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# Unconscious Awareness of a Branded Life: Consumer Disillusionment and the Cultivated Commercialization of Public Health

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UNCONSCIOUS AWARENESS OF A BRANDED LIFE:  
CONSUMER DISILLUSIONMENT AND THE CULTIVATED  
COMMERCIALIZATION OF PUBLIC HEALTH

A Dissertation

Submitted to the Graduate Faculty of the  
Louisiana State University and  
Agricultural and Mechanical College  
in partial fulfillment of the  
requirements for the degree of  
Doctor of Philosophy

in

The Manship School of Mass Communication

by  
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## **ABSTRACT**

By unraveling the intricately powerful influences of pharmaceutical funding, this project examines ways in which product marketing infiltrates and contaminates public awareness efforts in the healthcare industry. Specifically, the following work deconstructs ways in which Merck Pharmaceuticals & Co. crafted a product endorsement through social marketing and nationwide lobbying efforts to most efficiently profit from the company's Gardasil vaccination.

Through means of textual analysis, interviews, focus groups, and eyetracking experimentation, I use Merck's product endorsement efforts to illuminate the complex dynamics muddling direct-to-consumer marketing and social marketing campaigns. Social cognitive theory (SCT) offers a strong supportive foundation from which to dissect viewer healthcare message processing. In conjunction with the behaviorally-oriented cannons of SCT, social trust theory and contemporary marketing scholarship further highlight the complicated ties uniting public policy, corporatized health-marketing operations, audience cognitions, and consumer behavior.

By piecing together the various ways in which Merck Pharmaceuticals puppeteered public understanding of HPV and cervical cancer, this work encourages greater awareness for the corporate influence and political agendas that work hand in hand in delivering meaning to American reality. Results indicate viewer awareness of brand markings in Merck's HPV social marketing campaign limit message effectiveness and negatively influence consumer trust. As such, my grounded analysis conceptualizes "unconscious awareness" as it relates to branded health communication. Emergent

findings showcase broader societal implications by unveiling patterns of conditioned ambivalence toward commercialized messaging.

This project speaks to the capitalized communications contaminating consumer trust and public health, and presents an argument for regulation realignment in the healthcare industry. Given the sensitive nature of public health message processing, and in light of the findings collected throughout this work, my multi-layered analysis petitions for regulatory guidelines which separately address and more clearly define executional protocols for social awareness efforts and direct-to-consumer marketing operations.

## CHAPTER ONE INTRODUCTION

*“The lesson is a simple one, but nevertheless it seems it must be learned repeatedly. Success in public health relies on public trust.” –Matthew K. Wynia, 2007, p.4*

On September 12, 2011, Republican Presidential hopefuls Rick Perry, Michele Bachmann, and Rick Santorum went head to head during the Republican Primaries in a CNN-Tea Party Debate. During the national broadcast, political mudslinging drew media attention to Governor Perry’s 2007 human papilloma virus (HPV) vaccination mandate and the heavily concealed industry ties that drove his executive order. Challenging accusations of “crony capitalism,” Perry dismissed allegations that corporate funding influenced his administrative decision, stating: “it was a \$5,000 contribution that I had received from [Merck]. I raised about \$30 million dollars. And if you’re saying that I can be bought for \$5,000, I’m offended.” Soon after the debate aired, financial reports traced Perry to much deeper and costly ties with Merck Pharmaceuticals. Investigative coverage eventually linked the Texas governor to a decade worth of donations from Merck’s political action committee (PAC) in amounts that approached \$30,000 (Murphy, 2011).

The issues surrounding Merck’s political endorsements showcase the cagy ties uniting government, commerce, and public health. Social psychologist Alex Carey argued “the twentieth century has been characterized by three developments of great political importance: the growth of democracy, the growth of corporate power, and the growth of corporate propaganda as a means of protecting corporate power against democracy” (Carey, 1997, p.18). The following work conceptualizes the net value of the corporate dollar, and delves into the commercialized networks driving healthcare communication. At its most basic level, this project takes a multi-faceted look at how one pharmaceutical company gradually entered and quickly controlled a vaccination market.

Concrete examples and case-specific findings showcase the bigger picture, pointing to the consumerization, politicization, and medicalization of public health.

As consumers grow more mindful and sensitive to corporate deception, the implications of industry agendas intensify. I navigate through the pipelines of the Big Pharma industry to demonstrate the ways Corporate America pollutes the principles of democracy and the sanctity of consumer information. Each division of my dissertation concentrates on the means through which Merck Pharmaceuticals commercialized cervical cancer to promote the Gardasil vaccination. While Merck serves as the case under investigation throughout this work, my focus is on the larger issue. The dynamics surrounding the marketing and mandating of the Gardasil vaccination specifically speak to the multifarious influences driving the commercialization of public health. In examining Merck's campaign as it relates to American capitalism and more closely investigating the vested interests feeding public awareness efforts, this work attends to the social, political, and commercial agendas driving today's healthcare communication.

### **Why Merck? Background and Rationale**

Though this analysis may initially seem like a biased attack against Merck Pharmaceuticals, it ultimately outlines the larger issues driving the commercialization of public health. With a rich legacy of questionable marketing tactics, Merck Pharmaceuticals' corporate history offers bountiful examples of how industry power manipulates cultural trends. Merck entered the media scene in 1981, placing an advertisement for a pneumonia vaccine (Pneumovax) in *Reader's Digest* (Ventola, 2010). A seemingly uneventful event, the ad placement later defined an epic moment for American capitalism by marking the birth of direct-to-consumer advertising (DTCA)



(Abel, 2006). Roughly two decades after initiating the marketing trend, Merck Pharmaceuticals made nationwide headlines again for issues related to prescription drug advertising. In September of 2004, reports surfaced coast to coast linking Merck's top selling anti-inflammatory drug, Vioxx, to more than 27,000 product-related deaths (MSNBC, 2004). Prompting regulatory debates, reports indicated that between the FDA's approval of Vioxx in 1999 and initial risk coverage in 2003, approximately 27,785 cases of sudden cardiac arrest could have been prevented through alternative arthritis treatments and medications (Associated Press, 2004). Merck Pharmaceuticals soon faced multi-million dollar legal costs stemming from over 24,000 plaintiff lawsuits (Huh & Becker, 2005). Pressured by the media's spotlight, Merck voluntarily withdrew the arthritis treatment, and by 2006, company profits plummeted by 34% (Liang & Mackey, 2011).

In the wake of Merck's Vioxx controversy, direct-to-consumer advertising once again fell under heavy scrutiny. Reports suggested that "the rise of Vioxx was due to 'masterful public relations, aggressive marketing and ineffective regulation,' with the FDA being criticized for failing to take sufficient action in the interests of public health" (McDougall & Popat Popat, 2010, p.898). The weedy ethical standards framing prescription drug advertisement regulations prompted responses from legislative leaders, including U.S. Senate Majority Leader Bill Frist (Hirson, 2005). As a means of protecting drug companies against the cataclysmic charges facing Merck and the pharmaceutical industry, Frist (in 2004) encouraged manufacturers to wait two years before advertising new drugs (Melillo, 2005). Financially wounded and with a reputation at stake, Merck ignored government recommendations and directed attention towards a highly anticipated

pharmaceutical breakthrough. While awaiting approval from the FDA for a groundbreaking HPV vaccination, Merck teamed up with non-profit agencies and proactively released a social marketing campaign that primed awareness for HPV and cervical cancer. Though Merck's awareness effort encouraged social vigilance, the pre-released messages sparked debate over corporate intentions; including accusations that the company developed a health issue facade in the interest of product promotion (Rubin, 2004; Eggen, 2011).

Further complicating the ethical foundation of Merck's product push, the pharmaceutical company lobbied nationwide for HPV vaccination mandates. Aware that GlaxoSmithKline was hot on the trail with a competing vaccine (Cervarix), Merck solicited nationwide immunization requirements for middle school enrollment. Mandates offered Merck an opportunity to funnel Gardasil profits into the litigation costs stemming from the Vioxx recall, and finally regain a secure financial standing (Krumholz & Beckel, 2011). Starting in Texas, the company gradually began to monopolize state-ordered vaccinations (Schwartz, 2010). By 2007, and less than one year after Gardasil received FDA approval, 23 states, as well as D.C., had introduced vaccination legislation (NCSL, 2013).

While Merck's Gardasil vaccine was the first of its nature, pre-emptive marketing efforts and politicalized messaging encouraged damaging allegations against the Big Pharma company. Given that the HPV vaccination provides promising hope in the nation's fight against cervical cancer, Merck's recovery efforts call attention to the ethical foundation of corporate power and commercialized communication within the healthcare industry. This research takes an in-depth look at the profit-driven agendas,

non-branded marketing strategies, and commercialized propaganda that induce public trust towards commercial interests. By deconstructing the fruition of Merck's issue awareness efforts, the launch of the Gardasil vaccination, and the company's ensuing lobbying strategies, I address commercial agents that go far beyond the face value of standard product advertising.

### **Research Outline**

Hartley (2012) suggests, "ever since the eruption of cultural studies into the field in the 1970s, U.S. communication science has been riven between 'quantitative' and 'qualitative' methods, and this fault line tends to reproduce the distinction between 'scientific' and 'humanistic' approaches rather than overcoming that deep divide" (p.37). Attending to Hartley's observation, I assume this project from a mixed-methodological approach; particularly focusing on Merck Pharmaceuticals' promotional branding for the Gardasil vaccination. I provide a comprehensive account of the issue at hand by merging the tenets of critical cultural research with the principles of positivistic scholarship. Specifically, this project leans on textual analysis, eye-tracking experimentation, focus groups, and in-depth interviews for data collection. Though methodologically distinct and issue-oriented, each theme of every chapter forges a globalized understanding of the ways in which corporatized health communication shapes consumer perceptions, public trust, citizen efficacy, and legislative policies.

The initial chapters of this project orient the reader with key terms, principal concepts, regulation development, and company history. After laying out my theoretical framework in chapter four, and providing rationale for mixed method research in chapter five, I more fully introduce the campaign under investigation in chapter six. Following

Hall's (1977) method of textual analysis, I deconstruct and reconstruct the deeper meanings embedded throughout the commercial text of the televised campaign messages. By stripping ads down to the fundamental elements of marketing semantics, the analysis lays the groundwork for a basic, but imperative, understanding of Merck's health messages. Group panels in chapter seven consider current trends in healthcare communication, and the implications of mixed-marketing models guiding public awareness efforts. Building on initial inductive research, succeeding eye-tracking experimentation in chapter eight tracks the ways in which viewer brand fixations correlate with participant attitudes toward awareness messages. Through within-subject investigative design, I compare microscopic indicators of attention with self-reported measurements of awareness. Fixation analysis promotes an informed approach to blended healthcare communication, facilitating the development of follow-up field work. The concluding in-depth interviews in chapter nine more closely examine the role corporate funding plays in legislation, regulation, and voter/consumer behavior. Funded by the John Maxwell Hamilton Annual Award for Media and Public Affairs Research, this final phase of research brings my investigation full circle by showcasing the symbiotic operations that regulate product industry, government agency, and consumer capitalism.

Corporate agendas take deceptive messaging to a dangerous level, introducing unique hazards to social stability. U.S. Supreme Court Justices (White, Brennan and Marshall) attest that industry privileges have "placed [companies] in a position to control a vast amount of economic power by which they may, if not regulated, dominate not only the economy but also the very heart of our democracy, the electoral process" (Lasn, 2000, p.160). My multi-layered analysis speaks to the capitalized communications

contaminating consumer trust and public health, and presents an argument for regulation realignment in the healthcare industry.

## CHAPTER TWO

### PROFITS SUFFERING? THERE'S A PILL FOR THAT.

*“The question about those aromatic advertisements that perfume companies are having stitched into magazines these days is this: under the freedoms guaranteed by the First Amendment, is smelling up the place a constitutionally protected form of expression?”*  
—Calvin Trillin, 1986

Steadily emerging over the past three decades, direct-to-consumer advertising (DTCA) drives a heated debate among both practitioners and scholars. Defined as “any promotional effort by a pharmaceutical company to present prescription drug information to the general public through the lay media” (Bradley & Zito, 1997, p.86), direct-to-consumer advertising seeks to influence healthcare behavior by “creat[ing] consumer demand, and changing the physician-patient relationship to a physician-consumer relationship” (Hollon, 1999, p.384). As one of only two Western countries to permit DTC advertising, the United States exhausts more of the nation’s capital on advertising prescription drugs than most countries spend on administering medicine; totaling \$7.5 billion in the year 2005 alone (Donohue, Cevalco, & Rosenthal, 2007; Young & Cline, 2005). While proponents claim the promotional strategy generates an informed and healthier society, adversaries argue such advertising elicits a self-diagnosing culture and prescription-dependent public (Pinto, Pinto, & Barber, 1998).

To date, much of the DTCA research focuses on behavioral outcomes of DTC marketing efforts (Donohue, Berndt, Rosenthal, Epstein, & Frank, 2004). Scholars have turned to a range of theoretical frameworks for pedagogic examination and application, commonly applying the philosophical tenets of information theory (Donohue & Berndt, 2004), reactance theory (Donohue, Berndt, Rosenthal, Epstein, & Frank, 2004), dual-stage theory (Murray, Lo, Pollack, Donelan, & Lee, 2004), social judgment theory (Pechmann & Ratneshwar, 1992), heuristic theory, (Huh & Langteau, 2007) social

learning theory (Welch Cline & Young, 2004), and/or cultivation theory (Park & Grow, 2008) to better examine doctor-patient relationships, health service utilization, public policy implications, medical compliance and drug choices. Content analyses are also prominent among published studies, typically examining the patterns, warning disclosures, and visual cues included in DTC promotional efforts (Macias & Lewis, 2003; Sumpradit, Ascione, & Bagozzie, 2004; Welch Cline & Young, 2004). While an extensive body of published work examines the nature, utility, effects, and influence of prescription drug advertising, research that connects DTC advertising to broader level implications is disturbingly lacking in our field. Such gaps in the current pool of knowledge provide an exciting opportunity to explore direct-to-consumer messaging beyond the immediate, first-person effects. My work expands the range of current research by connecting direct-to-consumer messaging and health communication to the driving forces of American capitalism. Using social cognitive theory to guide a grounded analysis of corporatized health messaging, I outline the less obvious socio-political influences that shape public health through time-honored industry practices.

Because of its significant and consequential bearing on society, DTC warrants continual scholarly examination. While the social value of pharmaceutical marketing arguably includes consumer awareness, patient education, and healthcare discussion, such promotional efforts yield gratuitous physician prescribing, patient misuse and abuse of medications, and escalated healthcare expenses (Liang & Mackey, 2011; Myers, Royne, & Deitz, 2011; Calfee, 2003). Such privileged and non-traditional product advertising necessitates deeper understanding of the social implications rooted in pharmaceutical healthcare messaging. Following the philosophy that one needs to understand the past in

order to think critically about the present, this chapter reviews the development of direct-to-consumer advertising, addresses current DTCA regulations, and ultimately advances an argument for marketing-specific regulations within the healthcare industry.

### **A Prescription for Consumerization**

Prescription drug advertising debates first erupted during the 1970s, when a number of Supreme Court cases called attention to issues surrounding commercial canvassing, regulatory intervention, and First Amendment violations (Beales & Muris, 1993). Legal disputes began with the 1976 hearing of *Shirley Terry v. California State Board of Pharmacy*. In the California Supreme Court, consumer plaintiff Shirley Terry issued “declarations of unconstitutionality and permanent injunctions against the enforcement of California Business and Professions Code insofar as they prohibit media advertising of the retail price of prescription drugs” (Terry v. California State Board of Pharmacy, 395 F. Supp. 94 - Dist. Court, ND California 197). The complainant sued on behalf of persons needing access to price information for prescribed medications. The District Judge ruled in favor of the plaintiffs, granting prescription drug advertising limited commercial speech protection in consideration of First Amendment violations and federal antitrust laws (Terry v. California State Board of Pharmacy, 426 US 913).

The seminal case called into question the inherent operations of a healthy democracy. Though the First Amendment serves as a linchpin of our nation, market-guided interests and indulgent consumerization prompt concern over commercial speech rights and the capacity of corporate voices (Coase, 1977). While some party lines support “the idea that (U.S.) democracy is and should be driven by whatever is conducive to a properly functioning market,” opposing viewpoints suggest the “protection of



commercial speech is an essentially anti-democratic result of misguided faith in a commercial way of life” (Jaramillo, 2006, p. 266). The *Terry v. California State* case further divided attitudes toward First Amendment protection in the context of a free market enterprise by extending the sanctity of individual liberties to satisfy commercial interests.

Unrestrained by traditional gatekeepers, Big Pharma turned to periodicals as a means of more effectively promoting product awareness and physician-generated prescriptions (Perri, Shinde, & Banavali, 1999). Five years after the pharmaceutical industry secured commercial speech protection, Merck Pharmaceuticals triggered the onset of prescription drug consumerism by placing an ad for Phneumovax in *Reader’s Digest* (Smith, 1997). The drug industry quickly followed suit, capitalizing on regulation relaxations. While reliant on sales representatives, medical journals, and direct physician communication for product promotion in years past, regulatory leeway allowed pharmaceutical marketers to directly communicate with consumers (Perri, Shinde, & Banavali, 1999).

Voicing concern over the possible effects these ads may have on the consumer, the FDA, accountable for monitoring DTC advertisements, issued an advertising moratorium in 1983 (Hollon, 1999). Two years later, regulations were relaxed due to arguments over commercial free speech, though the FDA continued to state that direct-to-consumer prescription drug advertising did not serve the public interest (Murray, et al., 2004). Numerous legal proceedings document the “dynamic government guidelines” that have shaped the industrialization of direct-to-consumer advertising throughout passing decades, including cases that call into question professional virtues, advertizing objectives,

first amendment protection, and the individual right to informed decision-making (Perri, Shinde, & Banavali, 1999, p.1798; *Bates v. State Bar of Ariz.*, 433 US 350 - Supreme Court 1977; *Bigelow v. Virginia*, 421 U. S. 809, 421 U. S. 817-818; *Virginia Pharmacy Board v. Virginia Consumer Council*, 425 U. S. 748).

While the Federal Communications Commission (FCC) regulates most broadcast messaging, and the Federal Trade Commission (FTC) polices advertising accuracy, the FDA's mission focuses on monitoring the safety of health-related products (Beales & Muris, 1993). Though all three agencies participate in the regulations and jurisdiction of mass mediated health messages, "the overt cooperation ends with prescription drugs. In this area, the FDA has jurisdiction over both labeling and advertising" (Jaramillo, 2006, p. 267). In light of the unique turf allotment, the FDA acts as the principal watchdog agency for all communications involving prescription drug marketing (Beales & Muris, 1993). While the FDA may promote the smooth operation of national health standards, Jaramillo (2006) argues such agency expertise inefficiently transcends into the terrain of mass media and broadcast communications. Operating in a field outside regulatory adeptness, the FDA extended prescription drug marketing protection near the turn of the 20<sup>th</sup> century, approving the use of radio, television, and Internet for DTC advertising (Perri & Nelson, 1997). While airway restrictions initially limited the scope of advertising reach and exposure, the switch in broadcast policies shepherded a change in marketing dynamics and diagnostic landscapes. Pharmaceutical companies quickly infiltrated various media to more effectively target consumer spending and healthcare behavior, putting forth a call for heavier watchdog agency involvement (Hunt, 1998; Woloshin, Schwartz, Tremmel, & Welch, 2001).

Despite heavily documented legislative concerns, adequate safeguarding continues to be thwarted by consumer demands, anti-competitive marketing policies, and commercial free speech (Woodcock, 2003; Cohen, 1998). Internet allowances further complicate communication limitations by offering opportune outlets for globalized prescription drug marketing. Liang and Mackey (2011) note,

Indeed, DTC advertising represents a global challenge, with concerns regarding how to appropriately regulate US and New Zealand DTC advertising disseminated by satellite TV, online ads and websites, sponsored links on search engines and social media, as well as print, which are similarly not limited to geopolitical boundaries. (p.398)

New media technologies expand and intensify pharmaceutical consumerism, and continue to challenge democratic systems as centuries move forward. Today, financial interests heavily engineer cultural environments to best suite consumerism, and in turn, largely determine the basic nature of our social systems. As a result of the wedded agencies sharing and shielding capital power, the closed pipelines of industry forces make it difficult for publics to challenge corporate agendas.

Speaking to the implications of institutionalized control and big business corruption, Lasn (1999) explains,

The overarching 'system' these days is consumer capitalism, which since World War II, Americans have understood to be solution to the country's woes, not the source of them. Capitalism has always been sold to us as our ticket to freedom, the antidote to the hellish bureaucracy of communism. But consumer capitalism- the society of spectacle- can be an even more insidious form of social control than communism, which is simply paternalism run amok. Communism is blunt and obvious, like a blow with a club. Capitalism's consumer culture cannibalizes your spirit over time, it puts you to work as an obedient 'slave component' of the system without your even knowing it. (p. 140)

Consumer reports highlight the methodical commoditization of healthcare communication, showing that in 1997, the industry landed 13<sup>th</sup> among 360 advertised

product categories. This ranking came one year *prior* to the finalized relaxation of DTC regulations (Med Ad News Staff, 1998; Jaramillo, 2006). DTC advertisements are among the most common forms of health communication, and perhaps even more disturbing, prescription drug ad spending is nearly eight times higher than research and development (Grantham, Ahern & Connolly-Ahern, 2010; Jaramillo, 2006). Such blatant exposure of market-driven interests point toward our nation's medicalization and trivialization of public health messaging.

Though nearly four decades have passed since the pharmaceutical industry secured commercial speech protection, the rapidly changing political economy and expanding abilities of global communications have heightened debates over industry regulation and accountability. Modern assemblies continue to grapple with media censorship and commercial speech legislation. Most recently, U.S. lawmakers attempted to provisionally freeze prescription drug advertising in 2007. Again, legislative efforts failed due to constitutional protection of commercial free speech (Liang and Mackey, 2011). Given that governmental censorship undermines the principles of a democratic system and poses a threat to the free market enterprise, healthcare messaging becomes increasingly vulnerable to profit-driven agendas and big business corruption.

Because of the fiscal interests driving commercial speech and health messaging, America's "heavily manipulative corporate ethos" poses a threat to social awareness efforts (Lasn, 1999, p.82; Lundgren & McMakin, 2004). As Jaramillo (2006) indicates, "When prescription drugs met modern television advertising, the profit motive instantly traveled to its logical and televisual extreme at the expense of medicinal truths and the people who rely on them" (p. 277). As a result of the latest adjustments in direct to

consumer advertising policies, and in light of today's epochal interest in public policy issues, corporate agencies often assume social marketing approaches to product promotion (Pardun, 2009). Such dubious approaches to consumer messaging increasingly surface throughout media airways, introducing an element of deception to the public health domain (Davidson & Novelli, 2001).

### **Social Marketing Seduction**

McChesney (2000) argues the recent rise in media capabilities, combined with the extensive latitude of corporate liberties, make the commercial increasingly indistinguishable from the non-commercial. Such argument brings into question our current understanding of public awareness campaigns, non-profit messaging, and corporately sponsored cause-related marketing. All marketing exchanges, whether for-profit or philanthropic, transcend the bounds of immediate transaction, shaping society at large through second-and third-order effects (Laczniak & Murphy 2006, 2008). In light of such cascading influence, the ambiguous guidelines and cloaked agendas framing healthcare marketing necessitate a re-examination of corporate responsibility and regulation intervention.

Often referred to as social marketing, cause-related philanthropy endorses "the design, implementation, and control of programs calculated to influence the acceptability of social ideas" (Andreasen, 2001, p.71). While disciplines philosophize over the logistics of non-profit participation in commercial contexts, few arguments address the implications and complexities of such of non-traditional marketing in the context of public health communication. Therefore, before deconstructing the nature of social

marketing as it relates to health communication, perhaps it would be best to address the common trends and misunderstandings that drive current social marketing research.

In 1969, Kotler and Levy pioneered new perspectives among macro-market researchers. The two economists re-invented the dogmatic foundations underlying the field of consumer marketing by coining the term “social marketing” (Andreasen, 2012). Seminal literature suggests marketing scholarship did not adequately account for non-profit fieldwork within business frameworks. Scholars therefore called for the broadening of commercial constructs. Though initially slow to respond, the discipline gradually acknowledged social marketing as an operative force among industry practices (Bolton, Cohen, & Bloom, 2006; Andreasen, 2012).

The American Marketing Association redefined and broadened the term marketing in 2007 to include “the activity, set of institutions, and process for creating, communicating, delivering, and exchanging offerings that have value for customers, clients, marketers, and society at large” (AMA, 2012). While AMA’s new definition provides insight to changes occurring throughout the field of marketing, *social marketing* lacks such structured operationalization. Thackeray et. al (2012) support this perspective, arguing “social marketing, a discipline rooted in marketing principles, lacks consensus on the conceptual and operational definition of product” (p.83). Ambiguously interchangeable, the term is often applied to nonprofit activities, as well the overall social impact of marketing (Kotler & Zaltman, 1971; Lazer & Kelly, 1973). Further, social marketing is frequently misused as an appellation for social media/network marketing (Andreasen, 2012).

Though extensive research conceptualizes the defining characteristics of social marketing, the definition of the term itself is far from clear. As a consequence of conventional standards and these unclear definitions, researchers are often trained to overlook the canons of social marketing as a means for examining corporate campaigning. While industry orientations toward financial gain often segregate social marketing from the realm of for-profit practices, recent literature suggests, “there is nothing that excludes the efforts of for-profit firms from the field of social marketing” (Andreasen, 2001, p.71). Unfortunately, however, the small pool of literature that recognizes social marketing as an industry strategy examines the issue from a business-oriented perspective. Current scholarship stems from a practitioner’s stance, and consequently addresses social marketing purely as an instrumental means to an end.

Literature heavily reflects the importance of social marketing scholarship, suggesting,

Both social marketing practitioners and scholars can benefit from studying the occasional use of social marketing by for-profit firms: the former to broaden their search for effective strategies, the latter to explore and better understand the relationship between social marketing and philanthropy, sponsorship, and cause-related marketing. It has become increasingly common for firms to think of each of these activities as part of their overall marketing or business strategy, and it is accepted practice for firms to target their charitable givings to complement their strategic goals. Much more thought must be given as to how all these activities fit into the all-encompassing concept of corporate social responsibility. (Davidson & Novelli, 2001, p.72)

Because those most knowledgeable in the area outline social marketing in terms of industry practices and company profits, current scholarship does not delve beyond a bullet-point outline of the messaging strategy. As such, we are conditioned to ignore the greater implications such mixed-marketing models have on public trust and social stability. While the benefits of social healthcare marketing include an overall increase in consumer awareness, patient education, and medical discussion, questionable

promotional efforts pose a threat to message reception and communication efficacy (Liang & Mackey, 2011). As Jaramillo (2006) suggested, “The strategies that have defined such corporations as Nike and Disney have now been co-opted by the pharmaceutical industry. The actual pill is peripheral to the lifestyle that is being built and promised to consumers, not patients” (p. 271). The commercialized exploitation of social marketing creates dire demand for critical interpretations of the current standards driving industry communications. It is clear social marketing needs to be more clearly defined as an industry practice. Social marketing, as it is explored throughout this body of work, is deconstructed as a corrupt business strategy and misguided approach to healthcare messaging. I suggest the notion of social marketing is an industry farce- a grandiose attempt to legitimize deceptive marketing and one more way to monetize corporate social responsibility. More concretely, however, I define social marketing as industry branded health awareness communication that does not directly promote a product.

I argue social marketing (as it relates to any definition) is neither appropriate nor suitable within the confines of healthcare communication/marketing. Following the argument that, “we should at least pause and think about what is happening when companies use social responsibility as an advertising strategy” (Pardun, 2009, p.175), my body of work attends to the implications of corporate-driven healthcare messaging. The product pushing threaded throughout current social marketing efforts reflects a contemporary need for a moral code in the healthcare industry. The following chapter sets the stage for my investigation, detailing the historical underpinnings that color a textbook case of social marketing exploitation in the public health arena.



### **CHAPTER THREE**

#### **COMPANY HISTORY & CAMPAIGN BACKGROUND**

*“We are committed to the highest standards of ethics and integrity. In discharging our responsibilities, we do not take professional or ethical shortcuts. Our interactions with all segments of society must be transparent and reflect the high standards we profess.”*  
–Merck Pharmaceuticals, 2012

In this chapter, I detail the evolution of events leading up to Merck Pharmaceuticals’ questionable marketing strategies associated with the release of the HPV vaccination, Gardasil. Lasn (1999) explained, “the commercial mass media are rearranging our neurons, manipulating our emotions, and making powerful new connections between deep immaterial needs and material products. So virtual is the hypodermic needle that we don’t feel it. So gradually is the dosage increased that we’re not aware of the toxicity” (p.12). Propaganda warfare breeds dangerous levels of public apathy as audiences passively accept the wayward dynamics of consumer capitalism. While such trends are unfortunate across any area of commerce, consumer skepticism and audience indifference become lethal in the healthcare industry.

Merck’s promotional canvass for the HPV Gardasil vaccination effectively highlights ways in which corporate agendas compromise consumer trust in public health campaigns. Lundgren & McMakin (2004) suggested, “when people perceive themselves to be at risk, they understand and put into practice only those messages that come from sources they perceive as trustworthy and credible” (p.38). Merck’s involvement in the HPV health awareness campaign, which eventually escorted audience members to a product promotion, presents communication challenges and public health liabilities. Connecting modern medicine to questionable industry trends, the question raised here is not whether Merck’s awareness efforts satisfy social marketing standards (as a review of

literature clearly demonstrates it does), but rather, whether the company's marketing strategy is appropriate, much less ethical, in the healthcare arena.

### **Commercializing Cervical Cancer?**

Worldwide calculations indicate cervical cancer claims roughly 275,000 lives per year (Itay, 2012). While once named the leading cause of cancer-related deaths for women nationwide, mortality rates are currently on the decline (Center for Disease Control and Prevention, 2012). Still, cervical cancer accounts for 15 percent of female cancers, with over half of all cases involving a strand of human papilloma virus (HPV) (CDC, 2011). HPV is carried in over 100 different strands of the double-strand DNA tumor virus, fifteen of which demonstrate a connection to cervical cancer (Harrar, 2009). Epidemiologic studies confirm sexual activity directly influences risk of cervical cancer, revealing that nearly 40 percent of HPV variations are sexually transmitted (CDC, 2012). The virus is currently identified as the "most common sexually transmitted infection in the United States, with approximately 20 million people currently infected and an estimated 6.2 million additional people who become newly infected every year" (CDC, 2012). Though HPV commonly surfaces in young women between the ages of 18 and 30, cervical cancer is more prevalent among females 35 and older, indicating delayed development of pre-cancerous cells.

The most abundant case of human papilloma infection, HPV 16, positively correlates with one's total count of sexual partners (CDC, 2012). Such associative patterns indicate promiscuous sexual activity elevates the risk of HPV infection. Research further suggests indiscriminate and unprotected intercourse advances HPV exposure and infection (Janicek & Averette, 2007). Though medical professionals and research experts

cannot identify exact triggers, studies do confirm that all women are at risk once becoming sexually active. While relational proclivities account for the foremost predictive influence of HPV infection, biological and behavioral powers contribute to susceptibility. Because chromosomal formulas often determine one's ability to fight disease and infection, genetic predispositions are a significant component of risk, accounting for 27 percent of primary triggers linked to cancer development (CDC, 2012). Aside from genomic design, smoking cigarettes, or having a history of smoking cigarettes, escalates risk of infection. Additionally, women who take birth control pills for five consecutive years or longer, and/or women who have carried a high number of pregnancies to full-term (most sources say more than seven) are at greater risk for contracting both HPV and cervical cancer (Burd, 2003). Because abnormal cervical cell changes seldom generate symptoms, regular gynecological exams and Pap test screening often serve as life-saving measurements (CDC, 2007). While Pap smears are critical measurements in preventative healthcare behavior, the tests are not guaranteed to detect all precancerous lesions or cancers.

Though cures for the human papillomavirus and cervical cancer have yet to be uncovered, continual scientific discoveries and medical developments advance the field of prevention. Most recently, on June 8, 2006, the FDA approved the world's first preventative vaccination for the human papilloma virus. This medical breakthrough not only provided a promising preventative treatment for the predicted 80 percent of sexually active women who are at risk of acquiring an HPV infection by age 50 (Schwartz, 2006; CDC, 2008), but also presented an appropriate occasion to communicate critical risk messages to the public.

As Hamilton (2002) notes, awareness efforts that clearly and directly communicate causes of disease onset oftentimes facilitate extensive prevention. Aiming to protect potential carriers, many physicians recommend discussing preventative behaviors and vaccination treatments with girls as young as nine years old (Center for Young Women's Health, 2012). By reaching vulnerable publics prior to infection exposure, pre-emptive measures are capable of reducing cervical cancer cases by over 60 percent (Janicek & Averette, 2007). Developed in an era marked by social progression and demand for risk defense, this medical discovery promoted opportunities to call attention to the connection between cervical cancer and HPV.

Eager to initiate public discussion and, perhaps more accurately, activate consumer demand, Merck & Co, Inc., announced the launch of a national print, television and online advertising campaign for the Gardasil(R) vaccination on November 13, 2006 (Petersen, 2006). Still rebounding from the Vioxx recall occurring earlier that year, the company's damaged reputation threatened corporate credibility. While Merck's HPV vaccination offered promising visions of a cancer-free community, civil suits and legal hearings cast a shadow on company integrity. In a 2001 report, the FDA publicly condemned Merck Pharmaceuticals for releasing misleading claims in relation to Vioxx, maintaining Merck failed to sufficiently address the drug's risks in the safety data submitted to the FDA. Additionally, the federal drug agency charged Merck with misrepresenting potential health threats in the promotional material marketing Vioxx to both doctors and consumers (Business Wire, 2006). Exacerbating a substantial loss in company profits, the financially wounded enterprise confronted an even greater loss in corporate credibility as it faced state and federal charges. Though Merck pledged to

carefully monitor future product marketing after signing a corporate integrity agreement as part of the settlement terms, the company continued to draw upon ethically questionable advertising strategies (Wilson, 2011).

