

Attention: This paper is a work in progress

Return of the Cyborg; Gendered Antidepressant Ads, Biopsychiatry and Women at Risk

This paper in progress is part of a larger, manuscript project, which analyses broad mood promotion on the World Wide Web, and its impact on biosubjectivity and democratic practices. The larger study looks at depression discourses from a range of sources—consumer health groups, media organizations, governmental health policy organizations, and professional expert psychiatric groups, to understand broadly how they articulate standard expectations and practices of mood health. My work to date has argued that in addition to its biopsychiatric logic, these broad discourses articulate biopsychiatry and risk to target-marketed females, idealizing modernist coherent—highly functional—female bodies. This paper draws upon my previous work in addressing the new trend of employing cyborg figures in pharmaceutical advertising to address a new female target market. Instructively, this cyborg figure represents a break from standard gendered, target-marketing strategies in presenting a virtual, pharmaceutically-augmented figure who both melds mind and body and yet preaches a single-bullet solution that mends mind alone.

The method and theoretical model I will employ to locate and analyse these cyborg images has been developed through my investigations of on-line depression ads. Strikingly, these illness promotions have suggested, in a glaringly retrograde logic, that women's flawed bodies pose risks that are now deemed as "symptoms" of mental illness.

As well, women's precarious roles and experiences in the social —battering and abuse, poverty, single-motherhood, underemployment—are routinely listed in a range of health discourses, as risks—or symptoms of mental illness. These new feminized depression discourses stress the tipping factor of everyday risks—environmental and somatic issues, including poverty, childbirth, work stress, and multitasking. In contrast, men's mood illness is routinely articulated as the result of work stress and lack of respite, and is decidedly *not* blamed on social or biological factors, and is represented as an opportunity to obtain greater social power. These consumer mood discourses have grown to address a broad range of new mood disorders, and frame female subjects as risky biological entities with disorderly symptoms requiring pharmaco-augmentation. Instructively, new depression campaigns continue to frame gender in a binary manner (Balsamo, 1999) that repositions it as an etiological tenet of depression.

In the course of this work, I have evaluated a range of antidepressant ads and depression promotions from the US National Institute of Mental Health, American Psychiatric Association, various advocacy groups (the National Alliance for the Mentally Ill), and media discourses. Most of these ads target a range of raced, and aged females in dualized states of contentedness and depression, usually taking a passive subject position.

The web venue is instructive to the aesthetics and logic of antidepressant advertisements. Research suggests that a significant number of web surfers are seeking health information. Twenty-One percent of American Internet users have searched for information on-line regarding depression, anxiety or other mental health issues, according to the Pew Internet

and American Life Project (Fox and Fallows 2003). Given that middle- and upper-income individuals typically have Web access, one can assume that depression Web information is a major source of mood knowledge for Web users. As such, the web is the ideal venue to target-market discourses and products themselves to these pro-active individuals invested in health. I draw upon the Web campaigns that have emerged in the past five years; this realm is important, as it is a much less regulated zone than other sources of promotion. Instructively, Web pages allow for the blurring of health advertisements and promotions, which are in fact presented as *objective* consumer information. As such, these Web campaigns introduce questions regarding what constitutes *reasonable* health information for consumers and whether the pages' unregulated content constrains agency and rigorous democratic practices that *require* diverse, contested information.

At the centre of these campaigns lies a requirement for women to act upon feminized forms of risk—risks that occur throughout their lifetimes—and the promise of salvation for the female subject who self-scrutinizes to identify broad new distresses of panic, anxiety, and trauma and accesses “expert” (albeit unstable) depression knowledge. The discourse calls upon the will to fix the brain in order to manage the social; as such, drugs offer the hope of coherence to the disorderly female postmodern subject.

In the following, I will review three pharmaceutical ads that position the female referent in three distinctive manners, to understand the range of roles allotted to female biosubjectivity in the context of depression. These include Lexapro ads, which regress to

binary distinctions of men and women based on biological and social factors, generally employing photos of “real” people. Conversely, the GlaxoSmithKlein “Say how you feel” ads erase the female, replacing her with a cartoonish ad with pomo character. Finally, Cymbalta ads offer a cyborg female that simultaneously replicates the biopsychiatric script, glossing cause, and replacing it with suggestions that the complex brain/body system is best managed by drugs targeting sick brain problems.

