MIXING SIGNALS TO MAXIMIZE SUCCESS: BLENDING BARDIC AND PRIESTLY VOICES IN PRESCRIPTION DRUG ADVERTISING

by

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(Under the direction of Dr. Bonnie J. Dow)

ABSTRACT

In August 1997, the FDA relaxed regulations which gave prescription drug advertisers increased freedom to advertise directly to the consumer. Since then, the drug industry, specifically the segment concerning prescription drug advertising, has experienced significant changes. In light of their new rhetorical situation, this study analyzes the relationship between prescription drug advertising, specifically for those drugs treating depression, PTSD, and social anxiety disorder, and scientific authority. To achieve rhetorical success advertising directly to consumers, prescription drug advertisers depend on a blend of bardic and priestly voices. Speaking in a bardic voice, advertisers rely on the rhetorical strategy of identification to encourage consumer authority and humanize the science. Speaking in a priestly voice, advertisers employ the rhetorical strategy of persona and rely on the product's inherent scientific authority to accentuate their own, and scientize the humans. In the end, blending these voices allows prescription drug advertisers to achieve rhetorical success.

INDEX WORDS: Bardic voice, Priestly voice, Identification, Persona, Prescription drug advertising, Scientific authority

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B.A. Saint Mary's College, 1998

A Thesis Submitted to the Graduate Faculty of The University of Georgia in Partial Fulfillment of the Requirements for the Degree

MASTER OF ARTS

ATHENS, GEORGIA

2002

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DEDICATION

Many people have been pillars of support throughout my entire graduate school experience. First and foremost, I dedicate this project to my future husband, Aaron. Committed to completing his dissertation on a tight timeline, he inspired me to be equally committed to my thesis as I returned to Athens this January. Though he was across the country throughout the entire process, his continuous love and support was ever present. I love you always.

I also dedicate this to my wonderful, spirited family. My parents have provided me with an incredible foundation of love, encouragement, and above all, faith. No matter what challenge I pursue, they are at my side, cheering me on from the starting gate to the finish line. For their constant love and confidence in me, I am so grateful. My older brothers John and Matt undoubtedly helped me keep perspective during times of struggle, and I appreciate our "energetic" messages and conversations more than they know. To my sister-in-law Kathleen and my future sister-in-law Heather, I thank you both for your heartfelt support via long Saturday night phone chats and inspiring, fun-filled letters.

In a special way, I dedicate this to Dr. John Pauley, my former speech communication professor at Saint Mary's. In so many ways it was he who nudged me into graduate school, and his words of advice and wisdom have always been from the heart and so appreciated. I feel blessed to have learned from him both at Saint Mary's and beyond, and am proud to call him my friend. Finally, to all my friends here in Georgia and all over the country, thank you for being a part of my life now and always.

ACKNOWLEDGEMENTS

Choosing an advisor was not a difficult decision for me. I met Bonnie Dow at the 1999 National Communication Association Conference in Chicago, and after a rich conversation it became clear that we shared a common interest in the rhetorical dimensions of television and the media. Working with her for the past two years has been a most rewarding experience, particularly as I wrote draft after draft this spring. Her commitment to prompt and quality feedback was instrumental in the completion of this project, and I greatly appreciate her guidance and wisdom from start to finish.

Celeste Condit and Tom Lessl have also made graduate school an experience I will never forget. Their graduate courses were fascinating, challenging, and rewarding, and I have learned a great deal from both of them both personally and professionally during my time here. I am grateful to Celeste for her ever-positive feedback and encouraging smile each time we met; I have taken so much from all of our engaging encounters. To be sure, Tom has also been an extraordinary influence both in the classroom and most recently on this project. On countless occasions throughout the year, I sat in Dr. Lessl's office tossing around idea after idea with him, always leaving with new ideas and approaches. Especially at the onset, I am thankful for his encouragement and thoughtful feedback, and for his open door. I extend my most sincere appreciation to all of my committee members for their dedication to my work and to my development as a young scholar. Thank you all.

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CHAPTER I

INTRODUCTION

In the second half of the twentieth century, the drug industry in the United States, consisting primarily of drug companies (over-the-counter and prescription), health care professionals, and the public, has witnessed significant changes. One of the drug industry's most recent and significant changes concerns the unprecedented freedom prescription drug companies have been granted to advertise their product beyond health care professionals directly to the lay consumer. Formerly marketed primarily to health care professionals, prescription drug companies have long relied on technical and "scientistic" marketing tactics to reach their target audience of medical professionals. However, now that drug companies are marketing directly to and aggressively at consumers, it is important to study the shift in rhetorical strategies as evidenced in their direct-to-consumer advertising efforts.

The purpose of this study is to analyze the relationship between prescription drug advertising, specifically for those drugs treating depression, PTSD, and social anxiety disorder, and scientific authority. The study addresses three key questions: First, how has the rhetorical situation of prescription drug advertising changed since the mid-20th century? Second, what rhetorical strategies have emerged in prescription drug advertising as a result of this new rhetorical context? And third, what are the implications of those strategies for our understanding of the relationships between consumers, drug companies, and scientific authority? This study begins with the assumption that prescription drug

companies create these advertisements in order to maintain and accentuate trust, credibility, and ultimate authority in the minds of the public, thereby securing leadership in the marketplace.

Psychotropic drugs (which treat disorders like depression, PTSD, and social anxiety) make a particularly interesting study for two reasons. First, many prescription drugs treat ailments that have been diagnosed by a physician who has measurable evidence of the presence and path of disease. In order to diagnose these disorders, however, doctors rely heavily on the patient's involvement, as a high level of self-evaluation is necessary. This allows advertisers to capitalize on a patient's "abnormal" state of mind in its messages, potentially enhancing them via specific rhetorical tactics. That is, advertisers are more likely to reach a vulnerable target audience by literally recreating the before and after feelings associated with the disease from which they suffer. Second, unlike prescription drugs that treat allergies, arthritis, or toenail fungus, these psychotropic drugs have virtually no over the counter equivalent[1]; they are available by prescription only. As a result, these drug companies face a unique rhetorical situation. That said, this chapter consists of four sections: 1) historical background of drug advertising, 2) literature review of previous scholarship on drug advertising, 3) critical perspective, and 4) description of chapters. I will begin by discussing the realm of communication on which this study is focused: advertising.

Historical Background

Advertising: A Brief History

Defining a term as broad as "advertising" can be challenging. In contemporary society where technology's role cannot be ignored, the following definition by Lee and Johnson, authors of *Principles of Advertising: A Global Perspective*, is suitable. These

scholars define advertising as "a paid, nonpersonal communication about an organization and its products that is transmitted to a target audience through a mass medium such as television, radio, newspapers, magazines, direct mail, outdoor displays, mass transit vehicles, or the Internet" (1999, p. 3). Essentially, it is a mode of communication whereby a message is passed through one or more channels from a company to its consumers. What the definition does not address, however, is advertising's purpose.

The purpose of advertising has always been rather simple: to sell. "Advertising performs a 'persuasive' function; it tries to persuade consumers to purchase specific brands or to change their attitudes toward the product or company" (Lee & Johnson, 1999, p. 9). What *hasn't* changed since the first advertisement ran is the ultimate goal to persuade consumers to buy what the advertiser is selling. What *has* changed is what companies sell and the strategies they use to sell it. For example, from the mid-1800s to the early 1900s, advertising focused on a product's benefits in informational ads that were extremely copy-heavy. By the 1930s the focus moved from product to user, and in the mid '60s advertisers made promises to "transform" consumers via guilt and fear appeals, largely a result of a post-World War II shift from a producer to consumer economy in a period of industrialization. At this point, with the introduction of radio and television, images began to dominate the media, replacing the original advertising efforts that closely resembled the newspaper articles and magazines that surrounded them. In the '70s and '80s products became emblems for group identification (e.g. wearing Jordache equates to images of sexiness), and since then, products continue to be advertised as solutions to personal problems and needs. In short, throughout history, advertising's purpose has been to sell a product to consumers via mass media messages

that rely on persuasive appeals. Within this realm, the advertising options available for prescription drug companies limited them in terms of message efficiency for most of the 20th century.

Prescription Drug Advertising

Over the past several decades, the health care market, specifically the pharmaceutical industry, has undergone significant changes, many of which are a result of the incredible surge of knowledge and research surrounding prescription drugs, and the advertising that accompanies them. But what was being done in the realm of advertising prior to these significant changes? While mainstream drug companies (e.g. Tylenol, Bayer, etc.) have always relied heavily on direct-to-consumer advertising, it was not a commonly applied effort for prescription drug companies in the first half of the century due to rigid rules enforced by the FDA, the government agency which regulates prescription drug advertising. As a result, for most of the century, prescription drug companies targeted their advertising to health care professionals via professional journals and traveling sales representatives. If pharmaceutical companies wanted to reach consumers directly, the FDA allowed them to choose from four options: the first option concerned print, the second, third, and fourth concerned broadcast. Prescription drug companies could 1) create print advertisements for consumer magazines with a brief summary, or if they sought to advertise on television or radio, they could 2) create broadcast advertisements that promote both brand and ailment with a brief summary, 3) promote the brand, but not the ailment it treats (reminder ads), or 4) discuss an ailment without identifying the drug treatment (health seeking ads).

With the first option, prescription drug companies could advertise in consumer magazines and newspapers if they abided by the FDA's guidelines. So that ads would not be deemed false or misleading, guidelines were very stringent and strictly enforced. After all, as articulated by John Kamp, senior vice president of 4As (the American Association of Advertising Agencies), "A pill is just a poison if it's not surrounded by information on how to use it" (Wilke, 1998, p. s26). Under FDA regulations, advertisers were required to include a significant amount of information in the brief summary, or:

> a true statement of information relating to side effects, warnings, precautions, and contraindications . . . [ads] must present a fair balance of benefit and risk information . . . Advertising claims related to the benefits of a drug, such as safety or efficacy, must be balanced with disclosures concerning the risks and limitations of efficacy. Additionally, risk information is to be presented with comparable prominence and readability as claims about the drug's benefits" (Woodward, 1996, p. 4).

Consequently, many early efforts resulted in "print ads with micro-type text listing precautions, side effects and warnings found on package inserts and illustrated by chemical molecules" (Wilke, 1998, p. s26). Encountering these unfamiliar ads that featured unfamiliar products, consumers would surely be confused by such complex rhetoric. This option, while it did allow prescription drug companies to reach the consumer, was inefficient; the strict FDA regulations created too much rhetorical space between advertiser and consumer. In the end, given the significant costs associated with the ads themselves and the potential confusion among and between health care

professionals and consumers, spending to support direct-to-consumer advertising for prescription drugs in print was difficult to justify.

Before discussing options two, three, and four, it is important to recognize that a company's advertising campaigns are only a subset of its entire marketing mix, and hence its budget. The goal of a marketing department, or what Lee & Johnson call "the marketing concept," is to "provide products that satisfy customers' needs through a coordinated set of activities that also allow the organization to achieve its goals [which] might be directed toward increasing profits, market share, sales, or a combination of all three" (1999, p. 10-11). The marketing department, which includes promotions and advertising, "must be balanced with product design, method of distribution, and price to create the overall marketing mix that customers consider when they choose a product" (p. 11).

In short, advertising efforts are part of a larger company-wide objective to create synergy; to streamline the company's messages across all mediums in use (print, TV, radio, internet, point-of-purchase, etc). Ideally, advertising and promotions departments – which oversee journal advertisements and materials distributed by sales representatives – should be thematically the same (i.e. feature the same taglines, characters, verbiage, etc.). To be clear, if the advertising budget allows for both print and television efforts – as an ad campaign introducing a new product should – the ads should look and feel the same. Having reviewed the print option available to prescription drug companies, a closer look at the broadcast options available will demonstrate why their options for direct-to-consumer advertising prior to 1997 were less than optimal in light of their master marketing plan.

If advertisers wanted to advertise via television or radio, they had three options: 1) advertise using brand name and indications with very strict regulations, 2) promote the brand without discussing indications, or 3) discuss an ailment's indications without mentioning the brand name, directing consumers to web sites and print ads for more complete information and disclosure (Wilkes et. al., 2000; Wilke, 1998). Under the choices provided by the FDA, what benefit would come of advertising directly to the consumer? First, as with print advertisements, prescription drug companies could indeed advertise with both brand name and indication, but the rules by which they were forced to abide made this option undesirable. At this point, the FDA "required that a brief summary of the prescribing information for a drug had to be included in all advertisements – including broadcast advertisements – that both named a prescription drug and stated its purpose" (Pharmaceutical Demand, 2001). As established, the pre-1997 brief summary was "an FDA-approved document that advised physicians, in very technical language, how to appropriately use a drug" (p. 7). To be clear, the same rules that applied to print brief summaries also applied to broadcast brief summaries. Given its technical and scientific language, the summary was very difficult for consumers to understand and the potential for confusion was great. To complicate matters, the only "feasible" way to include the brief summaries in broadcast was to have them quickly roll across the screen like credits on a movie screen, a tactic that did not allow for the information to be digested in such a short timeframe. In radio, the brief summary alone would take minutes, and was unrealistic as well.

While prescription drug advertisers could advertise directly to the consumer with this approach, it was a risky option. To include such voluminous information would not

be inviting to consumers, but would potentially drive them away. Yes, the advertisers would be seen as authoritative, but would it be too much? With so much unfamiliar and technical language, they risked creating a relationship with consumers that had too much rhetorical space. Ultimately, the goal was to encourage consumers by speaking on their terms and in their realm (of mainstream advertising), using just enough discourse from the scientific community to enhance their own authority, creating a hierarchical, yet comfortable relationship. With the print option and this first broadcast option, even if used together, the level of scientific discourse in light of the consumer's advertising realm was much too high, and could create backlash. If advertisers wanted to reduce the amount of scientific discourse in the broadcast realm, there were other options, but they too, were unrealistic.

Looking at the second broadcast option, if advertisers promote the brand name but do not include indications (known as reminder ads), the most they can get for their advertising dollars is brand name recognition. While this is undoubtedly a constant focus and goal for all mainstream advertisers, knowing a brand name but having no indication what that unfamiliar brand name is for would confuse consumers and create a potential boomerang effect. That is, consumers who are unaware of the company's advertising restrictions may think negatively of the company (i.e. "What *is* Lipitor? What kind of company would spend all that money to produce this commercial and not explain what it's for?"). Surely, creating this mindset was not a goal advertisers wanted to achieve. Of course, some benefits cannot be ignored; advertising with the brand name of a prescription drug does allow advertisers to introduce a new drug and hint at its authority in the elite scientific community. Given the mainstream rhetoric in which it is viewed

and the expectations audiences have regarding drug advertising, consumers likely realize the drug is available by prescription only. Using this approach, therefore, consumers may be introduced to the scientific authority that accompanies the product, but little else. Essentially, advertising an unfamiliar product by brand name alone (which, with names like "Claritin," "Zyrtec," and "Nexium" sound like distant galaxies), would be a poor use of advertising dollars. Drug companies would be more successful going first through doctors and then to consumers via sales representatives. That way, at least, the drug company has control of the interaction, can sell the brand hard, and be consistent with other marketing approaches and efforts. While this FDA option does not seem worthwhile, the fourth and final option available to advertisers – discussing the ailment without identifying the drug to treat it – is arguably less appealing.

Lastly, prescription drug companies could describe an ailment but leave out the brand name (known as health-seeking ads). Here, consumers are encouraged to learn more about a particular ailment they "may" have (e.g., low cholesterol) and talk to their doctor. While such advertisements reflect good public relations, without a brand name, consumers do not know who is behind the message nor that their product could help them. This approach to advertising does allow the prescription drug companies to put authority in the hands of the consumer by getting them to the doctor's office, but leaves them confused as to treatment options, and their choices in the end are just as numerous as if they went directly to the doctor. For instance, if consumers sees an ad suggesting they talk to their doctor to get their cholesterol checked, consumers may feel empowered to act, but remain unclear of the best options. Furthermore, while advertisers have succeeded in getting consumers into the doctor's office, their product name is non-

existent to the consumer at this point, and the entire prescription drug market is fair game to prescribe a cholesterol-lowering drug for that patient. In the end, to choose this option as it stood would also be a foolish use of advertising dollars, and importantly, it left little room for a competitive edge.

In sum, prescription drug companies saw great potential in DTC advertising, but their hands were tied by the FDA. The four options from which they could choose did not allow them to use their advertising dollars efficiently in light of their marketing goals. What they needed was more freedom to create synergy; to streamline their efforts. If their advertising dollars were going to work optimally, something would have to change. Essentially, this would involve relaxing brief summary regulations, particularly in the broadcast arena. For option two (broadcast ads that feature both brand name and indications), this would mean reducing the content of the brief summary. In terms of options three and four, instead of choosing one or the other, advertisers could simply *combine* these options so that product name and indications could be seen in the same message, then add a brief summary.

Thus, in order to effectively advertise their product to a new target audience (consumers), while appeasing members of the scientific community (health care professionals), advertisers needed to both 1) encourage consumer authority (get them into doctor's offices feeling that they need the drug), and 2) rely on the right amount of the product's inherent scientific authority so that consumers would be charmed by its rhetorical power, seek the scientific authority, and convince their doctors it is the best option. Ultimately, they would "name-drop." To be sure, for prescription drug advertisers introducing their foreign products to consumers, options one and two

approached these goals, but the amount of rhetorical space between advertiser and consumer was problematic. Given the grueling details of the brief summary, the distance was too great and confusion was inevitable. Leaving consumers confused, frustrated, angry, *and* suffering from whatever disorder they believed they had was not the goal advertisers sought to achieve with their messages. However, having freedom via new regulations would make an increase in advertising dollars much more justifiable. Late in the twentieth century, this increased freedom became a reality for prescription drug advertisers, a historical event commonly referred to as "The August Switch."

"The August Switch"

After frustration among pharmaceutical companies had reached its peak, they proposed a change in policy in 1981, asking the FDA for the right to market to consumers directly using both brand names *and* treatment information with reduced brief summary regulations in the broadcast realm. Their main argument was that "consumer protection should no longer be seen as simply providing the public with access to accurate claims but rather as providing the public with knowledge that they would not have, were it not for the 'educational' benefit of pharmaceutical advertising" (Woodward, 1996, p. 3). Finally, in August of 1997, following a long public hearing and debate, the FDA complied; with the new draft guidance, drug companies finally got increased freedom to advertise directly to the consumer, allowing them to optimize their advertising dollars. Of course, there were still stipulations associated with this freedom. On the one hand, drug companies achieved a breakthrough; in broadcast, brief summary regulations were relaxed and they were allowed to give both the product's name and indications without disclosing *all* of the product's risks. On the other hand, they would be required to

mention important risks and provide a statement explaining that additional information is available from other sources, such as toll-free telephone numbers, World Wide Web sites, print advertising, physicians, and pharmacists. "Under the draft guidelines, ads still have to list major health risks as well as side effects and must set forth four ways for consumers to receive additional information" (Pharmaceutical Demand, 2001). Wilkes, et. al., provide a succinct summary: "Thus, the increase in DTC advertising was driven in part by manufacturers' need to be more aggressive at marketing their products and by regulators' willingness to provide consumers with new information in the hopes of providing further education" (2000, p. 4). Now that the FDA had relaxed regulations, these prescription drug companies had reason to add "consumer advertising departments" to their profit-seeking marketing machines. Broadcast was now a realistic and extremely attractive medium for advertisers, and full-fledged marketing platforms were in the works; new direct-to-consumer campaigns started to include print, radio, television, internet websites, point-of-purchase materials, even event sponsorship. Most importantly, the rhetorical space between advertiser and consumer had been reduced to a comfortable distance. The floodgates were open, and the money these companies had in the budget but needed to justify poured out, and then in.

