**Pharmaceuticalisation in the contemporary cityscape**

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**Abstract**

*Cityscapes are littered with medicinal products. This raises issues of pharmaceuticalisation, involving the construction of a range of human conditions as targets for pharmaceutical interventions. Employing the metaphoric figure of the flâneur, we traverse the New Zealand cityscape, interrogating the mediation and emplacement of various medicinal products within thoroughfares, commercial sites, and domestic dwellings. We demonstrate the pharmaceuticalised commodification of the city and interpolation of urban dwellers as medicated consumer-citizens.*

**Key words:** Pharmaceuticalisation, flâneur, mediation, advertising, city

For millennia, innumerable legal and illicit substances have textured the city. Drugs have come to represent the character of particular urban locales. Over the last century, medications have entered the commodified city on an industrial scale, enabling various recreational, preventative, medicinal, and enhancement practices (Greene and Podolksy, 2009). Correspondingly, social scientists have become increasingly concerned with the commodification, creation, dissemination, use and meaning of medications (Cloatre and Pickersgill, 2014; Williams et al. 2011). The concept of pharmaceuticalisation (Abraham, 2010; Dew et al., 2015; Jenkins, 2010; Williams et al. 2011) has been developed to invoke a range of processes via which prescription, ‘over the counter’ and illicit substances are implicated in the, ‘…transformation of human conditions, capabilities and capacities into opportunities for pharmaceutical intervention’ (Williams et al., 2011: 711).

Multinational pharmaceutical companies employ various media forms to frame health and social issues in biomedical and commercial terms, and to boost the consumption of their medicines (Williams et al., 2011). This often involves generating new health problems as well as posing new medicinal solutions to existing health issues (Belisle-Pipon and Williams-Jones, 2015; Gabe et al. 2015a). Correspondingly, the assumption that medications are developed solely to meet human health needs is problematized when we consider the highly commodified activities of multinational pharmaceutical companies (Busfield, 2010). As Abraham (2010: 616) notes:

…increased pharmaceuticalization is not fuelled primarily by growth in pharmaceutical provision to meet, and advance, health needs. Rather, the sociological factors of consumerism, deregulatory state policies, industry’s commercial priorities and product promotion, and medicalization have been expanding pharmaceuticalization in ways that are largely outside such provision.

Pharmaceutical companies employ a range of tactics to manufacture demand for their branded products (Busfield, 2010). The consequential populating of the cityscape (Stolte and Hodgetts, 2015) with a raft of commodified images offering branded medications that optimise and enhance health, selves and lifestyles is particularly apparent in the United States and New Zealand, where ‘direct-to-consumer advertising’ (DTCA) of prescription-only medications is permissible (Belisle-Pipon and Williams-Jones, 2015; Cloatre and Pickersgill, 2014).

The texturing of the city with medicinal objects and related promotional materials is not restricted to these two nation states. In countries such as Canada and the UK where DTCA is not permitted, pharmaceutical companies still find ways to subvert such restrictions. For example, ‘direct-to-consumer information’ (DTCI) campaigns in the form of pamphlets and websites that transcend national borders are used to encourage consumers to seek out particular pharmaceutical commodities (Belisle-Pipon and Williams-Jones, 2015). DTCI campaigns are used to familiarise people with the benefits of prescription medications. As with DTCA, the goal is to propagate consumer demand for branded products and increase ‘…the prescribing and use of medications that may be neither the most appropriate nor the most cost-effective’ (Belisle-Pipon and Williams-Jones, 2015: 259). Such strategies raise questions regarding the implications of media in shaping of consumer demand, public knowledge of various pharmaceuticals, and the effects, risks and benefits of these substances, and the pharmaceuticalisation of the city (Gabe et al., 2012; Williams et al., 2011).

As a constant and diverse element of many people’s everyday lives, media offer a multitude of representations of health and medicinal responses. Pharmaceutical companies strive to assign meaning to medicinal objects, and also the places in which they are located. Over time, the marketing of medications contributes to the ‘cultivation’ of a ‘structure of feeling’ (Williams, 1977) in the city where medications are ‘accepted’ as part of the terrain of daily life. The concept of cultivation is useful here to explain the cumulative influence of a pharmaceuticalised symbolic landscape in which medicinal products are increasingly associated with wellness, enhancement, virtuous lifestyles, and healthy selves (Hodgetts et al., 2010). Such processes further reflect how medications are socio-material, pharmacological and mediated objects that exceed strictly medicinal purposes (Hodgetts et al., 2011). These objects are mediated through promotional materials, which also texture many commercial locales and promote particular associations between branded medications and people’s lives, needs, hopes, and desires (Jenkins, 2010). Links between symbolic, social, commercial and material elements of pharmaceuticalisation raise the importance of symbolic power and the ability of certain companies to use marketing tactics to influence public understandings of medications and associated uses (Hodgetts et al., 2010). The images linked to particular medications are not just anchored in these substances, but also in broader processes of pharmaceuticalisation that pervade and commodify the cityscape today (Lefebvre, 1991).

