

***VALIUM AND BEYOND: EXPLORING THE  
GENDERED DYNAMICS OF MOOD-ALTERING DRUG  
PRESCRIPTIONS FOR WOMEN IN THE 1960S AND 1970S***

***BY EMILY SABBAGH***

**ABSTRACT**

The rising rates of psychoactive drug prescriptions for women in the decades following World War II, set against the cultural and social climate of this time, raise significant concerns about the legitimacy of these prescriptions. It calls into question whether these women were truly in need of medical treatment for psychological issues or if societal pressures and gender norms influenced the widespread medicalization of women's emotions and experiences. Examining how capitalism exploited prevailing gender norms and stereotypes—such as domesticity and the perceived emotional instability of women—we explore how drugs were marketed as solutions to these culturally constructed issues, effectively reinforcing and profiting from these beliefs. Benzodiazepines, particularly Valium, became the most widely prescribed psychoactive drug, resulting in high rates of prescribed addiction. This research investigates the role of pharmaceutical companies in fostering this addiction, focusing on the strategies they used to avoid regulation from the Federal Drug Administration (FDA). Through an analysis of drug advertisements in medical journals with the consideration of the cultural climate at this time, I explore how women and men were portrayed in these ads. In a final discussion, findings are related to the present-day drug crisis, modern psychoactive drug advertisements, and current treatment of women in healthcare, highlighting ongoing ethical concerns about women's healthcare and the accountability of pharmaceutical companies in the medical sphere.

In the latter half of the twentieth century, the alarming rate of mood-altering drug use among women was a notable issue in America, prompting debates on the gender differences in using prescription drugs like barbiturates, tranquilizers, antidepressants, opioids, and stimulants. Mood-altering drugs were prescribed to treat a range of psychological and physical conditions, but out of all Americans receiving prescriptions for mood-altering drugs, “women outnumbered men at a ratio of two to one.”<sup>1</sup> Notably, the post-war era was a time of many societal stressors, including the demobilization of millions of servicemen and servicewomen, inflation, economic recession, the dawn of the Cold War, and a severe housing shortage. Women faced sudden pressure to return to domesticity, and this era, characterized by heightened societal unease, was coined the “age of anxiety.” Advertisements for mood-altering drug promised to treat the typical stressors of everyday life, and treatments for women were often set and advertised in the context of improving their daily function in domestic spheres. Considering the cultural context of post-war America, the pharmaceutical industry exploited and capitalized on the societal stresses of women in a domestic society. And more importantly, women were disproportionately prescribed these drugs due to societal expectations shaped by gender norms and roles.

During and after World War II, American women witnessed rapid social and cultural changes, including advancements in science and technology and the rise of consumerism. America’s traditional patriarchy had been shaken by the war. As men left their jobs to go fight in the war, a significant labor shortage emerged. This labor shortage prompted more women to enter the workforce and take on traditional male roles, which granted some women a new sense of autonomy and freedom. However, after the war had ended, the government “[marshaled] women out of the factories and [encouraged] a return to domestic life with the expectation that women should . . . serve as the emotional center of family and home.”<sup>2</sup> These expectations of women were often reinforced during and after the war through advertisements in popular media outlets. During the war, traditional gender roles were subtly reinforced in propaganda posters, which, for example, depicted women with red nails or styled hair and makeup. These posters conveyed an underlying message that women’s wartime roles were temporary. The posters would “preserve the foundation of established gender roles and make the postwar return to them easier,” as historian Adison Beals writes.<sup>3</sup>

And yet, following the years after the war, there was confusion about a woman’s proper place in society. In response, advertisements reemerged

---

1 Michael Castleman, “Men get cured . . . Women get drugged.” *Her-Self* 3, no. 1 (1974): 12–13.

2 Sarah B. Odland, “Unassailable Motherhood, Ambivalent Domesticity: The Construction of Maternal Identity in Ladies’ Home Journal in 1946,” *Journal of Communication Inquiry* 34, no. 1 (2010): 63.1.

3 Adison Beals, “The Anatomy of Patriotism: The Commodification of American Gender Roles and the Female Body in World War II Print Media.” *Voces Novae* 11, no. 1 (2019): 8.

in media outlets, such as women's magazines, reinforcing domesticity as the feminine ideal, particularly for white, middle-class women. These magazines often featured advice columns that served as how-to guides for female behavior, and advertisements for feminine and domestic products, such as hair, cooking, and laundry items, reinforced this ideal.<sup>4</sup> For example, a 1946 advertisement for Oxydol laundry detergent in *Ladies' Home Journal* "showed a mother, accompanied by her daughter, washing and ironing clothes."<sup>5</sup> The imagery in the Oxydol advertisement reinforces domestic ideals by depicting the woman performing domestic chores. It further perpetuates domesticity and feminine ideals by depicting the woman doing laundry with her daughter, implying that the mother is preparing her daughter for her expected role in the domestic sphere. Sociologist Marjorie Ferguson suggests "the overall directive of the [women's] magazines is as follows: 'Dear reader, choose your female roles, learn your parts well, and then perform par excellence!'"<sup>6</sup> In other words, women's magazines enforced certain standards of behavior for mothers and wives. In her analysis of domestic ideals represented in *Ladies' Home Journal*, gender communication researcher, Sarah Odland, states, "In setting the standards and ideals of postwar life, White, middle-class America—as depicted in the pages of *Ladies' Home Journal*—dictated what would be considered appropriate behavior, maternal and otherwise."<sup>7</sup> Women's magazines were a way to influence society's perceptions of feminine ideals with the broader intention of reinstating domesticity in the years following World War II.

Dramatic transformations in post-war America also included advancements in medicine, psychology, and the spread of consumer culture, each of these often working hand in hand. Cultural anxiety in post-war America stemmed from a "crisis in gender roles"<sup>8</sup> and provided grounds for advancements in psychological research. The crisis emerged from gender upheavals during the war, and anxieties around the proper relation of men and women abounded. According to pharmaceutical historian David Herzberg, "For psychiatrists, politicians, scholars, and many others, anxiety provided a medical logic supporting this broader social agenda."<sup>9</sup> This logic was largely due to the widespread influence and acceptance of Freudian psychoanalytic theories, which often emphasized "the ubiquity of anxiety even among otherwise healthy people."<sup>10</sup> As psychiatrist Jonathan Metzl suggests, Freudian psychoanalytic theories conceptualized anxiety as an

---

4 Odland, "Unassailable Motherhood," 65.

5 *Ibid.*

6 *Ibid.*

7 *Ibid.*

8 David Herzberg, *Happy Pills in America: From Miltown to Prozac* (Johns Hopkins University Press, 2009), 54.

9 Herzberg, *Happy Pills*, 54.

10 *Ibid.*

outward expression of repressed unconscious feelings towards mothers in childhood.<sup>11</sup> Consequently, Herzberg conveys that “anxiety” associated with the gender crisis provided an outlet so significant that Freudian psychiatrists officially agreed to label women as neurotic and psychotic if they “deviated from their submissive domestic roles.”<sup>12</sup> In other words, Freudian theory manifested when ambitious women triggered feelings of emasculation in men by pursuing roles beyond traditional domestic spheres. These feelings led men to unconsciously project their anxieties as a fear of being dominated by women.

This new approach to psychological thinking complemented ongoing advancements in medical research, which introduced new medicines and facilitated a rise in psychotropic prescription medications. Additionally, there was a surge in consumer culture and mass marketing of various goods to Americans. The drug industry seized the opportunity presented by consumerism to market drugs as consumer goods and ultimately commercialize medicine. Herzberg states, “Like suburban houses, new cars, and washing machines, medicine became a part of new consumerist ‘American dream’ that reconfigured conceptions of what a good middle-class life—what happiness itself—ought to be like.”<sup>13</sup> These advancements in society, along with the post-war culture, provided the perfect storm for a mood-altering drug crisis to occur.

