

The Complementary and Alternative Medicine (CAM) Product Information Brochure: How is Generic Structure Used to Persuade Potential Users?

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ABSTRACT

The presence and influence of complementary and alternative therapies have been increasingly felt in recent years. One reason for this is the active promotion of its services and products through various media channels. The current study focused on information brochures that are placed on pharmacy counters and shelves, and examined how they function as persuasive texts in promoting products and persuading potential users to buy them. The study utilised genre analysis as a method for examining how language and information in texts are systematically selected and structured to perform particular actions and achieve particular communicative purposes. Genre hybridisation as a theoretical concept is drawn on to explain the inter-generic realisation of forms of discourse. One hundred brochures providing information on complementary and alternative health products produced by pharmaceutical companies were collected from pharmacies in Malaysia and analysed for their communicative content in terms of rhetorical moves used to promote the products. This paper describes the generic structure of the print content in the brochures and discusses how it functions to present a favourable view of complementary and alternative health products to the reader. The results show that across all the brochures, regardless of the type of product, a uniform set of moves that is comparable to the sales promotional genre is identified. The findings also reveal that such information brochures on pharmacy counters are in fact persuasive promotional literature. As these brochures are ubiquitous in pharmacies and drugstores in most countries, they are an important force in influencing consumer and patient knowledge, and beliefs about complementary and alternative medicine.

Keywords: genre; complementary and alternative medicine; information brochures; promotional genre; hybrid genre

INTRODUCTION

Complementary and alternative medicine (CAM) is defined as “a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine” (Stephen, 2000). The terms “complementary” and “alternative” in CAM have each been explained by CAM proponents; the word “complementary” is said to denote the use of CAM treatments to supplement mainstream medicine (Kemper, Vohra & Walls, 2008; Van Hemel, 2001; Ventola, 2010), such as the use of herbal products together with conventional medicine in treating an illness (Augustine & Alex, 2017; Evans, Ibrahim, Halimatu, Rabiatu & Gbedema, 2018; Modi, Wright & Seeff, 2007; Welz, Emberger-Klein & Menrad, 2018;) and the term “alternative” refers to the use of CAM treatments to replace treatments by mainstream medicine (Johnson, Kozhimannil, Jou, Ghildayal & Rockwood, 2016; Modi et al., 2007; Passarelli, 2008; Van Hemel, 2001). Whichever way CAM is defined, it is clear that CAM is positioned through reference to mainstream medicine or conventional medicine. The fact that the term “conventional medicine” is used interchangeably with the term “mainstream medicine” affirms its central position whereas CAM is relegated to a fringe position of the “unconventional” and “non-mainstream”, that is, the “alternative”.

While conventional medicine is characterised by objective evidence bases, and strict regulatory compliance and accreditation for safety, CAM relies on a different interpretation of wellness and the status of traditional use known as GRAS (Generally Regarded as Safe). However, despite its weaker position vis-a-vis mainstream medicine as an option to healing, CAM has gained a large following among the health-seeking public, resulting in increased consumer spending on CAM services and products (see Briggs & Killen, 2013; Eisenberg, Davis, Ettner, Appel, Wilkey, Rompay & Kessler, 1998; Harris, Cooper, Relton & Thomas, 2012; Nahin, Barnes, Stussman & Bloom, 2009; Pal, 2002; Reid, Steel, Wardle, Trubody & Adams, 2016). In a World Health Organisation report (2003), the global market of herbal medicines is said to be worth more than USD60 billion yearly and is expected to expand exponentially. A report by the National Centre for Complementary and Integrative Health (NCCIH) (Barnes, Bloom & Nahin, 2008) found that 38 percent of adults in the United States were using some form of CAM. In Malaysia, it has been reported that the nutritional supplement retail sales doubled from USD248 million in 2005 to USD572 million in 2014 (Euromonitor International, cited in Yap & Wan Khatina, 2016).

The increasing popularity and commercial success of CAM in the health industry necessitates closer attention to how the CAM industry players, that is, the producers and distributors of CAM supplements, promote their products to potential users. Research on CAM focusing on issues related to the use of CAM has mainly been about safety and adverse effects, disclosure of the use of CAM by patients to their primary care doctors, understanding why patients use CAM and for what ailments, how doctors should respond to patients who wish to use CAM, and how CAM can or should be integrated with conventional medicine (see Table 1 in the appendix for selected references of these published works).

Among these categories of research, studies that sought to find out the reasons why patients use CAM appear to have shed some light on how users have been persuaded or convinced about the efficacy of CAM products. The act of persuasion, however, is inherently a discursive process with language as its tool, and can be more effectively understood through the examination of language use. What is needed but lacking in the research field is an investigation on the strategic use of language in persuading potential users, particularly in convincing them of the need to use CAM products.