Medications and media depictions of these substances are common features of the contemporary cityscape, but to our knowledge no research has examined the socio-spatial elements of pharmaceuticalisation in the city (*cf*., Gabe et al., 2015a). This article extends deliberations regarding the pharmaceuticalisation of everyday life by considering how various elixirs and associated promotional materials texture the city. In doing so, we draw on Lefebvre’s (1991) work on the dialectics of place in the commodified city to understand the role of mediation in the pharmaceuticalisation of urban landscapes. Correspondingly, rather than approaching medications, associated promotional materials and the places in which these entities are situated (e.g., thoroughfares, supermarkets, petrol stations, pharmacies and domestic dwellings) as distinct elements, we consider these as integrated components of the cityscape. Particular locales, urban inhabitants and medications that are emplaced there can be read metonymically as markers of the pharmaceuticalisation of everyday life. We view specific medications and advertisements as socio-material objects indisputably connected to the lives, healthcare practices, understandings, and identities of urban inhabitants (Abraham, 2010; Jenkins, 2010). As we will show, it is through interactions with such everyday objects that people can realise themselves as beings in a commodified world of healthcare and come to understand their own health, needs and lifestyles (Stolte and Hodgetts, 2015). This blending of distinctions between medications, associated promotional materials, urban spaces and people is particularly salient to our research, given that through physical acts of purchasing, ingesting, injecting, smearing and inhaling, medications literally become part of people and the city.

**Conceptualising the present study**

We recruited 55 households from four New Zealand cities (Auckland, Hamilton, Wellington and Dunedin), selected to provide sites where medication use was frequent, important, and involving other household members. Fieldwork was conducted over a two to three week period with each household. A particular challenge for us was that participant understandings and uses of medications can become highly routinised and taken-for-granted. In response, we developed a multi-method approach, which could be adapted to the composition of each household. Our empirical engagements were organised into three phases that included digital-recorded group discussions and interviews, and observational, mapping, photographic and diary methods. In *phase 1* an initial meeting was held with households to introduce the research, gain informed consent, and identify key participants for the various empirical activities. This was followed by a mapping exercise of medications in the household, and a general discussion about the emplacement of medications, sources, uses and meanings of medications. *Phase 2* involved householders completing diary- and photo-elicitation projects and documenting instances in which medications came to their attention from excursions across the city and through various media. *Phase 3* involved an exit discussion where householders reviewed and reflected on their contributions and involvement in the research.

In the course of *phase 2*, participants went out into the city to spot medications, document their locales and reflect on what they saw in relation to their own health and practices of care. During the photo-elicitation exercise in particular, participants located, observed, witnessed and documented the emplacement of medications and related promotional materials within specific urban settings with a view to discussing these in subsequent interviews. The resulting meanings attached to their photographs by participants and ourselves exceed the material objects depicted, moving out beyond the frame of particular shots and scenes, to situate these within broader issues of health and pharmaceuticalisation. In a sense, we asked our participants to become flâneurs (Benjamin, 1969), to transit the city, observe the emplacement of medications, and recount what they observed through their photographs, diaries and interviews. By traversing and documenting aspects of their urban environments these participants wove different locales into a pharmaceuticalised cityscape.

In bringing coherence to these journeys across the city and empirical materials produced by our participants, we embrace the metaphoric figure of the flâneur or ‘dandy stroller’ who transits the city and reads local events from a critical distance (Benjamin, 1969). This key figure in urban scholarship (Benjamin, 1969; Weinstein and Weinstein, 1991) aids us in considering the mundanity of where medications are typically located, passed by, looked at, pondered, touched, purchased and consumed within the city. For us the flâneur invokes more than a detached, hedonistic traveller who simply takes voyeuristic pleasure in witnessing specific situations and events (Weinstein and Weinstein, 1991). Our flâneur strolls to know, to record and to understand the everyday place of medications in the city. As Benjamin (1969: 41-42) notes, the flâneur is like the detective, ‘…for behind his [sic] indolence there is the watchfulness of an observer who does not take his eyes off a miscreant… He develops forms of reaction that are in keeping with the pace of a big city’. Our flâneur is an observer transiting the city and gaining insight into its features, which are implicated in processes of pharmaceuticalisation. In transiting the city, our flâneur, like Benjamin’s (1969: 36), ‘…goes botanizing on the asphalt…’ with ‘…penetrating eyes…’. This metaphoric figure helps us refract some of the dynamism of contemporary urban life and how people moving through the city are exposed to, accept, ignore, foreground, disrupt and re-interpret the emplacement of medications.