The media exposed the controversial advertisements, which often used a targeted approach by portraying these drugs as the solution to women’s “problems.” For example, a 1973 advertisement for an antipsychotic stated, “If she calls you morning . . . noon . . . and night—day after day [. . .] To allay her chronic neurotic anxiety try her on Stelazine,” citing excessive telephone use as a sign of chronic neurotic anxiety (**Appendix Figure 1**).<sup>14</sup> These advertisements often made exaggerated claims, linking everyday behaviors to supposed psychological disorders to promote their products. Advertisements, like Stelazine’s, which describes a woman calling a man constantly to complain because she’s helpless, exploited common stereotypes of women being neurotic and an emotional burden to men. This stereotype taps into societal anxieties and perceptions of women, enabling the expansion of the market for these drugs. Advertisements even “highlighted housewives’ misery only to suggest ‘curing’ it with pills,” for example, an ad for the tranquilizer Serax stated, “You can’t set her free. But you can help her feel less anxious” (**Appendix Figure 2**).<sup>15</sup> As Herzberg suggests, many drug

---

11 Jonathan Metzl, “‘Mother’s Little Helper’: The Crisis of Psychoanalysis and the Miltown Resolution.” *Gender & History* 15, no. 2 (2003): 231–243.

12 Herzberg, *Happy Pills*, 55.

13 *Ibid.*

14 Stelazine advertisement, *Health & Community Psychiatry* 24, no. 7 (1973), sourced from Bonkers Institute (2011).

15 Herzberg, “Pill You Love.” 90; Serax advertisement, *Journal of the American Medical Association* 200, no. 8 (1967).

advertisements, like that of Serax, usually acknowledged women's anxiety within domesticity but promoted coping or "adapting to the environment rather than changing it."<sup>16</sup>

Denunciations soon emerged from public leaders such as Betty Friedan, author of *The Feminine Mystique*, who declared the seriousness of the habitual use of mood-altering drugs. Friedan—concerned with the messages mood-altering drug advertisements were sending—warned that "while a housewife's 'anxiety can be soothed by therapy, or tranquilized by pills or evaded temporarily by busy work . . . her human existence is in danger.'"<sup>17</sup> Former First Lady Betty Ford, who, alongside millions of other American women, had become addicted to Valium in the 1970s, made a shocking public statement in 1978 detailing her battle with addiction, which helped raise awareness of this widespread issue. Ford stated in her press conference, "It's an insidious thing, and I mean to rid myself of its damaging effects. There have been too many things that I have overcome to be forever burdened with this."<sup>18</sup> News headlines acknowledged Ford for setting a "courageous precedent" by dealing with her drug dependency so openly and setting an example for the millions of other women addicted to prescription drugs.<sup>19</sup> Friedan, Ford, and other outspoken women showed that prescription drug abuse was a significant problem that was more common than many realized. Their openness helped challenge the narrative that this drug use was "normal" for women.

In his article, "The Pill You Love Can Turn on You': Feminism, Tranquilizers, and the Valium Panic of the 1970s," David Herzberg analyzes the various aspects of prescribed addiction among women in America. Herzberg highlights sensationalist panics of the past, like the temperance movement and the "war on narcotics" but emphasizes that the Valium panic of the 1970s was uniquely different because it centered on prescribed drug addiction and brought a new and unexpected demographic into light: white, middle-class women.<sup>20</sup> He contends that second-wave feminist activists "[revised] classic drug-scare narratives to sensationalize Valium addiction among affluent white women as a central symbol of sexism and its consequences."<sup>21</sup> Feminist activists perceived women's dependence on Valium to cope with their lives as a manifestation of sexist ideology, leading them to use the scandal of respectable female drug addicts, such as Betty Ford, to draw attention to the crisis and challenge traditional gender norms and societal pressures. Herzberg points out that typical drug use was

---

16 Herzberg, *Happy Pills*, 80.

17 Herzberg, "Pill You Love," 90.

18 "Nation: Betty's Ordeal." *Time*, April 24, 1978.

19 "News." *Archives of Sexuality and Gender* 2, no. 5 (1978): 12.

20 David Herzberg, "The Pill You Love Can Turn on You': Feminism, Tranquilizers, and the Valium Panic of the 1970s." *American Quarterly* 58, no. 1 (2006): 80.

21 Herzberg, "Pill You Love," 80.

unexpectedly common among the middle class, citing a 1971 *Ladies' Home Journal* article that said "the typical woman who uses drugs to cope with life is an average, middle-class American—one of the folks next door. She could even be you."<sup>22</sup> By sensationalizing the drug crisis and distinguishing between stereotyped drug users and those genuinely affected, this article emphasized the unique challenges and highlighted the plight of women.

Herzberg emphasizes Roche Pharmaceutical's successful lobbying and mass marketing of Valium as a safe and effective drug, helped them avoid regulation, which contributed to its widespread use and addiction.<sup>23</sup> The company avoided regulation by including approved texts from the Federal Drug Administration (FDA) in the advertisements that "continued to emphasize only the risks of prescribing for 'dependence-prone' individuals, and conventional medical authorities still viewed the drug's addictive dangers skeptically," which is evident by Valium reviews in widely cited medical journals praising the drug for its rarity of addiction.<sup>24</sup> Ironically, the rarity of addiction was only recognized because there was limited research proving otherwise, which helped preserve its reputation among medical professionals. Additionally, Roche asserted the distinction between a medical addict and a street addict, insisting real addiction was only a problem for the latter group.<sup>25</sup> The Drug Abuse Amendment of 1965 allowed "the FDA [to] categorize a drug as having a 'potential for abuse' if it encountered evidence that 'individuals are taking the drug . . . in amounts sufficient to create a hazard to their health or the safety of other individuals or the community.'"<sup>26</sup> Additionally, the House of Representatives included in the record of the 1965 law that "a drug's 'potential for abuse' should be determined on the basis of its having been demonstrated to have . . . depressant or stimulant effect on the central nervous system as to make it reasonable to assume that there is substantial potential for [abuse]."<sup>27</sup> This amendment did not mention specific drug names or immediately regulate Valium. However, the FDA, using this legal framework, proposed a bill for Valium in 1970 that aimed to categorize the drug as a controlled substance, which, if passed, would place it on a regulated list of drugs with addictive properties. Remarkably, Roche Pharmaceuticals appealed the bill and "lobbied hard to ensure that the new legislation did not preemptively regulate [Valium] before the legal appeals had been exhausted."<sup>28</sup> In other words, Roche sought to delay the regulation of Valium, which would diminish the drug's accessibility, until their patent expired, in which case the potential for generic alternatives and stricter

---

22 *Ibid.*

23 *Ibid.*

24 *Ibid.*

25 Herzberg, *Happy Pills*, 117.

26 *Ibid.*

27 *Ibid.*

28 *Ibid.*

regulations could no longer threaten their profits. In their appeals, Roche argued that the addiction potential for Valium is not the same as a street drug, for a tranquilizer addict cannot “produce real social harm,” compared to a street addict, and emphasized that Valium users were largely respectable men and women.<sup>29</sup> By framing Valium this way, Roche implies that any addiction or dependency that would result from taking Valium would be a personal problem and not concerning, as it does not threaten public health in any way.

Roche Pharmaceuticals engaged in a decade-long battle with the government, repeatedly appealing against regulatory attempts. Roche often secured victories due to minor technicalities or lack of consensus among medical professionals stemming from ambiguities over Valium’s addiction potential. Consequently, the Drug Enforcement Administration eventually declared Valium a controlled substance in 1975 after Roche made an unexpected settlement with them to “[enroll] Valium on the Schedule of Controlled Substances.”<sup>30</sup> In the same year, a federal drug abuse network recognized Valium as the leading drug among overdose victims nationwide.<sup>31</sup>

Roche’s dismissal of national concerns regarding the risks associated with Valium underscores the company’s relentless pursuit of profit at the expense of consumer well-being. Roche consistently prioritized financial interests over public health considerations, as evidenced by its downplaying of Valium’s potential risks. By strategically exploiting regulatory loopholes and uncertainties surrounding Valium’s addictive properties, Roche prolonged the drug’s accessibility and actively fueled the escalating rates of addiction and overdose among consumers.