Since "The August Switch," the entire prescription drug marketplace has changed. The category, the advertising expenditures, and the prescription sales have all increased. Almost immediately after the FDA released its approval statement, the pharmaceutical category became one of the fastest growing categories, and ad spending skyrocketed. According to a special *Advertising Age* segment entitled "Leading National Advertisers" (released annually), in 2000, the category of "Medicines, proprietary remedies,

pharmaceuticals" ranked fifth in terms of ad spending ($4.25MM) behind the categories *Automotive*, *Retail*, *Movies and Media*, and *Financial*. Significantly, it outspent *all other categories* in syndicated TV, ranked second in spending on network TV, second in consumer magazine spending, and second in Sunday Magazine spending (2000, p. s47). Considering that these drug companies compete with major corporate powerhouses like GM, Wal-Mart, Twentieth Century Fox and Prudential, these findings are striking.

Additionally, growth in terms of advertising expenditures has been exponential. In 1991, drug companies spent about $55 million on direct-to-consumer advertisements (Wilkes, et. al., 2000). In 1997, the year of "The August Switch," DTC spending was *more than double* the $438 million spent on ads in medical journals, according to PERQ/HCI Corp., which tracks journal spending. Drug company advertising aimed at "ordinary people instead of doctors tripled in the United States between 1996 and 2000 to nearly $2.5 billion a year," and is expected to reach $7.5 billion by 2005 (Johnson, 2001, p. 8). Spending that targets doctors – "including visits from sales representatives, free samples, and medical journal ads – slipped from 91 percent to 84 percent during the same period, according to researchers at the Massachusetts Institute of Technology" (p. 8). The biggest jump has been in TV commercials, with a seven-fold increase in spending – from $220 million to $1.6 billion – between 1996 and 2000. (Johnson, 2001). This growth is truly phenomenal.

Further still, as ad spending increased, the number of prescriptions in the United States has also increased, from 2 billion in 1994 to 2.5 billion in 1998, and it is estimated that almost 3 billion prescriptions were written in 2000 (Foote & Etheredge, 2000). The growth in terms of the category, advertising expenditures, and prescription sales is

unmistakable, but what have these regulatory changes done to the proverbial playing field for prescription drug advertisers? It seems clear that since "The August Switch," prescription drug advertisers started playing a new game, in a new rhetorical situation.

The Rhetorical Situation

When it comes to direct-to-consumer advertising, over-the-counter drug companies and prescription drug companies do not share the same rhetorical situation; their challenges and priorities differ. As suggested by previous discussions, these competing interests are relatively new among prescription drug advertisers. In terms of the marketplace, OTC (over-the-counter) drug advertisers have been competing with other product categories (e.g. soap, cars, beer) since the dawn of advertising, while prescription drug advertisers were once limited to ads targeting health care professionals. Until "The August Switch," the primary target audiences of these advertisements were of two different cultures: consumers and scientists. While OTC drug advertisers have always targeted consumers, prescription drug advertising had not addressed consumers in the same way, nor had the audience been expected to understand the complex information and language in their messages. When the FDA relaxed regulations in August 1997, prescription drug companies found themselves in unchartered territory that created tension, a paradox of sorts. Recognized by the industry, researchers began to ask whether drug companies could:

> serve two masters: the promotional interest of the pharmaceutical industry and the public's health needs . . . because companies are ultimately responsible to their shareholders, not to patients, and shareholder's desires for increased sales are often at odds with patient's

> needs for rational drug prescribing, there is an inherent conflict (Wilkes et. al, 2000, p. 3).

This paradox is created because in light of these "two masters" (consumers and scientists), advertisers are trying to blend two inherently dissonant objectives, both of which concern the locus of authority. On the one hand, advertisers want to suggest that *consumers* have the authority to choose to use certain prescription drugs over others; they are the agents of change. On the other hand, advertisers simultaneously suggest that the ultimate authority lies in the hands of *physicians* who prescribe the drug, and rely on the authority of the scientific community to strengthen their own credibility. Thus, the locus of authority is in two places: consumers and physicians. How did this happen? Importantly, the real authority to prescribe is in the hands of the physicians, an authority these drug companies do not possess. Thus, their ultimate rhetorical objective is to create a "marriage" between the consumer and the physician. Quite simply, all advertisers suggest that consumers utilize their authority to choose; that is, after all, its fundamental premise. As they strive for common ground with consumers, those who seek to popularize science (e.g. prescription drug companies) risk jeopardizing their ethos with the experts in the audience. As Lawrence Prelli (1989) suggests, a scientist's authority is judged even more closely when they diverge from their own scientific culture and pursue outside interests (e.g. consumers): "The professional ethos of a rhetor as a scientist becomes specially relevant when there is reason to believe that his or her primary aims are tied to such "nonscientific" pursuits as securing personal celebrity with lay audiences . . ." (p. 50). Therefore, they must find a "common ground" with "technically unskilled audiences, leaving themselves open to charges that they are pursuing objectives other

than those that are properly ‘scientific’ or ‘educational’” (p. 50). While scientists are not the primary target here, advertisers must appease them to a certain degree. If the scientific community does not feel comfortable with how this information is presented, it could affect their prescribing behavior. Given their ultimate authority, this is a situation advertisers want to avoid at all costs. Conveniently, FDA regulations force advertisers to include certain types of information (risk, brief summary, etc), which while mandatory, are appealing because of the inherent authority. Advertisers thus strive to both encourage consumer authority and maximize the scientific authority “forced” on them by the FDA; their goal is to rely on the discourse of two very different societal cultures, and therein lies the dissonance.

While this is the freedom prescription drug advertisers sought for good reasons, the situation is not problem-free. Prescription drug companies, once largely dependent on advertising via sales representatives, seek to transfer the authority from before “The August Switch” into their consumer advertising efforts. As Steve Barrett puts it, “. . . advertising, in addition to communicating concrete benefits, must replicate the chemistry the sales rep achieves so effortlessly and intuitively when selling live. To create brand-beautiful DTC, pharmaceutical marketers simply need to transfer and apply the principles that worked so well for them when they were out on the road” (1998, p. 19). But is this a simple transfer? These scientific institutions are perceived as members of an elitist community who have a certain level of authority. How can they translate the authority they already have in the scientific community to the consumer community and accentuate it? What, if anything, do they need to do differently to effectively address this paradox? This study serves to answer that very question. First, however, it is necessary to explore

how other scholars have approached that question, and how they have chosen to answer it.

Review of Literature

A significant number of articles have been written on the topic of drug advertising, both prescription and over-the-counter. In light of prescription drugs' dramatic entrance into the direct-to-consumer advertising market over the past decade, speech, mass, and health communication, advertising, and medical journals have turned their attention to issues surrounding this recent explosion. In general, studies involving drug advertising fall under one of two categories: 1) The effects of the advertisements (on consumer, on physician-patient relationships, on the health care industry) or 2) the accuracy of the information in the advertisements.

To begin, effects of drug advertising on consumers, the physician-patient relationship, and the health care industry have been explored by researchers over the past several years. Interested in college students as consumers, Burak and Damico (1999) studied the effects of DTC advertising of pharmaceutical products. They conducted a quantitative analysis, examining college and university students' responses to 24 DTC ads. 471 students from 3 institutions (state college, state university, private college) participated. Survey items addressed magazine readership, attention to medication ads in magazines, general medication use, and drug use and purchase behavior due to ads. Results of interest relate to the attention to ads, gender differences, and some specific Prozac findings.

According to the study, of the students asked to respond to the ads, 47% looked only at pictures, 8% read text only, 41% looked at both. 66% of those who read ads read

general information, 20% read about drug indications, 9% read contraindications, 40% read warnings. In terms of gender differences, although the men in the study read magazines more frequently than women, women noticed more medication ads than men. Women also used more of the advertised drugs than men. Interestingly, of the 24 products in the ads, Prozac ranked fifth in terms of the number of students who saw the ads (n=231, 49% of students). Further, 15 students have taken Prozac and 17 have spoken with a physician about it. While this study sheds light on student's response to DTC advertisements, it does not analyze the ads themselves.

In 2000, Kopp and Bang examined the effects of benefit and risk information in prescription drug advertising as it relates to physician's subsequent prescribing behaviors; it is the first study to summarize the findings of academic studies in this way. Kopp and Bang state that because drugs are considered potentially dangerous products, the pharmaceutical industry is one of the most highly regulated industries in the world. Therefore the government has a hand in how everything from production, distribution, and information dissemination is done. In turn, consumers want more information.

According to Kopp and Bang (2000), advertisements focus more on product *usage* and *benefit* than warning information. Further, varying the amount and type of warning information in drug advertising appears to affect consumer attitudes toward both print and TV ads. They cite Tucker and Smith (1987), who found evidence detailing that brief summary information in print advertisements was judged by readers to have the highest "informative value" of the formats tested. Ads containing any warning information were found to be more "appealing" than a control ad that contained no warning information. The study concludes, then, that consumers prefer advertisements *with* warning

information. In addition, Kopp and Bang cite a related analysis (Morris et. al., 1986) which examined the degree to which the consumers might misinterpret the information in the ads; pictorial and/or textual content could lead consumers to incorrect inferences about purposes or dangers.

This study raises but does not answer two important questions: First, if consumers find warning information appealing, is it because it is considered highly credible? Secondly, if warning information is easily misunderstood, why do drug companies continue to use the same language, and what is the intent behind its use? Essentially, Kopp and Bang (2000) are concerned with the balance of benefit/warning information and its general accuracy or "truth;" they find that 1) benefit information outweighs warning information and 2) warning information is appealing. The study, however, does not assess the role of this benefit/risk information as it relates to credibility.

Next, Cline and Young (2001) address the effects of DTC ads from a social learning theory perspective. In the first study of its kind, they examine the visual cues of DTC ads within the social learning theory framework and investigate features of the ads that might function as observational learning for consumers and influence the physician-patient relationship. The question, "What are the visual features of DTC advertisements that may function to capture consumers' attention and motivate them to alter their interactional behavior in subsequent health care encounters?" (p. 17), is answered from a social science perspective as 225 ads are coded and conclusions drawn. Results show that DTC advertising potentially exposes consumers to an array of visual models, who likely posses positive personal characteristics with which consumers might identify and desire to emulate. Further, more than 90% of ads with people show them as healthy looking, and

more than half are engaged in a physical or social activity. "The message is obvious: With treatment by prescription drugs, the consumer with the associated medial condition can be attractively healthy-looking and lively" (p. 30).

In terms of gender, it was found that female models dominate ads in the psychiatric category. "This trend is a contemporary version of a long established trend in marketing psychotropic drugs for female patients; historically that marketing was via advertising in medical journals which overwhelmingly depicted females" (Prather & Fidell, 1975, p. 23). While this study provides groundbreaking evidence that visual cues may influence the physician-patient relationship via a social learning theory framework, it does not address issues of rhetorical "cues" or strategies of scientific authority, cues that include but are not limited to visual stimuli.

Wilkes, et. al. (2000) also look at the effects of prescription drug advertising, but the focus shifts. Posing the question, "How does direct-to-consumer prescription drug advertising effect the physician/patient relationship?," the authors conclude that evidence is accumulating to suggest clinical quality of care is harmed by DTC advertising. Wilkes, et. al. conducted a content analysis of product-specific DTC prescription drug advertisements in order to describe trends therein. They collected 320 ads (representing 101 brands and 14 categories of medical conditions) appearing in 18 diverse lay magazines from 1989 through 1998. Judges independently coded each ad based on written messages into categories pertaining to the promotion's target audience, use of inducements, and product benefits. The judges found that almost all advertisements were targeted to the potential user of the drug (versus third-party intermediaries), and women were more likely to be targeted than men. The most common appeals were claims of

effectiveness, symptoms control, innovativeness, and convenience. Direct-to-consumer ads tend to play up the positive features of a drug and downplay the negative or unknown aspects. For example, side effects are almost always discussed last. Headings and sub-headings usually highlight benefits and side effects are buried in the narrative.

Wilkes et. al. (2000) also discuss the impact of prescription drug advertising on the consumer, suggesting that ads may lead to confusion and inaccurate perceptions of drug effectiveness and safety. "A recent experiment found that the inclusion of both promotional and risk-related information in the same broadcast advertisement adversely affected consumer's ability to understand each type of information" (p. 115). Further, through a random telephone survey of 329 Sacramento County residents, Wilkes et. al. found support for the argument that few health professionals and even fewer members of the general public understand the regulations surrounding drug promotions. Half of the respondents thought DTC ads had to be submitted to the government for approval, and 43 percent believed only "completely safe" drugs could be advertised directly to consumers.

Also according to Wilkes et. al. (2000), physicians' attitudes toward DTC advertising, on the other hand, are neutral at best and more often negative. In a recent study of 454 U.S family physicians, about eighty percent believed DTC advertising was "not a good idea." The most common concern was that ads increase costs and promote a misleading, biased view. What is behind this professional reluctance? Wilkes et. al. suggest they may be distrustful of pharmaceutical promotions as data on the accuracy, fairness, and balance of the ads is frequently biased or unbalanced. Importantly, another explanation offered is that physicians do not like losing professional control, or are afraid of appearing ignorant or poorly informed. In that sense, DTC advertising is "just one

more rift in the physician's cloak of influence and authority" (p. 117). One might conclude, then, that if authority is being taken away from the physicians, it is redistributed to the pharmaceutical companies, who maintain and accentuate authority via the advertisements. Crucial, then, is the need for drug advertisers to continue speaking to health care professionals on some level, as they have the power to prescribe. At the conclusion of the article, Wilkes et. al. offer policy changes that involve the drug companies' openness and honesty with consumers, the government's aggressive regulatory oversight and monitoring of the visual elements of the advertisements, and the medical community's vigorous response to DTC advertising via counter-advertising. In sum, Wilkes et. al. cover a great deal of ground in their study, but do not discuss prescription drug advertisements in terms of the rhetorical strategies used.

Finally, Hollon (1999) identifies the goal of DTC advertising as "creating consumer demand, changing the physician-patient relationship to a physician consumer relationship" (p. 382), while Lipsky and Taylor (1997) concluded that patients are better informed with DTC advertising, and that these messages encourage a more active role in health care. Having reviewed the literature on the effects of prescription drug advertising on consumers and on the physician-patient relationship, it is important to review scholarship that has studied these messages from the perspective of the health care industry.

In "The Impact of Pharmaceutical Direct Advertising: Opportunities and Obstructions" (1998), Pinto, Pinto, and Barber focus on the long-term effects of direct-to-consumer advertising on the health care industry. They examine benefits and drawbacks of DTC ads, suggesting that in an era increasingly defined by the demands of managed

care, such direct advertising may have limited long-term effects. Specifically, they take an in-depth look at the potential effects of the profound increase in DTC medical advertising. "From a purely monetary perspective," they argue, "it seems clear that for the first time, drug companies are creating brand recognition and brand loyalty among patients rather than strictly through physicians. Further, that brand loyalty is predicted to have highly lucrative returns" (p. 90). It is important, they argue, for health care researchers and professionals to understand the effects of DTC advertisements, both positive and negative.

The article also highlights opportunities for DTC advertisements. Pinto et al. (1998) give a brief background of the shift from a "push" marketing strategy (companies "pushed" the drug to doctors and then to consumers) to a "pull" strategy (now they "pull" the drug through marketing channels) which involve patients themselves, putting much less toward doctors. The authors also present five key reasons behind the move to DTC, one of which is the notion that baby boomers are playing an increasingly active role in their own health care ("me-medicine"), want more information and will probe if they don't understand procedures or courses of treatment. While an important point when considering the pros and cons of DTC advertising, this discussion lends little to *how* the advertisements push through to the consumer directly. What strategies do the advertisements *use* to push through with their inherent scientific authority? Pinto et al. do not address this question in their analysis, but engage instead in a study of the effects of drug advertising as it relates to the health care industry.

In summary, a clear implication here is that no one has conducted a study that analyzes these ads rhetorically. This review of literature does, however, suggest steps

toward sound rhetorical scholarship, namely in two ways. First, the review confirms that DTC ads do change the relationship between doctors and patients, turning the patients into consumers. Second, the presence of technological/scientific language is an issue for consumers, though results are mixed. According to Kopp and Bang (2000), consumers find brief summaries "informative" and "appealing," while Wilkes et. al. (2000) found that neither consumers nor physicians understand the regulations. Unlike the studies reviewed here, this study serves to approach prescription drug advertisements from a rhetorical perspective, searching for the strategies advertisers use in order to maintain and accentuate authority in their new rhetorical context of mainstream advertising. The final section of this chapter, then, is devoted to the methods used in this study in light of this approach.

Critical Perspective

Texts

The advertisements (both print and television) of the top market leaders Paxil, Prozac, and Zoloft were collected for this textual analysis. The advertisements aired on television and ran in magazines and newspapers from October 2000 to September 2001, the first 12-month period after prescription drug ad spending exceeded $2 billion.[2] Eight television ads were collected at random (2 Prozac, 1 Prozac Weekly, 2 Zoloft, and 3 Paxil), and the following publications were reviewed for 11 total print advertisements (TBA Prozac, 3 Zoloft, and 3 Paxil): *Better Homes and Gardens, Cosmopolitan, Esquire, Glamour, Health, Mademoiselle, Newsweek, People Weekly, Reader's Digest, Redbook, Self, Soap Opera Digest, Sports Illustrated, TV Guide, Woman's Day, Fitness, Good Housekeeping, Medizine, Parents, Rosie, Time, Working Woman* and *The Chicago Tribune.* An analysis of both television and print advertisements will allow for a

comprehensive study. Print ads are a popular choice for prescription drug companies because they are cost efficient compared to television (and are complementary to it), and importantly, they fulfill FDA brief summary requirements. There is, of course, additional freedom associated with television advertising which is more visually stimulating; a television ad must include a brief summary of sorts, but nothing nearly as complex as what was required before "The August Switch." Therefore, analyzing both media will allow for a more complete study.

Prescription Drug Advertising and Cultural Voices

As established in the historical background, consumers and physicians are not of the same societal cultures, so in order to effectively reach them both in one message, the content in that message must be carefully selected. It is this content selection that is the focus of this study; how do these advertisers satisfy these inherently dissonant objectives in light of their goals? "The August Switch" allowed advertisers to combine previous advertising options and also relaxed regulations. In this new rhetorical situation, advertisers do have more freedom, but not without a cost. Now that advertisers can make the most of their advertising budgets and create more effective advertising, they must also be strategic; achieving a balance is critical to their rhetorical success. Essentially, in order for DTC prescription drug advertisers to be successful, they must balance the two components of this paradox appropriately; the first component being *encouraging consumer authority*, the second being *relying on scientific authority*. Importantly, it is necessary for both parts of the paradox to work together; omitting either component results in unattained goals.

In terms of the first component (consumer authority), the ad is not successful if a consumer sees the ad and merely inquires about it but does not have a prescription filled. In terms of the second component (scientific authority), while a physician prescribing a drug indeed constitutes a sale, it is not a success for the advertisers unless the consumer initiates contact and *the advertising dollars are at work*. Hence, for the advertiser, ultimate success is achieved when consumers are exposed to and persuaded by an ad to recognize their "abnormal" state of mind and use their consumer authority, take action and seek an authority, resulting in a written and purchased prescription. If an advertisement does not deliver, the ad is considered an inefficient use of funds and a rhetorical failure. Clearly, advertisers are in a delicate situation. They want to both empower the consumer to act *and* rely on the inherent scientific authority of the product. In order to successfully address both components of the paradox, prescription drug advertisers rely on a blend of persuasive appeals: priestly and bardic voices. Lessl (1989) differentiates between the bardic and priestly voices in his article, "The Priestly Voice." In what follows, I will summarize Lessl's discussion of bardic and priestly discourse and then highlight recent scholarly work that relies on these voices as methods of critical analysis.