In recounting the significance of urban scenes they come across along the way, our strollers invoke a nexus of meanings and practices that exceed the materiality of any specific object or place (Stolte and Hodgetts, 2015). Guiding our analytic response is Heidegger’s (1927/1973) concept of the *totality of involvements,* which orientates us towards the network of meaning that is used to construct, navigate and document various medicinal features of the contemporary city. We also seek to engage with the associated network of societal involvements that are anchored in depicted objects and emplaced events. This orientation is particularly useful when one realises that a particular urban involvement, such as reading an advertisement for a medication in a shop window, is not a distinct event. Such mundane events are part of a network of intelligibility that Heidegger refers to as the *totality of involvements*, and which we see as central to the pharmaceuticalisation of the city. Everyday urban life requires inhabitants to traverse landscapes of involvement-space. This takes place across particular streets, supermarket aisles, pharmacy shelves and media texts. Correspondingly, our analysis documents some of the ways in which our participants’ considerations of medications, advertisements and urban locales can inform our understandings of the pharmaceuticalisation of the cityscape. A key consideration is how general (societal) structures and relationships (totality of involvements) are reproduced via particular (personal) situations and encounters with material objects. In this regard, we look locally in order to understand systemic elements of the city. Here, we adopt an impressionist analytic strategy through which we extract a general argument regarding pharmaceuticalisation out of detailed consideration of emplaced objects and urban practices (Simmel, 1903/1964). Our analysis moves out in broad brush strokes from the local settings invoked by our participants to the social universe at play in situated happenstance.

**Strolling through the phramaceuticalised city**

Through our analysis we step back from the travels and observations of particular participant strollers to offer an interpretation of the emplacement of medications through which the pharmaceuticalisation of the cityscape takes form. Our analysis is both embedded in specific journeys across ‘the city’ and seeks to achieve further detachment, insight and a broader interpretation beyond the depictions of particular participants. The commodified city is comprised increasingly of templated shopping malls, franchised supermarkets and branded pharmacies. Correspondingly, our analysis draws on insights from strollers from the four cities in which this research was conducted to construct a composite perspective of a flâneur who transits a complex pharmaceuticalised cityscape. This analysis is presented in three interconnected sections. Section one explores urban thoroughfares where people encounter promotional materials that invoke the availability of various medicinal substances. Section two focuses more intimately on core commercial sites, such as supermarkets, pharmacies and petrol stations where medications are located and accessed. In section three, we follow our strollers into the domestic sphere where they encounter further mediated depictions of medications across television, radio, print and online forms.

***Strolling through the cityscape***

Texts advertising medications permeate shop windows and mall thoroughfares as constant reminders of how good health can be achieved for a price. In considering such emplaced objects, we have clustered participants’ photographs of the presence of medications into three broad groupings. First, we consider exemplars of medication advertisements in traversing various thoroughfares. Next, we wander past convenience stores, petrol stations and supermarkets as sites for obtaining non-prescription medications. Our journey then takes us passed pharmacies as key sites for obtaining prescription medications.

Heading out for the day our flâneur is drawn to notice cute animated characters seeking eye contact from an advertisement for Inner Health Plus (see Figure 1). This advertisement is designed to rupture the blasé attitude of passers-by (Simmel, 1903/1964) and ‘whisper’ to the flâneur about health maintenance and enhancement (Benjamin, 1973). The Martian characters provide a euphemistic way to consider private bowel issues in a public space. The text asserts that this product is necessary to ensure ‘the maintenance of a normal healthy gastrointestinal system and digestive function’. This text positions readers as potentially ‘inadequate’ in terms of having ‘unhealthy’ and un-optimised digestive systems. Below, our stroller emplaces this text and medicinal product:

They just had this huge shop front window with Inner Health Plus… Those little Martian men… It’s a tablet – my boss has actually got some at work in the fridge – and they’re saying it just sort of keeps your insides all healthy... If you’ve had antibiotics and things like that kill your good bugs… Inner Health Plus they say take one and you keep your insides healthy...



**Figure 1.** Signs of medications on the street.

Such advertisements are recognised as mundane features of the city that promote an idealised ‘pharmaceutical self’ (Jenkins, 2010) that personifies health, happiness and energy. Our stroller’s reaction to such texts reflects her emersion within a ‘social imagination’ that routinizes the use of such medications (Jenkins, 2010). The promotion of the healthy active self is also evident in the central frame of Figure 1 depicting an advertisement for another enhancement product:

Like, “Rev it up”. I reckon this was good advertising because it kind of stuck with me after. It made me think about it… You think of revving a car and you just think I could rev my energy, can get more energy… Like, once you’ve started taking stuff [medications] you’ll be happy like that guy. Be more full of energy.

Our stroller recognises the promotion of a link between this medicinal product and an energised self. A clean and active lifestyle is simply another purchase away in the commodified city. The advertiser takes advantage of busy lifestyles to sell the idea that urban dwellers can pack 36 hours into 24 hours by consuming this substance. In the process, societal issues around the hectic nature of life in the consumer city are disguised as health problems and medications are offered as a remedy.