Prior to receiving FDA approval for the HPV Gardasil vaccination, Merck joined forces with the Cancer Research & Prevention Foundation, as well as Step Up Women's Network, and launched a three-phased social marketing campaign. Merck's corporate heritage quickly complicated communications as reports characterized the awareness campaign as "a commercial effort" that "primed the market" for the company's new vaccine (Serono, n.d.). Reports also suggested the awareness push was strategically engineered to position Merck ahead of pharmaceutical rival GlaxoSmithKline, a company likely to jeopardize Merck's vaccination monopoly with alternative inoculation developments (Forbes, 2012). Merck's early release of the "Tell Someone" and "Make the Connection" health announcements invited consumer suspicion into awareness efforts. Davidson and Novelli (2001) highlighted ways in which corporatized health messages feed public cynicism, explaining,

Society expects and accepts that business will promote its goods and services toward the end of making a profit. It is confusing and skeptical, however, when business ventures into the area of social marketing to promote the improvement of social good by changing behavior. This leads to an increase in the already worrisome level of cynicism about, and distrust of, business. (p.90)

Though Merck insisted, "this campaign is part of a broad and longstanding public health commitment to encourage education about the disease," (Merck representative K. Dougherty in Swartz, 2006), non-profit involvement arguably operated in the interest of risk exposure, disease promotion, and, ultimately, financial gain. Siers-Poisson (2007) posited that by, "partnering with non-profits, especially non-profits that appear to have

patients' health and women's issues as their primary concern, Merck reach[ed] audiences that may have rightly been suspicious of the motivations of a pharmaceutical company" (p.32). Merck's participation in consumer education and pre-emptive awareness efforts can easily be perceived as ethically compromised and promotionally driven business operations. Despite glamorized business standards, praise-worthy corporate missions, and well-trained company representatives, Merck's bottom line gives rise to consumer suspicion over the underlying agendas driving vaccination discourse.

Noam Chomsky (2002) explained, "all over the place, from the popular culture to the propaganda system, there is constant pressure to make people feel that they are helpless, that the only role they can have is to ratify decisions and to consume" (p.17). To more fully relay Merck's influence in cervical cancer commercialization and vaccination consumption, I use the principles of media theory to frame my analysis. Though this project (in its entirety) stems from grounded analysis, social cognitive theory (SCT) guides theoretical assumptions. In the following chapter, I outline key concepts of message reception and behavior modeling; demonstrating useful and relevant applications of SCT in relation to my research.

## **CHAPTER FOUR**

### **THEORETICAL FRAMEWORK**

Social cognitive theory relays significant insight to ways in which message modeling mediates information processing and human behavior. Rooted in 20<sup>th</sup> century thought, SCT is largely recognized as the foundational framework from which to examine symbolic modeling, individual action, and societal trends (Bandura, 1986). SCT extends the tenets of social constructivism, and perceives people to be active participants in human development. The theory recognizes individual cognition as the locus for information reception and processing, while simultaneously acknowledging the influence individuals have over each other (Anderson, 1996; Bandura, 1986). The multi-dimensional breadth of SCT promotes critical evaluation of commercial modeling and the promotional strategies that drive consumer behavior.

Clinical psychologist Julian Rotter pioneered current interpretations of social learning, grounding seminal research in the basic assumption that drive-reducing behaviors guide human development (Rotter, 1945). While Rotter's work paved the way for behaviorist philosophies, critics argued such scholarship dismissed the function of human agency, and essentially stripped humans of "any consciousness, subjectivity, or self-identity" (Bandura, 2005, p.14). An advocate and key developer of the social learning framework, Bandura (1969) cited additional limitations, noting "if social learning proceeded exclusively on the basis of rewarding and punishing consequences, most people would never survive the socialization process" (p. 213). Accordingly, Bandura (1962) challenged the classical canons of behaviorism and stimulus-response theories, calling into question the degree to which rewards and punishments dictate human behavior.

As a means of corrective action, Bandura developed a program of research that studied self-evaluative standards for self-direction (Bandura & Walters, 1963). Rather than coupling responses to stimuli, his initial investigations tested the capacity for self-regulative and self-reactive influences (Bandura, 1977). By conceptualizing instrumental and classical conditioning in terms of expected outcomes, his work demonstrated that “people motivate and guide their actions through proactive control by setting themselves valued goals that create a state of disequilibrium and then mobilizing their abilities and effort on the basis of anticipatory estimations of what is required to reach the goals” (Bandura, 1991a, p.158). Examined under various experimental designs and testing conditions, evidence consistently shows perceived self-efficacy drastically influences the level of motivation and nature of succeeding performances (Bandura, 1982; 2001; 1991). His work extended initial learning models by supplementing previously shallow accounts of behavioral and environmental interactions.

To make sure the breadth of his theorizing and research expanded the scope of the social learning label, Bandura advanced a refurbished framework for which to evaluate the “determinants and psychosocial mechanisms through which symbolic communication influences human thought, affect and action” (Bandura, 2001, p.265). Bandura explained,

The theory under discussion had always been much broader than the initial descriptive label. It not only addressed how people acquire cognitive, social, emotional and behavioral competences, but also how they motivate and regulate their behavior and create social systems that organize and structure their lives. In the more fitting appellation as social cognitive theory, the social portion of the title acknowledges the social origins of much human thought and action; the cognitive portion recognizes the influential contribution of cognitive processes to human motivation, affect, and action. (Bandura, 2004, p.693)

Straddling cognitive and behavioral ideologies, the reinvented theory promoted a philosophy that addressed personal agency in terms of vicarious, self-regulatory, and self-



reflective processes (Bandura, 1991). The framework outlines human performance in the context of socio-structural influences in which cognitions, behavioral patterns, and social surroundings operate as a bidirectional network of interacting determinants (Bandura, 1994). Perceiving people as both the makers and the product of human development, the theoretical lens continues to be an effective means for which to examine the inner-workings of social influence and individual action.

### **Message Processing**

Governed by a cognitive process that involves attention, retention, production, and motivation, learning is dependent upon selective observation of modeling influences, the capacity to remember those modeled events, and one's ability to translate cognition into action (Bandura, 1991). Therefore, cognitive functioning, to a certain extent, determines messages likely to be perceived, associations connected with received communications, and ways in which imprinted messages are organized for later use (Bandura, 2009). While the attention process requires observers to focus on, discern between, and extract information from observed events, message retention entails rearranging gained information into categories that the memory preserves. Social cognitive theory argues retracting information is more than merely absorbing information, suggesting the process requires event recreation. During the production phase, the observer relates the memory's impressions to specific actions, which results in behavior formation (Bandura, 1991).

The outlined cognitive process delineates the path in which message modeling guides knowledge and skill into a positive course of action (Bandura, 1997). Early in his

career, Bandura (1977) stressed the power of behavior modeling and vicarious learning experiences, suggesting,

Learning would be exceedingly laborious, not to mention hazardous, if people had to rely solely on the effects of their own actions to inform them what to do. Fortunately, most human behavior is learned observationally through modeling: From observing others one forms an idea of how new behaviors are performed, and on later occasions this coded information serves as a guide for action. (p.213)

Cultivated learning heavily depends upon the degree to which models are perceived to be trusted exemplars of predictive outcomes (Bandura, 1965). Social cultivation, as it is discussed throughout this work, addresses the conditioned behavior or farmed knowledge that gradually defines human reality. The power of commercial modeling operates under the “understanding that it is others, like oneself, who provide the most informative social criterion for comparison” (Bandura, 1986, p.421). Therefore, the nature of message modeling and symbolic shortcuts heavily determine the normative trends that define societal attitudes, individual cognitions, and overall public affairs.

Playing an intricate role in transcultural change, technological advancements in the 21st century intensify the psychosocial impact and diffusion of symbolic modeling (Lasn, 1999). Recognizing multiple patterns of social influence, Bandura (2005) extended the conception of human agency to collective agency in discussing the dual paths of message influence. Bandura (2001) explained, “in effecting large-scale changes, communication systems operate through two pathways. In the direct pathway, media promote changes by informing, enabling, motivating, and guiding participants. In the specially mediated pathway, media influences link participants to social networks and community settings” (p.285). Modern modes of communication expand the range of modeling choices by transcending the bounds of traditional symbolic environments. As

such, “much of the social construction of reality and shaping of public consciousness occurs through electronic acculturation” (Bandura, 2001b, p.271). Because people turn to various media sources when health concerns arise, it is necessary for stakeholders to recognize the interpersonal and mass mediated influences that shape healthcare decision-making and perceived self-efficacy.

The latitude of symbolic communication surmounts the confinements of space and time as media images assume a new kind of power in today’s millennial generation (Mulhern, 2009). Accordingly, audiences are increasingly exposed to, and dependent upon, vicarious learning experiences. While both direct and mediated experiences promote self-efficacy, anticipated setbacks deflate perceived personal capacity. Flattened efficacy is mentally destructive, particularly when paralyzed by an inability to manage unfavorable situations (Young & Cline, 2005; Bandura, 1990). As such, audiences often alleviate dissonance through disengagement practices, such as diffusion/displacement of responsibility, blame attribution, and moral code reconstruction (Bandura, 1986, 1990). Given that medical situations typically carry negative overtones, healthcare messages often re-frame perceived situations and audience preconceptions in order to placate anxiety, discouragement, and assumed loss of control (Young & Cline, 2005).

### **Practical Application**

While SCT offers continual guidance for communication scholars, it is as equally valuable for those involved with psychology, sociology, neurology, criminology, and additional concentrations that focus on cognitive functioning and human behavior. A critical element in evaluating the strength of theoretical assumptions lies in the heuristic value of useful and relevant application (Littlejohn & Foss, 2005). The applicability of

Bandura's theoretical assumptions spans across wide-ranging fields of study, extending from mass media research to human trafficking investigations. Given the theoretical foci on psychological processes, individual behavior, and social structures, academics have successfully applied SCT's philosophical foundations to issues involving aggression and terrorism (Goslin, 1969; Bryant & Zillman, 1994; Reich, 1990), childhood development and education (Singhal et al., 2004), psychotherapy and behavior modification (Kurtines & Gewirts, 1991), substance abuse (Moore & Greenwood, 2005; Baum et al., 1988, 1997), organizational effectiveness in the workroom (Smith & Hitt, 2005), neurological disorders (Reich, 1990), environmental sustainability and globalization (Sharma & Ruud, 2003; Scott, 2001), spirituality and religion (Emmons, Cheung, & Tehrani, 1998; Beckford, 2003), socialization (Baum et al., 1997), and health promotion and disease prevention (Main, Argo, & Huhmann, 2004; Young & Cline, 2005; Lee-Wingate, 2006).

Calling attention to the operative function of information processing, Bandura (2005) argued "a theory [which] denies that thoughts can regulate actions does not lend itself readily to the explanation of complex human behavior" (p.15). People worldwide are acclimatized by the extensive reach and capabilities of mass media in the electronic age (Rotter, 1990). While human progression and evolutionary adaptation necessitate vicarious learning experiences, the role and context of modeled behavior in today's digital decade arguably compromise the caliber of social growth and cultural development. Channeling Lippmann's (1922) concern for the pseudo-environment in which society operates, the underlying tenets of SCT suggest media images and message content not only shape public perception of human reality, but ultimately cultivate

cultural norms. Consequently, mass media modeling increasingly sets the tone for message adaptation and social cultivation in today's information age (Carr, 2008).

Industrial developments continue to drastically transform the means of message diffusion, calling further attention to the investigational significance of research that examines the role of mass media in our social construction of reality. SCT speaks to media's influence on personal agency and offers psychosocial insight to visual persuasion, consumer behavior, and symbolic communication. Accordingly, this theoretical road map effectively guides analysis of communication efforts that target positive consumer response. Health awareness campaigns encourage message reception and behavior replication by relaying the information, knowledge, and skill necessary for goal attainment (Lundgren & McMakin, 2004; Lee-Wingate, 2006). Because humans depend on social modeling to orient themselves with the "norms" of environmental surroundings, health communication is more likely to be received if message senders are representative of targeted publics, modeled behaviors align with audience values, the information is constructed and relayed in a manner capable of being processed by the audience, and message design attracts viewer attention (Bandura, 1997). By deconstructing cases of commercialized health communication, scholars and practitioners can more effectively consider the means by which corporate agencies construct certain realities for healthcare consumers.

Packed with an explanatory power that outlines the multi-variable influences of viewer trust, message processing, and individual efficacy, SCT offers an appropriate framework for which to base my research and structure my interpretation of the larger social issues at stake. My investigative assumptions stem from social cognitive theory,

and I follow Bandura's time-honored philosophy to showcase the ways in which Merck Pharmaceuticals exploited public trust and health awareness messaging in order to most efficiently profit from the Gardasil vaccination. Based on the tenets of Bandura's theoretical underpinnings, I expect Merck's campaign design, commercial text, and modeling strategies heavily influence message potency and viewer consideration for HPV and cervical cancer. I predict campaign efficacy directly influences perceptions of vaccination efficacy and consumer self-efficacy, and believe social cognitive theory will effectively guide an empirical analysis of investigative findings. Throughout this chapter, I demonstrated the conjectural relativity of the core theoretical concepts driving my research. In the next section, I will outline my methodological approach for data collection and analysis of findings.

## **CHAPTER FIVE**

### **MIXED-METHOD RATIONALE**

Communication scholars engage in structured research as a means to solving some problem in the world in which we live. LeBlance (1995) explained, “the methods or tools used by scholars to study phenomenon are dependent upon philosophical assumptions regarding how scholars come to know about reality” (p.18). More often than not, methodological approaches to mass communication research are packaged and presented as polarized, diametrically opposed paradigms. Sieber (1973) speaks to the often over-simplified division of scholarship, explaining, "one [approach] profess[es] the superiority of deep, rich observational data, and the other the virtues of hard, generalizable data" (p.1335). As emerging scholars conform to a specific style of research, scholarship becomes increasingly bounded by the limitations of each methodological approach. Blind commitments to research paradigms paralyze the advancement of knowledge and debilitate human discovery. While it is clear that both qualitative and quantitative research promotes scholarship through distinct and unique capacities, segregated streamlines pose serious drawbacks to both academic and industry-driven investigations. As such, this chapter presents an argument for the instrumentality of mixed-method research.

Established in the postwar era, the positivist paradigm considers “social facts” to be independent of human nature, and sponsors investigative standards that are deeply rooted in objectivism (Potter, Edwards, & Wetherell, 1993). Through deductive reasoning, this research approach moves from the general to the particular, typically focusing on the overarching “truths” that are applicable to a defined population (Kaplan, 1964). Boasting a philosophy that is wedded to unbiased research and detached investigational

involvement, quantitative purists believe empiricism drives valid, reliable, and generalizable scholarship (Rossiter, 1976). While quantitative research often promotes reliable and statistically sound findings, artificial design sometimes limits the validity and generalizability of results. In combination with logistical barriers, experimental research and hard statistical analyses do not account for the cultural significance of investigative stimuli or social artifacts (Kaplan, 1964).

Conversely, qualitative scholars assume research from a different angle, arguing objectivity is unattainable given that the “knower and known cannot be separated...the subjective knower is the only source of reality” (Johnson & Onwuegbuzie, 2004, p.14). Though qualitative data and grounded analysis often lack analytical rigor, the “soft” approaches provide a solid foundation for which to develop critical cultural interpretations and strong anthropological arguments. Characterized by an inductive and hypothesis-generating propensity, post-positivism scholarship is often the preferred means for which to examine issues of culture, power, and message interpretation (Lindlof & Taylor, 2002).

Highlighting a clear divide among schools of thought, positivists criticize the context-based generalizations of qualitative investigations and the approach’s limited capacity for research scope (Creswell, 2003). Quantitative critics argue grounded theory cannot adequately attend to issues of reliability, validity, and generalizability given the unavoidable subjectivity that limits replication of interpretative scholarship (Ragin, 1994). Qualitative scholars, on the other hand, suggest “the quantitative desire to establish ‘operational’ definitions at an early stage of social research can be an arbitrary process which deflects attention away from the everyday sense-making procedures of



people in specific milieu. As a consequence, the ‘hard’ data on social structures which quantitative researches claim to provide can turn out to be a mirage” (Silverman, 2004, p.42). While quantitative investigations boast rhetorical neutrality, and qualitative research honors inductive subjectivism, the separation between research methodologies breed investigative sub-cultures, ultimately deterring academic evolvement. As Johnson and Onwuegbuzie (2004) explained, “Both sets of purists view their paradigms as the ideal for research, and, implicitly if not explicitly, advocate the incompatibility thesis, which posits that qualitative and quantitative research paradigms, including their associated methods, cannot and should not be mixed” (p.14). Given our conditioned pre-occupation with a two-toned interpretation of research methodology, emerging scholars are engineered to pursue style-specific research that follows the conservative standards of scholarship that is conducive to manuscript publication.

By assuming a balanced, integrative, and pragmatic approach to research, however, we can more effectively advance a pluralistic ethos throughout various disciplines. Johnson and Onwuegbuzie (2004) stressed,

Today’s research world is becoming increasingly interdisciplinary, complex, and dynamic; therefore, many researchers need to complement one method with another, and all researchers need a solid understanding of multiple methods used by other scholars to facilitate communication, to promote collaboration, and to provide superior research. Taking a non-purist or compatibilist or mixed position allows researchers to mix and match design components that offer the best chance of answering specific research questions. (p.15)

While scholars offer different reasons for the static stance of media theory and mass communication research, it is time to abandon the “*why*” and actively approach the “*what next*.” Attending to the call for merged methodological progression, my research agenda stems from a rich mixture of fused investigative design. Challenging traditional

dualism, I thread collaborative data analysis throughout my exploration of blended public health marketing strategies and commercialized health messaging. Triangulating measurements endorse a more accurate and well-balanced connection between abstract concepts and the empirical world. The pluralistic approach promotes a multi-faceted account of the socio-cultural, political, and economic significance of current healthcare marketing trends.

Moisander and Valtonen (2004) explained that, “by looking at an object from more than one standpoint, it is possible to produce a more true and certain representation of the object” (Silverman, 2004, p.60). However, the authors warned that “in cultural research, which focuses on social reality, the object of knowledge is different from different perspectives. And the different points of view cannot be merged into a single, ‘true’ and ‘certain’ representation of the object” (Silverman, 2004, p.60). Addressing this concern, my multiple method approach is not intended to corroborate validity or generate objective truths. Nor do I “adopt a naively ‘optimistic’ view that the aggregation of data from different sources will unproblematically add up to produce a more complete picture” (Hammersly & Atkinson, 1983, p.199). Rather, I subscribe to the notion that triangulation “is not a way of obtaining a ‘true’ reading but is best understood as a strategy that adds rigor, breadth, complexity, richness and depth to any inquiry” (Denzin & Lincoln, 2000, p.5). Confident in the capacity of pluralistic research, I acknowledge and accept the limitations of mixed-method analysis, and carefully navigate through the robust and flavorful territory of data triangulation and merged methodology.

In light of the paradigm shifts taking place in both academia and industry, scholars argue “media and cultural studies as a field needs to attend more to the causes

and mechanisms of change, focusing the analytical lens on the dynamics of systems” (Hartley, 2012, p.22). This work inductively examines and highlights a clear example of the corporately controlled value-chains driving political, social, and economic agendas. Much like Socrates’ separation of art and cookery suggested the need for a new rhetoric centuries ago, commercially-driven agendas reflect a contemporary need for a moral code in the corporate healthcare industry. As such, my research concentrates on the ways in which Merck Pharmaceuticals exploited social marketing strategies and political lobbying efforts in the interest of financial gain. Throughout this literature, I promote an evolving argument for the re-evaluation of marketing models driving U.S. healthcare industry, and put forth a call for regulation realignment that more effectively safeguards publics from pharmaceutical corpocracy.

I turn to a wide-range of investigative tools and approaches to guide my research; including textual analysis, focus group discussions, in-depth interviews, and eye-tracking experimentation. The next section of this chapter outlines the structure of my research, offering a blueprint of the methodologies that help facilitate the isolation of specific message attributes that influence viewer attitudes and consumer behavior.

## **Research Agenda**

### **Chapter Six: Deconstructing the Awareness Campaign**

Recognized as a systematic approach for unearthing the connotative roots of advertised communications, textual analyses illuminate message meaning that might otherwise go unnoticed through casual exposure to commercial texts (Stern, 1996, p.61). Primarily based in a post-structuralist perspective, this particular breed of investigative analysis rejects the notion that there is only one true or accurate representation of reality.

Instead, such scholarship argues different cultures and subcultures make sense of their reality differently (Shah, 1993). Echoing this notion, Hartley (2012) suggests “indeed, the stories we tell each other in mainstream media involve both a semiotic theory of ‘representation’ and a political theory of ‘representativeness,’ each infecting and amplifying the other” (p.19). By acknowledging influences rooted in both message production and audience interpretation, textual analyses, “yield a rich and deep sense of media messages and an understanding of the context in which they are produced” (Shah, 1993, p.7).

Conceptualized as something from which we create meaning, a “text” allows audiences to make sense of the world around them (McKee, 2003). Through analyzing minute details of commercial design, researchers gain deeper insight to the ways in which audiences interpret persuasive semantics and derive meaning from modeled events. Particularly useful in media scholarship, textual analyses facilitate understanding of the subtle influences guiding cognitive processing and societal trends (McKee, 2003). Chapter six incorporates a textual analysis of Merck’s social marketing campaign to better account for the constructed meanings driving viewer sense making of HPV and Merck’s preventative treatment, Gardasil. The inductive foundation lays the groundwork for succeeding investigations by offering a basic (but imperative) breakdown of campaign communication. The focus groups, experimental research, and interviews included throughout this work stem from my initial interpretative analysis of marketing text in chapter six.

## **Chapter Seven: Social Trust and Public Health**

Focus group discussions often probe audience reaction to media messages, and measure “the production of interpretations, perceptions, and personal experiences” generated by relayed communication (Lindlof & Taylor, 2002, p.182). An appropriate method for examining and uncovering higher-level responses to commercial images, group discussions frequently induce a richness in data unattainable through survey responses alone (Johnson, 2009). As such, I developed a moderator guide based on chapter five findings, and conducted a series of pilot focus group panels. By reviewing and discussing three campaign messages included in Merck’s nationwide social marketing operation, participant feedback generated insight to attitudes toward commercialized health awareness efforts and current marketing regulations in the healthcare industry. Preliminary research in chapter seven catalyzed the succeeding experimental design in chapter eight, which further guided my exploratory analysis of branded health communication.

## **Chapter Eight: Consumer Perspectives**

Consumer research heavily relies on specialized studies that dig into the psyche and behaviors of targeted audiences. Advanced technologies (such as eye-tracking equipment) facilitate the evaluation of advertising effectiveness by revealing insight to the perceptual and cognitive processes that influence consumer decisions (Duchowski, 2007). Eye-tracking experimentation lends itself to both qualitative and quantitative data analysis, offering researchers opportunities to interpret findings through illustrative mapped visualizations and/or statistical measurements of eye movement (Pieters & Wedel 2004). By integrating biometrics into my collaboration of research, I offer an

objective analysis of the impact of pharmaceutical branding on consumer healthcare communications.

Chapter eight attends to a significant research deficit by reconciling qualitative commercial analysis with quantitative measurements of message reception. Reinforcing the value of mixed-method research, Silverman (2004) argues triangulation “produce[s] a more accurate, comprehensive and objective representation of the object of study” (p.91). Young (2008) highlights the importance of triangulating measurements when examining consumer marketing, explaining,

Physiological measures of various kinds—brain waves, facial response, and more recently new brain imaging techniques—have been used in an attempt to identify the biological basis of ad effectiveness. These approaches have particular appeal because of their promise of providing grounding in “hard” science being done on how the brain works for the “soft” science of advertising research. (p.5)

Eye-tracking technology served as an appropriate means to examine viewer reception of the branded components throughout the HPV awareness campaign. By corroborating physiological findings with self-reported responses, I more adequately measured the correlations between brand awareness and consumer attitudes.

Because consumer attention is not necessarily active or conscious, physiological metrics offer more reliable accounts of attention compared to memory scores or self-reports (Kellogg, 1980; Rosbergen et al, 2004; Krugman et al., 1994). Studies show eye movements relay physiological calculations of attention and cognitive processing (Krugman, et. al. 1994). My within-subject eye-tracking experimentation extended findings from deconstructed campaign messages and preliminary accounts of consumer feedback by quantifying the impact of corporate sponsorship in the HPV awareness

campaign. Chapter eight underscores the themes driving this research, and conceptualizes ‘unconscious awareness’ at it relates to Corporate America,

### **Chapter Nine: Pills and Politics- A Deadly Combination**

In examining Merck’s campaign as it relates to American capitalism, and more closely investigating the legislative proposals sweeping the nation, field interviews with Texas residents contributed to my layered analysis of the social, political, and commercial agendas driving healthcare communication. Specifically, I examined Rick Perry’s aggressive endorsement of the Gardasil vaccination during his repeated campaign runs for governor of Texas. Interview questions further delved into Perry’s performance throughout the 2012 presidential race and the candidate’s waffling stance on his 2007 vaccination mandate. Resident testimonies relayed a deeper, more humanized interpretation of the ways in which healthcare systems, political platforms, and marketing regulations penetrate consumer confidence in public policies and the overall state of societal affairs.

Private discussions further developed my collaborative investigation by introducing personalized accounts of citizen trust in government policy and mediated health messages. Given the political nature of the issue, one-on-one interviews compensated for the spiral of silence that sometimes occurs in a focus group setting (Lindlof & Taylor, 2002). Interviews with Texas residents provided an opportunity to explore first-hand perspectives of, and experiences with, the corporate agendas and political influences that often drive government legislation and state-mandated policies.

## **Research Summary and Overview**

Because advancements in technology promote personalized messaging and a concentrated focus on the individual, government regulation and media communication continue to surface as a heightened debate in today's pluralistic culture. Hartley (2012) proposes that, "cultural specificity and media history need to be investigated in their own terms, both at the 'micro' level of specialized topics and at the 'macro' level of large scale systems" (p.21). Given that federal censorship threatens civil freedoms, commercial rights, and the overall principles of a democratic system, social responsibility and citizen virtue become ever more relevant in today's cultural environment. While I support a call for clearer marketing regulations within the healthcare industry, my research primarily concerns itself with the fundamental issues of consumer trust, public well-being, and commercialized health communication. My grounded analysis unites contemporary media research with tenets of message reception and social trust, offering a contemporaneous account of corporate medicalization and pharmaceutical consumerization.

This work extends a limited body of research that addresses the dynamic interplay between public messaging, commercialized healthcare, and consumer expectations. The various studies threaded throughout the following literature attend to the ways in which mass marketing influences go far beyond simple sales, penetrating the core layers of cultural operations and human functioning (IRB and consent forms for all studies are provided in Appendix E). It is my hope that these integrated investigations attend to the interests of practitioners, scholars, and, most importantly, the American consumer.



## **CHAPTER SIX**

### **DECONSTRUCTING THE AWARENESS CAMPAIGN**

*“The mass media are both an economic and a cultural institution; they are a profit-making business and at the same time a producer of meaning, a creator of social consciousness.” -Tim Cook, p.8, 2005*

As noted in previous chapters, qualitative scholarship is often the preferred means for which to examine issues of culture, power, and message interpretation (Lindlof & Taylor, 2002). Because consumer marketing and commercial advertising is commonly considered a social force, capable of creating and maintaining values and lifestyles, this chapter operates under a form of inductive analysis. I adopt an interpretive approach to campaign analysis by exploring the connotative and denotative dynamics driving Merck’s social marketing efforts. Through methods of textual analysis, I tapped into the visual and verbal nuances feeding the persuasive power of the cultural and ideological messages rooted in Merck’s marketing crusade.

Social cognitive theory reflects the teachings of ancient philosophers, assigning critical value to information delivery. Aristotelian credos echo the belief that, “the element of reason [is] the most important aspect of any persuasion as it [is] the ‘truth’ that appeals to character and emotions rely on” (Moore & Reinardy, 2005, p.9). Pereleman (1971) determined that informal logic primes the foundation for audience agreement; establishing the availability of particular appeals that ultimately shapes the artistic construction of persuasive arguments (Foss, Foss, & Trapp, 2001). Rhetorical scholarship often positions audience value judgments at the heart of successful communication, promoting a framework that guides the development of many advertisements and promotional campaign trends (Foss, Foss, & Trapp, 2001).

Because advertisements are a powerful “social educator,” consumer messaging is arguably the “agent of rhetorical thinking in the new productive sciences of our time” (Buchanan, 2001, p.187). By understanding the psychological and sociological origins of the anticipated audience, campaign engineers better discriminate between various arguments, employing only the claims that a specific audience is most likely to understand and accept. Perelman and Olbrechts-Tyteca (1971) explain,

Every social circle or milieu is distinguishable in terms of its dominant opinions and unquestioned beliefs, of the premises that it takes for granted without hesitation. These views form an integral part of its culture, and an orator wishing to persuade a particular audience must of necessity adapt to it. (p.266)

Perhaps recognizing the social and financial value of targeting pre-teens, young women, and mothers, Merck Pharmaceuticals adapted the commercial text of risk messages to fit the psychosomatic tendencies of the defined audience and the social norms of the 21<sup>st</sup> century. Research indicates specific viewer behavior is “socially context-dependent,” and advertising “depends heavily on the successful exploitation of the connotative power of signs” (Messaris, 1997, p.79). As such, I conducted a textual analysis to facilitate understanding of the “cultural and ideological messages” rooted in Merck’s roll-out campaign.

Much like a backwards approach to puzzle solving, textual analysts break apart message units to develop a clearer understanding of the smaller pieces of communication. Interpretivists then examine the individual operations that unite to form the entire context of message exchange. By searching for reoccurring patterns in style, imagery, and tone, and studying the periodical shifts in commercial rhetoric, scholars are able to “discover intelligible patterns in the development of the art that otherwise may appear whimsical, haphazard, arbitrary, or merely verbal” (Buchanan, 2001, p.183). In this chapter, I offer

an interpretation of the subtle, yet suggestive mechanisms driving Merck Pharmaceutical's vaccination campaign.

Only after examining the texts that construct meaning can we begin to understand ways in which Merck commercialized HPV and cervical cancer to better profit from the Gardasil vaccination. Brunner, Steward, and Hall (2008) argued, "the difference between a great product and a merely good product...is that a great product embodies an idea that people can understand and learn about-an idea that grows in their minds, one the emotionally engage with" (p.7). Accordingly, the overarching question guiding this investigation included, how does the symbolic text embedded within Merck's messages facilitate sense making of the HPV health issue and the presume cure, Gardasil?

## **Method**

Frith (1998) related ad deconstruction to the peeling of an onion, "in that it is taken apart layer by layer. Moving from the surface message to the deeper social meaning allows one to decode images using a comprehensive system of interpretation" (p.113). Methods of textual analysis allow for a systematic investigation of advertising text (Stern, 1996). This type of inductive research assumes meaning "resides in the dialectical process between the text and the reader, which takes place in a particular social and historical context" (Curtin, 1995, p.6). In acknowledging issues related to both message production and audience reception, textual analyses focus more on what the text signifies for the audience rather than the actual text itself (Hall, 1977). Findings often expose the political and cultural significance of everyday persuasion. This research follows a structuralist approach to message analysis, filtering Merck's commercial text through the three common phases of textual investigation.

Mckee (2001) maintained that “the advantage of semiotics is that it makes us stop and consider the various elements of the process of making meaning from a text that we normally do automatically and easily” (p.14). Merck’s marketing initiative provides an appropriate platform for textual investigation; showcasing audience-specific motivators throughout globalized marketing efforts in an attempt to more deeply connect with the consumer base. As such, in this analysis, I identified campaign attributes, examined reader-constructed commercial meaning, and deconstructed the implications of campaign text with the intent to “unfold or unpack meaning from the text by examining the unseen unconscious ideology behind the production and consumption of the text” (Curtain, 1995, p.82).

Though message frameworks structure a collective meaning for audiences, the frame is often unconsciously chosen by the message producer and rarely noticed by the receiver (Hall, 1975). The first phase of textual analysis facilitates the “uncover[ing] [of] existing framework within which production of meaning takes place” (Curtin, 1995, p.14). In line with Stuart Hall’s approach to campaign analysis, I identified categories of meaning and taken-for-granted viewer expectations through a “long preliminary soak” of Merck’s campaign commercials. This phase is critical to research, as it addresses the latent commercial themes that ultimately shape overall campaign meaning. I then attended to the bigger picture by navigating through the overlapping structures of meaning. Text deconstruction addresses that which is both said and unsaid, allowing researchers to better determine the range of reasonable message interpretations, and from there, identify the cultural implications of the text (Hall, 1977). I completed the stages of

campaign analysis by placing the work within the context of message production and consumption, relating findings to larger social and historical contexts.

While Hall's framework loosely structures this analysis, I assume the postmodern perspective that "there is no one 'right' way to read a text" (Silverman, 2004, p.27). The interpretative nature of textual analyses promotes discovery in the possibility of meaning. This analysis of Merck's social marketing effort is just one understanding of campaign text. I do not presume my reading to be the only, the best, the most comprehensive, or even the most accurate. I see this text through a lens that is colored with my own unique experiences, perspectives, and interpretations. For this reason, it is unproductive to measure my reading against other possible interpretations. Though not quantifiable nor replicable, the following analysis is a critical component of my overall research agenda. My intimate handling of commercial text paved a strong foundation for the experimental research that follows. With the intent to "unfold or unpack meaning by examining the unseen, unconscious ideology behind the production and consumption of the text" (Curtin, p.32, 1995), I introduce an educated interpretation of the ways in which Merck's campaign structured social meaning for HPV, cervical cancer, and the Gardasil vaccination.

## **Comparative Analysis of Commercial Text**

### **Campaign Overview**

Perkins (2008) explained that, "the first step in campaign development...is to document the gap between reality and misperceptions" (p.199). As part of a three-phased campaign, Merck introduced the deadly link between HPV and cervical cancer through a fittingly titled campaign, "Make the Connection." The commercials within the

introductory sector of the Gardasil promotion addressed the documented widespread ignorance women share in their low-risk evaluation of both HPV and cervical cancer. Through strategic commercial choreography, initial promotional advertisements generate a ‘real-world’ representation of the inconsistency between the palpable risk and women’s invisible concern.

In an effort to ensure initial campaign messages resonated with viewers, Merck remained in close contact with audiences by quickly releasing the follow-up, “Tell Someone” campaign. During this phase of the marketing endeavor, the company conceptualized civic duty and urged women to believe that, as members of the female community, they have a social responsibility to “tell someone” about the threatening virus. The “Tell Someone” campaign modeled the second phase of social marketing efforts by statistically emphasizing the percentage of women that are unaware of the threatening viral infection, encouraging listeners to spread awareness in order to help prevent societal infection.

Fashioning a finish to what some suggested was a product endorsement operation, Merck offered viewers a solution to the well-publicized social crisis. The campaign presented a call-to-action in the concluding product commercials by encouraging viewers to “get vaccinated” in order to become “one less” statistic. The final phase completed the three-tiered social marketing format by suggesting the ‘big picture,’ communicating the vaccination’s potentially rectifying effect on the current social crisis through its direct ability to freeze current cervical cancer statistics and inoculate untainted females. Operating on the nationally broadcasted messages building up to the final phase, the closing campaign commercials channeled consumer motivation through strategic

message construction, exploiting previously communicated health threats in order to engender consumer dissonance and advance product demand.