The method I employ to analyze the visual and textual depression “promotions” is a multidisciplinary visual-studies model, blending semiotics with poststructuralism and feminist media and critical studies, in particular the work of Anne Balsamo and Donna Haraway. To understand comprehensively how these broad-spectrum depression discourses operate, the paper also heeds Nikolas Rose and Paul Rabinow’s (2003) call for *careful* empirical analysis of data across three key axes of biopower: knowledge of vital life processes, power relations that take human beings as their object, and modes of subjectification through which subjects work on themselves as living beings (p. 2). I have identified a depression script that works on all three levels. It espouses a biopsychiatric script, creates gendered recovery subjects, and puts forth the imperative to self-manage. My approach allows for an analysis of how visual and textual discourses together gender mood and make a compelling case for the technological mediation of bodies.

These following on-line pharmaceutical ads, for Lexapro, Paxil, Cymbalta were chosen based on their distinctive attempt to target female populations through a visual campaign that moves beyond the standard portrait or video presentation of a range of females,

which can be termed the Benetton advertising approach. This marketing method, as I have argued elsewhere, while appearing “democratic” and non-discriminatory and recently has included a range of male portrait subjects, in fact provides textual discourses that reify a female biological and social factor basis of depression. Other new marketing trends have included linking depression to a range of disorders—PMDD, Eating Disorders, Panic and Stress Disorders. These following ads, however, represent the current edge in targeting females via a combination of textual and visual discourses that together craft a sensibility that levels and manages the slippery depression script.

Anne Balsamo’s theory of body types are useful in thinking through the relationship between this female depression subject, the messy script that simultaneously fuses and disjoints the mind-body, and the role of psychiatric technology--specifically the antidepressant. Gender, contends Balsamo, is both a cultural condition and social consequence of technological deployment; female gender here is a precondition for these depression campaigns and simultaneously is reproduced by them, in renewed coherent form. The advertisement examples that follow represent types of bodies worked upon by technology, as outlined by Balsamo upon: the fractured body, the disappearing body and the cyborg body. Notably, I will show that all of these body-subjects articulate gender to depression through a particular type of risk but also through distinct representational strategies speaking to the pharmaceutical technology.

My interest lies ultimately in the cyborg turn of Cymbalta advertisements. Where Lexapro and Paxil can be said to represent cyborg figures—women whose moods and

subjectivities are enhanced pharmaceutically—Cymbalta is the first to employ a figure who visually appears to be a technology-human morph, and references science fiction cyborgs in its aesthetics of texture, color, and lighting.

Twenty years ago, Donna Haraway offered us a vision of cyborg figure of melded body and machine, articulated to gender, arguing that the biological and the social cannot be separated. Haraway contended that we are all chimeras of a sort, and more, that this melding – as metaphor, fantasy and practice—can serve as a model for female liberation. At the same time, Haraway gave due attention to the power-knowledge nexus of technoscience, and the attendant threats it can pose to female subjectivity and empowerment.

A decade after Haraway suggested that ‘humans never existed’, scholars argued—in contrast to the postmodern turn—for a return to the material, urged by suggestions including that the literal cyborg had been undertheorized in cyberfeminist theory (Hamilton 1997). The decade of the nineties was rife with a return to materialized, corporealized readings of the cyborg body. In the world of pharmaceutical cyborg criticism, Jacquelyn Zita, in her essay “Prozac Feminism” (1998), took up this question, arguing that, with due critique and awareness, female subjects can take power through Prozac consumption, harnessing what she terms a “Prozac-tipped” feminism.