With references to particular advertisements and commercial spaces our flâneur imagines a pharmaceuticalised city inhabited by various potions and elixirs. Supermarkets, petrol stations and convenience stores (see Figure 2) comprise prominent locales for the promotion, obtaining and routinizing of non-prescription medication use. In relation to the left hand frame, our stroller notes:

I was trying to take photos of supermarkets… I just took a photo of the front of the building... You can get everything there. Well you can’t get like antibiotics and stuff like that. But you can get natural stuff like anti-inflammatories, vitamins, all that sort of stuff. You can get cough syrup. You can get throat lozenges, Panadol, Nurofen. You can get like that Nurofen Plus, and Panadol Rapid. All of that sort of stuff, which is fairly hefty doses… I mean, can’t you make ‘P’ [methamphetamine] out of cough syrup?



**Figure 2.** Key sites for non-prescription medications.

Convenience of access is associated with the routinizing, normalising and naturalising of the consumption of medications, which have become emplaced as ‘ordinary’ features of urban life. This is reflected in the ‘snapping’ of a supermarket sign and our flâneur’s reference to being able to get ‘everything’ at the supermarket, which constructs medicinal products as simply yet another grocery item. Likewise, the central frame depicts a petrol station as another convenient site for accessing ‘cures’ for mundane ailments such as sore throats and hangovers:

There’s gas stations now have little packets of things, don’t they? Little packets of Strepsils… At least if you’ve got a sore throat you can have a Strepsil or little packets of Panadol or whatever they’ve got… That’s convenient, isn’t it?... Probably dairies [convenience store, top right frame] stock a few more things now, too, don’t they…

Medicinal commodities are positioned alongside products such as confectionary and tobacco:

You can get lollies [confectionary], groceries, all that sort of stuff there. You can still get medicines there… Yeah because like, well I don’t know if even my eldest son would be able to buy Panadol at the dairy. Yeah, I don’t know if they’d let a little kid but I don’t know they can’t buy…cigarettes. But they can go buy Panadol? Awesome [sarcastic].

Medications are positioned here as another product to be accessed at one’s convenience. An issue implicit to the above extract is concern over the ready availability of these substances to children.

Our stroller also ventures past spaces where controlled or prescription only substances are located. Figure 3 depicts the external displays, entrance ways and signs for pharmacies and medical clinics. Referring to the centre frame, our stroller states:



**Figure 3.** Displays associated with sites for prescription medications.

It’s a pharmacy so you would expect to get medicines there. And with the pharmacy, like different to the supermarket and that, a lot of that stuff is behind the counter and you can’t just go and get it… It’s the same pharmacy, that’s just the sign that lights up… See they’ve got ‘Pharmacy’, but they’ve got it with the sign for first aid…

In this extract the pharmacy space is contrasted with spaces such as the supermarket in terms of the products available. Part of the differentiation of these spaces is the relationship to the medical clinic (top right frame) where one can obtain a prescription to procure substances from a pharmacy that are not available in the supermarket. The sign for the medical centre and pharmacy ‘…represents relief to my problem’. Pharmacy medications are associated with ‘first aid’ and presented as a primary means to address an ailment.

To recap, the flâneur literally transits through a medicinal marketplace pointing out various locales associated with access to particular medicinal products. Depicted is a cityscape that affords products for enhancing the lifestyles and health of inhabitants. Medications are presented as little friends that can be relied upon to keep the consumer healthier and happier. Inner Health Plus and ‘Reve It Up’ advertisements epitomise the production of needs that require gratification through constant purchases (Bauman, 2007). To have a healthy gut and energised life, citizen-consumers are compelled to exercise moral responsibility for themselves by purchasing such readily available products. The focus on an enhanced happy and healthy life in such promotional products is designed to encourage perpetual consumption. One needs to keep consuming such products in the hope of achieving health enhancing ends. In this way, consumer ‘needs’ become compulsions or urges that, whether taken up in the encounter or not, offer a new lease on life and the potential for a new you (Bauman, 2007). This section has documented how the emplacement of medications in these spaces is now taken-for-granted as a mundane feature of the everyday urban landscape. In the next section we follow our stroller into some of these spaces.

***Strolling into key sites of pharmaceuticalisation***

As our stroller moves through the urban environment, she witnesses a cityscape re-imagined through advertisements and actual medications. Entering particular locales, our stroller encounters medicinal displays on counters and shelves, along with various other products. Below, we venture into three key commodified spaces. First, we consider the convenience store as a routine site for obtaining non-prescription medications. Then we peer into the supermarket where a greater abundance of substances are readily available. Also considered is the hyper-pharmaceuticalised space of the contemporary pharmacy where prescription and non-prescription substances are available.

Figure 4 depicts non-prescription substances inside the convenience store where substances for managing mundane ailments reside. In relation to the left-hand frame, our stroller notes:

The first photograph I took was in a dairy and it’s of a Strepsils, Vapodrop thing that you can take if you’ve got a sore throat… It was at the counter where you go to pay… The rest is all, like, lollies and chewing gum. They put it there so people can be aware of it that it’s there in a dairy.