**“Make the Connection.”** Merck’s roll-out campaign followed a predictable course as the company subtly introduced the Gardasil vaccination into American markets. The company demonstrated an apparent effort to build consumer trust throughout the first phase of messages released in the social marketing initiative. Partially funded by Merck Pharmaceuticals and launched on September 30, 2005, “Make the Connection” pioneered America’s mounting understanding of the human papillomavirus (Siers-Poisson, 2007). The first series of awareness ads tapped into the power of celebrity endorsement, featuring Kimberly Elise and Elizabeth Rohm in campaign messages. Kimberly Elise earned an Outstanding Supporting Actress nominee for her work in *John Q* and Elizabeth Rohm is most known for her starring role in *Law in Order*. By categorically placing female viewers into two groups (mothers and daughters), advertisements manipulated viewer-specific appeals, and in turn, prompted consumer-specific behaviors. Through strategic commercial choreography, the initial promotional advertisements generated a “real-world” representation of the inconsistency between the palpable risk and women’s invisible concern (Crosswell & Ruth, 2009).

In the “Make the Connection” public service announcements created for mothers, spokeswoman Kimberly Elise appears comfortable and relaxed, lounging on a white couch. The spokeswoman is barefoot and dressed in a silky pink tank top. In one of the commercial frames, Elise is on the telephone, presumably with her daughter, firing a series of questions to the young teenager; “What time will you be home? Will you be

driving? Who are you going with?” Parental encouragement and wisdom is conveyed through lines such as, “Be true to yourself baby,” and “I am so proud of you.”



Figure 6.1: Kimberly Elise in “Make the Connection”

The commercial transitions from the light-hearted parody of typical mother-daughter conversations to the more important, less discussed message about cervical cancer. The sixty-second commercial crescendos when Kimberly confides with mothers that there is something else she is talking about with her daughters; it is “the connection between cervical cancer and some types of HPV, the Human Papillomavirus.” The actor reminds parents that, “even if they don’t always admit it, our daughters are depending on us.” The final frame features names of the campaign sponsors, the campaign website, and, in a font smaller than that of co-sponsors, the words, “with support from Merck &



Co.” As information is displayed on the screen, Kimberly is heard in a voiceover explaining, “*Make the Connection* is a public education campaign sponsored by the Cancer Research and Prevention Foundation and the Step Up Women’s Network. Cervical Cancer and HPV- make the connection. That’s *maketheconnection.org*.”

The second “Make the Connection” PSA targeting young women and teenagers includes nearly identical visual elements to the previous version created for mothers and offers similar information; however, the script is noticeably molded to address younger viewers. Though both commercials utilize comparable camera techniques to establish an upbeat tempo, and ultimately introduce the connection between human papillomavirus and cervical cancer using similar information and terminology, the two seemingly analogous advertisements produce considerably different messages. Kimberly transforms her identity as a concerned, protective parent to her role as a fun, confiding girlfriend. Reflecting the narrative of the message for mothers, the commercial progresses from facetious conversation to a slightly more sedated tone, with Kimberly encouraging young women that, “the next time [they] get together, [there’s] something more important to talk about.” She introduces the connection between HPV and cervical cancer, and offers teens some essential information to better protect themselves against infection. Kimberly professes that she is talking about the connection with her girlfriends, and encourages the audience to “help someone [they] care about.” The commercial’s conclusion mirrors that of its sister ad.



Figure 6.2: Kimberly Elise in “Make the Connection”

As the roll-out campaign progresses, it becomes increasingly noticeable that the text and message themes morph from a delicate and gentle nature to a more potent tone; one marked by harsher camera cuts, sharper cadences, and less temperate qualities. The gradual shift in choreography analogizes commercial tone with the campaign’s movement toward projecting increasingly powerful messages. Contrary to messages relayed by Kimberly Elise, Elizabeth Rohm’s ad immediately introduces the connection between HPV and cervical cancer. The commercial begins with the actress sitting outside on paved steps, elbows on knees, leaning into the camera. The actress explains, “There’s something I want to tell you that could save your life.” The camera scans left, bringing two businesswomen into view.



Figure 6.3: Word-of-Mouth Modeling in “Make the Connection”

As the women pass Elizabeth, they take charge of spreading awareness by explaining that cervical cancer is, “a cancer diagnosed in thousands of American women each year.” The camera returns to Rohm, and the speaking role shifts to a female jogger as the actress and runner cross paths. Simulating a baton hand-off at a high school track meet, the ad forwards information from one female to another as commercial actresses cross paths. In 30 seconds, viewers hear short clips of information from two business women, a female jogger, a woman police officer and what appears to be a mother and daughter walking through a scenic garden, all explaining the relationship between HPV and cervical cancer.

The commercial maintains a somewhat slower pace by featuring six different frames throughout the 30-second commercial, averaging a slightly longer five second shot. The campaign sponsors, website address, and words “Merck & Co.” are superimposed across the bottom of the screen during the concluding seconds of the

television ad, as Elizabeth Rohm returns to the camera's lens encouraging viewers to visit the advertised website.



Figure 6.4: Pre-FDA Branding. Boasting dimensions smaller than 312x104 square inches, Merck's company identification stood little chance for viewer recognition.

In line with the tenets of social modeling, as well as the standard stages of public awareness efforts, the “Make the Connection” advertisements seemingly aimed to cultivate consumer concern, spread HPV awareness, and generate product demand for the soon-to-be released vaccination. With those messages, Merck attempted to spark public awareness and initiated civic conversation regarding a deadly, yet largely ignored health concern. Calling attention to a common threat, the introductory campaign advanced a need for knowledge by inciting viewer apprehension. As focus groups later indicate, the unresolved nature of the health risk and strategic bait of preliminary information left concerned audiences reaching for more. “Make The Connection” messages attempted to establish viewer interest and ultimately produce learning-seeking behavior through a deliberate tease of commercial script. Merck arguably advanced a need for knowledge through threats to viewer well-being.

By categorically placing female viewers into two groups and creating audience-specific appeals, the advertisements more effectively and efficiently prompted message encoding and recall from two diametrically opposed audience groups- mothers and daughters. D' Silvia and Palmgreen (2007) note, "PSAs are created with the intention that the audience would at some point in the future respond positively to the information. Hence, apart from attention, encoding and recall become an integral part of developing appropriate messages" (p.67). Industry professionals often exercise easily recognizable, relatable, and culturally iconic cues to facilitate viewer recall. In line with the notion that fame transferal enhances audience attention and consumer trust, "Make the Connection" ads potentially sought to reinforce message credibility by integrating recognizable and relatable spokeswomen into the awareness messages. Famed testimony candidly verifies plausible support for the awareness effort which further facilitates message recall (Lindstrom, 2011). Additionally, both spokeswomen are mothers, enhancing endorsement authenticity and source credibility. The unique credentials underlying initial awareness communication imparted recognizable and relatable cues for which to wed viewers to campaign messages and awareness efforts.

Merck further identified with viewers by targeting two separate and specific audiences (young women and mothers of young women) in the "Make the Connection" messages. Besides the obvious purpose of providing more direct and relevant information to audience groups, research indicates that "eliciting the interest and approval of a specific type of person is one of the principal goals of commercial advertising, giving viewers a sense that only people like them can discern a particular message may be an effective way of reaching that goal" (Messaris, 1998, p.189). As noted earlier, in terms of

social marketing, such audience privileged communication strategies encourage viewer attention, encoding and recall, and therefore often times evoke positive behavioral feedback. The “Make the Connection” campaign immediately created a sense of exclusive membership through viewer-specific commercials in the initial stages of the roll-out campaign.

Appealing to the instinctive responses of both audience groups, Elise’s messages relied on social constructs and the power of semiotics to entice female interest in the awareness effort. Elise speaks to her viewers from a staged living room. Pink, silk curtains blow softly in the background as the spokeswoman engages in her monologue. Three, largely oversized, decorative pears rest in an equally oversized ornamental dish. Speaking to loose visual analogies between geometrical figures and the physiological structure of a woman’s body, the campaign’s set design models the ad techniques often used to market feminine products by employing a backdrop designed with soft curves and flowing contours. While industry practice upholds the logic that circular shapes denote conventional thinking of femininity, Jeffries (2007) stresses that such images need to exhibit curvature throughout the whole text rather than feature a solitary circle. The rippling movements of the curtains and the curvature of the pears promote subtle audience identification through the faint feminine essence of the commercial backdrop.

Lee-Wingate (2006) explained the colors used in message design “are deliberate, carefully selected, and have a lot to offer us in the way of personal insight about what is going on inside our innermost feelings and emotions” (p.18). The ads’ heavy reliance on pink hues channels cultural connections to womanliness, tenderness, comfort, security and innocence. Color choice capitalizes on the notion that “pink is considered emotional

in character and connotes a sensitive heart. The affectionate and concerned individual prefers pinks” (Feig, 2006, p.206). Furthermore, pink undertones call forth connections to similar health communication efforts. The Susan G. Komen foundation set the stage for color associations in 2008, using pink ribbons to represent support for the fight against breast cancer (Brainerd Dispatch, 2007). The “pinkwashing” that occurred throughout the organization’s early cause-marketing efforts initiated a deep-seated, socially constructed female health color connotation.

Merck highlighted campaign text with a strategic array of pink tones and color saturation, channeling the deep-rooted symbolism between the color and its tie to other women’s health efforts. Through color, shape, and the power of cultural constructs, the pink rippling curtains, rose-colored pillows, and color-coordinated apparel relay a feminine undertone and official sense of public health communication. Interestingly, as reported in the focus groups and eye-tracking studies that follow, participants not only indicated color choice as a memorable part of campaign communication, but many also reported the Susan G. Coleman foundation as a sponsor of the public awareness effort. Equally relevant, the aforementioned images (i.e. pillows, curtains, shirt, slippers) were most frequently noted throughout the focus group discussions as detailed in the following chapter.

Commercial choreography also solicits audience attention and message recall through symbolic arrangements that further signify femininity and women’s health. Elise’s body language acts as an agent of persuasion through audience-specific communication modeling. The public health message arranges the actress in various positions throughout both sixty-second commercials, but the performer remains facing

the camera at all times. Elise's head-on body orientation, "serv[es] the purpose of engaging the TV viewer's interest and attention more directly, but it is also an attempt to inspire trust" (Messaris, 1998, p.23). While set design, commercial props, and modeling strategies appeal to the innate qualities of female-oriented message processing, something far more significant is occurring within this phase of campaign. Though the commercial cinematography mirrored effective styles for information delivery, the pictorial emphasis and distracting background may have more accurately served to steer audience attention away from sponsorship branding. Bordwell (2012) explained,

We're likely to notice people's faces and gestures because in real life these convey important information. We'll also probably look at the center of the frame and areas of bright tones. If we're watching a moving picture, we'll be alert for any motion—of people, of animals, even trees in the wind. You've probably had the experience of watching a home video and noticing that something in the background of the shot is distracting you from paying attention to the main subject. (p.4)

The ads featuring Elizabeth Rohm reflect this same strategy. Towards the start of the message, Rohm points her finger towards the camera as she explains the connection between some types of HPV and cervical cancer. Her noteworthy body language evokes similar persuasive strategies employed decades ago in the "I want you!" Uncle Sam advertisements prominent throughout World War I. Though created years apart, both Rohm and the Uncle Sam caricature "seem to reach into the viewers' space and actively get him or her to pay attention" (Messaris, 1997, p.21). The commercial models an actress-viewer conversation and "draw[s] attention-getting power from our real life tendency to look back when we are looked at" (Messaris, 1997, p.4). Through intended gestures, Rohm invades viewer space, creating the audience sensation of interpersonal



interaction. The strategy solicits a sense of personal responsibility and distracts viewers from corporate campaign involvement.



Figure 6.5: Elizabeth Rohm in “Make The Connection”

It becomes noticeable as the roll-out campaign advances phases that the text is shaped in such a way that the individual commercial themes gradually progress from delicately structured, gently communicated, temperate messages, to more potent ads with less comforting ambiances and sharper camera cuts. In a sense, each succeeding campaign phase parallels the tone of the message with the criticality of issue development. The “Make the Connection” PSA that followed the aforementioned commercials and featured celebrity, Elizabeth Rohm, demonstrates the campaign’s movement toward increasingly powerful messages. While Elise’s message offered the

public a warm welcome into campaign conversation, Rohm's direct address artfully shifts the awareness effort's growing message intensity. The immediate and direct approach more strongly conveys message importance and helps Merck subtly transition into the next phase of the overall rollout campaign.

**“Tell Someone.”** In an effort to ensure initial campaign messages resonated with viewers, Merck remained in close contact with audiences by quickly releasing the follow-up, “Tell Someone” campaign. During this campaign stage, the company conceptualized



Figure 6.6: “Tell Someone”

civic duty and urged women to believe that, as members of the female community, they have a social responsibility to “tell someone” about the threatening HPV virus. This phase seemingly intended to encourage word-of-mouth marketing among viewers and non-viewers, and also alleviate negative reactions expected from concerned publics once the HPV vaccination gained FDA approval. Giving rise to a now-relevant health concern,

the “Tell Someone” campaign balanced inconsistencies between concern and risk by targeting salient beliefs, conceptualizing social responsibility, and modeling civic duty.

The campaign featured dual commercials that showcased a diverse representation of women, integrating a wide spectrum of skin colors, hair textures, age ranges, body shapes, and lifestyles into the awareness messages. Both ads run for 45.5 seconds; however, commercial one (as identified by the campaign website) includes 15 frames and maintains an average of 3.03 seconds per frame, while the second commercial features only 10 different shots, resulting in an average of 4.55 seconds per frame. With the exception of a shot filmed outside of a hospital building, both commercials are set in an exceptionally well-kept

community park. Many of the women in the ads are wearing “Tell Someone” t-shirts, visually and aurally encouraging women to tell someone they know about the connection between HPV and cervical cancer.



Figure 6.7: Tell Someone

Though the commercials do not specifically mention Merck, the company’s logo appears in the upper right-hand corner during one of the final frames in the first commercial, rotating to the upper left-hand corner in the following version. The two advertisements provide the campaign’s website

([www.tellsomeone.com](http://www.tellsomeone.com)), a number to call for more information, and conclude with a white screen featuring the “Tell Someone” tag line.

The “Tell Someone” ads feature a medley of women, fulfilling what is portrayed as their civic duty to spread awareness and “tell someone” about the human papilloma virus. In Edward Bernays’ (1928) timeless manuscript, *Propaganda*, the author argues a company should not sell a product, but rather market the vision that will advance consumer need while leading consumers to believe they masterminded the industry-inspired concept. Reflecting Bernays’ suggestion, Merck’s campaign design positions women as the ringleaders heading society’s mounting awareness, and indirectly credits the target base for Merck’s ensuing vaccination development (a pseudo-reality Merck manufactured throughout evolving campaign themes).

Commercial rhetoric artfully aligns risk perceptions and infection likelihood, reminding viewers they are the primary stakeholders in the nationwide inoculation effort. The “Tell Someone” commercials showcase female interviewees’ shocked reactions after learning the connection between HPV and cervical cancer. The inclusion of surprised women interviewee’s generates a surplus of hidden agendas. Not only does Merck favorably position women as the ringleaders behind society’s enhanced awareness of the illness and the inspiration behind the ensuing vaccination, but the ads also set in motion a balance between a woman’s actual and perceived risk of developing cervical cancer.

As Rentner (2008) explains, “the study of both objective and subjective components may be useful in helping researchers understand the importance of distinguishing between actual and perceived norms within any peer-intensive environment. This, in turn, will provide practitioners with a solid theoretical foundation

for developing effective health-related campaign” (Rentner, 2008, p.197). Through strategic commercial choreography, grave statistics of the gender-biased illness are contrasted with a handful of actresses unaware of their own vulnerability, generating a ‘real-world’ representation of the inconsistency between the palpable risk and women’s invisible concern. During this marketing phase, the company conceptualizes civic duty and promotes their conviction that women, as members of the female community, have a social responsibility to “tell someone” about the threatening virus. Social cognitive theory outlines ways in which commercial representations motivate action, arguing behavior is learned through both observation and reinforcement (Bandura, 2001; Rentner, 2008). The theory endorses the view that, “people are easily aroused by the emotional expressions of others...that is, seeing others react emotionally to instigating conditions activates emotion-arousing thoughts and imagery in the observers” (Bandura, 2001, p.281). Similarly, Bordwell (2012) supports the power of facial expressions, arguing “viewers across cultures [can] read piercing emotion into a lifted eyebrow, a wink, or a grim smile” (n.p.). Such scholarship suggests that as female observers watch the commercial characters react (in shock) to their lack of awareness regarding HPV and cervical cancer, viewers will involuntarily imitate the surprised reactions as they begin to recognize their own ignorance.

Bandura (2001) stresses effective message modeling enhances self-efficacy by pandering to the cognitive processes that control message attention, information coding, and behavioral recall. Given that cultivated learning occurs only when models are perceived to be trusted predictors of likely outcomes, commercial actors are often “varied to boost the persuasiveness of commercial messages [...]. Drawing on evidence that

similarity to the model enhances modeling, some advertisements portray common folk achieving wonders with the wares advertised” (Bandura, 2001, p.283). The “Tell Someone” messages encouraged audience identification through character modeling, offering viewers an extensive selection of female prototypes with which they can relate. Messaris (1997) explained,

Encouraging viewers’ identification with the people in images may be the most common way in which visual advertisements exploit their iconic relationship to our real-world visual and psychological experiences. In our real-world social interactions, our psychological capacity to identify with other people enhances our ability to predict their actions toward us, and it also allows us to learn through observation. By identifying with someone else, we turn the observed consequences of her or his actions into lessons for our own lives. (p.44)

Messaris echoes the philosophical concepts of social cognitive theory by emphasizing that people are not limited to direct learning experiences, but can also be taught through the observation of actions, outcomes, and events in other people’s lives. By relating to another person, we convert the observed consequences for certain actions into our own life lessons. The wide spectrum of skin colors, hair textures, age differences, body shapes and life styles more widely appeals to vast audiences, ultimately incubating the self-efficacy needed to convert knowledge into effectual behavior. By directing viewers to outlets of relevant and trustworthy informational sources, the commercials compelled female viewers to involve themselves with awareness efforts. As indicated in studies that follow, the second stage of the roll-out campaign more effectively communicated with viewers, largely in part due to model diversity.

The “Tell Someone” ads showcase interviews in a park-like environment, which is illuminated by remarkably green grass. Visual rhetoric indicates the “mere association of a product with a positively evaluated stimulus such as an attractive picture...may be

sufficient to alter attitude toward the product without any ‘rational’ belief change preceding the effect” (Rossiter & Percy, p.112, 1983). As such, the architectural style of buildings, the attire of characters, and other seemingly irrelevant attributes of commercial advertisements are often chosen intentionally, and aim to reflect unspoken features of the product. In line with the belief that “analogy is bound to be a basic organizing principle of any well-designed ad,” the commercial background juxtaposed with the women interviewees may impart an unconscious association with flourishing health, cleanliness, innocence, and youth (as green often implies naïveté) (Messaris, 1998, p.196). The community park backdrop promotes a sense of joint responsibility and ‘togetherness’ in Merck’s effort to spread awareness and civic engagement. The tactical choice of the advertisement’s background connotes more than what is explicitly said, silently encouraging a communal responsibility to protect the flourishing health of our untarnished, chaste youth.

Though the effect may not be consciously recognized, specific commercial elements oftentimes deliver a nuance of meaning that resonate with the viewer psyche. Semiological frameworks promote the notion that “the viewer is a knowledgeable, even masterful, decoder, moving skillfully from signifier to signified” (Bordwell, 2012). A strategically placed hospital building briefly frames the interview clip with a female physician. While medical professionals foster credibility, medical buildings often ignite negative emotional responses by stimulating fear, apprehension, and anxiety. Through the tactical choice of the background, the commercials capitalize on both overt and implicit messaging strategies. Young (2006) explained, “juxtaposing and fusing disparate images together create[s] insights into the deep connectivity of reality” (p.1). The ad’s verbal and

visual communicative cues connote more than what is explicitly said, subtly conveying a threat to women's health.

Bandura (2001) claims that cognitive factors, to an extent, “determine which environmental events will be observed, what meaning will be conferred on them, whether they leave any lasting effects, what emotional impact and motivating power they will have, and how the information they convey will be organized for future use” (p.267). Healthcare modeling strives to target behavioral learning by ensuring message senders are a credible representative of targeted publics, modeled behavior aligns with audience values, information is constructed and relayed in a manner able to be processed by the audience, and message design attracts viewer attention (Bandura, 1997). As an attention-getting strategy, the “Tell Someone” commercials feature head-on, or direct, interviews with a collection of women briefly commenting on their knowledge of the connection between cervical cancer and HPV. The eye-to-eye interview approach is not only a “deliberate strategy,” but also, “a distinguishing characteristic of ads aimed at women” (Messaris, 1998, p.45). Aside from attaining audience identification, the women's body orientation towards the camera serves as a, “direct, nothing to hide approach,” that “increases attention, elicits stronger engagement on the part of the viewer, and is based on the real world association between interpersonal closeness and involvement” (Messaris, 1998, xv).

As previously outlined, Merck's company logo subtly rested in the upper left hand corner in the first “Tell Someone” spot, moving to the upper right hand corner in the second version of the awareness message. Merck's strategic and revolving brand placement provides opportunity to dismiss the notion of random brand markings.



Perelman and Olbrechts-Tyteca (1971) explained that the “deliberate suppression of presence is an especially noteworthy phenomenon” (p.102). The brand placement directly indicates that corporate markings were consciously considered and tested, offering circumstantial verification that deeper corporate motives drove the social marketing masquerade. I revisit this argument in Chapter Eight, as findings from eyetracking experimentation indicate brand discoverability negatively correlates with consumer trust. Such qualitative and quantitative findings provide empirical support for the rationale driving my suggested regulation recommendations posed in Chapter Ten.

**“One Less & I Chose.”** Both aired prior to vaccination patent, the “Make the Connection” and “Tell Someone” campaigns manufactured an opportunity for Merck Pharmaceuticals to enter the market in a demagogue-like fashion with a preventative treatment for HPV. Upon receiving FDA approval for the company’s newly developed vaccination, Merck forcefully endorsed Gardasil through multi-media advertising outlets. Following the “Make the Connection” and “Tell Someone” campaigns, the pharmaceutical company shifted gears and released the “One Less” and “I Chose” product advertisements. Arriving at phase three, Merck made a very clear move from an educational awareness effort to a direct-to-consumer advertisement venture.

First in the series of post-FDA product commercials, “One Less” introduced Merck’s breakthrough vaccination through a heavily branded, 60-second message. The ad featured a medley of active girls (including a skateboarder, soccer player, horseback rider, basketball player, a musician playing the drums, a group of females dancing, and frozen snapshots of women posing with friends and family), relating to females across all demographics through a mosaic model of character diversity. Actresses are featured

saying, “I want to be one less woman who will beat cervical cancer,” and toward the end of the first advertisement, a group of girls chant “O-N-E-L-E-S-S, I want to be one less. One less.” The final frame features “GARDASIL” in bold, white letters against a black background. The vaccination’s insignia, the pharmaceutical company’s name, and Merck’s logo appear in the lower right hand corner. The frame includes the product’s



Figure 6.8: ‘One Less’

website, *gardasil.com*, and a phone number for viewers to call with questions or concerns.

In a slightly different version of the “One Less” commercial, mothers assume the featured role. Main commercial frames include a mother and her daughters looking over an informational cervical cancer pamphlet at the breakfast table, a family discussing the social issue in what appears to be the family camping trailer, and a mother braiding her daughter’s hair on the beach. The script remains relatively similar, but offers some

variation by implementing a more family-oriented vernacular with lines such as, “one less family turned upside down,” “one less daughter,” and “one less friend whose life might be affected by cervical cancer.” A black screen with the words “Get Vaccinated” written in large, white font across the dark background completes the final phase of Merck’s social marketing mission.



Figure 6.9. Still Shots of Campaign Phases. This figure illustrates Merck’s progressive involvement in a product driven awareness campaign.

Fashioning a finish to an endorsement operation, post-FDA product approved messages communicated a sense of urgency and offered a preventative solution for the heavily advertised health crisis. The “One Less” and “I Chose” advertisements completed the three-tiered social marketing, leaving the audience with a call for immediate action. Capitalizing on previously released awareness ads, concluding phases attempted to drive product demand by raising consumer dissonance and showcasing Gardasil’s instrumental value. Essentially, the company promoted self-efficacy, the final component of social marketing endeavors, through product promotion.

The advertisements are built upon Bandura’s belief that humans secure comprehension and strengthen knowledge by not only causing events to happen, but also analyzing their actions and beliefs and learning through vicarious observations. The

theorist (2001) claimed that, “a vast amount of information about human values, styles of thinking, and behavior patterns is gained from the extensive modeling in the symbolic environment of the mass media” (p.271). Whether aware of it or not, advertising professionals are guided on a daily basis by Bandura’s former teachings. The scholar’s aged philosophies operate as the fundamental principle behind modern day visual persuasion and consumer behavior.

The commercials in this campaign phase sustained a more rapid editing speed and featured a younger group of girls compared to messages in preceding communication stages. In 1993, McLachlan and Logan calculated the average editing speed of television commercial spots, finding a typical commercial frame lasted approximately 2.3 seconds. Their study indicated that as editing speed increased, ad recall and persuasion decreased. Though twenty years have passed since findings demonstrated the ineffectiveness of fast paced persuasion, modern advertisements continue to honor quick-cut designs (Young, 2006). Bordwell (2012) argued, “cutting shots together can build up associations that will shape our perceptions, thoughts, and feelings.” Nearly a full second shorter than the average measurement, “One Less” commercials featured over seventeen different girls engaged in various activities, expressing their wish to be “one less.” Visual psychology suggests the fast editing of the Gardasil ads helped “signif[y] a youthful orientation, [as] editing speed has been shown to enhance the perceived energy level of motion pictures and high energy is considered an attribute of youth” (Messaris, 1997, p.87).

Operating on the universal, and very powerful, protective maternal instinct, commercial text denoted the importance of youth vaccination. Prescription drug companies often target primary fears to create powerful messages that motivate consumer

behavior (Main, Argo, & Huhmann, 2004). Research indicates advertisers most effectively elicit a response from female viewers by appealing to a natural protective instinct. Oftentimes, such strategies include showing children at play or “implying a worst-case scenario” (Feig, 2006, p. 211). Merck’s young commercial cast operates on such logic, channeling the attention of concerned parents. Feig (2006) warns worst-case scenario is only effective if the negative is implied, without actually being said. Because negative fear appeals have been shown to produce larger effects on attitude change compared to positive emotional appeals, Merck seemingly capitalized on the threat of infection to induce protective instincts and purchasing behaviors. The cleverly constructed message targets negative emotional appeals by suggesting that without the vaccination, the viewer’s child will very likely be “one more.”

Leon Festinger’s seminal work on cognitive dissonance indicates internal conflict increases as viewer knowledge and related health care behavior become more inconsistent, generating a pressure to alter or modify actions. Festinger maintained that when dissonance exists, individuals will seek to evade instances or situations that might source further disagreement between thought and action. Festinger proposed the greater the discord between knowledge and behavior, the greater the need to reduce discrepancies. Seemingly reflecting the overall tone and agenda of Merck’s rollout campaign, Festinger explained, “soft social pressures such as suggestions or encouragements [are] powerful [at] causing a great deal of dissonance” (Littlejohn, & Foss, p.79). Merck’s persistent and continual national broadcasting of informative advertisements leading up to the GARDASIL campaign communicated ‘soft’ encouraging messages and build consumer awareness, making it difficult for viewers to

disregard the vaccination prevention. The “One Less” advertisements effectively incubate dissonance among viewers (specifically mothers), creating pressure to reduce the uncomfortable psychological state. The heightened anxiety is used to motivate the consumer to accept the need for vaccination and seek out Gardasil in order to relieve cognitive dissonance produced by the awareness campaign (Main, Argo, & Huhmann, 2004).

Through both visual and verbal commercial cues, Merck’s product advertisements communicate the importance of early vaccination. Cline and Young (2005) explain that instrumental goals of health and drug campaigns commonly, “manag[e] health concerns or avoid[e] health problems” (p.352). Social cognitive theory explains, “behavior change in terms of rewards associated with observed behavior that, in turn, become motivators” (Young & Cline, 2004, p.136). Merck directly motivates audiences through Gardasil’s ability to significantly reduce the risk of cervical cancer. Gardasil commercials emphasize instrumental goals by literally spelling out, letter by letter, the vaccination’s potential of making them “one less” victim of cervical cancer. The company provides vicarious motivation by showcasing young girls engaged in typical adolescent activities, appearing to be blissful, healthy, and in good physical condition. Through the use of negative emotional appeals and task-oriented goals, Merck reinforces the underlying message and creates a powerful argument that motivates viewer interest in the HPV vaccination. The modeling ultimately places a social responsibility on mothers and young women to stay well by getting vaccinated and being “one less.”

## **Connecting Themes and Strategies**

Mirroring the tenets of social cognitive theory, the three phases in Merck's tiered marketing campaign reflect the corresponding stages in an integrated awareness approach. Though thematically distinct, Merck's structured follow-through of the social marketing campaign offered solid reference points for female viewers' evolving identities. While each individual campaign maintained a specific marketing tagline, the uniformed focus on cervical cancer and women empowerment homogenizes the distinct commercial features, ultimately connecting each advertisement to the need for and value of Merck's cervical cancer vaccination.

During the initial stages of product promotion, Merck addressed misperceptions regarding a sexually transmitted virus and its connection to cervical cancer. Though not necessarily 'A' list actors, Merck employed the fame and credibility of relatable spokespersons to introduce the connection between HPV and cervical cancer. After exposing the health threat in the first phase of the campaign, message developers changed focus as they entered the second stage of the awareness movement. Giving rise to a now-relevant health concern, the "Tell Someone" campaign aimed to balance the inconsistencies between concern and risk by targeting salient beliefs, modeling social responsibility, and conceptualizing civic duty. Ultimately initiating word-of-mouth marketing among viewers and non-viewers, the second phase of the roll-out campaign generated a wide consumer base and set the stage for the concluding segment of the campaign. Arriving at phase three, Merck made a very clear move from an educational awareness effort to a direct-to-consumer advertisement venture. Product messages "One Less" and "I Chose" communicated a sense of urgency and offered a preventative

solution for the heavily advertised health crisis, leaving the audience with a call for immediate action.

In describing the value in implicit communication and message construction, Hall (1982) explained that symbolic representation “implies the active work of selecting and presenting, or structuring and shaping: not merely the transmitting of an already-existing mean, but the more active labor of making things mean” (p.64). If we assume an associationist model of mind, we can begin to connect the themes and strategies that constructed a commercialized understanding of HPV and cervical cancer (Bouman, 1999). While most successful social marketing campaigns are developed with the objective to change a negative behavior, the Gardasil campaign did not promote the positive behavior of safe sex to avoid contracting HPV, but rather the behavior of vaccinating yourself with Gardasil in order to avoid contracting HPV. Though the first two phases of the campaign clearly emphasized the social marketing message of HPV awareness and protection, the third and final phase cleverly revealed a commercial solution to the common health issue (being the Gardasil vaccination).

Effective health communication aims to relay information, target fear arousal and risk perception, and promote perceived self-efficacy (Meyerowitz & Chaiken, 1987). While Merck initiated concern through a preliminary tease of risk information, the company secured a consumer base through “manifestations of an ideological discourse that structure[d] social practices” (Montes-Armeteros (1998), p.131). The evolving dissemination of Merck’s awareness messages masked deeper social issues by appealing to human emotions and women’s health. Perelman and Olbrechts-Tyteca (1971) explained that the “deliberate suppression of presence is an especially noteworthy



phenomenon” (p.102). Through clever campaign design and commercial text, Merck stifled conversations that related the vaccination to premarital and promiscuous sex in order to more effectively gain audience attention and motivate consumer action. As later chapters argue, campaign commercials structure consumer efficacy, rather than viewer efficacy.

Lee-Wingate explains that “self-reported guilt in consumption contexts is categorized into guilt arising from either actions or inactions related to a) others in close and distant relationships, b) societal standards, and c) oneself” (p.262). The author adds that mothers are affected by “all three categories of the consumptions [of] guilt, not just one [when] it entails the children who are in an extremely close relationship to themselves” (p.262). Merck operates on the maternally innate sentiment throughout all of the commercials aired in relation to the Gardasil campaign, but forcefully attacks the inherent emotion in the “One Less” advertisements.

As Bandura indicates, commercial content heavily influences message processing, guiding memory retention, information coding, and the nature of ensuing consumer behavior. Highlighting Bandura’s seminal work, and perhaps speaking to Merck’s marketing motives, research suggests, “regarding advertising processing and response, emotions have some important and different effects such as increasing attention, increasing advertisement, message and/or brand recall or influencing the attitude towards the advertisement and brand name” (Royo-Vela, 2005, p.15). Furthermore, “emotion is a first-rate motivator in purchasing behavior and that affect associated to an advertisement or brand enhances its effectiveness more than people’s attitudes or thoughts towards the brand name” (Royo-Vela, 2005, p.15). Likely in an effort to attract viewer attention and

make Merck's message memorable, Merck solicits both positive and negative emotional responses from mothers and young women throughout the entirety of the campaign.

By transposing diametric emotive cues, Merck's campaign appealed to right-hemispheric cerebral processing. According to Vincent (2001), throughout the 1990's neuropsychologists heavily concentrated on "the role of the right hemisphere not only as the seat of visual learning but as the stage upon which the integration of the brain functions is orchestrated." Commercial text targeted responses from the thalamic pathway, a mechanism of the psyche that regulates emotional reactions to life-threatening circumstances (Robinson, 2006). Maddock and Fulton (1996) asserted, "an advertisement or spot that is set to music or rhyme will have a better opportunity of penetrating the right brain as will print ads that feature eye catching artwork because of the emotional aspect of music and visuals." The right brain's preferential treatment of pictures over words suggests advertising recall grows stronger when commercials embrace visual elements and avoid relying on exclusively verbal communication. Given the effect emotions have on motivation, behavior, and long-term memory, the roll-out campaign heavily concentrated on the strategic integration of visual and spatial stimuli. Ensuing focus group data and experimental findings support such theoretical underpinnings, indicating Merck's favorable execution of ocular design helped disguise and distract from corporate exigencies.

Identified as the strongest of all consumer motives, the human drive for survival often dictates the nature of communication reception, message processing, and healthcare behavior (Maddock & Fulton, 1996). Evolutionary scholarship, along with tenets of social cognitive theory, demonstrates the market value and social power underlying

Merck's awareness campaign. Risk communication scholars note "survival motives are "often 'unnoticed' in the unconscious mind unless threatened by some external force" (Maddock & Fulton, 1996, p.35). Merck's commercial text targeted responses from the thalamic pathway, a mechanism of the psyche that regulates emotional reactions to life-threatening circumstances (Robinson, 2006). Initial campaign messages introduced the HPV health threat to a mass audience, and throughout campaign development, messages gradually solicited a consumer base by prompting concerned viewers to spread awareness of the risk. The word-of-mouth strategy, in turn, allowed Merck to exploit the survival motives of a much larger audience. Highlighting the theoretical underpinnings of social learning, findings throughout the following chapters indicate consumers find Merck's messages to be increasingly effective as commercial modeling becomes increasingly diversified throughout campaign stages. Armed with a nationwide demand for a solution to the current social crisis, the company proficiently satisfied the imperiled consumer by offering a product solution (Gardasil) to women seeking to avoid cervical cancer.

