

2 Conceptual Foundations

In accordance with the investigation's predefined focus and the previously introduced research questions, several terms will be used throughout the paper. To guarantee they are grasped as intended by the author, they will be narrowed down and defined beforehand.

2.1 Health | Disease | Illness

Health, often referred to as a fundamental human right (WHO, 2013), is an intangible and abstract concept that is quite hard to define (Earle, 2007). Following the WHO (1946, 2006), health refers to “a state of complete physical, mental and social well-being” and implies the lack of disease (Balog, 1978; Boruchovitch and Mednick, 2002). Another definition stresses the fact that health lays the foundation for individual achievement and success (Seedhouse, 2001), may it be personal or professional, regarding it as the “state of optimum capacity of an individual for the effective performance of the roles and tasks for which s/he has been socialized” (Parsons, 1951). Those two definitions vary widely in their focus, as without a doubt, the WHO's view on health is very positive and idealistic: It presupposes the absence of infirmity (WHO, 2006) by taking a very utopian, if not even unattainable stance (Lucas and Lloyd, 2005). Moreover, it is very limited, disregarding dimensions of culture and environmental influences (Ewles and Simnett, 2003). Hence, the latter definition (Parsons, 1951), which is more to the point and conceives health as being dependent upon numerous factors, is deemed appropriate and will be consulted in the present paper.

Notions of and beliefs about health vary widely, covering assumptions of “health as a functional capacity” (Blaxter, 1982), “health as a social requirement” (Blaxter, 2010), “health as emotional well-being” (MacInnes and Milburn, 1995) as well as “the [healthy] body as a physical ideology” (Bourdieu, 1977). All these views emphasize health's contribution to a smoothly functioning society, and pursuing health for both a society's and an individual's sake is seen as a noble and highly virtuous mission (Crossley, 2003). Hence, it presents a central component of the ‘good citizenship’ ideal, according to which individual fitness and health are linked to the functioning of society as a whole (Warwick-Booth, 2012), constituting “a resource of life [and] not

the object of living” (WHO, 1986). This suggests that health guarantees a good quality of life if maintained properly (Rod and Saunders, 2004; Green and Tones, 2010; Buchanan, 2000) and, consequently, renders it a core component of human happiness, “equivalent to the set of conditions that enable a person to work to fulfill her realistic chosen and biological potentials” (Seedhouse, 1986: 61).

Health is often seen as one end of the continuum; the other end is reserved for disease or illness. While synonyms for health involve terms like vigor and well-being, disease is often referred to as affliction and sickness (Aghadiuno and Dowrick, 2010). In the case of illness, the (healthy) body transgresses from the social norm (Aghadiuno and Dowrick, 2010) and individuals are prevented from fulfilling their designated social roles; consequently, disease becomes an “unmotivated deviance” that cannot be tolerated but needs to be attended to (Health Knowledge, 2007a). In case of illness, a body malfunctioning occurs (Porter, 1992) that can be ascribed to numerous social factors, such as stress, unhealthy lifestyles but also bad working and poor living conditions (Cockerham, 2013). Although illness and disease are used simultaneously most of the time, these two constructs are fundamentally different from one another: while illness alludes to a social and lived-through experience (with individuals suffering from physical symptoms), it is limited to humans; disease, on the other hand, applies to both human and non-human beings, where it refers to the absence of human (life) qualities (Turner, 1996). This means that the term illness is used to account for a person’s subjective experience of disease (Aghadiuno and Dowrick, 2010) and is a purely social phenomenon, descriptive of the “meaning social actors employ to make sense of observed or experienced events” (Locker, 1981). Health, on the other hand, is regarded as bodily fitness and is linked to individual welfare, both on a mental and physical level.

2.2 Health Communication

On a very basic level, health communication is concerned with the practice of communicating and disseminating information on health topics to a widely dispersed mass audience (U.S. Department of Health and Human Services, 2014). It is predominantly utilized for educational respectively commercial purposes and captures a vast array of activities, e.g., public health campaigns, health education materials as well as doctor-patient interactions (Schiavo, 2007). The provision of (mass-mediated) information

happens with one goal in mind; that is to foster individual health literacy and influence personal decisions with regard to health and well-being (U.S. Department of Health and Human Services, 2014). In the process, the mass media has the ability to influence and even alter people's health behaviors dramatically and sustainably (Wright et al., 2008), functioning as a leveler by placing lay persons on an almost equal footing with health experts and professionals (Parrott, 2003).

