

PERSUASION IN MEDICAL ADVERTISING WITHIN THE CONTEXT OF DISJUNCTIVE GRAMMAR

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Abstract

*In their quest for persuasion, medical advertisers exploit the valences of disjunctive grammar “openness” felicitously since it allows **meaning negotiation and nonimposition** within a general context of negative face politeness, but at the same time **prevents stronger, peremptory or fallacious claims to be made**. The paper sets out to test this hypothesis through examination of the illocutionary forces in a corpus of medical leaflets targeting specialists.*

1. Hypotheses and Method. Persuasion in medical leaflets addressed to specialists is effected within a context of negative politeness that tends to show deference and respect due to the higher social status of target readers and the scientific register specificity. Emphasis is placed on the informational content of communication and consequently on rational persuasion. Therefore, we **hypothesize a prevalence of representative speech acts as their illocutionary force is to present all information as factual**. Besides committing the speaker to what is described, representatives are **inherently more polite** than directives.

Since laws of truth in advertising forbid the articulation of false claims and T/F cannot be assessed in the case of disjunctive grammar, a **second hypothesis refers to prevalent employment of disjunctive strategies especially NGs, in order to maintain the illocutionary force unclear and bypass strong, peremptory or fallacious claims**.

Starting from the assumption that, as any other type of advertising, medical advertising discourse must meet to a greater or lesser extent, besides informational purposes the requisite requirements of any other persuasive discourse in order to induce sales and/or promote a product/brand,

we will examine how the persuasive strategies are grammaticalized and what the effect of discursive/disjunctive grammaticalization is on the pragmalinguistic microstructures of speech acts.

Corpus. The study will report on a corpus of 45 headlines of medical leaflets in English targeting specialists and promoting a large variety of devices, medicine, and services.

2. Grammatical Representation

Statistic analysis of the linguistic expression of our headline grammar corpus evinced the following distribution:

NGs both simple and multiply-modified (68.8%), followed by declarative sentences (44.4%), minor clauses (26.6%) and nonfinite clauses (15.5%), with imperative clauses featuring lowest (6.6%).

These primary results indicate that headline grammar of medical advertising targeting professionals **prefers the standard advertising grammar based on NG employment.** NGs are the advertisers' favorite resource across all print mediums, for all products and customers due to their chameleonic ability to either restrict or extend and thus carry the whole semantic load of a sentence.

Nouns confer a static quality to the text and are in accord with the empirically evident bias of the headline on representative speech acts rather than on the more dynamic, action-oriented directives exploiting the VG resources.

The index of NG simplicity was found to vary in medical advertising along similar lines with commercial advertising, including:

- non-modified NGs: “Drager. Evita. The Breath”;
- embedded prepositional phrases: “Thousands of years of experience” (Medtronic);
- embedded non-finite participial clauses: “The Intact Bioprosthetic heart valve....the bioprosthetic created to last” (Medtronic);
- embedded sentences: “Interspec. The Ultrasound that does more”.

2.1.1. Disjunctive Grammar

The term disjunctive grammar (DG) is specific advertising technique and includes NGs and minor clauses/fragments (verbless and non-finite clauses), as opposed to fully elaborated discursive grammar. Although non-finite clauses are defined within the mood system as lacking subject and a finite, verbless clauses and fragments have a zero verbal exponent (no predicator). Lacking logical content (i.e. the semantic structure of a proposition is not overt), their truth/falsity cannot be questioned

and fall within the same advertising functionality of eluding T/F interpretation, which operates on the associative rather than on the cognitive level.

Although the professed purpose of the advertisers of medical products is to persuade through information, the massive employment of NGs, minor clauses (26.6%) and non-finite clauses (15.5%) which do not operate on a truth/falsity condition, validates a more rhetorical type of persuasion. Beside **economy**, employment of disjunctive grammar **enables the survival of at least two focal elements** NG₁ product name, the latter either a NG or a fragment (minor, non-finite clause) representing the multiply-functional unique selling proposition expressed as:

- factual support: “Haemonetics. Two products within one hour. Plasma... and platelets”;
- quality – a more elusive concept: “Ansell Medical. Setting new standards.... in precision”;
- mythic: “Medtronic. *Thousands of years* of experience”;
- a third subsidiary focus may occasionally introduce the company or another important constituent: “Bactroban. Today’s topical antibiotic. From Beecham”.