In the present day, many critics have returned to more cogent Haraway principles, delighted by the longevity of Haraway’s cyborg and equally surprised by the long slide

through the 80s and 90's into cyborg-materiality. Writes Muri (2003): "Re-reading Haraway amidst the current chorus of complaint about 'the cultural turn' and the rise of 'textualism', in which material reality is allegedly subordinated to the deconstructionist 'insistence' that everything is 'merely discursive', is to be reminded of the irony that postmodernist perspectives have become so demonized and misunderstood in a context that needs them so desperately." (p 169)

Current cyborg theory has ushered a revisiting of Haraway's principle ideas regarding the contingent relationships between bodies, technologies, informatics, and cultural values and practices. Franklin (2006) for example reflects on Haraway's wise analytic genealogy of embryology, suggesting that "the extent to which biological knowledge, biotechniques and biology 'itself' reshape each other, and co-evolve, may never before have been made so explicit as today, through the redesign of the biological in the context of bioscience, biomedicine and biotechnology. The rebuilding of life, as also suggested in recent work by Rose (2007) redefines the future of health, among other factors including progress, social justice, wealth and power. In revisiting Haraway's challenge to translating the world as a coding problem, insisting instead for a translation from a problematic of context, Franklin suggests an opening to the dire situation —pointed to in these cyborg ads, whereby human values continue to be biologized,.. "social values, systems, and aspirations... engineered and constructed in such a manner that they too become a part of human biology." (p179)

These recent antidepressant ads, in other words, cry out for critique regarding their

meanings. Do their messages translate to users as knowledge of appropriate behaviors, preaching a high level of productivity despite biological and social problematics, specifically for women. In contrast, do these images translate the promises of empowerment to consumers that can withstand the threat of neoliberal social expectations. Or otherwise, do they do bespeak of both messages and readings?

The following analysis seeks to distinguish the three ads (for Lexapro, Paxil and Cymbalta), and their representations of the relationships between bodies and subjects and pharmaceutical technologies. This analysis ultimately seeks to understand the placement of the cyborg in pharmaceutical advertising, which is a seemingly outdated visual ploy, in the midst of Lexapro's anti-feminist backlash marketing (posting a return to female coherence) and GlaxoSmithKlein's relinquishment of the body entirely, positing an absent female. Ultimately, the analysis seeks to understand the range of manners in which pharmaceutical advertising images position the female subject and body in relation to pharmatechnologies, and to posit how this might work to reposition pharma-augmented women's subjectivities in culture.

The Return to coherent bodies: Lexapro

Lexapro ads by Forest Pharmaceuticals are binary gendered technologies extraordinaire. Despite Lexapro's apparent broad appeal, its Web pages offer a glaring mainstreaming of gendered symptoms and risks. With a splash page featuring Prozac-like democratic appeal and expert references, Lexapro sells relief from depression and linked anxiety

symptoms to a diverse, grinning population using the tagline “Power to enjoy life” (Forest Pharmaceuticals, 2007). Power here signifies both personal will and biotechnology’s ability to control the brain.

As in Prozac ads, the female subjects in Lexapro advertisements are depicted as happy to return to themselves. Here the images are telling. At the time of writing, one advertisement depicted a woman in her mirror reflection, gazing back at reader-voyeurs as unthreatening inhabitants of the domestic/private sphere and a young girl posing for the camera like a fashion model (Forest Pharmaceuticals 2007a).



(Previously located at <http://www.lexapro.com/> [August 15, 2007], following links to male depression page.)

In contrast, all Lexapro men are busy: an athletic man wears a sweaty towel on his shoulder, a giddy young man cooks dinner with his heterosexual parents, and so on. (Forest Pharmaceuticals, 2007b) Hormonally unstable women are presented in evident distress (hunched body, twisted face), in polar contrast with the confident, repaired male images. Where Lexapro idealizes a female return to home/coherence, for depressed men (represented as having constrained possibilities, rather than sick bodies), pharmaco-repair provides a more active (sex and social) life and is a journey toward narcissistic

masculinity. In exploiting outdated gender dualisms, Lexapro campaigns magnify the assumptions of depression risk promotions.¹

(Previously located at <http://www.lexapro.com/> [August 15, 2007], following links to female depression page.)



In this case, Balsamo's theory of the marked body accurately thematizes these ads, which suggest women, dualized from men, are subjected by their bodies/risks, and require drugs to repair the split. In the Lacania-esque image above, this woman seeks to restore herself to completeness, to meld her identity by mediating difference, via antidepressants.