CAM products are promoted through various screen and print advertising media channels. The context of promotional product literature as they appear in an advertising

medium would typically tag the literature as an “advertisement” with commercial intent, and therefore alert the reader or viewer to its commercial goal. However, there is a category of printed text whose status as “advertising material” is less clear. These are print information brochures or flyers found on pharmacy shelves and counters. The purpose of these brochures appears to be to provide product information to potential users, and can often be found at the position of point-of-sale in pharmacies. This makes the information brochure a potent marketing tool, especially when its sales promotional character is obscured in a hybrid (mixed) genre (see Bhatia, 1997; Fairclough, 1993).

Information brochures of CAM products are unique as they lie in the intersection between what is commonly known as promotional material and the non-promotional type which characterises the information leaflets of conventional or prescription medicines. Advertising of prescription medicines is tightly regulated through legislation in most countries, for example, the Therapeutic Goods Act 1989 in Australia (see Roughead, 1990) and various laws under the purview of the FDA in the United States. In Malaysia, the Medicines (Advertisement and Sale) Act 1956 (Pharmaceutical Services Programme, 2019) regulates all forms of advertising¹ related to medical products and services. In evaluating the quality of information in journal advertisements of prescription medicines, Othman, Vitry and Roughead (2010) outlined several important information elements that are expected to be included. They are brand name and generic name of the drug, indications and contra-indications, dosage, drug interactions and warnings and precautions. Also, Clerehan, Hirsh and Buchbinder (2009) who conducted a linguistic analysis of prescription drug patient information leaflets (for sulphasalazine and prednisolone) found that providing information on the background of the drug, instructions for use, dosage, and contra-indications, monitoring and storage are among the moves used. As CAM information brochures typically contain some of these elements that are associated with prescription drug information leaflets and advertisements, it is easy for readers to interpret the brochures as a genre that is providing balanced information about the product as one would expect of regulated prescription drug information leaflets.

The success of CAM in spawning a lucrative industry in the domain of health care attests to the power of the discourse of CAM in influencing beliefs about health care and the health care seeking behavior of a large section of society. In view of the increasingly widespread use of CAM products, this study that sought to shed light on the subtle ways in which hybrid informational-promotional genres are structured to achieve a persuasive function addresses an issue of significant social importance.

Part of the concern about the increasing popularity of CAM among the health seeking public is its unregulated use without the supervision of medical practitioners. In Malaysia, CAM supplements have many times hit the newspaper headlines as the suspected cause of serious ailments such as liver and kidney failure (Chu, 2018), and especially when patients do not disclose their use of CAM to their doctors. While CAM has become more acceptable and has been included as integrated health care in some environments, suspicions towards CAM among many medical practitioners remain high.

While all aspects of language use would bear upon the meaning of a text and contribute to its function, in the present study, we focused on the macro-organisational level, on how communicative actions are structured to achieve the goal of the genre. We examined how the generic structure of the text in CAM information brochures is employed to promote CAM products to potential users. The genre analysis framework (Bhatia, 1993), a method of

¹The term “advertising” within the context of the Act refers not only to clearly defined traditional forms of advertisements,

text and rhetorical action analysis developed in the field of linguistics,² is adopted to describe and interpret the structure of the text and the communicative meanings it serves to convey.

GENRE AND HYBRID GENRES

Genres are communicative events that are a "typification of rhetorical action" (Miller, 1984, p. 37) which are recognised and understood by people who use them. They have structures that can be identified as stages, where each stage in the structure carries out a set function in order to accomplish the overall goal of the genre. Genres are thus described as a group of communicative events that are staged and goal-oriented (Martin, 1984), and in which "consistency of communicative purposes" (Bhatia, 1993, p. 181) can be discerned.

As genres are socially recognisable discourse types due to its regularised pattern, content and typified use of lexico-grammatical resources, their purpose, conventions and expected responses are immediately understood by people who use them. For example, discourse types such as a food recipe, a job application letter, or a research paper, all have their own schematic structure, grammar and vocabulary sets, and people who are familiar with them know exactly what they are about, and are able to quickly form expectations about what purpose and goal these texts aim to achieve.

While some genres are clearly distinct from one another, such as the examples mentioned, there are others whose boundaries are not so firmly defined. The line that separates an informational text and a commercial persuasive advertisement is sometimes blurred. This gives rise to what is known as informercials, for example. The process is known as hybridisation or mixing of genres. Fairclough (1993, p. 141) posits that there has been an extensive shifting of boundaries between orders of discourse and between discursive practices; for example, the genre of consumer advertising is said to have colonised professional and public service orders of discourse, generating new hybrid genres. It is not surprising that among the genres that are involved in hybridisation, the promotional or advertising genre is the most dominant. Bhatia (2005) observes that promotional genres in recent years have invaded professional and academic forms of discourse. Advancement of advertising activities has influenced other types of discourses resulting in the infusion of elements of promotion/persuasion into the non-promotional genres in various fields. Traditionally informative and non-promotional genres are fast becoming promotional in character as their contents emphasise mainly the positive and omit or obscure the negative (Bhatia, 2005), reflecting the nature of commercial advertising. The main functions of informing or reporting are made to incorporate the functions of persuading to market a product or service (Fairclough, 1993). This phenomenon of promotional initiatives finding their way into various discursive activities has been blamed on the "consumer culture" of modern society (Featherstone, 1991, pp. 66 - 68). Particularly in the field of medicine, there is concern about the growing commercialisation of medicine and medical services in various forms (see Brody, 2014; Civaner, Balcioglu & Vatansever, 2016; Riley, 1996). While CAM is arguably not within the purview of conventional medicine, its role in influencing the health beliefs and health seeking behaviour of patients warrants close attention.