Lessl (1989) contends that historically, "bards were the bearer of their culture, preserving Celtic life, its history, laws, and customs even in the midst of foreign influence and domination . . .bards spoke with the voice of the people, creating rhetoric . . . that maintained a particular ordered system of meaning and of symbols – what is more often called a culture" (p. 183). Bardic discourse confines itself to the world of common sense experience already integral to its audience's identity. Within its culture, bardic communication is *reflexive* and it "retraces patterns of self-conception that can be

discovered in the complex interlacings of societal existence" (p. 185). Lessl argues that this type of communication is lateral (vs. vertical); it transcends across the "well-traveled highways of a cultural milieu" (p. 185). All advertisers rely primarily on the bardic voice; they mirror the consumer culture in which we live. These messages reflect the lives of the target; they speak to the audience on their terms, reflecting similar language, contexts, and relationships as they recreate the audience's lives. Media critics John Fiske and John Hartley have called television "the modern bard" (cited in Lessl, 1989, p. 184), "a tribal storyteller, a mediator of language which composes out of the available linguistic resources of the culture a series of consciously structured messages that communicate to the members of that culture a confirming, reinforcing version of themselves" (p. 184). Thus, when bards speak, the culture hears its own voice talking back to it; a voice they recognize and with which they are familiar.

The priestly voice, on the other hand, exists within a subsystem of society (e.g. the scientific community) and "represents a reality that the audience can only superficially hope to approach. The priest gives voice to whatever a particular community regards as wholly real, whether that is constituted by nature or super nature, God or nothingness" (Lessl, 1989, p. 183). The symbolic formulations used by these priests operate as the topoi of priestly discourse and constitute a crucial infrastructure of the larger social system. Priestly rhetoric is *extensive*; the priest mediates between conceptions already established by the culture and those of an elite, religious, aesthetic subculture. It insists that its origins reside outside ordinary human experience as revelations of spirit or nature. While bards communicate laterally, priests communicate vertically, descending from above as a voice filled with mystery and extra human

authority and empowerment. Because these voices reflect such vastly different societal cultures, they are not usually found in the same discourse. Sometimes, however, depending on the rhetorical objective at hand, blending them is appropriate. Given the space between the voices, this also presents a challenge. In terms of scholarly work, Lessl has highlighted priestly rhetoric in three rhetorical situations (one of which is discussed below), and Zagacki (1996) has illustrated its presence in the rhetoric of neoconservatism. Lastly, Meister (2001) also analyzes the rhetoric of The Weather Channel using priestly and bardic voices. Each case study lends insight into the existence of priestly rhetoric in the new rhetorical arena prescription drug advertisers have recently entered.

First, Lessl (1989) explores the priestly voice in public science that is largely meant to be instructional; he identifies the voice of the public scientist as being priestly in nature. Importantly, to say that scientists represent a priestly voice by no means limits their discourse to scientific institutions. Their presence in the public and political realm is necessary, sought by other non-scientists, and is frequent. The priestly voice of scientists as educators of the public can be heard "in editorials, biographies, advertisements – whenever rhetorical demands cause the public scientist to step out momentarily from an instructional role to reflect on broader issues pertaining to place the science in human experience" (p. 190). The public scientist, whom I argue is a crucial voice behind the prescription drug advertisements, strives to maintain a certain institutional sacredness. Priestly discourse is, essentially, that which "emphasizes and perpetuates the specialized values of a closed system" (p. 194). Often found in the discourse of priests, Lessl argues, "are intermittent moments of transparency and opacity,

communication which strives at one turn to convey religious truth in the idiom of the people and at another to veil understanding in cryptic tongues" (p. 185). Further, they have the ability to speak specialized technical languages and elicit "a reverence from the ordinary individual that perpetrates their prestige and power" (p. 186). In their new rhetorical situation, therefore, prescription drug companies have a commitment of sorts to the community of scientists; they must find the "common ground" Prelli (1989) speaks of and balance their efforts to reach non-scientists (consumers) and more secondarily, appease scientists (physicians).

Fortunately, there is a way in which a discourse can merge these two relationships. The relationship between scientific priests and non-scientists manifests frequently in synecdoche, or "the conceptual rendering of a whole in terms of its parts" (Lessl, 1989, p. 190). Synecdoche takes place whenever persuaders (e.g. drug advertisers) attempt to draw out "the this-ness in that, or the that-ness in this. . . " (p. 190). That is, if the priest is to reproduce a priestly culture to an audience in an arena where bardic communication dominates (e.g. mainstream advertising), s/he must find a way to magnify the ways in which the audience has already heard some level of priestly communication and capitalize on the familiar. To achieve success, then, involves *humanizing the science* and *scientizing the humans*; priests in effect say, "'Look at me. See how I think and act as a scientist. You also think and act in these ways. These scientific aspects define your humanness, making you a scientist as well'" (p. 190). The scientific *parts* of the audience – rationality, inquisitiveness, skepticism – become defining features of the *whole* species in priestly rhetoric.

In the context of prescription drug advertising, drug companies must balance both voices. Using a bardic voice, they must capitalizes on what is familiar to audiences as they strive to *humanize their science* to the public, and they must speak in a priestly voice as they rely on the product's scientific authority and therefore *scientize the humans*. Essentially, in terms of the rhetorical paradox identified earlier, if the first component is met (encouraging consumer authority), the science is humanized, and if the second component is met (rely on scientific authority), the humans are scientized. In this study, I will utilize Lessl's perspective on societal voices in order to explain how prescription drug advertisers respond to the paradox created by the rhetorical situation. The concepts of *scientizing the humans* and *humanizing the science* reflect the goals set by prescription drug advertisers as they speak in each voice; advertisers speak in a bardic voice to humanize the science, and in a priestly voice to scientize the humans. Beyond Lessl (1989), societal voices have been the focus of other rhetorical scholars, namely Kenneth Zagacki (1996) and Mark Meister (2001).

First, Zagacki's (1996) work focuses on the rhetoric of neoconservatives which ultimately, demonstrates the result of unbalanced societal voices. The neoconservative rhetoric he studies is a result of the conflicts of the 1960s, which led to a significant change in American politics. This change occurred specifically between radicals and liberals of the New Left and the emerging "neoconservative" defenders of American culture and politics, who sought to heal the growing tension between state and culture. Conservatism had lost its intellectual vigor, and neoconservatives sought a new voice that would bring the social scientific knowledge of the academy to bear upon real world problems. In several instances, neoconservative discourse (found in journals like *The*

Public Interest) relied on a priestly voice, but used an ineffective approach. Broadly speaking, Zagacki argues that neoconservatives fused priestly and bardic voices, but balanced them incorrectly.

In search of this new voice, neoconservative rhetoric started with the bardic voices already embedded in classical liberalism and conservatism. Their efforts began "with the classic liberal respect for social scientific progress, method, and for individual liberty, self-government, and equality of opportunity" (Zagacki, 1996, p. 169). After securing both moral and technical high ground, they moved beyond the bardic voices and began to mature toward a more scientific, "more parsimonious understanding of social affairs" (p. 169). Zagacki continues to argue that this move to a priestly rhetoric may have had serious consequences for political debate because in their priestly rhetoric, neoconservatives saw their social science as a more objective and better approach to social problems, and from their "priestly perch" they frowned upon liberal policy. They felt that while liberals tried to translate social theories into practice, they actually complicated matters. Neoconservatives, therefore, tried to eliminate such liberal abstractions from the public debate altogether. By talking in terms of social scientific laws, they were able to reduce social policy debate to a series of fundamental maxims. They did not require (and often disregarded) unwieldy "liberal interventions, emotional affiliations, and theoretical conceptions. In effect, they could close down debate" (p. 175). Furthermore, neoconservatives took on the role of mediator in their rhetoric; they positioned themselves as political advisors. They "worked for the public in ways the public could not, steering its vital energies away from self-interests toward the betterment of society" (p. 178). By making themselves appear as public mediators – existing in

two realms simultaneously, in a sense – neoconservatives may have appealed to both conservatives and old-style liberals.

In the end, Zagacki (1996) points out that the special language of the priestly voice neoconservatives used may have actually had an undesirable effect. Their desire to eliminate abstractions may have oversimplified political debate by "formulating understanding of social affairs in a facile way, in a manner which encouraged an exclusionary notion of political community, and neoconservative rhetoric further diminished perceptions of the severity of social problems" (p. 182). In an attempt to identify with the public, balancing these voices appropriately is crucial. As Zagacki illustrates, the misuse of one voice in discourse where both exist (in this case misuse of the priestly voice), can prove costly. Zagacki's work is particularly helpful because it reinforces the importance of balanced voices. As Zagacki notes, "The rhetorically important point is that these thinkers presented neoconservatism as if it were different, an improved political –intellectual (i.e. priestly) perspective" (p. 177). In the end, to their audience, the language was threatening, and instead of gaining support for their cause, they drove would-be neoconservatives away. From this analysis, it becomes clear that persuasive appeals must always be used strategically by a speaker who must be also conscious of an audience's power to accept or reject the speaker's efforts to enhance credibility. As Meister (2001) asserts, knowledge of an audience can result in a rhetorically successful act.

In his article, Meister (2001) discuses the role of the bardic and priestly voices and their significance in the rhetoric of TV meteorology, specifically The Weather Channel (TWC). Blending both voices, he argues, creates "weathertainment" that

encourages consumer practices (i.e. consumer authority). Specifically, he asserts that the bardic voice provides a springboard of sorts to the authority sought by the speaker, who eventually relies on the priestly voice. He contends that it is this "bardic eloquence by which the expertise becomes rhetorically powerful. In the context of TWC, to speak in a bardic voice is to relate to the concerns "of the people," specifically their social and economic interests and how weather may affect them (e.g. the quality of a family vacation, the economic success of a crop, etc.). "The bard is well-versed in identifying and relating issues to the larger culture" (p. 417). Thus, while Zagacki (1996) focuses less on the bardic voice in the rhetoric of neoconservatives, Meister asserts its significance in the rhetoric of TWC, identifying it as a liaison to the success of the priestly voice.

On The Weather Channel, for example, a priestly voice is adopted in a more effective manner, as audiences accept its authority versus considering it a threat.

Unlike the neoconservatives, TWC appears to have done a more effective job analyzing its audience. Knowing that weather watchers are either weather enthusiasts (people who find weather fascinating) or busy planners (people with a hectic lifestyle . . . getting children to school, scheduling golf outings, etc.), TWC is able to speak to their interests directly: the social and economic factors that can be affected by good or bad weather. Meister (2001) further argues that the meteorologist "keenly reflects the roles of both the priest and the bard" (p. 417). They reflect cultural practices relevant to economic and social realities of the public and "speak with the authority of the priest-scientist" (p. 417). In the end, their application of the priestly voice is a success because credibility is established in the viewer's mind; observing the meteorologist in action, the

"prophets speak and bards display how atmospheric motion influences human life . . . [w]e are reminded of the need for priestly council since it influences our faith in economic and social issues" (p. 421). In sum, while Zagacki (1996) highlights the difficulties neoconservatives experienced balancing the priestly voice, Meister illustrates the effectiveness of the priestly voice when the rhetorical situation – particularly audience analysis – is fully examined from all angles.

Several concepts Lessl (1989), Zagacki (1996), and Meister (2001) identify are visible in the rhetoric of prescription drug advertising. First, the notion of "*humanizing the science* and *scientizing the humans*" is easily transferable as prescription drug advertisers attempt to both humanize their products by embedding them in predominantly bardic voices of mainstream advertising, and also scientize humans by exposing the audience to "scientistic" images and language. The second and most important conclusion that comes from Lessl, Zagacki, and Meister is that bardic and priestly communication, though vastly different "species," can and do coexist. In fact, it is the case that in public science as Zagacki pointed out, scientists rely heavily on bardic communication as a means to strengthen the priestly communication they eventually "inject." This is also the case in prescription drug advertising, where the scientists (drug companies) rely first on bardic communication that exists in their new rhetorical realm of mainstream advertising to appear mainstream, and then maintain and accentuate scientific authority once a certain level of identification with the audience has been reached. This is why, for example, scientific language and terminology does not typically enter the message until a bardic "scene" has been established first. To be sure, when incorporating both voices, it is critical to find the appropriate balance of bardic and priestly voices.

In sum, while the bardic and priestly voices represent opposite ends of a spectrum, they certainly can and do coexist for prescription drug advertisers. While mainstream advertisers (soap, cars, beer, etc.) employ a bardic voice almost exclusively, prescription drug advertisers enhance their discourse and thus their authority through an overlay of a priestly voice. While prescription drug companies struggle through a trial and error period to find that balance, it is equally important to experiment wisely to avoid any undesirable effects. How, though, can one distinguish between voices of a priest or a bard in prescription drug advertising? As a precursor to both chapters two and three, I will distinguish between bardic and priestly voice features relative to prescription drug advertising.

Distinguishing the Voices

To say that both bardic and priestly discourse exist in these ads is to say that a distinction can be made between the two types of discourses. As we've seen, Lessl (1989) provides an excellent overview of bardic and priestly voices in the light of scientific culture at large, and focuses on the priestly voice in several case studies. Zagacki (1996) and Meister (2001) also identify these voices, focusing on the rhetoric of neoconservatists and The Weather Channel respectively. In order to appropriately analyze bardic and priestly voices, specifically in the discourse of prescription drug advertising, it is first necessary to see how such voices are manifest therein. In what follows, bardic and priestly discourse will be revisited briefly, and then discussed in the context of prescription drug advertising.

According to Fiske, coming from the ranks of the patrician classes, the Celtic bards spoke "with the voice of the people, creating rhetoric that maintained a particular

ordered system of meaning and of symbols – what is more often called a culture" (cited in Lessl, 1989, p. 183). Further, Lessl identifies the bard's rhetoric as "hegemonic, continually reconciling a society's new experiences with established cultural patterns of understanding" (p. 184). Bardic discourse is limited to the world of common sense experience that is already integral to its audience's identity. That is, it represents the common cultural belief systems by which its people live. In the case of prescription drug advertising, the bardic voice is the voice of "the people." But in these ads, who are "the people?" The cultural belief system from which the realm of advertising comes is one that champions material things; the consumption of goods. Put simply, in these ads, the bardic voice is the voice of the consumer culture rooted in capitalism.

Embracing capitalism, "[m]odern society has 'collapsed' the separate spheres of traditional economies into the one sphere of general consumption" (Jhally, 1990, p. 9). Such a society welcomes the assumption that money buys happiness; and if it does not, there's "a pill for every ill" that will bring happiness. As Easterlin says,

> There is a 'consumption' norm which exists in a given society at a given time, and which enters into the reference standard of virtually everyone. This provides a common point of reference in self-appraisal of well-being, leading those below the norm to feel less happy and those above the norm, more happy. Over time, this norm tends to rise with the general level of consumption, though the two are not necessarily on a one-to-one basis (cited in Jhally, p. 14).

Raising societal expectations and establishing this "happiness norm" has bled into the realm of advertising. What were once messages of *information* championing rationality,

have become messages of *value* championing "visualized images of well being" (Jhally, 1990, p. 22, my emphasis). The result of this shift is two-fold: "The use of visual stimuli and imagery increases, without awareness, the attention paid to advertising and builds strong associational links while at the same time it retains a significant degree of ambiguity" (p. 22). Further, with the establishment of the "happiness norm," consumers have witnessed an explosion of therapeutic rhetoric in the advertising realm. As articulated by Cloud (1998), "The rhetorical function of therapeutic discourses . . . is to encourage audiences to focus on themselves and the elaboration of their private issues rather than to address and attempt to reform systems of social power in which they are embedded" (p. xiv). In sum, the bardic voice is the people's voice. In a consumer culture such as ours, advertisers embrace the consumer culture and its "happiness norm" as they continue to create image advertising focused on the associative links between product (therapy) and the valued state of mind (happiness). If the focus here is the consumer voice, how, specifically, can it be heard in the ads?

To focus on the bardic voice is to focus on those evident qualities of bardic discourse that reveal its operation as a reflection of its culture. That is, to hear the bardic voice featured in these ads is to see manifestations of the voice of consumers who, feeling empowered by the surrounding therapeutic rhetoric, have the authority to choose which prescription drugs to pursue. This particular audience battles with depression, post-traumatic stress disorder (PTSD), social anxiety, etc. Their voice, then, reflects the cultural values of "happiness" and "normalcy," and as well as their shared experience of living with a disorder that restricts those values. The voice also reflects the notion that drugs are an acceptable way to lead a "happy" and "normal" life.

Ultimately, when looking at the ad's features, the bardic voice is found if the following questions are answered in the affirmative: "Does this ad feature ignite thoughts or feelings associated with the consumer culture 'of the people'? Does the ad feature suggest a horizontal pattern of communication between speaker and listener, implying an equal relationship?" The bardic voice is most clearly identified in dimensions of the ad that portray the audience's common experiences with such values, given their psychological struggles with depression, PTSD, or social anxiety. Here, those common experiences reflect both the feelings associated with low self-esteem and feeling "different" (pre-treatment mindset) and a desire to feel self-sufficient, confident, and "normal" (post-treatment mindset). Throughout the ads, a range of bardic images are employed; images of sad, unhappy individuals who are suffering from a behavioral disorder, and images of happy, normal individuals who are no longer sufferers. The ads themselves project these voices visually, as viewers are exposed to slice of life advertising (Prozac, Paxil) or symbolic (i.e. animated) representations thereof (Zoloft). Importantly, when advertisers use an appropriate "dose" of the bardic voice in their ads, they *humanize the science* and satisfy the objective set by the first component of the paradox. By creating identification with the consumer via common experiences, they encourage them to use their consumer authority and "ask their doctor."

Conversely, on the spectrum of societal voices, the priest stands at the opposite end from the bard. Priests speak from a higher ground; they are "extra-human," always originat[ing] within a certain elite substratum of society and represent a reality that the audience can only superficially hope to approach" (Lessl, 1989, p. 183). The priest's rhetoric is didactic; it attempts "in both traditional and industrialized societies to mediate

between the established conceptions of the general culture and those of an elite cognitive, religious, or . . . aesthetic subculture" (p. 184). Priestly rhetoric is authoritative in nature; its discourse comes "from above." In the case of prescription drug advertisers, it is the voice of the physicians who have the highest level of authority: prescribing the medication. To focus on the priestly voice is to focus on those evident qualities of priestly discourse that reveal its operation as a voice of authority from within the medical community.

In today's society, the medical community possesses a unique level of authority; with the power to prescribe, the lives of millions of patients are improved every day. Doctors have the authority to prescribe medicines that thin blood, reduce cholesterol, eliminate pain, reduce the likelihood of pregnancy, and yes, alter mood. Patients who suffer from mental disorders that cannot be as measurably diagnosed (such as depression, PTSD, and social anxiety) as physical disorders (cancer, heart disease) essentially need to combine their own authority (via self-evaluation) with that of the physicians in order to obtain a drug. In that sense, the physician's authority is ultimate; *with* the patient's authority but *without* the physician's, prescriptions cannot be written. However, advertisers seek to illuminate both the authority of the consumer while capitalizing on the authority of the physician to enhance their own. Using an appropriate "dose" of the priestly voice enables advertisers to address the second component of the paradox by relying on the product's inherently scientific authority.

When looking at features in the ad, the priestly voice is found if the following questions are answered by the critic in the affirmative: "Does this ad feature suggest images or linguistic features associated with the scientific community? Does the ad

feature suggest a vertical pattern of communication between speaker and listener, implying a power relationship?" The voice of the priest is most clearly identified in the dimensions of the ad that reflect an "extra-human" authoritative persona, in this case, the physician, a member of the scientific community. If the priestly voice here is the physician's voice, how can it be specifically heard in the ads? This authoritative persona is visible in several aspects of the ad, including images of physicians, scientific diagrams and pills, as well as the complex language associated with warning/risk information. As I discuss in chapter three, relying on the rhetorical strategy of persona allows advertisers to *scientize the humans,* which addresses the second component of the paradox: relying on the ultimate scientific authority of the product to enhance their own. The remaining chapters constitute an in-depth analysis of the features of these ads and identify the rhetorical strategies used to create a blend of these societal voices in an effort to create advertising that is cost-effective and persuasive in light of the new rhetorical situation.

