent].”<sup>4</sup> The influx of women into previously male-dominated jobs was doubtless a gain for women’s extra-domestic lives, and historians have emphasized the war years as an improvement in American women’s equality outside the home. However, primary literature from the era tended to ignore women’s role in the war effort, and focused instead on women’s supposed negative effect on society.

Popular literature throughout the period critiqued both men and women for so-called failures of their gender roles. In 1943, author Philip Wylie published *Generation of Vipers*, a scathing analysis of American mothers, who he posited were coddling and spoiling their sons. He accused American women of raising a generation of weak, dependent men, and termed the phenomenon “Momism.”<sup>5</sup> While Wylie blamed women for the harm they purportedly caused American men, psychologist Marynia Farnham and her sociologist partner Ferdinand Lundberg went even further in *Modern Woman: The Lost Sex*. The book blamed women for the widespread “unhappiness” in American society: “Unhappiness not directly traceable to poverty, disease, physical malformation or bereavement is increasing in our time...[and] the principal instrument of [its] creation are women.”<sup>6</sup> *Modern Woman* also made sweeping generalizations about two separate ‘evils’: feminism, and neurosis. The authors asserted that feminism had “disastrous consequences”<sup>7</sup> for both the family structure, and America as a whole. In addition, Americans were apparently crippled with neurosis – and Farnham and Lundberg placed all blame and responsibility on mothers. Together, the critique of American women in *Generation of Vipers* and *Modern Woman* contributed to the culture of blame that told untraditional women – mothers who worked outside the home, unmarried women, and professional women, among others – that they

In addition, over the course of the war, unemployment dropped considerably. Percent unemployment of the American labor force: 1940 – 14.6 %, 1941 – 9.9%. 1942 – 4.7%, 1943 – 1.9%, 1944 – 1.2%, 1945 – 1.9%. From "Employment status of the civilian noninstitutional population, 1942 to date," *Bureau of Labor Statistics, Current Population Survey*, accessed 12 February 2011 via <<http://www.bls.gov/cps/cpsaat1.pdf>>.

<sup>4</sup> Susan Hartmann, *The Home Front and Beyond: American Women in the 1940s* (Boston: Twayne Publishers, 1982), 21.

<sup>5</sup> Philip Wylie, *Generation of Vipers* (New York: Farrar & Rinehart, 1943).

<sup>6</sup> Ferdinand Lundberg and Marynia Farnham, *Modern Woman: The Lost Sex* (New York: Grosset & Dunlap, 1947), 71.

<sup>7</sup> Lundberg and Farnham, *Modern Woman*, 167.



had failed to live up to the ideals of femininity. Experts like Wylie and Farnham were not the only ones who reflected negatively on women's labor in the war effort; many of the supposed developments for women who took on men's jobs during World War II were qualified by the way the government, media, and society framed women's work. Two fictional – yet extremely influential – characters provide powerful examples of the mixed messaging on patriotism and feminism sent to American women: Rosie the Riveter, and Betty Crocker. Rosie was a government propaganda tool created in 1943 to convince women to join the war effort; Betty was the unofficial General Mills spokeswoman for domesticity.

Throughout history, men have controlled the way women are portrayed in the media. In the 1940s, men created both Rosie and Betty to suggest the ideal wartime behavior for women. Pretty, feminine, Betty was General Mills' invention of the ideal domestic woman. Always pictured leaning over to pull a tray of brownies from the oven, or smiling into the camera while scrubbing her sparkling countertops, Betty was a crucial part of war propaganda, utilized to celebrate the tradition of wartime women on the home front.<sup>8</sup> In the introduction to a 1943 cookbook, she offered "advice" to millions of American women: "Hail to the women of America! You have taken up your heritage from the brave women of the past. Just as did the women of other wars, you have taken your positions as soldiers on the Home Front... The efforts and accomplishments of women today are boundless!"<sup>9</sup> Here, Betty seems to celebrate the strength and achievements of wartime women, focusing on what they can contribute to the war effort, with no reference to domestic ideals. However, the introduction continues: "But whatever else you do—you are, first and foremost, homemakers—women with the welfare of your families deepest in your hearts... So to you women behind the men, behind the guns, we offer this little book, with its daily helps for wartime mealplanning[sic] and cooking."<sup>10</sup> The message in this latter portion of the introduction is perfectly clear: women's place is in the home, supporting their men by adhering strictly to ideals of femininity and domesticity. The phrase "behind the men" prevents any possibility of equality between the sexes, and the near-admonishment that women "are, first and foremost, homemakers" reminds women of their most important role. Betty Crocker, the iconic American baker and housewife, told American women

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<sup>8</sup> Emily Yellin, *Our Mothers' War: American Women at Home and at the Front During World War II* (New York: Free Press, 2005) 23.

<sup>9</sup> Yellin, *Our Mothers' War*, 3.

<sup>10</sup> Yellin, *Our Mothers' War*, 3.

in no uncertain terms that the only way for them to contribute was by continuing to display those qualities that made them feminine: domesticity, serenity, and beauty. Their aid to the war effort would have to come from inside the home.

Rosie the Riveter, too, sent strong messages about women's role in the war effort. Beginning in 1943, the way the government and media portrayed Rosie was, once again, a reflection of the beliefs that the men in power wanted to convey to American women. In May of 1943, Norman Rockwell portrayed Rosie on the cover of the *Saturday Evening Post*.<sup>11</sup> The woman pictured was undeniably masculine by 1940s gender standards: she was large, muscular, unsmiling, and dressed in unflattering work clothing. However, perhaps the government worried that women would have trouble identifying with such a masculine heroine, so Rosie got a makeover. Several months later, the "new" Rosie was released: fierce but feminine, with curling lashes and manicured nails. Rosie's underlying message to American women was encouraging of work outside the home; the government was trying to make it clear that it was possible to be pretty and feminine, while still contributing to the war effort in the public sphere. Indeed, women war workers would soon appear as an idealistic symbol of national unity and loyalty, for they were dedicated to the cause. As historian Maureen Honey points out, the representation of women as devoted, strong war workers was "a progressive movement toward the acceptance of women as equal partners in the struggle to preserve American institutions, to share in the hardships and rewards of public work at all levels."<sup>12</sup> But just as Betty Crocker's cookbook introduction seemed to celebrate women's strength, yet ultimately encouraged domesticity, the image of Rosie the Riveter did not entirely support ideals of women's individuality and power. She was often portrayed as entering the war industry solely to support a husband, brother, or father, and her contribution to the war effort became known as the proper way to fulfill a "civic and moral responsibility," rather than as a demonstration of her capability and independence.<sup>13</sup> A woman's entrance into the workforce was often viewed as an act of sacrifice and as a simple fulfillment of duties for her absent husband, rather than as an independent effort that would contribute to the nation's larger cause. The idea that a woman would work a job solely for her husband's sake reinforced the notion that her gender's usual place was within the private sphere.

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<sup>11</sup> Yellin, *Our Mothers' War*, 43.

<sup>12</sup> Maureen Honey, *Creating Rosie the Riveter: Class, Gender and Propaganda During World War II* (Boston: University of Massachusetts Press, 1984), 6.

<sup>13</sup> Honey, *Creating Rosie the Riveter*, 6.

The contrasting images of womanhood conveyed by Rosie and Betty reveal the contradictory messages about women and their places in the war years. Once again, World War II presented a multitude of conflicting ideas on the appropriate roles for American women. These incongruous messages about their responsibilities in the public versus private spheres gave many women in the postwar era a confused sense of their purpose and place in the home and American society. As soon as the war ended, the men returned home with the assumption that they would get their jobs back, and women were no longer welcome in the workplace. Hartmann writes, “By 1946, the female labor force had declined from its wartime peak of 19,170,000 to 16,896,000.”<sup>14</sup> Though women were welcomed into the wartime workforce with open arms, their presence had been sanctioned by the male leaders of the country, who had an ulterior motive: winning the war. Once that had been accomplished, the women were no longer needed. Thus while women workers did contribute to the war effort, they were a temporary labor fix for the country, which needed their support. Rosie and Betty, too, were male creations; formulated to communicate a specific message about women’s appropriate roles. Though different, both icons were created by men, and represented two sides of traditional femininity, both supporting men – either in the home, or in the workplace. In the following decades, amidst the crisis of femininity, men in medicine and science would also attempt to impart specific messages about women’s ideal behavior. Like the government and private industry during the war, the male-dominated pharmaceutical companies determined how they would represent women in their drug advertisements from the 1950s-1970s, and chose to maintain messages of domesticity and containment even into the 1970s, when the women’s movement was in full swing.

The crisis of femininity that emerged as women returned to their homes and devoted their lives to domesticity revealed a questioning of identity for millions of American women. They wondered both at their purpose as housewives and at their feelings of unhappiness and helplessness when society told them they should feel content. In the white middle-class, a woman’s place was in the home. The private sphere consisted of the physical home, and all of the duties that accompanied it: bearing and raising children, cleaning, cooking, and handling the tasks that would make the lives of her family members easier. The ideal woman, while purportedly more emotional than a man, was supposed to suppress her own emotional and sexual needs in order to cater to her husband’s. Yet the postwar transition from working woman to

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<sup>14</sup> Hartmann, *The Home Front and Beyond*, 24.

housewife contributed to another gender crisis, as well. The crisis of masculinity arose after World War II, as many men returned home to find that women had become much more independent during the war – holding a job and caring for the family while American forces fought overseas. This violation of the separate spheres rule was an important aspect of the crisis of masculinity, because of man’s traditional role as the sole provider, responsible for exiting the home every day to enter the public sphere and earn a living. Men who failed to fulfill this ideal, and showed physical or psychological weakness, were looked down upon by their male peers; by women, who wanted strong men; and by society as a whole. Critique of the American man came amidst the fear of power structures on a more global scale, for especially in the Cold War era, deviation from the norm was dangerous.

One of the strongest warnings about the problems of American masculinity came from historian Arthur M. Schlesinger, Jr., the originator of the phrase “crisis of masculinity.” Schlesinger was a one-time spy for the Office of Strategic Services (the precursor to the CIA), prominent Democratic party activist, frequent social commentator, and member of the Kennedy administration, who published several critical accounts of the failure of the American man: *The Vital Center: The Politics of Freedom* (1949), and *The Politics of Hope* (1963). In *The Politics of Hope*, Schlesinger blamed the era’s conformity and group mentality for the lack of “great men” (his term for masculine leaders of society, such as Churchill, Roosevelt, and Kennedy) in the United States.

The bureaucratization of American life, the decline of the working class, the growth of the white-collar class, the rise of suburbia—all this has meant the increasing homogeneity of American society. Though we continue to speak of ourselves as rugged individualists, our actual life has grown more and more collective and anonymous... Our ideal is increasingly smooth absorption into the group rather than self-realization in the old-fashioned, strong-minded, don’t-give-a-damn sense. Where does the great man fit into our homogenized society?”<sup>15</sup>

Schlesinger’s reference to “rugged individualists” is a throwback to Herbert Hoover’s 1928 campaign speech in which the candidate argued that Americans should not ask for much help from their government. Schlesinger’s utilization of the term was an acknowledgement of the ideal American man as a brave, tough, mountain-climbing, frontier-crossing individual who did not need help from anyone – a character many felt had vanished by the 1950s.<sup>16</sup> Schlesinger’s

<sup>15</sup> Arthur M. Schlesinger, Jr., *The Politics of Hope* (Boston: Houghton Mifflin, 1963), 40-1.

<sup>16</sup> For another critique of the American male, see David Riesman, *The Lonely Crowd* (New Haven: Yale University, 1950).

writings aptly represent the mid-century critique of the American man. While he wrote about the lack of “rugged” men in contemporary America, other critics, such as Senator Joseph McCarthy, used harsher language, alleging that many of America’s government employees were “soft” or homosexual. Gender and the idea of masculinity played a major part in the Cold War politics of the late 1940s and onward through the following decades.

The Cold War was rife with strong contrasts: man versus woman, liberal versus conservative, communist versus capitalist, heterosexual versus homosexual.<sup>17</sup> Many of these pairings were employed at the time by social commentators to reflect negatively on American manhood, and to point out the crisis of masculinity as they saw it reflected in modern society. The threat of communism and the idea that it could infiltrate the United States government was an integral part of the crisis of masculinity because of the supposedly un-masculine qualities, like homosexuality, that were associated with communists.<sup>18</sup> Many such Communist characteristics became part of the public consciousness thanks to Senator Joseph McCarthy. On February 9, 1950, Senator McCarthy gave a speech in Wheeling, West Virginia in which he claimed to hold in his hand a list of 205 communists in the U.S. Department of State. The Wheeling speech had many repercussions: it captured the public’s attention; it was a catalyst for the “Red Scare”; and reinforced the growing notion – which stemmed from accusations that the Democratic Truman administration had “lost” China to the communists – that liberals were soft on communism. But the real relevance of McCarthyism in this discussion lies in how the Senator’s crusade came to define American masculinity in the Cold War era.

First and foremost, McCarthy’s assertion that communists lurked in the State Department was also an allegation about the political tendencies of communists. Since the presidential administration was a Democratic one, and liberals were accused of being “soft” on communism, the insinuation was that the communists masqueraded as Democrats. In the face of a nuclear war with the Soviet Union, many Americans, thanks to McCarthy, became obsessed with national security. They fixated on the idea that the greatest threat to national security might arise not from the Kremlin, thousands of miles away, but from within the United States’ borders. Danger lurked

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<sup>17</sup> For more on the danger of homosexuality in the Cold War era, see David K. Johnson, *The Lavender Scare: The Cold War Persecution of Gays and Lesbians in the Federal Government* (Chicago: University of Chicago Press, 2004).

<sup>18</sup> For an examination of the sexuality of Cold War rhetoric, see Frank Costigliola, “‘Unceasing Pressure for Penetration’: Gender, Pathology, and Emotion in George Kennan’s Formation of the Cold War,” p. 1309-1339 in *The Journal of American History* 83, no. 4 (Mar., 1997).

wherever individuals deviated from the accepted norms of the era – unmarried women, homosexuals, career women, over-emotional men – all were viewed as a threat to the status quo. The crisis of masculinity was hastened by accusations from social critics worried not only about the Cold War, but also about the prevalence of men in the new white-collar world of office jobs, and about future generations of American men who were being coddled and spoiled by their doting mothers.

With such strict ideology constraining men and women to specific roles, it comes as little shock that many men and women did *not* satisfy the mid-century gender norms. In fact, anyone outside of the white middle-class did not fit into the traditional roles described above. Racial minorities, such as African-Americans and Asians, were not seen as part of mainstream American culture, and were accordingly ignored by the majority of popular media. Lower-class Americans did not fit into the prescribed gender roles because in many working class families, women had to earn a living to contribute to the household income – contrary to the separate-sphere rule. While these men and women experienced gender crises in part because they did not fit traditional norms, white, middle-class men and women who *could* potentially fit into the “ideal” gender roles were the focus of pharmaceutical ads, portrayed as needing to take drugs in order to fit into their traditional roles.

The postwar era has often been labeled as one of containment – not only in terms of the global strategy to conquer communism, but also in the implicit and explicit social norms that dictated domestic life. The gender crises were a reflection of men’s and women’s attempts to come to terms with those societal expectations of appropriate behavior. Those expectations would change in everyday America throughout the next two decades, but nevertheless remained ingrained in prescription drug advertisements. Historian Elaine Tyler May’s 1999 *Homeward Bound: American Families in the Cold War Era* is a classic examination of family structure amidst the vast contradictions of postwar American life. May delves into the containment of Cold War politics and also emphasizes simultaneous containment within the private sphere, arguing that it “aptly described the way in which public policy, personal behavior, and even political values were focuses on the home.”<sup>19</sup> May focuses more on American women in the era; historian K.A. Cuordileone, on the contrary, examines Schlesinger’s critique of American

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<sup>19</sup> Elaine Tyler May, *Homeward Bound: American Families in the Cold War Era* (New York: Basic Books, 1999), xxiv.

manhood in his 2005 book *Manhood and American Political Culture in the Cold War*.<sup>20</sup> While May and Cuordileone's works concentrate on themes of gender throughout the era, historians have recently begun to combine scholarship on the gender crises with that on American drug use. Andrea Tone's *The Age of Anxiety: A History of America's Turbulent Affair with Tranquilizers* (2009) covers the same gender themes as May but does so through the history of tranquilizer use, focusing especially on Miltown and Valium.<sup>21</sup> Similarly, historian David Herzberg's *Happy Pills in America: From Miltown to Prozac* (2009) traces the growth of prescription psychotropics and situates them in relation to the gender crises of the mid-twentieth century.<sup>22</sup>

The historiography on gender and American society from 1950s to the 1970s studies the gender crises primarily through analysis of popular media, such as magazines, films, and television programs. Nancy Walker analyzes the articles in magazines like *Good Housekeeping* and *Ladies' Home Journal* during World War II and into the postwar era. She notes the various messages that articles and stories sent to women on the balance of home-work life, in addition to advice on marriage, childrearing, and housekeeping.<sup>23</sup> Jennifer Scanlon also examines women and consumer culture in the twentieth century, but narrows her focus to just the *Ladies' Home Journal*.<sup>24</sup> Analysis of women in popular media is not limited to periodicals; in *Popcorn Venus: Women, Movies, & The American Dream*, Marjorie Rosen examines the portrayals of women in film throughout the twentieth century.<sup>25</sup> The body of literature on the rise of prescription drugs

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<sup>20</sup> K.A. Cuordileone, *Manhood and American Political Culture in the Cold War* (New York: Routledge, 2005). For more of Cuordileone's work, see "Politics in the Age of Anxiety: Cold War Political Culture and the Crisis in American Masculinity, 1949-1960," p. 515-545 in *The Journal of American History* (Sept. 2000). For further reading on gender in mid-century America, see James Gilbert, *Men in the Middle: Searching for Masculinity in the 1950s* (Chicago: University of Chicago Press, 2005); and *Not June Cleaver: Women and Gender in Postwar America, 1945-1960*, ed. Joanne Meyerowitz (Philadelphia: Temple University Press, 1994).