In promotional discourse, persuasion is the cement that holds the writers and the target readers together. Effective persuasion, however, according to Ostman (2005) is implicit in nature. Persuasion in a genre loses its power to persuade readers or potential customers if the persuasive acts in the text are obvious to its target readers (Bhatia, 2004). Hence, in order for persuasion to be effective in a genre, the linguistic markers of persuasion

² It is acknowledged that the concept of genre and the analysis of it have roots in diverse disciplinary fields such as media studies, literature, linguistics, and sociology. In this study, we draw on genre as it is developed in the tradition of linguistics, rhetorical and discourse studies (see Bazerman, 1994; Bhatia, 2004; Halliday, 1978; Miller, 1984; Swales, 1990).

need to be strategically subtle. The more persuasion is exposed and becomes clear to the reader, the more it loses its power to persuade. In contrast, the less conscious readers are with the persuasive intent of the genre, the more successful it would be in persuading the target audience to accept the ideas, products or services being marketed. In hybrid genres, the persuasive intent of the genre may be obscured when different genres and discourses are mixed. Incorporating different genres in a discourse is an effective way to achieve different goals within a text (see Shabudin & Aman, 2014).

This paper reports on an investigation on a hybrid genre, which is the information brochure of CAM products found on pharmacy counters. We sought to examine the extent to which the informational text in the brochure has been infused with the promotional goals of an advertisement genre through genre mixing. The study addressed two questions: (1) What is the generic structure of CAM information brochures placed in pharmacies in Malaysia? and (2) In what ways does the generic structure of CAM information brochures adopt the promotional genre of print advertising texts to influence readers?

The contribution of this article is two-fold; the first is the description of the generic structure of CAM product information brochures which has not been described as yet. The details of the genre, for example the move structure can reveal what communicative acts are actually performed in a particular type of communication activity. Descriptions of genre are important as they provide the base line from which comparisons and further analysis can be made for the understanding of social practices in the field. Second is the examination of CAM brochures as a hybrid genre. With new genres emerging and existing genres taking new shape, as genres are not fixed patterns of communication but are constantly evolving (see Evangelisti-Allori, Bateman & Bhatia, 2014), studies examining the nature and character of genres are important to provide insight into larger narratives such as, possibly, the commercialisation of health care.

The focus of this study is on generic structure and how it can be used, through genre mixing, to persuasive effect. Genre as a potent tool that can be manipulated to persuade readers has not been fully explored, particularly in a field as sensitive as health care, and as controversial as CAM. Close examination of what moves are present and what information elements are highlighted in performing the genre can shed light on explicit and implicit meanings achieved.

METHODOLOGY

The analysis of genre is based on the premise that generic structure is a means by which discourse and social actions are performed (Swales, 1990; Bhatia, 1993; Miller, 1984). As genre is defined by its communicative intent, its structure is organised according to how communication is carried out. By communicating through particular conventionalised structures, the text draws its discursive force from that structure whose communicative purpose and goals are recognised by users of the genre.

The current study employed the genre analysis method in describing, interpreting and explaining the generic structure of the CAM information brochure. Specifically, the move-step analytical framework (Swales, 1990; Bhatia, 1993) was used to determine the staged rhetorical structure of the genre and the discourse acts that realise each of the stages. CAM information brochures were analysed and compared to a known promotional genre described by Kathpalia (1992). This is the nine-move sales promotional structure of print advertisements. The extent to which the CAM information brochure has adopted the promotional genre is then discussed. Figure 1 shows the research design of the study.