Communication is, without question, a valuable asset to the health domain: "Health communication, like health education, is an approach which attempts to change a set of behaviors in a large-scale target audience regarding a specific problem in a pre-defined period of time" (Clift and Freimuth, 1995: 68). Regardless of it being applied by (commercial) manufacturers or (non-commercial) public service providers, health messages have "come to be understood as public [and commercial] health action which is directed towards improving people's control over all modifiable determinants of health" (Nutbeam, 2000: 261). As such, communication activities draw individuals' attention to environmental influences that impact health, also addressing individuals' skills and abilities (Green and Tones, 2010). In this process of raising awareness and creating familiarity with medical conditions, the mass media assists people in reducing their uncertainties about health issues, providing them with useful and enabling information that should ease their at times intense health situations (Wright et al., 2008). Even though individuals might fear receiving biased, false or incomplete information they cannot make sense of (due to its complexity), mass mediated health messages are, nevertheless, useful points of reference: they can stimulate respondents to reflect about their disease symptoms and make them seek information from a wide array of commercial and non-commercial sources, that explicitly address and are conducive to individual health and well-being.

2.3 Advertising

Being the most widely researched area of the marketing mix (Okazaki and Taylor, 2006), advertising can be one relevant source of information. It refers to "the nonpersonal communication of information, usually paid for and usually persuasive in nature about products, services or ideas by identified sponsors through the various [mass] media" (Bovee, 1992: 7). Through their promotional messages, marketers do not only

want to push relevant product information to an anonymous crowd but also intend to disseminate messages that invoke positive feelings and create desire for their offerings (Richard and Curran, 2002). Given that advertising pursues varying motivations, going beyond what consumers request, this promotional form can be considered to be a text genre that is motivated by clear sales intentions on the parts of the marketers and producers alike (Behrens, 2001; Forceville, 1996). Marketers rely on this communication form to create affective responses in recipients and wish to “create awareness, understanding, interest, and willingness to accept and to try the firm’s offerings (products and services)” (Wind, 1994: 321). Advertising is meant to satisfy existing consumer needs while, at the same time, it wants to create new wants for products (Woodside and Taylor, 1978), alluding to its capability to stimulate mental changes in consumers right away or in the (near) future (Weilbacher, 2001; Richard and Curran, 2002; Ros-siter and Percy, 1997).

2.4 Pharmaceutical Advertising

Pharmaceutical advertising is one specific form of advertising that covers all promotional endeavors by marketers of medical services and medicinal products, encompassing all “messages created by marketers of pharmaceutical products that attempt to inform, persuade and even entertain members of the target audience with the goal of influencing recipients’ attitudes – and ultimately behavior – in a favorable manner” (Diehl et al., 2008: 100). Generally, it is concerned with the promotion of either prescription or non-prescription drugs (Wind, 1994). Prescription drugs are medications intended to cure severe diseases and require a doctor’s prescription, since significant adverse effects and risks are attributed to their use (Diehl et al., 2008). By contrast, non-prescription drugs are meant to treat more insignificant medical conditions and do not depend on a practitioner’s approval (DeLorme et al., 2010). Increasingly, they are referred to as home remedies or self-medication substances (Robinson and Zhang, 2011) and present a prototypical way of engaging (health) consumers, strengthening them in their self-medication abilities.

In American households alone, OTC medicines are used as a primary self-treatment response to minor illnesses in 70 to 90 % of all cases (CHPA, 2014). Eight out of ten consumers put their trust in OTC drugs – a trust that is shared by practitioners and

pharmacists alike (CHPA, 2013). On average, non-prescription drugs are acquired 26 times per year via one of over 50,000 pharmacies or in more than 750,000 retail stores (CHPA, 2014), making those medications account for 8 % of the total pharmaceutical sales in the United States alone (CHPA, 2014). They form an affordable alternative to prescription drugs and almost 90 % of Americans are convinced that OTC drugs can drastically reduce their health-care expenses (CHPA, 2014). Non-prescription drugs are, additionally, easy to use thanks to easy, comprehensible product labels that have to comply with predefined FDA regulatory statutes (CHPA, 2014).