<sup>21</sup> Andrea Tone, *The Age of Anxiety: A History of America's Turbulent Affair with Tranquilizers* (New York: Basic Book, 2009).

<sup>22</sup> David Herzberg, *Happy Pills in America: From Miltown to Prozac* (Baltimore: The Johns Hopkins University Press, 2009).

<sup>23</sup> Nancy A. Walker, *Shaping Our Mothers' World: American Women's Magazines* (Jackson: University Press of Mississippi, 2000); and *Women's Magazines, 1940-1960: Gender Roles and the Popular Press*, ed. Nancy Walker (New York: Bedford St. Martin's, 1998).

<sup>24</sup> Jennifer Scanlon, *Inarticulate Longings: The Ladies' Home Journal, Gender and the Promise of Consumer Culture* (New York: Routledge, 1995).

<sup>25</sup> Marjorie Rosen, *Popcorn Venus: Women, Movies, & The American Dream* (New York: Coward, McCann, and Geoghegan, 1973).

has utilized many of the same themes, focusing on men's and women's separate acceptance or rejection of traditional gender norms through drug use.

This essay takes a different tack. It moves away from the analysis of media and pop culture to hone in on the gendered dialogue between male pharmaceutical companies and male physicians. In doing so, it focuses on the images of men and women as portrayed in advertisements for prescription drugs, to deepen our understanding of the gender crises of the mid-twentieth century and to examine their relationship to the rise of the pharmaceutical industry. In analyzing the advertisements for psychotropic drugs in issues of *JAMA* from 1955 through 1972, this thesis studies gender norms as communicated between two groups of professional men. Prescription drugs and their advertisements in mid-century America were tied to three groups of people: the pharmaceutical industry and its marketers, the physicians that read *JAMA* and prescribed the drugs, and the patients who took the pills. The first two groups controlled access to the drugs, and consisted almost entirely of men. Men dominated the medical profession: in 1949, only 12 percent of medical school graduates were female, and by 1965, that number had shrunk to 7 percent, as the Cold War set in and women began to marry earlier and start families, rather than continuing their education or pursuing a career.<sup>26</sup> Despite the fact that doctors prescribed psychotropic drugs twice as much to women as they did to men, the conversation about men's and women's drug use was dominated by men.<sup>27</sup> Most importantly, though gender ideology changed substantially from the 1950s to the 1970s as a result of the women's movement, the messaging regarding men's and women's proper roles remained constant throughout the period, continuing to capitalize on traditional norms of the 1950s that placed women in the domestic sphere and men in the public sphere.

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The postwar era, which saw the development of the gender crises, also witnessed the explosion of the prescription drug industry. The success of penicillin, utilized en masse for the first time during World War II, encouraged and hastened the expansion of pharmaceutical

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<sup>26</sup> "Women in Medicine: An AMA Timeline," *American Medical Association (AMA)*. Online via <<http://www.ama-assn.org/ama1/pub/upload/mm/19/wimtimeline.pdf>>, accessed 23 February 2011.

<sup>27</sup> Mickey C. Smith, *A Social History of the Minor Tranquilizers: The Quest for Small Comfort in the Age of Anxiety* (New York: Pharmaceutical Products Press, 1991), 37.



companies. The shift in gender roles in the wake of World War II coincided with the creation of a new class of drug – the psychotropic drugs – which doctors prescribed to men and women for different reasons, based upon the ideals of traditional gender roles. Men began taking drugs in order to cope with the horrors of then-undiagnosed Post-Traumatic Stress Disorder (PTSD)<sup>28</sup>, and psychopharmacology developed into a new branch of medicine as soldiers returned from the war psychologically scarred and in need of treatment. Women began taking the drugs to cope with the feelings that accompanied the transition from wartime independence to postwar domesticity and containment. As science and technology improved, pharmaceutical companies began pouring more funds into drug creation and development – resulting in the class of medicines known as psychotropic drugs. Psychotropics can be divided into four categories: tranquilizers, antidepressants, hypnotics, and stimulants.<sup>29</sup> Tranquilizers themselves are classified as either major (usually to treat psychosis) or minor (prescribed for anxiety).<sup>30</sup> The term “major tranquilizer” is used interchangeably with “antipsychotic.” However, “major tranquilizer” has become less common in modern scientific and medical literature; the term “tranquilizer” is generally used to refer to those drugs classified as minor tranquilizers.<sup>31</sup> Since this paper deals largely with uses of the terms in relation to their popularity mid-century, “major” and “minor” are used to distinguish between the two types of tranquilizers.

The first minor tranquilizer, Miltown, would come to be known as “emotional aspirin,” and “the peace pill.”<sup>32</sup> Yet it was not the first of the psychotropic drugs; that was a major tranquilizer, chlorpromazine, marketed in the United States under the brand name Thorazine. Beginning in 1952, chlorpromazine was used in the treatment of nearly all mental diseases. With the advent of this first antipsychotic, both the character and length of the typical patient’s stay in a mental hospital changed. Historians agree that chlorpromazine forever altered the nature of mental illness, likening its effect on the practice of psychology to that of penicillin in treating

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<sup>28</sup> The medical precursor to PTSD was known as “battle fatigue.” For more, see Sally Satel, “The Battle over Battle Fatigue,” *WSJ* July 10, 2010, accessed on 28 Feb 2011 via <<http://online.wsj.com/article/SB10001424052748704913304575371130876271708.html>>.

<sup>29</sup> This paper focuses largely on the first two types.

<sup>30</sup> Jonathan Gabe and Paul Williams, “Tranquiliser use: a historical perspective,” p. 3-17 in *Tranquilisers: Social, Psychological, and Clinical Perspectives*, ed. Jonathan Gabe and Paul Williams (London: Tavistock Publications, 1986), 3.

<sup>31</sup> Gabe and Williams, “Tranquiliser use: a historical perspective,” 3.

<sup>32</sup> Tone, *The Age of Anxiety*, xvi.

infection.<sup>33</sup> In fact, Miltown's creator – Czech scientist Frank Berger, who came to England during World War II – was working on increasing the production of penicillin before he moved to America. By 1949, the pharmaceutical company Carter Products had hired him to work for Wallace Laboratories, their offshoot that would focus especially on the prescription drug market.<sup>34</sup> In 1950, Berger and his partner, Columbia University's Bernie Ludwig, discovered the soothing effects of the compound meprobamate on the typically vicious Rhesus and Java monkeys. "After being injected with meprobamate, they became 'very nice monkeys—friendly and alert. Where they wouldn't previously eat in the presence of human beings, they now gently took grapes from your bare hand. It was quite impressive.'"<sup>35</sup> By the end of 1951, the two scientists had verified similar results on human subjects suffering from neurosis, psychosis, epilepsy, and muscle spasms. However, when Berger presented his results to the president of Carter Products, Henry Hoyt, Hoyt refused to continue the meprobamate project, revealing an aspect of the Miltown phenomenon that is crucial to understanding *why* the drug created such a stir in both the medical and lay communities, and why it paved the way for future drugs like Valium. Prior to Miltown, there was "no preexisting market for prescription-only tranquilizers and no one could predict how they would perform."<sup>36</sup> A major regulatory change in American drug laws paved the way for Miltown.

In 1951, the Humphrey-Durham amendments drastically regulated Americans' access to prescription drugs. These new laws determined how medicine could be produced, marketed, sold, and refilled, and it gave the Food and Drug Administration (FDA) jurisdiction over the distinction of "over the counter" drugs versus those that required medical supervision.<sup>37</sup> Before the amendments, Americans had been able to obtain potentially harmful drugs without any physician's approval or recommendation; with Humphrey-Durham, the medications were labeled as dangerous and required a prescription – thus furthering the growth of the prescription drug trade. The pharmaceutical industry exploded: sales climbed from \$500 million in 1947 to over \$2 billion in 1963.<sup>38</sup> Miltown was noteworthy not only because it was the first minor tranquilizer, but also because it was one of the first prescription drugs to enjoy massive popularity. However,

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<sup>33</sup> Smith, *A Social History of the Minor Tranquilizers*, 20.

<sup>34</sup> Tone, *The Age of Anxiety*, 40.

<sup>35</sup> Tone, *The Age of Anxiety*, 43-4.

<sup>36</sup> Tone, *The Age of Anxiety*, 47.

<sup>37</sup> Tone, *The Age of Anxiety*, 45.

<sup>38</sup> Herzberg, *Happy Pills in America*, 23.

in 1951, Hoyt had no idea of the drug's impending success, and his reluctance revealed his own fears about the industry's relative youth. However, Berger persisted, and in 1954, after several clinical trials, he submitted an application to the FDA. It was while filling out that application that the question of a brand name for meprobamate arose – and Hoyt settled on Miltown, suggesting that the new tranquilizer evoked the serenity of the seemingly idyllic town of Milltown, New Jersey.<sup>39</sup> Berger's colleagues in the field of psychopharmacology persuaded him to call his new drug a tranquilizer to distinguish it from the earlier antipsychotic drugs, such as chlorpromazine, which was known as a more “serious” drug for the treatment of mental patients. Hoyt and Berger did not want Miltown to gain a similar reputation; it was meant for the masses of Americans who suffered from everyday anxieties. Minor tranquilizers were therefore introduced to the medical community on April 30, 1955, in an issue of the *Journal of the American Medical Association*, which featured two stories on meprobamate.<sup>40</sup> The drug's official release was on May 9, 1955.

Miltown's status as the first significant minor tranquilizer made it exciting, innovative, and popular with celebrities and civilians alike. The first JAMA advertisement for Miltown appeared on January 28, 1956.<sup>41</sup> It covered a single page, with text only. “An entirely new type of tranquilizer with muscle relaxant action – orally effective in ANXIETY, TENSION, and MENTAL STRESS.”<sup>42</sup> The ad assured physicians– as they in turn would assure their patients – that Miltown was “unrelated to reserpine<sup>43</sup> or other tranquilizers,” had “no autonomic side effects,” and was “well-tolerated and not habit forming.”<sup>44</sup> This advertisement did not obviously target either gender, meaning that it did not explicitly suggest to the physician reading it that Miltown should be prescribed to women or to men. Part of that gender neutrality was probably due to the fact that the ad had no images of men or women, nor any gendered pronouns. While medical advertisements in JAMA publicized the drug to medical professionals, the public learned

<sup>39</sup> Tone, *The Age of Anxiety*, 50.

<sup>40</sup> Smith, *A Social History of the Minor Tranquilizers*, 83.

<sup>41</sup> Tone, *The Age of Anxiety*, 51.

Andrea Tone attributes the lag between the drug's release and the advertising campaign to the May 7, 1955 announcement that the federal government was ending the polio inoculation program because 50 cases of polio had been reported among inoculated children. The government wanted to investigate the laboratory where the drug had been processed, and the outcry over this news drowned out any fanfare surrounding Miltown's release.

<sup>42</sup> Miltown advertisement, *Journal of the American Medical Association* (28 January 1956), 18.

<sup>43</sup> An early antipsychotic drug.

<sup>44</sup> Miltown advertisement, *Journal of the American Medical Association* (28 January 1956), 18.

about Miltown from Hollywood stars. In Los Angeles, Schwab's Pharmacy on Sunset Boulevard gained a reputation for massive meprobamate sales, and the store's owner reported that though he couldn't disclose the names of his clients, they included "the biggest names in movies and television."<sup>45</sup> A pill that promised tranquility – yet without the lack of energy that came with sedatives – was ideal for an industry populated with overstressed performers, writers, and journalists. Lucille Ball, Tennessee Williams, and Omar Sharif were all fans of Miltown, and comedian Milton Berle even started calling himself "Uncle Miltown."<sup>46</sup> Testimonials from Berle and other stars created massive publicity for the drug, and only two years after its release, Gallup reported that nearly 1 in 4 Americans had tried Miltown.<sup>47</sup>

Issues of JAMA in the 1950s do not reflect Miltown's growing popularity, but this can be attributed more to the overall lack of *all* advertisements, rather than an absence of Miltown ads in particular. Many issues had no advertisements whatsoever; those issues that did have ads usually had only one or two. However, celebrities' public acceptance of the drug, coupled with word-of-mouth communication between physicians, gave Miltown the reputation as the answer for Americans' anxieties. However, the drug's stardom was short-lived. Miltown was attacked on both scientific and social fronts. Studies only a year or so after its release showed that the drug did indeed have sedative qualities, and the introduction of the "gold standard for testing medical outcomes—the double-blind placebo-controlled trial"<sup>48</sup> revealed that there were negligible differences observed in patients taking Miltown compared to those taking an older barbiturate drug, such as Thorazine.

The social outcry against the drug came largely from critics of American masculinity. In order to endear their tranquilizers to men, the drug companies were fighting against a century's worth of social knowledge and tradition, which taught that drugs would unman America's men. This view reminds one of the early anxiety disorder neurasthenia. Translated literally, neurasthenia means "tired nerves."<sup>49</sup> Early neurologists such as George Miller Beard theorized that each human being was born with a set amount of vital energy; the depletion of which could

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<sup>45</sup> Tone, *The Age of Anxiety*, 56.

<sup>46</sup> Tone, *The Age of Anxiety*, 65.

<sup>47</sup> Tone, *The Age of Anxiety*, 95.

Gallup poll in 1957 reports that 7 million Americans have tried Miltown. U.S. population in 1957 was 171,984,130. Just over 24 percent of Americans had tried Miltown, according to the poll.

<sup>48</sup> Herzberg, *Happy Pills in America*, 39.

<sup>49</sup> Tone, *The Age of Anxiety*, 8.

cause agitation and anxiety.<sup>50</sup> The neurasthenic tradition was accompanied, in the mid to late 1800s, by hysteria, a woman's nervous ailment. In the late nineteenth century it became tied to sexual dysfunction; "nervous" or "hysterical" women were "cured" by doctors who massaged their genitals to orgasm using special tools.<sup>51</sup> In 1873, Harvard professor Edward H. Clarke contributed to the dialogue on women's health and hysteria with *Sex in Education, or, A Fair Chance for the Girls*. Despite its title, which suggested equality for women, the book argued that too much education was detrimental to girls' health. In referring to the courses taken during a college degree, Clarke wrote: "...It is not true that she can do all this, and retain uninjured health and a future secure from neuralgia, uterine disease, hysteria, and other derangements of the nervous system, if she follows the same method that boys are trained in."<sup>52</sup> Clarke's work suggested that women who attempted to live their lives in the public sphere would suffer physically as a result. Yet the nineteenth century, with its myriad "nervous ailments," also witnessed critiques of the American man.

In the late 1800s, men were criticized for becoming too heady, intellectual and "soft." President Theodore Roosevelt declared that the nation's best men had become too civilized, and needed to be revitalized through contact with nature, hard work, sports, hunting, or military service."<sup>53</sup> Portrayed as a gender crisis among elites, neurasthenia required men to distinguish themselves from women through intense physical activity. While the immediate gravity of neurasthenia faded as the disease went out of style amidst both world wars, the gender conventions associated with drug use remained. Therefore, the rise of Miltown in the 1950s raised fears about the drug's effect on masculinity. After all, "according to the neurasthenic tradition, easy access to tranquilizers would be the worst possible thing for men, who if anything needed to be energized rather than further relaxed."<sup>54</sup> The combination of the negative medical studies, social critique, and rise of other drugs brought about the decline in Miltown sales. Though it was eventually eclipsed by more refined drugs, Miltown is crucial in understanding the development of psychotropic drugs in mid-century America, for it was the first in a series of

<sup>50</sup> Tone, *The Age of Anxiety*, 8.