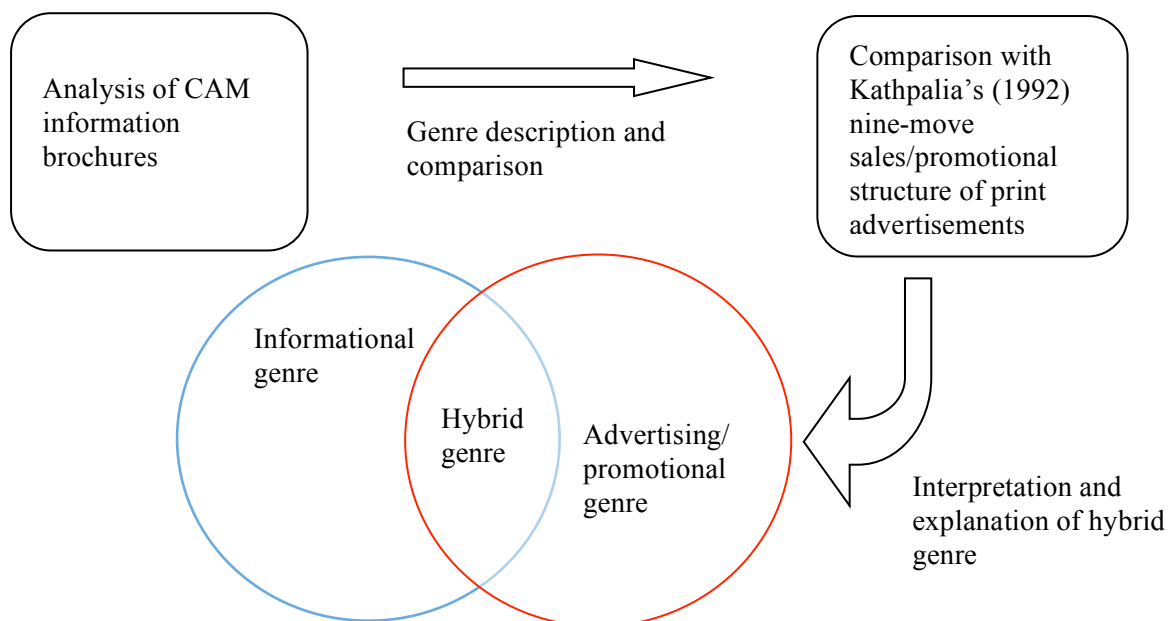


FIGURE 1. Research design

One hundred CAM information brochures were collected from pharmacies located in urban areas in two states in Malaysia. All the brochures were connected to CAM products in the category of “biologically-based therapies” according to the classification scheme for CAM by the National Centre for Complementary and Alternative Medicine (Stephen, 2000, pp. 8-9). Biologically-based therapies include products such as herbs, supplementary foods, vitamins, minerals and special diets. While the CAM brochures were collected in Malaysia, the products accompanied by the brochures were not all Malaysian ones. The CAM products included those manufactured by international pharmaceutical and health supplement companies and the accompanying brochures were supplied by these companies or their local representative offices. The brochures selected were either in the English language, or in multiple languages including the English language. The brochures had both linguistic and non-linguistic (diagrams, pictures) print elements.

In analysing genres, it is common to base the analysis on a large number of texts in order to capture the patterns that are present in the texts. While there is no hard and fast rule as to the exact number of texts to be used, past researchers have used from fewer than 20 texts to the hundreds when attempting to describe the generic structure of texts.³ It is generally accepted that the higher number of texts will enable a better coverage of generic patterns; however, the availability of samples as well as the time factor for manual coding should also be taken into consideration. In the current study, brochures available from international and local companies were collected, and the 100 brochures adequately represented products from these companies.

The generic structure of the selected texts was analysed in terms of its moves and steps. A move is defined as “a rhetorical unit that performs a coherent communicative function” (Swales, 2004, p. 228); hence, moves are identified through semantic/functional criteria. A unit of text in a genre that can be discerned as performing some communicative function is

³For example, Clerehan, Hirsh and Buchbinder (2009) used 18 texts, Al-Khasawneh (2017) used 20, Behnam and Mahmoudy (2013) used 38, Hung, Chen and Tsai (2012) used 40, Kaur, Arumugam and Yunus (2013) used 58, at the lower end. At the higher end where larger numbers of texts are based on, Parkinson (2017) used 60 texts, Catenaccio (2008) used 70, Hayati, Shokouhi and Hadadi (2011) and Ismail and Ahamad Shah (2014) used 100, and Dobakhti and Hassan (2017) used 300 texts.

marked off as a “move”, regardless of the length of the text (Swales, 2004). In a written text, a move may be a word, phrase or clause, a single sentence or may span over several sentences. Identifying moves requires the researcher to reflect on the communicative function of the unit of text within the context of the genre: who the text producers and readers are, the environment in which the text is used, and the purpose of the text. Where there are images, their communicative functions can also be determined by considering them in relation to and their positions in the text. The communicative function is articulated in terms of an action performed, such as “to appraise ...” or “to assure...”. It is also common for nominalised terms (e.g. appraisal, assurance) to be used, as the action encapsulated in the nominal form is understood. The formulation of the move labels must ensure mutual exclusivity, as all moves should be seen as distinct. Further, moves may be comprised of “steps” which are specific discourse acts that realise the communicative purpose of moves. They may be viewed as smaller moves within a move, or sub-moves.