Merck incubates viewer self-efficacy by ramping up message intensity, campaign directives, and commercial modeling throughout each stage of the roll-out campaign. The "Make the Connection," "Tell Someone," "One Less," and "I Chose," campaign spots model the fundamental conditions of memorable messaging through succinct, simple summaries of not-so-simple issues. Research indicates that, because the right brain is not capable of processing reverse logic, statements need to be worded in a positive direction in order to be effective. Maddock and Fulton (1996) recommended simple statements, ones that are "not complex and logical, since the unconscious mind- which does not process logical and rational thinking- reacts to simple, positively worded suggestions"

(p.20). By ‘making the connection,’ ‘telling someone,’ and getting vaccinated in order to become ‘one less,’ women are easily empowered take control over their health and the gender-targeted health issue.

Assuming behavior is learned through observation, imitation, and identification, this analysis explored the means by which Merck Pharmaceuticals and partnering organizations communicated a commercialized understanding of HPV and cervical cancer. This chapter deconstructed the ways in which Merck manipulated commercial script and symbolic modeling to more effectively spread public awareness, motivate personal vaccination, and influence an HPV-free life. Goldman (1992) argues that, “the fundamental work accomplished within an advertising space is the connection and exchange of meanings between an object and an image” (p.71). The commercials produced throughout the roll-out campaign are united by various themes. Strategic visual and aural devices, focused taglines, and dedication to long-term viewer recall are apparent throughout the campaigning crusade.

The stylistic strategies aimed to produce long-lasting, generational outcomes in women’s health and their fight against the bi-partisan virus. Young (2006) noted, “As markets become increasingly segmented and reined, and brand positionings become increasingly nuanced, advertising evolves like language, with new definitions and categories of thought and image to organize and express strategic ideas and branding emotions” (p.1). Scholarship dating back to Socrates suggests the beautifying of clinical terminology distorts the essence of civic discourse and threatens the quality of human knowledge. Campaign tag-lines and commercial directives noticeably evolved to promote self-efficacy and woman empowerment through product purchase. The nature of Merck’s

campaign release and the network of marketing objectives call into question the ethical standards of public health communication.

Preston (1969) explained,

Mass communication is always an attempt at persuasion. If not presenting argument, information, or advocacy to elicit particular behaviors or responses, communicators are at least trying to convince the audience of their credibility and reliability. However, in order to successfully persuade it is essential that the message contain some type of rhetoric or means of influencing the audience to 'believe' (p.7).

Merck endorsed Gardasil and its association with an HPV-free life by cultivating concern, spreading awareness, and, ultimately, generating product demand. I examined Merck's involvement in the social marketing movement and explored the qualities and conditions extricating educational crusade from product masquerade. In line with the notion that advertising can be made memorable through brief, three to five word, declaratory statements (Maddock and Fulton, 1996), each marketing phase advanced viewer resonance with the health issue through medical consumerization rather than knowledge building and information delivery. Bouman (1999) argued that though public health and media ethics are closely related, "discussions about ethics are seldom heard in daily health communication practice" (p.42). While this analysis sets the stage for an argument of ethical epistemology, consumer perceptions collected throughout succeeding investigations strengthen the call for corporate communitarianism in the healthcare industry. The following chapter supplements campaign deconstruction with focus group transcripts; offering insight to viewer interpretation of the HPV awareness messages and attitudes toward the Merck's Gardasil vaccination.

## CHAPTER SEVEN

### SOCIAL TRUST AND PUBLIC HEALTH

Shore (2010) explained, “Just as trust is good medicine, it is also good business; high levels of trust both further an organization's mission and help build its margin. Indeed, it may not be too much to say that the organization that owns trust owns its marketplace” (p.36). While DTC regulation requires Merck to acknowledge message involvement through some degree of brand presence throughout each awareness phase, lax and ambiguous guidelines allow for creative (and deceptive) liberties. Pioneering stages of Merck’s campaign messages provide an excellent example of the pharmaceutical company’s extensive effort to remain unidentifiable throughout the social awareness/product endorsement cycle.

As chapter six pointed out, the final frame of the “Make the Connection” advertisement (54.656- 59.125), features the names of message sponsors while a voice-over audibly reinforces campaign participation. Interestingly, only three of the four sponsors are included in the voice-over, as Merck remained a silent sponsorship. The voiceover indicated, “*Make the Connection* is a public education campaign sponsored by the Cancer Research and Prevention Foundation and the Step Up Women’s Network.” Additionally, the words “with support from Merck & Co” are displayed in a font smaller than that of fellow co-sponsors. Merck’s minimal brand presence arguably exaggerated the company’s clear attempt to remain under viewer radar.

Though there is a case to be made for utilitarian outcomes, the unique nature of campaign development, networked agendas, and vaccination efficacy calls Merck’s marketing ethics into question. This chapter surveys viewer reception of Merck’s social marketing efforts and the company’s eventual launch of the Gardasil vaccination.

Through preliminary group discussion, I investigate viewer reception of campaign communication and the overlapping motives that merge social marketing with commercialized deception. The research questions underlying this exploratory investigation asked how viewer awareness of corporate involvement influenced reception of campaign messages, and how participants distinguished between pharmaceutical marketing and social awareness campaigns.

## **Method**

Given that much of our behavior stems from both conscious and unconscious reactions to environmental stimuli, it is important to delve into the cognitions of message receivers (Littlejohn & Foss, 2005). I turned to in-depth focus groups in an attempt to measure “the production of interpretations, perceptions, and personal experiences” generated by Merck’s campaign (Lindlof & Taylor, 2002, p.182). Focus groups more deeply explore participants’ knowledge, attitudes, and beliefs regarding different topics (Lindlof & Taylor, 2002). My panel of discussions specifically concentrated on pharmaceutical marketing in relation to healthcare communication. The focus groups served as an exploratory springboard, helping to narrow my focus and stencil out themes for the field interviews conducted in chapter nine.

Merck’s televised roll-out campaign relays a subtle, but clear-cut example of ways in which social marketing campaigns artfully evolve into a DTC product promotion. After reviewing and discussing three campaign messages included in Merck’s nationwide marketing operation, collaborative participant feedback offered insight to audience perceptions of pharmaceutical advertising and the HPV social marketing campaign.

## **Procedure**

Prior to hosting focus group discussions, I selected three pre-recorded televised messages from the roll-out campaign for conversation stimuli. I expanded upon earlier research by choosing three of the messages that I deconstructed in chapter six. Having an intimate understanding of the commercial text threaded throughout each phase of the social marketing campaign, I was better able to select appropriate message stimuli for a university-based participant pool. I included two HPV awareness messages released prior to FDA's authorization of the Gardasil vaccination (the "Girlfriend" version of "Make the Connection" and the "Tell Someone" awareness message). I also included a post-FDA approved product advertisement ("One Less") in the conversation stimuli. At the start of each focus group, I stated the general goals of the study and assured confidentiality. Given that participant awareness of particular research purposes threatened to influence discussant expectations, subject bias, and/or focal attention, I initially offered only a vague overview of my research purpose. I later informed participants of specific investigative intentions and encouraged discussants to contact me if they had further questions (IRB reference #E5132).

Following a brief ice-breaking activity, focus groups began with the presentation of the first awareness message. With the informed consent of subjects, I moderated and audio-taped each discussion for transcriptional purposes and data analysis (informed consent and IRB form provided in Appendix E). Participants viewed and discussed the campaign ads in the order in which they were released to the public ("Make the Connection," "Tell Someone," "One Less"). Rather than playing the commercials successively, I initiated group discussion after the airing of each advertisement.



A semi-structured moderator guide facilitated group discussion and ensured necessary themes were covered. Open-ended questions aimed to assess overall issue involvement, knowledge, exposure, and attitudes. Additionally, I attempted to gauge participant recall of corporate branding to further elicit conversation regarding social marketing and direct to consumer advertising. A version of the moderator guide is included in Appendix A.

Upon discussion conclusion, focus group participants completed a short demographic survey, and were provided contact information to address any questions or concerns. I held focus group sessions until seemingly reaching thematic redundancy and theoretical saturation. After conducting four, sixty-minute focus groups, I felt confident in my data collection, and moved forward with transcript analysis. It is important to note that focus groups were conducted in preparation for future in-depth interviews. The transcripts offer a preliminary account of viewer perceptions and brand noticeability. Though I did not follow a structured coding procedure, transcript analysis laid the groundwork for an informed approach to future research. This pilot study unearthed prevalent themes that later guided questionnaire development and experimental design.

### **Participants**

Though Merck's social marketing campaign largely focused on targeting women's healthcare behavior, men are often involved in medical decisions made by female family members (i.e. daughters, wives, mothers). Beyond that, men are members of our consumer culture and actively participate in word of mouth marketing. Therefore, I did not issue gender-specific guidelines for participation. I solicited participants through a subject pool at a midsized southern university, and awarded extra credit towards their

final grade in courses offered by the school's mass communication program. I collected sex, age, ethnicity, level of sexual activity, and vaccination status for categorical purposes and ensured participant confidentiality through pseudonym identification.

Six to nine discussants participated in each of the four focus group sessions. In total, 28 respondents participated in the study. Female discussants represented gender majority, accounting for 71 percent (n=20) of the focus group panels. Ages ranged from 18 to 22, with the average age being 18 for both male and female participants. While white, non-Hispanic participants dominated the ethnic make-up of the focus groups (81percent; n=22), three African Americans and one Asian Pacific contributed to group discussion. The majority of participants (81percent; n=22) identified themselves as being sexually active, while three indicated they had never engaged in intercourse and three others preferred not to answer. Prior to group discussion, 86 percent (n=24) of participants reported prior awareness of the Gardasil vaccination, and 52 percent (n=15) had received at least part of the inoculation series.

## **Findings**

Throughout the entirety of this work, I present my findings in accordance with the ordering of campaign phases. Therefore, in an effort to maintain organizational consistency, I structured focus group feedback by commercial phase rather than discussion themes. Aside from more easily relating the findings to the common stages of social marketing, this organizational structure effectively highlights the evolution of campaign development and viewer perceptions throughout the progression of Merck's product endorsement.

### **“Make the Connection”**

Given the age demographics of focus groups participants, I exposed viewers to the “Girlfriend” version of “Make the Connection” PSA. Group discussions reflected many fundamental concepts driving risk communication research and campaign planning literature. Many viewers indicated the chosen spokesmodel for the “Make the Connection” (Kimberly Elise) “adds credibility” to the message. Some recognized Elise as her past starring roles; identifying her as “one of the chicks who starred in *Men in Black*,” or “that girl in a *Diary of a Mad Black Woman*.” Others were able to distinguish her by name. “I think it’s Kimberly Elise. Yeah, it’s that actress.” Regardless of identification aptitude, most participants agreed with one person’s opinion that, “it was probably good people knew who she was. You’re more likely to pay attention to a certain speaker and what they have to say- whereas if it’s just a random person that doesn’t really have credibility, and you don’t really know them, then you are really less likely to pay attention” (Julie, F, 19).

As stated in earlier chapters, celebrity sponsorship functions as a type of persuasive communication by explicitly verifying iconic support for campaign messages. In an attempt to capitalize on cursory connections, social marketing campaigns commonly turn to familiar faces to introduce the first phase of issue-oriented campaigns (Meyerowitz and Chaiken, 1987). Members of the focus group discussions who were not familiar with Elise’s celebrity status oftentimes still considered her an effective spokesperson for the campaign. Mary (F, 21) explained, “I didn’t even know who she was, but I guess because she said that African Americans were more likely or at higher

risk to get [HPV], maybe she's [a] prominent spokesperson...like someone that they would want." Ryan (M, 19) added,

She mentioned if you're an African American woman, you might have a higher [risk]...and I think it's more directed towards that when she's talking about [HPV]. It's like, when you're talking about sickle-celled anemia, you would want someone that is susceptible to [the illness] and not just someone who is talking about it. African Americans are more likely to get [HPV].

While source credibility seemed to resonate with viewers, several participants did indicate that while "Make the Connection" gained attention and produced information-seeking incentives, the lack of relevant information relayed to audiences in the "Girlfriend" ad was "frustrating." Andrea (F, 20) explained, "I liked how [Elise] started off [by] grabbing your attention. However, I don't really think she put in enough information about what the HPV virus is. It was a good start and finish, but I don't think it really had any context in the middle." Meghan (F, 19) added, "It didn't really go into depth about what [HPV] was...it wasn't very [informative] about what exactly the virus is."

A handful of discussants noted similar irritation, but suggested that information scarcity may have been a strategic campaign move. Addison (F, 18) suggested, the ad "didn't provide that much information about HPV, but it catches your attention because of the way [Elise] starts off. If you were watching TV and that came on, you'd be like, 'oh what's this?,' whereas a lot of times when health commercials come on, you aren't interested at all." As predicted in chapter six, the first phase of Merck's roll out campaign seemingly advanced a need for knowledge through a subtle introduction to a health threat, underscoring the common social marketing incentive to generate awareness, public

interest, and viewer concern. Participant transcripts largely reflected earlier interpretations of communication agendas. Charlie suggested,

[Elise] brought it up casually. It wasn't like 'this is a serious issue.' The message talked more about hanging out with your friends, and then the ad just kind of slid the topic in there. The commercial made you make the connection in your head, but [Elise] really didn't talk about anything. Basically she just said 'people are talking about this.' (F, 18)

Proposing the message "was less describing of what [HPV] was and more just telling you to be more open about it and aware of it," participants seemed to recognize the campaign's attempt to spark viewer curiosity and prompt audience concern in an effort to drive information-seeking behaviors. "The one thing [the message] kept reiterating over and over was the website. [Elise] kept repeating it over and over and over again...get all your facts from the website."

Though negatively received by the majority of focus group members, the "Make the Connection" commercial did compel viewers to become more aware and familiar with HPV. Eloquent summarizing a reoccurring theme throughout focus groups, Robert (M, 21) admitted the first phase of the campaign helped him recognize, "that HPV is relatively common, in like a lot of people. Nobody really talks about it though. I took away a dialogue that was being created to actually talk about the disease... to talk about what causes [transmission], and I guess to also talk about it with your doctor." By establishing viewer interest and concern through a strategic tease of text, focus group findings suggest "Make the Connection" succeeded in initiating audience involvement in Merck's imminent health awareness movement.

### **“Tell Someone”**

As outlined earlier, the second phase in Merck’s campaign release encouraged women to “tell someone” they know about HPV. Many of the females featured in the ads wear “Tell Someone” t-shirts; visually and aurally encouraging viewers to tell loved ones about HPV’s deadly connection to cervical cancer. Though commercials in this phase do not specifically mention Merck, the company’s logo appears in the final frame of each message, along with the campaign’s website (*www.tellsomeone.com*), and a number to call for more information.

Students immediately noted, and seemingly appreciated, the variety of character modeling included in the campaign’s message. Julie (F, 19) explained,

What I did like was that it was kind of multicultural, and included different aspects...the message wasn’t just focusing on like one group. I know in the [Make the Connection] campaign they said HPV affects African Americans more, but I think the pictures in this ad (Tell Someone) kind of create a broader base. The ads need to have representatives from different cultures, so that way everyone else isn’t tuning it out, you know what I mean?

Many suggested the “Tell Someone” message, “gives everybody somebody [they] can relate to.” Reinforcing this thought, Meghan (F, 19) spoke to the implications of multi-dimensional message sourcing:

I think the [“Make the Connection”] just show[ed] [Elise] so much as [if] saying that only African Americans are affected. You know, people would be like, ‘well I’m not African American so it doesn’t affect me’...whereas this one kind of shows everyone, so it’s a broader issue, not just like a particular race.

Such feedback reflects previously noted tenets of message modeling and cognitive processing. To a certain extent, source models establish the type of information observed and selectively activated by different audiences (Bandura, 2001). Speaking to notions of social learning and behavioral modeling, and reinforcing textual interpretations outlined

in chapter six, the surprised reactions filmed throughout the ad left an impression on many participants. Mark (M, 18) stated, “It brings a shock factor to [the ad] and catches peoples attention.” Lauren (F, 19) added, “yeah, and they get out of it like ‘oh I didn't know that either’ ...it's really common, the virus. It's more common than people realize. It affects millions of people.”

Participants reported that the brief clip of a medical professional added credibility to the “Tell Someone” message. “Towards the end of the commercial, the doctor is standing there, describing what to do...that kind of sticks out in your mind. You would tend to listen to someone as a doctor, or someone in that kind of field of medicine... you figure they would know more about the issue” (Dave, M, 18). In addition to capitalizing on parasocial connections through commercial modeling, message repetition drives home the immediacy of the issue. Rachael (F, 19) reinforced chapter six notations of increasing campaign intensity, suggesting,

They made a more meaningful connection. They stressed the seriousness of [HPV] more so than the first one, which I think gets people's attention better than casual conversation. The biggest thing is like...the few people who were in the commercial kept repeating the same facts over and over. One of the ways you memorize things is just keep repeating in your head- it kind of drills in your mind how significant these things are, you know, these facts that they're giving you. So it makes you, like, that much more aware of it.

In line with Bandura’s theoretical groundwork, the majority of focus group participants rated “Tell Someone” as more effective than the first campaign message. Though ranking could be attributed to the viewer’s baseline knowledge from the first ad, feedback attributes message efficacy to modeling strategy. As Melanie (F, 18) explained, “The lady [said] she wanted to go home and tell someone, and then like, the next image

or so later, it was two ladies standing there. She had her hand on the [other] lady, so it's reinforcing the idea to go home and tell people that you care about."

Though participants applauded the ad for integrating a more racially diverse commercial cast, group discussion often addressed implications of the gender-biased message. Brandon (M, 18) stressed the potential benefits of "a guy saying 'I want to tell my wife,' or 'I want to tell, you know, my daughter'...something so [viewers] don't think [the social cause] is just for women." While, overall, viewers perceived the "Tell Someone" message more favorably than "Make the Connection," discussants from each focus group voiced concern that by strictly focusing on women, the messages discounted an important segment of the consumer population. "That was the weird part to me. It's all women. In both commercials, I remember hearing like, 'I want to tell my sister, I want to tell my mom'... so maybe one thing that this message could do is incorporate men" (George, M, 18).

### **"One Less"**

Merck offered viewers a branded solution to the well-publicized social crisis and presented a call-to-action in the concluding campaign, "One Less." With the release of this product advertisement, the HPV issue successfully cycled through the common phases of a social awareness campaign. Addressing evolving themes of the roll-out campaign, participants noticed "the third commercial is directed more towards cancer. It was directed away from HPV and more towards cervical cancer" (Julie, F, 19). Most discussants agreed "One Less" seemingly shifted away from an awareness effort while moving more towards a business venture. Some feedback suggested that, "From a commercial standpoint, it makes it seem like [the vaccination] is the only way [HPV] can



be prevented” (George, M, 18). “It kind of makes you question their concern for the issue at stake” (Emily, F, 18). Focus group feedback corroborated findings from my text deconstructions, as participants also speculated that by communicating a sense of urgency and offering a preventative solution for the heavily advertised health crisis, “One Less” encouraged consumer action. “It seems to make sense that they left so much information about prevention out in the first two commercials...they want to make it seem like the only way [HPV] can be prevented is by the Gardasil shot” (Andrew, M, 19).

Suggesting perceived indication of industry deception, participant responses addressed implications rooted in the vague distinctions between cause-related marketing and business strategy. Rachael (F, 19) suggested “‘One Less’ is definitely advertising Gardasil because the company wants you to get [the vaccination], but the message is also kind of a PSA...I think it's *telling you to be* one less and then *advertising how to be* one less.” Identified by a handful of participants as a “hybrid” advertisement, the product commercial received mixed reviews, but reflected many of the same criticisms noted in earlier discussions. Roxy (F, 18) explained,

I think they need a commercial that describes [the vaccination] more. I mean, after seeing the commercials you need to like Google HPV, or ask a doctor or something, you know what I mean? Like, most people don't understand that you're supposed to get your Gardasil shot before you have sex so you don't get [HPV].

Perhaps shedding light on misguided corporate priorities, the overall consensus from each focus group session indicated a perceived disappointment in the amount of relevant information conveyed. “It’s like driving someone to a cliff and just leaving them there, you know?” (Mary, F, 21). “It’s good to spread awareness, but at least give [viewers] ways to prevent it on their own” (Andrew, M, 19).

Casting an indispensable value on the protective vaccination, chapter six suggested Merck's roll-out campaign focused on the threat of the HPV virus, rather than the virus itself. Again, reflecting themes from my textual analysis in chapter six, Arianne (F, 18) stated, "The first two didn't instill fear in me that much, but once the Gardasil commercial came out that's when I was like, oh this really is a big deal." Cara (F, 18) added "they don't give you any other preventatives and I think they did that on purpose so [the viewer] would want to get the vaccination. The commercials instill fear into [audiences] and that's the only way [viewers] know of to prevent [HPV]."

Disturbingly, even after viewing all three phases in the health campaign, many participants were still unable to identify the main cause of HPV transmission. Discussants did indicate, however, that the three-dose vaccination series, ranging anywhere between \$420-\$825, was critically important for maintaining long-term health (National Vaccine Information Center, 2010).

## **Discussion**

Appealing to the survival motives of a concerned public, Merck's campaign ignited nationwide awareness of a largely ignored health threat. The pharmaceutical conglomerate triggered consumer interest by releasing a roll-out operation that activated public interest and mobilized audience engagement. Armed with an industry-inspired, coast-to-coast demand for a medical solution, Merck proficiently satisfied consumer needs by marketing a preventative and corrective vaccination shortly after the HPV awareness ads initially aired. Though the educational messages potentially yield a net benefit for public health, Merck's social marketing efforts call attention to the ethicality of DTC advertising. Involving matters of non-branded marketing, corporate

responsibility, and obscure promotional strategies, the pharmaceutical awareness crusade highlights questionable marketing practices that induce consumer trust towards commercial interests.

Participant skepticism gradually surfaced as discussion shifted from the social marketing campaign to matters of corporate ethicality. Overall, participants generally did not indicate awareness of Merck's involvement throughout each phase of the campaign. Feedback suggests branding formed the core of a genius marketing scheme. "I feel like if in every commercial I would have heard that Merck was sponsoring it, I would have been suspicious that it was more of like a product commercial than an awareness [campaign]."

I think because we didn't know Merck was behind [the campaign], it could be argued that they were doing it just for the sake of causing awareness...[but] I guess they were trying to raise awareness so that when [the company] finally came out with the drug, Gardasil, they would already have that base of people.  
(Melanie, F, 18)

Other participants added, "I think it makes sense...its like 'we want people to trust us but we don't want them to know its us.'" "It was definitely clever, but I think it was more of like a trick."

Merck's closing campaign channels consumer motivation through calculated message construction. Boasting a company mission built on "ethics and transparency," Merck denies any ill intentions, promising to "remain committed to operating openly and with integrity" (Merck, 2011). "Because millions of people around the world depend on our products, we have high standards for how we should conduct ourselves as a company" (Merck 2011). Ranked 17th on *Corporate Responsibility's* 2010 list of the "100 Best Corporate Citizens," Merck undoubtedly values a corporate commitment to civic engagement. At the same time, however, it is hard to ignore the capitalistic forces

driving corporate behavior in the healthcare arena. The implications rooted in such dualistic motives suggest a call for critical evaluation of the commercialized engagement threaded throughout public service commitments. Accordingly, I disclosed the underlying questions driving my investigation after discussing the roll-out campaign in its entirety. Upon revealing the corporate link connecting campaign messages, I asked participants to determine whether the overall outcomes of commercialized health communication justify the financial motives driving public awareness efforts. Discussants put forth a variety of enlightening responses, including feedback that spoke to the complicated motivations and moral philosophies that drives issue deliberation. “I wonder what [Merck’s] market would have been if they hadn’t put out the PSA’s. Like, would any[one] have known about HPV leading to cervical cancer? I mean I wouldn’t have known.” (Roxy, F, 18)

While some responses stressed the value of public awareness, others tried to determine whether the ends justified the means:

“I guess in a situation like [this], it does seem kind of...I guess the best word is shady. I mean to raise awareness like that would put in someone’s mind, ‘hey I need to get checked for something serious.’ And in a way, it kind of puts pressure on the FDA to approve the drug because people were demanding [a solution]. But, you know, [if] someone gets diagnosed with [the virus] and there’s a possible treatment for it, well that person is going to ask for it. Would you rather have the [vaccination] or you know...get [HPV] and then [have] it turn into cervical cancer?” (Andrew, M, 19)

Students also approached the issue from a marketing standpoint, addressing the role of government regulation:

“I don’t know, thinking cynically I guess, and realizing how businesses make a profit, I think Merck’s intention probably was to raise awareness before they got FDA approval, because they can’t advertise for a drug that isn’t approved, but they can still do everything up until name dropping the drug. Because if you watch the third [ad], the [Gardasil] one, they say all the same things essentially, but at the very end they said ‘Gardasil, Gardasil, Gardasil.’ All the ads [say] the same thing [if] you put Gardasil at the very end of the commercials. So maybe

they were trying to...essentially advertise without actually having to advertise until they got their approval. I don't think a company would go through all that trouble to put together a message and not get anything out of it." (Cara, F, 18)

Though responses and opinions varied, dialogue did indicate, at the very least, viewer perception of unclear motives. I extended the framework of investigation by asking participants to momentarily consider industry concerns. After outlining the conceptual differences between direct-to-consumer advertising and social marketing, participants discussed the social implications rooted in the foggy and overlapping marketing frameworks. Viewer conversation offered reflective support for clearer marketing frameworks, particularly in the healthcare industry. "I think participating in this focus group made me a little bit more aware, made me want to do a little bit more research" (Amber, F, 19). "You have to ask the question had the company not been developing and trying to push this drug they put out on the market, would they create these commercials?" (Holly, F, 18).

The fundamental nature of social marketing campaigns includes the use of persuasive texts to prescribe selected behavioral patterns. As a result, there exists a potential connection between behavioral standards and the nature of the persuasive messages promoting those behaviors (Crosswell & Ruth, 2009). Young and Cline (2004) suggest "media can facilitate social cognitive processes that ultimately may influence health behavior" (p. 350). Themes generated throughout focus group discussions reveal that though seemingly effective, the lack of concrete information relayed to the public disturbed and frustrated many viewers. Such dissonance between product demand and consumer knowledge begs the question, do the ends justify the means? "For them it was smart. It was genius. If you're the only one with this vaccine why not raise awareness of

it while your still the only one...in the game. I guess [that] is why you're looking at the ethical issues" (George, M, 18).

Perhaps most indicative of the motives driving this research, one participant noted, "Businesses don't look at ethics. They look at what's going to make them more money" (Mark, M, 18). Merck's disguised endorsement demonstrates the degree to which corporations are silently setting the agenda within the healthcare industry. While industry professionals of previous generations might consider the subtle branding a missed opportunity to boast corporate responsibility, the dynamics of today's market deter branding incentives. Caught in a vicious cycle spun by corporate deception and public distrust, the for-profit industry is continually aiming to out-clever jaded consumers. Currently, Big Pharma trends seem to adopt disguised social marketing approaches to product promotion. This new wave of sophisticated lifestyle messaging calls for a health communication intervention. The overlapping motives driving public health communication is of ultimate concern given today's consumer-driven culture.

Chapter six deconstructed the ways in which Merck manipulated commercial script and symbolic modeling to more effectively drive consumer demand. Through methods of textual analysis, I examined and explored the qualities and conditions extricating social marketing from product advertising. Consumer perceptions collected throughout the focus groups presented in this chapter corroborate findings from my preceding interpretive analysis. Discussion transcripts supplement campaign deconstruction with first-hand insight to viewer understanding of awareness messages and attitudes toward the Gardasil vaccination. While readings of latent commercial semiotics and transcript analysis encourages pause and reflection, it is perhaps the hard

measurements of brand awareness that offers the most telling insight to the effects of commercialized messaging. In the following chapter, I introduce quantitative support for the qualitative interpretations presented thus far. Chapter eight explores the implications of pharmaceutical consumerization by comparing physiological indices of brand fixations with measurements of consumer attitudes toward campaign messages and vaccination efficacy.

## **CHAPTER EIGHT**

### **CONSUMER PERSPECTIVES**

This chapter builds on the series of qualitative studies reported in earlier chapters by adding statistical dimension to the implications of commercialized social marketing. Research demonstrates pre-conscious and unobtrusive data collection offer an advanced approach to modern advertising research (Briggs, 2006). Using eye-tracking technology, as well as pre- and post-test questionnaires, the following work more clearly determines ways in which sponsorship awareness shapes viewer attitudes toward Merck's campaign communication and the Gardasil vaccination. Through within-subject experimental design, I demonstrate ways in which pharmaceutical branding influences viewer reception of health awareness messages. Specifically, this chapter highlights the disconnect between conscious and unconscious brand awareness, framing the ways in which corporate America conditions public ambivalence toward branded communication.

This research corroborates interpretative findings from chapter six, and consumer feedback in chapter seven, with physiological indicators of message involvement. Siefert, Gallent, Jacobs, Levine, Stipp, and Marci (2008) explain, "cognitive-affective neuroscience clearly suggests that the brain processes information differently depending upon how information is presented and perceived" (p.427). Tenets of social cognitive theory reflect such notions, emphasizing the importance of attention measures in information processing and decision-making. Established research continually underscores the consideration of message exposure, attention, comprehension, and retention in evaluating persuasive texts (Russell & Roskos-Ewoldsen, 2005; Bandura, 2001). As such, I combined different levels of viewing experience (comparing implicit



micro-level behaviors with explicit self-reported measurements) to further reveal the “hidden” effect of corporate sponsorship in health messaging.

Research suggests that, “the time has come to reevaluate the importance of eye-tracking” (Duchowski, 2007, p.264). In light of the limitations of traditional marketing data collection, it becomes increasingly necessary to apply this century’s research tools when examining consumer attitudes and behavior. Chapter six deconstructed a prime example of ways in which pharmaceutical companies strategically promote products through social marketing masquerades. Focus groups in chapter seven colored textual interpretations with consumer perceptions of commercialized awareness campaigns. This chapter offers quantitative validation to support the arguments posed thus far. The following experimental research introduces a grounded framework that supports my call for stricter commercial regulations in the health care industry. I address the following research questions in the succeeding exploratory investigation:

***RQ1:*** Do consumers fixate on for-profit corporate sponsorship?

***RQ2:*** Do consumers consciously notice for-profit corporate sponsorship?

***RQ3:*** Does corporate sponsorship discoverability correlate with self-reported measurements of brand awareness?

***RQ4:*** Does physiological awareness of for-profit corporate sponsorship affect viewer perceptions of campaign credibility?

***RQ5:*** Does physiological awareness of for-profit corporate sponsorship affect viewer trust in Merck Pharmaceuticals’ social marketing campaign?

***RQ6:*** In what ways does brand identification influence consumers’ perceived effectiveness of the Gardasil vaccination?

## **Method**

While an exponential amount of money is poured into enticing consumer interest, little to no research examines the cognitive/environmental mechanisms that drive viewing behaviors and message processing (Duchowski, 2007). This research uses eye-tracking

technology as a means of assessing viewers' visual awareness of Merck's presence in the roll-out social marketing campaign. By examining the order of visual fixations and the amount of time spent looking at particular commercial elements, I offer hard evidence that showcases the impact of commercially sponsored health awareness campaigns. Maughan, Gutnikov, and Stevens (2007) argue eye-tracking techniques "put the study of consumer response to marketing and advertising materials on a firm scientific footing" (p.342). Given the method's ability to obtain objective measurements of attention, and reliable indicators of consumer perception, my analysis delivers a quantifiable assessment of brand influence in Merck's multi-phased campaign.

The research questions guiding this study specifically focused on brand awareness, viewer perceptions of the social marketing campaign, and campaign communication efficacy. Advertising literature corroborates Bandura's seminal research, supporting the evaluation of model credibility, message perception, and personal efficacy when examining persuasive communication (Snipes, et al. 1999; Aaker & Stayman, 1990; Edell & Burket, 1987). In line with industry research and guided by the tenets of social cognitive theory, my dependent variables included attitudinal measurements of campaign effectiveness, campaign credibility, and campaign ethicality. Independent variables included fixation duration, visit duration, fixation count, time to first fixation, and both unprompted and prompted recall.

Table 8.1 provides an overview of the different tracking metrics used for quantitative measurement and statistical comparison. Fixation count reflects the number of times participant gaze landed in a particular area of interest, whereas cumulative dwell time, or total fixation duration, reflects the total sum of the gaze time devoted to

respective area of interests (AOIs). Visit measurements are the most comprehensive of gaze metrics, as they include saccadic movements. Medically speaking, saccadic eye movements are the “extremely fast voluntary movement of the eyes, allowing them to accurately refix on an object in the visual field” (Mosby, 2013, p.1585). More simply, fixations indicate the length of a stationary gaze, whereas saccadic measurements (or visits) include the “momentary movement between eyeball fixations” (Pan, Chen, & Nguyen, 2012, p.5) The Tobii Eyetracking Studio equipment quantifies visual attention through algorithmic calculations of eye fixation and saccade. In this experiment, a fixation was defined as directed gaze within an area of 35 pixels, with a minimum dwell time of 250 ms.

Table 8.1  
Eye-Tracking Measurements: Metric Definitions

Visit Duration (VD)	“Defined as the interval of time between the first fixation on the AOI and the next fixation outside the AOI” (Tobii Studio, 2010)	Observation Length; Saccadic Movement
Time to First Fixation (TTFF)	Time in seconds from when the stimulus was first shown until the start of the first fixation within an AOI	Indicates discoverability (Bojko & Adamczyk, 2010)
Fixation Count (FC)	The number of fixations within an AOI	Believed to be indicators of both the depth and intensity of cognitive processing (Andreassi, 2007)
Fixation Duration (FD)	The length of the fixations in seconds within an AOI (inspireUX, 2010)	Generally provides best indication of the division of attention various elements on a page receive.

### Equipment & Materials

I monitored eye movement patterns using the Tobii T60, a stand-alone pupil-CR video-based system. The binocular remote system consists of infrared illumination that allows the center of the pupil to be tracked. Because tracking hardware is embedded in the monitor, head-mounting devices did not restrain participants; facilitating the

unobtrusive mapping of gaze direction. Head and neck mobility promoted a more accurate and valid measurement of visual attention to corporate branding in Merck's social marketing campaign.

A 17-inch color-calibrated flat screen positioned at a fixed distance displayed the commercial presentation. Building from prior studies, I used the same three messages shown to focus group participants in chapter seven. In addition, I added the post-FDA message "I Chose" into the series of commercial stimuli. Therefore, viewers watched a total of four broadcast messages aired in connection with Merck's roll-out campaign; including the two health awareness messages aired prior to FDA's approval of Gardasil ("Make the Connection" and "Tell Someone") and two post-FDA approved product commercials ("One Less" and "I Chose").