2.1.2. Discursive Grammar

Declarative sentences represent the second grammatical realization of medical headline advertising and the major grammatical realization of representative speech acts, which validates our first hypothesis about SAs distribution. Cases of ISAs where declarative sentences had other illocutionary functions were also encountered:

- a) declarative with the force of an indirect warning: “The sea contains more than just ‘jaws’...”(Fenistil gel);
- b) declarative with the force of an indirect suggestion: “Seven reasons why you should opt for Masterscreen Body” (Jaeger).

The fact that **Imperative sentences** figure lowest in our headline corpus (3 ads) can be interpreted functionally as soft sell advertising and therefore less imposing persuasion. Neither salespersons, nor advertisers have the power to issue orders to professionals, due to the latter’s higher status and power, even though in the epistemological context of human health and medical emergencies every effort to attain superior results could motivate a more intrusive, face-threatening approach.

Prevalence of assertions instead of directives is consistent with the predominance of negative face and off-record politeness that allows distancing as well as presentation of facts and options without imposition.

3. Speech Acts in Medical Advertising

It has been contended that **the intent of an ad is reflected in the type of selected speech acts** (Hardin 2001: 199). For statistical purposes we have counted the presence/absence of a speech act per headline, although computing the headline illocutionary force based on fragments (DG) was difficult since diverging advertising claims (to impose or not) deliberately leave the intended illocutionary force unclear.

Several examples of speech acts in our corpus are presented below, each class of SAs being realized by various individual SAs and illocutionary forces:

A) Directives:

„Descoperă taina slăbitului. Descoperă VIAREDIN.”

”Discover the secret of losing weight. Discover VIAREDIN”

”Buy Anacin tablets today!

B) Representatives:

Assertions:

”Improving hemostasis management is more than our first priority” .(Medtronic)

”Mitroflow Pericardial Valve. The choice for improved quality of life”.

Announcements:

- disjunctive grammar: “Now from Sharpoint: The Ultra-SCS skin closure system” (Sharpoint);
- discursive: “Sharpoint introduces the Ultra-SCS skin closure system”;

Reports:

”In laboratory tests, tensile strength was shown to be almost 10% greater than the leading competitive suture” (Sharpoint).

C) Expressives

„Ce bine că avem Daleron”.

D) Commissives

”You’ll never go back to aspirin” (Nebs).

3.1. Eliciting versus Non-Eliciting Speech Acts.

The distribution of speech acts according to our randomized study (counted as presence/absence per ad) is presented in the table below:

Representatives	Assertions	38 (76%)
	Announcements	6
	Reports	2
Directives	Suggestions	3

Table: 1. Speech act distribution in headlines for medical products targeting professionals

Evident predominance of non-eliciting speech acts articulates the informational intent of medical advertisers and complies with the off-record politeness that allows distancing as well as presentation of facts as options.

However, a number of conflicting claims compete in the case of advertising in general and of medical advertising in particular: to impose, i.e. sell the product, present it in the best possible light, and on the other hand not to impose but leave the customer freedom of decision, maintain politeness, and at least keep communication channels open. Therefore, the illocutionary force of SAs is occasionally hard to compute since utterances can be purposively maintained at a certain level of ambivalence.

The use of NGs and fragments (minor and non-finite clauses) gives advertisers the possibility of leaving the illocutionary force “open”. A typical example of “openness” allows for interpretation of assertions as promises (representatives counting as commissives) about what the product can/will be able to perform, especially in the case of its less tangible aspects:

e.g. *assertion*: “(With Interspec there is) more control with less effort”;

promise: “(Interspec will offer you) More control with less effort” (Interspec).

Therefore, advertisers leave the hearer the opportunity to enrich the prepositional content and choose between several illocutionary forces according to a satisfying level of relevance, **expecting that the highest will be the case**.

In leaving part of the meaning responsibility, negotiation or decision to the hearer sometimes in cases of discursive grammar, advertisers can always deny responsibility of any overt pressure implied by imperatives, and contend it was just an informational intent:

e.g. “Keep cool. Isotherm Systems” (Eppendorf) in conditions of headline economy grammar (morphologically ambiguous between the indicative/imperative) can be interpreted either as informational assertion: “Isotherm systems are created to refrigerate your products” or as a directive: “Keep (your products) cool. (by using) Isotherm Systems”.