Furthermore, Herzberg highlights Betty Friedan’s prominent role in the feminist crusade against Valium through her famous concept of the “problem that has no name.”<sup>32</sup> Friedan emphasizes that affluent “women were misled into believing that [their] problems were medical rather than political.”<sup>33</sup> She points out that drug companies’ marketing tactics capitalized on housewives’ suffering by misleading them to believe that mood-altering drugs solved their problems. Feminists sought to change the narrative of the women’s drug epidemic from the belief that women were ill-stricken or morally depraved to a focus on women’s rights and equality. Herzberg highlights the feminists’ arguments when he states, “Housewives did not turn to drugs out of emotional weakness or pathology, but because pharmaceutical companies had ‘medicalized’ these grievances to sell drugs, working hand-

---

29 *Ibid.*

30 Herzberg, “Pill You Love,” 89.

31 Herzberg, *Happy Pills*, 138.

32 Herzberg, “Pill You Love,” 90.

33 *Ibid.*



in-hand with a sexist society resistant to women's liberation."<sup>34</sup> By describing the crisis as a "problem that has no name" feminists "dramatize the hardships faced by essentially innocent Valium-using women in a sexist society."<sup>35</sup> Feminists use this argument to help them gain publicity and raise awareness on the drug issue affecting women at this time, hoping to evoke real change in political, social, and medical spheres.

Jonathan Metzl wrote his article, "Mother's Little Helper: The Crisis of Psychoanalysis and the Miltown Resolution," to analyze research conducted on women and their connections with psychotropic medications during the 1960s and 1970s. The title refers to the Rolling Stones song "Mother's Little Helper," itself an indication of the extent to which mood-altering drugs had entered popular culture and become a normalized phenomenon.<sup>36</sup> Metzl highlights differing perspectives that argue why women in the domestic sphere use mood-altering drugs in this era. He acknowledges medical sociologist Ruth Cooperstock's 1979 study, which "[links] the propensity for women to be 'far more likely than men to describe their problems in psychological or social terms,' to wide availability of [mood-altering drugs] . . . in the 1970s."<sup>37</sup> As a result, there was a subsequent likelihood of women being diagnosed with psychological illnesses. Metzl contends that despite many observations from social scientists like Cooperstock, who linked women's use of mood-altering drugs to societal conventions and culture, biological research tried to dismiss their notions by instead promoting a biological paradigm, which medicalized women's problems by attributing them to a chemical imbalance in the brain.<sup>38</sup> However, Metzl rejects the idea that biology alone accounts for women's use of mood-altering drugs. Rather, he argues that psychoanalysis rightfully intersects with social conventions because "popular representations employ . . . assumptions regarding the role of women in maintaining individual and communal well-being."<sup>39</sup> While Metzl rejects conventional biological understandings, he acknowledges that biological psychiatry is not entirely useless. He offers a different perspective, highlighting that "psychoanalytic gender formulations are given new life by biological cures for a host of ailments diagnosed in mothers, but of which fathers and sons are conceived to be the ultimate victims."<sup>40</sup> This perspective aligns with Metzl's interpretation of the song "Mother's Little Helper," where the woman uses mood-altering drugs to help cope with the demands of her household duties, which reflects broader "Freudian ideas [that] were used to

---

34 *Ibid.*

35 *Ibid.*

36 Metzl, "Psychoanalysis and the Miltown Resolution," 228.

37 *Ibid.*

38 *Ibid.*

39 *Ibid.*

40 *Ibid.*



justify an entirely domestic femininity.”<sup>41</sup> Drug advertisements from this era reinforce this notion by promoting these drugs as a coping tool for women to passively accept their domestic realities.

#### WOMEN’S DRUG CRISIS EXPOSED: PRESS COVERAGE, CRITICAL ESSAYS, AND ADVERTISEMENTS

The central question concerns whether women being primary users of mood-altering drugs arises from the demands of their traditional gender roles, often centered on domestic duties, or if it is influenced by social norms that encourage women to be more emotionally expressive with doctors, thus increasing their likelihood of being prescribed drugs of this nature. Historians like Beals, Odland, Herzberg, and Metzl offer similar narratives on post-war societal changes in America, with Herzberg and Metzl specifically emphasizing the reinforcement of gender roles and subsequent gender divisions in contributing to the women’s drug crisis. Two women’s newspapers from the 1970s provide firsthand accounts of the crisis, expressing skeptical concerns about prescribed addiction, physician prescribing habits, questionable advertisements, and the role pharmaceutical companies play in reinforcing societal norms. Additionally, a critical essay from 1980 and an analysis of individual drug advertisements from the 1960s and 70s examine the concerns of sexism associated with mood-altering drug advertisements and highlights the messages they portray regarding women in the domestic sphere. Analyzing articles, critical essays, and advertisements from these decades offers firsthand perspectives on the plight of women in this drug crisis.

In a *New Directions for Women* newspaper article titled “Women victimized by Valium,” sociologist Anne Kasper discusses the “Valium hearings,” which “focused on long ignored addictive properties and withdrawal agonies . . . of [tranquilizers] and the ignored victims, being women.”<sup>42</sup> Kasper notes that advertisements for these drugs portray unmedicated women as “an annoyance to her husband, a downer to her children, and a repeated irritation to her doctor.”<sup>43</sup> This exemplifies Herzberg’s analysis of Friedan’s “problem that has no name,” where women were perceived to be the “problem” in society. What was even more concerning about the overwhelming prescribed use of tranquilizing drugs was that drug companies marketed them as treatments for depression and neurosis, but that was not the intended use of the drug, which Kasper finds highly questionable. Doctors primarily prescribed Valium for “anxiety and tension associated with stress;” drug companies fed on this and cultivated their marketing practices to target every aspect of women’s lives.<sup>44</sup> Kasper’s

---

41 *Ibid.*

42 Anne Kasper, “Women Victimized by Valium.” *New Directions for Women*, Winter 1979–1980, Archives of Sexuality and Gender.

43 *Ibid.*

44 *Ibid.*

view aligns with Herzberg's emphasis on the pharmaceutical industry's role in perpetuating the over-prescription of drugs, like Valium, to women by "defining new areas of stress"<sup>45</sup> and portraying these issues as medically treatable problems. Defining new areas of stress in every aspect of women's lives implies that drug companies were defining domesticity as a source of stress, which highlights how they capitalized on gender roles.

In an article for the Ann Arbor, Michigan, women's newspaper *Herself*, Michael Castleman addresses an additional aspect of the drug epidemic in an article titled "Men get cured . . . Women get drugged," where he asserts that "[d]rug companies bear a great deal of the responsibility in the sedation of American womanhood,"<sup>46</sup> which mood-altering drug advertisements exemplify by primarily depicting distraught women. Castleman suggests that the intention of drug companies lies in capitalist logic. Drug companies understood that mood-altering drugs brought massive amounts of money to the market, and to monetize the drug the companies relied on advertising as the main component of financial success. One notable aspect of mood-altering drug advertisements was the direct use of sexism by drug companies to sell their products.<sup>47</sup> For instance, Castleman also uses the Stelazine advertisement example, which stated, "If she calls you morning . . . noon . . . and night . . . day after day . . . To allay her chronic neurotic anxiety, try her on Stelazine," (Appendix Figure 1) to illustrate how pharmaceutical companies positioned these drugs as a solution to alleviate the perceived burdens women placed on others.<sup>48</sup> This advertisement portrays the woman as an annoyance to her doctor and husband and markets the drug as a solution to all three of their problems. Another aspect of sexism in the women's drug crisis circles back to a point Herzberg makes about doctors prescribing mood-altering drugs for "seemingly random reasons."<sup>49</sup> In an interview conducted by Castleman, psychotherapist Ann Wright explains that she has encountered this very instance. Wright stated "[she] had two women in the last year and a half who were given Elavil (an antidepressant) for depression . . . it had turned out they had low blood sugar."<sup>50</sup> Wright conveys that doctors were quick to label women's problems as "psychological," without considering other potential causes, a tendency reflected in drug advertisements that often portrayed women as emotionally unstable. Castleman suggests that all the advertisements "have strong Freudian overtones: women are hysterical; it's all in their heads; women can't cope; they don't know what's good for them. Luckily their god-like male doctors do."<sup>51</sup> Castleman illustrates how drug

---

45 *Ibid.*

46 Castleman, "Women get drugged."

47 *Ibid.*

48 *Ibid.*

49 Herzberg, *Happy Pills*, 96.

50 Castleman, "Women get drugged."

51 *Ibid.*

advertisements reinforce Freudian notions of female hysteria and perpetuate gender stereotypes, echoing Metzl's argument that Freudian ideas have long been used to justify the subjugation of women.