Description of Chapters

To conclude, chapter one has firmly established the purpose of this study in light of a thorough historical background, review of literature, and critical perspective. In what follows, chapter two is devoted to the analysis of the bardic voice in the prescription drug advertisements of Prozac, Paxil, and Zoloft, and chapter three focuses on the presence of the priestly voice in these same ads. In chapter two, identification is discussed as the rhetorical strategy employed by prescription drug advertisers in order to speak in a bardic voice and satisfy the first component of the rhetorical paradox: encouraging consumer authority. A rhetorical strategy used by all mainstream advertisers, identification serves as a means to creating a common ground, which for

prescription drug advertisers selling relatively unfamiliar products, is crucial. Using the creative approaches of slice-of-life and animation, prescription drug advertisers reflect the feelings consumers feel both before and after using the drug as a means to solving their problem. In the end, creating identification with consumers allows advertisers to speak in the voice "of the people," encourage them to act, and thus *humanizes the science*.

Chapter three identifies persona (specifically that of a scientist) as the rhetorical strategy employed by prescription drug advertisers in order to speak in a priestly voice and meet the second component of the rhetorical paradox at hand: relying on the product's inherent scientific authority. Using this voice appropriately requires delicate maneuvering to ensure consumers are not too alienated by the scientific persona or the images and technical language that accompany it, yet are persuaded by the vertical relationship it seeks to establish. To create a balance, advertisers assume an authoritative scientific persona, and importantly, they ask consumers to assume a second persona of the less educated lay consumer who is subordinate to the scientist. Relying on scientific images and technical language, prescription drug advertisers are able to speak "from above" and rely on the inherent scientific authority of the product, and thus *scientize the humans*. Chapter four summarizes these findings and implications, and presents suggestions for further research.

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[1] While some over-the-counter herbal remedies do exist to treat the ailments that Prozac, Paxil, and Zoloft treat (e.g. St. John's Wort), those remedies approach treatment for these disorders using a predominant bardic voice; the audience for remedies like St. John's Wort have little interest in solving health problems via scientific "medications;" they seek natural treatment. As a result, in terms of over-the-counter equivalents for "medication;" herbal remedies are in a category of their own.

[2] Prozac did not run print from October 2000-August 2001. Prozac's patent expired in August 2001, and Prozac Weekly launched in September 2001 with a television and print campaign. To maintain a balance of the mediums studied here, three television ads for Eli Lilly's antidepressants (2 Prozac and 1 Prozac Weekly) and one Prozac Weekly print ad will be studied.

CHAPTER II

THE BARDIC VOICE

To this point, it has been established that as a result of "The August Switch," prescription drug advertisers are in a situation that creates tension; a rhetorical paradox of sorts. This rhetorical paradox is created because advertisers are trying to blend two inherently dissonant objectives. On the one hand, advertisers want to suggest that *consumers* have the authority to choose to use certain prescription drugs over others; they are the agents of change. On the other hand, advertisers remind consumers that the ultimate authority lies in the hands of *physicians* who prescribe the drug, in order to accentuate their own. Thus, the locus of authority is in two places: consumers and physicians. Consumers and physicians are not of the same societal cultures, so in order to effectively reach them both in one message, the content in that message must be carefully selected. Essentially, in order for prescription drug advertisers to create effective DTC advertising, they must balance the components of this rhetorical paradox appropriately. When advertisers meet both components, the advertising dollars are at work. If an advertisement does not meet both components, the ad is considered an inefficient use of funds, the marketing concept is left incomplete, and the effort is a rhetorical failure.

In this delicate situation, prescription drug advertisers must blend priestly and bardic voices appropriately. Emphasizing one voice over the other can create an inappropriate balance; using too much of a bardic voice and the ads are in danger of being perceived as mainstream, but using too much of a priestly voice can potentially

drive consumers away. Because bardic and priestly voices are at opposite ends of the same spectrum (societal voices) and rarely work together, creating an appropriate blend of these voices is a significant challenge. This chapter is devoted to the use of the bardic voice in these ads, and consists of three sections: 1) the bardic voice in prescription drug advertising, 2) the bardic voice and identification in prescription drug advertising, and 3) conclusion.

The Bardic Voice in Prescription Drug Advertising

In chapter one, it was established that both Zagacki (1996) and Meister (2001) identify bardic and priestly voices in two different contexts: the discourse of neoconservatives and The Weather Channel (TWC) respectively. Their analyses are relevant to this chapter on the bardic voice, as each author's perspective – particularly Meister's – helps clarify the functions of the bardic voice. As implied by the title of Zagacki's article, "The Priestly Rhetoric of Neoconservatives," it is evident that his focus rests with the priestly voice; a more detailed discussion of his findings is therefore more appropriate at the onset of chapter three, which concerns that voice. What can be noted here, however, is his argument that the voices, though on opposite ends of the spectrum of societal voices, can and do co-exist. According to Zagacki, "the bardic and the priestly sometimes co-occur in neoconservative discourse . . . especially true in the way neoconservatives co-opt popular conservatism's call to private virtue" (p. 170). That is, given that the bard's rhetoric is reflexive and horizontal, these neoconservatives mixed popular ideology with rationality, "creat[ing] a unique blend of priestly theory with practice, and the elite method with public parlance" (p. 177). Neoconservatives sought to appeal to various groups of people, and as such, their rhetoric portrayed its users as social

scientific benefactors of the public interest, and also "providers of continuity with great American traditions" (p. 183). Consequently, they were perceived by their audience to be an integral part "of the people" they sought to rule.

Meister (2001) however, discusses the role of the bardic voice more fully and its significance in the rhetoric of television meteorology, specifically The Weather Channel (TWC). Blending both voices, meteorologists create "weathertainment" that encourages consumer practices. Specifically, he asserts that the bardic voice helps the speaker achieve the authority s/he seeks, who eventually relies on the priestly voice. He contends that it is through the use of the bardic voice that the meteorologist's expertise becomes rhetorically powerful. In the context of TWC, speaking in a bardic voice means knowing the concerns "of the people" and addressing them, specifically their social and economic interests and how weather may affect them; the quality of a family vacation or the economic success of a crop, for example. Thus, while Zagacki (1996) focuses less on the bardic voice in the rhetoric of neoconservatives, Meister asserts its significance in the rhetoric of TWC, identifying it as a necessary component to the success of the priestly voice. As articulated in chapter one, when speakers assume a bardic voice, they speak with the voice "of the people." The bard's rhetoric is limited to the world of common sense experience that is already integral to the audience's identity; it represents the common cultural belief systems by which we live. In the case of prescription drug ads, the advertisers speak in a bardic voice when they reflect the consumer society in which the audience lives, which, in terms of advertising, is driven by therapeutic rhetoric and the commonly held belief that people deserve to be happy. That said, how is the bardic

voice identifiable in the discourse of prescription drug advertising? How does one know which ad features are bardic in nature?

Locating the bardic voice in these ads involves identifying ad features that reflect the consumer society in which the audience lives. Thus, the bardic voice is found if the aforementioned questions - the first concerning thoughts and feelings "of the people" and the second concerning a horizontal pattern of communication - are answered in the affirmative. For example, images of sad and happy characters are bardic in nature because they ignite feelings associated with the consumer society (where capitalism and therapeutic rhetoric abound), and therefore suggest a horizontal pattern of communication. That said, to extract ad features that are bardic in nature is to focus on the ad features that reveal its operation as a voice of the consumer culture. If advertisers essentially seek to rely on consumer authority (component 1) to achieve rhetorical success, then what rhetorical strategy is used to accentuate this bardic voice "of the people?" In the next section, I will identify identification as the rhetorical strategy used by prescription drug advertisers to meet the first component of the rhetorical paradox: encouraging consumer authority.

The Bardic Voice and Identification in Prescription Drug Advertising

The concept of identification was derived by Kenneth Burke in *A Rhetoric of Motives* (1950), and will be used in this analysis as a lens through which the bardic voice can be detected. According to Burke, identification is rooted in two notions, one of which is "division;" individuals are different, divided. At the same time, identification is also rooted in the notion of substance. "For substance . . . was an *act*; and a way of life is an *acting-together*; and in *acting-together*, [individuals] have common sensations,

concepts, images, ideals, attitudes, that make them *consubstantial*" (Burke, p. 102, emphasis in original). Thus, Burke's concept of identification combines both notions. Essentially, A is identified with B "insofar as their interests are joined" or "if he assumes that they are, or is persuaded to believe so" (p. 102). Identification as a rhetorical strategy seeks to "mark off the areas of rhetoric, by showing how a rhetorical motive is often present where it is not usually recognized, or thought to belong" (p. 103). Throughout this analysis then, identification refers to the ways in which advertisers persuade consumers to identify with the product through the images in the ads (i.e. characters who experience the feelings associated with the drug before and/or after use).

Burke's definition of identification is comparable to its definition in lay terms. According to the American Heritage Dictionary, "identity" means "to establish the identity of; to consider as identical, equate; to associate or affiliate closely with a person or group" (cited in Campbell, 1996, p. 131). When rhetors use the strategy of identification, they assume the shared experiences, beliefs, and values with the audience, and call on those to create a common ground. To identify with an audience is to analyze the relationship and highlight existing similarities; it involves taking an "inventory" of the relationship as a whole and selecting those qualities which, by virtue of being similar, create a comfortable, common ground. The impact of this rhetorical strategy on advertising as a whole is significant. As Campbell notes, "we are most influenced by those whose voices are most like the voices we use in talking to ourselves, and the more the rhetor shares with the audience, the greater the chance he or she will have of being able to speak in ways the audience will hear and understand and feel" (p. 131). Rhetors increase their influence is "when they announce at the onset that their personal views

(attitudes) are similar to those of the audience" (Berscheid cited in Campbell, p. 133). Further, rhetors use identification to establish trust. Campbell explains, "[t]rust arises out of a reciprocal pattern of interrelationships. We learn trust by sharing, by mutual exchange, and by sensitivity to the other person" (p. 132). In short, to rely on identification is to, in several respects, persuade.

In these ads (as in all ads), the rhetor relies on identification, seeking to create a common ground with the primary consumer audience. Doing so encourages them to recognize their individual authority to "choose" which prescription is best for them. This consumer authority is recognized when the consumer taps into the cultural "truth" that, in a consumer society, we have many choices. For example, thanks to our capitalistic society, we can choose what kind of laundry detergent we want to use, what kind of car we drive, where we eat and where we live. In this case, the advertisers give consumers the illusion that they can choose which prescription drug is right for them. Importantly, this is an illusion because the ultimate authority lies with the physician. That is not to say, however, that doctors cannot be influenced by this "consumer authority" and the patient's persuasive appeals. According to a telephone poll reported at the 1999 annual meeting of the American Association of Pharmaceutical Scientists, "most doctors whose patients asked them about drugs they had seen advertised felt under pressure to prescribe them" (Spurgeon, 1999, p. 1321). Further, in 30-36% of the cases, doctors gave in to the pressure, even when the drug in question was not their first choice. Thus, while ultimate authority lies with the physician, consumers can at times influence the final decision, depending on the doctor-patient relationship.

That said, it is through the rhetorical strategy of identification that consumers see themselves in these ads and feel a common bond with the characters. They feel represented, and recognize the common values being championed in the ads. In the end, they feel empowered. More specifically here, identification is achieved when consumers see images in the ads that embody feelings associated with pre- and/or post-drug treatment and are subsequently persuaded that they in fact feel "abnormal." In what follows, the ads of each product will be analyzed in light of the rhetorical strategy of identification, evident in the print and television ads of Prozac/Prozac Weekly, Paxil, and Zoloft. I begin with a brief summary of executional styles from an advertising perspective.

At the onset of the creative process, advertisers choose from a variety of executional styles, or production approaches: Testimonial (see how this product worked for me, and will work for you), problem-solution (see how this product is a solution to your problem), demonstration (see/observe how the product performs its functions), slice of life (see a depiction of real life), and fantasy (see how this product can take you to a better place). (Lee & Johnson, 1999). Slice of life advertising follows a problem-solution format, but importantly, it is a format that allows advertisers to achieve identification with its target consumer; it is literally a slice, a piece, of the target's everyday life. An example of slice of life advertising would be a woman waking up on a typical morning in her home, only to find that the dishwasher detergent she normally uses has left spots on her wine glasses. The target audience here consists largely of stay-at-home moms who are familiar with, and can identify with the problem this situation could cause (a less than perfectly set table). Dawn, the product hero, is introduced, the dishwasher runs again,

and the glasses come spotlessly clean. Specific to prescription drug advertising, the slice of life advertising format targets sufferers of a particular behavioral disorder who can identify with feelings associated with living with and dealing with the disorder. Hopefully, consumers see how the drug (product hero) has solved the character's problem, and are persuaded that this same treatment will also solve theirs. In short, given the therapeutic nature of prescription drugs, advertisers often rely on slice of life (also referred to as "lifestyle") ad formats to achieve identification. In the next section, I discuss this process in the advertising of each prescription drug company, beginning with Prozac.

Prozac

Running print ads and television spots in national markets for several years, Eli Lilly's Prozac, and now Prozac Weekly, are familiar to the consumer's ear; they have become household names. These ads, like those in its category, seek to achieve identification with its audience by featuring individuals who are similar to audience members; individuals who are suffering from depression. According to John Mondimore, M.D., major depression is defined most simply as "sadness that does not end" (Hales, 2000, p. 25). It can destroy a person's joy for living; food friends, sex, or any form of pleasure become undesirable. Symptoms range from over/under eating to trouble sleeping, difficulty thinking clearly, withdrawal, feelings of helplessness, hopelessness, worthlessness, and suicidal thoughts (Hales, 2000). In order to recreate such feelings, advertisers, through an archetypal metaphor, draw on the fundamental and familiar images of light and dark.

In their article, "The Metaphor in Public Address" (1962), Michael Osborn and Douglas Ehninger suggest a definition of metaphor suitable for rhetoric. This definition incorporates both the psychological and linguistic nature of the metaphor, and can be stated as follows: "Metaphor is both communicative stimulus and mental response" (p. 226). As stimulus, he continues, the metaphor is "the identifying of an idea or object through a sign which generally denotes an entirely different idea or object" (p. 226). For example, darkness=sadness. As far as mental processing is concerned, it is "an interaction of two thoughts . . . one of which springs from the stimulus sign's usual detonation [i.e. darkness=absence of light], the other from its special denotation in the given context [i.e. darkness = absence of light = sadness]" (p. 226). To say that a metaphor is archetypal in nature is to say that its qualifiers (those forces which suggest how the metaphor will be understood) are archetypal; they "extend beyond the limits of a given time or culture and depend upon experiences common to [individuals] of many races and ages" (p. 229). That is, the associations that the metaphor brings to the surface have a long, cross cultural "history," and have been passed on through the generations. Interestingly, Osborn and Ehninger argue that these archetypal qualifiers emerge from situations that move us deeply, and consequently exert a strong control over thoughts and feelings of the audience. One such archetypal metaphor, which is the focus of Osborn's next article, is the light-dark metaphor.

According to Osborn (1968), lightness and darkness are a center of human motivation. "Light (and the day) relates to the fundamental struggle for survival and development. Light is a condition for sight, the most essential of an [individual]'s sensory attachments to the world about [him/her]" (p. 117). With light and sight, one is

informed of the surroundings, can escape from its dangers, take advantage of its rewards, and even influence its own nature. By contrast, "darkness (and the night), bring[s] fear of the unknown, discourages sight" (p. 117) and makes individuals ignorant of their surroundings, vulnerable to its dangers, and blind to its rewards. "One is reduced to a helpless state, no longer able to control the world about him. . . . darkness is cold, suggesting stagnation and thoughts of the grave" (p. 117). Osborn continues by arguing that when speakers use the light-dark metaphor, intense value judgements are expressed as a result of the strong positive and negative associations with survival and developmental motives. Consequently, using the light-dark metaphor can elicit significant value responses from an audience (e.g. consumers); they indicate "simplistic, two-valued, black-white attitudes rhetoricians and audiences seem to prefer" (p. 117). In the context of prescription drug advertising, the audience's present situation (being a sufferer of a behavioral disorder) is as dark as night, but the speaker's solutions (buy "x" drug and achieve happiness) will bring the dawn. To be sure, the light-dark metaphor is clearly distinguishable in the Prozac/Prozac Weekly television and print advertisements.

In "Tunnel" (produced in black and white), the viewer experiences the feelings associated with being inside a dark tunnel. Three key images dominate the ad; a long dark tunnel, a close-up profile of a depressed woman's face, and individuals emerging from the tunnel. Accompanying the tunnel image is the voiceover "*Talk to your doctor today or visit prozac.com. Welcome back*." A tunnel image indeed suggests a light-dark metaphor; it is a place where darkness champions light, where feelings of helplessness, loneliness, and claustrophobia abound. While viewers identify with the feelings associated with depression (darkness, solitude, loneliness) through visual imagery of the

tunnel, they are verbally encouraged to use their consumer authority and emerge from the darkness by inquiring about Prozac; they are being asked to take action into their own hands and "see the light." For when one "sees the light," s/he sees warmth, comfort, and essentially happiness, all feelings Prozac will supposedly bring if the consumer acts accordingly.

The tagline "*Welcome back*," which accompanies several executions, implies that the individual was once "here" (enjoying life, feeling happy). Therapeutic in tone, it implies a timeline of sorts: The individual was happy at one time, then experienced a period of darkness, sadness, and depression, and has now returned to the desired, "normal" state of happiness. Importantly, this desired state of happiness and "normalcy" was achieved with the help of Prozac, which, it is implied, the character had a role in obtaining. To say "Welcome *back*" vs. "Welcome" is to make an important distinction. The former recognizes that the person possesses the ability to recall feelings of happiness; this is important because this is likely the state of mind in which the target audience find themselves. They can identify with what it once felt like to appreciate each day, to look forward to getting out of the tunnel, to enjoying the simple things in life, to "see the light." To use the latter term ("Welcome") would imply that the person was new to the environment, unfamiliar with the territory, and likely alone. Therefore, the term "Welcome back" is used in order to achieve identification with consumers. It calls forth happy feelings that were once a part of everyday life, recognizes that those feelings have dissipated, and offers Prozac as the answer to the problem of depression: If you want to "come back," "*talk to your doctor today, or visit prozac.com."*

While viewers focus on the feelings one experiences while suffering from the disease in "Tunnel," viewers are exposed to a more pronounced renewal or victory over depression in "Opening Blinds." Four scenes dominate this execution. First, viewers see a set of closed blinds, then a woman worriedly peers out a window, next she opens the blinds, and the last scene viewers see is of a blue sky with clouds moving their way out of the frame. Interestingly, in the last frame, the product is metaphorically positioned as a source of light, warmth, of life; the "o" of "Prozac" is tinted orange, and is positioned in the center of the screen. Most obviously, the letter "o" resembles the sun; the center of our solar system, the source of all natural light, and an object to which we look for happiness, growth, warmth, and comfort. Like "Tunnel," the spot begins with images of darkness and seclusion familiar to viewers, but here, opening the blinds of her seemingly well-kept home on a beautiful sunny morning, it is as though, with Prozac, the woman has "seen the light." She has opened the symbolic blinds of her life; a life that was once closed off by depression and embodied darkness and sadness. Now she has found happiness, warmth, and comfort in the sun; in Prozac. As viewers are exposed to this inviting image, the voiceover adds, "*Talk to your doctor today, or visit prozac.com. Welcome back.*" Clearly, the implication is that Prozac has solved this woman's problem of yesterday (sadness and gloom). As a result of her assertive attitude, she has given Prozac center stage in her life, and it has given her the freedom to start again, to achieve happiness.