Siefert et. al (2008) suggest that eye-tracking technology, in combination with traditional forms of communication, serves as an appropriate means to examine message reception. As such, I used a 20-item pre-test questionnaire to measure previous awareness and knowledge of HPV and the Gardasil vaccination. I then used a 35-item post-test questionnaire to probe participant perceptions of each of the four commercial messages, their attitudes toward Gardasil, and any future vaccination intentions. Participants completed both surveys through Qualtrics' online survey platform.

### **Procedures**

Prior to study involvement, participants completed a pre-test survey. I designed the online questionnaire to gauge pre-exposure awareness and knowledge of HPV, cervical cancer, and the Gardasil vaccination. To prevent a priming effect, the survey addressed various other health issues (including influenza, the rotavirus, herpes simplex,

colon cancer, lung cancer, skin cancer, heart disease, and alcoholism). Study guidelines also required the subjects to complete the pre-test survey three to fourteen days prior to experiment participation. The university's participant pool system restricted student sign-ups that fell outside the three to fourteen day period, ensuring both sessions were completed within the required timeframe. Students were awarded extra credit towards a mass communication course upon completing the second part of the study. A copy of the pre-test questionnaire is included in Appendix B.

During the second stage of the study, participants watched the four commercial messages as detailed throughout previous chapters. To avoid perceptual expectations and altered focal attention, participants were not given a specific viewing task, nor were they directly told that they were being tracked. A five-point calibration procedure preceded the experiment, where participants were instructed to focus on a target point, which then automatically moved to a series of different locations on the screen. Following the calibration, the experiment started without delay with the presentation of the commercial series. Each participant viewed all four commercials without interruption in the order in which they were released to the public ("Make the Connection," "Tell Someone," "One Less," "I Chose").

After completing the eye-tracking task, participants completed a post-test questionnaire at a nearby computer station. The questions assessed participant demographics, as well as viewer involvement, knowledge and exposure, and general vaccine attitudes. The survey also specifically attempted to measure participant recall of corporate branding throughout the commercial series. The post-test questionnaire is included in Appendix F.

## **Participants**

In total, 117 participants contributed to data collection. There were over three times as many female participants (n=77, 65.8 percent) as there were males (n=25, 21.4 percent). 15 participants (12.8 percent) chose not to identify their gender. Ages ranged from 18-34, with a mean of 20.2 years. The majority of participants identified themselves as white, non-Hispanic (n=88; 75.2 percent). Other races identified included African-American (11.1 percent), Hispanic (3.4 percent), Asia-Pacific Islander (1.7 percent), and Native-American (0.9 percent). Nine (7.7 percent) participants did not report a race. Prior to the study, 83 participants (70.9 percent) had heard of the Gardasil vaccination, 16 (13.7 percent) reported no prior awareness, three (2.6 percent) were unsure, and 15 (12.8 percent) did not indicate their level of previous awareness.

When asked to rate concern for contracting the human papilloma virus on a scale of 1-10, pre-test measurements showed 28.2 percent of participants (n=46) reported a low to moderate concern, while 43.6 percent (n=38) indicated concern that was above average. 17.9 percent of participants (n=21) marked their concern level at the lowest indicator compared to the 11.1% (n=13) at the highest end of scale. When asked to rate concern for contracting cervical cancer, 22.2% of participants (n=26) reported a low to moderate concern, and 54.7% (n=51) indicated moderate to high concern. Those who reported prior knowledge of the Gardasil vaccination most frequently identified commercial advertising as the source of initial awareness for (n=68; 58.1 percent), followed by physicians, (n=56; 47.9 percent), friends/family (n=48; 41 percent), and web sites (n=12; 10.3 percent). Six participants (5.1 percent) reported “other,” with sources including “LSU Health Facility,” “magazine ad,” “Professor,” and “teacher.”

## **Coding Procedure**

For each of the four advertisements, I identified scenes in which Merck's branding appeared in the commercial spot. I extracted all four commercial segments and drew a rectangular area of interest (AOI) around any for-profit, non-profit, or product branding that appeared in the defined scenes (see Figures 1-4 for AOI screen shots). Although fixation data for these AOI's can be expressed in a number of ways, "the number of fixations and the cumulative dwell time of fixations recorded in each AOI have been reported as the most useful" (Hallowell & Lansing, 2004). As such, I collected the time to first fixation, fixation count, visit duration, fixation duration, and total fixation duration as my physiological awareness measurements. Enlarged images of fixation visualizations are provided in Appendix B.

## **Commercial Descriptives**

### **"Make the Connection"**

Post-test questionnaires showed 88 percent of participants (n=95) were unaware of any corporate or non-profit sponsorship within the "Make the Connection" broadcast. Of the thirteen subjects (11.1 percent) who did indicate awareness, only five (4.3 percent) were able to correctly identify Merck as one of the three sponsors of the social marketing effort. The open-ended awareness measurement showed one participant correctly identified corporate sponsorship and two others connected the health awareness message to Merck's HPV vaccination, as they identified "Gardasil" as the message sponsor. Other responses included "Susan G Komen," "maketheconnection," and "I don't remember the

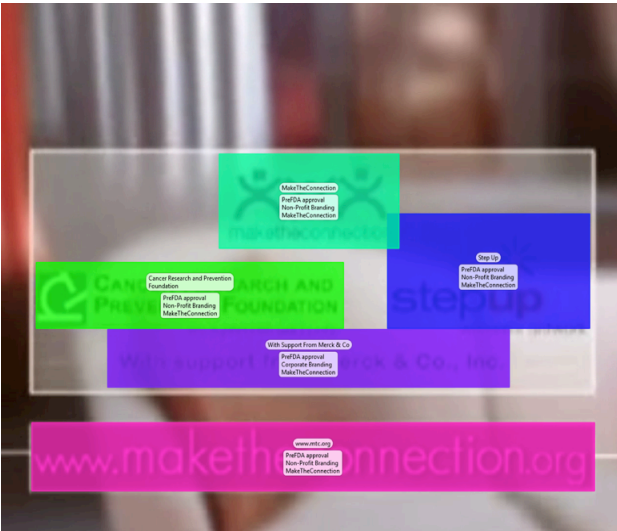


Figure 8.1. "Make the Connection"



Figure 8.2. "Tell Someone"

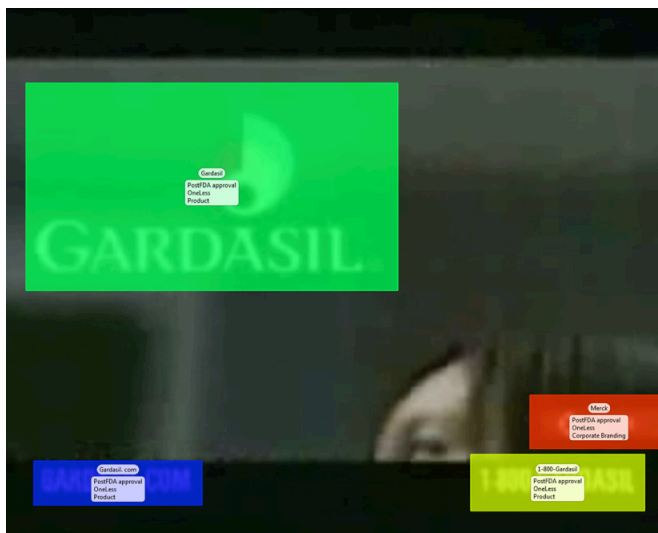


Figure 8.3. "One Less"

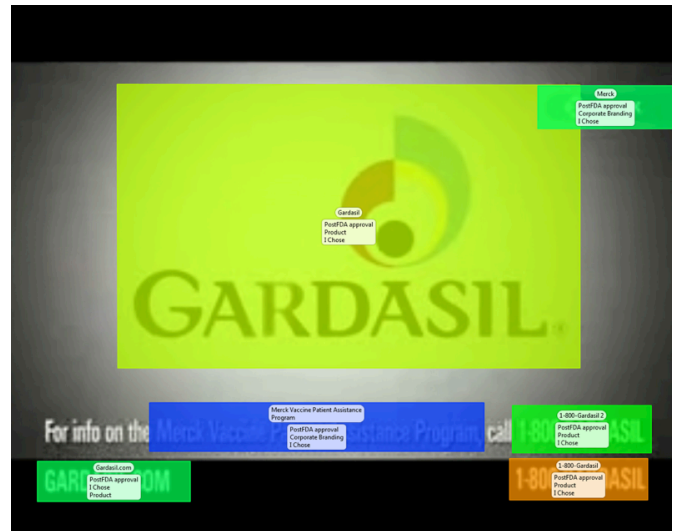


Figure 8.4. "I Chose"

Figures 8.1-8.4. Scene Segments and AOIs.  
Figures illustrate the Areas of Interests (AOIs) for eye fixation data collection.



company, but I remember the symbol was like three x's." Prompted recall measurements showed only 4.3 percent (n=5) of the participant pool correctly identified Merck as a campaign sponsor, though 22.7 percent (n=32) recalled the non-profit sponsorship, *Women's Step Up Network*. This may be related to Merck's significantly smaller brand presence, as non-profit sponsorship markings were not only larger, but also audibly reinforced in a voice over (as detailed in chapter six).

Eye-tracking metrics highlight a dissonance between conscious awareness and physiological responses. Though 88 percent of the subject pool indicated they did not notice corporate endorsements, and only 4.5 percent identified Merck in the prompted



Figure 8.5. Heat Map Visualization for "Make the Connection"  
Figure illustrates the areas in which participants fixated most.

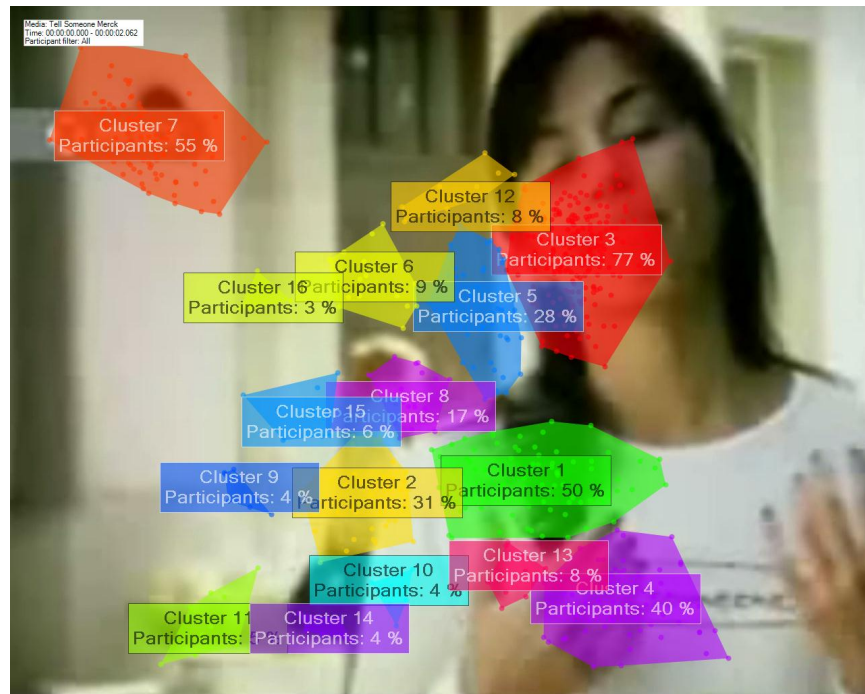
recall item, tachistoscopic metrics show that 62.9 percent (n=73) of participants established at least one fixation on the byline “with support from Merck & Co. Inc.” Saccadic measurements further indicate subjects spent an average of .95 seconds gazing directly at Merck’s branded involvement in the health campaign, with most participants noticing the area of interest within 2.23 seconds of segment exposure. Figure 8.5 provides a heat map of fixation visualization. Red coloring indicates areas that received longer and more frequent viewer fixations.

Reinforcing assumptions made in previous chapters, respondents often reported in the open responses the race of the spokesperson, the pink hues saturating the commercial setting, the “comfortable environment,” “pink flowing curtains,” and the pears in the background as images that stood out most prominently when viewing the message.

### **“Tell Someone”**

Data collected from the second phase of the HPV campaign showed that while 92.3 percent of participants reported being unaware of corporate sponsorship, 43.6 percent fixated on Merck branding. Only one of the nine participants (7.7 percent) who reported sponsorship awareness correctly identified Merck in the unaided awareness item, though other responses did indicate perceived connections to Merck’s vaccination, with “Gardasil” accounting for one third of the open-ended responses. When prompted, only 4.3 percent of participants correctly identified Merck as a commercial sponsor. Participants typically established contact with Merck’s branding within 1.17 seconds of exposure to the branded scene, spending an average of .39 seconds fixating on the area of interest. In relation to the first campaign message, the “Tell Someone” ad was, overall, a more positively rated message (corroborating the evaluative feedback from focus

groups). In addition to the “Tell Someone” t-shirts, participants reported diverse women, the park-like setting, and the clip of the doctor as memorable commercial images in the open-item responses. Figure 8.6 provides color-coded data visualization by mapping regions of fixation clusters.



Figures 8.6. Cluster Visualization for “Tell Someone”  
Figure illustrates participant fixation counts.

### “One Less” & “I Chose”

Results showed that while 59.8 percent of participants indicated awareness of the company promoting the vaccination in the “One Less” advertisement, only six percent correctly identified Merck during prompted recall. In the following “I Chose” commercial, 74 participants indicated awareness, yet only two were able to correctly identify Merck without prompt. Table 8.2 provides an overview of physiological brand awareness metrics in relation to specific campaign commercials.

Table 8.2  
Means (Standard Deviations) for Commercial-Itemized, For-Profit Fixation Measurements

	Make The Connection	Tell Someone	One Less	I Chose
Total Visit Duration	.63 (.73)	.18 (.26)	.13 (.35)	.11 (.24)
Fixation Count (w/0s)	2.31 (2.8)	.63 (.88)	.35 (.58)	.42 (.77)
Fixation Duration	.95 (.66)	.39 (.23)	.45 (.54)	.39 (.29)
Total Fixation Duration	.60 (.69)	.18 (.25)	.13 (.35)	.11 (.23)

*\*n=116 M(SD)*

Table 8.2 indicates the average amount of participant fixations on for-profit branding within each phase of the awareness campaign. The table also shows the average duration length (in seconds) that viewers spent within branding AOIs.

### Measurement Items

To prepare data for analysis of variance procedures, I dummy coded fixation measurements and self-reported awareness items into a non-standardized index. Design variables were constructed for AOI branding across all media; including corporate branding fixation measurements (count and duration), product branding fixation measurements (count and duration), and self-reported awareness measurements (prompted and unprompted recall).

### Fixation Metrics

Fixation data included the standardized Tobii gaze measurements defined in earlier sections. I dichotomized fixation count measurements by separating participants who fixated on Merck branding at least once throughout the study from those who never established eye gaze within a Merck branding AOI. I also dichotomized the total fixation duration of corporate branding across all four commercials by splitting the duration means into groups of “high” and “low.” The mean fixation dwell time was 1.13 seconds (SD = 1.11 seconds); therefore low durations represented fixations ranging from the

lowest duration time to the mean viewing length (.00 -1.13 in seconds), and high durations ranged from the mean time to the maximum total dwell time (1.13 – 6.53 in seconds). I followed the same procedure to dichotomize high and low levels of product branding fixations (M=3.52 seconds, SD= 1.78 seconds), with low fixation values ranging from .00-3.52 seconds and high fixation values ranging from 3.52- 6.73 seconds.

It is important to note that while fixation times may seem low, the average is relatively large in comparison to branding airtime. Industry research does not offer average fixation lengths for branding metrics in broadcast advertisements, nor does the FDA offer specific requirements for brand saliency in sponsored awareness campaigns (Code of Federal Regulations, Title 21). As such, I use the average length of an eye blink to frame the subtleness of Merck’s branding throughout the awareness campaign. Though



Figure 8.7. Heat Maps for “One Less” and “I Chose”  
Figure illustrates density of brand fixations on product advertisements.

reports vary, the average eye blink typically ranges from 0.1-0.4 seconds (Schiffman, 2001). In the Pre-FDA messages, Merck’s logo received roughly 0:02.406 seconds of airtime per message. Given the location, size, and limited air presence of the for-profit

company branding, it is likely Merck managed to meet basic regulations and slip past viewer identification, in essentially, the blink of an eye.

### **Recall Metrics**

To examine the correlations between physiological fixation and self-reported awareness, I dichotomized self-reported awareness items and composite recall measurements. There were four unprompted awareness items throughout the survey. For each of the commercials, participants were asked, “Are you aware of any organizations/companies sponsoring the message? If yes, please indicate the names of organizations/companies you recognized.” Unprompted recall indicators separated participants unable to identify Merck in any of the four prompted recall items from those who recalled “Merck” at least once.

After completing all four of the unprompted awareness items, participants were asked to think back to specific messages and identify any of the listed sponsorships they recalled in specific advertisements. All aided awareness lists included the same items; Pfizer, GlaxoSmithKline, Merck & Co., Johnson & Johnson, Women’s Step Up Network, American Cancer Society, Susan G. Komen Breast Cancer Foundation, and the Cervical Cancer Foundation. I created an additive measurement score for total prompted awareness by adding together the amount of times “Merck” was correctly identified as a campaign sponsor in each of the four survey items. The composite measurement was then dichotomized into a high/low prompted recall variable, in which low recall represented one to two correct identifications and high recall represented three to four correct identifications.

## Attitudinal Measurements

According to Kelman (1974), social influence is achieved when audiences change behavior as a result of an agent's application of "induction techniques." Marketing specialists adopt induction techniques to target message compliance, a term that Garko (1990) defines as "a response that would not have otherwise occurred except for the agent's presentation of a stimulus or stimuli to the target" (p.150). In exploring Merck's induction techniques, I used semantic differentials to survey participant perception of commercial messages. The survey questions provided a single sentence review of each commercial and asked participants to rate the specific message based on the dichotomous adjectives listed in Table 8.3. Certain items were reverse coded to prevent participant disengagement.

Table 8.3  
Means (Standard Deviations) for Attitudinal Commercial Items

	Make the Connection	Tell Someone	One Less	I Chose	Cronbach's Alpha
Bad:Good	3.97 (.090)	4.27 (.072)	4.59 (.684)	4.48 (.705)	.578
Low:High Quality	3.36 (3.36)	3.84 (.092)	4.36 (.073)	4.25 (.728)	.646
Not Credible:Credible	3.74 (.089)	4.17 (.779)	4.44 (.688)	4.40 (.628)	.595
Truthful:Deceptive	4.26 (.124)	4.15 (1.09)	4.27 (1.08)	4.28 (.950)	.832
Effective:Ineffective	3.52 (.113)	4.10 (1.05)	4.35 (.102)	4.21 (1.03)	.796
Unethical:Ethical	4.21 (.082)	4.46 (.633)	4.55 (.602)	4.41 (.687)	.786

\* $n=108$   $M(SD)$

\*\*Higher means indicate more positive ratings.

\*\*\*Chronbach's Alpha indicates reliability of campaign communication; the number indicates the reliability of the attitudinal items across the campaign in its entirety.

Though post-campaign data collection and experimental design limit the interpretation of findings, physiological and self-reported measurements offer insight to the intervening influences of corporate sponsorship and public trust in areas of health communication. Studies suggest deceitful marketing generates consumer skepticism, showing that "when people perceive themselves to be at risk, they understand and put

into practice only those messages that come from sources they perceive as trustworthy and credible” (Blazing & Bloom, 1998; Lundgren & McMakin, 2004). Therefore, public understanding of HPV, cervical cancer, and the Gardasil vaccination are inherently tied to Merck’s ability to effectively communicate risk messages to target audiences.

### **Constructing the Measurements**

Initially, participants rated their perceptions of each of the four commercials on five-point, six-item scale (see Table 8.3). Given that my research questions targeted campaign communication, rather than individual commercial qualities, I condensed commercial item ratings into a standardized index to score overall campaign communication. Items bad/good ( $\alpha=.58$ ), low/high quality ( $\alpha=.65$ ), and not credible/credible ( $\alpha=.60$ ) resulted in a low alpha and were removed from the index.

I conducted a factor analysis to determine whether the remaining commercial variables (truthfulness, ethics, and effectiveness) were strongly inter-related across all four stages of Merck’s roll-out campaign. Therefore, my analysis summarizes the underlying correlational structure of commercial communication driving the social awareness effort, and reduces the number of evaluative commercial items into overall campaign factor scores. Principal component extraction and orthogonal (varimax) rotation minimized factor variation.

Though Comrey and Lee (1992) recommend sample sizes that exceed 200 participants for adequate factor analysis, eye-tracking experimentation favors smaller subject numbers (with recommendations as low as 30 participants; Bojko & Adamczyk, 2010). Legitimizing sample size compromise, Costello & Osborne (2005) argue “sample size is partly determined by the nature of data” (p.3). This study negotiates ideal sample



size, and follows case size recommendations based on subject to item ratios. Though some scholars suggest EFA ratios of 20:1 (participants per factor), others argue an EFA can still be adequately performed at a 5:1 ratio (Hatcher, 1984). In fact, in a two year meta-analysis of EFA research, Costello & Osborne (2005) discovered that “a surprisingly high proportion” (almost one-sixth) of factor analyses are based on subject to item ratios of only 2:1 or less (p.3). While my final sample of 107 participants (using listwise deletion) fell short of Comrey and Lee’s (1992) recommended pool size, I meet EFA ratio requirements, with over five cases per variable at a 9:1 ratio. I also satisfied the recommended minimum of three items per factor (Anderson & Rubin, 1956).

## **Results**

***RQ1:*** Do consumers fixate on for-profit corporate sponsorship?

To advance scholarship in corporate sponsorship, health communication, and consumer trust, I explored brand awareness and communication efficacy in relation to Merck’s HPV campaign and the Gardasil vaccination. Findings indicate most viewers did fixate on corporate sponsorship AOIs ( $M=.87$ ,  $SD=.33$ ).

***RQ2:*** Do consumers consciously recall for-profit corporate sponsorship?

Findings showed 87 percent ( $n=101$ ) of the 116 participants fixated on Merck’s branding at least once, yet 90.6% of participants ( $n=106$ ) could not consciously identify Merck as a corporate sponsor in prompted recall measurement items.

***RQ3:*** Do physiological measurements of corporate sponsorship fixation correlate with self-reported measurements of brand awareness?

To determine the relationship between participant fixations on corporate sponsorship and self-reported brand awareness, I ran a series of bivariate correlations

using branding fixation metrics and aided awareness items. As outlined earlier, physiological awareness is a measurement of viewer fixation on corporate branding. Results indicated brand fixation and aided awareness are positively correlated,  $r(114) = .29, p < .01$ , suggesting that if individuals have high levels of brand fixations, they are more likely to recall Merck's corporate sponsorship compared to those with low levels of brand fixations. I also tested correlations using two additional measures of corporate fixation. Fixation frequency is the number of times individuals fixated on Merck, while dwell time is the total amount of time spent in the AOI. Both of these measures demonstrated a positive correlation to corporate recall. Findings suggested higher amounts of brand fixations correlated with an increased capacity for corporate recall,  $r(114) = .18, p < .05$ , and longer brand fixations related to higher levels of brand sponsorship awareness,  $r(99) = .27, p < .01$ . More simply, these numbers demonstrate that viewers become consciously aware of corporate sponsorship if they fixate on Merck's branding long enough.

As indicated earlier in this chapter, a pre-test gauged prior awareness and knowledge of HPV, cervical cancer, and the Gardasil vaccination. Findings indicated prompted recall capacity remained positively correlated with for-profit fixation count even after controlling for previous awareness of the Gardasil vaccination. Partial correlations between total fixations and unaided awareness remained strong,  $r(82) = .321, p = .001$ , as did aided recall  $r(82) = .326, p = .001$ , and AOI visit duration  $r(82) = .33, p < .01$ . Table 8.4 provides an overview of the significant correlations among brand fixations and recall measurements.

Table 8.4  
Bivariate and Partial Correlations: Physiological Awareness and Recall Capacity

		Fixation Duration (FD)	Total Fixation Duration (TFD)	Fixation Count (FC)
Prompted Recall		273**	.291**	.183*
Sig. (1-tailed)		.003	.001	.025
N		101	116	116

Controlling for Prior Awareness		Total Visit Duration (TVD)	Total Fixation Duration (TFD)
Have you heard of the Gardasil vaccine?	Prompted Recall	Correlation	.313**
		Sig. (1-tailed)	.002
		N	84
	Unprompted Recall	Correlation	.326**
		Sig. (1-tailed)	.001
		N	84

I ran a series of regression models to determine if AOI dwell time predicted sponsorship awareness. In order to measure this, I relied on visit duration as it is the most comprehensive measure of dwell times ( $M=.87$ ,  $SD=.34$ ). The regression model indicated that visit duration has a significant effect on prompted recall,  $F(4, 96) = 2.61$ ,  $p = .007$ . I found that individuals who fixated on branding AOIs ( $M=.68$ ,  $SD=1.29$ ) were significantly more likely to correctly identify corporate sponsorship than those who did not ( $M=1.4$ ,  $SD=1.2$ ),  $F(1,105) = 5.27$ ,  $p < .05$ . Further regressions indicated that AOI dwell times significantly influenced composite measurements of prompted recall ( $F(1,114) = 3.88$ ,  $p = .05$ ), as well as unaided awareness of corporate branding,  $F(91, 99) = 7.95$ ,  $p = .006$ .

**RQ4:** Does physiological recognition of for-profit corporate sponsorship affect viewer perceptions of campaign credibility?

To examine the effects of for-profits sponsorship fixation on perceived campaign credibility, I conducted a one-way analysis of variance using the dichotomous variables outlined earlier in this chapter. Results indicated that participants who fixated on corporate branding less frequently perceived the awareness campaign to be more credible ( $M=.22$ ,  $SD=.98$ ) compared to those with a higher number of for-profit brand fixations ( $M=-.33$ ,  $SD=.94$ ),  $F(1, 103)=8.10$ ,  $p=.005$ . Findings also demonstrated that participants who spent less time fixating on for-profit sponsorship perceived Merck's campaign to be more credible ( $M=.15$ ,  $SD=1.03$ ) than viewers with longer corporate sponsorship fixation durations ( $M=-2.6$ ,  $SD=.91$ ),  $F(1,103)=4.32$ ,  $p=.040$ .

**RQ5:** Does physiological recognition of for-profit corporate sponsorship affect viewer trust in Merck Pharmaceuticals' social marketing campaign?

Once I confirmed the nature of the relationship between fixation metrics, recall capacity, and campaign credibility, I then examined campaign trustworthiness as it relates to 'conscious' and 'unconscious' awareness of corporate sponsorship. Brand discoverability (as measured by time to first fixation) and viewer trust in the campaign messages demonstrated a positive correlation,  $r(99)=.30$ ,  $p<.01$ . This finding suggests that those who fixated on corporate branding faster perceived the campaign to be less trustworthy than those who took longer to establish fixation on corporate branding. Tests of variances showed neither brand fixation metrics or recall measurement significantly influenced viewer trust in campaign messages. Table 8.5 outlines significant attitudinal and physiological correlations.

Table 8.5  
Variable Correlations M(SD)

	Fixation Duration 1.3(1.11)	Total Fixation Duration 1.13(1.11)	Fixation Count 4.25(3.69)	Time To First Fixation 4.07 (3.55)
Campaign Trust	-.025	.021	.024	.300**
Campaign Credibility	-.081	-.120	-2.70*	.153
Campaign Ethics	-.235*	-.263**	-.240**	.198*

\*\* . Correlation is significant at the 0.01 level (1-tailed).

\*. Correlation is significant at the 0.05 level (1-tailed).

**RQ6:** In what ways does brand identification influence the perceived effectiveness of the Gardasil vaccination?

Findings from this study did not show any significant relationship between fixation metrics and consumer perceptions of Gardasil vaccination efficacy.

## Discussion

Duchowski (2007) explained “global measures report on the correlation between scanpaths made by different subjects over different stimuli. Should these values be highly correlated, this would suggest that stimulus images tend to be viewed similarly by different people. This indicator may be highly relevant for empirical evaluation” (p. 175). The heart of this research stems from the basic finding that overall, most viewers fixated on corporate branding. Basic descriptive statistics indicated, however, that participants were largely unable to identify Merck’s involvement in campaign execution (though correlations did indicate a positive relationship between fixation length and self-reported awareness). The diametric variance in physiological fixation and recall ability highlights the implications rooted in Merck’s off-label, promotional activities, and presents an

opportunity to operationalize unconscious awareness as it relates to health communication message processing.

The physiological indices of viewer interaction with brand metrics suggest that though viewers may not report any awareness of corporate involvement in a public awareness message, they often times still connect with the brand at a more implicit level- and perhaps at a lower degree of cognitive involvement. Prior research corroborates such claim, suggesting that, “in consumer terms, the response to the stimulus [is] motivated by unconscious considerations of color, size, value, brand name, exposure, recent advertising, and word-of-mouth” (Maddock & Fulton, 1996, p.28). This passive interaction with corporate branding transcends the dynamics of visual message processing, cascading into the realms of consumer behavior and citizen efficacy. I define unconscious awareness as one’s sub-conscious, physiological response to visual indicators of corporate branding. Findings from this research, in conjunction with the tenets of SCT, suggest unconscious awareness may occur during a more vulnerable stage of message processing. Data visualization showcases the strategies of commercial distraction, showing that the brevity of consumer fixation comprises memory retrieval and critical message processing. Findings from this exploratory investigation document the dangerous implications of unconscious awareness in relation to corporatized public awareness messaging.

My investigation specifically explored viewer awareness of Merck’s corporate branding in the roll-out campaign for the Gardasil vaccination. I examined the influence of corporate branding on campaign reception through experimental methods; introducing statistically robust findings that demonstrate subconscious brand awareness reduces

perceptions of message credibility and campaign ethicality. While people do overwhelmingly fixate on brand elements, they often do not make a conscious connection and are unable to report corporate sponsorship in recall measurements. Findings indicated that the faster viewers physiologically connect with Merck branding, the less likely they are to perceive campaign messages as credible communication. While this important finding provides empirical evidence that advances health communication research, the results are not unexpected. Research in risk communication often highlights the power of information source when assessing message credibility. Viewers quick to establish contact with branding arguably discount message credibility based on unconscious awareness of corporate motives.

Prior research indicates that regardless of message presentation or brand markings, trust and credibility mediate successful communication (Ruth & Eubanks, 2005). I expect that Merck strategically designed the subtle branding with an understanding that obvious corporate markings might prime viewers to connect Merck's eventual product release to the social awareness campaign. As one focus group discussant indicated, "I feel like if in every commercial I would have heard that Merck was sponsoring it, I would have been suspicious that it was more of like a product commercial than an awareness [campaign]." Both qualitative and quantitative findings suggest consumer cognizance of corporate involvement would likely compromise public reception of both the campaign messages and Merck's impending vaccination.

More relevant to this research, however, is the lack of significant findings between brand awareness and consumer trust. While brand discoverability (or time to first fixation on corporate branding) negatively influenced viewer trust, fixation count nor

dwell times significantly influenced perceptions of campaign trustworthiness. Though the nonexistent relationship may be due in part to the term's elusive conceptualization, earlier chapters in this work support a different interpretation of non-findings. Perhaps audiences no longer question industry involvement in public messaging. Chapter findings reflect themes throughout previous studies, reinforcing indications that viewers dismiss brand presence as a basic element in any form of communication. Given that corporate sponsorship is an accepted and expected omnipresent force, it is plausible that brand recognition does not heavily influence viewer trust levels. Guided by natural instinct, human beings are conditioned to trust that which is familiar to them. Hyper-consumerism has commercialized our culture and branded our cognitions, making corporate communication a non-issue for most citizens. Beyond that, the sheer volume of industry propaganda dilutes our focus and message processing motivation.

Inundated with commercialism, the American public has become accustomed to brand presence. Herbert Marcuse, a philosopher and critical theorist, explained, "if mass communications blend together harmoniously, and often unnoticeably, art, politics, religion, and philosophy with commercials, they bring these realms of culture to their common denominator - the commodity form." As public awareness efforts evolve into direct-to-consumer advertisements through social marketing masquerades, public health information becomes increasingly compromised by industry disinformation. Trained by the industry to accept invasive commercialism, viewers dismiss corporate signage throughout health messages, never questioning the validity of information delivered.

While brand awareness does not influence trust given its expected presence, recognition still influences message credibility. My fourth research question examined



the relationship between unconscious recognition of for-profit corporate sponsorship and viewer trust in Merck Pharmaceuticals' social marketing campaign. Results indicated brand discoverability negatively correlated with communication credibility and perceived campaign ethicality. If we accept that "trusting consumers would take the stance that the advertiser designed the ad to be truthful and informative with the intent to lead the individual to an informed and beneficial choice," we can infer subtle connections to the larger implications. These findings suggest skepticism rises when corporate marketing penetrates viewer cognitions (Lundgren & McMakin, 2004). Therefore, though corporate branding does not influence trust, it may impede communication effectiveness and future health behaviors. Such differences between trust and credibility in relation to brand awareness speaks to our culture's corporate ethos, and presents critical implications for public messaging – especially, health communication.

Though unconscious awareness did not directly effect viewer perceptions of vaccination efficacy, recall capacity and information source did influence consumer ratings of the Gardasil vaccination. Findings further show that though physiological brand awareness does not influence viewer trust, brand awareness does negatively affect message credibility. These findings indicate that, when it comes to awareness messaging and medical advertising, there is no room for blended communication strategies.

### **Implications**

Issues of power, control, and financial gain have shaped the collective nature of worldwide publics over the course of human development. History books account for the evolving character of our nation, often putting forth generous interpretations of government assembly. Fortunately, critical cultural perspectives help curb American

jingoism by inviting analytical assessment of media's influence on the ideology of American consumerism.

Speaking to the cultural implications of mass communication, Williamson (1978) argued, "media messages are more than what they appear to be, they represent certain values, agendas, and orientations and are never innocent" (p.19). This work adds to health communication scholarship by examining the impact of social marketing through "unconscious" viewer feedback. The present study offers empirical evidence documenting the influence of corporate branding in social marketing communication. Research findings offer a statistically sound starting point for which we can begin to understand the larger implications of public indifference. In the following study, I introduce the power plays that deliver meaning to social constructs and human communication. Chapter nine brings my research full circle by outlining instances in which political systems and industry agendas work hand in hand to manage and manipulate a state of commercialized oppression.

## **CHAPTER NINE**

### **PILLS AND POLITICS- A DEADLY COMBINATION**

While preceding chapters have largely embraced market-oriented perspectives, the following work takes a step in a slightly different direction. Speaking to issues of public policy and corporate power, I draw upon in-depth interviews to explore the ways in which corporate connections to political agendas influence social trust in public health campaigns. Though previous findings indicate Merck's involvement in the pre-release vaccination campaign went largely unnoticed, Merck's forceful corporate lobbying incubated criticism, controversy, and consumer skepticism across the nation (Nelson, 2007). By calling attention to the means by which Merck's lobbying budget framed vaccination conversations, we can better explore the utilitarian ties driving social marketing agendas, and in turn, address the power plays propelling public policy and healthcare communication. Uniting contemporary media research with the tenets of message reception and social trust, this chapter concentrates on the development and coverage of recent state mandates for Merck Pharmaceutical's HPV Gardasil vaccination.