In the store medicinal products (Strepsils) are positioned alongside non-medicinal products (sweets) as a mundane objects to be purchased when the need arises. The prominent emplacement of Strepsils by the cash register is recognised here as important for reminding customers of the availability of these substances and for prompting ‘spontaneous’ purchases.



**Figure 4.** Inside convenience stores and petrol stations.

The convenience store is also presented as a site for obtaining medicinal products to help one overcome dependency on harmful products, such as cigarettes, that are also for sale. In relation to the right-hand frame our flâneur notes:

This next photo is of, it’s called “Habitrol”. It helps you stop smoking. It’s gum… I think this is the first time I’ve noticed that there were products like these in front. It stood out to me because it’s in that box that reminds me of Panadol. It’s really serious – the packaging. Like, if you look at it, it doesn’t look fun like anything else that would be in a dairy... And I automatically think it’s something to do with medication... And it’s expensive…

In this extract, reference to just noticing Habitrol is important because this consumer-citizen reveals a familiarity with a taken-for-granted visual grammar for recognising certain products as medicinal. We can see how conventions for packaging medicinal products, such as Panadol, work as intertextual anchor points for the recognition of other products, such as Habitrol, as being medicinal. We also see intertextual comparisons between cheaper products for less serious ailments (sore throat) and more expensive products (Habitrol) for responding to tobacco addiction.

Although stocking various medicinal products, the convenience store represents a smaller site for pharmaceuticalisation than the supermarket where a more expansive range of products is available. The health section of the supermarket (See Figure 5) exemplifies pharmaceuticalisation on an overtly substantial scale, where medications are allocated considerable shelf space in their own right:



**Figure 5.** Medication aisles in supermarkets.

The thing is the amount of medication that’s available… That’s at least half of one side of an aisle is just medications [left-hand frame]. Can you see the yellow tabs? All the specials, so even the medication is on special… Then that’s just looking further down from the other side. All these sections of different medications...

This quote reflects how pharmaceuticals have been constructed as ‘normal’ commodities to the point that shoppers look for bargains and notice when medications are on special offer. Also important in considering the promotion of particular medications as commonly used consumer goods is how pain medications are given pride of place in the supermarket (see central frame):

What I didn’t notice at the time was the different types of Panadol there are. And straight underneath that you’ve got Nurofen as well and up the top you even got a Pams’ [generic/house brand] product of Ibuprofen – probably a type of Panadol and just the different types of tablets you can get now... But very surprised to see that Pams are even making medication and it kind of worries me. I don’t know, just what’s in the medication… But if I was to go to the supermarket looking for something I think I’d stick with something that I’d used before that works rather than a cheaper brand when it comes to medication… I see Pams as a large company and I think I’d go for something more specialised in the particular product or medicine. Whereas Pams makes food and all types of things and I think medication’s different.

Such shoppers have gained considerable understanding of pain medication brands and voice associations between brand, cost and quality, despite such products, regardless of brand, having similar chemical composition and effects. In the supermarket non-prescription medications can be purchased along with one’s ‘other groceries’, thus rendering the acquisition of medicinal products as a normal part of a shopping excursion.

Marketing plays a role in the increased normalisation of medications as grocery items and associated mundane consumer choices in terms of alleviating symptoms such as pain. For example, the right-hand frame presents an advertisement that uses positive emotions as a sign of health:

This one here they had a photo of this lady smiling…, which was quite funny because, like, you see her then you see medicines then it’s like you actually have a correlation with being healthy and being good and feeling happy.

Such advertisements associate particular products with particular emotions (Busfield, 2010). Depictions of people prior to consuming a particular product often present them in pain and unhappy. In contrast after taking the marketed product the same ‘consumer’ is presented as pain free and happy. These advertisements tell shoppers that they do not have to be in pain or sad if they just purchase and take the substance on offer. They can feel happy and perhaps better than before (Gabe et al., 2015a).

Although not meeting the same volume of sales as the supermarket, the pharmacy comprises a specialised consumer space stocking the widest range of prescription and non-prescription medications. The left-hand frame of Figure 6 shows a pastiche of prescription and non-prescription substances. In the foreground, the display of colourful packaged non-prescription medications contrasts with the clinical, matter-of-fact, less attractive looking brown bottles and white boxes, which are placed on the shelves in the background. As our stroller notes:

That’s the prescription section [background]… There’s a whole lot of medication there that you haven’t direct access to whereas all the others [foreground] we saw were...things that you could just go and buy off the shelf. If you think it’s good for you, you can just go and buy it...



**Figure 6.** Inside the pharmacy.

This image and extract reveal how specific domains within the pharmacy space offer non-prescription and prescription medications. While the counter offers non-prescription medications, the area behind the counter offers prescription medications, which only the pharmacist can access.