Like "Opening Blinds," a third and somewhat more elaborate execution focuses on the aftermath of taking Prozac Weekly, and champions the happiness norm. Here, viewers are invited into the life of many happy women. The first woman is happy and

content as she opens her window and leans forward to smell the fresh air, another feels the joy associated with feeling a sprinkler on her face, and a third woman is being hugged by a father figure and then a spouse. The spot cuts to a doctor filling a prescription, and ends with an image of a woman celebrating a birthday with friends. These women are portrayed as good mothers, responsible homeowners, faithful family members and essentially happy women. They are well-groomed, smiling, beautiful, and worry-free. Accompanying these predominantly "light" images, viewers hear a female voiceover say; "*When I start each morning. When my kids need a playmate. When I'm celebrating with family."* Viewers hear the character's voice as she describes how Prozac Weekly has helped change her life. Thanks to Prozac Weekly, she starts each sunny day smiling, can enjoy playing with her kids, and engages in family celebrations; all activities associated with a woman who is happy, secure, confident, family oriented, and knowledgeable enough to use her consumer authority and talk to her doctor about Prozac Weekly. Lastly, viewers are directly exposed to the notion of consumer authority by the male voiceover, who says, *"Prozac Weekly is here. Ask your doctor if it's right for you. You can learn more at prozacweekly.com or call free 866-weekly9. Talk to your doctor today to see if a free trial could be right for you. Prozac weekly is here."* Hearing this, viewers are given a sense of agency to right what's wrong, to take the initiative and pursue, in this case, a free trial.

Lastly, advertisers rely heavily on the strategy of identification in the full-page Prozac Weekly print ad that launched in newspapers nationwide in May, 2001. Visually, the ad is consistent with its television counterpart. It features the "Prozac Weekly" logo (i.e. the word "Prozac" where the "o" is the sun) at the top of the ad, and the background

consists of the same partly cloudy sky. In that sense, the ad also reflects the light-dark metaphor seen in previous Prozac and Prozac Weekly television ads. What makes this ad even more unique concerning its efforts to identify with the audience, however, is its employment of a commonly used tactic on which many mainstream advertisers often rely: a coupon. Placed in the middle of the ad, the coupon is quite large, taking up roughly one-third of the ad's space (excluding the brief summary at the bottom). The coupon, easily identified by the dotted line that encloses its offer information, is good for a "*One Month Free Trial Offer*" and "*expires June 15, 2001*." Additional copy reads as follows:

> *For a limited time you can try Prozac Weekly for one month free. First discuss with your doctor, then simply take this coupon* ***and your prescription*** *for Prozac Weekly to your pharmacy to get your free trial . . . Talk to your doctor to see if it's right for you. Offer good on your first prescription of Prozac Weekly only. No refills (emphasis in original).*

The presence of this coupon reflects more than just a blatant attempt to encourage consumers to act by cutting it out and talking to their doctor; it is also an obvious effort to identify with other mainstream advertisers who offer coupons to customers on a regular basis, (e.g., Sunday newspaper ads). This is an especially common tactic for advertisers to use whenever products are being introduced to the consumer, and the need to establish the brand in light of its competitors is critical. Coupons are devices used to give consumers reason to act quickly before the coupon expires; they communicate "deal," "savings," and in this case, something "free" ("*Ask your doctor if a free one month trial is right for you*"). Importantly, consumers are familiar with and accustomed to coupons,

which have been a part of consumer society since the dawn of advertising; they have been clipping coupons for products like laundry detergent, snack cakes, and spaghetti sauce for decades. Further, phrases like "*for a limited time*," "*offer good on*," and "*void where prohibited*" conjure up the familiar feelings associated with this long-standing consumer ritual. Coupons convey an authentic sense of urgency; when consumers find and use coupons, they feel lucky to have happened upon it, and empowered to receive whatever deal is featured. This ritual of sorts is a strategic maneuver whereby the *company* that pushes the offer hopes to create brand loyalty, while the *consumer* feels as though they are beating "the system" of capitalism. Prior to 1997, it was not appropriate for prescription drugs to offer coupons; it is a tactic useful only when communicating directly to the consumer. "The August Switch," of course, has changed the rules, and the options available to prescription drug companies are better than ever before. Using a familiar purchasing tactic like clipping coupons, Prozac Weekly advertisers create identification with the consumer and therefore speak in a bardic voice "of the people."

In sum, in all four of these Prozac/Prozac Weekly executions, the rhetorical strategy of identification is visible. Specifically, the identification process is made easier through the use of the light-dark metaphor, a blatant appeal to the culturally familiar before and after feelings that accompany depression. Consumers who suffer from depression can identify with the "darker" feelings associated with a tunnel; hopelessness, loneliness, and seclusion, while also identifying with the "lighter" feelings that accompanied their pre-depressed days; happiness, freedom, joyous social interaction, and confidence. By both highlighting familiar feelings as well as familiar purchasing rituals (clipping coupons), advertisers create a common ground. Speaking the language of the

bard or “of the people” (the consumer culture in which the message is placed), advertisers are able to draw out the culture’s implicit consumer authority and encourage consumers (who are convinced of their "abnormal" condition) to act by seeking information about Prozac from their doctor. The bardic voice is detected here given that, when looking at these slice of life situations, the following two questions are answered in the affirmative: “Does this ad feature ignite thoughts or feelings associated with the consumer culture ‘of the people?' Does the ad feature suggest a horizontal pattern of communication between speaker and listener, implying an equal relationship?” Identification, in effect, allows the advertiser to address the first component of the rhetorical paradox and to encourage agency. In the end, the ultimate goal to *humanize the science* – by making the drug appear to positively affect one’s emotional state – is realized. Next, I will discuss how Paxil also relies on identification to address this first component.

Paxil

Paxil’s TV and print executions embody the rhetorical strategy of identification in order to encourage viewers to act on the consumer authority promoted in today’s consumer culture. In these ads, Paxil focuses on its ability to treat social anxiety disorder, a condition in which individuals suffer from extreme feelings of anxiety and stress in social situations, and fear of social interaction. Social anxiety disorder is a type of anxiety disorder; anxiety disorders “may involve fears of certain objects or situations (phobias), episodes of sudden, inexplicable terror (panic attacks); or persistent, disturbing thoughts and behaviors (obsessive-compulsive disorder)” (Hales, 2000, p. 149). Specifically, *social* anxiety disorder refers to a phobia that “interferes with a person’s ability to work or to form social relationships” (p. 150) and can effect all types of social

activities. While anxiety and stress are elements of most everyone's life, Paxil is designed to treat individuals who suffer from anxiety and stress to the point that "normal life" is impaired; functioning at work or in social situations becomes so difficult that one chooses alternatives to those activities and avoids reality. Thus, while anti-depressant ads focus on symptoms of sadness and loneliness, these ads focus on symptoms of severe anxiety, stress, and fear of social situations. In order to identify with the primary audience and eventually encourage agency, Paxil features situations which illuminate such feelings and seek to produce a "yes, that is how I feel" conclusion in the audience's mind. As was the case in Prozac ads, identification is achieved through a slice of life executional approach.

In these campaigns, the audience is being asked to identify with everyday situations that, though they shouldn't, do in fact increase levels of stress and anxiety for the individual. Throughout the TV spots, both men and women are featured at work ("a Friday start meeting"), in a college chemistry class, and at a formal social event ("Carl and Veronica's Wedding"). These slices of life would not cause stress or anxiety for a "normal" individual, but for the target audience suffering from social anxiety disorder, they can. Both print and TV ads resemble a before/after format; the visuals alternate from stress-less (normal background noise is heard) to stress-full situations (frantic heartbeat is heard). The voiceover says (or the copy reads), "*What it is. What it feels like. What it is. What it feels like*." For each situation, viewers are exposed to the same situation from two viewpoints: They first see the situation as "normal" people would see it ("*What it is")* and then that same situation is recreated as a sufferer of social anxiety disorder would see it ("*What it feels like*"). In terms of the print, ads reflect one of the

situations in the television ads: the workplace scenario. There, two images are positioned next to one another; they are still shots (i.e. freeze frames) of the same situation in the television ad. The first picture is a normal work situation and the words "*What it is*" appear underneath, while the adjacent picture is the anxiety filled work situation with the words "*What it feels like*" underneath. Similar to the Zoloft campaign discussed next, the copy in these Paxil print ads is virtually verbatim compared to the television ads. As such, the television ads will be the focus of what follows. In short, both media use the "before and after" tactic, and the audience is led to believe that while it feels one way, in reality, it shouldn't. Further, sufferers are the only ones who see it through a stress-laden lens; "normal people" do not share such a warped perspective. Television viewers first experience a work situation, followed by a school situation, and finally a formal event.

The television execution begins by establishing the three aforementioned social situations. First, for those suffering from social anxiety disorder, work situations can be highly stressful, bringing about feelings of inadequacy, uncertainty, low self-esteem, and high pressure from co-workers and superiors. To label the meeting a "Friday start meeting" implies that even the simplest weekly status meeting can bring about increased stress and anxiety. As the voiceover says, "*What it is*," images of a "normal" meeting are seen (co-workers conversing in a conference room). As the voiceover says "*What it feels like*," co-workers in the same environment stare angrily at the protagonist; in fact, they stare into the camera, implying that viewers are the sufferers. In the "slice-of-the-*sufferer's*-life" situation ("*What it feels like*"), the assumption that viewers represent the sufferer is made clear as every character within that situation stares directly into the camera, and consequently into the eyes of every audience member. Using this camera

angle allows the advertiser to bring the sufferer's feelings to the surface. The purpose of using this strategy is to achieve the most "active" type of identification possible; creating authentic anxiety in consumers is the apex of creating identification because thoughts like "Yes that's how I feel" or "I can identify with what I see" become immediately present in the viewer's consciousness, right here and right now.

In the next slice of life, viewers are exposed to a potentially anxiety-filled environment; a college chemistry class. The subject of chemistry is likely used in order to bring forth complex images of science such as the periodic table of elements, math-based formulas, "weird scientists," and abstract theories. The audience is more likely to associate stress with the abstract concepts linked to the sciences versus a more familiar subject like English. As the voiceover says, "*What it is*," a normal classroom environment is depicted, but as the voiceover says, "*What it feels like*," the scene is recreated and scientists stare at the individual with social anxiety disorder (viewers) as the word "*CRITICISM*" appears across the middle of the screen. Here, the environment of a college classroom, which suggests learning and growth to normal students ("*What it is*"), is an uncomfortable, fear-filled place for sufferers of social anxiety disorder ("*What it feels like").* For these victims, an intense fear of being judged by peers dominates, and an authentic state of anxiety is again sought by the advertiser via camera angle.

In a third potentially stressful situation, the TV executions focus on a formal social event – a wedding. For sufferers of social anxiety disorder, images of this situation can bring forth feelings of anxiety, as weddings call for basic socializing skills they may lack. As the voiceover says, "*What it is*," guests rejoice as the newlyweds enter the room; as the voiceover says, "*What it feels like*," all wedding guests – including the

bride and groom – stare into the camera at viewers. In this case, the "*What it feels like*" segment champions the feelings associated with being scrutinized by others. Viewers experience the sense that the attention of every wedding guest is on them, not the newlyweds. Thoughts of living through this experience can create great discomfort in the audience's mind, as symptoms of social anxiety disorder resurface. What is a fun and exciting environment for "normal" individuals is just the opposite for sufferers of social anxiety disorder.

In essence, consistent with the Prozac executions, Paxil advertisers strive to persuade consumers by relying on the rhetorical strategy of identification. The successful use of this strategy involves setting forth vivid imagery that allow consumers to identify as authentically as possible with the product by drawing on viewer's emotions as they recall symptoms of the disorder. Ads include familiar, everyday situations that bring forth overwhelming feelings of stress and anxiety for sufferers, but are normal situations for "normal" individuals. By featuring familiar situations with which the audience can identify, consumers are encouraged to think "Yes, that is how I feel I those situations. I want that aspect of my life to change, and now I know how to change it. I can talk to my doctor about Paxil." Additionally, the ads encourage agency on the part of the audience when the voiceover says, "*Will you ask your doctor for more information about Paxil? Do it today. Your life is waiting*." Here, viewers are led to believe that agency is the answer; as consumers, they can make a difference in their own lives and be the solution to the problems brought about by social anxiety disorder. After all, their "*life is waiting*." Such a tagline implies that until the consumer takes social anxiety disorder into his/her

own hands, the life they should be living will remain unattainable. It is up to them to initiate communication with their physicians and act.

If Paxil, through the bardic voice "of the people," can persuade the audience to identify with how social anxiety disorder feels, then show them how they can feel with Paxil, and then show them how important it is for them to act, they have successfully used the rhetorical strategy of identification. Further, they have answered these two questions in the affirmative: "Does this ad feature ignite thoughts or feelings associated with the consumer culture 'of the people?' Does the ad feature suggest a horizontal pattern of communication between speaker and listener, implying an equal relationship?" Along with Prozac, Paxil relies on the rhetorical strategy of identification to humanize the science. Encouraging consumers to act, the first component of the paradox is addressed. The last analysis illustrates that the rhetorical strategy of identification is also evident in ads created within a framework of animation versus slice of life situations.

Zoloft

Zoloft, a prescription drug approved to treat both depression and post-traumatic stress disorder (PTSD), also employs the rhetorical strategy of identification, but uses different tactics to do so. Here, instead of relying on slice of life or "lifestyle" advertising, the feelings associated with depression and PTSD are embodied in an animated form. The print ads are virtually identical to the television ads both verbally and non-verbally; what is read in the print ad and heard in the television ads is, with a few minor and inconsequential exceptions, verbatim. As a result, the focus of this analysis is on the television campaign as it progresses through three stages of introduction, body, and conclusion. One ad focuses on depression, one on PTSD.

Visually, the ads targeting depression show a white, oval, egg-shaped object shedding tears under a large rock shelf (cave entrance). The blackness of the screen and the crescent moon toward the top left-hand corner of the picture indicates nighttime, and thus the light-dark metaphor is also distinguishable here. Consumers can identify with images that reflect symptoms of sleeplessness and fear associated with depression: the darkness and seclusion that night brings while the rest of the world is peacefully asleep. Once the object "meets" the product (once the Zoloft logo is seen for the first time), the egg-shaped object immediately becomes happy; so happy, in fact, that it begins smiling and bouncing around, following a butterfly. Hence, it seems that the object represents an individual's mental state or spirit, which is transformed from sad to happy when the appropriate action is taken, in this case, by talking to a doctor about Zoloft. While consumers are invited to identify with the visual images in the ads, they are also able to find common ground in the voiceover: "*You know when you're not feeling like yourself. You're tired all the time. You may feel sad, hopeless . . . and lose interest in the things you once loved. You may feel anxious and can't even sleep. Your daily activities and relationships suffer. You know when you just don't feel right."* Here, consumers can identify more specifically with the symptoms of depression: Feeling different, tired, sad, hopeless, disinterested, anxious, and socially inept.

Next, in the PTSD focused ads, the key difference is in the disorder and the feelings associated with it. PTSD is a type of psychological trauma, defined by Flannery as "the state of severe fright that we experience when we are confronted with a sudden, unexpected, potentially life threatening event over which we have no control, and to which we are unable to respond effectively no matter how hard we try" (2001, p. 7).

PTSD refers to the aftermath of that traumatic event. Experiences such as rape, sudden death, and severe abuse can all lead to PTSD. The recent terrorist attacks are an even clearer example of a trauma that could lead to PTSD for certain individuals. Symptoms of PTSD range from hyper-vigilance (constant state of alertness), exaggerated startle response, difficulty sleeping, and avoidance.

In Zoloft's depression ads, feelings of sadness are largely conveyed by the nighttime setting, which connotes darkness, sadness, negativity, helplessness, and danger. The PTSD ads mirror the light-dark metaphor, conveying feelings of anxiety and traumatic stress by using a dark shadow image that has hands. In the ads, the egg-shaped object tries to escape from the wrath of the shadow, which is overpowering, scary, and aggressive. Here, the shadow represents the traumatic event of the individual's past, and the ad implies that the product can heroically chase the demon away. In terms of copy, the verbiage in the PTSD focused ads is consistent with the common experience sufferers of PTSD supposedly share:

> *"You know when you can't get over something traumatic from your past. You're unable to feel. You get overly startled . . . and may have trouble sleeping. You may even feel like it's happening again. You get so upset . . . your daily activities and relationships suffer. You know you just can't put it behind you."*

Consumer authority is addressed toward the end of the ads when viewers are encouraged to *"talk to [their] doctor about Zoloft . . . Call 1-800-6-ZOLOFT or visit www.ZOLOFT.com.*" The voice of empowerment is further visible in the Zoloft tagline, "*When you know more about what's wrong, you can help make it right."* As discussed

earlier, a major component of the rhetorical success of these ads is consumer empowerment or agency. This tagline essentially puts the onus on the consumer to learn *"more about what's wrong*" so they can eventually take the appropriate action and choose how to *help* make it right." Interestingly, including the word "*help*" is strategic; it protects the drug companies in a sense. To add the word "*help*" recognizes that though consumers have agency, it is not ultimate; the ultimate authority lies with the physician. However, to the lay consumer concerned with what is within their power, the clear implication here is that if consumers take action, happiness and healing is within reach, thanks to Zoloft.

Thus, it is clear that Zoloft executions also rely on the rhetorical strategy of identification as a means to illuminating a bardic voice. Further, instead of featuring real people, animation is the primary tool used to illustrate the symptoms of both depression and PTSD. As in the Prozac and Paxil executions, advertisers persuade consumers to identify with the product via familiar imagery. While this decision may have been budget-driven, it is nevertheless an interesting alternative to the typical slice of life advertising of other prescription drug ads. Furthermore, the tactic sets the product apart from its competitors while still conveying the feelings brought to the surface by depression and PTSD. These messages feature images familiar to those who suffer from depression and PTSD, and thus a common ground is created with the audience. The bardic voice is detected in these Zoloft ads as the answer to the questions "Does this ad feature ignite thoughts or feelings associated with the consumer culture 'of the people'? Does the ad feature suggest a horizontal pattern of communication between speaker and listener, implying an equal relationship?" is "yes." Thus, viewers are encouraged to act

on their consumer authority and talk to their doctor, influencing him/her to prescribe Zoloft, and to end feelings of sadness and stress. Through the use of the rhetorical tactics discussed above, the first component of the rhetorical paradox is addressed, and the science is ultimately humanized.

Conclusion

In closing, as underscored by Zagacki (1996), in a rhetorical act where societal voices coexist, an appropriate balance of bardic and priestly voices while critical, is difficult, and risks rhetorical efficiency and success. In his article concerning the rhetoric of neoconservatists, Zagacki effectively illustrated the risks involved in vocal imbalance: In neoconservative rhetoric, "the result of parsimony was that social problems were viewed simplistically, as controllable defects in 'private character' that could be 'experimented' with. . . . Such parsimonious rhetoric made it difficult to construe social difficulties in alternative ways" (p. 184). While Zagacki emphasizes the importance of balance, Meister (2001) highlights the role of the bardic voice in television in his rhetorical analysis of The Weather Channel and its approach to combining the voices in the arena of public science. Regarding the bardic voice, he refers to its power to create identification:

> [it is] the bardic eloquence by which expertise becomes rhetorically powerful, particularly in the context of television. We witness on TV a plethora of experts who tell us about how to dress, how to plant a garden, how much value our family antiques possess, how to remodel a bedroom, etc. This expertise is always rhetorically combined with visual displays that identify with larger audiences (p. 417).

Similarly, this chapter has demonstrated the rhetorical significance of the bardic voice in prescription drug advertising as well as the role of identification as the means to illuminating that voice. To speak using the bardic voice is to speak through the voice "of the people;" through the voice of consumer society.