Questionable drug advertisements can be attributed to marketing tactics used during the rise of consumer culture in the post-war era. Marketing tactics of consumerism typically included identifying the needs of consumers, developing a product, and carefully crafting ads that would appeal to target customers. Success in marketing everyday consumer goods inspired drug companies to use similar tactics with medicine, where they hoped to achieve comparable economic success. The case with psychotropic medications is unique because they offered a promise to meet needs that no other product could fulfill, ultimately paving the way for their success. Herzberg states, "intense marketing would ensure that every physician knew about the . . . wonder drugs produced by the postwar pharmaceutical system."<sup>52</sup> During this time, drug companies marketed their medicines directly to doctors, who would then prescribe to the patient, so their main priority was to appeal to doctors first and patients second. To reach a wide range of potential consumers, drug advertisements "tended to conflate psychological illness with the familiar daily problems that populated the cultural landscape of consumerism."<sup>53</sup> Drug companies medicalized everyday problems by implying that they were not normal and a sign of psychological illness. Given the societal context of anxiety and confusion surrounding gender roles and the reemergence of domesticity in post-war America, women became the prime subjects of mood-altering drug advertisements.

Drug marketing for mood-altering drugs appealed to doctors, who were typically male, by tapping into generalized concerns about women abandoning domestic roles and pathologized them. The message in advertisements suggested that prescribing a woman these drugs would enable her to perform her household duties more effectively and resolve the discontent they had with a mundane domestic lifestyle. The marketing indirectly appealed to women primarily because they trusted their doctors, but also because it alluded to the idea that these drugs would help them return to normalcy and fulfill the roles that society expected of them. By appealing to both the doctor and patient, Herzberg argues, "[drug companies'] messages enjoyed a wide, almost pervasive circulation in medical and popular circles, playing a central role in establishing the nature and meaning of the new medicines."<sup>54</sup> Miltown, a popular tranquilizer, was notably one of the first to participate in this narrative of commercialized medicine and ultimately set the stage for its predecessors to follow.

Furthermore, advertisements for mood-altering drugs had a notable sex bias and portrayed a higher proportion of women in ads than men, which may explain the higher usage of these drugs among women. In

---

52 Herzberg, *Happy Pills*, 23.

53 *Ibid.*

54 *Ibid.*

1980, Ellie King conducted a study to investigate whether this sex bias in psychotropic drug advertisements was genuine or merely perceived. King noted that Lawrence Linn's 1971 study "found that physicians' attitudes about prescribing psychoactive drugs were more strongly related to their social values and moral standards than to their scientific backgrounds."<sup>55</sup> Linn's findings underscore the drug industry's marketing tactics, which exploited existing social conventions to appeal to doctors. This targeted and pervasive approach aimed to capitalize on the belief that a woman's discontent with conventional gender roles was a personal problem, not a social one, and therefore, it was an illness that required treatment with a drug.<sup>56</sup> King also suggested that a doctor's willingness to prescribe tranquilizers to women, especially housewives, reflected their acceptance of traditional gender roles.<sup>57</sup> This was already an accepted idea for psychiatrists, and it resonates with Herzberg's and Metzl's later discussions of Freudian ideas in psychology during the post-war era. Essentially, drug companies capitalized on what doctors already believed in and accepted.

Additionally, King's study aimed at addressing two parts of the sex bias: disproportions in the number of women appearing in ads and the differences in how they were presented when compared to men. The findings revealed that women were portrayed in a more demeaning way and typically as "anxious, neurotic, distorted, and ridiculous; with imagined symptoms and doubted complaints; as repeated nuisances and irritants to the busy physicians; and in need of repair or adjustment if not able to happily carry out stereotyped sex-role duties."<sup>58</sup> Meanwhile men were often represented in ads "as having temporary, job-related stresses, and coping with them intelligently."<sup>59</sup> King noted that these portrayals were consistent throughout most ads she studied, suggesting that drug companies were trying to exploit societal conventions. Lastly, King measured the difference between women appearing in ads compared to men, and she found that 40% of mood-altering drug advertisements depicted women as the primary subject while only 30% depicted males.<sup>60</sup> She reports that sex bias in advertising encourages physicians to identify women's symptoms as emotional illness and men's as organic illness, despite a man's and woman's symptoms and illness being identical.<sup>61</sup> King concludes her study by suggesting that the disproportion of women compared to men in drug advertisements may have influenced doctors prescribing habits, therefore contributing to women's higher usage

---

55 Ellie King, "Sex Bias in Psychoactive Drug Advertisements." *Psychiatry* 43, no. 2 (1980): 130.

56 *Ibid.*

57 *Ibid.*

58 *Ibid.*

59 *Ibid.*

60 *Ibid.*

61 *Ibid.*

of mood-altering drugs.

Advertisements for mood-altering drugs often appeared in the same medical journals that contained critical essays, like King's, on sex bias in drug advertising. As King suggests, mood-altering drug ads had a notable sex bias, with roughly 70% of advertisements being gendered. Examining these ads helps us understand how the narrative is significant to these gender disproportions and how they reinforce gender roles. When analyzing women in different mood-altering drug advertisements, there are several reemerging themes, primarily depicting domesticity. For instance, a pharmaceutical company called McNeil Laboratories marketed their barbiturate, Butisol, in a 1969 drug advertisement titled "Now she can cope." The ad claims the drug is a "daytime sedative" for everyday situational stress and claims that any stress, situational or environmental, "calls for an anxiety-allaying agent."<sup>62</sup> While the advertisement emphasizes the drug's dependability and safety, citing other doctors' preferences for prescribing Butisol, it also includes a warning about the drug's potential for addiction.<sup>63</sup> This is potentially misleading, especially considering the placement of the warning at the bottom of the advertisement and the safety emphasis near the top. The ad implies that women are incapable of coping with their "everyday" stress without the aid of Butisol; citing stress as "everyday" suggests that it is a common experience for women. The woman in the advertisement is pictured in the kitchen, with a stove behind her, standing next to a young child who appears to have her tangled in rope (**Appendix Figure 3**). This imagery reinforces the notion that women are abnormally stressed from managing household duties and caring for young children, further emphasizing the perceived need for Butisol to cope with these challenges.

Ciba Pharmaceuticals marketed their stimulant drug, Ritalin, in a 1970 advertisement for a medical journal. In big, bold letters, the ad claims that Ritalin "Helps relieve chronic fatigue and apathy quickly." To the left of these letters, a woman is pictured leaning on a vacuum cleaner, appearing tired and worn out (**Appendix Figure 4**).<sup>64</sup> The advertisement describes Ritalin as an "agent that really brightens mood and improves performance, helps restore alertness, enthusiasm, and drive. Patients . . . are able to go all day without becoming tired."<sup>65</sup> Since there is a woman pictured in a domestic context, the performance and mood-boosting promises allude to the drug treating their disinterest in home chores and allowing them to do their jobs better and for longer amounts of time. The Ritalin advertisement implicitly reinforces traditional gender roles associated with domesticity and perpetuates sexist attitudes. The ad highlights the drug's safety in bold letters that stand out

---

62 Butisol Advertisement, "Now she can cope..." *JAMA* 207, no. 6 (1969), sourced from Bonkers Institute (2011).

63 *Ibid.*

64 Ritalin advertisement, *Canadian Family Physician* 16, no. 5 (1970), sourced from Bonkers Institute (2011).

65 *Ibid.*

from the rest of the text. Paradoxically, the side effects are listed in fine print, with the last side effect being “psychic dependency.”<sup>66</sup> The particular emphasis on safety and the potential dependency in fine print contradict each other and highlight the misleading nature of drug advertisements.