<sup>51</sup> For more on hysteria and women's sexuality in the 1800s, see Rachel P. Maines, *The Technology of Orgasm: "Hysteria," the Vibrator, and Women's Sexual Satisfaction* (Baltimore: The Johns Hopkins University Press, 2001).

<sup>52</sup> Edward H. Clarke, *Sex in Education, or, A Fair Chance for the Girls* (Boston: James R. Osgood and Company, 1873), 18.

<sup>53</sup> Herzberg, *Happy Pills in America*, 50.

<sup>54</sup> Herzberg, *Happy Pills in America*, 62.

tranquilizers and antidepressants that promised to relieve Americans' anxiety. Its success proved to drug manufacturers that Americans were willing to pay for their peace of mind.

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Miltown was the precursor to other, more successful tranquilizers. In 1957, Leo Sternbach, a scientist at Hoffman-La Roche (hereon Roche), another pharmaceutical giant, created a compound that he tested against meprobamate, chlorpromazine, and phenobarbital – all compounds found in contemporary psychotropic drugs. His results showed that the substance – soon to be known as Librium, for “equilibrium,” had effects similar to those of meprobamate, but was more potent whilst simultaneously less toxic and sedating.<sup>55</sup> Sternbach had created the first of the benzodiazepines. After drug trials on outpatient neurotics, narcotics addicts, and prisoners, Librium appeared to reduce anxiety and aggression while avoiding some of the sedative effects of the meprobamate drugs, and the new benzodiazepine soon overtook all its competitors. Tone explains,

When Librium was introduced [in March 1960], five tranquilizers dominated the trade: Equanil, Compazine, Thorazine, Miltown, and Stelazine. Their combined sales accounted for 70 percent of the market. Three months after its commercial debut, Librium had become the bestselling and most frequently prescribed of the bunch, effectively dethroning the others.<sup>56</sup>

Sternbach was not satisfied with his new benzodiazepine, despite its success. In 1959, only a few months after the FDA approved Librium, he created a new drug, with fewer side effects: Valium. Released in November 1963, Valium would come to define the field of minor tranquilizers. It was the first \$100 million brand in America and it would also, combined with Librium, account for 81 percent of America's tranquilizer sales in 1974.<sup>57</sup> Librium, Valium, and numerous other tranquilizers and antidepressants were a significant presence in the JAMA advertisements of the early to mid 1960s. Though there were more advertisements from 1960-1967 than in the latter part of the 1950s, the growth in the number of JAMA ads was very slow until 1968. Unlike the scant number of advertisements in the 1950s, which did not seem to target either gender, many JAMA ads from the 1960s and 1970s were clearly aimed at either men or women. The ads that

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<sup>55</sup> Tone, *The Age of Anxiety*, 129.

<sup>56</sup> Tone, *The Age of Anxiety*, 137.

<sup>57</sup> Tone, *The Age of Anxiety*, 153.

targeted a specific gender did so by calling on established gender roles and norms of the era. Pharmaceutical companies understood the power of images, and used photos and drawings in order to communicate their messages. Women were pictured in the domestic sphere: washing dishes, hanging laundry, sweeping the floor, and caring for their children. If a woman was located outside the home in an advertisement, it was to shop for groceries,<sup>58</sup> or was at least in the presence of a man, sending the message that women were incapable of venturing into the public sphere without a man's protection.

Deprol was a combination anti-depressant/anti-anxiety medication that combined meprobamate with benzilate hydrochloride, a compound used to treat depression. In a 1961 Deprol advertisement – one of the few JAMA advertisements from the decade to definitively picture women *outside* of the home – a pretty young housewife smiled and shook hands with a bespectacled older (male) doctor.<sup>59</sup> The caption read: “You see an improvement within a few days. Thanks to your prompt treatment and the smooth action of Deprol, her depression is relieved and her anxiety and tension calmed – *often in a few days*. She eats well, sleeps well and soon returns to her normal activities.”<sup>60</sup> The advertisement's voice was directed straight at male physicians, using the second person “you” and lauding the physicians' decisions to prescribe Deprol. In this ad, the physician and the medication received the credit for alleviating the woman's depression; she was indebted both to pharmacology and to its male provider, her doctor. Though the advertisement did show a woman outside the home, she was clearly not in a situation in which she felt in control. The man in the advertisement was dominant; she was submissive and grateful. Another Deprol advertisement from the next year, 1962, had a similar scene: a young woman smiled happily at her doctor, and the caption read, “I feel like my old self again!”<sup>61</sup> Advertisements such as these sent physicians the message that they could cure their female patients with a simple pill. Not a single ad featured the same scene with a male patient. Though two Deprol advertisements are hardly a representative sample, a 1961 study by Shapiro and Baron examined the prescription of psychotropic drugs in a non-institutional setting and found a distinct pattern. The researchers noted that doctors prescribed drugs to women twice as much as they did to men, and of all psychotropic drugs prescribed, 22 percent were minor

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<sup>58</sup> Vistaril advertisement, *Journal of the American Medical Association* (4 January 1971), 62-4.

<sup>59</sup> Deprol advertisement, *Journal of the American Medical Association* (15 April 1961), 84.

<sup>60</sup> Deprol advertisement, *Journal of the American Medical Association* (15 April 1961), 84.

<sup>61</sup> Deprol advertisement, *Journal of the American Medical Association* (20 January 1962), 186.

tranquilizers.<sup>62</sup> Perhaps because of the advertisements; or perhaps because they didn't know how to handle the opposite sex's complaints, male physicians prescribed the drugs heavily to their female patients. The sex-specific nature of advertising and drug use is interesting when juxtaposed with the real-time political events of the era that represented gains – or losses – for women.

In 1961, the same year that the first Deprol advertisement appeared in JAMA, President John F. Kennedy established the Presidential Commission on the Status of Women (PCSW). Esther Peterson, the assistant secretary of labor for women's affairs, suggested the idea to Kennedy, and Eleanor Roosevelt was asked to serve as chair of the bipartisan, twenty-six person commission. PCSW's substantive work on the issues of workplace rights brought about legislative and executive actions – for instance, abolishing laws that excluded women from jury duty or from owning property – and prompted the creation of state-based commissions on the status of women.<sup>63</sup> Its importance in the scope of this paper, however, is more symbolic, for the PCSW exemplified the changing ideology on the status of American women, and what their role could become outside of the private sphere. For the (white, male) President of the United States to acknowledge that change was necessary was a major step forward for feminists in their battle for an Equal Rights Amendment (ERA), even though Kennedy's administration portrayed the Commission as a Cold War initiative in the interest of engaging all available hands in the battle against the Soviet Union. Yet the forward-thinking nature of Kennedy's decision to create PCSW in 1961 contrasted with drug advertisements such as that for Deprol in JAMA – in one year, America received signals from the government that women were on the road to equality in society, and yet the messaging in the ads still portrayed them as passive patients. Additionally, Kennedy was hardly an unequivocal supporter of women's rights; throughout his presidency, he appointed only 10 women to governmental positions that required Senate confirmation. Women held less than 2.4 percent of the executive branch positions during his administration.<sup>64</sup> Thus in the early 1960s, victories for women's equality were few, far-between, and painstakingly slow –

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<sup>62</sup> Smith, *A Social History of the Minor Tranquilizers*, 37.

<sup>63</sup> “Summary,” *President's Commission on the Status of Women*, ed. William Leuchtenberg, accessed 9 April 2011, online via <[http://www.lexisnexis.com/documents/academic/upa\\_cis/PresidentComm%20on%20StatusofWomen.pdf](http://www.lexisnexis.com/documents/academic/upa_cis/PresidentComm%20on%20StatusofWomen.pdf)>.

<sup>64</sup> Toni Caraballo, Judith Meuli, and June Bundy Csida, *Feminist Chronicles: 1953-1993* (New York: Women's Graphics, 1993), 43.



for the forces in control of the government and media were still overwhelmingly male-dominated. Accordingly, most JAMA advertisements in the 1960s that suggested female prescription drug use featured a woman inside her home,

In 1965, a JAMA advertisement for the antidepressant Ritalin showcased women's dissatisfaction within the home. In the ad, a middle-aged woman sat at a table, resting her cheek on her hand, staring off into space. In the foreground of the photo, covering most of the table, were piles of vegetables, and behind them, an empty colander. The large, bold-print caption read: "if chronic fatigue and mild depression make simple tasks seem this big..."<sup>65</sup> The message suggests that if women's everyday lives – which consisted of household jobs like peeling potatoes – were interrupted by emotional problems, it was their duty to do whatever necessary (for instance, taking Ritalin) in order to feel better so they could complete their responsibilities. The phrase "simple tasks" has a pejorative tone, alluding perhaps to the common conception that, due to new domestic technologies, women of the era had it easy in comparison to their mothers and grandmothers, who washed clothes by hand, ground wheat for bread, and sewed without the aid of a machine. The text continued, "Ritalin gently overcomes mild depression and the fatigue so often associated with it. The drug brightens mood and improves performance, helps restore alertness, enthusiasm, and drive. Patients often report that fatigue and worry seem to vanish; they are able to go all day without getting tired."<sup>66</sup> The combination of imagery and text suggests several things: first, that the woman's depression was keeping her from her duties (peeling potatoes to prepare a meal); second, that a "normal" or non-depressed woman would have no problem peeling potatoes for hours upon end; and finally, that taking Ritalin could turn the depressed housewife into a "normal" woman whose "alertness, enthusiasm, and drive" would "improve her performance."<sup>67</sup> If the advertisement had featured an image of an individual working in an office, or in another job environment, the phrase "improve his/her performance" would make sense in the context of improving a professional skill set. However, in this case, the term begs the question: performance of what? The answer lies in an expectation for the ideal housewife: a woman whose domestic talents ensured that the house was clean, laundry folded, children bathed, and dinner on the table when her husband came home from work.

Yet such beliefs about the ideal wife harkened back to the ideology of the 1950s. "The

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<sup>65</sup> Ritalin advertisement, *Journal of the American Medical Association* (11 October 1965), 114.

<sup>66</sup> Ritalin advertisement, *Journal of the American Medical Association* (11 October 1965), 114.

<sup>67</sup> Ritalin advertisement, *Journal of the American Medical Association* (11 October 1965), 114.

Good Wife's Guide," a piece published in *Housekeeping Monthly* in May of 1955, exemplified the instructions that women received on how to best fulfill their roles as wives. A woman reading the article was told that when her husband returned from work, she must

Be happy to see him. Greet him with a warm smile and show sincerity in your desire to please him. Listen to him. You may have a dozen important things to tell him, but the moment of his arrival is not the time. Let him talk first – remember, his topics of conversation are more important than yours.<sup>68</sup>

The female reader was taught that her day, her problems and worries, and any thought she might want to share with her husband were immaterial in the face of his comfort and pleasure. In addition, she mustn't

...complain if he's late home for dinner or even if he stays out all night. Count this as minor compared to what he might have gone through that day. Don't ask him questions about his actions or question his judgment or integrity. Remember, he is the master of the house and as such will always exercise his will with fairness and truthfulness. You have no right to question him.<sup>69</sup>

The ideology in this guide – of women's inferiority and submission to men – aligns well with the image of a housewife staring dejectedly at a pile of potatoes, unable to peel them and afraid of the myriad ways in which she is failing to live up to the standard of ideal womanhood. Yet "The Good Wife's Guide" was published in 1955 – and the Ritalin advertisement appeared in 1965. The decade between the two saw a host of significant changes – social, political, and professional – that profoundly affected women's lives.

In 1958, Marion E. Kenworthy became the first female president of the American Psychoanalytic Association, signifying the slow increase in the number of female doctors and scientists. In 1960, the FDA approved two contraceptive pills for use, therein granting women previously unimaginable sexual freedom and control. The Equal Pay Act was passed in 1963 after a twenty-year struggle in Congress; the bill's passage provided for equal work for equal pay without sex-based discrimination. One of the most significant events of the entire second wave of feminism<sup>70</sup> occurred in 1963: author and psychologist Betty Friedan published *The Feminine Mystique*, an explanation of an unspoken, unnamed feeling shared by millions of women. "The

<sup>68</sup> "The Good Wife's Guide," *Housekeeping Monthly*, (13 May 1955). Accessed 9 April 2011, online via <<http://www.j-walk.com/other/goodwife/images/goodwifeguide.gif>>.

<sup>69</sup> "The Good Wife's Guide," *Housekeeping Monthly*.

<sup>70</sup> "Second wave" refers to the feminist movement of the mid-twentieth century. The "first wave" of feminism took place in the late nineteenth and early twentieth centuries, led by women such as Alice Paul, Carrie Chapman Catt, and Lucy Burns.

problem lay buried, unspoken, for many years in the minds of American women. It was a strange stirring, a sense of dissatisfaction, a yearning that women suffered in the middle of the twentieth century in the United States.”<sup>71</sup> This problem that author Betty Friedan was referring to, termed the ‘problem that had no name’ in the first chapter of *The Feminine Mystique*, was the manifestation and widespread recognition of the crisis of femininity. Friedan’s book pointed out the feelings that so many women had dealt with in isolation, giving a name and a face to this problem – and women, finding that their contemporaries shared their unhappiness, were able to recognize that firstly, they were not alone; and secondly, that perhaps their feelings were justifiable. Such a realization was monumental amidst the social commentary of the 1950s and 1960s, which told women who felt dissatisfied with their traditional roles that they were flawed and wrong. The crisis of femininity had lurked, present but unidentified through the years, as gender roles morphed and changed. It truly emerged when Betty Friedan put a name to the amorphous unrest that had nagged women for decades. Friedan was able to acknowledge the disconnect between what society told women should make them happy, and the discontent and confusion they felt when, somehow, it was not enough.

The suburban housewife—she was the dream image of the young American woman and the envy, it was said, of woman all over the world. The American housewife—freed by science and labor-saving appliances from the drudgery, the dangers of childbirth and the illnesses of her grandmother. She was healthy, beautiful, educated, concerned only about her husband, her children, her home. She had found true feminine fulfillment. As a housewife and mother, she was respected as a full and equal partner to a man in his world. She was free to choose automobiles, clothes, appliances, supermarkets; she had everything that women ever dreamed of.<sup>72</sup>

And yet, despite all of her positive qualities, all of these enviable aspects of her life, Friedan wrote, the American housewife was unhappy. She wrote of the identity crisis in women’s lives, and the myth that domesticity would keep women content:

...A new stove or a softer toilet paper do not make a woman a better wife or mother, even if she thinks that’s what she needs...dyeing her hair cannot stop time; buying a Plymouth will not give her a new identity; smoking a Marlboro will not get her an invitation to bed, even if that’s what she thinks she wants. But those unfulfilled promises can keep her endlessly hungry for things, keep her from knowing what she really needs or wants.<sup>73</sup>

This “feminine fulfillment” was shallow and *unfulfilling* – and yet women were taught that

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<sup>71</sup> Betty Friedan, *The Feminine Mystique* (New York: W.W. Norton, 2001), 57.

<sup>72</sup> Friedan, *The Feminine Mystique*, 60-1.

<sup>73</sup> Friedan, *The Feminine Mystique*, 325

wanting more from life than what was prescribed by traditional gender norms made them odd. “If a woman had a problem in the 1950s and 1960s, she knew that something must be wrong with her marriage, or with herself. Other women were satisfied with their lives, she thought. What kind of a woman was she if she did not feel this mysterious fulfillment waxing the kitchen floor?”<sup>74</sup> Friedan’s book is populated with the stories of dozens of women who she interviewed, many citing these feelings of inadequacy due to their dissatisfaction.

In 1963, the crisis of femininity became, thanks in no small part to *The Feminine Mystique*, a major theme of social discourse. Of course, it was not overtly identified as such, but *Time* magazine had a cover story on “The Suburban Wife: An American Phenomenon,” and CBS News reported on “The Trapped Housewife.” The media blamed the problem on everything from appliance repairman, to education (too much of it for women), to driving one’s children too far in suburbia.<sup>75</sup> Experts suggested myriad methods of solving this indefinable quandary, from sex to reduced college education, but ultimately, they dismissed women’s feelings. It was Friedan, in *The Feminine Mystique*, who argued, “. . .the core of the problem for women today is not sexual but a problem of identity—a stunting or evasion of growth that is perpetuated by the feminine mystique.” She continues, “Our culture does not permit women to accept or gratify their basic need to grow and fulfill their potentialities as human beings.”<sup>76</sup> The rejection of traditional feminine fulfillment as a wife and mother resulted in an identity crisis that had been building for decades.