The text (including images) in the brochures was coded for moves and steps with the aid of the NVivo8 software. The number of brochures in which each move and step appeared in was recorded. This would reflect the prevalence of the move/step found in the genre. Cohen’s Kappa for inter-coder reliability on the coding of 10% of the text conducted by two independent coders was .89. Any disagreements on the coding were discussed and resolved to ensure congruence and reliability of the coding process.

RESULTS AND DISCUSSION

The move structure of the CAM product information brochure is described, followed by its comparison with Kathpalia’s (1992) nine-move print advertisement genre. The extent to which generic moves and steps in the CAM information brochure resembles those of the print advertisement is discussed.

GENERIC STRUCTURE OF THE CAM PRODUCT INFORMATION BROCHURE

From the analysis of the CAM brochures, eight moves were discovered, with each move comprising between one and five steps or sub-moves. The percentage of brochures using each of the steps is also shown in parenthesis as an indication of the prevalence of the move used in the genre. This information is important for providing insight into the extent to which the CAM brochure has adopted characteristics of the advertising genre.

MOVE 1

The first move introduces the company to the reader by way of identifying the name of the company, the company logo and sometimes the company slogan or tag line.

Move 1: Introducing the Company

Step 1: Company name (66%)

Step 2: Company logo (86%)

Step 3: Company slogan or tag line (51%)

The purpose of the move is to acquaint the reader with the identity of the company and its values or philosophy through its tag line. If the company happens to be a well-known and established manufacturer or pharmaceutical marketer, presenting the name, logo and tag line of the company is a part of branding strategy which serves to enhance the credibility of the product. Two examples of tag lines from the data are:

- i. Trusted Remedies from Mother Nature.
- ii. Life begins with a cell, a cell begins with flax.

MOVE 2

The CAM brochure is not short on the use of attention-getting strategies. In Move 2, these are used at the beginning section of the brochure to attract the reader to continue reading the brochure.

Move2: Getting the Attention of the Reader

Step 1 Using various attention getting strategies such as shocking images, play with fonts and wordings, rhetorical questions or statistics. (87%)

The examples below from the data show the propensity of CAM brochures in utilising the attention getting move, a strategy commonly associated with the advertising genre:

- iii. Rhetorical questions – “Suffering from bad breath?”
- iv. Bold/highlighted font - “**Oh no!** Going to catch the **cold?**”
- v. Shocking statement - “Warning! Your lifestyle may affect your liver.”
- vi. Play of words and font –“**Jump Start** Your Circulation **NOW!**”

MOVE 3

In Move 3, information about the product is presented. It begins with the name of the product and an image of the product, followed by the ingredients used in the product. As CAM products leverage on natural ingredients, the names of the plants and other ingredients used, and most ostentatiously their images in their natural state (or minimally processed state such as the powdered form) are often depicted in the brochure.

Move 3: Providing Product Information

Step 1: Product name (95%)

Step 2: Product image (95%)

Step 3: Details of the ingredients of the product (87%)

Step 4: Images of natural ingredients (95%)

In the data, 95% of the brochures had natural ingredients emphasised through images. Ingredient images are often accompanied by a list of the names of the ingredients such as the examples below, whether using common layman names or scientific sounding names:

- vii. [Name of product]⁴ is a unique combination of colostrum with lingzhi, UMF Active Manuka Honey (tested for its anti-bacterial activity), DHA, **7 types of popular greens**, probiotics with FOS, **7 types of enzymes**, calcium and more.
- viii. The two main ingredients in [name of product] are **Thuja Occidentalis** and *Baptisia Tinctoriae*

The purpose of providing information on the ingredients appears not so much about giving comprehensive understanding about the product but more towards convincing the reader about the value of the product. Assertions such as “7 types of popular greens” and “7 types of enzymes” as ingredients do not serve any real information purpose but aim to impress the reader. The same may be said of the use of scientific sounding terms such as “*Thuja Occidentalis*”, for example. On the other hand, the use of the scientific name of the

⁴The brand names of products and names of companies have been omitted to avoid any legal implications.

ingredients puts the CAM discourse closer to the scientific discourse of prescription drug journal advertisements, which are required to provide the scientific generic name of the drug apart from the brand name (Othman, Vitry & Roughead, 2010).

MOVE 4

In Move 4, some explanation about the disease or health problem that can be alleviated by the product is presented. The benefits of using the product are then described, followed by instructions or advice for using the product, and finally, disclaimers and warnings about misuse. At a glance, Move 4 resembles conventional drug manuals where description of the disease, and the use and misuse of the drug are usually provided. However, the low percentages of the CAM brochures using Step 1 (28%) and Step 4 (29%), and the high percentage of the use of Step 2 (98%) tells us in which way the CAM brochures are skewed in providing information about the use of the product.