Marxist scholars commonly suggest the general public overlooks the industry peddling and political bankrolling occurring across the nation (Lassen, 2012). Findings throughout this work support such arguments, indicating (through both group discussion and physiological measurements) trends of unconscious dismissal. Research results progressively suggest commercialism may simply be understood and accepted as a realized component of American culture. If we are in fact numb to the commercial influences that flood our day-to-day lives, concern needs to shift to the social dynamics driving corporate control. Therefore, this chapter expands upon earlier market-focused research by examining industry legacy in government legislation. Specifically, I examine

Governor Rick Perry's 2007 executive order mandating the Gardasil vaccination for girls throughout Texas. Field interviews offered first-hand accounts of the ways in which the politicization of the HPV health issue shaped resident assessment of Rick Perry, Merck Pharmaceuticals, and the Gardasil vaccination. This chapter relays the opinions and perceptions of various state residents, offering a more intimate portrayal of government administration and its role in vaccination communication.

## **Method**

Jowett & O'Donnell (2005) explain that when investigating issues related to cultural propaganda, "the most important thing to look for is the behavior of the target audience. This can be in the form of voting, joining organizations, making contributions...or acting in crowds" (p.298). To become better acquainted with the lobbying efforts, legislative regulations, and political promotions buried deep beneath surface-level consumer marketing, I took my research to those directly influenced by vaccination mandates. Through semi-structured interviews with Texas residents, I secured a better sense of the ways in which Rick Perry's presidential campaign and related media reporting influenced local perceptions of HPV, cervical cancer, and the Gardasil vaccination.

Purposive sampling facilitated data collection of a specific and sensitive nature. Given my interest in collecting firsthand accounts of civilian reactions to Perry's 2007 vaccination mandate, I interviewed state residents who lived in the area over the past five years (2007-2012). I solicited participants through social media platforms and snowball sampling. Funding from the John Maxwell Hamilton Fellowship for Graduate Student Research helped finance participant incentives, which included the choice of a \$20.00 gift

card to Best Buy or Target. Pilot interviews suggested male participants, though reluctant to admit disinterest, were minimally responsive to questions regarding Perry's 2007 vaccination mandate. Attributing this trend to the nuances of a gender-specific issue, I hired a male colleague to conduct interviews with male participants. Gender-stratified discussions promoted efficient data collection, and reinforced the external validity of findings.

We conducted interviews throughout the early fall of 2012, traveling to Texas between the dates of July 16-20, September 6– 9, and October 5- 7. Field research included visits to San Antonio, Austin, and Houston. Specific on-site locations varied, as we made extensive efforts to accommodate interviewee availability and meeting preference. Interview settings included coffee shops, local restaurants, home visits, and the University of Texas student union. Discussions lasted an average of 46 minutes. After ten interviews and one focus group, I felt confident I had reached thematic saturation and concluded data collection. In the interest of ensuring confidentiality, all participants are identified by a pseudonym in the following analysis.

### **Data Analysis**

Grounded theory and multi-stage coding analysis guided data interpretation. Charmaz (2006) argued, “coding is the pivotal link between collecting data and developing an emergent theory to explain these data. Through coding, you define what is happening in the data and begin to grapple with what it means” (p.46). In line with such scholarship, I examined each line of every interview to capture the “true” essence of communication indicators. During the initial stages of open coding procedures, I screened transcripts for overall interview themes. Atlas Ti (a qualitative data analysis software

program) helped guide and organize the various stages of investigation, offering a sound platform for a constant comparative method of systematic coding. Selective coding procedures initially fleshed out 208 codes. By comparing code against code and data against data, I eventually grouped indicators into 20 exhaustive and mutually exclusive families of centrally-focused codes (a list of codes and enlarged code networks are included in Appendix D). I examined emergent themes in relation to the context in which codes were mentioned and the relationships among references. Visual diagrams and concept mapping offer a detailed, multi-faceted model of the overall phenomena under investigation.

## **Findings**

### **Political Cronyism**

On February 2, 2007, Governor Rick Perry unilaterally issued an executive order requiring all 11 and 12 year-old girls to receive the Gardasil vaccination upon entering the 6<sup>th</sup> grade, making Texas the first state to mandate the \$360 three-shot regimen (NCSL, 2011). Perry's order granted immediate vaccination access to eligible females through Medicaid and the Texas Vaccines for Children program (Peterson, 2010). With roughly 165,000 children between the ages of 11-12 in Texas, the state offered a goldmine of profitable opportunity, with drug costs estimates approaching \$55-60 million a year (PoliGu, 2011). Merck successfully secured mandate monopolization after strategically allocating a two-fold budget increase to lobbying efforts in Texas (NCSL, 2011). Media reports further documented Merck's intentions to bankroll mandates throughout twenty other states (Batheja, 2011).

Most interviewees found it interesting that the mandate was so localized. Responses reflected a general opinion that “it seemed weird it was just Texas.” Stephanie, a resident of Houston and medical professional in her early thirties, suggested “it is strange that only one state would do that...you would think that the national department of health would mandate [the vaccination].” Dave, a 2005 transplant from Albany, New York, indicated “As far as I know there was no other mandate like it in the United States. It seemed strange that Texas would do that...it doesn’t seem like a conservative thing to do.”

While legislators in Texas quickly overrode the executive decision (superseding Perry’s directives within three months), Perry continued to aggressively endorse the HPV vaccination during his campaign for reelection as the governor of Texas, shocking religious conservatives across the state. Robert, a videogame developer in his late 40s and long-time resident of Austin, emphasized, “It wasn’t even bipartisan agreement. You know. He couldn’t get it passed in the legislature, so he issued an executive order. Both Republicans and Democrats were against it.” Dismissing the core values of his conservative base, and arguably leaning on legislative powers for personal gain, Perry remained loyal to Merck pharmaceuticals throughout statewide elections.

A central concern throughout party lines, campaign debates, and interview responses stressed the vaccination’s inherent purpose. Peter, a financial advisor living in San Antonio, suggested “the idea to get a vaccine for a sexually transmitted disease is kind of strange because it seems like they might be overreaching their bounds a little bit. It’s interesting to me that this isn’t [the case] when I talk about polio or meningitis or tetanus.” Mandate age only further complicated the issue. Aaron, a software engineer in

his mid-twenties, explained, “[the vaccination] is given to girls at the age of 12, which is part of the reason why it freaks people out. No one likes to think about 12 year olds having sex - which is normal.” Ashley, Aaron’s wife, supported this theory while being interviewed in a separate room. The professional fitness instructor “wondered if Gardasil would be as controversial if you got it at like age two instead of twelve.”

Andrew Wheat, a research director at Texans for Public Justice, explained, “At the time that [Perry] did this, it just had everybody scratching their heads. He wasn’t known as a crusader for women’s health. There’s no explanation that seems to make sense other than that Toomey got his ear and he got Perry to do this favor for him.” Mike Toomey, Perry’s former chief of staff, was a close associate of the Merck Pharmaceuticals drug company. Many interviewees referenced similar trends of cronyism when evaluating Rick Perry’s performance as their state governor. Aaron complained “He puts buddies in office. I was just reading in the *Statesmen*, that’s our local newspaper, that he’s got this guy that he just bounces around from place to place getting high profile jobs.”

Giving new definition to corporate power, societal leaders often operate on self-serving conventions, issuing laws that pander to the comforts and security of governing politics. Amanda, a paralegal assistant in her mid-twenties, offered, “you never know what’s going on behind the scenes and how deep these ties are.” Aaron admitted Perry made him “nervous because it seems like he has some big pocketbooks behind him.” Texas state contribution records validate such concerns, indicating that within the past decade, Merck’s political-action committee alone contributed nearly \$30,000 to Perry’s



platform (most donations preceded the Governor's 2007 executive order) (Washington Post, 2012).

Mike Toomey, Perry's former chief of staff, worked as a lobbyist at Merck Pharmaceuticals and chaired one of the six super PACS endorsing Perry's campaign. Super PACS provide an avenue for unlimited campaign donations under the condition that the political action group does not directly coordinate with candidates or officeholders. Though regulation prevents quid pro quo strategizing, Super PACS provide opportunity for unspoken negotiations. Raised by politicians himself, Robert directly referenced Super PAC influence, numbly explaining that people can funnel campaign money through Perry's "PAC, [or] hire his lobbyist friends...you can donate to his favorite charities, you can even put money in an offshore account that he has without any previous knowledge to the public- which I'm sure a number of those and more have happened. I mean, you don't get a [mandate] like that passed with \$30,000 in contributions." Figure 9.1 on page 132 offers a network view of the verbal codes most often associated with Governor Rick Perry's 2007 HPV vaccination mandates. Larger illustrations are provided in Appendix D.

While the exact degree to which pharmaceutical endorsements influenced Perry's executive order is unknown, news reports indicated "the drug maker stood to make tens of millions off Perry's order until the legislature overturned it" (Bachmann, 2011). Seemingly accepting questionable politicking as the American way, Dave argued,

The more you learn about politics, the more there are lobbyists going with recommendations to congressman, and this doesn't mean they're bad people or bad companies but politicians need to get their ideas from somewhere and that's where lobbyists come in. That's just the pecking order. I think if you believe that that's a bad thing, you're going to have a whole lot of trouble understanding the American political system at all.



Dave's feedback offers a representative account of the overall dismissive awareness that facilitates the commercialized denigration of U.S. democracy. Figure 9.2 illustrates a portion of transcripts referencing public trust in relation to Rick Perry.

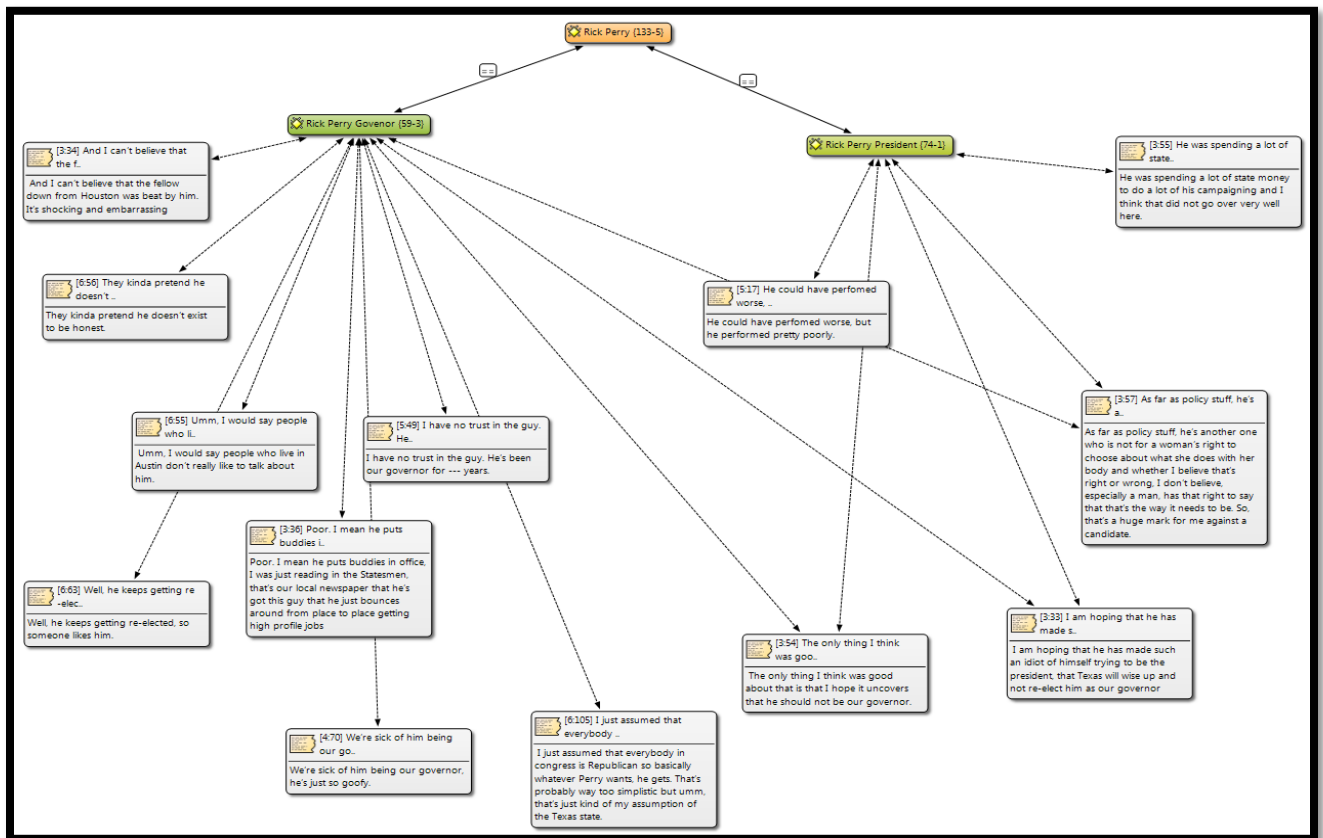


Figure 9.2: Atlas TI Transcript Map

Figure illustrates interview feedback addressing Rick Perry in relation to issues of public trust.

## Media Framing & Public Trust

Five years after issuing the vaccination mandate, Texas governor Rick Perry joined Minnesota Representative Michelle Bachmann and former Pennsylvania Senator Rick Santorum in the Republican Party's nominee for president, challenging President Barack Obama on the democratic ticket. After announcing his GOP presidential bid in the

2012 election, Perry's dynamic history with Merck Pharmaceuticals quickly drew media attention to issues surrounding the 2007 executive order and allegations of political corruption.

While the majority of participants expressed minimal recollection of the initial mandate, most indicated the 2012 campaign coverage informed a general awareness of the Gardasil vaccination. They also suggested political mudslinging drew attention to Perry's 2007 mandate. Stephanie explained, "I didn't really know that there was a mandate...that seemed to be talked about during the debates if I'm not mistaken." Indeed, the Republican primaries, and specifically, a CNN-Tea Party Republican Debate, showcased a bloodline of connections uniting the Texas governor and Merck Pharmaceuticals. Almost in an air of exasperation, a few interviewees indicated they heard more of people's reactions to it as part of the 2012 election than at the time of the actual executive order in 2007. Heavily vilified during the 2012 national debates, Perry's mandate left a notorious mark on the HPV vaccination. Media coverage made it increasingly clear that political solicitation and Perry's vaccination endorsement worked hand-in-hand to feed the vested interests driving legislation.

Throughout the debates, Perry's message framing became unsteady and ambiguous as opponents challenged the motives behind his 2007 vaccination mandate. After receiving heavy criticism from his opponents, Perry eventually revised his stance on the mandate. Nearly four years after bypassing Texas legislature with an executive order, Perry went on record and admitted the mandate was "a mistake." "What was driving me was, obviously, making a difference about young people's lives. Cervical cancer is a horrible way to die. You may criticize me about the way that I went about it,

but at the end of the day I am always going to err on the side of life.” Rendering his motives as pure, Perry offered, “If I had it to do over again, I would have done it differently” (Mortada, 2011). He voiced a newfound support for the legislature’s overruling, explaining, “the fact of the matter is that I didn’t do my research well enough to understand that we needed to have a substantial conversation with our citizenry.”

Kaitlyn, a marketing professional in her late twenties, explained the “[media] highlighting Perry’s flip flopping on [the issue] was interesting because it really highlights that he, and really pretty much any politician regardless of their political leanings, will say whatever they have to say to try to be in the right at the time.” Chris Stolle, a member of Virginia’s House of Delegates, explained, “I think we’ve taken what is a medical issue and politicized it, and it always bodes poorly for medicine when that happens” (Huff Post, 2011). With presidential hopefuls framing the inoculation as a “very dangerous drug, which could lead to mental retardation,” medical facts quickly succumbed to theatrical political performances (Bachman, 2011). Respondents complained “it doesn’t become about issues anymore, it just becomes about sensationalism.” Stephanie elaborated, stressing that, “it’s so convoluted...as far as any kind of news issue. I guess because I don’t take the time to go fact check these things...I don’t know who’s really telling the truth.”

Women’s health advocates, pediatricians, and cancer experts worried political babble would tarnish public perception of a potentially lifesaving vaccine. Ropeik and Slovic (2003) validate such concern, indicating “the less we trust the people who are supposed to protect us, or the people or government or corporate institutions exposing us to the risk in the first place, or the people communicating to us about the risk, the more

afraid we'll be" (p.86). Transcripts reflected general distrust for those charged with protecting the public, and indicated minimal faith in the integrity of American politicians. Amanda explained government leadership and mainstream news coverage "makes [her] leery. It makes me want to do the research on my own...and try to figure out what's really going on."

### **Commercialization of Health Communication**

Because corporatized health messaging threatens communication credibility, such commercialized strategies pose a potential breakdown in communication and collapse in overall societal advancement (Lundgren & McMakin, 2004). Joel Bakan (2004), a scholar of economic law and socio-legal studies, suggested "corporation's legally defined mandate is to pursue, relentlessly and without exception, its own self-interest, regardless of the often harmful consequences it might cause to others" (p.2). The author continued to argue that, "Over the last 150 years the corporation has risen from relative obscurity to become the world's dominant economic institution. We are inescapably surrounded by their culture, iconography, and ideology" (p.5). Highlighting Big Pharma's ability to construct certain realities, one male respondent indirectly spoke to the implicit connection between Merck and HPV, reporting "I haven't really thought about HPV since all that was going down, so probably if that company was brought up without its connection to HPV, I wouldn't even know it."

Channeling themes discussed in prior chapters, interview transcripts reflected the implications of blended healthcare communication. Dave, a business professional, reasoned the healthcare industry "is different than making a car or making a computer, but the underlying motivations of why they're there at all in the first place is the same-

it's to make money. That's how corporations work." With GlaxoSmithKline hot on the trail with a competing vaccine (Cervarix), Merck heavily lobbied for school mandates requiring HPV immunization. Arguably, to avoid bankruptcy, Merck bankrolled the electorate, putting a price tag on public health. Less than one year after withdrawing Vioxx from the market, and upon receiving FDA approval for the Gardasil vaccination, Merck targeted the nation in full force.

Speaking to the shared interests binding the FDA to commercial influences, Stephanie offered,

You wonder what's going on with drugs being developed and the FDA. You gotta think that these companies are publically traded companies that need to make a profit, so that always makes me nervous. It just makes me nervous that companies like Merck or Pfizer- they have to turn a profit. So if they're running out of drugs and their company is in jeopardy...maybe they're not going to do due diligence.

Seemingly demonstrating a tolerance for the corruption of public health, and highlighting the critical implications of commercialized and politicized communication, Peter suggested, "profits almost always come ahead of the general public." In terms of health messaging, "you just kind of have to let it go through one ear and out the other." Aaron more or less applauded the healthcare industry for what seem to be reversed priorities, explaining "healthcare is unique in the fact that they're not only there to make money but they're there to improve the livelihood of the society. To some degree, that's part of their charter."

Directly referencing the Rick Perry-Merck connection, Amanda resigned that "someone's going to benefit, and either way, I suppose some pharmaceutical company is going to make millions of dollars." Indicative of public distrust in healthcare

communication, Dave advised to “talk with your doctor and just hope your doctor is not just pushing drugs...there’s always that concern that you doctor is going to be in the backdoor.”

While participants explicitly indicated a general tolerance for the commercialized corruption driving our political system, discussion subtly shifted gears when interview questions gradually became more apolitical. Noted themes spoke to ways in which corporate interests drive the commercialized medicalization of health communication. Figure 9.3 on page 139 illustrates common references to Big Pharma made throughout interview discussions.

### **The Medicalization of Public Health**

While the mandate itself sparked controversy worthy of deeper examination (including topics related to funding, availability, safety, parental control, and moral objections), emergent themes outline the bigger picture, unearthing greater implications of commercialized government policies and public health communication. Field research and transcript analysis brought my research full circle by linking interviewee responses back to my call for clearer health care marketing regulations.

Though interviewees largely accepted the political power granted to Big Pharma, responses to broader health communication questions painted a different picture. Transcripts indicated a majority of interviewees had “a real adverse attitude towards Western medicine.” Aaron said, “It seems like every year they figure out a new disease out of thin air.” Alex, a middle school teacher, further developed such thought, explaining, “Drugs are abused all the time that have been later recalled because there hasn’t been enough studies done over enough years like there needs to be.”



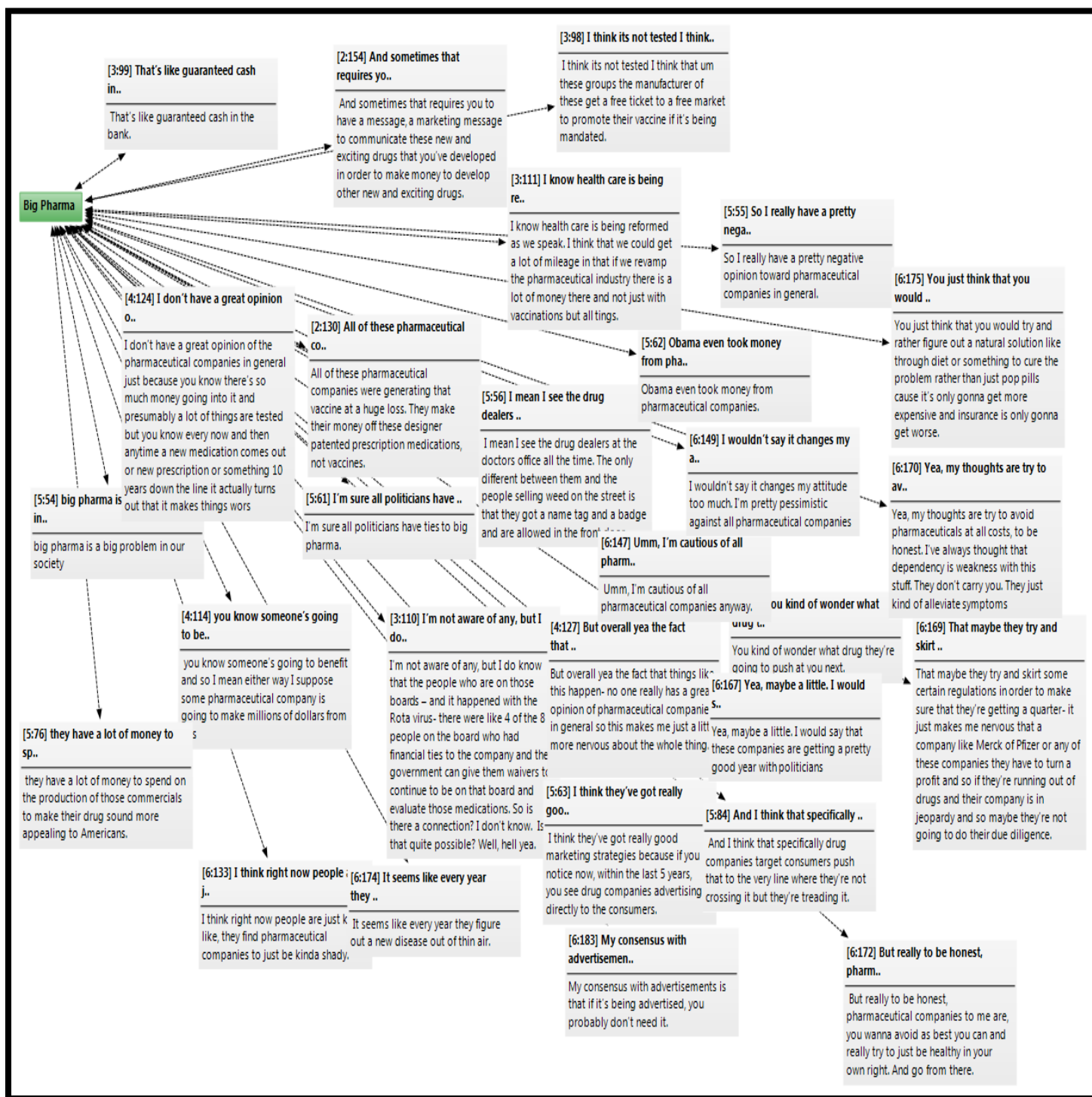


Figure 9.3: Atlas TI Transcript Map

Figure illustrates interview feedback addressing Big Pharma influence over public health

Stephanie, our health care professional, said she “would just like to see more accuracy and more testing.” The interviewee added,

There [needs to] be an independent group not financially tied to any of the people. But there is not an independent group. That independent group is able to have waivers...and continue to be a part of the evaluation process. That’s a guaranteed market. Lots of money there. I know that it takes a lot of money to do the research and prove these drugs are safe. But I feel like it’s a process that doesn’t have enough stops in place or people watching the process who are independent to make sure things like this don’t happen. That special interest isn’t part of deciding whether or not a vaccine’s going to be mandated.”

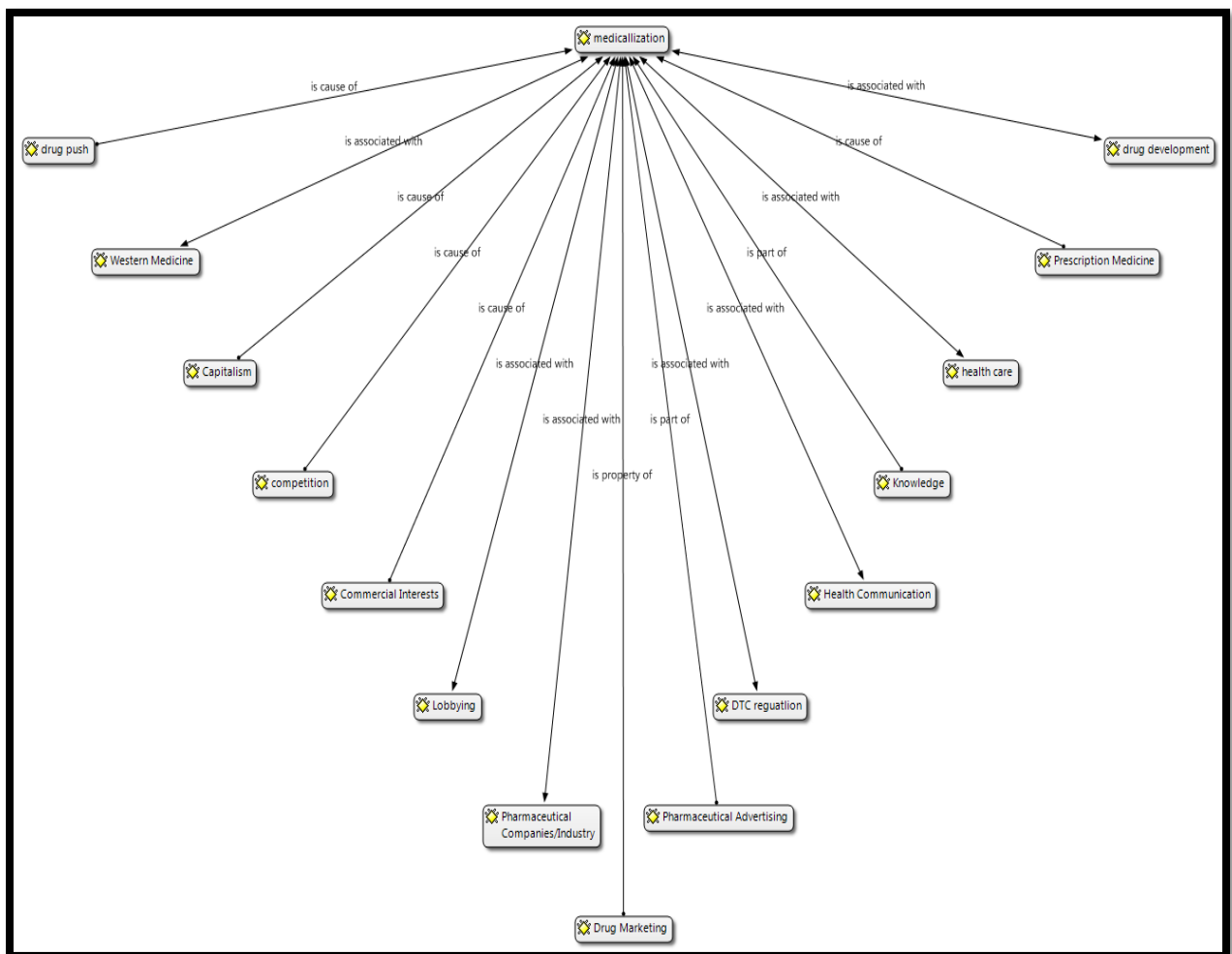


Figure 9.4: Atlas TI Network View

Figure illustrates the semantial ordering for medicalization code relations.

Adele, a stay-at-home mother, emphasized the dangers of mixed agendas and blended communication models, voicing concern that “drug companies target consumers and push that to the very line where they’re not crossing it, but they’re treading it. Western medicine has made tremendous breakthroughs for diseases, and viruses and bacterial things...but [consumerism] can get in the way of communication.” Suggesting healthcare communication has gradually morphed into healthcare commodity, Dave explained,

Pharmaceutical companies can say whatever they want, you know, to a point where they’re not lying- in a very clever way. Just like Republicans when they try to put a bill past the American legislature they’ll name it something clever like the Patriot Act, right? So if you vote against it than the message is ‘you’re not a patriot.’ You know, a great example would be Prilosec, OTC. Prilosec is an anti-gastric drug. Instead of encouraging consumers to eat better foods or, to you know, drink certain things like milk or something that’s less acidic, they market a profitable remedy.

Aaron asserted,

I don’t like prescription drug ads that try to have you self-diagnose yourself. I think it’s one thing when they’re like, ‘hey you’re not able to have sex with your wife because you have ED.’ It’s another thing when they’re like, ‘do you have mysterious pains all over your body?’ And they’re trying to get you to be like, ‘well, am I hurt in this way?,’ or ‘Am I depressed?’ Should I be self-diagnosing myself? And you know, they always throw in as a lip service, ‘oh you need to go and talk to your doctor to make a final decision. But at the same time, a lot of people’s doctors could, for better or worse, just prescribe to people what they want. So I don’t like the idea of ‘hey the first part of this ad we’re going to educate you on how to self-diagnosis yourself. If it has a real scientific term of what the problem is, just sort of refer to it as that.

Today’s pipeline of conglomerate power suggests the people’s government is a constructed reality, conveniently packaged and sold to us by industry puppet masters. Contemplating the connection between capitalism and the medicalization of public health, one participant surmised “Is there a connection? I don’t know. Is that quite



Through advertising inundation, we arguably consider branding in the same way we might consider trees- a relatively unnoticeable part of our surrounding environment. While both advertisements and trees are magnificent forces in our ecosystem, they operate as the backdrop in our unconscious thinking. It is not until we stop to appreciate the power of such naturalized forces that we recognize an unconscious awareness of our commercial surroundings. I introduce an argument that suggests Corporate America is dosing the public with commercialized messages, purposely driving the unconscious forfeit of citizen rights. While the argument may seem extreme at first, this analysis details ways in which Merck Pharmaceuticals, in less than two years, rose from criminal charges and financial distress to monopolized control over vaccination mandates. Clearer marketing guidelines will help preserve the sanctity of healthcare information, but responsibility of informed citizenry also falls upon the consumer. In order to rise above capitalized corruption, American publics need to challenge unconscious awareness of a branded life.

The next chapter speaks to the implications of unrestrained industry power and the unconscious mind by tying together research findings posed throughout this body of work.

## CHAPTER TEN CONCLUSION

*“When we act as though culture is the product of fixed organizations and structures to be preserved and defended, we miss the point. Culture isn’t just about preserving the legacies of the past. It’s also about us. It’s about realizing the unique possibilities of now.”*

*-Westbury, 2009, p.43*

As a heavily studied area of social science, mass communication promotes an understanding of the creation, exchange, and interpretation of public messaging (Griffin, 2008). Research suggests that the ways in which we verbalize and relay our experiences to others ultimately construct our reality, operating as “the primary process by which human life is experienced” (Littlejohn & Foss, 2005, p.11). Unfortunately, in today’s age of immediacy, people do not have the time, energy, access, money, or focus to comprehend an accurate account of reality. As such, “distant and unfamiliar and complex things are communicated to great masses of people, [and] the truth suffers a considerable and often a radical distortion. The complex is made over into the simple, the hypothetical into the dogmatic, and the relative into an absolute” (Lippmann, 1955, p. 27). In combination with app-driven information packaging, the invisible hand guiding our free market enterprise is beginning to steer us off course.

Industry conglomerates disrupt the natural laws guiding a competitive marketplace by twisting pseudo-reality into social reality and manipulating the mass production of social consciousness. This project examined a small slice of the intricately networked systems specifically shaping health communication. To a larger degree, my case-based analysis framed the implications rooted in the cultivated commercialization of public health. As Corporate America increasingly assumes political power, the price tag we assign to social well-being is of the utmost concern.

This research encourages a greater understanding and awareness for the corporate influences and political agendas that work hand in hand in delivering meaning to American reality. By piecing together the various ways in which Merck Pharmaceuticals puppeteered public understanding of HPV and cervical cancer, I offer a concrete example of the fundamental concerns driving the 2011 *Occupy Wall Street* movement. In an effort to relay discontent with our nation's current economic and political climate, the nationwide protest attacked "corporate influence in U.S. politics, the influence of money and corporations on democracy and a lack of legal and political repercussions for the global financial crisis" (OccupyWallStreet, 2013). This case study provides tangible evidence showcasing the unjustified influence of corporations on government and the privileging of big business in American policy making.

Kalle Lasn, one of the leaders in the original Occupy Wall Street protest, argued that whereas in the former Soviet Union "you weren't allowed to speak out against the government...in North America today, you cannot speak out against the sponsors" (Lasn, 1999, p.33). Findings from my work support such claims, indicating audiences unconsciously accept industry influence as status quo in our hyper-capitalist economy. Focus group feedback and in-depth interviews suggested a general awareness of corporate influence in the public sector. Though knowledge exists, most accept the oligopolistic force as a staple of capitalism and dismiss industry's influence over social stability. Furthermore, field interviews suggested a general acceptance of corporate bankrolling in American politics.

Eye-tracking data also indicated that the duration of brand fixation does not heavily influence viewer trust, further suggesting that corporate branding is an expected

element of public communication. Though people fixated on Merck's branding throughout the campaign series, many did not explicitly recognize Merck's connection to the public awareness campaign, or accepted company involvement as a strategic business move. Brand awareness did, however, negatively affect communication credibility and limit message effectiveness. Such findings offer a statistically sound starting point for which we can begin to understand the greater implications of public indifference.