Body parts, Balsamo argues are, through technology, visually objectified and invested w/ cultural significance and in turn, fragmentation is articulated to a culturally determined system of differences. As such, different bodies come to be valued differently and bodies are 'processed' according to traditional, dualistic gendered natures. These affectations

¹ At the time of writing, Forest Pharmaceuticals replaced these dualized images with a broad array of gendered subjects akin to current Prozac marketing strategies. The new campaign seeks to dress Lexapro as a gender neutral recovery product but continues to link distinctive risks to males and females.

reify codes of gender identity. (p 287) This is certainly the case with Lexapro ads, which succeed in presenting violently regressive images of women re-constituted in traditional essentialist molds, dualized against the visualized male roles.

The Return to the absent woman: GlaxoSmithKlein

Other pharmaceutical web advertisements have begun to take on new aesthetic and rhetorical forms to attract their target (female) market. The “Say how you feel” campaign by GlaxoSmithKlein (see <http://www.sayhowyoufeel.com>) resorts to a baseline image of a Caucasian woman as the sign of depression, but targets a clearly contemporary audience with a cartoonish postmodern form. This ad deliberately adopts a style similar to artist Roy Lichtenstein’s sparse, flat, critical comic forms that were intended to parody gender and other stereotypes. Seemingly ignorant of the polysemous readings of this aesthetic, GlaxoSmithKlein presumably employs the ad to attract a market of *both* middle-aged and young females and to exploit, with melodramatic effect, the “flat” affect typifying depression. The sparse visual relies on a *lack* of cultural and social context, making it perhaps the ideal delivery mode for reductionist depression logic and the single-solution sale of Paxil, an antidepressant, and anti-anxiety medication.



Like Zoloft's use of the alternatively peppy and depressed pill to signify well and unwell, GlaxoSmithKlein absences the body entirely in this advertisement. Balsamo suggests that the visuals of the disappearing body reflect cultural anxieties about body invasion. (P287) GlaxoSmithKlein's marketing logic seems intent on presenting its drug, as a flashy, though equally glossed solution to a generalized, feminized depression. Here, the testimonials of real women common to a range of antidepressants are absent, as are images of real women, or the real entirely. This discourse focuses on

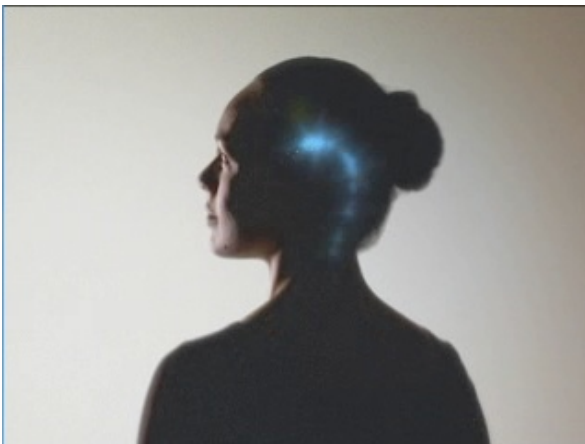
In contrast, Pfizer markets Zoloft via a new well-recognized, anthropomorphized pill as well as via "real" testimonials by "real" women accompanied by their grinning photos. This strategy is specifically designed for Pfizer's slippery slope promotion of depression as a diagnosis it links to a range of other allegedly female diagnoses, including panic disorders and post-traumatic stress disorders, of which the latter requires an experience of trauma to obtain diagnosis. Pfizer's cartoon talents, at the time, included an artist's rendering of a rape perpetration, noting sexual abuse and violence as a risk/symptom that causes PTSD but can be treated via Zoloft.

Return of the Cyborg

To this mix of representations, Forest Pharmaceuticals has recently introduced the antidepressant "Cymbalta," said to treat both the physical and emotional "pain" of depression. The on-line ads feature a variety of feminized, decidedly young, cyborg-like female figures, which, like Forest's ads, possess postmodern appeal. Yet, Cymbalta is

unique in using only female subjects and in its choice of cyborg (rather than cartoon) subject, in a range of aesthetic choices that articulate a biopsychiatric script in new ways. One image of a slouched, depressed, unkempt photo image is supplied to supplement what are mostly Cyber-women in these ads.