Most cases of NGs, minor clauses and non-finite clauses counted as **representatives** as follows:

1) **Assertions:**

- a. NGs – “*Medrad. The original*. Anything else is an imitation”; “*Bactroban. Today's topical antibiotic. From Beecham*”;
- b. minor clauses: “*Probably the best class II safety cabinets in the world...Laminair*” (Holten); “*Cardiosmart. Strong in performance – smart in price*” (Hellige);
 - ZA(nominal + adverbial): “*More control with less effort*” (Interspec);
- c. Non-finite clauses: “*Setting new standards.... in protection*” (Ansell Medical);

Ellipsis in assertions consisted of the copula “to be” which is omissible in headline economy registers (Bruthiaux: 1996):

- “be”: “*Centrifuge 5417C and R [are]. Record-breaking. (Eppendorf); “Automatic channel ECK. [is] Strong in performance – smart in price*” (Hellige);
- “represent”: “*EFOX. [represents] New heights in precision. The flame of innovation*” (Eppendorf);
- “allows/permits”: “*Titerman 4908. [allows/permits] Easy change*” (Eppendorf);
- “There” + “are”: “*300,000 Good reasons to put the Bio-Pump in Your operating-room*” (Medtronic).

Predicator atrophy (logical content) in these cases is either to be interpreted as in doing with headline economy and its easily retrievable character, or as making an otherwise stronger, fallacious and therefore sanctionable claim.

2) **Announcements** have an informational nature and refer to the existence or arrival of a medical product. Their core function is to make the product/service known.

Without the support of the future/present tense verb which is considered to imply that the information presented is new to readers and worthy of notice (Hardin, 2001:55), announcements in headlines **can be interpreted as assertions depending on the reader's contribution to meaning creation**.

3. Although specific to medical advertising, **reports are employed in the headline grammar to a lesser extent than in the copy**. As they express information about the events that had taken place before the ad creation, reports are usually represented by the perfect/past tense (discursive) and construe the information as trustworthy. Reports intimate that the announcement or assertion made about the advertised product is based on experience, research, trials, and resort to the following grammar representations:

- declarative sentence: “Cardio-thoracic surgeons around the world have benefited from Bio-Pump Technology in over 300,000 clinical procedures. You can too” (Medtronic);
- NG (subhead): “Eight decades of Experience in Ventilation Technology” (Drager);
- Nonfinite participial clause (slogan): “The Intact Bioprosthetic Heart Valve.... The bioprostheses created to last” (Medtronic).
- Non-finite infinitive clauses: “300,000 Good Reasons to put the Bio-Pump in your operating room” (Medtronic).

3.1.1. Computing the IL force in Cases of Disjunctive Grammar

As we have seen above, the role of disjunctive grammar in the case of representatives is to maintain force unclear and to allow denial of overt persuasion or claim exaggeration. This situation can be even more skewed and include diverging illocutionary points, depending on meaning contribution of more skeptical consumers. The following DG headline interpretation can include *five different illocutionary forces and two different illocutionary points, while any attempt towards a single interpretation would represent a simplification*:

FORCE

A

B

↑

- 1) Representative / announcement: “[Here is] The most trusted injector. The Mark V Plus Injection System.... For any patient, any procedure, any place”;
- 2) Representative / assertion: “The most trusted injector [is] The Mark V Plus Injection System....”;
- 3) Directive / Order: “[Please purchase] The most trusted injector. The Mark V Plus....” +/- please mitigated imperative or without any redressive action: “[Buy/ Try] The most trusted injector”;
- 4) Directive / recommendation, more face-threatening than suggestions: “[You must buy] The most trusted injector....”;
- 5) Directive / suggestion: “[Now you can buy] The Mark V Plus...” is presented as declarative, *can*-mediated, and even more tentative when negatively-biased [Why not buy....].

A fully expressed discursive grammar of any of the directives above (B) would sound harsh, mandatory, would represent an overdoing, and would run against the general intent of rational persuasion. Moreover, since politeness has a higher force than cooperation especially in the case of professional target consumers, we entertain the interpretation of illocutionary forces of directives as suggestions (lower- weaker force) and not as orders (upper-stronger).