### **Implications**

Knowingly or not, corporations have systematically conditioned public acceptance of industry presence across all levels of communication, bulldozing the masses into believing the "bottom line" is a standard part of societal operations. Without questioning the legitimacy or purpose of branded communication, the implications of corporate control intensify as business agendas infiltrate public health sectors. Our country's fixation on finances and wealth has become so acute that, today, public well-being is primarily valued as a profitable commodity driving American commerce. Sheila Rothman of Columbia University's Mailman School of Public Health, argued, "if societies are just repeating the drug company's message, they are not really educating. They are blurring the line between educating and marketing." (Washington Post, 2009). Due to the influence of various stakeholders, each pandering to a distinct objective, Merck's HPV vaccination messages lost informative value as philanthropic objectives became increasingly compromised by a preoccupation with financial interests.

Finding fault with such operating forces of American democracy, Lippmann (1922) reasoned, "what each man does is based not on direct and certain knowledge, but on pictures made by himself or given to him" (p.13). In this case, a corporation painted



the “reality” of HPV, cervical cancer, and the company’s ensuing breakthrough inoculation. Merck’s notable list of company transgressions, the sensitive nature of the Gardasil vaccination, the timeline of the campaign release, political preoccupation with legislative mandates, and sensationalist media coverage further colored the manufactured reality of this specific health issue. Ultimately, monetized disinformation and damaging media reports distorted medical facts into a caricature of American realism.

In discussing the fruition of Merck’s social marketing efforts, the eventual launch of the Gardasil vaccination, and the company’s current lobbying efforts, this research conceptualized the nature and consequences of commercialized deception and corporatized agendas in the healthcare industry. On a very basic level, my deconstruction of Merck’s campaign offered insight to message interpretation and campaign design. More importantly, however, intimate analysis of commercial messages set the stage for my overall research agenda by documenting the evolution of a social marketing campaign and its methodical segue into a direct-to-consumer product advertisement.

The introductory commercial analysis revealed essential and evidential support suggesting Merck’s masked corporate involvement. The company’s strategic rotation and placement of required brand markings in the pre-FDA awareness broadcasts indicated conscious, active, and involved concern with the location and positioning of corporate markings. Eye-tracking findings offered insight to such design motives, indicating brand discoverability negatively influences campaign trustworthiness. While media theory and industry research outline the nature of message reception, physiological measurements bridged abstract concepts with the tangible mechanisms of information processing. Data visualization and fixation mapping documented involuntary responses to awareness

messages, offering opportunities to differentiate conscious brand recall from unconscious awareness of corporate influence.

Essentially, participants' parasympathetic feedback facilitated the conceptualization of "unconscious awareness" as it relates to commercialized health communication. Succeeding studies later showcased ways in which commercialized message manipulation informs citizen behavior and electorate efficacy. Focus groups and field interviews indicated a potential link between unconscious brand awareness and public ambivalence toward corporate control. Participants were seemingly troubled by the overlapping agendas that shape government policy and public information. However, consumer testimony reveals resignation in profit-driven trends.

An underlying dissonance seemed to motivate justification for conditioned ambivalence. Feedback from discussion panels and citizen interviews offered insight to corporately cultivated social norms by highlighting the gradual evolvement of unconscious awareness to unconscious apathy. Such research reflects Lasn's (2002) notion of the "obedient slave component." Triangulated findings suggest society is accustomed to and accepting of a branded life. Our lack of attention, concern, and involvement unintentionally drives consumer capitalism. Our unconscious dismissal of commercialized communication further cultivates social trends. My research promotes further exploration of this issue by introducing a quantifiable approach to examining unconscious awareness and conditioned tolerance of corporate power.

As consumer interests shape information delivery, public messaging increasingly becomes politicalized and commercialized- violating "the American faith [of] the way[s] public opinion should be formed" (Lippmann, 1922, p.65). While the collective nature of

audiences has historically defined media culture, today's ultramodern atmosphere demonstrates that power of the people is being bought out by the corporate dollar. Advertisers, marketers, merchants, educators, reformers, and politicians generate a consumer economy in which individuals are encoded by, and submissive to, industry developed pseudo-realities.

Susan Bordo, an academic invested in the nuances of popular culture, maintained America is "a culture of images in which we very rarely have access to anything except images – and this has profoundly shaped our lives" (1999, p.163). Scholars of social cognitive theory largely base their studies on such logic, assuming that humans are not limited to direct learning experiences, but can also be taught through the observation of actions and outcomes in other people's lives. Because human knowledge is largely informed through observational learning, commercialized messages not only guide our means of knowledge, but also direct our knowledge of ways of knowing. Manufactured illusions "flood our experience" and color "the world of our making" (Cook, 2005, p.3). Consequently, human experience and understanding is based upon a forged reality rather than a balanced and representative network of communication.

This research delineated the implications of American corpocracy by highlighting ways in which industry agendas inject meaning into social discourse. Guy Routh, author of, *The Origin of Economic Ideas*, suggests, "standard texts are powerful instruments of disorientation; for confusing the mind and preparing it for the acceptance of myths of growing complexity and unreality." As spectators of staged events, we dwell in the realm of artificiality and are largely unaware of the control team and mechanics operating behind closed curtains. Lacan's symbolic order stresses that we "aren't simply

conditioned by sign systems. Your very sense of self, your assumption that you are a conscious agent able to act and make decisions, is constituted through and through by the semiological ecosystem. Codes don't just imprint us; they make us" (Bordwell, 2012). Bandura forcefully promotes the evolutionary power of observational learning, but recognizes human capacity for self-direction, self-reflection, and individual agency. Such philosophical distinctions ultimately raise the question, to what extent is human agency able to prevail over corporately controlled and socially constructed symbolic communication?

It is frequently thought that environmental factors or personalities dominate human behavior. However, Bandura (2001) put forth an "anagentic conceptual framework within which to analyze the determinants and psychosocial mechanisms through which symbolic communication influences human thought, affect and action" (p.265). Psychosocial functioning operates through triadic reciprocal causation in which, "personal factors in the form of cognitive, affective, and biological events, behavioral patterns, and environmental events all operate as interacting determinants that influence each other bidirectionally" (Bandura, 1994, p.266). More simply, Bandura's philosophies suggest people are both the makers and the product of human development. Such logic underscores the threats consumer capitalism poses to public health. Corporations dictate social environments to best suite consumerism, and in turn, heavily determine the basic nature of our social system.

Though commercialism forms the foundation of our open market enterprise, certain sectors of society require stronger protection against the influences of America's laissez-fair system. The underlying dynamics of American politics, commercial speech

amendment rights, corporate social responsibility, FDA regulation, and overall consumer well-being heavily pander to pharmaceutical funding. The burgeoning and increasingly invisible commercialized structuring of healthcare information, communication, and behavior presents alarming threats to public well-being. These issues become exponentially more complex when it starts to become unclear whether the ends justify the means. Given that the Gardasil vaccination provides promising hope in the nation's fight against cervical cancer, Merck's campaign particularly speaks to the confounding dynamics driving direct-to-consumer marketing and social marketing campaigns. While we may never know the true agenda driving Merck's involvement in the pre-released messages and lobbying efforts, in the long run, it does not matter. As Andreasen (2001) notes, "If it is acceptable for societies to manage some behaviors, then the question to be considered should not be, 'Is social marketing ethical?' The proper questions should be 'What is the ethicality of marketing when compared to education and law as alternative tools of behavior management?' and 'Under what conditions will education, marketing and law be most appropriate and most ethical?'" (p.17).

Drug promotion in a competitive marketplace challenges the ethical and legal standards that regulate messages modeled to concerned publics. Currently, there is very little federal guidance regulating healthcare marketing for prescribed vaccinations, social awareness efforts, web-based DTC advertising, and commercialized health communication. In light of our country's unique allowance for direct-to-consumer marketing, we need clearer guidelines separating prescription drug advertising and social marketing campaigns. Because lax FDA regulations provide opportunity for manipulative

marketing and information exploitation, it is worthwhile to consider regulation realignment and stronger federal oversight of public health communication in the U.S.

My mixed-method analysis outlined, in several different ways, the need for stricter FDA monitoring over public health communication. The following regulation recommendations stem from robust analysis of triangulated research findings.

1. Eyetracking data analysis offers a strong argument for regulating brand dimension size in corporately sponsored healthcare messages. Given that viewer fixations and brand discoverability negatively influence consumer trust and message credibility, this research offers well-founded reasoning for regulating the size and visibility of corporate logos. By restricting brand dimensions to be no smaller than the awareness campaign tagline, companies are forced to be as transparent as the message they wish to communicate to the public. The proposed regulation satisfies the demands of commercial speech rights and federal antitrust laws, while also protecting the sanctity of public health information.
2. Currently, FDA regulation prohibits the visual presentation of commercial text that interferes with drug risk information. It seems equally important to have regulations that prevent interference with viewer awareness of corporate branding. Visually, sponsorships should be on the screen for the same length of time as the most frequently appearing campaign message. Audibly, sponsorships should be mentioned no less than 1/3 the amount of times the campaign tagline is referenced. Such regulation would level the playing field by providing opportunity for viewers to consciously process corporate involvement and potential message agendas.

3. Themes throughout this project suggest corporations inject meaning into public knowledge and color our understanding of reality. In order to honor citizen responsibility and informed decision making, healthcare consumers need a more accurate account of information realisms. Therefore, much like the guidelines that regulate risk information, the FDA should require full disclosure of any and all incentives related to sponsorships involvement or awareness promotion. Regulation standards should require companies to acknowledge associations, compensations, partnerships, investments, and/or profitable opportunities linked to public awareness broadcasts. If handled properly, this requirement may actually promote consumer appreciation for corporate concern and involvement in public health efforts.

Because communication digitalization fosters the citizen journalist and globalized consumer reviews, it becomes increasingly important for campaign stakeholders to prioritize public information over product propaganda, and give precedence to social well-being over company profits. Though these recommendations may seem basic and simple, such regulations would force corporate transparency and, in doing so, promote clearer communication and greater consumer trust.

While tighter regulations might help purify public broadcast communication, responsibility does not end with the FDA. The Digital Age brings with it capable means of knowledge and self-enhancement. Modern modes of communication intensify the demand for information authenticity by transcending the bounds of traditional media resources. As Hartley (2012) explains,

Citizenship has changed by being practiced in conditions of semiotic plenty, play, and commercial consumer culture, all of which are amplified, networked, and coordinated anew in online media. While the idea of citizenship is clearly historical, governmental, top-down, and policy-led, its uptake and practice by

those who are about to become citizens – children and young people- appears not to be modeled so much on social theory as on the ‘dance off.’ (p.14)

Merck’s product endorsement effort effectively illuminates the shifting nature of public health communication. Consumer accountability certainly plays a role in the effort for more informed citizenry and social well-being. However, in order for individuals to have the freedom to be attentive to and aware of public health issues, they must have access to information that is not bound by a bottom line. Citizen responsibility depends on access to information that is void of third party interests.

Michael Foucault, a social theorist and French philosopher, suggested information is ultimately a mechanism of social control. The underlying themes driving most of his literary work addressed the relationship between power and knowledge. The sociologist immersed himself in understanding the ways in which power controls and defines systematic wisdom. Specifically, Foucault questioned and challenged the medicalization of mental health diagnostics (Cusset, 2008). Initially introduced by the field of sociology in the 1970s, the term medicalization often refers to the escalating, intervening, and oftentimes-unnecessary influence of medical authorities (Conrad, 1975). While Foucault spoke to medicalization as a form of social control cultivated by psychotechnology and scientific falsehoods (Foucault, 1965; Conrad, 2007), I approach medicalization as a condition cultivated by a corporate capitalist enterprise.

The famed anthropologist criticized scientific truths; arguing the concept of empirical knowledge acted as a masquerade for social control (White, 2002). Foucault’s work explored the normalization of cultural meaning and institutional convergence of social power. Foucault suggested systems of thought operated beneath individual consciousness, reflecting many of the claims posed throughout this analysis. My findings



showcase the implications of unconscious awareness as it relates to brand presence in health messaging. Echoing his concern that socially constructed scientific truths drive medicalized subordination throughout all corners of society, my research stresses the alarming reach of pharmaceutical oppression and the cultivated commercialization of public health. Perceptual boundaries are increasingly defined by a capitalist society, and our concept of ‘knowledge’ is ultimately the product of a consumerist economy.

### **Future Directions**

Though dated and often challenged, Foucault’s seminal work offers insight and legitimacy to the emergent themes that developed throughout my research. Health communication suffers at the hands of a market-driven system, and consumer disillusionment further cultivates the commercialization of public health. Tapping into the nature of corporatized democracy, Lasn (2000) indicated, “today corporations freely buy each other’s stocks and shares. They lobby legislators and bankroll elections. They manage our broadcast airwaves, set our industrial, economic and cultural agenda, and grow as big and powerful as they damn well please” (p.69). This work addressed the influences of unrestrained industry power, and challenges the concept of democracy in Corporate America.

The rationale driving my call for regulatory refinement channels Foucault’s unconventional and often-challenged wisdom. Much like the thesis driving this project, Foucault believed we can minimize oppressive threats and build a better system through an educated understanding and greater awareness of agents of social control. While informed communication begins with mass media, the responsibility of social awareness falls upon the entire community. Public health schools, media scholars, and industry

researchers need to resist funding-based compromises. Additionally, many public sectors need to recognize pharmaceutical influences go far beyond areas of medical research, vaccination development, health education, and public communication- infecting nearly every pocket of our social system. Once communities start recognizing and challenging Big Pharma's influence over U.S. democracy, we can become a more informed and actively aware society.

Painting a truer depiction of institutionalized control and big business corruption, post-modern cultural studies document the changing political circumstances of corporate power, industry oligarchies, and self-serving structures of leadership. Montes-Armeros (1998) explained, "commercial advertisements are one of the products of capitalist economy...as acts of communication they are manifestations of an ideological discourse that structures social practice" (p.131). By allowing corporations to brand every aspect of our life with a price tag, we forfeit personal autonomy, and are left accepting a sub-par understanding of the world in which we live.

This project examined the means through which Merck Pharmaceuticals commercialized cervical cancer and HPV to better promote the Gardasil vaccination. In examining Merck's campaign as it relates to American capitalism, and more closely investigating the vested interests feeding public awareness efforts, this work attended to the social, political, and commercial agendas driving today's healthcare communication. My case analysis invites vast opportunity for future research in areas related to similar social marketing campaigns. Additionally, this work encourages continued exploration in areas related to prescription drug advertising, vaccination marketing, gender-biased healthcare messaging, profit-driven government mandates, international marketing

practices, transnational healthcare systems, and the questionable ethics that ultimately control citizen knowledge, social awareness, and public health.

Until corporate responsibility, citizen responsibility, and social responsibility unite as one, government agencies need to return to serving the needs of the people rather than the 'gross interest' of Corporate America. While federal regulations and amendment rights uniquely pertain to American democracy, healthcare communication influences populations worldwide. As a society, we need to awaken from our perpetual state of disillusionment, address consumer passivity head-on, and take our branded lives off the market. Big Pharma finances and political propaganda cannot determine the future of consumer trust, public health, and citizen efficacy. The time has come for each of us to make the connection, tell someone, and choose to be one less ill-informed consumer of commercialized healthcare communication. It is our responsibility as an increasingly skeptical nation to become one less audience victimized by America's consumerist economy.

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## **APPENDIX A**

### **FOCUS GROUP MATERIALS**

#### Moderator Guide & Demographic Survey

##### “Make the Connection” Questions

1. Overall, what did you take away from this message?
2. Do you think the message successfully communicates to viewers the implications of the HPV health issue? What elements helped you understand the issue?
3. Was there a certain visual image that stood out in your mind?
4. Do you think Kimberly Elise was an appropriate spokeswoman for this commercial?
6. If you were to improve one aspect of the message, what would it be?
7. Social marketing is commonly used to “sell” people on pro-social behaviors. Would you classify the commercials you just viewed as social marketing efforts? Why or why not?
8. Do you recall any corporate or non-profit sponsorships? What made you remember that specific organization?
8. Is there anything else anyone would like to add to the discussion?

##### “Tell Someone” Questions

1. What do you take away from this message?
2. Do you think the message successfully communicates to viewers the implications of the HPV health issue? What specific elements helped you understand the message?
3. What is the main visual image that stays in your mind?
4. Do you recall any corporate or non-profit sponsorships? What made you remember that specific organization?
5. If you were to improve one aspect of the message, what would it be?

6. Is there anything else anyone would like to add to the discussion? “

“One Less” Questions

1. What do you take away from this message?
2. Do you think the message successfully communicates to viewers the implications of the HPV health issue?
3. What is the main visual image that stays in your mind?
4. Do you recall any corporate or non-profit sponsorships? What made you remember that specific organization? If so, in what ways does your recognition of corporate sponsorship influence your perception of the GARDASIL vaccination and HPV virus?
5. If you were to improve one aspect of the message, what would it be?
6. Would you classify the commercials you just viewed as social marketing efforts? Why or why not?

After all ads have been played...

1. Would you classify the commercials you just viewed as social marketing efforts? Why or why not?
2. Did you notice any common sponsorships reappearing throughout two or more of the messages you just viewed?
  - a. If so, in what ways does your recognition of corporate sponsorship influence your perception of the GARDASIL vaccination and HPV virus?
3. Prior to the company’s release of the GARDASIL vaccination, Merck Pharmaceuticals launched two public health campaigns before receiving FDA approval for the cervical cancer vaccination (the two PSA’s you just viewed). Controversy has surrounded

Merck's premature release of the non-branded "Tell Someone" and "Make the Connection" advertisements, including accusations from critics claiming the company practiced deceptive advertising by developing a health issue façade for their rollout promotion of GARDASIL. Merck, however, insists that, "this campaign is part of a broad and longstanding Merck public health commitment to encourage education about the disease" (Merck representative K. Dougherty in Swartz, 2006).

- a. What is your opinion regarding this issue?
  - b. In general, do you feel corporate sponsorships of awareness campaigns violate the ethical foundations of social marketing efforts? Why or why not?
  - c. Does your awareness of product promotion in health campaign advertisements influence your health-care behavior? If so, to what degree?
4. Does health care advertising influence your communication with your health-care professional? If so, to what degree?
  5. Does GARDASIL's association with Merck pharmaceuticals influence your confidence in the vaccination's ability to prevent HPV? Why or why not? If so, in what ways?
  6. Does Merck's sponsorship of the HPV awareness commercials influence your trust in the healthcare messages? Why or why not? If so, in what ways?
  7. Of the three commercials you just viewed, which do you feel most strongly communicated the HPV health threat? Please explain the reasoning behind your choice.
  8. How would you rate the overall effectiveness of the HPV/ GARDASIL campaign? Are there any changes you might suggest in the campaign to better improve women's understanding of the health risk?

## Demographic Survey

*(Distribute Upon Conclusion of Focus Group Discussion)*

Your Age: \_\_\_\_\_

Your Gender: \_\_\_\_\_

Your Race:

- ☐ Asia-Pacific Islander
- ☐ African-American
- ☐ Hispanic
- ☐ White, non Hispanic
- ☐ Native-American
- ☐ Other \_\_\_\_\_

Prior to your participation in this study, had you heard of the Gardasil vaccine?

- ☐ Yes
- ☐ No
- ☐ Not sure

If you answered yes to the above question, from which sources have you learned about the Gardasil vaccine? (Please check all that apply)

Television ad

Web site

Physician

Friends/Family

Other \_\_\_\_\_

Have you received at least one of the three recommended Gardasil vaccination shots included in Merck's HPV inoculation series?

\_\_\_\_ Yes

\_\_\_\_ No

\_\_\_\_ Not sure

\_\_\_\_ Prefer not to answer

Have you received all three shots included in Gardasil's vaccination series?

\_\_\_\_ Yes

\_\_\_\_ No

\_\_\_\_ Not sure

\_\_\_\_ Prefer not to answer

If you received only part of the three-shot series, please indicate your reason for not completing the vaccination schedule (***only provide a response if you feel comfortable answering the question***).

Which of the following best characterizes your sexual activity?

- ☐ Have never been sexually active
- ☐ Have been sexually active in the past, but not currently
- ☐ Currently sexually active
- ☐ I prefer not to answer this question

**APPENDIX B**  
**EYE-TRACKING MATERIALS**

**Pre-Exposure Test**

Participant Number

Are you a smoker?

- ☐ Yes
- ☐ No

During a typical week, do you have more than three alcoholic beverages a week?

- ☐ yes
- ☐ no
- ☐ not sure

Have you heard about any foods that might help **prevent** heart disease or heart attacks?

- ☐ Yes
- ☐ No
- ☐ Not Sure

Have you heard about any foods that might help **prevent** cancer?

- ☐ yes
- ☐ No

Have you heard of the Gardasil vaccine?

- ☐ Yes
- ☐ No
- ☐ Not Sure

If No Is Selected, Then Skip To Have you heard anything about cancer ...



From which sources have you learned about the Gardasil vaccine? (Please check all that apply)

- ☐ Television ad
- ☐ Web site
- ☐ Physician
- ☐ Friends/Family
- ☐ Other \_\_\_\_\_

Have you heard anything about cancer being related to things people eat or drink?

- ☐ Yes
- ☐ No

In the past 12 months, have you experienced any health problems that you thought might be related to any dietary supplements you took?

- ☐ Yes
- ☐ No
- ☐ Not Sure

On a scale of 1 to 10, how familiar are you with... (Please click and drag the marker to indicate level of familiarity- 10 being the most familiar)

\_\_\_\_\_ The Human Papilloma Virus

\_\_\_\_\_ Rotavirus Virus

\_\_\_\_\_ Influenza Virus

\_\_\_\_\_ Herpes simplex Virus

Please rank the following terms from highest to lowest (1 being the highest, 4 being the lowest) based on how often you hear them used in casual conversations (click and drag to rank).

\_\_\_\_\_ Cervical Cancer

\_\_\_\_\_ Colon Cancer

\_\_\_\_\_ Lung Cancer

\_\_\_\_\_ Skin Cancer

Please rank the following illnesses from highest to lowest (1 being the highest, 4 being the lowest) based on how heavily you believe they are covered in the media (click and drag to rank).

- \_\_\_\_\_ Cervical Cancer
- \_\_\_\_\_ Colon Cancer
- \_\_\_\_\_ Lung Cancer
- \_\_\_\_\_ Skin Cancer

Please rank the following cancers from highest to lowest (1 being the highest, 4 being the lowest) based on how often they seem to appear in social awareness/ preventative marketing campaigns (click and drag to rank).

- \_\_\_\_\_ Cervical Cancer
- \_\_\_\_\_ Colon Cancer
- \_\_\_\_\_ Lung Cancer
- \_\_\_\_\_ Skin Cancer

Please rank the following cancers from highest to lowest (1 being the highest, 4 being the lowest) based on how prevalent you believe them to be (click and drag to rank).

- \_\_\_\_\_ Cervical Cancer
- \_\_\_\_\_ Colon Cancer
- \_\_\_\_\_ Lung Cancer
- \_\_\_\_\_ Skin Cancer

On a scale of 1 to 10 (1 being the lowest, 10 being the highest), how concerned are you with contracting the following (Please click and drag the marker to indicate level of concern):

- \_\_\_\_\_ The Human Papilloma Virus
- \_\_\_\_\_ Rotavirus Virus
- \_\_\_\_\_ Influenza Virus
- \_\_\_\_\_ Herpes simplex Virus
- \_\_\_\_\_ Cervical Cancer
- \_\_\_\_\_ Colon Cancer
- \_\_\_\_\_ Lung Cancer
- \_\_\_\_\_ Skin Cancer

Your Age

Gender

- ☐ Male
- ☐ Female

Ethnicity (Check all that Apply):

- ☐ Asia-Pacific Islander
- ☐ African-American
- ☐ Hispanic
- ☐ White, non-Hispanic
- ☐ Native-American
- ☐ Other \_\_\_\_\_

Which of the following best characterizes your sexual activity?

- ☐ Have never been sexually active
- ☐ Have been sexually active in the past, but not currently
- ☐ Currently sexually active
- ☐ I prefer not to answer this question

## Eyetracking Post-Test

Participant Number \_\_\_\_\_

How carefully did you pay attention to the messages you just watched?

\_\_\_\_\_ How carefully did you pay attention to the messages you just watched?

When you were watching the messages, what were you thinking of?

Circle one number on each line below that best describes how you feel about the messages you just watched. Numbers “1” and “5” indicate strong feelings; boxes “2” and “4” indicate weaker feelings; and box “3” indicates that you are undecided.

The “Make the Connection” message was the first video played, and featured Kimberly Elise talking to young women about the connection between HPV and cervical cancer. On a scale of 1-5, I felt that the “Make the Connection” message was...

	1	2	3	4	5
Bad: Good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low Quality: High Quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not Credible: Credible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Truthful: Deceptive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unethical: Ethical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effective: Ineffective	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

To what extent did you find the message easy to follow?

- ☐ Not at all easy to follow
- ☐ Moderately easy to follow
- ☐ Very easy to follow

Are you aware of any organizations/companies sponsoring the awareness message? If yes, please indicate the name(s) of organizations/companies your recognized.

- ☐ Yes \_\_\_\_\_
- ☐ No

Please list the visual images you most clearly remember from the “Make the Connection” message.

The “Tell Someone” message was the second video you viewed, and featured many different of women encouraging viewers to tell someone about the connection between HPV and cervical cancer. I felt that the “ Tell Someone” message was...

	1	2	3	4	5
Bad:Good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low Quality:High Quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not Credible:Credible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Truthful:Deceptive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unethical:Ethical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effective:Ineffective	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

To what extent did you find the message easy to follow?

- ☐ Not at all easy to follow
- ☐ Moderately easy to follow
- ☐ Very easy to follow

Are you aware of any organizations/companies sponsoring the awareness message? If yes, please indicate the name(s) of organizations/companies your recognized.

- ☐ Yes \_\_\_\_\_
- ☐ No

Please list the visual images you most clearly remember from the “Tell Someone” message.

The third message you viewed, “One Less,” was a commercial for the cervical cancer vaccination, GARDASIL. The video featured many differed women and girls encouraging women to become one less cervical cancer statistic by getting the vaccination. I felt that the “One Less” advertisement was...

	1	2	3	4	5
Bad:Good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low Quality:High Quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not Credible:Credible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Truthful:Deceptive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unethical:Ethical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effective:Ineffective	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

To what extent did you find the message easy to follow?

- ☐ Not at all easy to follow
- ☐ Moderately easy to follow
- ☐ Very easy to follow

The advertisement caused me to think carefully about the Gardasil vaccine.

- ☐ Strongly Agree
- ☐ 2
- ☐ Neutral
- ☐ 4
- ☐ Strongly Disagree

Are you aware of the company promoting the vaccination advertisement? If yes, please indicate the name of the company you recognized.

- ☐ Yes \_\_\_\_\_
- ☐ No

Please list the visual images you most clearly remember from the “One Less” advertisement.

The final message you viewed, “I Chose,” was also a commercial promoting the cervical cancer vaccination, GARDASIL. The video featured many differed women and girls explaining why they chose to get vaccinated. I felt that the “I Chose” advertisement was...

	1	2	3	4	5
Bad:Good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low Quality:High Quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not Credible:Credible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Truthful:Deceptive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unethical:Ethical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effective:Ineffective	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

To what extent did you find the message easy to follow?

- ☐ Not at all easy to follow
- ☐ 2
- ☐ Moderately easy to follow
- ☐ 4
- ☐ Very easy to follow

The advertisement caused me to think carefully about the Gardasil vaccine.

- ☐ Strongly Agree
- ☐ 2
- ☐ Neutral
- ☐ 4
- ☐ Strongly Disagree

Are you aware of the company promoting the vaccination advertisement? If yes, please indicate the name of the company you recognized.

- ☐ Yes \_\_\_\_\_
- ☐ No

Please list the visual images you most clearly remember from the “One Less” advertisement.

Now, think back to the first advertisement you watched (Make the Connection). Do you recall seeing any of the sponsorships listed below? Please check all that apply.

- ☐ Pfizer
- ☐ GlaxoSmithKline
- ☐ Merck & Co.
- ☐ Johnson & Johnson
- ☐ Women's Step Up Network
- ☐ American Cancer Society
- ☐ Susan G. Komen Breast Cancer Foundation
- ☐ Cervical Cancer Foundation

Again, think back to the second advertisement you watched (Tell Someone). Do you recall seeing any of the sponsorships listed below? Please check all that apply.

- ☐ Pfizer
- ☐ GlaxoSmithKline
- ☐ Merck & Co.
- ☐ Johnson & Johnson
- ☐ Women's Step Up Network
- ☐ American Cancer Society
- ☐ Susan G. Komen Breast Cancer Foundation
- ☐ Cervical Cancer Foundation



Finally, think back to the last advertisement you watched (One Less). Do you recall seeing any of the sponsorships listed below? Please check all that apply.

- ☐ Pfizer
- ☐ GlaxoSmithKline
- ☐ Merck & Co.
- ☐ Johnson & Johnson
- ☐ Women's Step Up Network
- ☐ American Cancer Society
- ☐ Susan G. Komen Breast Cancer Foundation
- ☐ Cervical Cancer Foundation

On a scale of one to five, I feel that the Gardasil vaccine is...

	1	2	3	4	5
Bad:Good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effective:Ineffective	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worthwhile:Worthless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unwise:Wise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Harmful:Beneficial	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

After seeing these advertisements, please indicate how likely you are to do the following:

	Very Unlikely	Somewhat Unlikely	Unsure	Somewhat Likely	Very Likely
Search for more information about the Gardasil vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talk to my friends about the Gardasil vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talk to my physician about the Gardasil vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talk to my significant other about the Gardasil vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get the Gardasil Vaccine for myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommend the Gardasil vaccine to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please answer the flowing questions to complete this survey.

Your Age

Gender

- ☐ Male
- ☐ Female

Your Race:

- ☐ Asia-Pacific Islander
- ☐ African-American
- ☐ Hispanic
- ☐ White, non-Hispanic
- ☐ Native-American
- ☐ Other \_\_\_\_\_

Which of the following best characterizes your sexual activity?

- ☐ Have never been sexually active
- ☐ Have been sexually active in the past, but not currently
- ☐ Currently sexually active
- ☐ I prefer not to answer this question

Prior to your participation in this study, had you heard of the Gardasil vaccine?

- ☐ Yes
- ☐ No
- ☐ Not Sure

If you answered yes to the above question, from which sources have you learned about the Gardasil vaccine? (Please check all that apply)</p>

- ☐ Television ad
- ☐ Web site
- ☐ Physician
- ☐ Friends/Family
- ☐ Other \_\_\_\_\_

Have you received the Gardasil vaccine?

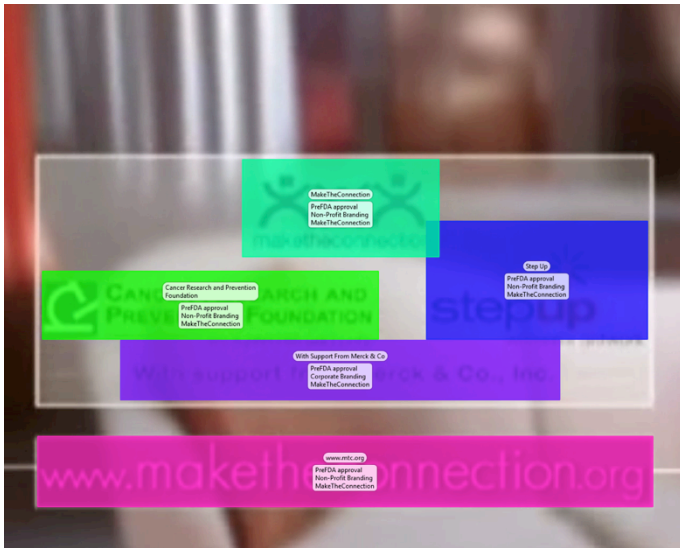
- ☐ Yes
- ☐ No
- ☐ Received one or two of the scheduled vaccinations, but have not completed the vaccination cycle
- ☐ Prefer not to answer

If you did receive a part of the injection cycle, but never completed the full vaccination, please indicate reasons for not completing the entire round of inoculations.

On a scale of one to five, I feel that the Gardasil vaccine is...