For the first time in their history, women are becoming aware of an identity crisis in their own lives, a crisis which began many generations ago, has grown worse with each succeeding generation, and will not end until they, or their daughters, turn an unknown corner and make of themselves and their lives the new image that so many women now so desperately need.<sup>77</sup>

Friedan alludes to a crisis experienced by many generations of women. Over the course of the twentieth century, women saw their equality with men, and expectations of their behavior in both public and private spheres, rise and fall in a pattern much like a series of waves. The crest of one wave brought increased power and independence for women – such as, for instance, the passage of the Nineteenth Amendment. However, crests are followed by troughs, and women’s suffrage

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<sup>74</sup> Friedan, *The Feminine Mystique*, 62.

<sup>75</sup> Friedan, *The Feminine Mystique*, 62.

<sup>76</sup> Friedan, *The Feminine Mystique*, 133.

<sup>77</sup> Friedan, *The Feminine Mystique*, 136.

was succeeded by the Great Depression. Another crest came in the form of women’s entrance into the workforce in World War Two; nevertheless, the increased freedom of the war years gave way to the 1950s, in which women were expected to conform to typical notions of gender, or risk destroying the nuclear family. While there were certainly fluctuations in women’s freedom and equality throughout the 1900s, one must also pay attention to the conflicting messages of constraint and liberation that appeared during each crest or trough. In simpler terms, it was rarely “all good” nor “all bad” for American women; each period brought with it a host of contradictory rules for ideal womanhood. It was these mixed messages, amidst the rise and fall of rights, the giving and taking away of freedoms, and the changing norms for the ideal woman’s behavior and conduct, that created the crisis of femininity.

*The Feminine Mystique* was a watershed event for the feminist movement, and a major landmark in individual women’s lives.<sup>78</sup> The social changes did not end in 1963; in 1964, Margaret Chase Smith – the first woman elected to both chambers of the United States Congress – was the first female candidate to run for the Presidential nomination of a major party.<sup>79</sup> In 1965, the Supreme Court ruled in *Griswold v. Connecticut* that married couples had the right to contraception under the U.S. Bill of Rights’ “right to privacy.” These developments were only a few of those which increased women’s mobility in the public sphere, their sexual freedom, and their equality with men. Yet regardless, the messaging in drug advertisements in 1965 was consistent with the ideology of 1955, when the ideal woman adhered to “The Good Wife’s Guide.” Since the fields of science and medicine were still vastly male-dominated in 1965, it follows that the advertisers working for the pharmaceutical companies employed male-centric ideology that did not acknowledge the societal changes that had occurred over the past ten years.

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Not all of the *JAMA* advertisements were geared toward female drug use. In fact, within the sample, there were the same numbers of “male” and “female” ads in the 1960s, though the “male” advertisements were clustered toward the end of the decade, when *JAMA* began to

<sup>78</sup> For the most recent scholarship on *The Feminine Mystique*, especially in regard to the effect it has had on women’s lives in the second half of the twentieth century, see Stephanie Coontz, *A Strange Stirring: The Feminine Mystique and American Women at the Dawn of the Cold War* (New York: Basic Books, 2011).

<sup>79</sup> Carabillo, Meuli, and Csida, *Feminist Chronicles: 1953-1993*, 42-6.

feature more and more ads per issue. From 1960-1967, more of the advertisements were either neutrally gendered – meaning, they did not seem to target either men or women in particular – or focused on women, reflecting societal beliefs that prescription drug use was more appropriate for women than for men. The men’s advertisements from 1968-1972 are especially interesting when considered in light of the fact that the physicians reading the ads were male. The pharmaceutical companies knew that their male audience would not respond favorably to advertisements that suggested men needed to take drugs to remain well adjusted and fulfill the traditional masculine role. Advertisements aimed at men therefore sought to avoid addressing emotional issues, because it was unmanly to display one’s feelings – only women did that. Men were often featured in the public sphere, usually at work: presiding over a meeting, on the phone in the office, or striding down the street carrying a briefcase.<sup>80</sup> Advertisers were extremely careful to avoid casting their own gender as vulnerable or weak, and because mental illness or instability was universally viewed as a sign of weakness, advertisements portraying men found alternate means of displaying their ailments while still affirming their overall manliness.

Several themes emerge from the male-centric advertisements of the era. First, many advertisements focused on anxiety or stress in men as a side effect of a physical problem, such as cardiac unrest or ulcers. Second, others sought to portray such feelings as situational, impermanent, and controllable. Finally, a significant number of advertisements focused on men and work – in the workplace, talking about their work, or as afraid that they might not be able to continue working. All three styles of advertisements aimed to avoid a major contradiction: that American men – supposedly mentally and physically strong – needed a pharmaceutical crutch to maintain the appearance of strength.

“So he’ll breathe easier: relieve anxiety while you relieve pain,” promised a 1969 advertisement for Equagesic, a meprobamate drug.<sup>81</sup> The two-page spread featured a middle-aged man, seated and shirtless, with a large bandage around his torso. He grimaced and stared downward while behind him stood a doctor in a white coat, adjusting medical instruments. The text continued, “Relief of pain is usually a major goal in traumatic conditions. But often of importance, too, is alleviation of anxiety and tension that may heighten patient discomfort. Single prescription, non-narcotic Equagesic may effectively relieve pain. And ease anxiety and

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<sup>80</sup> Librax advertisement, *Journal of the American Medical Association* (12 October 1970), 400-1.

<sup>81</sup> Equagesic advertisement, *Journal of the American Medical Association* (20 January 1969), 576-7.

tension.”<sup>82</sup> The Equagesic advertisement is a classic example of a combination drug ad. Combination drugs promised to treat a physical problem and an emotional one in a single pill, and were an ideal way for drug companies to cater to men. American men were unlikely to talk about their non-physical ailments, such as anxiety or depression, but it was far more socially acceptable to admit to a heart condition or stomach problem. Physical symptoms were viewed as out of one’s control, and thus, a man was not viewed as less masculine because he could not conquer his cardiac disease, or gastric ulcer. However, the same was not true for psychological and emotional problems: men were expected to tackle those difficulties without assistance. Drug advertisements such as the one for Equagesic portrayed the physical symptom as the real issue, therefore avoiding a significant contradiction of the ideal of masculinity that would have arisen if ads hinted at men’s serious emotional or psychological problems. When the ad assured the viewer that “Relief of pain is usually a major goal in traumatic conditions,” the “traumatic conditions” referred to musculoskeletal disorders, which Equagesic was typically prescribed for, and helped mask the fact that the compound also contained meprobamate, the primary ingredient in Miltown – which, as discussed earlier, was considered “unmanly” because of the neurasthenic tradition.

In another example of a “physical symptom” advertisement for a combination drug, the photograph of a middle-aged man’s tense, lined face stared off the page at the viewer. He wore an elegant suit, and his hand was clenched tightly at his chin; behind him lurked a blur of medical instruments, cardiograms, and the image of a patient sleeping in a hospital bed. The text on one page read: “When anxiety matters in the cardiovascular patient...” and continued on the next, “Wide experience has established antianxiety Librium as a useful adjunct to medical counsel, reassurance, and various types of primary cardiovascular therapy.”<sup>83</sup> Once again, the issue of anxiety was introduced as a lesser corollary to cardiac problems, which were the most common health issue mentioned in the “physical symptom” advertisements.<sup>84</sup> Heart problems were universally acknowledged as a serious medical concern; as a result, the drug companies

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<sup>82</sup> Equagesic advertisement, *Journal of the American Medical Association* (20 January 1969), 576-7.

<sup>83</sup> Librium advertisement, *Journal of the American Medical Association* (18 January 1971), 402-3.

<sup>84</sup> Librium advertisements, *Journal of the American Medical Association* (20 April 1970), 494; (19 January 1970), 614-5; and (18 January 1971), 402-3; Valium advertisements, (3 January 1972), inside cover; and (10 January 1972), 140-1 ; Equanil advertisement, (20 April 1970), 501.

relied on their gravity to circumvent societal norms that labeled drug usage as a crutch for weak men.

“Physical symptom” advertisements suggested that drugs would solve a problem that men could not be blamed for. No man in 1969 would be held responsible for his ailing heart or muscle spasms, and thus no one in society would blame him if he took a pill to combat the health problem. However, he might be faulted if he took drugs for emotional trouble that, firstly, was considered primarily a woman’s issue; and secondly, he had failed to resolve through his own willpower. A 1971 advertisement for the antipsychotic drug Mellaril used the same tactic, but is not part of the “physical symptom” group. Instead, the advertisement presented a list of problems – none of which were the patient’s fault – and suggested that it was only as a result of having to deal with such trials that he became anxious and depressed. The two-page spread showed a bent, elderly man with his arms crossed and his face shadowed, and read: “The Collector: At 65 he’s collected, among other things, an ailing wife, a decreased income, grown children he seldom sees, and various physical symptoms – real or imagined. When his collection leads to anxiety or mixed anxiety-depression: Mellaril.”<sup>85</sup> Just as with the “physical symptom” advertisements, the man was not held responsible for his own psychological problems, and as a result – the advertisers suggested – he would not be any less of a man if he took a pill to solve them. The “Collector” was clearly meant to resonate with men’s anxieties about growing older, and did so by creating a character in a situation that American men – whether patients or physicians – would dread. The man in the advertisement is old; he has to take care of his wife, rather than vice-versa; he is struggling economically; and he rarely sees his children. By 1950s standards, his family has fallen apart. The advertisers knew that under such extenuating circumstances, no one could fault this man for taking pills to combat anxiety.

The advertisements for combination drugs subtly acknowledged, through their marketing strategies, that it was unacceptable for a 1960s or 1970s man to admit to mental or emotional weakness. Instead, he could complain of physical pain, which society had agreed was appropriate to treat with medication. Capitalizing upon this, the companies’ “physical symptom” approach allowed men to save face while still ingesting the minor tranquilizers. Notably, the “physical symptom” advertisements also portrayed men’s weakness as transient, suggesting that dependence on drugs was a temporary, situational side effect of a physical problem. A 1969

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<sup>85</sup> Mellaril advertisement, *Journal of the American Medical Association*, (4 January 1971), 14-15.



advertisement for Librium read, “The long period of convalescence after a coronary too often becomes a time of worry and apprehension. Preoccupied with anxious thoughts about his health, his family, and his future, the patient may fail to get sufficient rest and sleep.”<sup>86</sup> Roche Laboratories’ advertising team portrayed the patient’s anxiety as temporary and as a direct result of his coronary, rather than as an intrinsic personality trait. Other advertisements also picked up on the theme, though not in the “physical symptom” category; for instance, a 1969 Butisol advertisement blamed society, and the pressures of the workplace, for situational stress. A smiling middle-aged man sat on a stool, surrounded by open boxes of women’s shoes, as a young woman tried on a pair of heels. “Now he can cope, thanks to Butisol,” promised the advertisement.<sup>87</sup> As with those in the “physical symptom” group, this advertisement took pains to reassure men that stress was a situational, impermanent condition, and therefore that it did not reflect negatively on their masculinity.

The Butisol advertisement exemplified another key theme: the emphasis on men’s work. Earning a living and supporting one’s family were major indications of respectability and masculinity especially because traditional gender roles mandated that the woman remain in the home, caring for the children, while the man’s working income provided a living for the family. The drug manufacturers employed a variety of strategies to suggest that their products could help men cope with anxiety and tension *without* detracting from their masculinity, as previous drugs had. In addition to the advertisements that presented myriad physical or situational issues as the reason men might take their drugs, a separate group focused on the inherent importance of work. However, advertisements highlighted both the positive and negative aspects of men’s working world. First of all, men were often portrayed as anxious or depressed because they could not work due to illness. One 1970 Librium advertisement stated simply, “This man thinks he may never work again,” accompanied by a close-up photograph of an anxious man’s face.”<sup>88</sup> Work was a defining masculine trait; the inability to hold a job and earn a living represented a major failure of the ideal man. Other advertisements were subtler, such as one for the tranquilizer-antidepressant Sinequan, released in 1970, which featured an older man staring out at the viewer. He mused, ““Since I retired I’m not sleeping. And I get tense during the day. My wife said, ‘See

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<sup>86</sup> Librium advertisement, *Journal of the American Medical Association* (13 January 1969), 393.

<sup>87</sup> Butisol advertisement, *Journal of the American Medical Association* (20 October 1969), 588.

<sup>88</sup> Librium advertisement, *Journal of the American Medical Association* (19 October 1970), 614-5.

the doctor.”<sup>89</sup> Both of these examples sent the message that the inability to work – to earn a living, as men were meant to – caused stress and uncertainty, whether due to illness or retirement. In the Cold War era, the fear of American men “going soft” created expectations that men would work hard, whatever their profession.

Other advertisements took this theme in the opposite direction, suggesting that men who worked *too* strenuously might need drugs in order to cope with the anxiety and stress. For instance, a Valium campaign in 1972 featured advertisements for the “tense cardiac patient” or the “tense ulcer patient,” who “must be kept calm.”<sup>90</sup> The ads asked, “When he goes back to work, will his old tensions go back with him?” and continued, suggesting that work was the reason for his health problem and stress in the first place. “Although he’s promised to take it easy back on the job, you know he’s going back to the same stressful circumstances that may have contributed to his hospitalization.”<sup>91</sup> Just as in the “physical symptom” advertisements, an external factor – in this case, work – was to blame for men’s anxiety. A lengthy six-page spread for Librium concluded with a dramatic portrait of work-induced stress. The viewer was situated at the end of a long conference table, with five businessmen staring critically outward, obviously waiting for a response of some kind. The text read: “The longest moment for an overanxious patient... At moments of high importance to the individual, intense anxiety can paralyze positive response.”<sup>92</sup> Furthermore, the message in these advertisements was inconsistent: men should work hard at their jobs, but not too hard, because then they might become overly stressed.

Drug companies faced constant contradiction in advertising tranquilizers and antidepressants to men. The crisis of masculinity created a host of paradoxical requests: men were supposed to work hard, protecting the nuclear family and the nation from the threat of communism, and yet they were also urged to take time for leisure – which, as previously discussed, was contradictory to the idea of masculinity.<sup>93</sup> Drug marketers picked up on the idea of leisure as an antidote to stress, such as in a 1968 advertisement for Librium with the image of a man working intently on a model airplane. Promising “inner calm, better outlook,” the

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<sup>89</sup> Sinequan advertisement, *Journal of the American Medical Association* (12 October 1970), 257-60.

<sup>90</sup> Valium advertisements, *Journal of the American Medical Association* (10 & 24 January 1972), 140-1; 480-1.

<sup>91</sup> Valium advertisement, *Journal of the American Medical Association* (24 January 1972), 480-1.

<sup>92</sup> Librium advertisement, *Journal of the American Medical Association* (4 October 1971), 41-8.

<sup>93</sup> Herzberg, *Happy Pills in America*, 7.

advertisement assured readers, “A relaxed, ‘open’ attitude toward life permits interest in wholesome leisure-time activities. Relief of anxiety with Librium (chloradiazepoxide HCl) often encourages the development of new hobbies or the renewal of former skills – both essential to the full exercise of living.”<sup>94</sup> While this advertisement portrayed non-work related activities as actually beneficial to men’s health, other advertisements cast a different light on leisure time, presenting yet another contradictory message of the era. A 1972 campaign for Serax showed an older man in pajamas, a bathrobe, and slippers, putting golf balls into a makeshift “hole” on the floor of his living room. The caption read: “Anxious Cardiac’s Country Club?”<sup>95</sup> In comparison to the model airplane ad, this seems to satirize men’s leisure activities, portraying men with cardiac histories as forced to play golf in their homes. The text of the advertisement reads, “The patient has been reassured that he can resume certain activities. But his excessive anxiety has caused unrealistic, self-imposed restrictions. So that many past activities have been needlessly curtailed.”<sup>96</sup> The male physicians may have used the advertisement as a warning for male patients. The conflicting messages in drug advertisements targeting American men reflected the confusion and anxiety of the mid-twentieth century, and society’s constant awareness of what constituted “masculinity.”