Move 4: Providing Information about Use of the Product

Step 1: Details of the health problem/disease targeted (28%)

Step 2: Benefits/value of the product (98%)

Step 3: Instructions or advice for using the product (55%)

Step 4: Disclaimers and warnings about misuse (29%)

An example of an illness being described (Step 1) is shown in (ix) below:

- ix. Common cold is caused by infections of the upper respiratory tract from over 200 kinds of viruses. A weakened immune system aggravated by stress or allergies increase one's susceptibility to cold. That is why doctors normally recommend rest and plenty of fluids in order to support your immune system, thereby increasing your resistance to the common cold.

In the description of the benefits of the product, listings of benefits or efficacies attributed to the product are found to be prevalent in the brochures; however, it is noted that the scientific pathways or explanation of how the efficacies are achieved are lacking. For the most part of Move 4, the main aim is to impress upon the reader the benefits the product has to offer. Two examples of this (Step 2) from the data are:

- x. Health benefits
- Strengthen metabolism function - To eliminate excessive fat, protein and urine
 - Improve digestive function - Complete digestion and nutrient absorption, promote active probiotic growth
 - Promote detoxification - Activate liver and kidney, helps to eliminate heavy metal pathogen and metabolic residues
 - Enhance body function - Reduce acidity in the body. Fight fatigue and improve rejuvenation
 - Rejuvenate skin, reduce wrinkles – Prevent inflammation, defence from UV light and avoid pigmentation on skin
- xi. Flaxseed oil is high in lignans, phytoestrogens which are able to inhibit estrogen-dependent cancers, such as breast and uterus cancers.

It is also observed that there does not exist a move or step in the genre where objective measures by which the effectiveness of the supplements may be evaluated by users are explained; neither is there information about conditions in which the supplements would provide no benefit (i.e. would not work).

Instructions for taking the product (Step 3) sometimes appear together with a caution about using the product (Step 4) (see example xii, in bold). However, no explanation is given on any adverse effects that may result due to overdose. A disclaimer is more often used instead of warnings of misuse (examples xiii and xiv below). All of Step 3 makes 29% of the brochures examined, this indicating the intention of minimising potentially negative information in the brochure, while maximising the positive impact of stating the value of the product (Step 2, 98%).

- xii. Directions: Take one measuring capful (20ml) once daily before a meal. **The indicated recommended daily dose should not be exceeded.** Shake bottle before use.
- xiii. Our product is not for diagnosing or curing diseases. This natural product is intended to be used for alternative healing. Use as instructed and if symptoms persist, please consult your doctor.
- xiv. Disclaimer: The information provided is for educational purposes only. It is not intended to provide medical advice.

MOVE 5

Move 5 has to do with positioning the product as credible. This is done through presenting evidence of external authorisation that would encourage readers to view the product as credible and trustworthy.

Move 5: Establishing Credibility

Step 1: Expert opinions (46%)

Step 2: Scientific evidence and research references (84%)

Step 3: Images of scientific activity and other supporting images (84%)

Step 4: Awards/ certificates/recognition from authorities (59%)

Step 5: Testimonials from satisfied consumers (8%)

The following are examples from the data where authorisation is indicated for the purpose of enhancing the reader's perception of the product's credibility:

- xv. [Name of product] has also been recognised by the British Herbal Pharmacopeia as the herb used for conjunctivitis. Sunny Mavor, A.H.G. and coauthor of Kids, Herbs and Health (Interweave, 1998) has recommended [name of product] as one of the essential herbs for drying excessive nasal secretions.
- xvi. [Name of product] is produced in GMP certified facilities in the USA with strict adherence to the manufacturing, safety and quality control guidelines. It has achieved GRAS (Generally Regarded As Safe) status as recognised by the US FDA and is certified Halal.
- xvii. "[Name of product] really does work. It's a well-priced, New Zealand made product and I always recommend it," [name of consumer], BSc (Hons), DipPod (New Zealand).
- xviii. It works on me, my skin's smooth like a baby's, and whitening..it also minimised my open pores. I take it every night before going to sleep. You guys out there should try this, worth your money. I feel more confident in myself.

Where visual images⁵ are used, pictures of scientists at work in the lab, statistical tables, images of certificates and awards for good manufacturing practices, product testing certificates by testing bodies, and so forth are found in the brochures. The majority of the brochures appear slanted towards drawing on scientific discourse to help prop up perception

⁵Visual examples are not shown due to copyright reasons.

of the product's credibility (Step 2, 84%; Step 3, 84%). This could be CAM's response to discourses critical of it as an option to health and healing, among which is criticism about the lack of scientific and regulatory credibility. On the other hand, the CAM brochures have avoided using testimonials from satisfied consumers as a way of boosting its image (Step 5, 8%), showing a preference for depending on impressions of scientific credibility over credibility derived from lay consumer experience.