The central frame in Figure 6 depicts how advertisements are also evident in the pharmacy space alongside the products and our flâneur reflects on the link between such objects and consumer demand for particular products:

It made me feel like there’s information available to patients whether or not their doctors like it they can go back and say, “I saw an advertisement for this product, is that different to what I’m on because this thing I’m on I don’t like?”… I’m a bit sceptical about that sometimes. But I felt like it gave people a bit of choice and maybe a heads up to what’s in the market and maybe an opportunity to discuss it… It’s osteoporosis but they’ve got older woman so obviously marketing it well, but maybe a bit of empowerment for the consumer.

This quote invokes how advertisements infiltrate medical consultations and decision making. It raises the issue of consumer demand being cultivated through the promotion of particular prescription medications (Busfield, 2010; Williams et al., 2011). We see how the pharmacy and medical clinic have been infiltrated commercially by advertisers to influence consumer choices. Such intertextual links span out to a raft of urban spaces. The pharmacy space is textured by both medicinal products and promotional materials that can invoke consumer memories forged in urban space such as the home. With reference to the right-hand frame of Figure 6, which was snapped in the pharmacy, our stroller invokes a television advertisement for the same producted that she viewed at home:

Called “Celebrity Slim” and I recognised this product because of the ad on TV… And it had this really large lady and it showed again a picture of her when she was a bit smaller. I thought to take this photo because this was one of the many dietary plans in the chemist that I saw… I think it’s sachets because, look, you’ve got the colours and I think the flavours. Yeah, berry, coffee latte… **I**nstead of eating you replace your meals. Like, it’s like trying to get you hooked on these rather than food.

In this quote an advertisement is used as an intertextual anchoring point to read a medicinal object within the pharmacy space. Here, our stroller takes us verbally out beyond the frame of a photograph from within the pharmacy to situate what is depicted across urban locales and in doing so raises broader issues around the promotion of dietary products to women. In the process, the totality of involvements (Heidegger, 1927/1973) around the commodification of medications and pharmaceuticalisation become more evident.

This section has extended our consideration of the promotion of the ‘citizen-consumer’ (Will and Weiner, 2015) who manages their health, lifestyle and self, in part, through involvements with medications. Through empirical materials presented in this section, we can see the intersection of neoliberal notions of self-control, choice and consumption as key elements for responsible consumer-citizenship (Gabe et al., 2015b; Jenkins, 2010). Selecting, commenting on or rejecting certain medicinal substances gives our strollers a sense of control and agency within the commodified cityscape. We witness the manifestation of broader relations in society through particular medications that can bind urban inhabitants within the present socio-economic order (*cf*., Heidegger, 1927/1973). We take these issues further in the next section through a consideration of the domestic space.

***Strolling through domestic and online spaces***

Various broadcast, print and social media forms offer spaces of pharmaceuticalisation that take shape across the city and often coalesce in domestic dwellings (*cf*., Williams et al., 2011). This domestic media nexus offers consideration of multiple medicinal products that are received positively, questioned, ignored, and woven by inhabitants into the fabric of their everyday lives (Hodgetts et al., 2011). Reflecting on a particular evening, our stroller reports:

Watching TV, noticed ‘Health Care Diary’, Men’s Health, ‘Cialis’, ‘Dimetapp’... Get an email for ‘lemon detox’ special… It’s just talked about so casually now...

The domestic sphere is a key site for pharmaceuticalisation where public and private realms are meshed through contemporary media consumption. In this section, we focus on the double articulation of space whereby our strollers take imagined or virtual strolls through a mediated and pharmaceuticalised landscape offered by print, internet, radio and television forms. In exploring the domestic realm, we also extend the concept of the flâneur to include mediated strolls across ‘private’ urban locales that have become central to contemporary urban life.

Figure 7 depicts images of advertising from within the domestic sphere:

That’s [left-hand frame] some kind of diet supplement that is supposed to make you lose weight… Its total quackery for something like that and dangerous... Especially if it’s marketed to women obviously… Who knows what’s in it?... I couldn’t imagine how you could lose weight like that… If it’s something that suppresses your appetite, well that’s not healthy in my book.



**Figure 7.** Advertising in the domestic sphere.

Such accounts reflected critical engagement and cynicism about the dangers and use of medications to regulate behaviour such as eating. Representations of such substances are contested within the domestic sphere through accounting practices that associate advertising with the profit rather than health motive. Such cynicism extends to the use of techniques such as testimonials:

They always have glowing testimonials from people… But I believe that anybody can write that kind of testimonial. So I would doubt the validity of it, actually… And promoting medications as a way of life, I don’t approve of that at all. And I think particularly in TV advertising [centre frame] they do that. It’s branding, you know, saying you need some of these otherwise you’re just not going to be living your life to the full.