The biggest obstacle faced by drug companies and their advertisers in the 1960s and 1970s was in endearing psychotropic drugs to men while maintaining the fact that taking said drugs did not detract from one’s manhood. A major tactic involved acknowledging men’s emotional or psychological weaknesses (“anxiety” or “tension”) but brushing them off as the result of something else: a heart condition, or a different medical problem; or, a stressful situation, perhaps at work. That technique subscribed to the idea that men would be more likely to take drugs if they felt it was to solve a temporary psychological or emotional problem. Additionally, the advertisements picked up on the importance of men’s work, especially as the workforce gradually widened to include more women. Men who could not work (due perhaps to illness or retirement), the ads suggested, were depressed, stripped of a key masculine trait: the ability to earn a living for their families. Yet the relationship between men and work was not always portrayed clearly in the advertisements. Too much work, warned the drug companies,

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<sup>94</sup> Librium advertisement, *Journal of the American Medical Association* (14 October 1968), inside cover.

<sup>95</sup> Serax advertisement, *Journal of the American Medical Association* (10 January 1972), 164-5.

<sup>96</sup> Serax advertisement, *Journal of the American Medical Association* (10 January 1972), 164-5.

would lead to anxiety – and then the man would have no choice but to take prescription drugs. Contradictory, too, were the advertisements’ messages about men’s leisure time. Ads for the psychotropic drugs of the 1960s and 1970s, therefore, displayed many of the key themes of the crisis of masculinity – most notably, the hyper-awareness of what behavior did or did not make one a man.

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The advertisements’ emphasis on men in the workplace – and the utter lack of ads that showed women working outside the home – seems to ignore the force of the feminist movement in the late 1960s and early 1970s. The ads portrayed men as the only ones in the public sphere; in reality, women made their presence – and their desire for greater equality – known on a daily basis. In 1964, Congress had passed the Civil Rights Act, which included a clause barring discrimination based on gender. However, conservative Americans fought each and every step forward for women, even after the Act was passed. In 1966, a group of women including author Betty Friedan and Yale law professor Pauli Murray founded the National Organization for Women (NOW), largely in response to a decision by the Equal Employment Opportunity Commission (EEOC) that allowed the practice of segregating job advertisements by gender to continue.<sup>97</sup> Throughout the following year, NOW campaigned for the EEOC to end that practice, as well as for a Presidential Executive order that would make it illegal for the federal government or any company doing business with the federal government to discriminate on the basis of sex. President Lyndon Johnson signed Executive Order 11375 in October 1967, granting NOW’s request. In 1968-9 alone, NOW called its first boycott of Colgate-Palmolive products, picketed the *New York Times*, protested the Miss America pageant in Atlantic City, filed an appeal to the Pennsylvania Supreme Court concerning unequal prison sentences for women, and began to establish women’s studies programs at universities around the country.<sup>98</sup> NOW was constantly making headlines – and yet the drug advertisements of the late 1960s and never acknowledged women’s increasing presence in the workforce.

On August 26, 1970, the 50th anniversary of the 19<sup>th</sup> amendment, NOW coordinated the “Women’s Strike for Equality.” Across 42 states, in more than 90 cities and towns, women took

<sup>97</sup> Carabillo, Meuli, and Csida, *Feminist Chronicles: 1953-1993*, 47.

<sup>98</sup> Carabillo, Meuli, and Csida, *Feminist Chronicles: 1953-1993*, 52-3.

part in demonstrations, rallies, and protests. In total, over 100,000 women were involved across America.<sup>99</sup> Their efforts were meant to honor the day's historic importance, yet also to galvanize support for the women's movement. Though opponents of second-wave feminism continued to battle NOW's initiatives for equality, women were making progress. In May of 1970, NOW won a major battle in the fight to gain equal access to public accommodations. The Supreme Court heard the case, *Seidenberg v. McSorley's Old Ale House*, and ruled that sex discrimination violated the Equal Protection Clause of the 14<sup>th</sup> Amendment of the U.S. Constitution.<sup>100</sup> In the legislature, NOW President Aileen Hernandez and U.S Representative and NOW member Shirley Chisholm testified in front of a Judiciary subcommittee on behalf of the ERA. The women testified in May 1970; only three months later, the House of Representatives passed the ERA with a vote of 350-15. Changes occurred in extra-political areas, as well: the leaders of several Catholic nuns' organizations met with bishops, requesting a greater role in policy decisions and a larger selection of job choices. In the corporate world, "The 147 women on the editorial staff of *Time* magazine filed a formal sex discrimination complaint with the New York State Division of Human Rights."<sup>101</sup> Women's activism was present on an everyday basis and on multiple fronts, in the media, government, and the professional world. American women were leaving the private sphere to work, in the largest numbers since World War II. In 1957, 57% of all women were full-time housewives; in 1970, that number had dropped to 48%.<sup>102</sup>

Yet despite the increase in numbers of working women, NOW's momentum, and the significant progress women made the late 1960s and early 1970s, the pharmaceutical industry continued to portray women in terms of 1950s gender roles. Throughout this era of serious change, the drug advertisements in JAMA continued to show women constrained with the private sphere, trapped in unhappy marriages, upset over their failure to suitably perform domestic tasks, and anxious about living up to the period's standards of normalcy. A far cry from the activist women of NOW, who were pictured almost daily in the news fighting for their equality, the women in 1970s JAMA advertisements seemed stuck fifteen years in the past. Whilst their real life counterparts were suing for equal pay, marching for the desegregation of job advertisements, and voicing their opinions on the legality of abortion, the women featured in advertisements

<sup>99</sup> Carabillo, Meuli, and Csida, *Feminist Chronicles: 1953-1993*, 57

<sup>100</sup> Carabillo, Meuli, and Csida, *Feminist Chronicles: 1953-1993*, 56. However, the victory was not unqualified – the court "limited the impact of the decision."

<sup>101</sup> Carabillo, Meuli, and Csida, *Feminist Chronicles: 1953-1993*, 56.

<sup>102</sup> Carabillo, Meuli, and Csida, *Feminist Chronicles: 1953-1993*, 56.

were concerned with shopping for groceries, washing the dishes, and hanging the laundry. In 1970-1, advertisements for the antidepressant Sinequan show women in exclusively domestic settings, and make sure that the viewer understands that women's unhappiness within this sphere can be cured by swallowing a pill.

One such Sinequan ad, in October 1970, pictured a young woman standing in the grass next to a clothesline, looking downward. Overlaying the scene was a larger image of the same woman's face, staring anxiously ahead. The face was placed mostly below ground, so that the woman hanging clothes appeared to be staring underground at her own anxious expression. The whole advertisement was shaped as a "thought bubble," and the text below read: "'A lot of little things are wrong. Headaches, diarrhea, this rash on my arm. And sometimes I think I don't like being married.' Guilt, and somatic symptoms and concerns caused by anxiety respond particularly well to Sinequan."<sup>103</sup> First of all, even though she was pictured outside of the physical home, the woman in the advertisement was still located in the domestic sphere because of the task at hand: hanging laundry. The text accompanying the advertisement was notable in the way in which it labeled marital unhappiness as a "little thing," but perhaps more important is the juxtaposition of physical and emotional problems. The advertisement recognized, quite overtly, the "problem that has no name," by listing various somatic concerns and then pairing them with marital unhappiness. In the 1950s, society told women that they should never discuss marital problems, because if they were unhappy, it was their fault. The ad told women that the cure to those problems, physical or psychological, lay in a pill.

Furthermore, the inference that the drug would cure women's guilt begs the question: what were women supposed to be feeling guilty for? Since a woman's foremost importance, traditionally, has been as wife and mother, the ad suggested, by pairing "...sometimes I think I don't like being married" with "guilt," that any woman's marital unhappiness was firstly, her own fault; and secondly, wrong. As Friedan argued, women in the 1950s and 1960s who had problems knew that there must be something wrong with their marriages, or with themselves, because society told them that as housewives they had reached true feminine fulfillment and could not possibly want anything more.<sup>104</sup> This advertisement, therefore, told women that if they were unhappy – with their marriages, or with anything else – it was their fault, but that they

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<sup>103</sup> Sinequan advertisement, *Journal of the American Medical Association* (12 October 1970), 257-60.

<sup>104</sup> Friedan, *The Feminine Mystique*, 62.

could fix the problem by taking a drug.

Another Sinequan advertisement showed a similar representation of middle-class housewives' discontent, this time through the image of a young woman kneeling on the floor next to broken dishes, clasping a plate to her chest. "“Most often it’s my stomach, but I get headaches too. My muscles hurt and I’m fidgety and sometimes I cry.””<sup>105</sup> Once again, the advertisement paired physical and emotional symptoms, and hinted that the woman was unable to complete her domestic duties because of anxiety and depression, and that the inability to do so caused her even greater stress, evidenced by the forlorn expression on her face as she looked at the shards of china. In a third Sinequan advertisement, the woman, faced with a sink overflowing with dirty dishes, cried, "“Everything I do is half done. I’m restless and nervous, tired all the time and always nagging.””<sup>106</sup> Nagging was a stereotypical negative quality of a middle-class housewife, and women were still warned that since men found nagging unattractive, they should avoid it at all costs.<sup>107</sup>

The advertisements blamed women for their own unhappiness, yet did so exclusively within the domestic sphere, implying that though the ideal of domesticity was of paramount importance, women needed drugs in order to achieve it – and therefore that such an ideal was both unnatural and unrealistic. Herzberg explains:

By presenting universal images of generic-looking housewives in classic domestic settings, [the advertisements] also implied that most if not all women were discontented and had to be ‘helped’ by drugs to achieve the desired normality. This was in keeping with the basic goal of selling more drugs, but it also promoted the idea of housewives’ dissatisfaction.<sup>108</sup>

Oddly enough, as Herzberg points out, the subliminal messaging beneath these advertisements seem to both validate and reject Betty Friedan’s *Feminine Mystique*. The two groups of men – pharmaceutical professionals and physicians – who formulated ad messaging and then passed it on to female patients via their decisions to prescribe the drugs, were unwittingly acknowledging a portion of Betty Friedan’s argument. By suggesting that women were broadly unhappy, and

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<sup>105</sup> Sinequan advertisement, *Journal of the American Medical Association* (4 January 1971), 153-6.

<sup>106</sup> Sinequan advertisement, *Journal of the American Medical Association* (11 January 1971), 325-7.

<sup>107</sup> “The Good Wife’s Guide,” *Housekeeping Monthly*, (13 May 1955). Accessed 9 April 2011, online via <<http://www.j-walk.com/other/goodwife/images/goodwifeguide.gif>>.

<sup>108</sup> Herzberg, *Happy Pills in America*, 81-2.

connecting that feeling to traditional chores within the home, the advertisers admitted that there might be some validity to the sense of dissatisfaction Friedan argued was plaguing American women. However, the advertisements, were, above all else, marketing a product – and thus they also inferred that “women’s unhappiness was a problem to be solved at the individual rather than the social level, by the purchase of a product.”<sup>109</sup> In that regard, the drug advertisements and Betty Friedan were diametrically opposed on the solution to women’s unhappiness. Friedan argued that the “problem that had no name” could not be cured by taking a pill because the source of women’s discontent ran far deeper; the advertisements alleged that psychotropic drugs were the means to assuring a pleasant domestic state.

The difference between the two points of view aptly reflects the gender divide. Men were the ones crafting the advertisements’ messages, and the ones prescribing the pills – it was to their advantage to suggest that women’s unhappiness could be cured with a drug. Additionally, many men felt reluctant to accommodate women’s growing equality in the public sphere and the workplace; it was easier and more comforting for them to assume that women *wanted* to return to their traditional submissive roles – they just needed a little pharmaceutical help. Men dominated the fields of medicine and science; in 1970-1971, only 9.2 percent of medical school graduates were women.<sup>110</sup> Consequently, the advertisements for prescription drugs were dominated by what men thought America’s women needed. The female perspective, as voiced by Betty Friedan, placed much more emphasis on the crisis of femininity and the long-standing nature of women’s unhappiness. A simple pill, Friedan argued, would not get at the root of the problem of “feminine fulfillment”; it would merely dull the pain, until the woman reemerged to find her situation as she had left it, before taking the drug.

The idea of feminine fulfillment continued to play a major role in drug advertisements of the early 1970s. The advertisements focusing on domesticity still capitalized on women’s understanding that they were *meant* to be mothers and wives. Back in the 1950s, at the height of America’s Cold War era, conformity had been an outwardly safe haven – though as Friedan argued, within the boundaries of cookie-cutter suburban towns and matching split-level homes, women felt unfulfilled. A 1971 advertisement for Serentil, an anti-anxiety drug, proclaimed: “For

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<sup>109</sup> Herzberg, *Happy Pills in America*, 81.

<sup>110</sup> A. B. Silberger, W. D. Marder and R. J. Willke, “Practice characteristics of male and female physicians,” in *Health Affairs*, 6, no. 4 (1987): 104-109, online via <<http://content.healthaffairs.org/content/6/4/104.full.pdf>>.



the anxiety that comes from not fitting in: The newcomer in town who can't make friends...the woman who can't get along with her new daughter-in-law..."<sup>111</sup> This advertisement reinforced another theme in *Feminine Mystique*, that women were alone in their unhappiness, or as Friedan explained, "the problem that had no name." She recounted, "I heard a mother of four, having coffee with four other mothers...say in a tone of quiet desperation, 'the problem.' And the others knew, without words...[that] they all shared the same problem, the problem that has no name. Later...two of the women cried, in sheer relief, just to know they were not alone."<sup>112</sup> The crisis of femininity, for many women, was an enormous relief, because it became clear that so many others shared their feelings of dissatisfaction and emptiness. When remembering that men created the prescription drug advertisements, and male doctors were the ones reading JAMA and therefore deciding which drugs to prescribe and who to prescribe them to, the advertisement takes on a potentially darker tone. "Not fitting in" in the context of this advertisement represents a departure from the norms of a 1950s housewife – or, acting as many women did in the 1970s, by joining the feminist movement, or by simply refusing to conform to gendered ideals of earlier decades. The ad can be read as a message from one group of men (the pharmaceutical companies) to another (the physicians) about how to correct aberrant female behavior. "If she does not fit in," the ad seems to say, "give her a pill that will change her, so that she does." That unspoken change, of course, would be a return to traditional values from the 1950s.

Strikingly, of the more than one hundred relevant advertisements in the sample, only one featured a woman in a professional setting. Though women were picketing major corporations, suing the government, and marching for workplace rights, nearly every advertisement showed women in terms of their domesticity, ignoring the fundamental societal changes of the past decade that widened women's lives and brought them into the public sphere. Only *one* advertisement showed a woman at work. The 1971 advertisement for Librium displayed the image of a pretty young woman in a striped blouse and headset, smiling at the viewer as she adjusted knobs on the switchboard in front of her. The advertisement promised "inner calm, better outlook," saying:

She's back 'on board' again, relieved of the excessive anxiety that had been keeping her from concentrating, decreasing her efficiency. Now – calmer and less preoccupied by emotional symptoms – she is once again able to perform at her usual capable level. This renewed ability to maintain normal on-the-job performance is one of the favorable

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<sup>111</sup> Serentil advertisement, *Journal of the American Medical Association* (4 January 1971), 134-6.

<sup>112</sup> Friedan, *The Feminine Mystique*, 62-3.

responses generally noted in working patients treated with Librium.<sup>113</sup>

An intriguing aspect of this ad is the conflicting messages it sends to viewers. First and foremost, the simple fact that it displays a woman in the working world is highly unusual, at least in the JAMA drug advertisements of the 1960s and early 1970s. As seen in the other advertisements of the era, men were frequently pictured at work, but women were almost always shown in the domestic sphere. The text also makes no effort to disguise the woman at work; the phrase “on-the-job performance” leaves no doubt that this advertisement suggests that doctors should prescribe Librium for working women. However, there are a few gender-based caveats that bear mentioning. For example, the woman pictured was a switchboard operator, a “pink-collar” career designated especially for women because of the lack of formal education that was required. The woman was also young, pretty, and smiling, glamorizing what was in many ways a difficult and tedious job. The government’s wartime portrayals of Rosie the Riveter and Betty Crocker tempered the idea of female independence with traditional norms about women’s physical appearance and support “behind the men,”<sup>114</sup> and this Librium ad acted in the same vein. The woman’s good looks and the innocuous nature of her job – for what man would compete to be a switchboard operator? – were lessons in traditional feminine values, just as her presence in the workforce represented a departure from such ideals.

In 1971, the National Women’s Political Caucus had its inaugural meeting, attended by 2,000 women; the Professional Women’s Caucus sued every law school in the United States that received federal funding, because of discrimination against women; and NOW filed charges against the U.S. Department of Labor as a response to unequal opportunity for female teachers.<sup>115</sup> Women were on the move politically and professionally, and yet the pharmaceutical industry’s advertisements from 1971 ignored that fact. The switchboard operator advertisement was the sole representation of women’s work outside the home in the JAMA sample from 1955-1972. The ad even stayed true to the norms of traditional womanhood from the 1950s; the woman was working a job that could never threaten men’s domination of the public sphere, and she looked pretty while doing so. The tenacity of gender norms in prescription drug advertisements held fast into the 1970s, with a smiling switchboard op as the only hint that a slow transformation of

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<sup>113</sup> Librium advertisement, *Journal of the American Medical Association* (25 January 25 1971), 568-9.