On a similar assumption we can work in the case of adverbial clauses of reason (1) or adverbials of time (2) in independent position, where the DG constructions relieve the face-threatening imposition of a directive [order] – [recommendation], leaving force purposively unclear:

- (1) “When comfort counts. [USE/WE RECOMMEND] Ecom 6122. The better way with intelligent features”;
- (2) “In case of shock. [USE] Dopmin [IS RECOMMENDED]¹;

The distinction between B and A above is crucial as it draws a barrier between hard and soft sell, between imposition inherent in directives and nonimposition and inherent politeness of representatives.

Generally, interpretation of “open” IL forces implied in DG is likely to be biased on representatives (A) as solicited by the framework of negative politeness, which does not tolerate direct mands and imposition. Moreover, preference for an A IL force interpretation of the representative type is favored by presentation of information as factual and reliable.

In distinguishing between the different IL forces of representatives, the following model may present a solution and is based on:

- A) pragmatic clues –. Within the class of **representatives which are inherently polite**, speech acts can be interpreted as having the higher force of announcements (b below) as in the two technically elaborated examples a) and b), without breaking any politeness submaxims and obeying Quality: “make the strongest claim you have evidence for”:
 - a) assertion: “ Drager [manufactured] Evita. [It takes care of] The breath”;
 - b) *announcement*: Drager [presents] Evita...” where the indirect recommendation in: “Drager. [recommends] Evita...” - would be less tactful.
- B) lexical clues: **explicit novelty** - presence of lexical terms overtly indicating that a product is in some way new (e.g. *new, introducing, presenting*) - can also be considered to **support interpretation of a representative as announcement rather than as assertion**. The larger context of science where, unlike in commercial advertising, discoveries and development of new equipment and medicine are frequent and real, entitles us to count such assertions as announcements:
“Toshiba (presents) *New dimensions in color*”;
“(Here’s) A new choice. Vasotrac HPM 205 - Blood pressure monitor”;

¹ The two cases were entered as directives in our statistics, although their force was left unclear.

“Introducing the St Jude Medical Mechanical Heart Valve”.

Starting from the premise that advertisers make the strongest positive claims they can we entertain the idea that **interpretation of speech acts expressed through disjunctive grammar is intended to oscillate on the upper-stronger part of the illocutionary force, although advertisers can argue that the weaker-lower was the case.**

Presence of disjunctive grammar elements to express such a wide range of illocutionary acts and forces ranging from imposition (recommendation) through mitigation (suggestions) and dissociation (assertions), testifies to the fact that advertising persuasion in medical leaflets is rich, complex and involving.

4. Conclusions:

In a context of bitter international competition, medical advertisers tend to make the strongest claim they have evidence for. In order to bypass obtrusive face threatening impositions or strong, eliciting claims for which they can be held responsible, **ambiguity inherent in disjunctive grammar** is exploited and thus the two divergent informational and persuasive goals meet.

Prevalence of DG despite a highly scientific and innovative medium validates the conclusion that medical leaflets:

- are an advertising condominium where information is paralleled by persuasion: the multiple foci of attention are obtained through fragmentation in order to attract the attention of jaded professionals
- HG is standard advertising grammar motivated by function rather than by text type. Although the professed purpose of advertisers of medical products is to persuade through information, massive employment of NGs, minor clauses and non-finite clauses, which do not operate on a truth/falsity condition, testifies to a more rhetorical type of persuasion.

Empirical results prove that advertisers for medical devices addressed to specialists thrive to present **headline information as non-eliciting** representatives biased on assertions and announcements whose intent is to convey the information as factual, reliable and important.

We entertain the interpretation of illocutionary forces of directives as suggestions (lower- weaker force) and not as orders (upper-stronger) since politeness has a higher force than cooperation especially in the case of professional target consumers. A fully expressed discursive grammar directives would

sound harsh, mandatory, would represent an overdoing and would run against the general intent of rational persuasion

However, as demonstrated, more than one meaning can be summoned in the process of DG headline enrichment and this suits the advertisers' persuasive intent.

The fact that commissives or expressives were not considered appropriate for a predominantly scientific environment is evidence of the **negative face politeness and dissociation which is a scientific register specificity**, despite the headline PD being tailored according to disjunctive standard advertising grammar.

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