MOVE 6

Move 6 identifies the group of people for whom the product is meant. Unlike conventional medicines where users are specified through the diseases the drugs are made to provide relief for, CAM product usage is much broader as many of the products claim to enhance wellness rather than cure diseases. Hence, it is not uncommon to see the target group of users being represented as broad demographic categories of people such as the elderly, children, and whole families, which are groups that most readers of the brochure would inevitably belong in. Target users are either shown as images or mentioned in the text. Groups such as men, women, adults, children, pregnant women, lactating mothers, senior citizens, vegetarians, and specific age groups are also often named.

Move 6: Identifying Target Users of the Product

Step 1: Human images representing the target group (73%)

Step 2: Naming/specifying groups of people (47%)

Where illnesses are used to define users, the symptoms are often referred to, such as tummy troubles, running nose, and sore throat. In the examples shown below, the groups of users targeted are in bold:

- xix. Generally, [name of product] is recommended for **both men and women who want to support their heart** in the long run. Due to the natural ageing process, the power of the heart begins to decrease at **30** so it is wise to start to fuel the heart **at this age** onwards. [name of product] is also an ideal supplement for **sportsmen and sportswomen** who put higher demands on their hearts.
- xx. The small fruits of this Mediterranean tree have been used for menstrual disorders by **women** since Greco-Roman times
- xxi. [Name of product] by [name of company] is perfect for **people who are taking Steroidal Anti-Inflammatory Drugs (NSAID) for long term inflammation and pain management**. [Name of product] by [name of company] has none of the adverse Gastrointestinal, Cardio-Vascular and Renal side effects of NSAID.

MOVE 7

In Move 7, problems in life that may contribute to poor health are highlighted to justify the need for CAM products. It is clear from Move 7 that CAM products do not only target people who are suffering from health issues, but cast their nets wider to include people not currently ill. In order to justify the need for the general populace to use CAM products, Move 7 is used. Non-specific fear of ill health, aging, loss of beauty as well as fear of diseases such as cancer is targeted. As the problems that affect all people in general are highlighted to create worry in readers, CAM products are the understood recommended solution.

Move 7: Invoking Need for CAM Products

Step 1: Creating worry about health due to life's challenges such as age, diet, environment, and lifestyle (57%)

Examples of Move 7 (Step 1) shown below articulate the dangers and risk to one's health due to factors that are largely unavoidable, such as aging and environmental pollution.

xxii. We consume an overwhelming amount of potentially toxic substances every day. We are surrounded by pesticide, processed junk food, additives, growth hormones, antibiotics and chemicals that were routinely added to our diets. Our bodies will usually clean up all these rubbish automatically but as time goes by and we age, the deadly toxins begin to accumulate and slowly overpower our natural body cleansing and immune system.

xxiii. A dull, dry, rough & wrinkled skin is a manifestation of your busy lifestyle, inadequate dietary systems and everyday stressors. Our busy lifestyle often causes us to consume junk food. Not only do they provide insufficient nutrition, junk food is rich in free radicals which decreases the vital functions in our body, making us more susceptible to illness which is often manifested through poor skin.

MOVE 8

In the final move, the reader is encouraged to contact representatives of the company for further information. However, at the implicit level, providing the company's address and contact information also serves to increase the credibility of the company as well as the product. This is because in CAM, there is the perception that products are not stringently controlled by the government, and hence, consumers rely on the reputation of the company producing the product. The location of the manufacturer is also an important piece of information that readers may rely upon to judge the trustworthiness of the company and the product.

Move 8: Encouraging Reader Action

Step 1: Providing company address and contact information (97%)

In considering the overall move structure of the CAM brochure, it is observed that not all the moves can be described as merely "providing information" about the product, but appear to go beyond that towards promoting the product to the reader using persuasive means. In the next section, we compare the structure of the CAM brochure with the structure of print advertisements as described by Kathpalia (1992). The print advertisement, as a known hard-sell promotional genre, is set up to persuade readers to adopt certain beliefs or actions. Information provided in the promotional genre is not meant to merely inform, but is structured to privilege certain information and to suppress certain other information to achieve the required effect on the reader. The aim of persuasion is thus to present information in a way that encourages the reader to view the product favourably and at the same time to dismiss any potentially unfavourable views.

CAM INFORMATION BROCHURES AS PROMOTIONAL GENRE

To evaluate in what ways CAM information brochures incorporate promotional functions, the moves and steps for CAM brochures and print advertisements (Kathpalia's (1992) nine-move structure) are compared, taking into consideration similarities in functions between the two genres (see Table 2 in the appendix for Kathpalia's structure of print advertisements). Although move labels may differ, the underlying communicative functions and the manner in which they are carried out through specific moves and sub-moves are carefully considered. Moves and steps in both genres pointing to similar communicative intent were identified and compared.