Similarly, Smith, Kline & French Laboratories advertised their stimulant, Dexedrine, in a 1956 article for the *Journal of the American Medical Association*. The advertisement headline reads, “why is this woman tired?,” with a black and white image above showing a discontented woman in a messy kitchen with dirty dishes scattered around her (**Appendix Figure 5**).<sup>67</sup> The woman appears overwhelmed as she has her hand over her heart, suggesting she is stressed from keeping up with domestic chores. Following the question asking why the woman was tired, it reads, “because she is physically overworked,” preceded by an encouragement for doctors to prescribe rest.<sup>68</sup> Remarkably, the bullet point after stated, “because she is mentally ‘done in.’ Many of your patients—particularly housewives—are crumbled under a load of dull, routine duties that leave them in a state of mental and emotional fatigue (**Appendix Figure 5**).”<sup>69</sup> The Dexedrine advertisement has a checklist narrative that categorizes two types of fatigue; it prescribes rest for physical exhaustion but encourages doctors to prescribe their drug for “mental and emotional exhaustion,” specifically associating these symptoms with housewives. This is striking for two reasons: first, it implies that domestic labor is not physically demanding work, and second, it labels housewives’ fatigue from domestic labor as a mental and emotional exhaustion. The Dexedrine advertisement reflects sexist attitudes, especially given that it acknowledges the monotonous lifestyle of domesticity and labels fatigue associated with it as psychological. This reflects the pharmaceutical industry’s attempt to medicalize women’s discontent with domesticity in a broader attempt to reinforce traditional gender roles.

Medical advertisements for Hoffman-La Roche pharmaceutical’s drug Valium, the most famous tranquilizer in the women’s drug crisis, made their debut in medical journals shortly after it received approval from the FDA in 1963, and “By the early 1970s . . . [became] the most prescribed medicine in America.”<sup>70</sup> More than any other drug, it was “mother’s little helper.” Although primarily considered a “woman’s drug,” Valium was also marketed towards men. In a series of three advertisements for Valium—one marketed towards men and two marketed towards women—there are notable differences in the messages they portray for each gender. However, all three ads ultimately reinforce traditional gender roles. A 1970 Valium

---

<sup>66</sup> *Ibid.*

<sup>67</sup> Dexedrine advertisement, *Journal of the American Medical Association* 160, no. 10 (1956), sourced from Bonkers Institute (2011).

<sup>68</sup> *Ibid.*

<sup>69</sup> *Ibid.*

<sup>70</sup> Herzberg, *Happy Pills*, 5.



advertisement targeted at women pathologizes singledom with the bold statement, “35, single and psychoneurotic,” accompanied by twelve polaroid images showing a woman over the course of fifteen years, still without a suitable husband (**Appendix Figure 6**).<sup>71</sup> The pictures show different men that the woman dated over the years, with the last photo depicting the woman alone, looking sad. The advertisement reads, “The purser on her cruise ship took the last snapshot of Jan. You probably see many such Jans in your practice. The unmarried with low self-esteem. Jan never found a man to measure up to her father. Now she realizes she’s in a losing pattern—and she may never marry.”<sup>72</sup> Describing Jan as “single and psychoneurotic” suggests that she is experiencing psychological symptoms that contribute to her inability to marry. Ironically, women were not entirely confined to domesticity before marriage, as some had more freedom to pursue education or work outside the home at this stage of life. The implication that Valium would improve Jan’s chances of marriage implies that Valium would enable her to fulfill her “ideal” domestic and maternal roles characterized by marriage. This advertisement is yet another example of pharmaceutical companies medicalizing a normal problem in women’s lives, contributing to the broader reinforcement of domesticity.

A 1970 Valium advertisement targeted towards men conveys Freudian themes, emphasizing the dominance of women in their lives and the potential reign of psychic tension, as indicated by the bold statement, “Women dominate his universe—Psychic tension can rule his life.”<sup>73</sup> The accompanying image portrays various women towering over the man while the other men in his life are pictured as small, black shadows in the background (**Appendix Figure 7**). The caption for this image explicitly states that the “domination by women has led to psychic tension,” implying that Valium is a good treatment for the man’s tension caused by women.<sup>74</sup> This ad is unique because it tries to appeal to the woes of men but still credits women as the cause of it, which illustrates Freudian ideas of anxiety where women’s dominance could be perceived as a threat to the male psyche. Additionally, the ad reads, “He doesn’t understand the source of his psychic tension. But you do. He relates well to women with domineering traits. But not to men. Not even his own son.”<sup>75</sup> This further illustrates the company’s strategy to capitalize on generalized Freudian beliefs about female dominance, which resonates with Herzberg’s and Metzl’s later arguments on the outsized influence of Freudianism. The advertisement implies that the man has accepted the presence of domineering women in his life, causing

---

71 Valium advertisement, “35, single and neurotic,” *Hospital & Community Psychiatry* 21, no. 5 (1970), sourced from Bonkers Institute (2011).

72 *Ibid.*

73 Valium advertisement, “Women dominate his universe—Psychic tension can rule his life,” *Hospital & Community Psychiatry* 21, no. 4 (1970), sourced from Bonkers Institute (2011).

74 *Ibid.*

75 *Ibid.*



him to become out of touch with traditional gender norms—as indicated by his inability to relate to other men, which would be perceived as a weakness. Valium is portrayed as a solution to restore the gender balance, thereby helping him relieve the tension caused by the inability to fulfill traditional masculine ideals. The attribution of men’s psychological issues to women and the portrayal of medication as a solution reflect the broader societal attitudes and beliefs surrounding gender roles and its intersection with mental health in post-war America.

Like the Valium advertisement for men, a 1971 advertisement targeting women reflects the pervasive influence of Freudian themes in pharmaceutical marketing. It centers the woman’s life around her psychological tension. The advertisement stated in bold letters, “Her world orbits around doctors. Psychic tension rules her universe.”<sup>76</sup> The image in the ad is illustrated similarly, with her doctors and family members standing in bubbles crowded around her (Appendix Figure 8). The advertisement depicts the woman’s problem by stating, “Her mother’s obvious preference for her older sister has always rankled this patient. The deaths of her father and husband accentuated her alienation and hostility. Hypochondriasis is the way she disowns her conflicts.”<sup>77</sup> This advertisement paradoxically portrays the woman as a hypochondriac, suggesting an irrational or exaggerated fear of illness while also pathologizing her problems by promoting Valium as a solution to “heal” her. Additionally, Valium raises ethical concerns because advertisements warn against the potential of addiction and dependency, but it is prescribed for “situational stress,” which raises questions about the medical legitimacy of this drug. The 1971 Valium advertisement trivializes women’s concerns and highlights the sexist attitudes presented by pharmaceutical companies.

A striking 1967 advertisement in JAMA for Wyeth Laboratories’ tranquilizer, Serax, headlines, “You can’t set her free. But you can help her feel less anxious.”<sup>78</sup> Additionally, the advertisement pictures an anxious woman biting her nails beside household cleaning supplies, and behind a set of brooms and mops resembling the bars of a jail cell (Appendix Figure 2). Below the advertisement headline, it addresses doctors by stating,

*You know this woman. She’s anxious, tense, irritable. She’s felt this way for months. Beset by the seemingly insurmountable problems of raising a young family, and confined to the home most of the time, her symptoms reflect a sense of inadequacy and isolation. Your reassurance and guidance may have helped some, but not enough. Serax (oxazepam) cannot change her environment, of course. But it can help relieve anxiety, tension, agitation, and irritability, thus strengthening her ability to cope with day-to-day problems.*

---

<sup>76</sup> Valium advertisement, “Her world orbits around doctors,” *Hospital & Community Psychiatry* 22, no. 4 (1971), sourced from Bonkers Institute (2011).

<sup>77</sup> *Ibid.*

<sup>78</sup> Serax advertisement, *Journal of the American Medical Association* 200, no. 8 (1967), sourced from Bonkers Institute (2011).