It appears as if U.S. Americans hold few reservations to using OTC drugs: they are very open to trying non-prescription medication for a variety of conditions on the grounds of their numerous upsides. In a more current research project, consumers put trust in this product class' effectiveness (9.1 points out of 10), few adverse reactions (8.3 points), and safe ingredients (7.6 points; CHPA, 2013). The convenience of self-medication substances is exploited, which does not require individuals to consult with a professional before purchasing the product (80 %; CHPA, 2013). In terms of category, pain medications are used on a more occasional basis (53 %), whilst allergy preparations are utilized slightly more frequently (57 %; CHPA, 2013). In total, 80 % of consumers remark on having claimed a more (pro-)active position in their healthcare due to the availability of OTC drugs (CHPA, 2014).

Pharmaceutical adverts for OTC drugs, which will serve as stimulus material in the present investigation, are subject to extended and tight regulation processes throughout the world due to their specific promotional character. Governments intervene by monitoring (and ultimately approving) pharmaceutical messages with regard to their credibility (Ryan and Vaithianathan, 2009), reviewing "any descriptive printed matter issued or caused to be issued by the manufacturer, packer, or distributor with respect to the drug" (Kracov and Davar, 2010: 321). With the publication of deceptive or misleading content being prohibited, pharmaceutical advertising can be of value to patients, promoting self-medication practices and enabling recipients to become an active agent in their health-care (Diehl et al., 2008).

Despite their numerous benefits, pharmaceutical adverts have been heavily criticized as well, often accused of solely emphasizing drugs' benefits over their prospective by-effects (Diehl et al, 2007). In addition, with big pharma allocating the greater part of

their funding to advertising (VOX, 2015; BBC, 2015), smaller brands are doomed to lose the battle for public recognition (Diehl et al., 2007). Notwithstanding those two trends painting a rather dubious picture of pharmaceutical marketers, suggesting them to be rather profit-driven (BBC, 2015), public promotions are capable of educating consumers (Morse, 1993) and reinforcing them in their self-medication abilities.

2.5 Culture

On a very basic level, culture presents a lens through which the world is perceived by a particular group of people (McCracken, 1986). The GLOBE study (House et al., 2004), which will act as a vital source of reference for this thesis, adopts Redfield's (1948) definition and perceives culture as "shared understandings made manifest in act and artifact" (cf. Triandis, 2004: xv). This means that human behavior has become ingrained in people's minds through socialization processes and can neither be altered quickly nor completely (Hofstede and Minkov, 2010). Culture models human life experiences and, as such, presents "the collective programming of the mind that distinguishes the members of one group or category of people from other [cultures and/or nations]" (Hofstede, 1984: 51).

Cultural values are at the heart of each and every society (Markus and Kitayama, 1991) and are essential to the individual self-concept (McCracken, 1986), shaping people's very actions (Masuda et al., 2012). Usually, cultural codes (later to be renamed as cultural dimensions; House et al., 2004) not only shape different cultural practices but also affect communication. In order for advertising to trigger positive responses and create lasting impacts, cultural parameters have to be taken into consideration, for messages are decoded by use of a uniform and shared coding system that is particular to a given culture and ideology (Frith and Mueller, 2004). Cultural codes constitute individuals' "mental programmings" (Hofstede and Minkov, 2010: 4), meaning that individual socialization takes place through social institutions (and the media); consequently, their personality is shaped according to culturally-accepted values that have not only been adopted early on in life, but have also been internalized and manifested over time (Markus and Kitayama, 1991). Only if advertising utilizes those cultural conventions efficiently and effectively, is it able to reach its ultimate goals, atten-

tion and liking (Scott, 1994). Hence, promotions are never sales messages alone, but also “social and cultural texts” (Frith, 1998: 1).