Assuming a female referent of depression, these ads now reference the female body without *any* particular appeal to cause—hormonal, biochemically, or otherwise. At the same time, the visuals suggest that depression/the body is knowable/manageable by biotechnology; for example, consumers are offered a functional a symptom-map figure, contained in a feminine body type. After the users tracks her symptoms on this body map, a cyborg-like figure—a realistic 3-d image of a woman with blue-lit spine and brain—rotates to literally and metaphorically demonstrate the pharmako-augmented (complex) body. Devoid of affect, and striking a pose suggesting spiritual (pharmako) possession, this figure displays her vibrant, blue brain chemical repair for viewers. Note the aesthetic choice to romanticize this figure in silhouette, in this case idealizing a pharma-touched placid, feminine body, without subjective context.



Previously located at <http://www.cymbalta.com> [Sept 27, 2006].

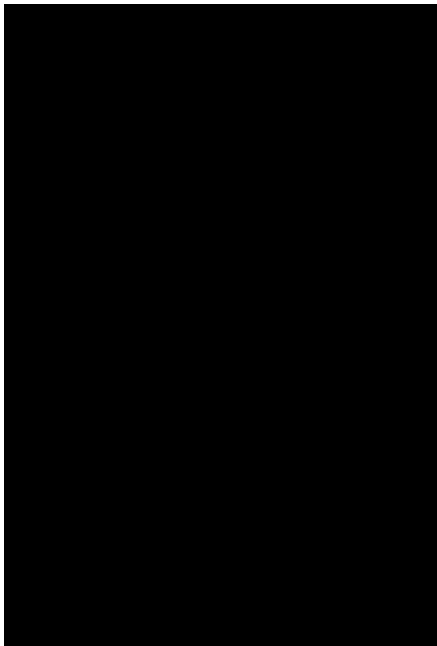
This tactic is in keeping with biopsychiatric logic of current diagnosis practices, that glosses root cause. Reductionist, biopsychiatric mood logic assumes a single-cause model of illness, (Healy, 1997; Kramer, 1993) despite a concurrent reading of the body as a “complex system” informed by both environmental and biological factors. Depression logic is slippery, suggesting known cause (sick brain chemical processes) and yet, recognizing that environmental factors play a significant role in the complex body system, and can tip a subject into depression. Despite its slippery logic, the standard depression script has made a compelling public case that depression “resides” in sick brains and requires biotechnical treatment.² This visual supports this assumption that illness “is housed” in the biochemical system of the brain-nervous system leaving researcher’s muddy theory (and understandings) of cause out of the discourses. As such, it encourages the glossing of cause even as it suggests expert knowledge of brain chemical operations.

Consumer Science and Technological Replacement Parts

Cymbalta enters the fray of on-line consumerized science that collapses complicated science, and narrows complex systems, in keeping with the single-noxious element and single bullet theory of depression and antidepressants. The following ad, as suggested by the text, is a simulation of unknown chemical operations in the brain. Where Prozac and

² To wit, the website of National Alliance for the Mentally Ill (NAMI) boasts that 75% of surveyed individuals define depression as a chemical imbalance in the brain and recommend medication as treatment (NAMI, 2007).

Zoloft ads attempt to demonstrate, through animation, the theory of serotonin reuptake while subtly noting the uncertainty of the biopsychiatric theory, this Cymbalta ad symbolizes only chemical flow linking parts of the brain with the spinal column. Indeed, the visual offers nearly no information regarding the cause of depression or the role of Cymbalta—it is merely presenting a unstable theory as good enough science, that, as the dominant cultural discourse of mental health, should be embraced by consumers.



(Image previously located at <http://www.cymbalta.com> [Sept 27, 2006].)

The link to gender here is crucial; the female depression script is equally unstable, suggesting that everyday social factors and biological processes position women for depression. Female gender and unstable serotonin science become easily married in these sparse glossed visuals.

The Faceless Cymbalta Cyborg

But Cymbalta has a larger task here—to show that the brain/body complex system is affected by depression in a complicated manner—in both physical and emotional pain.