This extract reflects the self-assertion of a critical consumer-citizen who does not ‘buy into’ the bigger message of pharmacy advertisements linking particular products with the optimised life. Special attention was given to the role of television [central and right-hand frame] in the promotion of everyday products:

I was watching TV and a Robitussin ad came on so I took a quick snap of the TV… It was sometime in the evening and it was like a coughing type ad and, I kind of knew straight away that it was Robitussin... So people can be aware of it – customers can be aware of the packaging when they go in to purchase the item... Another ad [right-hand frame], it was a telephone and it’s a Dettol ad and I thought it’s kind of a type of medication in that it kills bugs or it prevents illness… The disinfectant ads that come on TV and we roll our eyes and we say, “Well, you should see the scientific tests that show what you can actually grow in these disinfectants.” And then we laugh and say, “Well, we’re going to get killed by a virulent disease picked up off a dirty telephone.” So many of the bacteria – we’re infested with bacteria, we need it to survive – but we seem to be getting paranoid and the paranoia is probably driven by capitalism’s desire to sell, sell, sell. We’ve saturated this market, let’s target this market and make some money out of it…

This account reveals how consumer-citizens come to recognise the form of advertisements for particular products and their packaging at a glance. This reflects the pervasiveness of such texts within the domestic setting and beyond. In this account and the promotional material referenced, the handle of a telephone is positioned as a site for the battle against germs that must be treated with various substances in order to eradicate the threat to your family’s health. The assumption that to not purchase such a product would be to put one’s family at risk is met with laughter. Our stroller has not yet bought into pharmaceuticalisation to the point of uncritically accepting such commercial assertions.

The account above reflects some resistance to the pharmaceuticalisation of everyday practices such as eating and cleaning. More broadly, consumer-citizen’s cynicism extends to the continual marketing of medicinal products to meet deficits and is related to mundane domestic substances such as toothpaste as well as anti-depressant medications:

So we’re continually marketed to and sold stuff from a deficit point of view – if you do this then your life will be better. A good example is the TV commercial for Sensodyne toothpaste for sensitive teeth. It gets pitched and marketed in a similar way as depression… Everything seems to get pitched as a condition for which presumably there is a cure…

Here we see a reference to and the questioning of common marketing practices for medicinal products. Audiences are constantly told that they can feel better about their health and selves by consuming particular products. Also evident in such extracts is how medications and associated messages and ideals become interwoven with efforts to consider, actively adopt and question the sense of health being promoted across a range of products (Schlosser and Hoffer, 2012).

From the extracts explored above, there appears to be considerable scepticism about promotional information that is combined with a pragmatic approach that accepts such information as part of the contemporary landscape within which decisions about medications are made. The third person effect (Hodgetts et al., 2010) emerges in that one can accept one’s own competence to read advertisements critically as an active consumer, whilst also being concerned about the impacts of the same advertisements on uninformed others:

I kind of wonder where they’re getting all their information from cos I’m just thinking of my sister in Canada – she can go crazy reading health magazines and stuff like that and then suddenly she’s taking like six supplements a day. There’s the ones… that are about weight loss and stuff. They’re pretty pushy... Some of the things that are being advertised are simply for the worried well or for people that want an easy way out. You want to lose weight – eat less, exercise more. I know it’s a little bit more complicated than that but, really, you can’t keep on eating takeaway food and not exercising and then take one of these wonder pills and think...your life’s going to suddenly turn around and be wonderful...

Cynicism about the promotion of medications can be read as an important element of pharmaceuticalisation in that it provides a sense of agency for ‘discerning consumers’ who differentiate themselves from uncritical purchasers. Caution in seeking information and not believing the promoted links between particular products and an enhanced life is needed to avoid becoming duped and embroiled in the consumption of advertised medications in a misguided effort to live a commercially-idealised life:

If you are not very rigorous you could buy into a whole batch of stuff… There is this advertising thing happening now… around “So you can’t fit everything into your life. Take this and this and you’ll be able to work 36 hours out of 24.” It’s just not right. Because all those things that we should be doing like working less, hanging out more, it’s just all a bit arse-about-face [back-to-front].

Here, criticisms linked the promotion of the consumption of medications with the obscuring of other issues relating to pressures in life and other material practices, such as lifestyle changes, that might have more positive results. However, such concerns about the impacts of advertising on uninformed consumers does not necessarily pose a form of resistance to pharmaceuticalisation. Any potential hegemonic ruptures are contained through the reproduction of a dominant consumerist narrative around ‘informed choice’: ‘it’s up to personal choice whether you take it or not’. Here, good choices are made by citizen-consumers who seek out the necessary information to inform themselves about particular products: ‘And I’ve also done a lot of research. There’s a couple of very reputable international websites’.

Diligent citizen-consumers take personal responsibility to scrutinise the properties of the substance and side effects using the internet and demonstrate their competence and social fitness in the process (Ziebland 2004). The resulting information can then be brought into conversation with health professionals. Thus, mediated information regarding particular products is brought into doctor and patient interactions and woven in decision making regarding the consumption of prescription medications and the management of health:

The other one is people…go to look up your condition on the Internet… And you sort of look at the meds that they’re telling you to have and you wonder if I can just get that medication at the chemist without going to the doctor or, alternatively, you turn up to the doctor and go, “I think I’ve got this problem and I need this medication...

