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LINGUISTIC MECHANISMS OF MASS CONSCIOUSNESS MANIPULATION IN PHARMACEUTICAL ADVERTISING DISCOURSE

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Egamberdieva Shakhzoda Damirovna
egamberdiyevash@mail.ru
Oriental University

Abstract: The present study investigates the linguistic mechanisms employed in pharmaceutical advertising discourse to manipulate mass consciousness. Through a comprehensive analysis of contemporary English-language medical advertisements, the research identifies and categorizes key manipulative techniques, including medicalization, semantic elevation, grammatical de-agentivization, and lifestyle baiting. Drawing on established frameworks from rhetoric, sociolinguistics, and critical discourse analysis, the article examines how language-level devices - such as denominal verb formation, modal auxiliaries, person-shifting pronouns, and abstract nominalizations - serve to construct persuasive narratives that align patient identity with pharmaceutical consumption. The findings reveal that medical advertising systematically exploits epistemic vulnerability and health anxiety, relying on the fusion of scientific authority and emotional resonance.

Keywords: pharmaceutical advertising, medicalization, linguistic manipulation, semantic elevation, denominal verbs, de-agentivization, health discourse, critical discourse analysis

INTRODUCTION

The pharmaceutical industry represents one of the most linguistically sophisticated sectors of contemporary advertising. Unlike consumer goods marketing, which appeals primarily to desire and social aspiration, pharmaceutical advertising operates at the intersection of scientific authority, bodily vulnerability, and epistemic trust. Direct-to-consumer (DTC) pharmaceutical advertising, legalized in the United States in 1997 and subsequently expanding globally, has generated a distinct discursive genre wherein complex medical conditions are constructed, named, and positioned as amenable to pharmacological intervention (Conrad, 2007). This phenomenon - what sociologists term “medicalization” - involves the transformation of aspects of everyday life into medical conditions requiring professional treatment and, invariably, pharmaceutical products.

The linguistic apparatus of pharmaceutical advertising merits particular scholarly attention because of its unique rhetorical situation: the audience consists not

of healthy consumers making lifestyle choices but of individuals experiencing bodily distress, often with limited medical expertise to critically evaluate the claims presented. As Fairclough (1992) observes, discourses of this type do not merely describe reality but actively construct it, shaping how individuals conceptualize their own bodies, symptoms, and therapeutic needs.

MATERIALS AND METHODS

This study adopts an interdisciplinary analytical framework integrating critical discourse analysis, health communication theory, and cognitive linguistics. The theoretical foundation draws on Conrad's (2007) medicalization framework, which identifies the linguistic processes through which non-medical conditions are reclassified as disorders requiring clinical intervention. Fairclough's (1992) three-dimensional model of discourse analysis - encompassing textual analysis, discursive practice, and social practice - provides the macro-level analytical architecture. At the micro-level, the study employs Halliday's (1994) systemic functional grammar to examine transitivity patterns, modality, and nominalization in pharmaceutical advertising texts.

The empirical base comprises English-language pharmaceutical advertisements broadcast on American television and distributed in print media during the period 2004-2015. The selection criteria prioritized advertisements that (1) introduced or popularized previously obscure medical conditions, (2) employed distinctive linguistic devices beyond standard therapeutic claims, and (3) represented diverse therapeutic categories (neuropathic pain, insomnia, psychiatric augmentation). Three case studies were selected for in-depth analysis: the Lyrica fibromyalgia campaign (Pfizer, 2007-2015), the Rozerem insomnia campaign (Takeda, 2005-2010), and the Abilify augmentation campaign. These campaigns were selected because each introduced innovative linguistic strategies that subsequently influenced broader pharmaceutical advertising conventions.

Each advertisement underwent multi-level linguistic analysis: (1) lexical-semantic analysis, focusing on neologism, semantic elevation, and medical terminology; (2) morphological analysis, examining denominal verb formation and nominalization patterns; (3) syntactic analysis, assessing transitivity choices, modality, and grammatical voice; (4) pragmatic analysis, evaluating presupposition, implicature, and the construction of medical authority. Manipulative techniques were classified according to a modified version of Polonsky's (1993) typology, augmented with Conrad's (2007) medicalization categories.

RESULTS

The first case study examines Pfizer's campaign for Lyrica (pregabalin), approved by the FDA in 2007 as the first drug specifically indicated for fibromyalgia. The campaign's central linguistic achievement was the popularization of the term

"fibromyalgia" itself - a condition previously confined to specialist rheumatological discourse - and its recontextualization as a widely prevalent, recognizable disorder amenable to pharmaceutical management. The advertisement's pivotal slogan, *"Fibromyalgia is real,"* exemplifies what may be termed *"existential vindication"* - a rhetorical strategy whereby the advertisement simultaneously acknowledges potential skepticism (the implied accusation of hypochondria) and refutes it through categorical assertion.

The advertisement introduces the denominal verb "to fibromyalgia" in the construction *"I was diagnosed with fibromyalgia,"* transforming a complex polysyllabic noun (combining Latin fibra, Greek mys, and Greek algos) into a manageable element of personal narrative. This nominal incorporation enables what Sarangi and Clarke (2002) identify as *"category entitlement"* - the speaker's implicit claim to authoritative knowledge by virtue of diagnostic classification. The passive construction "was diagnosed" performs critical de-agentivizing work: the diagnosing physician disappears from the syntactic surface, presenting the condition as an objective discovery rather than a professional interpretation. The patient-subject emerges as the grammatical actor only in consumption: *"I asked my doctor about Lyrica,"* where the transitive verb "asked" positions the patient as an active consumer exercising medical agency.