	1	2	3	4	5
Bad:Good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effective:Ineffective	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worthwhile:Worthless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unwise:Wise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Harmful:Beneficial	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

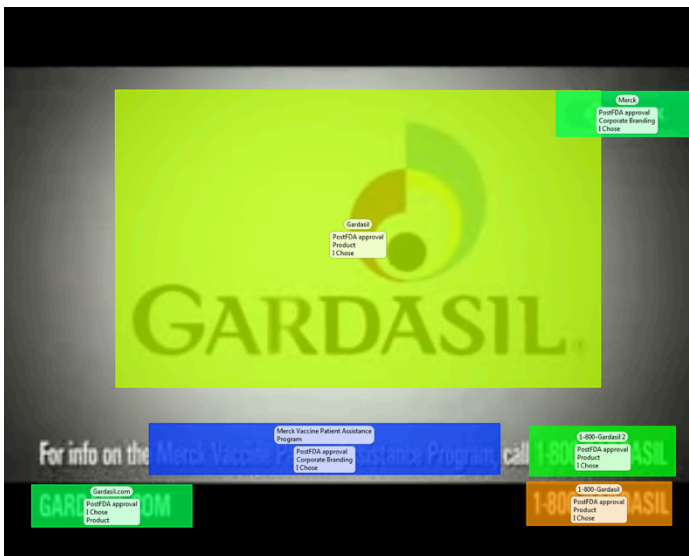
## Screen shots of scenes and AOIs for With-in Subject Experimental Design



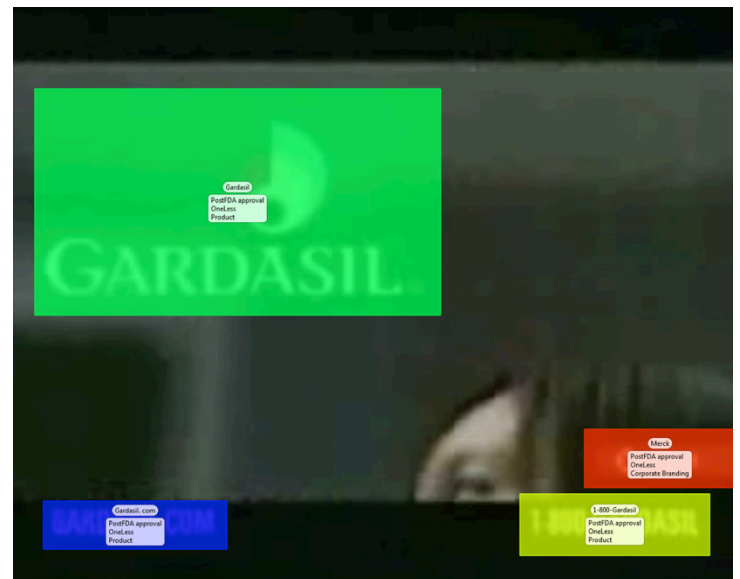
*“Make the Connection”*



*“Tell Someone”*

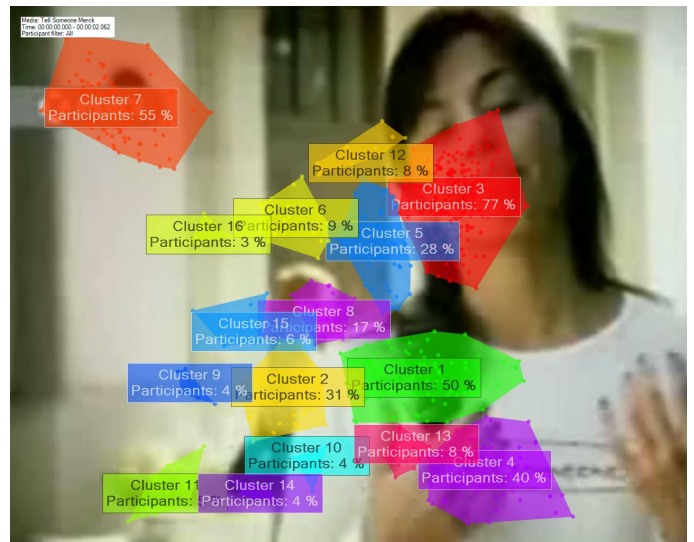


*“One Less”*

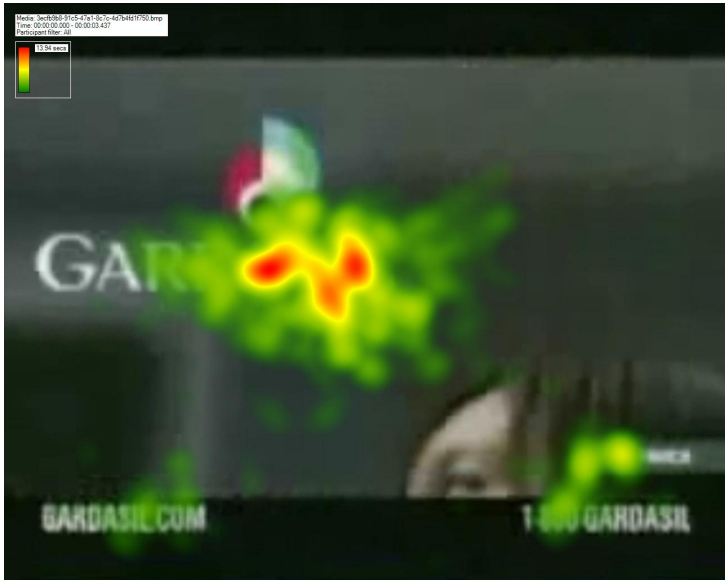


*“I Chose”*

## Fixation Visualizations







## **APPENDIX C INTERVIEW MATERIALS**

### **Moderator Guide**

1. How heavily did you follow the 2012 presidential race?
2. What is your understanding of the HPV/Cervical cancer health issue?
3. What is your understanding of the Gardasil vaccination? If you are familiar with the Gardasil vaccination, please briefly discuss your attitudes toward the HPV inoculation series.
4. Are you aware of the pharmaceutical company that released the vaccination? If so, how?
5. In what ways did media reporting during the 2012 presidential race influence your understanding/attitudes toward the vaccination and HPV health issue?
6. In what ways did Rick Perry's political platform and campaign messages influence your understanding/attitudes toward the vaccination?
7. In what ways did Rick Perry's campaign messages regarding Gardasil influence your trust in the vaccination?
8. In what ways did Rick Perry's campaign messages regarding the Gardasil vaccination influence your trust in the governor's race for presidency at the time?
9. How do corporate ties to political endorsements and regulatory mandates influence your attitudes toward public health messages and trust in our nation's healthcare community?

-Show Media Clip-

1. The United States is one of only two countries to allow public broadcast of prescription drug advertisements. In your opinion, do you think medical advertising is beneficial to American publics? Why or why not?



2. What are your attitudes toward corporate amendment rights and commercialized free speech? What about direct to consumer advertising?
3. In what ways do you think industry-driven marketing efforts influence audience reception and consumer trust in relayed healthcare messaging?
4. What implications might awareness of commercialized endorsements in public health broadcasts have on individual health and societal well-being?
5. In what ways, if any, might medical/prescription drug advertising harm U.S. healthcare community? How might dtc marketing practices benefit the American healthcare system?
6. To what degree do you believe political platforms and industry endorsements shape legislative policies within the healthcare industry?
7. Do you feel that U.S. marketing regulations operate in the interest of the public? Why or why not?
8. In what ways, if any, might medical/prescription drug advertising improve societal wellbeing?
9. Can you think of any social or individual benefits that might stem from tighter FDA regulations?
10. Is there an argument to be made for endorsing more relaxed marketing regulations?
11. Overall, do you think medical/prescription drug advertising serves a productive purpose? Please explain why.
12. If you can, briefly touch on the American healthcare system and the ways in which you think medical/prescription drug advertising (or lack thereof) might influence individual health and societal well-being.

## Demographic Survey

*(Distribute Upon Conclusion of Interview)*

Your Age: \_\_\_\_\_

Your Gender: \_\_\_\_\_

Political Affiliation \_\_\_\_\_

Your Race:

- ☐ Asia-Pacific Islander
- ☐ African-American
- ☐ Hispanic
- ☐ White, non Hispanic
- ☐ Native-American
- ☐ Other \_\_\_\_\_

Prior to your participation in this study, had you heard of the Gardasil vaccine?

- ☐ Yes
- ☐ No
- ☐ Not sure

If you answered yes to the above question, from which sources have you learned about the Gardasil vaccine? (Please check all that apply)

Television ad

Web site

Physician

Friends/Family

Other \_\_\_\_\_

Have you received at least one of the three recommended Gardasil vaccination shots included in Merck's HPV inoculation series?

\_\_\_\_ Yes

\_\_\_\_ No

\_\_\_\_ Not sure

\_\_\_\_ Prefer not to answer

Have you received all three shots included in Gardasil's vaccination series?

\_\_\_\_ Yes

\_\_\_\_ No

\_\_\_\_ Not sure

\_\_\_\_ Prefer not to answer

If you received only part of the three-shot series, please indicate your reason for not completing the vaccination schedule (***only provide a response if you feel comfortable answering the question***).

Which of the following best characterizes your sexual activity?

☐ Have never been sexually active

☐ Have been sexually active in the past, but not currently

☐ Currently sexually active

☐ I prefer not to answer this question

## APPENDIX D

### CODE FAMILIES AND CONCEPT VISUALIZATIONS

#### CODES-PRIMARY-DOCUMENTS-TABLE

##### Code Families

---

HU: Coding ATlgood2

File: [C:\Users\lporter\Desktop\HU Austin Folder\Coding ATlgood2.hpr7]

Edited by: Super

Date/Time: 2013-05-02 11:00:35

---

Code Family: Back Door Deals

Created: 2013-03-05 12:50:59 (Super)

Codes (3): [backdoor deals] [Expected] [government contract]

Quotation(s): 29

---

Code Family: Big Pharma

Created: 2013-03-05 14:17:58 (Super)

Codes (20): [Big Pharma] [Cialis] [dependency] [Disclaimers] [DNT] [drug development] [drug push] [Due Diligence] [Natural Solution] [overreaching bounds] [Pfizer] [Pharmaceutical Advertising] [Pharmaceutical Companies/Industry] [Prescription Medicine] [Regulation] [Skirt Regulations] [stay away] [Tested] [Viagra] [weakness]

Quotation(s): 84

---

Code Family: Capitalism

Created: 2013-03-05 14:05:19 (Super)

Codes (10): [America] [Capitalism] [competition] [Corporations] [Crony Capitalism] [Free Speech] [Market] [Marketing]

[Publically Traded Companies] [Spend Money]

Quotation(s): 58

---

Code Family: Consumer Perception

Created: 2013-03-05 13:14:06 (Super)

Codes (18): [Accuracy] [Ambivalent] [Attitude Change] [avoid] [cautious] [change] [Crazy] [disinterest] [Good job] [good year] [Influence] [Negative Opinion] [Nervous] [Outcry] [Scary] [science] [sketchy] [unnecessary]

Quotation(s): 64

---

Code Family: Gardasil

Created: 2013-03-05 11:33:30 (Super)

Codes (20): [2007 Mandate] [Awareness] [Children] [Choice] [Controversy] [Daughter] [expensive] [Gardasil] [Gender Distinction] [Girls] [government recommendation vs. gov mandate] [HPV] [Male vaccination] [Public Schools] [religion] [Safety] [Vaccination] [Vaccination Age] [Vaccination Availability] [Women and Girls]

Quotation(s): 181

---

Code Family: Government Agency

Created: 2013-03-05 14:15:33 (Super)

Codes (2): [Congress] [DTC regulation]

Quotation(s): 7

---

Code Family: Health Awareness

Created: 2013-03-05 14:29:01 (Super)

Codes (6): [Citizen Responsibility] [Connection] [Personal Relevance] [Public Awareness] [Research] [Understand]

Quotation(s): 50

---

Code Family: Health Behavior

Created: 2013-03-05 14:27:33 (Super)

Codes (8): [educated decision] [Education] [Efficacy] [Healthy] [Knowledge] [Pap Smears] [Prevention] [Sexual Activity]

Quotation(s): 35

---

Code Family: Health Communication

Created: 2013-03-05 14:07:25 (Super)

Codes (15): [Accuracy] [alleviate symptoms] [Ambiguous] [Autism] [Cervical Cancer] [Commercial Interests] [disease] [drug information] [Health Communication] [polio] [Post-Campaign Mandate Coverage] [Transparent] [Trust] [Truth] [Western Medicine]

Quotation(s): 88

---

Code Family: Information Source

Created: 2013-03-05 12:21:08 (Super)

Codes (17): [Clip] [CNN] [Doctor] [Family] [Fox] [Friends] [girlfriend] [Information Source] [Mandate] [Media] [MSNBC] [national news] [NPR] [Parent] [Research] [Social Media] [Technology]

Quotation(s): 202

---

Code Family: Issues

Created: 2013-03-05 12:47:25 (Super)

Codes (13): [Drilling] [Economy] [Film Industry] [Foreign Politics] [Gambling Industry] [Game industry] [Gay Rights] [health care] [Issues] [Negative Opinion] [Obama Care] [Planned Parenthood] [Social Issues]

Quotation(s): 122

---

Code Family: Location

Created: 2013-03-05 14:32:17 (Super)

Codes (7): [Dallas] [Local] [Progressive City] [Rural Areas] [State] [Texas] [United States]

Quotation(s): 99

---

Code Family: Medicalization

Created: 2013-03-05 12:27:10 (Super)

Codes (5): [Discuss with Doctor] [Drug Marketing] [Fine line] [good idea] [medicalization]

Quotation(s): 6

---

Code Family: Merck

Created: 2013-03-05 14:16:21 (Super)

Codes (5): [Correct Identification] [HPV] [insurance] [Merck] [Successful Identification]

Quotation(s): 86

---

Code Family: Politics

Created: 2013-03-05 14:20:42 (Super)

Codes (41): [\*Rick Perry] [2012 presidential race] [Candidates] [Chief of Staff] [Chris Christy] [Conservative] [Corporate Funding] [Democrats/Liberal] [Dick Cheney] [election season] [future mandates] [George W. Bush] [GOP Debates] [Government] [Hal Burden] [Legislature] [Lies] [Lobbying] [McCain] [Michelle Bachman] [Mike Toomey] [Mud Slinging] [National Politics] [Obama] [Policies] [Political following] [Political Funding] [Political Involvement] [Political Party] [Politicians] [Politics] [President] [Puppets] [Republican debates] [Republicans/Conservative] [Rick Santorum] [Romney] [Ron Paul] [Santorum] [strong rebuttal] [Tea Party]

Quotation(s): 353

---

Code Family: Propaganda

Created: 2013-03-05 14:19:46 (Super)

Codes (1): [Patriot Act]

Quotation(s): 2

---

Code Family: Public Health

Created: 2013-03-05 14:35:42 (Super)

Codes (2): [Public Health] [Public Interests]

Quotation(s): 14

---

Code Family: Regulatory Agency

Created: 2013-03-05 13:56:44 (Super)

Codes (4): [CDC] [FDA] [National Department of Health] [Pressure]

Quotation(s): 12

---

Code Family: Rick Perry

Created: 2013-01-09 01:37:37 (Super)

Codes (9): [Character] [executive order] [fairly positive.] [Good Ol Boy Politics] [Goofy] [Governor] [Rick Perry] [Rick Perry Governor] [Rick Perry President]

Quotation(s): 219

---

Code Family: Special Interest Groups

Created: 2013-03-05 14:17:03 (Super)

Codes (4): [PACK] [Special Interest Groups] [Super Pacs] [Unlimited Donations]

Quotation(s): 7





## Atlas TI Network View

Figure illustrates the code network for issues related to the 2007 vaccination mandate.

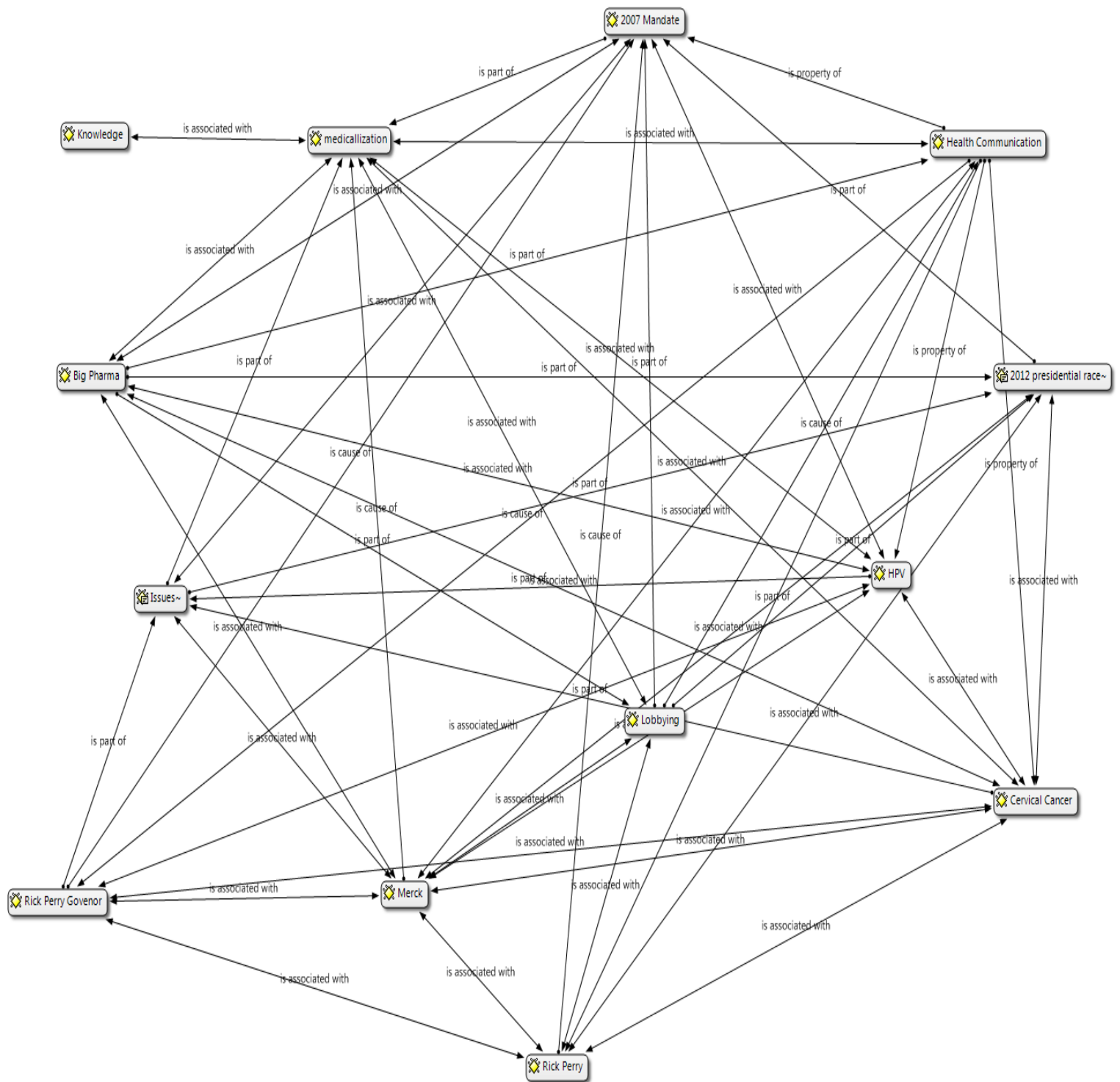
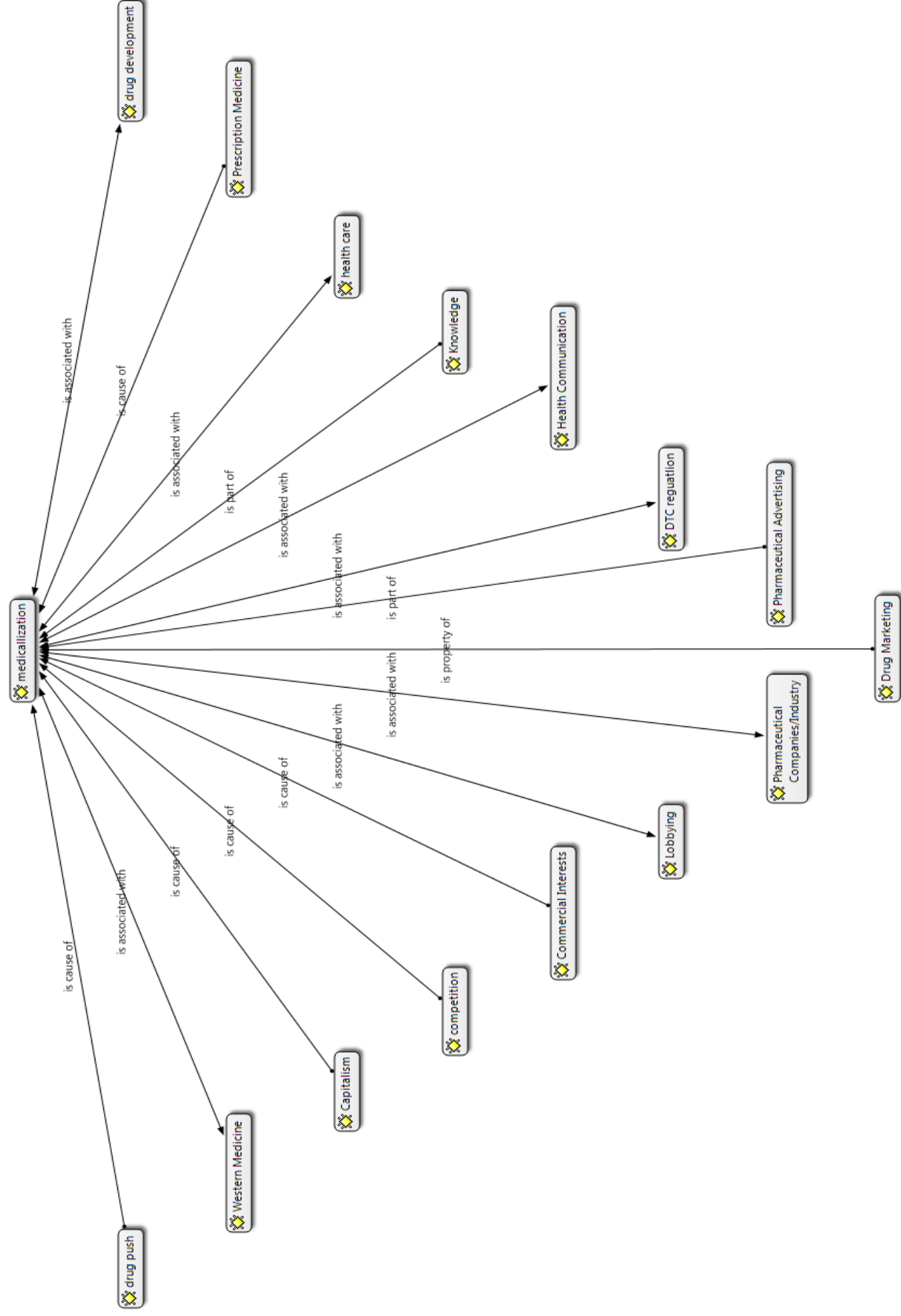
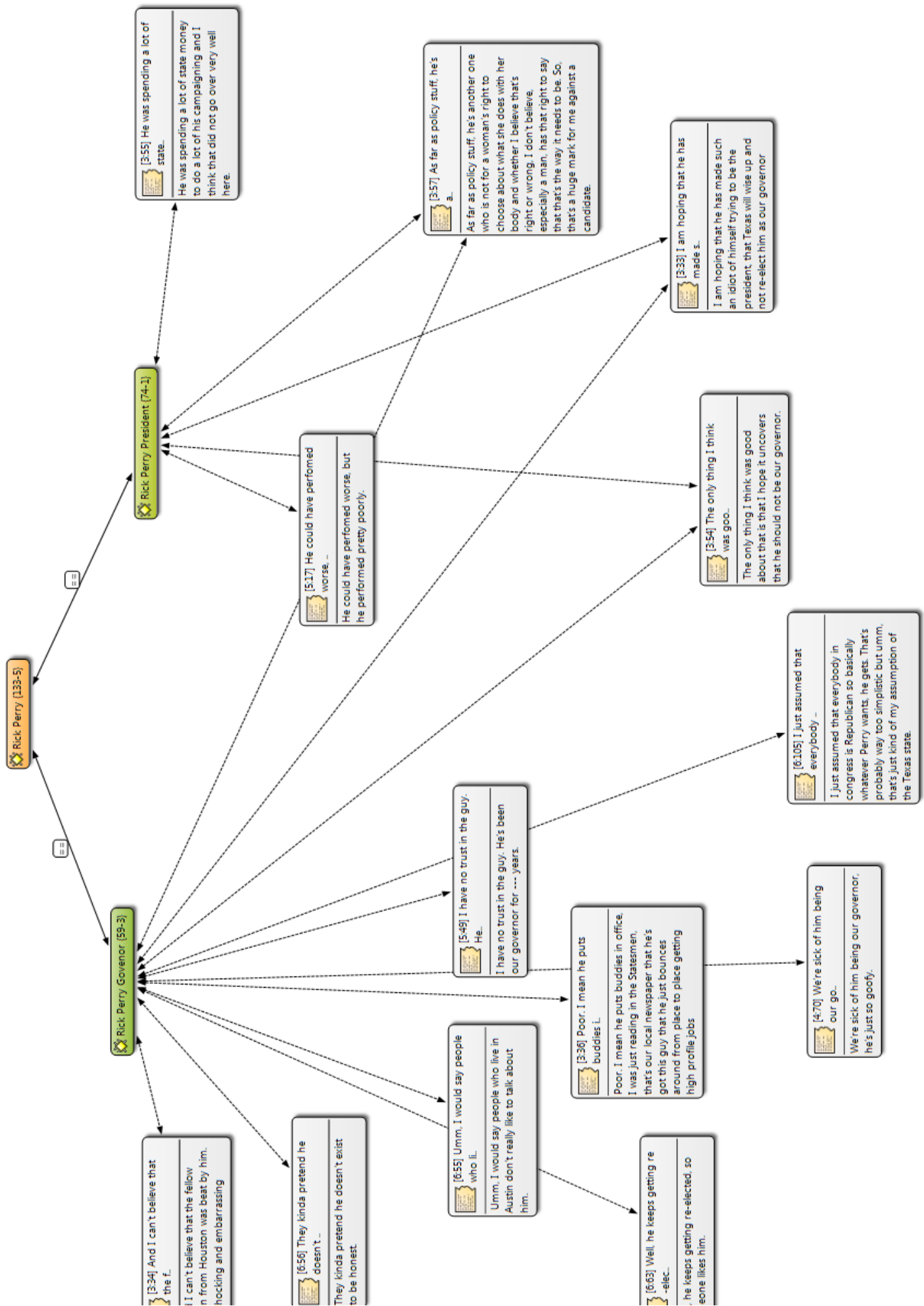


Figure 9.4: Atlas TI Network View: Figure illustrates the semantical ordering for medicalization code relations.

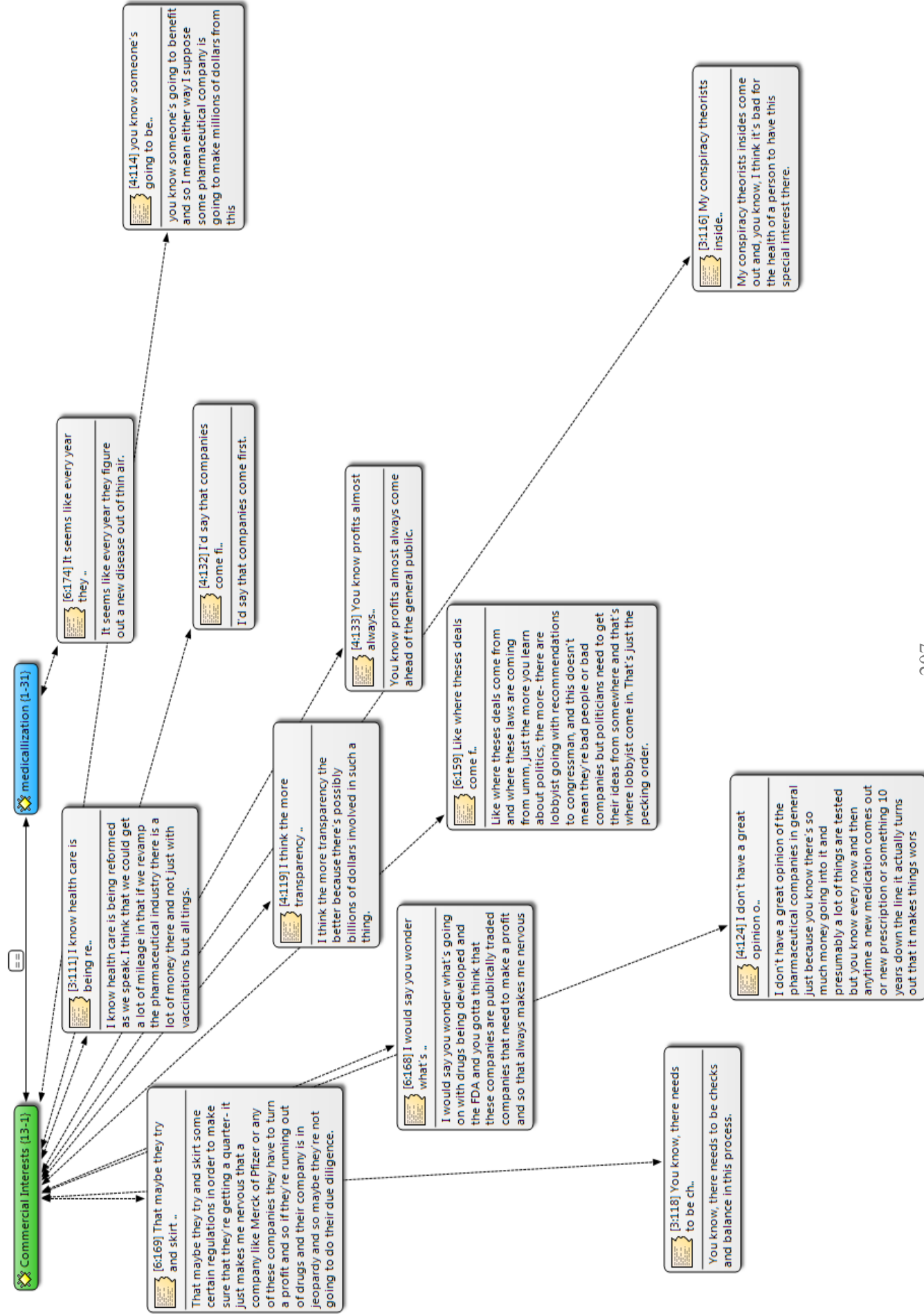


as TI Transcript Map: Figure illustrates interview feedback addressing Rick Perry in relation to issues of public trust.



## Visualization map of Emergent Themes

Figure illustrates transcript themes connecting commercial interests to the medicalization of health communication.





## APPENDIX E IRB AND CONSENT FORMS

### Application for Exemption from Institutional Oversight

Unless qualified as meeting the specific criteria for exemption from Institutional Review Board (IRB) oversight, ALL LSU research/ projects using living humans as subjects, or samples, or data obtained from humans, directly or indirectly, with or without their consent, must be approved or exempted in advance by the LSU IRB. This Form helps the PI determine if a project may be exempted, and is used to request an exemption.



Institutional Review Board  
Dr. Robert Mathews, Chair  
131 David Boyd Hall  
Baton Rouge, LA 70803  
P: 225.578.8692  
F: 225.578.6792  
irb@lsu.edu  
lsu.edu/irb

-- Applicant, Please fill out the application in its entirety and include the completed application as well as parts A-E, listed below, when submitting to the IRB. Once the application is completed, please submit two copies of the completed application to the IRB Office or to a member of the Human Subjects Screening Committee. Members of this committee can be found at <http://www.lsu.edu/screeningmembers.shtml>

-- A Complete Application Includes All of the Following:

(A) Two copies of this completed form and two copies of part B thru E.

(B) A brief project description (adequate to evaluate risks to subjects and to explain your responses to Parts 1&2)

(C) Copies of all instruments to be used.

\*If this proposal is part of a grant proposal, include a copy of the proposal and all recruitment material.

(D) The consent form that you will use in the study (see part 3 for more information.)

(E) Certificate of Completion of Human Subjects Protection Training for all personnel involved in the project, including students who are involved with testing or handling data, unless already on file with the IRB. Training link: (<http://phrp.nihtaining.com/users/login.php>.)

1) Principal Investigator: Laura Crosswell Ph: 844-710-0092 Rank Grad Student  
Dept: Mass Comm Ph: 578-7096 E-mail: lcross3@lsu.edu

2) Co Investigator(s): please include department, rank, phone, and e-mail for each

\*If student, please identify and name supervising professor in this space

Nicole Dahmen, Assistant Professor, 578-2095, ndahmen@lsu.edu  
Lisa Landy, Associate Dean, 578-8810, llundy@lsu.edu

3) Project Title:

Educational Crusade or Product Masquerade:  
Examining the Effects of Social Marketing &  
Corporate Campaigning in the Health Care Industry

4) Proposal? (yes or no) ☐ If Yes, LSU Proposal Number ☐

Also, if YES, either

☐ This application completely matches the scope of work in the grant

OR

☐ More IRB Applications will be filed later

5) Subject pool (e.g. Psychology students)

\*Circle any "vulnerable populations" to be used: (children <18; the mentally impaired, pregnant women, the aged, other). Projects with incarcerated persons cannot be exempted.

6) PI Signature [Signature] Date 6/11/10 (no per signatures)

\*\* I certify my responses are accurate and complete. If the project scope or design is later changes, I will resubmit for review. I will obtain written approval from the Authorized Representative of all non-LSU institutions in which the study is conducted. I also understand that it is my responsibility to maintain copies of all consent forms at LSU for three years after completion of the study. If I leave LSU before that time the consent forms should be preserved in the Departmental Office.

Screening Committee Action: Exempted <input checked="" type="checkbox"/> Not Exempted <input type="checkbox"/>	Category/Paragraph <u>2b</u>
Reviewer <u>Amie G. [Signature]</u> Signature <u>[Signature]</u>	Date <u>6-11-10</u>

### Part 1: Determination of "Research" and Potential For Risk

- This section determines whether the project meets the Department of Health and Human Services (HHS) definition of research involving human subjects, and if not, whether it nevertheless presents more than "minimal risk" to human subjects that makes IRB review prudent and necessary.

ES132

IRB#	LSU Proposal #
<input checked="" type="checkbox"/>	Complete Application
<input checked="" type="checkbox"/>	Human Subjects Training

Study Exempted By:  
Dr. Robert C. Mathews, Chairman  
Institutional Review Board  
Louisiana State University  
203 B-1 David Boyd Hall  
225-578-8692 | [www.lsu.edu/irb](http://www.lsu.edu/irb)  
Exemption Expires: 6-10-2013

### Informed Consent

**Study Title:** Educational Crusade or Product Masquerade: Examining the Effects of Social Marketing and Corporate Campaigning in the Health Care Industry

**Performance Site:** LSU Media Effects Lab

**Investigators:** The following investigators are available for questions about this study, M-F, 8:00 a.m. – 4:30 p.m.  
  
Laura Crosswell (864) 710-0092, [lcross3@lsu.edu](mailto:lcross3@lsu.edu)

**Purpose of the Study:** The purpose of this research project is to expose participants to HPV (Human Papilloma Virus) awareness commercials and determine the impact on their learning and knowledge. According to Janicek and Averette (2007), "the Human Papilloma Virus is a double-strand DNA tumor virus that belongs to the papovavirus family (papilloma, polyoma, and simian vacuolating viruses). Nearly half of all cervical cancer cases involve a type of human papilloma virus.

**Number of Subjects:** Approximately 40

**Study Procedure:** Participants will be recruited through snowball sampling of students, faculty and staff that are the age of 18 or older at LSU. They will be exposed to two HPV PSA's and one direct-to-consumer advertisement for the GARDASIL vaccination. This experiment will take place in the LSU Media Effects Lab. Participants will view the conditions on an eye-tracking research station. This equipment solely captures the eye movement of the participant. No equipment will be attached to participants and no other physiological data will be collected. After viewing the condition, participants will be asked to complete a post-test questionnaire to measure their perceptions of the message, behavioral and demographic information. Additionally, individual interviews will be conducted following message exposure to more deeply examine the specific ways in which social marketing in the healthcare industry influences consumer trust in the medical community. Participants will remain anonymous throughout the procedure.

**Benefits:** Students may receive bonus points as determined by their individual instructors.

**Risks:** Results of the study may be published, but no names or identifying information will be included in the publication.

**Signatures:** The study has been discussed with me and all my questions have been answered. I may direct additional questions regarding study specifics to the investigators. If I have questions about subjects' rights or other concerns, I can contact Robert C. Mathews, Institutional Review Board, (225) 578-8692. I agree to participate in the study described above and acknowledge the investigator's obligation to provide me with a signed copy of this consent form.

---

Printed name of participant

---

Signature of participant

Date

---

**Study Exempted By:**  
Dr. Robert C. Mathews, Chairman  
Institutional Review Board  
Louisiana State University  
203 B-1 David Boyd Hall  
225-578-8692 | [www.lsu.edu/irb](http://www.lsu.edu/irb)  
**Exemption Expires:** 6-10-2013

## **THE VITA**

Laura H. Crosswell is a native of Pottsville, Pennsylvania. She completed her undergraduate education at Clemson University in Clemson, South Carolina. She majored in Communication, with a concentration in Media Studies and a minor in Psychology. She received a masters' in Communication from the College of Charleston in 2008, and spent one year teaching as an adjunct faculty member upon finishing the graduate program. Laura began her doctoral studies in Media and Public Affairs at Louisiana State University's Manship School of Mass Communication in 2009, and was invited to join Arizona State University's faculty at Lake Havasu Colleges in 2013. Her research focuses on the cultural implications of consumer marketing, specifically in relation to healthcare communication.