<sup>114</sup> Yellin, *Our Mothers’ War*, 3.

<sup>115</sup> Carabillo, Meuli, and Csida, *Feminist Chronicles: 1953-1993*, 59.

women's portrayal in advertising was on its way.

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Men controlled the prescription drug industry on two fronts: within the pharmaceutical companies, creating drugs and advertisements to market them; and in the medical professions, as doctors and psychiatrists prescribing medication to millions of Americans. The crisis of masculinity, which advertisers must have been cognizant of both in terms of the messaging in ads and in relation to their own manhood, made drug usage a reluctant option for American men. Prescribing drugs to women was an easier choice for several reasons. First, male physicians could avoid the tenets of the crisis of masculinity, which painted drugs as a crutch for weak men. Second, drug advertisements displayed female drug use as an ideal way to return women who had strayed from their natural feminine roles – due perhaps to anxiety or depression—to the 1950s norms of female behavior. Third, from an economic perspective, the drugs had to be sold and prescribed to someone – and physicians knew that prescribing them to women would satisfy the pharmaceutical companies. Therefore, as sociologist Ruth Cooperstock found in her 1970s studies of prescription drug use, women “exceed[ed] men in their consumption of psychotropic drugs in a consistent ratio of two to one.”<sup>116</sup>

In order to explain this phenomenon, historian Mickey Smith cites L. Linn's 1971 article in the *Journal of Health and Social Behavior*<sup>117</sup> in which physicians participating in the study were given four “situations” (patients) and asked to rank, from most to least, their opinions on whose drug use was the most legitimate. The rankings were as follows:

1. A middle aged housewife having marital trouble takes 15 mg Librium daily to settle her nerves.
2. A college student, highly anxious, takes 15 mg of Librium daily to combat anxiety.
3. A college student takes 15 mg of Librium occasionally when the stresses and demands of college life become too great.
4. A physician takes 15 mg of Librium occasionally when the stresses and demands of his practice become overbearing.<sup>118</sup>

The group of male physicians revealed their gendered assumptions, ranking the sole *woman* on

<sup>116</sup> Smith, *A Social History of the Minor Tranquilizers*, 62.

<sup>117</sup> L. Linn, “Physician Characteristics and Attitudes Toward Legitimate Use of Psychotherapeutic Drugs,” *Journal of Health and Social Behavior* 12, pp 132-139 (1971).

<sup>118</sup> Smith, *A Social History of the Minor Tranquilizers*, 39.

the list as the patient who most needed a tranquilizer. The college students' gender was not specified; therefore it is clear that they were male – the unusual female student would have been labeled as such. It is interesting to note that the male physicians marked themselves as *least* deserving of taking Librium; one might hypothesize that doctors would feel the need to justify their own drug use, but such was not the case. Perhaps they, too, were worried about the contradictions in masculinity for men who took prescription drugs. In examining the incidence of higher prescription rates for women than men, Cooperstock observed that women tend to report physical and emotional symptoms more readily than men do.<sup>119</sup> The willingness to express discomfort and unhappiness – which men of the era still could not do, or risk the label of effeminate – is a potential explanation for the prevalence of prescriptions given to women.

Putting gender aside, physicians felt pressure to prescribe *something* for their patients simply because of their roles as medical practitioners. Mid-century America wanted its doctors to cure every ailment with a pill – leading, of course, to over-prescription. The ever-present problem of anxiety and its popularity in the press was also a catch-all for drug prescriptions; physicians felt that they had to prescribe something for an anxious patient for two reasons: firstly, to resolve the anxiety; and secondly, because the patient was aware that “happy pills” existed and had heard about the wonders they worked for other anxious Americans. Smith cites Raynes' 1979 article in which the author reviewed 249 interactions between general practitioners and their patients, and “found that some kind of drug was prescribed in 63.8 percent of the consultations, even though no diagnosis was made in 39.1 percent of them.”<sup>120</sup> In other words, doctors were writing prescriptions without knowing what problem or illness they were trying to treat. There appears to have been a tendency among physicians to prescribe because it was in style – and because everyone else was doing it. In Lewis' 1971 study of 65 Boston area physicians, 67 percent reported that they thought their colleagues prescribed too many tranquilizers.<sup>121</sup> In the 1970s, men were in charge of the creation, marketing, and distribution of drugs, which helps explain why women were represented in such a one-dimensional, 1950s-era way, and why women took so many more drugs than men did.

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<sup>119</sup> Smith, *A Social History of the Minor Tranquilizers*, 62.

<sup>120</sup> Smith, *A Social History of the Minor Tranquilizers*, 43.

<sup>121</sup> Smith, *A Social History of the Minor Tranquilizers*, 96.

Men had dominated the conversation about prescription drug use in America for many years. Drug advertisements downplayed male anxiety and suggested that Librium was only necessary for men as an “adjunct” to cardiovascular therapy or gastric bypass. In contrast, other advertisements for women’s drug use focused on drugs as necessary to cure emotional problems and allow women to return to their domestic duties. Women had no say in the formulation of these messages, nor were they permitted to play a substantive role in the healthcare world. In 1969, in the midst of the growing feminism of the era, twelve women met at a women’s conference in Boston, and decided to change all of that. Through discussions with each other, they realized that their voices and experiences were missing from the contemporary dialogue on medicine and health.

We had all experienced similar feelings of frustration and anger toward specific doctors and the medical maze in general, and initially we wanted to do something about those doctors who were condescending, paternalistic, judgmental and non-informative...we realized just how much we had to learn about our bodies. So we decided on a summer project—to research those topics which we felt were pertinent to our bodies, to discuss in the group what we had learned, then to write papers individually or in groups of two or three, and finally to present the results in a the fall as a course for women on women and their bodies.<sup>122</sup>

The group of women, the Boston Women’s Health Collective, created what came to be known as the classic, *Our Bodies, Ourselves*, the first book of its kind to address women’s health and sexuality from a female perspective. It was a major event in the women’s movement, for it was a contribution to the male-dominated field of medicine from the *female* perspective, and it allowed women to voice their complaints about mistreatment at the hands of male physicians. The book covered sexual health, sexual relations, lesbianism, nutrition and exercise, rape, abortion, pregnancy and childbirth, motherhood, menopause, and women and health care. *Our Bodies, Ourselves* was significant not only for its dissemination of crucial medical information to American women, but in a larger fashion: the manner in which it empowered women to take their health, and the healthcare industry, into their own hands. *Our Bodies, Ourselves* is noteworthy in the context of the gendered drug advertisements because it reveals women’s real feelings about their lives, bodies, and health, opposed to the sentiments portrayed in the JAMA ads. The authors wrote,

<sup>122</sup> *Our Bodies, Ourselves: A Book By and For Women*, The Boston Women’s Health Collective, 2<sup>nd</sup> ed (New York: Simon and Schuster, 1973), 10.

From the very beginning...we have felt exhilarated and energized by our new knowledge. Finding out about our bodies and our bodies' needs, starting to take control over that area of our lives, has released for us an energy...we are better prepared to evaluate the institutions that are supposed to meet our health needs...We have felt our potential power as a force for political and social change.<sup>123</sup>

The importance of such empowerment cannot be overstated. In the face of advertisements that painted their gender as trapped in the domesticity of two decades earlier, the group of Boston women challenged the establishment by contributing their voice – their gender's voice – to the medical metanarrative.

*Our Bodies, Ourselves* included a chapter on “Women and Health Care,” in which the authors began, “We cannot hope to discuss fully the failures of the present health system and the reasons for them.”<sup>124</sup> Women, the book noted, utilize health services to a greater degree than men, and take 50 percent more prescription drugs than men do. Yet women make up only 7 percent of the physicians in the United States. The paucity of female doctors in the male dominated world of medicine gives the men an enormous amount of control. “Given the extraordinary status, wealth, power, and prestige that physicians have, it is evident that women as workers and patients occupy the wide base of a pyramid with white male doctors at the narrow top, controlling everything and everyone below them for their own interests.”<sup>125</sup> The book recognized that this male domination – exemplified in the gendered advertisements – was detrimental to women's health care, and *identified the drug ads in medical journals as portraying women unfairly.*

A good way to become aware of the influence of marketing and advertising in medicine is to scan the medical journals, in which the results of the most recent research in various fields are made available to the medical profession. Drug ads in these journals generally portray helpless, passive women as nuisances to be managed via drugs, roughly two women for each male patient shown.<sup>126</sup>

The Sinequan housewife who complained, “A lot of little things are wrong,” exemplified male messaging in an advertisement that suggested, first, that women were full of petty complaints, and second, that those complaints would cease to exist should they take drugs.<sup>127</sup> The

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<sup>123</sup> *Our Bodies, Ourselves*, 12-13.

<sup>124</sup> *Our Bodies, Ourselves*, 337.

<sup>125</sup> *Our Bodies, Ourselves*, 337.

<sup>126</sup> *Our Bodies, Ourselves*, 341.

<sup>127</sup> Sinequan advertisement, *Journal of the American Medical Association* (12 October 1970), 257-60.

pharmaceutical company's allegation that "a lot of little things are wrong" referred explicitly to a list of physical problems, tagging the worry about marital unhappiness on as an afterthought. For the woman, the unhappiness was likely the foremost issue – which, in turn, caused the somatic symptoms. The drug industry and American women had fundamentally different views on what women's problems were, and how best to fix them. The advertisements portrayed women as lagging fifteen to twenty years behind the times, frozen in the mold of domesticity that kept them in the private sphere and prevented them from entering male-dominated professions. *Our Bodies, Ourselves* pointed to that misrepresentation and called it fictitious, arguing that women deserved medical treatment that did not discriminate on the basis of gender, and also that did not envision women in the 1970s as empty vessels for prescription drugs.

The authors, and other women like them in the 1970s, were well aware of the ways in which they were misrepresented in drug advertisements. Yet because men controlled the pharmaceutical advertisements, they could not directly change the messaging. *Our Bodies, Ourselves* was their answer to the drug ads' sexism: the book rendered women as they saw their own gender: sexually, socially, and in relation to men. The authors realized that "we still thought in sexist terms," and "lived our lives as if there was something intrinsically inferior about us."<sup>128</sup> Their common conceptions led to recognition of the unequal power distribution in society. "Men, having the power, are considered superior, and we, having less power, are considered inferior. What we have to change are the power relationships between the sexes, so that both sexes have equal power and people's qualities can be judged on their own merits rather than in terms of power."<sup>129</sup> In the early 1970s, radical beliefs such as these constituted the core of the women's movement. *Our Bodies, Ourselves* was a crucial landmark for 20<sup>th</sup> century feminists because it added women's voices to the male-dominated medical scholarship of the era, presenting the reality of women's lives – rather than the fabrications of docile domesticity that appeared in prescription drug advertisements. The book has been revised multiple times throughout the 20<sup>th</sup> and 21<sup>st</sup> centuries, translated into dozens of languages, and released in its most current iteration in 2005.<sup>130</sup>

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<sup>128</sup> *Our Bodies, Ourselves*, 19.

<sup>129</sup> *Our Bodies, Ourselves*, 19.

<sup>130</sup> "Our Bodies Ourselves Timeline," accessed on 8 April 2011 via <<http://www.ourbodiesourselves.org/about/timeline.asp>>.

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During the 1960s and 1970s, drug advertisements created by men displayed women according to gender norms that were acceptable in the 1950s, but not in the era of women's liberation. In the 1970s and 1980s, a new group of women came forward to tell their stories, creating a female narrative and reinforcing the argument about male-dominated medicine advanced in *Our Bodies, Ourselves*. Individual women materialized one by one. They were former addicts; women who had lost months – and often years – of their lives to one prescription drug or another, and came forward to confess their personal experiences in the hope that other women might read, absorb, and therefore avoid the same struggles. Their stories contested the image of female patients as presented in the JAMA advertisements. The women who stepped forward to relay their experiences through memoirs and on television shows were not all passive, domestic housewives. Often, they were successful, happily married career women – and one was even a former First Lady.

The American people knew Betty Ford, wife of former President Gerald Ford, as a popular, good-humored, socially active First Lady. She was unafraid to share her views with the public, even on controversial issues such as marijuana usage and premarital sex. However, in 1978, only a year after leaving the White House, the Ford family staged an intervention to address Betty's addictions to alcohol, and to pain pills that had been prescribed in the late 1960s in response to a pinched nerve. Ford entered treatment, regained her sobriety, and in 1982, after recovering, established the Betty Ford Center. Located in California, the Center is a non-profit hospital and patient program for those suffering from addiction. In *Healing and Hope: Six Women From the Betty Ford Center Share Their Powerful Journeys of Addiction and Recovery*, Betty Ford discussed society's treatment of female addicts:

For a long time, women were considered second-class citizens by society at large, by the treatment industry, and by Alcoholics Anonymous...As the disease concept slowly is understood and accepted as it pertains to men, women alcoholics and addicts are—for the most part—still seen as morally challenged, 'weak' individuals.<sup>131</sup>

In the 1970s and 1980s, as a result of the stigma surrounding female addicts, women often received unfair, unfeeling treatment at the hands of their male psychologists and doctors. Betty

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<sup>131</sup> Betty Ford, *Healing and Hope: Six Women From the Betty Ford Center Share Their Powerful Journeys of Addiction and Recovery* (New York: G. P. Putnam's Sons, 2003), 104.



Ford's decision to tell her story was noteworthy because it publicized – and helped de-stigmatize – female addiction, and opened the door for other American women suffering in silence. Betty Ford's candor made drug addiction an acceptable topic of conversation, and brought prescription drug usage, as well as male bias in medicine, to the forefront of social conversation.

One woman who came forward to tell her story, and share her tale of negative experiences with male psychologists, was CBS Television producer Barbara Gordon. In *I'm Dancing As Fast As I Can* (1979), Gordon shared her experience with Valium addiction. A successful career woman producing films at CBS, Gordon at first seemed like a happy, well-adjusted woman of the mid-1970s. Yet before the end of the first chapter, she revealed her addiction. "My anxiety attacks had become so intense that I was often immobilized, paralyzed... I was going to a shrink once a week and still the anxiety increased. Why didn't Dr. Allen help me?...He gave me Valium and I was taking it by the handful."<sup>132</sup> Shortly afterward, Gordon decided to go off the Valium. In a session with Dr. Allen, her shrink, she screamed, "Pills, pills—there has to be another answer!" to which he suggested that she switch to Thorazine.<sup>133</sup> Thorazine – the first of the psychotropic drugs – had been a star when first released in 1952. But it was eclipsed by Miltown, and then Librium, and then Valium – largely because of its intensity, and its reputation as the last resort for mental patients who failed to respond to other forms of drug therapy. Gordon said, "Thorazine! That numbs the mind, kills the soul. They use it in hospitals. I don't want it."<sup>134</sup> Despite her certainty, the psychiatrist continued to try and force her to switch to the major tranquilizer. Their interactions exemplified several ugly aspects of the doctor-patient relationship in the 1970s, when the doctor was male and the patient female. First of all, Gordon felt that Dr. Allen was a stranger to her, despite having seen him periodically over a ten-year period. She commented, "He seemed so detached that it was hard for me to believe that he was trying to stay distant."<sup>135</sup> Second, Allen did not listen when she maintained her reluctance to switch to Thorazine, and continued to try and force the drug on her. Many physicians in the 1970s – especially in dealing with female patients, whose problems they could not intrinsically understand – would automatically reach for the prescription pad before listening to the nature of the problem. Over-prescription and overmedication became an issue in the 1960s and 1970s as

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<sup>132</sup> Barbara Gordon, *I'm Dancing As Fast As I Can* (New York: Bantam Books, 1979), 16.

<sup>133</sup> Gordon, *I'm Dancing As Fast As I Can*, 35.

<sup>134</sup> Gordon, *I'm Dancing As Fast As I Can*, 35.

<sup>135</sup> Gordon, *I'm Dancing As Fast As I Can*, 34.

doctors shoved pills at women, often giving them the wrong type of drug – or giving them a drug when they should never have had one in the first place.