Push and pull processes are involved in the pharmaceuticalisation of such life-worlds. Big pharmaceutical companies push their products using various marketing strategies that extend from print and television forms to the Internet. Correspondingly, members of the public demand access to particular medications by lobbying doctors based on information gleaned from sources such as medicinal websites (Cloatre and Pickersgill, 2014; Will and Weiner, 2015). ‘Information’ from the Internet takes on a life of its own in subsequent social and healthcare interactions, being discussed with doctors, friends and family. This is despite the fact that citizen-consumers are often unaware that many of the Internet sources they consider to be independent are actually part of DTCI campaigns produced for pharmaceutical industries (Belisle-Pipon and Williams-Jones, 2015). Materials accessed via websites are often written by pharmaceutical companies, but are not obviously identified as such and so carry a veneer of impartiality. In promoting particular products, such websites seek to hide the commercial interests and exploit citizen-consumer information seeking and trust to influence ‘choices’ (Belisle-Pipon and Williams-Jones, 2015). More broadly, ‘The website’s visual aspect thus reinforces in the viewer’s mind (1) the benefits of drug therapy in general over other options and (2) the sponsor’s drug, which is arguably the primary objective of this promotion campaign’ (Belisle-Pipon and Williams-Jones, 2015: 262).

To recap, a range of promotional materials enter the domestic sphere of the city. Promotional objects appear to play a constitutive role in urban lives, positing audience members as health consumers. Mediated information regarding medications is accepted for providing consumers with resources to make informed decisions on medications. However, effort is required on the part of citizen-consumers to actively seek information on particular products (Will and Weiner, 2015). Extracts explored above reveal how the networks of involvements (Heidegger, 1927/1973) surrounding pharmaceuticalisation are not always intrinsically coherent and manifest contradictions through which the rhetoric of consumer ‘choice’ functions to repair potential hegemonic ruptures to pharmaceuticalisation.

**Discussion**

Contemporary cityscapes exhibit a range of pills and potions, which often have positive implications for the prevention, management and curing of a range of ailments (Greene and Podolksy, 2009). In the commodified city, ‘selling sickness’ and the promotion of medications can also have negative consequences (Busfield, 2010). This has given rise to concerns around the transforming of various human capabilities and conditions into issues warranting pharmacological intervention (Abraham, 2010; Cloatre and Pickersgill, 2014; Williams et al., 2011). In documenting the pharmaceuticalisation of the commodified city, we have taken readers on a stroll through the city to explore how, as material and symbolic objects, medications are woven into contemporary urban life in New Zealand. The metaphoric figure of the *flâneur* provided a structuring device to cohere the encounters of participating urban inhabitants with medications across various locales. Particularly apparent are the ways in which pharmaceutical companies promote medications to associate their products with enhanced, healthy and happy lifestyles. Promotional materials hail and offer citizen-consumers control over health, mood and bodily functions (Will and Weiner, 2015). Passers-by are offered a chance to be healthier, happier and better, and all they have to do is ingest, insert or smear particular substances.

Whilst literature on the pharmaceuticalisation of everyday life provides a useful basis for this study, the mediation and emplacement of medications has received little scholarly attention in urban studies or public health. In response, we have explored how the contemporary urban terrain in New Zealand is textured with medications and related promotional objects. This research reveals how the emplacement of a range of promotional materials and substances across specific locales—streets, convenience stores, supermarkets, pharmacies and domestic dwelling—constitutes urban pharmaceuticalisation. In considering the role of media in the pharmaceuticalisation of the city, we provide further insights into how the meanings of medications exceed their materiality and therapeutic functions (Van der Geest, Whyte and Hardon, 1996; Whyte et al., 2002). Medicinal advertisements address urban inhabitants as, and cultivate a sense of self as, ‘citizen-consumers’ who can choose to obtain healthier and happier lives through the consumption of medications (Jenkins, 2010; Will and Weiner, 2015).

Encounters with emplaced medicinal objects open up new and increasingly prescribed possibilities for an enhanced life (Bauman, 2007), the resolution of an ailment and the prevention of illness. In reported encounters with promotional materials, we can also see the liquefying of the Cartesian subject/object distinction (Bauman, 2007), where in purchasing a medicinal product for consumption urbanites purchase the subjectivity of the healthy, medicated consumer-citizen. We can think of this in terms of Heidegger’s (1927/1963) concept of *circumspection* or the dissolving of the subject/object relations through human encounters with particular things. In purchasing a medicinal product, inhabitants also purchase healthy and moral subjectivities through which they become interpolated within processes of pharmaceuticalisation. Our stroller does not even have to purchase or consume a product to become interpolated or hailed into being by it. She just has to encounter the advertisement to become re-embroiled within patterns of involvement that reproduce the commodified city (Heidegger, 1927/1973). Movements through and engagements within particular pharmaceuticalised locales resituate inhabitants within a moral universe of health consumption. Our analysis demonstrates the utility of urban scholars attending to the material world of medications in texturing the commodified cityscape.

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