Ultimately, prescription drug advertisers use the bardic voice as a way to address part of the rhetorical paradox that has emerged in light of the new rhetorical situation prescription drug advertisers face. In order for an execution to be considered an efficient use of advertising dollars, two objectives must be carefully balanced: 1) encourage consumer authority, and 2) rely on scientific authority. Using the rhetorical strategy of identification, direct to consumer prescription drug advertisers like Prozac, Paxil, and Zoloft and are able to create a common ground with their target audience which in turn, champions the therapeutic mindset of a consumer society where a consumer's agency is critical. When the audience sees and hears the voice of themselves, they engage in an examination of self. Recognizing that their current state of mind (depressed, overwhelmingly fearful, or anxious) is holding up their lives, they are encouraged to change their situation and respond to the therapeutic rhetoric. According to an article in *Advertising Age*, the advertising "empowers the patients [consumers], addresses the problems of underdiagnosis and undertreatment, and increases the dialogue between doctors and patients [consumers]" (Teinowitz, 1999, p. 55). Realizing that it is not in their long-term interest to continue to identify with the "before the drug" situations depicted in these ads (i.e. to continue to consider themselves a target), they are encouraged to listen to their internal voice and identify not with the "problem" portion of the "problem-solution" ad format, but with the "solution;" a happy and normal life, free

of depression, of fear, of anxiety. In the next chapter, I will explore the advertisers' use of the priestly voice and analyze the rhetorical strategies they employ to address the second component of the rhetorical paradox - relying on scientific authority, which serves to *scientize the humans*.

CHAPTER III

THE PRIESTLY VOICE

In chapter two, it was established that by speaking in a bardic voice "of the people," prescription drug advertising addresses the first component of the rhetorical paradox (encouraging consumer authority). In this chapter, it will become clear that advertisers also speak in a priestly voice in order to successfully address the second component of the rhetorical paradox: relying on scientific authority. As chapter two demonstrated, using the bardic voice and the rhetorical strategy of identification (via slice of life and animated ad formats) allows the rhetor to situate the product and its benefits in the common experiences shared by sufferers of depression, PTSD, and social anxiety.

A consequence of the mainstream advertising realm in which the ads exist, it is no accident that the bardic voice dominates these ads, specifically at the onset of a TV execution. For practical reasons, this ensures a similarity to the mainstream ads which air before and after the prescription drug advertisements of a given pod (set of commercials between program segments). For strategic reasons, speaking loudly in a bardic voice in the ad's introduction allows for maximum levels of identification between advertiser and consumer; a crucial attention-getting segment of the ad. Furthermore, establishing a firm common ground through identification at the forefront sets "the scene" for the entrance of the priestly voice. When the discourse is predominantly bardic in nature, as in all mainstream ads and at the onset of prescription drug ads, advertisers essentially adopt a peer persona; someone who shares a common ground and familiar experiences. They, in

turn, invite the consumer to adopt the more authoritative persona, giving them feelings of purchase power familiar to consumers. In this way, the first component of encouraging consumer authority can be met. Hence, prescription drug advertisers speak in a bardic voice for the ad's entirety with an emphasis at the beginning, allowing them to pave the way for the entrance of the priestly voice; a voice that crescendos as the ad progresses and overtakes the bardic voice, which, while still present, becomes secondary.

It is the case, of course, that in an effort to persuade consumers to purchase, *all* advertisers seek identification with their audiences. Because the consumers have complete authority to choose which over-the-counter products they buy, mainstream advertisers have little need to add the priestly voice to the bardic discourse on which they rely. In the case of prescription drugs, however, given that prescription drug companies *nor* consumers have ultimate authority to sell or purchase the product, the advertisers depend heavily on the inherent scientific authority of the prescription drug to accentuate their own authority and ensure rhetorical success. Importantly, prescription drug advertisers will not achieve their goals using the bardic voice alone; they must rise to the occasion, and using a priestly voice, speak "from above." Advertisers speak in a priestly voice by relying on the rhetorical strategy of persona, specifically a scientific persona, which in turn satisfies the second component of the rhetorical paradox: reliance on the product's inherent scientific authority. This chapter will identify the scientific persona as the key rhetorical strategy employed by advertisers in order to accentuate the product's inherent scientific authority, and consists of three sections: 1) the priestly voice in prescription drug advertising, 2) the priestly voice and persona in prescription drug advertising, and 3) conclusion.

The Priestly Voice in Prescription Drug Advertising

In chapters one and two, I discussed the work of Zagacki (1996) and Meister (2001), as both authors highlight bardic and priestly voices in the discourse of neoconservatives and The Weather Channel (TWC) respectively. Their work is also relevant to this chapter, as each author's perspective helps clarify the functions of the priestly voice. First, Zagacki's work is particularly helpful because it reinforces the importance of balanced voices. He analyzes the rhetoric of the 1960s, a decade which produced significant changes in American politics, particularly between two groups: the radicals and liberals of the New Left, and the "neoconservatives" who sought to defend American culture. These "neoconservatives" relied on a priestly voice in an effort to promote their politics in the aftermath of the cultural changes the 1960s brought, but in several instances, used an ineffective approach. Neoconservatives "believed their social science represented a more objective and therefore better approach to social problems. From their allegedly superior priestly perch, neoconservatives usually frowned upon the efforts of liberal policy efforts" (p. 174). To their audience, this language was threatening, and instead of gaining support for their cause, they drive potential supporters away, creating a boomerang effect. Clearly, using a priestly voice appropriately is both important and difficult. To use a priestly voice is to speak in an authoritative voice "from above." Seeking to establish a higher level of credibility (or ethos) is, as this example demonstrates quite obviously, audience dependent. Persuasive appeals must be used strategically by a speaker who must be conscious of an audience's power to accept or reject the speaker's efforts to enhance credibility. On The Weather Channel (TWC), for

example, a priestly voice is adopted more successfully, as audiences accept its authority versus considering it a threat.

In his article, Meister (2001) analyzes the bardic and priestly voices within the rhetoric of TV meteorology as it is portrayed on TWC. He argues that TWC combines the voices in order to create "weathertainment" that encourages consumer practices related to social and economic needs. Meister's work enhances this chapter by illustrating the power of the priestly voice when it is appropriately used. Unlike the neoconservatives, TWC had a better understanding of its audience, which was critical to its rhetorical success. Knowing, for example, that weather watchers are either weather enthusiasts or busy planners, they can speak directly to their interests: the social and economic factors that can be affected by good or bad weather. The meteorologist, in fact, reflects the roles of both priest and bard; they reflect cultural practices relevant to economic and social realities of the public (bardic) and speak with the authority of the priest-scientist (priestly). Using words and phrases like "system" and "frontal movement" as a priestly overlay implies scientific complexity, yet is understood by most viewers. The TWC priests "like the priest prophesizing about the apocalypse, can warn weather watchers of impending danger by tracing the 'path of the storm'" (p. 421). In the end, their application of the priestly voice is a success because credibility is established in the viewer's mind. Watching the meteorologist in action, the priest speaks and the bard displays how weather patterns influence our lives, reinforcing the need for the priestly voice as it directly impacts our lives from an economic and social standpoint.

While Zagacki (1996) focuses on the difficulties neoconservatives experienced using the right emphasis of the priestly voice, Meister (2001) articulates the effectiveness

of the priestly voice overlay when the rhetorical situation is accurately examined from all angles, especially audience analysis. Thus, speakers who assume a priestly voice speak "from above;" their qualities are of an "extra-human" nature. Audiences can never really approach this elitist, niche society, for the priest is an authority figure in the eyes of the audience; to them, priests are, in a sense, omnipotent. As mentioned in chapter one, prescription drug advertisers, through the voice of the authoritative members of the scientific community, speak in a priestly voice. How, then, is the priestly voice identifiable in the discourse of prescription drug advertising?

Locating the priestly voice in these ads involves identifying ad features that reflect authority, specifically scientific authority. That is, the priestly voice is found if the following questions are answered by the critic in the affirmative: "Does this ad component suggest images or linguistic features associated with the scientific community? Does the ad feature suggest a vertical pattern of communication between speaker and listener, thereby implying a power relationship?" For example, we know from chapter two that when evaluating images of sad and happy characters in the context of these ads, the answer to these questions is "no." Such images are bardic in nature; they conjure up feelings associated with the consumer society, and suggest a horizontal pattern of communication. Conversely, when evaluating images of nerve endings featured in the ads and words/phrases like "seratonin" or "Ask your doctor," the answer to the aforementioned questions is "yes." These images do bring forth associations with the scientific community (complex and unfamiliar concepts linked to the functions of nerve endings) and suggest a vertical, authoritative communication pattern (one that exists between a scientific expert and a lay consumer). To extract ad features that are

priestly in nature is to focus on the ad features that reveal its operation as an authoritative voice of the scientific community. If advertisers essentially need to rely on the product's inherent scientific authority to achieve rhetorical success, what rhetorical strategy is used to illuminate this authoritative, priestly voice? In the next section, I will identify persona as the rhetorical strategy used by prescription drug advertisers to meet the second component of the rhetorical paradox: reliance on the product's inherent scientific authority.

The Priestly Voice and Persona in Prescription Drug Advertising

Broadly speaking, the concept of persona refers to the "imaginary, the fictive being implied by and embedded in a literary or dramatic work" (Campbell, 1975, p. 391). While persona is certainly a term associated with literary and dramatic works, Paul Campbell also notes its association with and relevance to rhetoric:

> . . . there is a rhetorical dimension that is brought into being by the techniques via which the work achieves its effects . . . but since many of the same techniques [e.g. assuming roles, creating personalities] are also employed in rhetoric, it would seem the *personae* are to be found in both poetic and rhetoric. And so they are (Campbell, p. 394, emphasis in original).

In light of that conclusion, he discusses a definition suitable for rhetoric. Essentially, persona is the implied author, or speaker of a particular work. It is "*the created personality put forth in the act of communicating*" (Walker cited in Campbell, p. 394, emphasis in original). Further, persona is "a being which has no necessary resemblance

to the author" (p. 394). That is, while persona is the implied author or speaker, the two (actual and implied) are not necessarily identical.

Speakers use the rhetorical strategy of persona for the purpose of enacting roles, and do so by speaking to the audience in a slightly different, albeit familiar voice that is not necessarily their own. Rhetors speak in this "other voice" in order to achieve rhetorical purposes and overcome obstacles better than they could using their own voice/personality alone. Relying on the rhetorical strategy of persona allows speakers to embody the qualities and values associated with the assumed persona and reflect those to the audience. For example, when a speaker assumes a reporter persona, the speaker wants to be recognized as someone who is unbiased, educated, informed, fair, and has the interests of the audience close at hand; character traits the speaker would not convey as strongly, perhaps, as if the reporter persona is not assumed. Campbell (1975) notes the use of persona as a rhetorical strategy in newspaper articles, which "involve points of view, attitudes, value judgements" and the like. They do not necessarily reflect the real character of its real author, but instead a created personality set forth by that author and the traits or qualities it implies. Aside from these forms of media, personae can be found in most every text. In fact, Campbell argues that personae are embedded in all discourse: "To discourse is, before anything else, to act, and the very nature of the act implies an actor" (p. 405). While personae may be present in all discourse, it takes a skilled rhetor to successfully enact a given persona with a specific audience in mind and achieve the intended rhetorical goals.

Adopting personae is also a common strategy for many advertisers and is easily transferable to the realm of mass media messages. In contemporary advertisements, for

example, financial giants like Prudential assume the persona of financial advisor, Revlon assumes the persona of beauty consultant, and Lord & Taylor assumes the persona of fashion consultant, each seeking to adopt the personality traits associated with their respective persona. Thus, advertisers (particularly prescription drug advertisers) have the rhetorical strategy of persona within reach; a strategy that has the potential to enhance the persuasiveness of the speaker's message considerably. Here, the rhetor assumes the persona of a scientific expert while the consumer assumes the role of a lay consumer who is less educated and subordinate to the scientific persona.

In his article "The Persona of Scientific Discourse," Campbell (1975) suggests that the key terms associated with science are objectivity, predictability, and control; they are fundamental to the scientific endeavor, and thus, fundamental to the scientific persona. From this discussion it will become clear that the scientific persona works in scientific discourse in the same way persona works in other discourse; it is only the context that differs. That is, the scientific persona is at work when the rhetor assumes a personality that is scientific in nature, and according to Campbell, this means adopting a persona similar to one that is concerned with objectivity, predictability, and control.

To say that objectivity, predictability, and control are a part of the scientific persona is to say that they cannot be completely divorced from it; each concept influences and ultimately defines the scientist. First, to be objective is to treat something as an object, as impersonal, and with an unbiased mindset. Although science calls for the practice of objectivity and Campbell (1975) poses this as an impossibility, objectivity is a characteristic of the scientific persona all the same. While there is no way to disentangle oneself from the traces of personal values, emotions, biases etc., it is nonetheless

expected that scientists strive to maintain objectivity to the best of their ability. Predictability is the second characteristic of the scientific persona. As scientists are expected to be objective, they are also expected to predict accurately (predict the outcome of an experiment, predict or correctly diagnose patients, etc.). Campbell acknowledges the importance of predictability in the practice of science when he says: "if the method of study includes nothing that allows one to predict future events, future behavior, or even the outcome of future studies of the same segment of reality, what is going on is not science" (p. 398). Predictability, therefore, is arguably a characteristic of the scientific persona because it is particularly expected of the scientific community. Lastly, control is defined as the third characteristic of the scientific persona. The concept of control is also a goal of scientists; scientists are expected to experiment using controlled methods, for "we can study only a chaotic mass of interpenetrating influences, and thus, without control, one will never be able to attain the specificity necessary for predictions" (p. 398).

In sum, Campbell (1975) articulates an acceptable view of what he refers to as the "in-here" (the process via which the scientist closes off, removes, safeguards the self from others) scientist from an "out-there" perspective (the place deemed untrustworthy, steeped in unpredictability and stupidity): "We expect accuracy and precision from the scientist, and without control they seem impossible of achievement; and we want the scientist to tell us what will work, to be able to predict what will happen when we do such and such" (398). Thus, identifying the scientific persona in scientific discourse involves looking for a speaker who adopts a certain "created personality;" a scientific personality that champions objectivity, predictability, and control. This persona,

undoubtedly priestly in nature, resides in a context of superior knowledge "above" the rest, and is defined by hierarchical realms of "in-here" and "out-there."

The scientific persona defined and described above is present in the prescription drug advertisements of Prozac, Paxil, and Zoloft. In this context, the advertiser enhances the persuasiveness of the message by adopting a scientific and thus authoritative persona, which makes the persuasive appeals markedly stronger *with* the persona than *without* it. In other words, if Prozac, Paxil, and Zoloft spoke as the faceless, multi-billion dollar profit seeking companies the public perceives them to be, their message would be significantly weaker. Importantly, because drug companies do not possess the authority to prescribe, it is through adopting a scientific persona that they can bring forth the qualities the speaker needs (objectivity, predictability, and control) in order to enhance persuasiveness; the persona implies an authoritative relationship within the scientific community. Conveniently, enacting a scientific persona allows advertisers to make two important assumptions: 1) if they are the scientific expert, the viewer is the less authoritative, less educated lay consumer (what Black [1970] refers to as "second persona"), and 2) once accepted, certain aspects of that relationship become the foundation for certain appeals, such as the freedom to use highly technical, scientific terminology. These assumptions will be discussed in what follows, and the chapter will conclude with a textual analysis.

First, as the rhetor assumes the scientific persona, consumers fall into the persona of the less educated lay consumer, and as a result of that implied authoritative relationship, are more likely to respond to the authority with which the advertisers' persuasive appeals are laden. Black (1970) refers to this notion (of inviting the audience

to assume a role) as the created or constructed audience, asserting that rhetorical action is participatory and involves a reciprocal relationship. Moreover, a second persona is sometimes implied by the discourse; a second persona is the implied auditor of the first persona's discourse. In the case of these prescription drug advertisements, as established earlier, two personae can be identified when the dominant voice is bardic in nature. When the advertisers seek to create identification most strongly (usually at the onset via slice of life and animated executional styles), the first persona refers to the peer persona assumed by the advertiser (implied author), while the second persona refers to the authoritative persona assumed by the consumer (implied auditor). In this bardic context, identification is created, and the consumer is encouraged to self-evaluate, feel that drug treatment is necessary, and is empowered to act. However, once the priestly voice enters and starts to crescendo, the personae shift; the first persona refers to the scientific persona assumed by the advertiser, and the second persona refers to the lay consumer persona assumed by the viewer. As a consequence of this shift, viewers have been charmed by the scientific persona, feel less educated, and are convinced that the next step is to seek the expertise they do not have in order to get the prescription.

Within prescription drug ads, therefore, as societal voices change, so do the personae that accompany it. When the bardic voice dominates, advertisers are peers and consumer are authoritative, "choosy" shoppers and the first component of encouraging consumer authority is met. When the priestly voice dominates, advertisers are scientists and consumers are members of the lay public who seek expertise, and the second component of relying on scientific authority is met. As has been illustrated here, several personae can manifest in an ad. This chapter, then, focuses on the use of the priestly

voice as advertisers adopt the scientific persona and viewers adopt a second, lay consumer persona. In what follows, the rhetorical strategy of persona will become visible in light of the Prozac, Paxil, and Zoloft advertisements.

Prozac

Of the Prozac advertisements studied in chapter two ("Tunnel," "Opening Blinds, and "Prozac Weekly" for television, "Prozac Weekly II" for print), the longer, more detailed "Prozac Weekly" television ad and its print counterpart will be analyzed here, as they best illustrates a relationship rooted in scientific authority. Compared to the Paxil and Zoloft ads, the scientific persona is less obvious in the Prozac Weekly television ad, which, while the priestly voice is visible, are mostly bardic in nature. A look at the voiceover will demonstrate this point:

> *When I start each morning. When my kids need a playmate. When I'm celebrating with family. Prozac Weekly is here. Ask your doctor if it's right for you. You can learn more at prozacweekly.com or call free 866-weekly9. Talk to your doctor today to see if a free trial could be right for you. Prozac weekly is here.*

In terms of images, one priestly scene shows a pharmacist – a prominent member of the scientific community - filling a prescription, but most of the images and words are bardic in nature. This, I argue, is likely the result of Prozac's position in the market. A product that has been in the United States since the mid 1980's, Prozac has become a familiar household name, and its association with depression is instantaneous; Prozac is to antidepressant as Kleenex is to facial tissue. The early Prozac ads were likely more dependent on the priestly voice to accentuate their authority, but now a brief reminder is

all that is necessary. By brand name alone, the lay consumer knows it is available by prescription only, and consequently, there is less pressure or need to reiterate its position as a prescription drug. This reminder approach is evident when advertisers speak in a "veteran" priestly voice by fulfilling FDA requirements as briefly as possible. They suggest that consumers talk to their doctor, the scientific authority who can diagnose and prescribe, and then refer consumers to additional sources: *"You can learn more at prozac.weekly.com or call free 866-weekly9,"* where brief summary verbiage exists in full.

To be sure, mentioning the website (*prozac.weekly.com*) and a toll-free phone number (*866-weekly9*) are clear efforts to accentuate authority via scientific images and terminology, both of which are present on the website and in the information toll-free operators send. Once the consumer enters either realm (website or phone conversation), the priestly voice begins to dominate, resulting in a tipped balance; the website and the literature available from toll-free phone operators consists of a wealth of information that is mostly scientific in nature. Additionally, a visit to prozacweekly.com allows consumer to explore the world of Prozac Weekly, which features self evaluations, video montages of how seratonin works in a "normal," "depressed," and "medicated with Prozac Weekly" brain, as well as warning, risk, and brief summary pages that overflow with technical language. In both contexts, the priestly voice "from above" begins to overshadow the consumer's realm of familiar experience. Thus, while using a less direct approach, the "Prozac Weekly" television ad does reflect the priestly voice. It is the case, however, that Prozac advertisers speak with a priestly voice most intensely via the print medium, which offers more rhetorical space for the scientific persona.

In early May 2001, the Prozac Weekly print ad debuted in major newspapers nationwide. It supported the launch of Eli Lilly's new product, Prozac Weekly, a higher dose of Prozac. Given that the ad is part of the "new" product's campaign launch, it is not surprising that the priestly voice is as noticeable as it is; establishing authority as a product is launched is critical to how the product will be perceived. Further, information is more permanent in print than on television; consumers can keep the newspaper or magazine ad for reference. In many cases, consumers bring the ad with them when the go "talk to their doctor," which is exactly what the advertisers want them to do. As Colford suggests, print ads can "fulfill the requirement so thoroughly that the text laden pages describing contraindications, toxicity and other features make the day's stock tables look simple by comparison" (1997, p. 48). It houses all the information they could want or need and more.