The second case study analyzes Takeda's campaign for Rozerem (ramelteon), a melatonin receptor agonist approved for insomnia in 2005. The campaign is distinguished by its deployment of surrealist visual imagery - most notably, Abraham Lincoln standing bedside beside a diving-suited beaver, accompanied by the question *"Your dreams want you back. But your insomnia won't let you visit."* This advertisement exemplifies the technique of distraction at its most linguistically sophisticated: the surface content (presidential somnolence, aquatic rodents) bears no apparent relationship to the pharmacological product, generating what may be termed "cognitive capture" through sheer semantic incongruity.

The slogan employs a striking personification pattern in which abstract entities acquire animate intentionality. *"Your dreams"* function as the subject of desire ("want you back"), while "your insomnia" assumes antagonistic agency ("won't let you"). This grammatical construction transforms insomnia from a symptomatic experience into an autonomous antagonist - a capricious entity capable of deliberate obstruction. The patient is positioned as a passive victim caught between competing forces, with pharmaceutical intervention (Rozerem) implicitly reconstructed as the means of restoring agency. The modal verb *"won't"* deserves particular attention: by encoding futurity through the contraction of *"will not"* rather than the epistemic *"cannot,"* the advertisement attributes volitional refusal to the condition, amplifying the sense of unjust deprivation that motivates pharmaceutical seeking.

The third case study examines the Otsuka/Bristol-Myers Squibb campaign for Abilify (aripiprazole), an atypical antipsychotic approved in 2007 as an adjunctive treatment for major depressive disorder. The campaign's central slogan, *"Add Abilify,"* represents one of the most economically dense constructions in pharmaceutical advertising history - two words encoding an elaborate presuppositional architecture. The imperative mood encodes the advertisement as medical instruction; the transitive verb "add" presupposes an existing treatment regimen that is insufficient; the brand name functions as the direct object, positioned as the logical completion of an incomplete therapeutic sequence.

The advertisement's expanded narration - *"If an antidepressant alone isn't enough, add Abilify"* - activates a complex conditional structure. The protasis ("If an antidepressant alone isn't enough") encodes epistemic hedging that acknowledges treatment failure while deflecting attribution: the antidepressant "isn't enough" rather than the patient "has failed to respond." This grammatical choice exemplifies what Pichichero (2014) terms *"object-mediated failure"* - the attribution of therapeutic insufficiency to the pharmaceutical agent rather than to the patient's physiology or the condition's severity. The apodosis *("add Abilify")* delivers the solution with imperative brevity, presenting pharmaceutical augmentation not as one option among many but as the logical and inevitable next step.

DISCUSSION

The three case studies reveal a convergent grammatical pattern in which pharmaceutical advertising systematically transforms patient experience through what may be termed "syntactic medicalization." In the Lyrica campaign, the passive construction "was diagnosed" dissolves medical judgment into objective fact; in the Rozerem campaign, personification transforms subjective experience into autonomous antagonism; in the Abilify campaign, conditional ellipsis narrows therapeutic possibility to pharmaceutical augmentation. Each technique operates at a different linguistic level - voice, agency, and modality respectively - yet all converge on the same rhetorical outcome: the construction of pharmaceutical consumption as medically necessary and personally desirable.

These findings corroborate and extend Conrad's (2007) medicalization framework. While Conrad focuses primarily on the social processes through which behaviors are reclassified as medical conditions, the present analysis demonstrates that these reclassifications are achieved through identifiable linguistic mechanisms: denominal verb formation ("to fibromyalgia"), personification of symptoms (insomnia "won't let you"), and presuppositional augmentation ("add Abilify"). The linguistic level is not merely a vehicle for medicalization but constitutive of it - without these grammatical transformations, the medicalized framing could not achieve discursive stability.

A second convergent pattern concerns the systematic suppression of human agency in pharmaceutical advertising. Across all three campaigns, the grammatical subjects of key propositions are either abstract entities *("fibromyalgia is real," "insomnia won't let you") or* pharmaceutical products presented as quasi-agents. The human actors - physicians, patients, pharmaceutical corporations - are systematically backgrounded through passive voice, nominalization, and imperative mood. This pattern of de-agentivization serves a dual rhetorical function: it presents medical claims as objective facts (transcending individual perspective) while shielding pharmaceutical corporations from attributions of commercial motivation.

The systematic nature of these linguistic manipulations raises significant ethical concerns regarding the relationship between pharmaceutical marketing and public health literacy. The advertisements analyzed do not merely promote specific products; they construct entire frameworks for understanding bodily experience, symptom interpretation, and therapeutic possibility.

The manipulative techniques identified - denominal verb formation, personification, presuppositional ellipsis, passive de-agentivization - are sufficiently systematic to be teachable as a discrete analytical skill. Media literacy programs that equip patients to identify these grammatical patterns may provide a partial defense against the persuasive force of pharmaceutical marketing, complementing regulatory approaches that focus on content rather than linguistic form.

CONCLUSION

The research contributes to the interdisciplinary study of health communication by demonstrating that the linguistic form of pharmaceutical advertising is not incidental to its persuasive function but constitutive of it. The grammatical patterns identified - passive voice, personification, imperative mood, conditional ellipsis - are not merely stylistic choices but rhetorical strategies that shape how individuals understand their own bodies and therapeutic possibilities. The growing prevalence of pharmaceutical advertising in non-traditional media contexts - social media, influencer partnerships, podcast sponsorships - demands continued critical attention to the linguistic mechanisms through which health and consumption are discursively intertwined.

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