Gordon decided to quit her Valium, and when she told Dr. Allen, his response was first to suggest that she take different drugs instead. When she refused, he said, “‘All right, Miss Gordon, then don’t take one, not one. Do it absolutely cold. As a matter of fact, don’t even have a sip of wine and I’m sure you’ll do fine. Call me if you need anything or if you change your mind. But remember, don’t take even one.’”<sup>136</sup> And with that, Barbara Gordon stopped taking the drug that she had been addicted to for years, and went into serious physical and mental withdrawal. She had a psychotic break: she could not leave her apartment, dress herself, nor think or speak clearly. To make matters worse, her live-in boyfriend, Eric, began to abuse her. Eventually, after close friends rescued her from her apartment, Gordon cycled through several mental hospitals and multiple prescriptions. When she took Thorazine, she felt like she was “‘in a coma.’”<sup>137</sup> It was not until she entered treatment at Greenwood Hospital that Gordon began to confront her mental problems and dealt with the after-effects of her Valium withdrawal – which her doctors and therapists told her would not have occurred had she weaned herself, slowly, off of the drug.

At Greenwood, Barbara Gordon saw a female therapist for the first time. Through several book chapters filled with details of their grueling daily sessions, the reader gains an understanding of the ways in which this new psychologist, Julie, contrasted with Dr. Allen. Julie explained that tranquilizers caused problems because they prevented people from expressing their strong emotions – especially anger. “‘As long as I took the pills I had been incapable of feeling the anger necessary to make changes in my life. I knew she was right, and I was paying a terrible price for it now. ‘God, how many women are doing the same thing I did?’”<sup>138</sup> Many women *did* identify with Gordon’s story of addiction, withdrawal, and eventually, recovery. Her book resonated with thousands of women who had also been slaves to a prescription drug. It also helped create a new image of drug addicts in America.

A new type of addict, the “female junkie” was not dirty, nor homeless, nor a hippie. She dressed professionally, dropped her kids off at school as she drove to work, and had an outwardly happy marriage. Yet she was addicted to prescription drugs given to her by her doctor. Beginning

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<sup>136</sup> Gordon, *I’m Dancing As Fast As I Can*, 49.

<sup>137</sup> Gordon, *I’m Dancing As Fast As I Can*, 130.

<sup>138</sup> Gordon, *I’m Dancing As Fast As I Can*, 173.

in the mid-to-late 1970s, and continuing on into the 1980s, Valium was known as the woman's drug.<sup>139</sup> The Rolling Stones even sang a song about the pill entitled, "Mother's Little Helper." The combination of media coverage, medical practice, and social criticism cemented the drug as a symbol for white, middle-class, feminine oppression. In the mid-1970s, the field of addiction treatment for women was born as women like Gordon opened up about their experiences, and experts like Marie Nyswander published articles such as "Valium: The Pill You Love Can Turn On You."<sup>140</sup> Nyswander and other second wave feminists focused on Valium in conjunction with middle-class women's problems, arguing, "Women's complaints were evidence neither of sickness nor of psychogenic self-amusement but of genuine political grievances."<sup>141</sup> It was this continuation of Friedan's rhetoric that spearheaded the feminist fight against Valium in the late 1970s, and would continue against the antidepressant Prozac in the 1980s. Yet female fight against prescription drugs could never have occurred had women's memoirs exposed their personal struggles with addiction. Both Barbara Gordon and Betty Ford were notable, not only for their willingness to reveal their drug histories publicly, but because they did not fit the image of femininity portrayed in the JAMA drug advertisements of the late 1960s and early 1970s. Ford and Gordon were successful, professional women, not housewives bound to the private sphere. Their experiences, once again, demonstrated the fact that the drug advertisements utilized portrayals of women created by men; portrayals that were unrealistic and out of touch with what actual women's lives were like in the 1970s.

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The review of JAMA advertisements from 1955-1972 is a lesson in the challenges of change, and the tenacity with which individuals hold onto their conceptions of correct and incorrect behavior for each gender. In 1955, in the wake of World War II with the Cold War looming on the horizon, Americans were scared. The country's terror manifested itself in the containment of sexuality and new ideas, and in the maintenance of traditional gender roles. Social critics pointed to any departure from the norm as a national security threat. Arthur Schlesinger, Jr. and Joseph McCarthy, while on opposite sides of the aisle in practically every other respect, both contributed to the crisis of masculinity through their views on what

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<sup>139</sup> Herzberg, *Happy Pills in America*, 78.

<sup>140</sup> Herzberg, *Happy Pills in America*, 139.

<sup>141</sup> Herzberg, *Happy Pills in America*, 140.

constituted or failed to live up to the ideal of manhood. Though presented as a potential solution, Miltown, the first minor tranquilizer, represented a failed option for the crisis of masculinity. The drug was the wrong answer for American men looking to reassert their manhood; Miltown promised tranquility, and traditional men were never tranquil. The ideal man, in the 1950s, was a rugged individual who earned a salary and provided for his family, leaving the domestic duties to his wife.

Women in the 1950s received strict societal instruction on how to be “good” wives and mothers: first and foremost, ambitions outside the home were to be avoided, as they were superfluous and harmful to the nuclear family. Not until 1963, with *The Feminine Mystique*, did women realize that their sense of unhappiness and dissatisfaction was shared by millions of other housewives across America. The release of Librium and Valium in the same era was denoted by marketing campaigns that framed the drugs, simultaneously, as minor aids for men, and serious emotional and psychological medications for women. Drug ads that aimed at women’s usage looked remarkably similar before *and* after the release of the *Feminine Mystique*, just as they showed little change from the beginning of the women’s movement in the 1960s to the heyday of women’s liberation in the 1970s. Women’s ads almost universally relied on the common assumption that women were overly emotional and suffered as a result – the word “anxiety” or “anxious” appeared in all reviewed JAMA advertisements targeted at women in the 1960s and 1970s. Gender roles in drug advertising – especially women’s – were stubborn, perhaps because the advertisements were created exclusively by men.

Men dominated the conversation about psychological illness, anxiety, and tension in mid-century America. Throughout the era, the pharmaceutical companies were run by men, and the medical industry consisted almost entirely of male physicians. Their exclusive control over the messaging in drug advertisements contributed to the one-sided portrayal of women as submissive and domestic. Even in the late 1960s and early 1970s when NOW made headlines daily through protests, lawsuits, and activism in the fight for women’s equality, the pharmaceutical industry published advertisements that failed to recognize social change. Yet the tranquilizer and antidepressant advertisements that targeted female consumers did so by acknowledging the middle-class housewife’s unhappiness and then suggesting that the cure, as such, lay in Sinequan, or Librium, or Vistaril, or Valium. Ironically, the advertisements’ identification of female discontent verified what Betty Friedan had written about – the unfulfilling nature of

“feminine fulfillment” – while suggesting a solution that Friedan said would never fix the problem.

The drug advertisements targeting American men fixated on the idea that to blame them for weakness of any sort – physical or psychological – would be tantamount to an attack on their masculinity. This presented a dilemma for the pharmaceutical industry, which needed to find a way to acknowledge male anxiety and suggest prescription drugs as the cure – all without ever actually framing men as having a problem in the first place. The “physical symptom” advertisements exemplified one marketing strategy: admitting that men suffered from tension, but refusing to place the blame on the male gender. The irony behind the pairing of the crisis of masculinity with prescription drugs was exemplified in mid-century America by none other than President Kennedy, considered by men and women alike to be the paragon of virile manhood. In fact, Kennedy took daily doses of a huge regimen of pills, including steroids, painkillers, antispasmodics, antibiotics, and antihistamines, in order to hide symptoms of chronic pain. Kennedy’s youthful vigor was not what it seemed: the thick, wavy hair and bronzed skin were symptoms of his Addison’s disease, as was his (now) infamous sexual energy.<sup>142</sup> Mid-century America taught men that they were not supposed to take drugs, for it showed signs of weakness – and Kennedy serves as a prominent example of the measures that, paradoxically, men took in order to avoid such a label.

It was only in the 1970s that women began to contribute their own perspectives on prescription drug use and addiction, as well as on women’s health and interaction with health care in America. *Our Bodies, Ourselves* was as much of a development for feminism as was *The Feminine Mystique*; both brought women together in the shared knowledge of their lives and bodies. The growth of the female voice empowered women to demand better treatment from their physicians, and from the American health care system as a whole. Nevertheless, while women’s position in America has changed substantially since the 1970s, and even more since the 1950s, the drug advertisements in modern America look eerily familiar.

Issues of JAMA from the past five years prominently feature advertisements for the antidepressant Cymbalta. In one advertisement, a woman in her thirties sits propped against the pillows in her bed. She is wearing a rumpled nightgown and bathrobe, and rubbing her neck with one hand. She stares downward, disheveled hair in her face, and her expression is one of great

<sup>142</sup> Richard Lacayo, “How Sick Was JFK?” *Time*, 2 December 2002, accessed on 16 March 2011 via <<http://www.time.com/time/magazine/article/0,9171,1003773-1,00.html>>.

pain. The caption to the right of her reads, “I just feel down all the time.”<sup>143</sup> A depressed woman, stuck in the private sphere – unable to get out of bed and get on with her day. An additional detail of the photograph is the wedding ring displayed prominently on the woman’s left ring finger. Outwardly, the advertisement would communicate exactly the same message about Cymbalta and its effects on depression if the woman were not wearing a ring. Yet the minor detail is extremely significant in the context of 1950s ideology. The indication that she is married suggests the role of housewife, trapped in the home, as in the 1950s. Another antidepressant advertisement, for Effexor XR, pictures a middle-aged woman’s anxious face. She leans her head against her hand, reclining against pillows. “Still depressed? It may be time to make a change.”<sup>144</sup> This advertisement also displays female depression in the bedroom – a subtle message, perhaps, about women’s sexuality, or their inability to perform sexually because of depression. In that case, the advertisements harken back to similar themes from the JAMA advertisements of several decades ago. All of these ads – whether from the 1960s, 1970s, or 2000s – utilize ideology from the 1950s, when women were meant to remain docile, domestic creatures within the home.

Why does this gendered perspective on the nature of mental illness persist? Perhaps it is because the medical profession is still vastly male-dominated. In 2006 only 27.8 percent of American physicians were female – still a minority, but far more than in the 1960s.<sup>145</sup> A brief review of JAMA advertisements does not present a convincing portrayal of the truth: that over 1 in 4 doctors today are women. Recent issues of the journal showcase drug and non-drug advertisements in which men are almost always pictured as the doctor, and women are portrayed as either nurse or patient. Take, for instance, a 2009 advertisement for the cellular phone carrier Verizon Wireless. The title reads, “The right Network can be the right prescription for healthcare professionals.”<sup>146</sup> Below, a woman in a nurse’s uniform walks next to a man in scrubs and a white coat; she is looking up at him and talking while he examines his cell phone. Not only is the

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<sup>143</sup> Cymbalta advertisement, *Journal of the American Medical Association* (26 September 2007), 1358-9.

<sup>144</sup> Effexor XR advertisement, *Journal of the American Medical Association* (17 October 2007), 1720-1.

<sup>145</sup> “Table 1 – Physicians by Gender (Excludes Students),” *AMA Statistics History*, accessed online 8 April 2011 via <<http://www.ama-assn.org/ama/pub/about-ama/our-people/member-groups-sections/women-physicians-congress/statistics-history/table-1-physicians-gender-excludes-students.page?>>>.

<sup>146</sup> Verizon Wireless advertisement, *Journal of the American Medical Association* (9 September 9, 2009), 1032-3.

woman pictured in a traditionally feminine profession, as a nurse, but it also seems that the doctor places greater importance on his cell phone than on whatever she may be telling him. However, it is important to note the racial diversity of the ad, which was absent in the 1960s: the nurse is Asian; the doctor African-American. Though the ad suggests improvements in the racial diversity of health professionals, it continues to place men and women in their traditional roles: men as doctors and women as nurses. Similarly, an advertisement for a television program on the Discovery Channel asks “How are you treating the 12% of adults in the U.S. who suffer from migraines?” and shows a concerned male doctor peering down at a female patient who is rubbing her forehead with one hand.<sup>147</sup> In this ad, the man is placed above the woman, both in terms of physical positioning and in terms of status. Few if any advertisements would display the same image with reversed gender roles – e.g., a female doctor leaning over a male patient.

In the 1960s and 1970s, pharmaceutical companies did not advertise directly to the American public; they catered to physicians, by placing ads in medical journals like JAMA. The conversation about drugs took place between the companies and the doctors, who served as an intermediary to the patients. Yet the advent of television allowed the pharmaceutical industry to make its appeals directly to their consumers: potential patients. Television advertisements for antidepressants are so commonplace as to be unremarkable to the average television viewer. However, a closer examination of the ads reveals all-too-familiar themes. In a well-known Cymbalta commercial from 2009, a montage of images flash across the screen as a narrator repeats, “Depression hurts.” Men and women are shown in a variety of settings; the common thread between them is their depression. One man, wearing a collared shirt and tie, is pictured in the office, leaning against a wall of shelves; another is out fishing. As for the women; the first is shown sitting at a kitchen table, surrounded by home appliances, and the second is peering out from behind the curtains on her bedroom window. Men in the public sphere and women inside the home – the year may be 2009, not 1969, but the obstinacy of traditional gender roles remains.

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<sup>147</sup> Discovery communications advertisement, *Journal of the American Medical Association*, 19 November 2009), 2214.

## **Appendix 1: Methods**

This study is structured around the rise of psychotropic drug advertising in mid-twentieth century America, as discussed in Chapter 2. Miltown was first marketed in 1955; thus, 1955 was the first year of JAMA advertisements that I analyzed. The question of which year of JAMA advertisements with which to conclude the study was slightly more difficult because the marketing and subsequent usage of prescription drugs has only increased from the 1950s onward. There was no question that, in order to track the release of Valium in 1963 and its subsequent advertising campaign, I would need to review ads throughout the 1960s. In addition, 1968 marked the year in which the number of advertisements per issue jumped considerably. By examining ads in issues through 1972, I was able to track Valium's marketing campaign for the ten years following its release, and also observe five years of issues in the wake of the advertising explosion in 1968. The total period of 18 years – 1955 to 1972 – included over 800 total advertisements, 115 of which I determined were “relevant,” notated, and photographed for my records.



The idea of “relevance” in any study is difficult, especially when dealing with a large volume of advertisements, as there was in *JAMA*. Non-drug advertisements (such as those for medical instruments, or upcoming conferences) were easy to dismiss, as they held no importance in my study. Advertisements that featured drugs were more difficult to classify as relevant or not because of the wide variety of drug compounds and names. Some ads, though they were selling drugs, were clearly unrelated – for example, those for buffered aspirin. In my first stages of research, I erred on the side of caution, noting drugs that I was unsure whether or not classified as relevant psychotropics. As I became more familiar with the types of drugs advertised, I was able to assess my earlier notes and remove entries for irrelevant drugs. By reviewing my own research, and drawing on the work of sociologist Jane E. Prather and psychologist Linda S. Fidell, whose study of stylized gender in medical advertisements was a useful example of how to qualitatively assess advertisements, I collected detailed descriptions and took photos of over one hundred relevant ads.<sup>148</sup> When I found such an ad, I took down its name; the day, month, and year it appeared; and the page number. I also asked the following questions in my analysis: 1) Is there text in the ad? 2) Are there photos or images? 3) If yes to Question 2, then are there men pictured? 4) If yes to Question 2, then are there women pictured? 5) Does the ad have a clear target gender?

Question 5, much like the relevancy issue discussed earlier, presents a subjectivity issue as to the definition of “clear target gender.” The issue at hand was whether or not an observer, looking at the combination of text and/or images in the advertisement, would have a sense that the ad was marketed at either gender.<sup>149</sup> An ad featuring an image of a man did not necessarily mean that the ad was aimed toward the male gender; the converse was true for those featuring women. It was the combination of text (which might have used gendered pronouns or names) and imagery that signified the ad’s target gender. However, there were plenty of advertisements that did not seem to target either gender, and those will be discussed further. Finally, in addition

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<sup>148</sup> Jane E. Prather and Linda S. Fidell, “Sex differences in the content and style of medical advertisements,” p 90-99, in *Tranquilisers: Social, Psychological, and Clinical Perspectives*, ed. Jonathan Gabe and Paul Williams (London: Tavistock Publications, 1986).