2.6 Standardization vs. Localization

In a globalized and converging world (Diehl and Karmasin, 2013), advertising executives are challenged when deciding whether to deploy a standardized or localized promotional strategy. Dmoch (1999) describes standardized or globalized advertising as any kind of promotional message that is executed in an identical manner in different countries, the only exception being the translation of its textual elements. Localized or differentiated/adapted advertising, in contrast, emphasizes the cultural peculiarities of each country setting it is utilized in. A standardized (or global) advertising strategy, hence, presupposes consumer homogeneity (Levitt, 1983; Okazaki et al., 2006) over consumer heterogeneity (Hofstede et al., 1999) and facilitates the creation of a consistent (brand) image across cultures (Backhaus and van Doorn, 2007).

Following research, not all product categories as well as local environments are equally suited for standardized advertising (Doherty and Ennew, 1995; Okazaki et al., 2013), which might explain global marketers’ reluctance to take such an approach (Kanso, 1992). Localized approaches might further serve as an expression of advertising’s low uniformization potential by virtue of its heavy reliance on cultural parameters (Boddewyn et al., 1986; Hite and Fraser, 1990). Another reason hampering ad unification might stem from an uncertainty as to when an advertisement “ceases to be a standardized advertisement and becomes localized instead” (Onkvisit and Shaw, 1999: 19). Agreement, however, is reached that the prevalence of a common theme across cultures – with minor adaptations being permitted – labels a promotion as being standardized (Onkvisit and Shaw, 1999).

In the advent of a growing globalized market, standardized advertising practice receives more recognition than ever (Agarwal, 1995), where it is applied as part of an enterprise’s global marketing strategy (GMS; Zou and Cavusgil, 2002). By focusing on cultural similarities, it blends out potential differences amongst its target audience and presupposes consumer homogeneity with regard to their psychological needs (Onkvisit and Shaw, 1990; Link, 1988). Hence, if consumer communalities dominate, marketers are advised to pursue a standardized advertising approach.

2.7 Health-Conscious Consumers | Empowerment

Being characterized by dynamic alterations over the past decades, the concept of the patient has experienced a redefinition recently, particularly through the commodification of both health-care services and products (Aggleton, 1990; Nettleton, 1997). The power of diagnosing the body and informing the patient about its symptoms was originally inherent to doctors, acclaimed experts in their fields, whose role involved observing, if not even correcting the human body in order to achieve perfect health – the norm (Rabinow, 1984; Rouse, 2003). This role distribution, however, does not prevail any longer – at least not solely. Lately, the term patient – connoting passivity and subjectivity to doctors’ recommendations and expertise (Jewson, 1976) – has been replaced by the concept of the “health(-conscious) consumer” (Porter, 1985: 3). This new type of consumer has emerged through lay people assuming expert status in health matters; they are involved with their bodies and personal health records, eager to actively acquire health knowledge and take away power from practitioners and their God-like status (Lupton, 1997). Self-care and self-medicalization can, thus, be seen as forms of empowerment, as an extension of medical expertise to the general population (Kickbusch, 1989).

The consumerism movement has heightened and increased consumer involvement in their healthcare. Hereby, the term consumerism refers to “a social movement seeking to augment the rights and powers of buyers in relation to sellers” (Kotler, 1972: 49). In the new millennium, patients emerge as empowered consumers, who are equipped with the skills that allow them to manage their health conditions and achieve a certain, desirable (health) outcome (Rappaport, 1987). They are encouraged “to ‘take back’ control over their health by engaging in preventive health activities, challenging the decisions and knowledge of doctors in the medical encounter, joining patient advocacy groups and eschewing medicine by seeking the attentions of alternative practitioners” (Lupton, 1997: 97) as well as coming to rely on self-management and self-medication practices. Beliefs in individuals’ abilities gear them towards the realization of their own skills, allowing them to have an increased say in their health-care (e.g., by practicing self-medication). Yet, individuals depend upon information that can educate them and turn them into ‘mature’ health (care) consumers.

Before discussing the investigation's theoretical background, the relevance of health to both the human body and individual identity needs to be established.

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