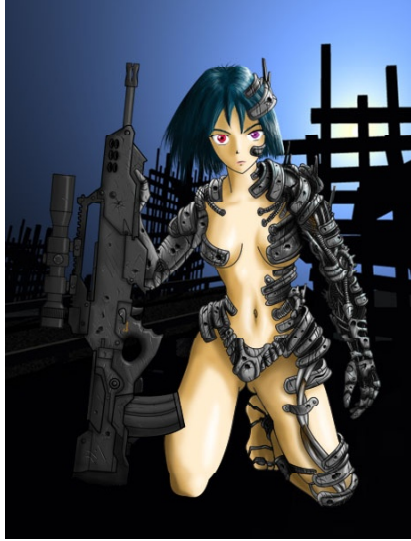
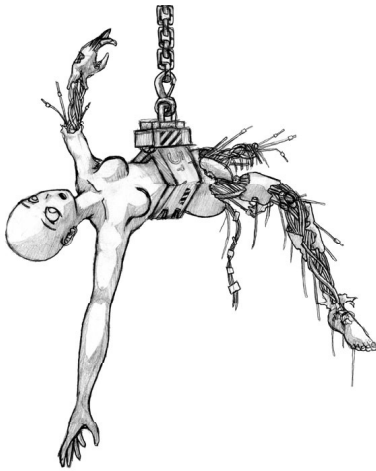
(Previously located at <http://www.cymbalta.com> [Sept 27, 2006])

According to their marketing logic, the serotonin pictures (showing exchange across synapses in a to-fro manner) from Pfizer and Lilly wouldn't work to visually hint at both body and mind pain. Here, the image of the cyborg was chosen specifically to demonstrate the body as chemical housing, the body as impacted by the mind, undoing the classic dualism. And yet, the subject, as illustrated in the image below is faceless, and again, has no social context. She is also clearly signified as other than fully human, colored, as it were by either ill brain chemicals, or the Cymbalta solution—meant of

course to affect both mind and body.

Of Cyborgs and Sci-Fi Subjects

What concerns me here is the replication of a range of misogynist renderings that, like historic advertising images, have tended to fragment women, or in Mady Schutzman's terms, to hystericize them, causing (material) women to respond hysterically to mimic these normative images. (Schutzman 1999). The image below from a science fiction and fantasy art page, for example, exists on a site discoverable by searching cyborg and is blanked out when one initially visit the URL, in deference, or so it claims, to parental guidance. The titles of the image is "The end of an (sic) cyborg." An image appearing above it on the same page features a barely clad woman, crotch exposed, in semi-dressed in armour and carrying machine guns. This standard of science fiction cartooning, which is not new, suggests a gritty marriage of body to technology, exposing and exaggerating both in the marriage, especially at it occurs at the site of the female body.



Science Fiction and Fantasy Art Webpage; located at:
<http://www.elfwood.com/art/h/e/heikura3/gybonainenelfwood2.jpg.html>
[October 31, 2007]

Both the dead and faceless (Cymbalta) fem-cyborg images are cultural trends in keeping with standards of representing the female subject as body that is at once more malleable than the male body. As well, the femborg is more intriguingly monsterized and sexualized in its marriage to technology. In similar manner, the Cymbalta figure becomes the grotesque, but a monster signifying either the ill or recovering subject, one cannot know. As Hamilton has suggested, the machine/body figure of cyborg theory represents the limits of the imagined subject and body relationship. (Hamilton, 105) to this point, the cyborg becomes the ultimately flexible figure for a flexible theory of depression—one that stands in for both sick minds and recovered mind/bodies.

The Human-Technology Complex

There is an obvious disjuncture between the actual relationship of pharmaceutical technologies to humans and the relationship posited by the figure of the cyborg used in

pharmaceutical advertising. As technology theorist Katherine Hayles (2006) has argued, “what we make and what we think we are co-evolve together,” citing her work from *My Mother Was a Computer* (2005). That is, cultural practices and beliefs are “part of the co-evolutionary dynamic” influencing what tools are made and how we used them, that affects “who we are as biological organisms,” our biosubjectivity, which, Hayles argues, feeds back into the co-evolutionary spiral. And while this cycle of culture-technology-subjectivity argument is a generally accepted model among critical and technology theorists, pharmorg advertisements cause us to ponder the role of marketing in the formation of the pharmaco-subject.