<sup>149</sup> I noted earlier that physicians of the era were the target of advertisements, because of their unique status as go-betweens from drug company to patient and vice-versa. Simply because most doctors were men, it does not follow that all ads would be “targeted” to the male gender. Though the physicians were indeed an intended audience for these gendered messages, the drug companies wanted physicians to pick up on messaging that recommended drugs for *both* genders.

to the questions mentioned above, I also wrote a brief description of each advertisement. For example, this was the description for a April 20, 1970 Librium advertisement:

One page ad, split into two panels. Right panel is a photo of man in suit with furrowed brow, hand to chin, staring intently. Behind him are heart rate charts and a stooped male figure walking, head down, with briefcase. On left panel of ad: ‘When anxiety matters in the cardiovascular patient...Emotional stress is believed to be a potentially significant factor in the course, and possibly the genesis in certain types of individual, of coronary artery disease.’<sup>150</sup>

With similar descriptions for over one hundred advertisements, some of which spanned multiple pages in *JAMA*, it is not feasible to detail each and every one in my analysis. However, the sheer number of advertisements that I reviewed allows for the presentation of a representative sample of ads with varied content and themes. One final note on methods: in 1971-2, I examined two months per year (January and October) rather than the three months (January, April, and October) I had taken data on for the 1950s and 1960s, simply because the total volume of advertisements in each issue from 1968 onward made it unnecessary to review three issues per year. Furthermore, preliminary research showed that there was no difference in the style and content of advertisements from month to month within one year, and therefore, there was no substantive problem in eliminating April’s issues during 1971-1972.<sup>151</sup>

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<sup>150</sup> Librium advertisement, *Journal of the American Medical Association* (20 April 1970), 494.

<sup>151</sup> See Table 1 for statistics on advertisements.

## Appendix 2: Tables

Table 1: Summary of *JAMA* advertisements

<b>Years</b>	<b>Months</b>	<b>Issues</b>	<b>Range, # of Ads/Issue</b>	<b>Total Ads</b>	<b>Total Relevant Drug Ads</b>	<b>Drugs Featured in Ads</b>
1955-59 (5 years)	Jan, Apr, Oct	63	0-9	127	3	Deprol, Butisol, Nactisol, Mellaril, Cardilate-P
1960-69 (10 years)	Jan, Apr, Oct	124	0-13	278	37	Soma Compound, Butisol, Deprol, Nactisol Mellaril, Cardilate-P, Thorazine, Librax, Solacen, Ritalin, Menrium, Valium, Norpramin, Librium, Equagesic, Elavil
1970-72 (3 years)	Jan, Oct	27	5-36	484	75	Elavil, Valium, Tofranil, Butisol Sodium, Librium, Equanil, Mellaril, Stelazine, Vistaril, Meprospan, Sinequan Librax, Serentil, Ritalin, Miltown, Atarax, Premarin, Libritabs, Serax, Combid
<b>1955-72 (18</b>	<b>51 months</b>	<b>214</b>	<b>0-36</b>	<b>889</b>	<b>115</b>	All listed above

years)

## Bibliography

“About JAMA.” *American Medical Association (AMA)*. Online via < <http://jama.ama-assn.org/site/misc/aboutjama.xhtml>>, 23 February 2011.

Bederman, Gail. *Manliness and Civilization: A Cultural History of Gender and Race in the United States, 1880-1917*. Chicago: The University of Chicago Press, 1995)

Brahen, Leonard S. “Housewife Drug Abuse.” *Journal of Drug Education* 3 (Spring 1973).

Carabillo, Toni, Judith Meuli, and June Bundy Csida. *Feminist Chronicles: 1953-1993*. New York: Women’s Graphics, 1993.

Clarke, Edward H. *Sex in Education, or, A Fair Chance for the Girls*. Boston: James R. Osgood and Company, 1873).

Cook, Jim. “The Happy Pills: Are They?” *New York Post*. 22 January 1956, 36.

Coontz, Stephanie. *A Strange Stirring: The Feminine Mystique and American Women at the Dawn of the Cold War*. New York: Basic Books, 2011.

Costigliola, Frank. “‘Unceasing Pressure for Penetration’: Gender, Pathology, and Emotion in George Kennan’s Formation of the Cold War.” P 1309-1339 in *The Journal of American History* 83, no. 4 (Mar., 1997).

Cuordileone, K.A. *Manhood and American Political Culture in the Cold War*. New York: Routledge, 2005.

Cuordileone, K.A. "Politics in the Age of Anxiety: Cold War Political Culture and the Crisis in American Masculinity, 1949-1960." In *The Journal of American History*, Sept. 2000.

D'Emilio, John, and Estelle Freedman. *Intimate Matters: A History of Sexuality in America*. Chicago: University of Chicago Press, 1997.

"Employment status of the civilian noninstitutional population, 1942 to date." *Bureau of Labor Statistics, Current Population Survey*. Accessed 12 February 2011 via <<http://www.bls.gov/cps/cpsaat1.pdf>>.

Ford, Betty. *Healing and Hope: Six Women From the Betty Ford Center Share Their Powerful of Addiction and Recovery*. New York: G. P. Putnam's Sons, 2003.

Friedan, Betty. *The Feminine Mystique*. New York: W.W. Norton, 2001.

Gabe Jonathan, and Paul Williams. "Tranquiliser use: a historical perspective." P. 3-17 in *Tranquilisers: Social, Psychological, and Clinical Perspectives*. Edited by Jonathan Gabe and Paul Williams. London: Tavistock Publications, 1986.

Gilbert, James. *Men in the Middle: Searching for Masculinity in the 1950s*. Chicago: University of Chicago Press, 2005.

"The Good Wife's Guide." *Housekeeping Monthly*, 13 May 1955. Online via <<http://www.j-walk.com/other/goodwife/images/goodwifeguide.gif>>.

Gordon, Barbara. *I'm Dancing As Fast As I Can*. New York: Bantam Books, 1979.

Haberman P., and D.E. Sexton. "Women in Magazine Advertisements." *Journal of Advertising Research* 14 (1976).

Halberstam, David. *The Fifties*. New York: Villard Books, 1993.

Hartmann, Susan. *The Home Front and Beyond: American Women in the 1940s* (Boston: Twayne Publishers, 1982), 3.

Hartmann, Susan M. "Women's Employment and the Domestic Ideal in the Early Cold War Years." P 84-100. In *Not June Cleaver: Women and Gender in Postwar America, 1945-1960*. Edited by Joanne Meyerowitz. Philadelphia: Temple University Press, 1994.

Hawkins, Joellen W. and Cynthia S. Aber. "The Content of Advertisements in Medical Journals: Distorting the Image of Women" *Women and Health* 14 (1988), 45-51.

- Healy, David. *Let Them Eat Prozac: The Unhealthy Relationship between the Pharmaceutical Industry and Depression* (New York: New York University Press, 2004), 4.
- Herzberg, David. *Happy Pills in America: From Miltown to Prozac*. Baltimore: The Johns Hopkins University Press, 2009.
- Honey, Maureen. *Creating Rosie the Riveter: Class, Gender and Propaganda During World War II*. Boston: University of Massachusetts Press, 1984.
- Hotchner, A. E. "Can Mood Pills Really Help You?" *This Week Magazine*, *Los Angeles Times*. 19 August 1956, N8.
- Johnson, David K. *The Lavender Scare: The Cold War Persecution of Gays and Lesbians in the Federal Government*. Chicago: University of Chicago Press, 2004.
- Kandall, Stephen R. *Substance and Shadow: Women and Addiction in the United States*. Cambridge: Harvard University Press, 1996.
- Lacayo, Richard. "How Sick Was JFK?" *Time*, 2 December 2002, accessed on 16 March 2011 via <<http://www.time.com/time/magazine/article/0,9171,1003773-1,00.html>>.
- Leland Anne, and Mari-Jana Oboroceanu. "American War and Military Operations Casualties: Lists and Statistics" *Congressional Research Service* (26 February 2010). Online via <<http://www.fas.org/sgp/crs/natsec/RL32492.pdf>>.
- Linn, L., "Physician Characteristics and Attitudes Toward Legitimate Use of Psychotherapeutic Drugs," *Journal of Health and Social Behavior*, Vol 12, pp 132-139 (1971).
- Lundberg, Ferdinand, and Marynia F. Farnham. *Modern Woman: The Lost Sex*. New York: Grosset & Dunlap, 1947.
- Maines, Rachel P. *The Technology of Orgasm: "Hysteria," the Vibrator, and Women's Sexual Satisfaction*. Baltimore: The Johns Hopkins University Press, 2001.
- May, Elaine Tyler. *Homeward Bound: American Families in the Cold War Era*. New York: Basic Books, 1999.
- Metzl, Jonathan. "Mother's Little Helper: The Crisis of Psychoanalysis and the Miltown Revolution," *Gender and History* 15 (Aug 2003): 240-263.
- Metzl, Jonathan. *Prozac on the Couch: Prescribing Gender in the Era of Wonder Drugs*. Durham, N.C.: Duke University Press, 2003.
- Not June Cleaver: Women and Gender in Postwar America, 1945-1960*. Edited by Joanne Meyerowitz. Philadelphia: Temple University Press, 1994.

*Our Bodies, Ourselves: A Book By and For Women*. The Boston Women's Health Collective. 2<sup>nd</sup> edition. New York: Simon and Schuster, 1973.

"Our Bodies Ourselves Timeline,." Accessed on 8 April 2011 via  
<<http://www.ourbodiesourselves.org/about/timeline.asp>>.

Prather, Jane E. and Linda S. Fidell. "Sex differences in the content and style of medical advertisements." P 90-99. In *Tranquilisers: Social, Psychological, and Clinical Perspectives*. Edited by Jonathan Gabe and Paul Williams. London: Tavistock Publications, 1986.

Riesman, David. *The Lonely Crowd: A Study of the Changing American Character*. New Haven: Yale University Press, 1950.

Rosen, Marjorie. *Popcorn Venus: Women, Movies, & The American Dream*. New York: Coward, McCann, and Geoghegan, 1973.

Satel, Sally. "The Battle over Battle Fatigue." *The Wall Street Journal* July 10, 2010, accessed on 28 Feb 2011 via  
<<http://online.wsj.com/article/SB10001424052748704913304575371130876271708.html>>.

Scanlon, Jennifer. *Inarticulate Longings: The Ladies' Home Journal, Gender and the Promise of Consumer Culture* (New York: Routledge, 1995).

Schlesinger, Jr., Arthur M. *The Politics of Hope*. Boston: Houghton Mifflin, 1963.

Schlesinger, Jr., Arthur M. *The Vital Center: The Politics of Freedom*. New Brunswick: Transaction Publishers, 1949.

Seidenberg, R. "Drug Advertising and Perception of Mental Illness." *Mental Hygiene* 55 (1971), 21-31.

Silberger, A. B., W. D. Marder and R. J. Willke. "Practice characteristics of male and female physicians." In *Health Affairs*, 6, no. 4 (1987), 104-109. Online via  
<<http://content.healthaffairs.org/content/6/4/104.full.pdf>>.

Smith, Mickey C. *A Social History of the Minor Tranquilizers: The Quest for Small Comfort in the Age of Anxiety*. New York: Pharmaceutical Products Press, 1991.

Speaker, Susan L. "From 'Happiness Pills' to 'National Nightmare': Changing Cultural Assessment of Minor Tranquilizers in America, 1955-1980." In *Journal of the History of Medicine* 52 (July, 1997), pp. 338-376.

"Summary." *President's Commission on the Status of Women*. Edited by William Leuchtenberg, Accessed 9 April 2011. Online via  
<[http://www.lexisnexis.com/documents/academic/upa\\_cis/PresidentComm%20on](http://www.lexisnexis.com/documents/academic/upa_cis/PresidentComm%20on)>

%20StatusofWomen.pdf>.

“Table 1 – Physicians by Gender (Excludes Students).” *AMA Statistics History*. Accessed online 8 April 2011 via <<http://www.ama-assn.org/ama/pub/about-ama/our-people/member-groups-sections/women-physicians-congress/statistics-history/table-1-physicians-gender-excludes-students.page?>>>.

Tone, Andrea. *The Age of Anxiety: A History of America's Turbulent Affair with Tranquilizers*. New York: Basic Book, 2009.

Walker, Nancy A. *Shaping Our Mothers' World: American Women's Magazines*. Jackson: University Press of Mississippi, 2000.

*Women's Magazines, 1940-1960: Gender Roles and the Popular Press*. Edited by Nancy Walker. (New York: Bedford St. Martin's, 1998).

“Women in Medicine: An AMA Timeline.” *American Medical Association (AMA)*. Online via <<http://www.ama-assn.org/ama1/pub/upload/mm/19/wimtimeline.pdf>>, accessed 23 February 2011.

Wylie, Philip. *Generation of Vipers*. New York: Farrar & Rinehart, 1943.

Yellin, Emily. *Our Mothers' War: American Women at Home and at the Front During World War II*. New York: Free Press, 2005.



Advertisements, in order of footnotes

Miltown advertisement, *Journal of the American Medical Association* (28 January 1956), 18.

<sup>2</sup> Sinequan advertisement, *Journal of the American Medical Association* (4 January 1971), 153-6.

<sup>42</sup> Miltown advertisement, *Journal of the American Medical Association* (28 January 1956), 18.

<sup>44</sup> Miltown advertisement, *Journal of the American Medical Association* (28 January 1956), 18.

<sup>58</sup> Vistaril advertisement, *Journal of the American Medical Association* (4 January 1971), 62-4.

<sup>59</sup> Deprol advertisement, *Journal of the American Medical Association* (15 April 1961), 84.

<sup>60</sup> Deprol advertisement, *Journal of the American Medical Association* (15 April 1961), 84.

<sup>61</sup> Deprol advertisement, *Journal of the American Medical Association* (20 January 1962), 186.

<sup>65</sup> Ritalin advertisement, *Journal of the American Medical Association* (11 October 1965), 114.

<sup>66</sup> Ritalin advertisement, *Journal of the American Medical Association* (11 October 1965), 114.

<sup>67</sup> Ritalin advertisement, *Journal of the American Medical Association* (11 October 1965), 114.

<sup>80</sup> Librax advertisement, *Journal of the American Medical Association* (12 October 1970), 400-1.

<sup>81</sup> Equagesic advertisement, *Journal of the American Medical Association* (20 January 1969), 576-7.

<sup>82</sup> Equagesic advertisement, *Journal of the American Medical Association* (20 January 1969), 576-7.

<sup>83</sup> Librium advertisement, *Journal of the American Medical Association* (18 January 1971), 402-3.

<sup>84</sup> Librium advertisements, *Journal of the American Medical Association* (20 April 1970), 494; (19 January 1970), 614-5; and (18 January 1971), 402-3; Valium advertisements, (3 January 1972), inside cover; and (10 January 1972), 140-1; Equanil advertisement, (20 April 1970), 501.

<sup>85</sup> Mellaril advertisement, *Journal of the American Medical Association*, (4 January 1971), 14-15.

- <sup>86</sup> Librium advertisement, *Journal of the American Medical Association* (13 January 1969), 393.
- <sup>87</sup> Butisol advertisement, *Journal of the American Medical Association* (20 October 1969), 588.
- <sup>88</sup> Librium advertisement, *Journal of the American Medical Association* (19 October 1970), 614-5.
- <sup>89</sup> Sinequan advertisement, *Journal of the American Medical Association* (12 October 1970), 257-60.
- <sup>90</sup> Valium advertisements, *Journal of the American Medical Association* (10 & 24 January 1972), 140-1; 480-1.
- <sup>91</sup> Valium advertisement, *Journal of the American Medical Association* (24 January 1972), 480-1.
- <sup>92</sup> Librium advertisement, *Journal of the American Medical Association* (4 October 1971), 41-8.
- <sup>94</sup> Librium advertisement, *Journal of the American Medical Association* (14 October 1968), inside cover.
- <sup>95</sup> Serax advertisement, *Journal of the American Medical Association* (10 January 1972), 164-5.
- <sup>96</sup> Serax advertisement, *Journal of the American Medical Association* (10 January 1972), 164-5.
- <sup>103</sup> Sinequan advertisement, *Journal of the American Medical Association* (12 October 1970), 257-60.
- <sup>105</sup> Sinequan advertisement, *Journal of the American Medical Association* (4 January 1971), 153-6.
- <sup>106</sup> Sinequan advertisement, *Journal of the American Medical Association* (11 January 1971), 325-7.
- <sup>111</sup> Serentil advertisement, *Journal of the American Medical Association* (4 January 1971), 134-6.
- <sup>113</sup> Librium advertisement, *Journal of the American Medical Association* (25 January 25 1971), 568-9.
- <sup>127</sup> Sinequan advertisement, *Journal of the American Medical Association* (12 October 1970), 257-60.
- <sup>143</sup> Cymbalta advertisement, *Journal of the American Medical Association* (26 September 2007), 1358-9.
- <sup>144</sup> Effexor XR advertisement, *Journal of the American Medical Association* (17 October 2007), 1720-1.
- <sup>146</sup> Verizon Wireless advertisement, *Journal of the American Medical Association* (9 September 9, 2009), 1032-3.
- <sup>147</sup> Discovery communications advertisement, *Journal of the American Medical Association*, 19 November 2009), 2214.