*Eventually—as she regains confidence and composure—your counsel may be all the support she needs.*<sup>79</sup>

The advertisement's statement acknowledges domestic life as insurmountable and isolating. Despite these acknowledgments, the ad still encourages the doctor to prescribe the tranquilizer. It is significant that the drug industry is aware of and acknowledges the ordinary, unfulfilling life that women are "beset" by. However, the drug industry is not concerned with advocating for social change; they are concerned with helping a woman 'cope'. Herzberg suggests that pharmaceutical companies promoted 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>80</sup> Additionally, given the sedative properties of tranquilizing drugs, Serax will not help a woman gain confidence in a literal sense. Rather, it will give a woman a false sense of well-being, temporarily relieving her concerns to reinforce conformity. Tranquilizing drugs did not resolve a woman's discontent. They masked it and let a woman resume—or cope with—her domestic chores more readily, precisely since these drugs are emotionally numbing. Additionally, the ad suggests that a doctor's guidance is not enough, followed by the claim that a doctor's counsel may be all the woman needs. Counsel is an ambiguous word and could refer to either guidance as advice or authorization for a prescription. Given that it claims guidance and reassurance were not enough, the drug advertisement most likely implied the latter. The Serax drug advertisement was explicitly marketed towards women in the domestic sphere, further highlighting the drug industry's involvement in perpetuating domesticity.

The universal themes presented in the various mood-altering drug advertisements portray dysfunctional women as typical patients. The advertisements suggest that doctors recognize this type of patient all too well, implying that such cases are common and familiar to them. Freudianism was one of the many advertisement themes for both men and women. As Freudian theory suggests, women's supposed emotional instability was believed to be a source of distress for men, as emphasized by the ads for Stelazine and Valium (Appendix Figures 1, 7, and 8).<sup>81</sup> Medicating women with mood-altering drugs was considered a way to alleviate susceptibilities of tension in men by calming or controlling women's behavior. Herzberg states there were many agendas regarding the messages about women in mood-altering drug advertisements, including "selling drugs, to supporting the normative housewifely role, to opposing that same role."<sup>82</sup> These agendas were evident as the advertisements simultaneously acknowledged and trivialized women's concerns.

---

79 *ibid.*

80 Herzberg, *Happy Pills*, 81.

81 Metzl, "Psychoanalysis and the Miltown Resolution," 240.

82 Herzberg, *Happy Pills*, 82.

In recent times, manifestations of Freudian ideas in the diagnoses of women's health issues, alongside the portrayal of women in mood-altering drug advertisements, are a clear example of how perceived gender norms and roles persist in American culture, particularly regarding women's ability to function in society. Even today, "research suggests women are twice as likely as men to be [mis]diagnosed with a mental illness when their symptoms are consistent with [other medical conditions],"<sup>83</sup> and subsequently more likely to receive mood-altering drug prescriptions. This mirrors Freud's psychosomatic reasoning, where psychological illness manifests as physical symptoms, mirroring the same logic deployed in the women's drug crisis. In other words, if there is no medical explanation for a patient's symptoms, many times, they will get misdiagnosed with a psychological illness under the same Freudian idea that their symptoms are psychosomatic. This is not to discredit the validity of doctors' diagnoses but to highlight the parallel narrative of doctors not taking women's complaints as seriously as men. It also emphasizes the importance of investigating and considering the origin of women's complaints.

Modern-day drug ads do not have the same domestic themes as the post-war era; instead, they evolved into "empowerment" narratives emphasizing "how the drugs helped women pursue their career ambitions."<sup>84</sup> They do not inherently reinforce domestic roles, but they highlight the same ideas of a woman's inability to perform in her daily life and how medication will help with that. Paradoxically, the advertisements focus on how the drug will enhance women's "performance" rather than emphasizing the condition or specific symptoms the drug will treat.

While the portrayal of women in modern mood-altering drug advertisements reflects ongoing gender norms, it also raises questions about the motives of pharmaceutical companies. This controversy mirrors concerns highlighted by Senator Estes Kefauver's investigative hearings in 1959—a decade before the peak of the Valium crisis—which informed the public and exposed the profit-driven nature of the pharmaceutical industry. Kefauver emphasized that "executives of the drug houses have the same objectives as other businessmen: to make money."<sup>85</sup> It is not shocking that pharmaceutical companies would be profit-driven, given the extensive advertising and marketing efforts. However, the controversy lies in the idea that pharmaceutical companies—who were supposed to be prioritizing the health and well-being of people—were starting to resemble capitalistic greed. Pharmaceutical companies downplayed the risks of addiction and attributed individual responsibility to chemically addictive drugs, ultimately exacerbating the women's drug crisis to unprecedented levels.

The practices of the pharmaceutical industry and its role in

---

83 Melinda Moyer, "Women Are Calling Out 'Medical Gaslighting,'" *The New York Times*, March 28, 2022.

84 Herzberg, *Happy Pills*, 188.

85 Herzberg, *Happy Pills*, 127.

contributing to drug crises are not limited to the post-war era, and they persist into the 21st century, as exemplified by the ongoing opioid crisis. The striking parallel is evident in the case of Arthur Sackler, who pioneered the marketing strategies for Roche's tranquilizer Valium and later influenced his family's approach to marketing Purdue Pharma's opioid, OxyContin. The Sackler family, owners of Purdue, drew inspiration from Arthur Sackler's methods and employed similar tactics in promoting OxyContin, striving for comparable economic success.<sup>86</sup> As a result, OxyContin has emerged as one of the primary contributors to the modern-day opioid crisis, quite like Valium was in the 1970s women's drug crisis.

Beyond the various arguments of why women fell victim to over-prescribed mood-altering drugs, there is one central theme: sexism. Given that sexism has been and is an ever-present concern, there are questions surrounding the possible controversy over whether drug companies, primarily dominated by men at the time, intentionally perpetuated sexism or simply exploited existing social conventions of sexism as a means for financial gains, ultimately knowing it would work. By consistently portraying women as hysterical or emotionally unstable in advertisements, doctors adopted this notion and pathologized everyday problems in women's lives. It is an unfortunate reality that drug companies capitalized on women's emotional, physical, and sociopolitical suffering due to the addictive nature of mood-altering drugs. However, regardless of what the case might be, all scenarios are inherently sexist and reflect the major points that Herzberg, Metzl, Kasper, Castleman, and King make about this drug crisis and its contribution to feminist discourse.

—

## APPENDIX

All advertisement images are sourced from the Bonkers Institute online archive of psychiatric drug advertisements (<http://www.bonkersinstitute.org/medshow/fem.html>) under the Fair Use notice indicated on the website: In accordance with Title 17 U.S.C. Section 107, the material on this site is distributed without profit to those interested in receiving the included information for research and educational purposes. Anyone wishing to use copyrighted material from this site for purposes of their own that go beyond fair use must obtain permission from the copyright owner.

---

<sup>86</sup> Petula Dvorak, "Washington Worried about Sackler Drug Tactics Years before Opioids," *The Washington Post*, June 1, 2023.

**If she calls you morning...noon...and night day after day after day**

**To allay her chronic neurotic anxiety try her on**

**Stelazine**  
trifluoperazine HCl 2 mg. tablets

Excessive use of the telephone is often symptomatic of chronic neurotic anxiety. Because such patients are often immune to lasting reassurance, in addition to your counsel, supportive medication may be helpful.

For such patients, 'Stelazine' is often a wise choice. Its anti-anxiety action is usually free from excessive drowsiness. The recommended b.i.d. dosage is convenient and economical. And dependence and withdrawal symptoms have not been reported with 'Stelazine' therapy.

• 'Stelazine' has been evaluated as possibly effective for this indication. See Brief Summary.

Before prescribing, see complete prescribing information, including dosage and symptoms and treatment of over-dosage, in SK&F literature or PDR.

• **Indications**  
Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows:  
Effective: For the management of the manifestations of psychotic disorders.  
Possibly effective: To control excessive anxiety, tension and agitation as seen in neurones or associated with somatic conditions.  
Final classification of the less-than-effective indications requires further investigation.

**Contraindications:** Comatose or greatly depressed states due to C.N.S. depressants; blood dyscrasias; bone marrow depression; liver damage.

**Warnings:** Caution patients about activities requiring alertness (e.g., operating vehicles or machinery), especially during the first few days' therapy.  
Use in pregnancy only when necessary for patient's welfare.