Hayles argues that computation emerges as a ‘crucial aspect of the entwined dynamical hierarchies that structure and energize relational dynamics.’ (p.164) In the case of biopsychiatry, these relational dynamics have been shown to be influenced not only by cybernetic theory (Orr, 2005) but by the confidence of biopsychiatry in culture, via its lauding in media, and professional-expert lauding, in a range of promotional venues, in the manner in which Bruno Latour, Francois Lyotard and others have argued that expert discourses round up cultural support and become normative. In other words, it is not sufficient to explain the re-emerged cyborg figure in pharmaceutical advertising as another inevitable offspring of the binding of cybernetic and biopsychiatric logic. It is not simply that it makes sense and reflects our current cultural proclivities linking bodies and machines, but that, particularly in the gendered framing of depression and antidepressants, the female cyborg has been made to make sense, to sell depression and its recovery products.

The cyborg figure in Cymbalta ads is *intended* to heal over the enormous rupture existing between the complex body system logic and single noxious element/magic bullet solution discourses. These images are not merely expected effects of the cultural techno-body logic of the moment. Instead, the ads intentionally appropriate the gloss of pomo aesthetic, and at the same time, attempt to harness the sense of (Haraway's) resistive fem-cyborg subject, who embraces the power that technology can provide to her self. This evolved subject (and ad reader) chooses Cymbalta in order to choose her cyborg self, choose the postmodern multi-tasking body, choose normative hyper-functionality.

Unfortunately, this is a monstrous self—her face obscured, or perhaps never fully formed? Her textured skin, decidedly un-human and green, appears molted or pussied. This cyborg figure, despite its attempt to glorify the fem-pharmorg in fact realizes the displacement of the self attendant to this slippery depression script. It reveals that which is seeks to cover up.

In her 2003 article, Didur, in writing about one enlightened scientist's (Clark's) reading of GMO's is heartened in his demonstrating a unique emphasis on "an embodied understanding of genetic engineering," (p. 111) when usually they are represented as "either both us or not us, rather than, in Haraway's terms "both us and not us" (Haraway 1997,226). Echoing Katherine Hayle's and Haraway's own reflection on the cyborg, Didur provides Neil Badmington's suggestion that for posthuman critics, "it is not possible to arrive at a moment of certainty, mastery, satisfaction. Meaning keeps moving,

and cultural criticism must learn to hear the 'yes' with the 'no,' to read the disfunctioning alongside the functioning, to announce how every 'supposed system' is at once a deposed system" (2001, 12).

In this sense, this Cymbalta cyborg figure might bring on public discourses of critique, if one can overlook this figure's role in a long line of historically disfigured female subjects of visual culture. It is Didur's hope that a posthuman approach to the political and epistemological issues raised by the production of GMOS might "restore the multiple and every-shifting meanings" (they) have for society as debate over production, use and safety continues to unfold. (p 112) This plea reflects the past 20 years of cyborg research that has tended to emphasize the material basis of biotechnology and cyborgs.

Haraway suggested that cyborgs exist as metaphor, fantasy and materiality; Hamilton has argued that they are best understood as all three, simultaneously. Reflecting on these various suggestions, I would like to extend the argument that in the case of antidepressants, it's essential to understand the work of this new biotechnology at the level of theory (as it crosses cybernetics and computing), culture (as it gathers steam as a logical science), in its sale (as a diagnosis and a drug and as a commodity of self-augmentation,) and finally in practice—as a thing that is mediated by individuals, who are mostly seeking relief from distress for themselves or loved ones. Technological theory suggesting that any best reading of culture practices intersecting bodies, subjectivities and technology begins with the Computational, Informatics, the cybernetic or otherwise is troublesome. I prefer to suggest that current models for deciphering these

relations, like scientific revolutions, as shown by Kuhn (1962) illustrate paradigms of the day, as did materialist cyborg trends at the end of the 20th century. It remains more valid to follow Haraway's understanding of cultural contingencies that mitigate relations of technology, bodies, gender, and subjectivity.

To this end, the Cymbalta figure illustrates the normativization of loose, slippery and problematic biopsychiatric theory, and a loosening of critical rigor among readers of consumer health literature. But as well, and more complexly, it illustrates the return of the monstrous feminine, which in this case, is neither friend nor foe, but an outright mix of both. Perhaps the Cymbalta figure best illustrates the unresolved tension of the complex system and single-element theories of depression and antidepressants, and willingly takes on the figure of the conflicted, unnamed female at risk, as both subjected and agent willing to take on Cymbalta as recovery attempt. Cymbalta as such becomes the best science can offer, or is willing to offer, in this current biotechnical climate in North America..

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