Visually, with the exception of the partly cloudy sky as background, virtually the entire ad is copy (i.e. text), and thus highly informative. One glance at the ad, and consumers know this ad is unique. In fact, it is reminiscent of the informational ad format that was abandoned by most advertisers as the therapeutic rhetoric emerged after World War II. With an image of a pill capsule and especially the technical language that infests the ad, the presence of scientific authority is undeniable. In terms of its only two images, the first is the "o" of "Prozac" representing the sun (bardic), and the other is a small pill capsule next to the logo. The pill alone suggests thoughts of the scientific community rooted in authority, as words like "illness," "prescription," "pharmacist," and "treatment" come to mind. While other mainstream drug ads (e.g. Tylenol, Aleve) do feature pills, a capsule is different. A capsule is essentially a small plastic "container"

pharmacists fill themselves; Tylenol and Aleve advertisements feature pills in the solid form of tablets or caplets, but not capsules. For safety and insurance reasons, over-the-counter drugs do not use the capsule form; consumers could tamper with and abuse the drug, putting the drug company in serious legal trouble. Thus, there exists a noticeable difference. Mainstream drug ads mostly feature consumer-friendly caplets or tablets, while prescription drug advertisements feature capsules, suggesting a more elite scientific culture rooted in authority. Furthermore, the capsule in the Prozac Weekly ad is positioned next to the Prozac Weekly logo, which is required by the FDA to include the formal scientific name, "fluoxetine hydrochloride." The presence of this highly scientific terminology certainly suggests a hierarchical relationship between speaker (advertiser) and audience (consumer). To consumers, this language is abstract and unfamiliar; to advertisers it is concrete and easily understood.

In even more depth, the brief summaries include technical language that continues to alienate consumers and reinforces a vertical relationship between speaker and audience. It also clearly reflects the three characteristics of scientific persona: objectivity, predictability, and control. Just above the fine print section of the ad, the copy reads, "*See below for product information*." This indicates that consumers are capable of digesting the information therein. However, a closer look at the text will demonstrate that few, if any consumers, have the scientific expertise necessary to decipher the information. The brief summary begins:

> *Brief summary. Consult the package insert for complete prescribing information. Indications: For the treatment of depression, obsessive-compulsive disorder (OCD) and bulimia nervosa. Also for the*

> *continuation treatment of depression (for patients stabilized on Prozac 20 mg daily) under the trade name Prozac Weekly. . . . There have been reports of serious, sometimes fatal reactions in patients receiving fluoxetine in combination with an MAOI and in patients who have recently discontinued fluoxetine and are then started on an MAOI. Some cases presented with features resembling neurolaptic malignant syndrome . . . Because of the long half-lives of fluoxetine . . .*

In this brief summary segment, consumers learn first that if they want complete prescription information, they should "*consult the package insert*," which is even more detailed than what consumers see in this ad. In addition, it becomes clear that Prozac Weekly also treats other disorders, and furthermore, that there have been "*serious, sometimes fatal reactions"* in patients who have taken fluoxetine (a completely alien term to consumers, who might assume it is the active ingredient in Prozac Weekly) in combination with an MAOI. Thus, consumers are forced to consider that taking this drug could in fact kill them if they start an MAOI, which is not defined anywhere in the ad. In addition, phrases like "*neurolaptic malignant syndrome*" raise questions concerning its meaning, though the word "*malignant*" certainly has negative connotations (if one thinks of it in terms of a malignant or benign tumor, for example). Elsewhere, similar words and phrases exist by the dozens: "*half-life,*" "*arythema multiforme*," "*the P45011D6 system*" (which, apparently *"should be initiated at the low end of the dosage range if a patient is receiving fluoxetine concurrently or has taken it in the previous five weeks*"), and the list goes on and on.

Though its usefulness to the consumer is questionable, the presence of the brief summary indeed works wonders for the authority the advertisers seek to accentuate. The consumers who read the summary likely stop after the first fine print paragraph or at most, glance through it in search of familiar verbiage. Consumers who are intrigued by this advertisement enough to read the fine print would be compelled to talk to their doctors about getting the prescription and importantly, how they can avoid becoming a statistic. In sum, both the image of the capsule and the dense language of the brief summary reflect the presence of the scientific persona in this print ad. Relying on the rhetorical strategy of the scientific persona, advertisers are better able to create the vertical relationship advertisers seek, and create more rhetorical space between the first persona of scientific authority and the second persona of lay consumer.

References to the characteristics championed by the scientific persona are also evident in the ad. Objectivity is suggested in the tone of brief summary, where the passive voice dominates and there are no references to "you" or "I" language ("*. . . all were reported to recover completely")*. Void of subjectivity, only facts are presented in the brief summary. Predictability is detected in the brief summary's warning information as well, as certain phrases suggest that the scientists can make assumptions about the future: "*Although these events are rare, they may be serious, involving the lung, kidney, or liver . . .this risk is expected to increase with fluoxetine . . . some evidence suggests that SSRIs can cause such untoward sexual experiences*." And lastly, there is evidence that what is known about this drug is the result of controlled experiments: "*The following events*

occurred in controlled clinical trials." Clearly, the characteristics associated with the scientific persona are visible in the advertisements, particularly in the brief summary verbiage. In sum, the priestly voice is evident in the Prozac Weekly television and print ads. When considering the images (pharmacist filling a prescription, pill capsule) and the language use (web address, toll-free number, and abstract scientific terminology), the answer to the following two questions, "Does this ad feature ignite images or linguistic features associated with the scientific community? Does the ad feature suggest a vertical pattern of communication between speaker and listener, implying a power relationship?" is "yes." Next, I will discuss these questions as they relate to Paxil's television and print advertisements.

Paxil

The Paxil advertisements illustrate the use of the scientific persona more directly than the Prozac advertisements as the images and linguistic features therein clearly suggest a vertical relationship between speaker and audience. At the beginning of the television ad, for example, viewers are invited to fill out a mental checklist. A question appears at the bottom of the screen and a voiceover reads, "*Does an unreasonable fear of embarrassment cause you to avoid most social interactions?*" In the next scene a second question appears, "*Is your anxiety around people so intense that it can feel like a panic attack?"* And then a third*, "Has this overwhelming anxiety significantly impaired your work or social life?"* On the right-hand side of each question are two boxes labeled *"yes"* and "*no*." Using these test questions and "fill-in-the-blank" images, advertisers assume an authoritative persona by acting as members of the scientific community who

have a high level of expertise compared to the uneducated lay consumer, who may or may not suffer from social anxiety disorder. The test-taking format suggests an inherently hierarchical relationship in which the individual posing the question is more knowledgeable about the symptoms of the disorder than the individual answering the question. Asked back to back allowing for one word answers only, these questions suggest a vertical relationship between expert (advertiser) and non-expert (consumer).

Advertisers further assume a vertical relationship by suggesting: "*We know what social anxiety can feel like . . .and Paxil can help.*" Here, the rhetor assumes the consumer suffers from social anxiety disorder and consoles them: "There there. We know what social anxiety disorder feels like. Now let's get you some help." While the first phrase is bardic (seeking to identify with consumers), the priestly voice of authority enters when Paxil is suggested as the solution to the consumer's problem. This priestly voice crescendos when consumers hear the next phrase, "*Over ten million people suffer from overwhelming anxiety that significantly impairs work or social life*." Clearly, the speaker has experience with this disorder, can define it, and can solve the consumer's problem. The consumer, then, is positioned as having social anxiety disorder but too uneducated and inexperience to solve the problem.

In another television ad, the priestly voice enters boldly at the beginning: "*Social anxiety disorder is an intense persistent fear and avoidance of social situations. Over 10 million suffer. Do you?"* Here, from a priestly perch, advertisers console consumers by suggesting that they are not alone. They should not think they are imagining these symptoms, but feel confident facing their differences; after all, ten *million* others are just like them. Using statistics to support their claim that social anxiety disorder is

widespread, scientific authority is established from the onset, and then the question/answer consultant process begins. After the question/answer images subside (similar to the previous ad), the consumer is exposed to the technical language of the brief summary which includes warning/risk information. "*Paxil is not for everyone. Tell your doctor what medicines you are taking. People taking MAOIs shouldn't take Paxil. Paxil side effects may include decreased appetite, dry mouth, sweating, nausea, constipation, sexual side effects in men and women, yawn, tremor, or sleepiness*." As in the Prozac advertising, consumers are encouraged to "*Call 1-800-454-6163 or visit www.visit.paxil.com"* to become better equipped decision makers in a priestly realm where scientific discourse exists throughout.

Paxil's brief summary is horrifically confusing to consumers, and includes a plethora of information, little of which is useful. It, too, highlights the three characteristics of the scientific persona: objectivity, predictability, and control. As consumers read through the brief summary on the back of the print ad, for example, they encounter excerpts such as:

> *Concomitant use of Paxil with tryptophan is not recommended. Use cautiously with warfarin . . . Reversible hyponatremia has been reported, mainly in elderly patients . . . However, due to the risk of serious ventricular arrhythmias and sudden death potentially associated with elevated plasma levels of thioridazine, paroxetine, and thioridazine should not be co-administered.*

Speaking as an authoritative figure with an "in-here" frame of reference, these brief summaries include highly technical language and places consumers and advertisers as far

apart on the spectrum of common knowledge as possible, creating a more distant, unbalanced relationship in which the advertisers are perceived as the ultimate authority figure from the scientific community. Embedded in this detailed brief summary is another language; a scientific language on which advertisers rely in order to meet the second component of the rhetorical paradox, the reliance on scientific authority. Assuming a scientific persona, advertisers continue to widen the hierarchical gap between themselves and consumers, who feel increasingly distanced from the rhetor as these unfamiliar complex concepts are explained.

There are also references to the objectivity, predictability, and control in these ads; the characteristics championed by the scientific persona. As in the Prozac advertisements, objectivity is evidenced by the fact-oriented information in the brief summary: "*Twenty percent of Paxil patients in worldwide clinical trials in depression and 16.1%, 11.8 %, and 9.4% of Paxil patients in worldwide trials in social anxiety disorder, OCD, and panic order, respectively, discontinued treatment due to an adverse event*." Statistics like these carry a certain level of objectivity; to the uneducated, they connote a truth that cannot be disputed. In terms of predictability, advertisers make blatant assumptions in the brief summary, "*Assuming that the relationship between paroxetine's in vitro Ki and it's lack of effect on terfenadine's in vivo clearance predicts its effect on other IIIA4 substrates, paroxetine's inhibition of III4 activity should have little clinical significance*." Though embedded in scientific terminology, this phrase suggests that the authority figures have the expertise necessary to make predictions regarding the drug's effects on patients. Lastly, the brief summary also discusses lab results in terms of the controlled environment in which they were conducted:

"*Commonly observed adverse events in controlled clinical trials . . . In placebo-controlled clinical trials involving more than 1,800 patients with depression . . .*" Thus, the characteristics of the scientific persona, objectivity, predictability, and control are all visible in the brief summaries of the print ads, the medium best suited for this complex information.

In short, the Paxil ads indeed rely on the priestly voice. In the most direct fashion, an evaluation is conducted (implying an authoritative relationship), the efforts to educate the consumer via website and phone number in the body copy are well established, and the highly technical language is present via both voiceover and brief summary. Recognizing these features results in an emphatic "yes" as an answer to these two key questions, "Does this ad feature ignite thoughts or feelings associated with the scientific community? Does the ad feature suggest a vertical pattern of communication between speaker and listener, implying a power relationship?" Lastly, I will discuss the use of the scientific persona in the Zoloft advertisements.

Zoloft

By conducting a "dialogue" between advertiser and consumer, both Zoloft TV ads (one targeting depression, one targeting PTSD) begin with a series of information-gathering statements, which invite the consumer to participate in a less direct "evaluation," asking them to admit to the way they've been feeling recently:

> *You know when you're not feeling like yourself. You're tired all the time. You may feel sad, hopeless . . . and lose interest in the things you once loved. You may feel anxious and can't even sleep. Your daily activities and relationships suffer. You know when you just don't feel right.*

By themselves, these statements feel bardic in nature; it sounds like a voice seeking to understand and comfort. However, in the context of a prescription drug advertisement, given the product's direct link to the scientific community, traces of an authoritative relationship begin to emerge here, and crescendo in the statements that follow. Compared to Paxil's blatant question/answer session, the difference here is that instead of literally asking the question, the consumer is persuaded that they do in fact feel a particular way. To say *"You know when . . ."* is to assume that consumers have the ability to conduct a pseudo psychological evaluation. The next part of that "evaluation" statement implies typical symptoms of depression: *"Not feeling like yourself,"* being *"tired all the time,"* feeling *"sad, hopeless . . ."* and "*los[ing] interest in the things you once loved*" are all symptoms of depression familiar to the target audience. Questions and answers about symptoms are implied in the second half of the statement (. . . *you feel tired all the time*)", while diagnosis is implied in the first half ("*you know when* . . ."). As viewers are exposed to the message, they answer a set of implied questions an authoritative member of the medical community might ask: "How are you feeling? Are you sleeping? How are you spending your time? How are your relationships?"

This question/answer tactic, which feels bardic at first, gently puts consumers in the uneducated, subordinate position underneath the expert scientists, who are knowledgeable, more educated, and more authoritative. When an individual engages in a question/answer dialogue of this nature, an indication emerges that a problem exists. Fear and uncertainty overwhelm the consumer, and a logical course begins to "find out what's wrong with me." Phrasing statements in this way allows Zoloft to employ an efficient, effective strategy that limits a consumer's freedom to doubt that a problem

exists, and importantly, suggests that the speaker is the expert on the subject, which in turn, accentuates their authority.

Although the aforementioned statements feature an underlying priestly voice, the voice crescendos in much the same way as in the Paxil ads: *"You know when you just don't feel right. Now here's something you may not know. These are symptoms of depression, a serious medical condition affecting over 20 million Americans."* Here, via straightforward voiceover and subsequent fine print warning and risk verbiage, consumers learn about the disorder they may have, are reassured that they are not alone, and are exposed to a high degree of abstract scientific terminology as they consider solutions. Through strategic language selection, the authority of the advertisers (manifest in the scientific persona they assume) is particularly pronounced, and the priestly voice begins to drown out the bardic voice. With the phrase "*Now here's something you might not know*," consumers immediately assume the role of the uneducated lay consumer while the advertisers further accentuate their authority. Surely consumers can learn from watching advertisements, but this example exemplifies the priestly voice because the assertion exists in the context of the medical community with which consumers have little, if any familiarity with its concepts and terminology.

To further enhance their authority, the following passage from Zoloft is presented in both media (TV and print):

> *While the cause is unknown, depression may be related to an imbalance of naturally occurring chemicals between nerve cells in the brain. Zoloft, a prescription medicine, works to correct this imbalance. When you know more about what's wrong, you can help make it right. Only your doctor*

> *can diagnose this anxiety disorder. Zoloft is not for everyone. People taking medicines called MAOIs shouldn't take Zoloft. Side effects may include dry mouth, insomnia, sexual side effects, diarrhea, nausea, and sleepiness. Zoloft is not habit forming.*

The goal of this copy is to educate consumers about depression and the accompanying risks. It is defined as "*a serious medical condition*" affecting millions, and as the ad progresses, abstract concepts are introduced from both an audio and visual perspective, giving the audience a brief lesson in neuroscience in the end. Complemented by a light-hearted musical score to convey a happy ending, viewers are exposed to an animated image of chemicals floating between two nerve cell endings, while they learn about the function Zoloft performs. Assuming an authoritative scientific persona, the advertiser's ethos is accentuated as they "dumb down" the scientific process and give a lesson on how Zoloft works once treatment begins. Assuming that most consumers do not have a high degree of familiarity concerning neurological processes in the brain, this "*dramatization*" (as it is labeled on screen) affords consumers the opportunity to feel more informed and knowledgeable about how the drug works via simplistic, animated terms.

Scientific authority via technical language is even more observable in the fine print of the print ads. For example, when considering Zoloft as a treatment option, consumers are warned, "*People taking medicines called MAOIs shouldn't take ZOLOFT*." What, one might ask, is an MAOI, and what does it mean? There is no definition or explanation of this acronym in the body copy (if it is in fact an acronym), and consumers are left uninformed and patronized, which allows the priestly voice to dominate. Statements like these clearly identify the rhetor as the authority and the

consumer as the uneducated. Further, the words "*sertraline HCl*" can be found in parentheses and in slightly smaller font under the Zoloft logo in both TV and print executions. It is likely that consumers can do virtually nothing with this unfamiliar language; they might infer that sertraline HCl is a main ingredient of Zoloft, but little else.

Essentially, using scientific terminology reminds consumers that these products, while they may help restore "happiness," are not at their disposal without a prescription. Consumers are encouraged to ask their doctors about Zoloft, who can provide further meaning to the scientific terms featured in the message. At the very least, inquisitive consumers might ask their doctor to define and explain terms like "*serotonin,*" "*MAOIs,*" and "*sertraline HCl.*" Once this priestly authority has been established, advertisers encourage consumers to "sell" Zoloft to their doctors: "*Zoloft, a prescription medicine, works to correct this imbalance*" This clearly implies that Zoloft is the answer to the consumer's problem, suggesting it is the best decision for treatment.

As was a feature of the Prozac Weekly and Paxil ads, Zoloft also directs consumers to their website, www.Zoloft.com, an atmosphere where the priestly voice abounds. and where. Interestingly, while some brief summaries target doctors (e.g. Paxil), this detailed brief summary features a "*Patient Summary of Information about Zoloft (sertraline HCl).*" Though it is written with consumer friendly language, the authoritative, vertical relationship between advertiser as consumer is clear. Like Prozac and Paxil, it also reflects objectivity, predictability, and control, the three defining characteristics of the scientific persona. The summary information is organized

categorically, and certain topics suggest that the treatment decision to take Zoloft has been made*:*

> *What is ZOLOFT used to treat?", "How Zoloft Works", "ZOLOFT is not for everyone", "What to tell your doctor before you start ZOLOFT", "ZOLOFT and other medicines", "How to take ZOLOFT", "Possible side effects", "What to do for an overdose", "How to store ZOLOFT", and "For more information about ZOLOFT.*

Much of the brief summary addresses questions one might ask before beginning treatment; what to tell your doctor before you start Zoloft, how Zoloft interacts with other medicines, how to take and store Zoloft, side effects that may occur, and what to do in case of an overdose. In addition, under the heading "*What to tell your doctor before you start ZOLOFT",* advertisers speak with a scientific persona, instructing consumers to "*be sure to tell your doctor if you have ever had an allergic reaction to sertraline or any of the other ingredients of ZOLOFT. Ask your doctor for a list of these ingredients if you have any questions*." The consumer is then exposed to language they might hear or read when picking up their Zoloft prescription at the drug store (how to store it, what to do in case of overdose, etc.). Providing information in this way develops a vertical relationship more fully and reflects a widened gap between advertiser and consumer. These brief summary details include a high degree of scientific language and references to scientific processes. Thus, the presence of scientific terms and assertions from an authoritative viewpoint serve to establish and increase the speaker's authority through a priestly voice and ultimately overpower the bardic voice.