**Precautions:** Use cautiously in angina. Avoid high doses and parenteral administration when cardiovascular system is impaired. Antiemetic effect may mask signs of toxic drug overdosage or physical disorders. Additive effect is possible with other C.N.S. depressants. Prolonged administration of high doses may result in cumulative effects with severe C.N.S. or vasomotor symptoms. If retinal changes occur, discontinue drug. Agnucyocytosis, thrombocytopenia, pancytopenia, anemia, cholestatic jaundice, liver damage have been reported.

**Adverse Reactions:** Drowsiness, dizziness, skin reactions, rash, dry mouth, insomnia, amnesia, fatigue, muscular weakness, anorexia, lactation, blurred vision. Neuroleptic (extrapyramidal) reactions: motor restlessness, dystonias, pseudo-parkinsonism, persistent tardive dyskinesia.

Other adverse reactions reported with Stelazine (trifluoperazine HCl, SK&F) or other phenothiazines: Some adverse effects are more frequent or intense in specific disorders (e.g., mitral insufficiency or pheochromocytoma).  
Grand mal convulsions; altered cerebrospinal fluid proteins; cerebral edema; prolongation and intensification of the action of C.N.S. depressants; atropine, heat, and organophosphorus insecticides; nasal congestion, headache, nausea, constipation, obstipation, adynamic ileus, inhibition of ejaculation; reactivation of psychotic processes; retinoid-like states; hypotension (sometimes fatal); cardiac arrest; leukopenia, eosinophilia, pancytopenia, agranulocytosis, thrombocytopenic purpura, jaundice, biliary stasis, menstrual irregularities, galactorrhea, gynecoma, false positive pregnancy tests, photosensitivity, itching, erythema, urticaria, eczema up to exfoliative dermatitis, asthma, laryngeal edema, angioneurotic edema, anaphylactoid reactions, peripheral edema; reversed epinephrine effect; hyperpyrexia; a systemic lupus erythematosus-like syndrome; pigmentary retinopathy; with prolonged administration of substantial doses, skin pigmentation, epithelial keratopathy, and lenticular and corneal deposits. EKG changes have been reported, but relationship to myocardial damage is not confirmed. Discontinue long-term, high-dose therapy gradually. NOTE: Sudden death in patients taking phenothiazines (apparently due to cardiac arrest or asphyxia due to failure of cough reflex) has been reported, but no causal relationship has been established.

**Supplied:** Tablets, 1 mg., 2 mg., 5 mg. and 10 mg., in bottles of 100; Injection, 2 mg./ml.; and Concentrate, 10 mg./ml.

**Manufactured and distributed by SK&F Co., Carolina, P.R. 00630, under Stelazine® trademark license from SmithKline Corporation, Philadelphia, Pa.**

Figure 1 : Stelazine Advertisement, 1973. Hospital & Community Psychiatry.

**You can't set her free. But you can help her feel less anxious.**

You know this woman. She's anxious, tense, irritable. She's felt this way for months. Beset by the seemingly insurmountable problems of raising a young family, and confined to the home most of the time, her symptoms reflect a sense of inadequacy and isolation. Your reassurance and guidance may have helped some, but not enough. Serax (oxazepam) cannot change her environment, of course. But it can help relieve anxiety, tension, agitation and irritability, thus strengthening her ability to cope with day-to-day problems. Eventually—as she regains confidence and composure—your counsel may be all the support she needs.

Indicated in anxiety, tension, agitation, irritability, and anxiety associated with depression.

May be used in a broad range of patients, generally with considerable dosage flexibility.

**Contraindications:** History of previous hypersensitivity to oxazepam. Oxazepam is not indicated in psychosis.

**Precautions:** Hypertensive reactions are rare, but use with caution where complications could arise from a fall in blood pressure, especially in the elderly. One patient exhibiting drug dependency by taking a chronic overdose developed upon cessation questionable withdrawal symptoms. Carefully supervise dose and amounts prescribed, especially for patients prone to overdose; excessive prolonged use in susceptible patients (alcoholics, etc.) may result in dependence or habituation. Reduce dosage gradually after prolonged excessive dosage to avoid possible withdrawal symptoms. Caution patients against driving or operating machinery until absence of drowsiness or dizziness is ascertained. Warn patients of possible reduction in alcohol tolerance. Safety for use in pregnancy has not been established. Not indicated in children under 6 years; absolute dosage for 6 to 12 year-olds not established.

**Side Effects:** Therapy-interrupting side effects are rare. Transient mild drowsiness is common initially; if persistent, reduce dosage. Dizziness, vertigo and headache have also occurred infrequently; syncope, rarely. Mild paradoxical reactions (excitement, stimulation or affect) are reported in psychotic patients. Minor diffuse rashes (morbilliform, urticarial and maculopapular) are rare. Nausea, lethargy, edema, slurred speech, tremor and altered libido are rare and generally controllable by dosage reduction. Although rare, leukopenia and hepatic dysfunction including jaundice have been reported during therapy. Periodic blood counts and liver function tests are advised. Allergic, reported rarely, does not appear related to dose or age.

These side reactions, noted with related compounds, are not yet reported; paradoxical excitation with severe rage reactions, hallucinations, menstrual irregularities, change in EKG pattern, blood dyscrasias (including agranulocytosis), blurred vision, diplopia, incontinence, stupor, disorientation, fever, euphoria and dysmetria.

**Availability:** Capsules of 10, 15 and 30 mg. oxazepam.

To help you relieve anxiety and tension

**Serax®**  
(oxazepam)

Wyeth Laboratories  
Philadelphia, Pa.

Figure 2: Serax advertisement, Journal of the American Medical Association 200, no. 8 (1967).



now  
she can  
cope...

thanks to

**butisol**  
(SODIUM BUTABARBITAL)

"daytime sedative" for  
everyday situational stress

When stress is situational—environmental pressure, worry over illness—the treatment often calls for an anxiety-allaying agent which has a prompt and predictable calming action and is remarkably well tolerated. BUTISOL SODIUM (sodium butabarbital) meets this therapeutic need.

After 30 years of clinical use . . . still a first choice among many physicians for dependability and economy in mild to moderate anxiety.

**Contraindications:** Porphyria or sensitivity to barbiturates.

**Precautions:** Exercise caution in moderate to severe hepatic disease. Elderly or debilitated patients may react with marked excitement or depression.

**Adverse Reactions:** Drowsiness at daytime sedative dose levels, skin rashes, "hangover" and systemic disturbances are seldom seen.

**Warning:** May be habit forming.

**Usual Adult Dosage:** As a daytime sedative, 15 mg. (¼ gr.) to 30 mg. (½ gr.) t.i.d. or q.i.d.

Available for daytime sedation: Tablets, 15 mg. (½ gr.), 30 mg. (½ gr.), Elixir, 30 mg. per 5 cc. (alcohol 7%).

**BUTICAPS®** (Capsules BUTISOL SODIUM (sodium butabarbital) 15 mg. (½ gr.), 30 mg. (½ gr.).



Figure 3: Butisol Advertisement, "Now she can cope..." Journal of the American Medical Association 207, no. 6: (1969).

# Ritalin<sup>®</sup>

Ritalin gently overcomes mild depression and the fatigue so often associated with it. This is one agent that really 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 becoming tired.

**Acts in minutes** Unlike other antidepressants, Ritalin usually brings relief with the very first dose. Your patients need not wait days

or even weeks to begin feeling better. Ritalin also

**Offers outstanding safety** Unlike amphetamines, Ritalin rarely affects blood pressure or heart rate. It has not been associated with muscle tremors or urinary retention as have the potent MAO

inhibitors or tricyclic compounds. And toxic or adverse effects on blood, urine, liver or kidney function are not to be anticipated. For these reasons, Ritalin . . .

**Proves especially valuable for the elderly** This time-tested agent is well tolerated, even by older patients. It rarely affects appetite or causes rebound depression.

**Dosage:** Adult: Initially, two 10-mg tablets in the morning, one at lunch, and one at night. If needed, increase to 30 mg daily.