Characteristics of the scientific are also visible in the Zoloft ads, but are less obvious, given that the brief summary is written in patient friendly language. Objectivity is most easily detected by taking notice of the fact-oriented tone: "*Zoloft comes in three different strengths of tablets (25 mg, 50 mg, 100 mg) as well as a liquid (20 mg/mL) . . . Other symptoms [of depression] are changes in sleeping patterns, restlessness or slowed movements, fatigue or lack of energy*." The rhetor does not introduce a subjective tone here; there are no personal views opinions, only scientific facts. Predictability is evidenced in the warning verbiage regarding MAOIs: "*A very serious reaction or even death could occur if ZOLOFT is taken at the same time as an MAOI medicine."* Here, the rhetor predicts serious reactions for patients who combine Zoloft with MAOIs, and thus accentuate their authority. Finally, the element of control is suggested when the advertisers assert that "*there were three times more women than men in ZOLOFT PTSD clinical studies, and in these studies women responded better to ZOLOFT than men*." Clinical trials suggest that controlled measures were in place when the drug was tested. With that, all three characteristics of scientific persona are present in the ad, and each characteristic contributes significantly to an accentuated level of authority for the advertiser, who assumes a scientific persona. In sum, the priestly voice is visible in the Zoloft ad features. When considering the blatant suggestion of self-evaluation, the efforts to educate consumers about the product's functionality, and the highly technical language in the ads, the answer to the questions, "Does this ad feature ignite thoughts or feelings associated with the scientific community? Does the ad feature suggest a vertical pattern of communication between speaker and listener, implying a power relationship?" is also "yes."

Conclusion

As chapter one established, in order to use advertising dollars effectively, prescription drug advertisers must speak with two audiences in mind: consumers (the primary target of the advertising) and those of the scientific community (who have the power to prescribe the product the advertising features). From this situation, a rhetorical paradox emerges, consisting of two components, both of which must work together to ensure rhetorical success. First, advertisers must encourage consumer authority (i.e. suggest that consumers have decision making power and get them to act by talking to their doctor), and second, they must rely on the product's inherent scientific authority (i.e. suggest that the ultimate authority lies in the hands of physicians and use this authority to enhance their own). To meet these components, advertisers rely on the bardic voice "of the people" and the authoritative priestly voice that comes "from above." In the end, when advertisers effectively balance these voices, the result is an effective advertisement that capitalizes on the consumer's authority as well as the product's authority. Zagacki (1996) and Meister (2001) both demonstrate the consequences of imbalance and the importance of balancing these voices. In the context of neoconservative rhetoric, Zagacki shows the misuse of the priestly voice, and in the context of The Weather Channel, Meister explores a more appropriate balance of the two voices.

As chapter two demonstrated, advertisers rely on the bardic voice to meet the first component using the rhetorical strategy of identification. The purpose of this chapter has been to identify the rhetorical strategy advertisers use in order speak with a priestly voice, and thus meet the second component. Advertisers rely on the rhetorical strategy of the scientific persona in order to speak in this priestly, authoritative voice. In this chapter,

the definition and function of persona in a more general sense, was introduced. Then, a discussion of Paul Campbell's (1975) scientific persona served to define this more specific type of persona, and its characteristics (objectivity, predictability, and control). The scientific persona was analyzed in light of prescription drug advertisements of Prozac, Paxil, and Zoloft. Relying on this rhetorical strategy, advertisers assume an expert, authoritative scientific persona and ask consumers to assume a less educated lay consumer persona. The scientific persona is visible in these ads when two questions are answered in the affirmative: "Does this ad feature ignite images or linguistic features associated with the scientific community? Does the ad feature suggest a vertical pattern of communication between speaker and listener, thereby implying a power relationship?" Each ad campaign was explored in light of these two questions as well as the three characteristics of the scientific persona. It was established that advertisers use persona increasingly throughout the ad, and as a result, consumers feel increasingly distanced from the product's functionality and its power to heal. Although rhetorical space indeed exists between advertiser and consumer, the distance is less than what was being created before "The August Switch." Here, the space is created by a priestly overlay to suggest that an authoritative relationship exists, but does not completely overpower.

In sum, it is critical to adopt a scientific persona in these ads; while the drug companies are in many ways "inside" the realm of advertising, they are, in a sense, "outside" that realm at the same time. Advertisers are completely reliant on both sides of the advertiser-consumer relationship in order to see a positive correlation between advertising dollars and profit. In reality, prescription drug advertisers "hover" over the advertiser-consumer relationship, striving to create a marriage between the two. Drug

companies cannot prescribe, so in order to sell, they must try to both push the consumer toward the physician by creating identification, *and* push the doctor toward the consumer by positioning their product as a viable solution for the consumer's problem.

The key difference between mainstream advertisers like Prudential, Revlon, and Lord & Taylor assuming various personae, and a prescription drug like Prozac assuming an authoritative scientific persona, lies in the locus of the ultimate authority in the event that a final sale is made. That is, for mainstream advertisers, the ultimate decision to buy rests entirely with the consumer. Conversely, the ultimate decisions regarding drug prescription rest with the physicians of the medical community. Consumers can argue repeatedly that Paxil is right for them, but until a doctor reaches for the standardized pre-printed prescription pad, they are, in many ways, helpless. Therefore, because advertisers nor consumers have ultimate authority in prescribing, advertisers rely on the inherent scientific authority of the product (and its "prescription-only" quality) by establishing a hierarchical, vertical relationship in the ads through the use of a scientific persona. To be clear, these advertisers, at a disadvantage compared to mainstream advertisers given the prescription "roadblock," ultimately serve as a mediator between consumer and physician in an effort to make a sale, and a rhetorically effective and efficient advertisement. "The bottom line is, that everything comes down to ask your doctor. The onus may be on DTC marketers to effectively take the place of a doctor in explaining the pluses and minuses of the medication, but the process invariably leads back to the physician who will write the prescription" (Wood, 2001, p. 5). For advertisers, the second best thing to having the power to prescribe is to approach a similar level of authority; to extract the scientific

authority inherent to the product, use it to assume the authoritative role of scientist, and ultimately scientize the humans.

CHAPTER IV

CONCLUSION

In light of the significant changes the drug industry has experienced in the second half of the 20th century, the purpose of this project has been to study the relationship between prescription drug advertising and scientific authority. To begin, three questions were posed in chapter one, two of which have been answered thus far: 1) "How has the rhetorical situation of prescription drug advertising changed since the mid-20th century?" 2) "What rhetorical strategies have emerged as a result of this new rhetorical context?" and 3) "What are the implications of those strategies (defined as identification and scientific persona) for our understanding of the relationships between consumer and drug companies and scientific authority?"

Summary and Implications

The first question was answered in chapter one, as the options available for prescription drug companies to advertise directly to consumers both before and after "The August Switch" were explored. Whereas creating advertising via pre-1997 advertising regulations was an inefficient use of funds, "The August Switch" changed the rules of the game. After "The August Switch", DTC advertising became justifiable from a financial perspective and contributed significantly to the company-wide marketing concept. It also became clear that increased freedom to advertise directly to the consumer brought about new challenges. Undeniably, these advertisers found themselves in new territory, sharing rhetorical space with mainstream advertisers who already knew the tricks of the direct-to-

consumer trade, as well as the strategies that worked best to achieve a particular outcome with that audience.

Once limited to the media channels of professional journal advertising and traveling sales representatives, prescription drug advertisers now needed to reach a new audience of consumers, satisfy the professional audience of scientists, and increase profits. Without the authority to prescribe the products they were promoting, prescription drug advertisers had to combine two inherently dissonant objectives in order to achieve ultimate rhetorical success. In order to *humanize the science* they needed to encourage consumer authority by persuading consumers to be agents of change. This involved seeking more information and talking to their doctor about their "abnormal" feelings and desire to be happy and "normal" again. In addition, in order to *scientize the humans*, advertisers needed to rely on the inherent scientific authority of their products in an effort to enhance their own. However, the audiences behind these components (consumers and scientists) exist on opposite ends of the continuum of societal voices; voices identified as bardic and priestly.

As Lessl (1989) asserts, the bardic voice is the voice "of the people," while the priestly voice is the voice "from above:" bards communicate horizontally (reflexive), priests communicate vertically (extensive). Though they do not typically coexist, as Zagacki (1996) and Meister (2001) both contend, these voices can and be blended; they can be unbalanced (as in the rhetoric of neoconservatives), and they can be balanced (as in the rhetoric of The Weather Channel). That in mind, in their new rhetorical space of mainstream advertising, prescription drug advertisers sought to apply the appropriate blend of societal voices in order to make the advertising work optimally. Essentially, the

ads are considered a justifiable use of dollars when consumers see the ad and identify with its message, are persuaded by its scientific authority to talk to their doctor about the product, and have a prescription filled.

The second question, "What rhetorical strategies have emerged as a result of this new rhetorical context?" was answered in chapters two and three, which concern the bardic voice and the priestly voice respectively. In order to meet the first objective (encourage consumer authority), advertisers spoke in a bardic voice "of the people" and relied on the rhetorical strategy of identification. Through slice of life or animated executional styles, advertisers recreated the before and after feelings associated with suffering from depression, PTSD, or social anxiety disorder as a means to creating the desire for the product. Additionally, advertisers relied heavily on the light-dark archetypal metaphor in order to ignite these powerful and deep feelings "of the people," feelings that were common and easily understood by sufferers.

The second objective (reliance on scientific authority) was met as advertisers spoke in a priestly voice "from above," using the rhetorical strategy of scientific persona, which is characterized by the practices of objectivity, predictability, and control expected of the scientific community. The public in general and consumers in particular, look to scientists to maintain objectivity when they analyze research results, predict accurately when they consider possible outcomes, and use controlled experiments as they search for answers to the "unknown." Once consumers have identified with the disorder (here depression, PTSD, or social anxiety disorder), they tap into their consumer authority mindset and feel compelled to act. Then, realizing they need a prescription drug, they seek the expertise of a scientist and the locus of authority is transferred. Dependent on a

scientific authority, consumers indeed expect the standards of the scientific community to be upheld; they expect an objective diagnosis, predictions about potential side effects, and assume that the information within the scientific community is the result of sound, controlled experiments. Using a scientific persona in these ads, advertisers sought to create an authoritative relationship between the scientific persona (first persona) and the lay consumer (second persona). By applying this voice gradually (through scientific images and linguistic features), consumers hear the voice crescendo as the message progresses, and by the end, are both encouraged to act and, as a result of the vertical relationship established, convinced of the product's authority. When a consumer walk into doctor's office with an ad in hand and asks for the prescription drug by name, it is at that point that the advertisers have done everything in their power to make this marriage work. Now, as it should be, the power to prescribe belongs to the physician alone.

The third question, "What are the implications of those strategies for our understanding of the relationships between consumer and drug companies and scientific authority?" is to be explored here. As discussed previously, all mainstream advertisers rely on the strategy of identification; it is job number one for advertisers, given their overarching purpose of selling products and services to consumers who value happiness, and are encouraged to believe that it can, in some ways, be purchased. That said, these advertisements clearly reflect an extension of a rhetorical strategy already hard at work in the realm of drug advertising: identification. These advertisements do, however, bring something new to the realm of drug advertising as a whole: a twist of scientific authority consumers had not previously experienced from this perspective. In terms of the drug industry, thanks to a capitalistic society, consumers have the freedom to choose from the

over the counter drug products they buy (all of which must be approved by the FDA as safe and effective for the general public). In the over-the-counter arena, because the *consumers* are the locus of ultimate authority, advertisers spend their time and advertising dollars distinguishing their product from competitors, claiming their drug is better than the other for one particular reason or another. For prescription drugs, this is not the case; the locus of authority is not with consumer, it is not with the advertiser, it is with the *physician*. That rhetorical obstacle in mind, prescription drug advertisers like Prozac, Paxil and Zoloft need to tap consumers on the shoulder and lead them toward the doctor's office, *and* tap into the scientific authority of the product, hoping to enhancing their own authority as experts on how to treat depression, social anxiety disorder, or PTSD.

The strategies of identification and scientific persona are clearly at work in the advertisements studied here. Relying on these strategies, advertisers hope to create the appropriate balance of bardic and priestly voices as they strive to create effective DTC advertisements. It appears as though these advertisers *are* blending effectively in many respects, thereby mirroring the *balanced* voices of The Weather Channel versus the *unbalanced* voices of neoconservative rhetoric. Although in most contexts, priestly and bardic discourse seldom share the same rhetorical space, the results of this study further support the assertions of Lessl (1989), Zagacki (1996), and Meister (2001) that they can and do coexist. Coexisting does not mean, however, that only one voice can be heard at a time; these voices are typically heard simultaneously. In these ads, for instance, it is clear that the bardic voice is never fully absent, and for good reason. Even when consumers read the brief summary pages of the print ads, it is read in the context of a consumer magazine or national newspaper that contains an overwhelming amount of bardic

discourse. What happens, next, is creatively subtle at first, yet rhetorically powerful in the end.

Typically, the bardic voice dominates the onset of an ad in order to get the consumer's attention and create a common ground. It is once identification has been established and the target audience is convinced they suffer from a given disorder, that the priestly voice emerges and begins its work. The voice crescendos as the ad progresses, creating more and more distance between advertiser and consumer as it creeps into the text. While both priestly and bardic images can be identified, the bardic images (via slice of life or animated executional styles) understandably outnumber the priestly images in light of the mainstream (i.e. bardic) context in which the ads appear. It cannot be ignored, however, that as consumers see these bardic images and feel encouraged to act, they eventually recognize the need to seek an authority as they see intermittent priestly images (e.g. dramatizations of neurological activity, pharmacists filling prescriptions, etc.) and importantly, hear the increasing amount of scientific language that accompanies those images in the second half of the ad *("depression is a serious disease that affects millions," "people taking MAOIs should not," "seratonin, a chemical in the brain").*

As Zagacki (1996) and Meister (2001) have clearly demonstrated, the results of blended voices depends on how they are used. They can create additional rhetorical conflict in an already challenging context as they did in the rhetoric of neoconservatives, or they can result in rhetorical success as they did in the rhetoric of The Weather Channel. For prescription drug advertisers, rhetorical success was unlikely prior to "The August Switch" because the rhetorical space between advertiser and consumer was too

great. With relaxed regulations, however, advertisers appear to have struck the right balance of bardic and priestly voices in the minds of consumers. This success is evidenced by the category's growth and spending activity over the last four years.

The numbers associated with advertising spending for prescription drugs are absolutely enormous. As mentioned in chapter one, over the past four years, spending directed at consumers has tripled to nearly $2.5 billion per year (Johnson, 2001). Prescription drug ads now account for 15 percent of U.S. spending to promote medications, up from almost 9 percent in 1996, and ad spending in professional journals - a primary source from which physicians obtain the most recent medical findings and breakthroughs - has declined (Johnson, 2001). As noted by an article in *Advertising Age*, prescription drug advertising has become one of the largest and fastest growing advertising categories thanks to "The August Switch." This evidence suggests that advertisers have adapted to their new rhetorical situation, and voices are being balanced appropriately.

Numerous studies have been done to analyze the effects of prescription drug advertising as well as the accuracy of the information therein. While this study has been the first of its kind to study the advertising of Prozac, Paxil, and Zoloft from a rhetorical perspective, there are additional perspectives from which prescription drug advertising could be analyzed.

Suggestions for Further Research

Generally, I see two major areas in which further rhetorical analyses of prescription drug advertising would be worthwhile: one concerns longitudinal studies of ad campaign texts, the other concerns gender differences in the ads. Now that

prescription drug advertising has been a part of the mainstream advertising culture for almost five years, opportunities for longitudinal rhetorical studies would seem worth of investigation. This study focused on three products within the psychotropic drug market (Prozac, Paxil, and Zoloft) and analyzed the advertising texts of a one-year period (2000-2001). The first study of its kind, it was established that these advertisements rely heavily on the rhetorical strategies of both identification and scientific persona in an effort to reach their overarching goals: encouraging consumer authority and relying on scientific authority. Now that a foundation has been established, it would be interesting to study the rhetorical strategies in prescription drug advertising as it has evolved since August 1997. Perhaps at that point, conclusions could be drawn about how this rhetorical situation was first approached in light of highly uneducated consumers, and how the advertising has responded to consumers as they become increasingly educated.

Many worthwhile questions could be posed in future studies now that these ads have been mainstream for nearly five years. Surely consumers are becoming more familiar with the messages of prescription drug advertisers (if not the language therein, at least the formidable presence of the ads in contemporary media); how have advertisers altered their messages to account for this "learning curve" of sorts, if one in fact exists? Were the rhetorical strategies of identification and scientific persona as "balanced" in 1997 as they appear to be in 2002? Further, in light of the continuing surge of prescription drug advertisements for a myriad of products (cholesterol, insomnia, toenail fungus), what kind of changes might be on the horizon as advertisers continue the quest to balance bardic and priestly voices? Does a saturation point exist for consumers? In other words, is there a point at which consumers might start to see these ads as

mainstream ads and feel convinced that they know more than they really know? What effect might this have on the appropriate dose of the priestly voice? Over the last five years, how have the opinions of doctors changed regarding the impact of these ads? In one study, Wilkes et al. (2000) found that some physicians saw benefits to a more educated consumer via DTC advertising, but many saw them as damaging to their authority. How have attitudes changed as the advertising continue to permeate the airwaves and magazines? Having a solid grasp of these questions may enable us to predict what might be in store for prescription drug advertising in the future, and how it will continue to impact the lives of consumers and the drug industry as a whole.

Secondly, looking at prescription drug advertisements from the perspective of gender seems useful, as men and women both appear to be targeted, though there is confusion concerning who is the primary target. Evidence suggests that many of these psychotropic drugs are marketed primarily to women, and thus reinforce the long-standing social view that depressed women are "diseased." It has been established that antidepressants are marketed primarily to women; both Kopp and Bang (2000) and Cline and Young (2001) have found that women notice and dominate drug ads more than men. Interestingly, there is also evidence that men are emerging as a target of psychotropic drug advertising: While women make 80 percent of healthcare decisions, according to a 1998 *Advertising Age* article, "most DTC advertising currently targets men" (Wilke, 1998, p. 25). From this study, we have seen that some ads certainly do feature men, either as the sufferer, as a member of a female victim's social circle, or as the advertiser (via voiceover). Paxil, for example, features one man "trapped" in his work environment,

lending support to the notion that men are becoming prime target for antidepressant advertising.

Are men moving into the rhetoric of antidepressants as suffers? According to Wendy Kaminer, this seems plausible: "Men have an especially hard time dealing with pain because 'society had a vested interest in making sure we didn't feel our feelings. I was raised to be unfeeling, angry, to be a killer . . . . Most women don't understand how angry men are'" (1992, p. 90). Further, "women are not alone in their pathology. Men are sick in complementary ways, and society itself is addicted – to the arms race, the repression of emotion, the accumulation of capital, and enlarging the hole in the ozone layer. These addictions reflect what is implicitly condemned as the disease of masculinity – rationalist, 'left-brain' thinking" (p. 15-16). That said, it would seem fruitful to examine prescription drug advertisements from a gender perspective, particularly the rhetorical strategies employed to reinforce long-standing notions that women are "diseased," as well as indications that men have emerged as a target for several prescription drugs.

In closing, the premise of advertising has always been and will always be to sell. Whether the advertisers are selling products or services, the goal is increased profit margins via effective communication through an effective marketing concept, which includes efficient advertising. When an advertising agency acquires a new client, the first order of business for the agency is to obtain a solid understanding of the client's product or service from all conceivable angles. They need to know the company's history, their short and long term business goals and marketing objectives, previous communication platforms, key competitors, and whatever obstacles they (and perhaps their former

agency) have met and the strategies they have applied to overcome them. A time consuming and multi-faceted task for any and every agency/client team, this process was particularly cumbersome for the agencies who took on the challenge of helping prescription drug companies create effective advertising campaigns. Time consuming and cumbersome all the same, these agency/client teams have produced advertising efforts that allow them to hover over both consumers and physicians, pushing these audiences closer together as they seek to achieve their long-term goals. "Above" the consumer but "below" the physician, these prescription drug advertisers push the audiences closer and closer together, creating a rhetorical marriage based in contrasting, but ultimately synergistic, versions of authority. In the end, humans are scientized, science is humanized, spending is justified, and everyone “feels happy.” And, of course, if they don’t, they know who to ask.

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