**Side-effects:** Nervousness or insomnia, if present, can be relieved by changing the dosage schedule. In some cases, Ritalin in the afternoon liberally acts as a mild sedative. Dizziness, headache, anorexia, decreased appetite, dry mouth, constipation, drowsiness, skin rash, over-sensitization between and during dosing, tachycardia, and blurred vision may occur in some patients. If these symptoms are severe, patients should be hospitalized under close supervision. Patients with agitation may need a sedative. Ritalin may cause a decrease in blood pressure, especially in patients with hypotension. Ritalin may potentiate the effect of certain anesthetics, especially those with nitrous oxide. Ritalin has little or no effect on the action of alcohol. Ritalin should be used with caution in patients with glaucoma, epilepsy, or heart disease.


**Contraindications:** Glaucoma, epilepsy.

**Drug Tests:** contain methylphenidate hydrochloride. Detectable in 10 mg (oral dose, scored); bottles of 10 and 50.

**Usual Adult Dosage:** 20 mg (bunch, scored); bottles of 10 and 50.

**Usual Pediatric Dosage:** 10 mg (bunch, scored); bottles of 10 and 50.

**Angstroms:** of 20 mg (bunch, scored); bottles of 10 and 50.



**Helps relieve chronic fatigue and apathy quickly**

**CIBA**  
DIVISION OF  
CORNING

Figure 4: Ritalin Advertisement, 1970. Canadian Family Physician.



**why is this woman tired?**

She may be tired for either of two reasons:

- \* because she is physically overworked. If this is the case, you prescribe rest, because rest is the only cure for this kind of physical tiredness.
- \* because she is mentally "done in." Many of your patients—particularly housewives—are crushed under a load of dull, routine duties that leave them in a state of mental and emotional fatigue. For these patients, you may find 'Dexedrine' an ideal prescription. 'Dexedrine' will give them a feeling of energy and well-being, renewing their interest in life and living. Dexedrine\* (dextro-amphetamine sulfate, S.K.F.) is available as tablets, elixir, and Spansule\* capsules (sustained release capsules, S.K.F.) and is manufactured by Smith, Kline & French Laboratories, Philadelphia.

\*T.M. Reg. U.S. Pat. Off. Patent Applied For.

Figure 5: Dexedrine advertisement (1956), "why is this woman tired?" JAMA.



**35, single and psychoneurotic**

The pursuer on her cruise ship took the last snapshot of Jan. You probably see many such Jans in your practice. The unmarrieds with low self-esteem. Jan never found a man to measure up to her father. Now she realizes she's in a losing pattern—and that she may never marry.

Valium (diazepam) can be a useful adjunct in the therapy of the tense, over anxious patient who has a neurotic sense of failure, guilt or loss. Over the years, Valium has proven its value in the relief of psychoneurotic states—anxiety, apprehension, agitation, alone or with depressive symptoms.

Valium 10-mg tablets help relieve the emotional "storms" of psychoneurotic tension and the depressive symptoms that can go hand-in-hand with it. Valium 2-mg or 5-mg tablets, *t.i.d.* or *q.i.d.*, are usually sufficient for milder tension and anxiety states. An *h.s.* dose added to the *t.i.d.* dosage often facilitates a good night's rest.

**Valium® (diazepam)**  
for psychoneurotic states manifested by psychic tension and depressive symptoms

**Before prescribing, please consult complete product information, a summary of which follows:**

**Indications:** Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology, spasticity caused by upper motor neuron disorders, athetosis, stiff-man syndrome, convulsive disorders (not for sole therapy).

**Contraindications:** Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma.

**Warnings:** Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms have occurred following abrupt discontinuance. Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence. In pregnancy, licitation or women of childbearing age, weigh potential benefit against possible hazard.

**Precautions:** If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

**Side Effects:** Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision.

**Paradoxical reactions** such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation, have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

**Roche**  
Roche Laboratories  
Nutley, New Jersey 07110

Figure 6: Valium advertisement (1970), "35, single and psychoneurotic," Hospital & Community Psychiatry.



**Women dominate his universe**  
psychic tension can rule his life

He doesn't understand the source of his psychic tension. But you do. He relates well to women with dominating traits. But not to men. Not even his own men.

Whenever psychic tension is a significant component in the clinical profile, consider the use of Valium (diazepam). On proper maintenance dosage, Valium can help reduce the psychoneurotic patient's tension—anxiety, apprehension, agitation, alone or with depressive symptoms—to more comfortable and adaptable levels. The most commonly reported side effects are drowsiness, fatigue and ataxia.

For your passive-dependent, tension-addicted patient dominated by women—and for countless other psychoneurotic—Valium may prove itself a helpful partner to your psychotherapeutic skills.

Please see last page of this advertisement for prescribing information.

**for the relief of psychic tension in psychoneurotic states**  
**Valium® (diazepam)**  
2-mg, 5-mg, 10-mg tablets  
t.i.d. and b.i.d.

**Before prescribing, please consult complete product information, a summary of which follows:**  
**Indications:** Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinations due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology, spasticity caused by upper motor neuron disorders, athetosis, stiff-man syndrome, convulsive disorders (not for sole therapy).  
**Contraindications:** Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.  
**Warnings:** Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence. In pregnancy, lactation, or women of childbearing age, weigh potential benefit against possible hazard.  
**Precautions:** If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.  
**Side Effects:** Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice, periodic blood counts and liver function tests advisable during long-term therapy.  
**Dosage:** Individuals for maximum beneficial effect. **Adults:** Tension, anxiety and psychoneurotic states, 2 to 10 mg b.i.d. or q.i.d.; alcoholism, 10 mg t.i.d. or q.i.d. in first 24 hours, then 5 mg t.i.d. or q.i.d. as needed; adjunctively in convulsive disorders, 2 to 10 mg b.i.d. to q.i.d. **Geriatric or debilitated patients:** 2 to 2½ mg, 1 or 2 times daily initially, increasing as needed and tolerated. (See Precautions.) **Children:** 1 to 2½ mg t.i.d. or q.i.d. initially, increasing as needed and tolerated (not for use under 6 months).  
**Supplied:** Valium (diazepam) Tablets, 2 mg, 5 mg and 10 mg; bottles of 100 and 500. All strengths also available in Tri-E-Doze® packages of 1000.

**Roche Laboratories**  
Division of Hoffmann-La Roche Inc.  
Nutley, N.J. 07110

Figure 7: Valium advertisement, "Women dominate his universe—Psychic tension can rule his life." Hospital & Community Psychiatry 21, no. 4 (1970).

**Her world orbits around doctors. Psychic tension rules her universe.**

This childless widow's interpersonal relationships, sociometrically diagrammed, reveal the patterns of dominance, closeness, absence, and loss created by the principal people in her life.

**Before prescribing, please consult complete product information, a summary of which follows:**  
**Indications:** Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinations due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology, spasticity caused by upper motor neuron disorders, athetosis, stiff-man syndrome, convulsive disorders (not for sole therapy).  
**Contraindications:** Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.  
**Warnings:** Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence. In pregnancy, lactation, or women of childbearing age, weigh potential benefit against possible hazard.  
**Precautions:** If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.  
**Side Effects:** Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice, periodic blood counts and liver function tests advisable during long-term therapy.  
**Dosage:** Individuals for maximum beneficial effect. **Adults:** Tension, anxiety and psychoneurotic states, 2 to 10 mg b.i.d. or q.i.d.; alcoholism, 10 mg t.i.d. or q.i.d. in first 24 hours, then 5 mg t.i.d. or q.i.d. as needed; adjunctively in convulsive disorders, 2 to 10 mg b.i.d. to q.i.d. **Geriatric or debilitated patients:** 2 to 2½ mg, 1 or 2 times daily initially, increasing as needed and tolerated. (See Precautions.) **Children:** 1 to 2½ mg t.i.d. or q.i.d. initially, increasing as needed and tolerated (not for use under 6 months).  
**Supplied:** Valium (diazepam) Tablets, 2 mg, 5 mg and 10 mg; bottles of 100 and 500. All strengths also available in Tri-E-Doze® packages of 1000.

**Roche Laboratories**  
Division of Hoffmann-La Roche Inc.  
Nutley, N.J. 07110

Figure 8: Valium advertisement, "Her world orbits around doctors. Psychic tension rules her universe." Hospital & Community Psychiatry 22, no. 4 (1971).