COMPANY INFORMATION FOR ENHANCING CREDIBILITY

In the CAM brochure, the act of identifying the company is seen as an informational move if the overall intention of the genre is to inform. In any communication event, parties communicating with each other must be identified in order for the communication to be meaningful. Hence, it is expected that identifying the company is the first move in the brochure to fulfil the readers' need to know who their interlocutor is. However, when the company name, and particularly the company logo and slogan are highlighted in the CAM brochure, the communicative aim extends beyond informing readers about who the company is towards presenting the company as a reputable brand. In the case of the advertisement, the act of identifying and describing the company is seen as a promotional strategy which contributes to establishing the credentials of the company (Print advertisement Move 5, Steps 1 and 3). Move 1 and Move 8 of the CAM brochure fulfil this function.

CATCHING ATTENTION

Move 2 (getting the attention of the reader) in the CAM brochure directly resembles Move 1 (headlines) of the print advertisement, in that both aim to capture the attention of readers, making use of interesting or shocking captions, catchy words and phrases. A shocking statement such as "Warning! Your lifestyle may affect your liver" to elicit an emotional response used as an attention-grabber and leading to a product offered as the solution can be definitively described as performing a clear persuasive function. The existence of Move 2 marks the CAM brochure as a genre adopting the promotional style of communication. In print advertisements, getting the attention of the reader using a variety of catchy headlines and styles is the first move, as obtaining the reader's attention is the most crucial step in the success of an advertisement.

PROVIDING INFORMATION ABOUT THE PRODUCT

In Move 4 (appraising the product) of the print advertisement genre, three steps are executed sequentially: (1) introducing the product or service, (2) giving details of the product or service, and (3) stating value/benefits of the product or service. The steps of providing information about the product or service are presented first before the value or benefits of the product can be described. All of these constitute Move 4, known as appraising (or positively evaluating) the product, as no negative information is highlighted. In the advertisement genre, providing information is not aimed only at informing but is a means to present the product (or service) in a positive light.

In the CAM brochure, providing information about the product is accomplished in two moves, Move 3 (providing product information) and Move 4 (providing information about use of the product). This is because CAM brochures that operate within the practice of health care product communication are conventionally expected to describe the product, particularly its ingredients and the ailments targeted, as well as how it should be used, particularly directions for use, dosage, and so forth (see Clerehan, Hirsh & Buchbinder, 2009). In Move 3 where information on the ingredients of the product is conveyed, natural ingredients are highlighted in lists, and eye-catching illustrations of ingredients in the natural state are projected. These images are portrayed to emphasise the "naturalness" of the product, where "natural" is often equated with "better" in the CAM philosophy (White et al., 2014). This gives an indication that the communicative intent is to project the CAM product as natural and safe rather than to educate the reader about the scientific aspects of the product, and at the same time, fulfilling the purpose of "providing information."

In Move 4 (providing information about the use of the product) of the CAM brochure, the description of the value or benefits of the product found in Move 4, Step 2, outweighs the other steps. Among the steps in Move 4, Step 2 is the most dominant with 98% of brochures utilising the step. This step is similar to Move 4 Step 3 of the advertisement genre, where all things positive about the product is presented. In the CAM brochure, it is difficult to find any negative information about the product such as adverse effects or toxicity. As described in the earlier section, Step 4 (disclaimers and warnings about misuse) consists of general warnings about not exceeding the recommended dosage without giving specific information about overdose symptoms, and disclaimers in the form of advising users to see the doctor if the symptoms suffered by the user persist. Hence, while Move 3 of the CAM brochure can be regarded as having both informational and persuasive elements, Move 4 can be described as predominantly persuasive.

CONSTRUCTING CREDIBILITY

In advertisements, positioning the product or service as credible, usually through endorsement or authorisation from external parties is a powerful technique used to gain trust and persuade readers. Both the CAM brochure and print advertisement genres exhibit this move. In the CAM brochure we named it Move 5 (establishing credibility) and in Kathpalia's framework it is Move 6 (endorsements/testimonials), where both moves have the same persuasive strategies. As explained earlier, scientific endorsement (scientific evidence, research references, images of scientific activities) is drawn on more frequently than other types of endorsement in the CAM brochures. This is interpreted as positioning CAM products as scientifically credible (Move 5) while at the same time claiming that most of the product ingredients are natural and traditionally known as safe (Move 3) (see White et al., 2014).

SPECIFYING GROUPS OF USERS

Product advertisements identify the users of the product, not just to inform potential users, but as an implicit "invitation" to the named groups to use the product. This is Move 2 (targeting the market) in the advertisement genre. In the CAM brochure, a similar move is found, that is, Move 6 (identifying target users of the product), which is done through naming groups of potential users or by depicting images of the target group, such as pictures of the elderly, children, or women. The target users of CAM products are typically broadly defined to include general demographic categories, and may not be limited to people with specific ailments. This strategy is comparable to promotional advertisements' specification of "the market" for the product where the net is cast wide to include more potential users. Further, it is observed that in specifying groups of users, there is no specification of non-users, that is, people who cannot use the product. The only caveat found but rarely is that for pregnant women where users are advised to consult their doctors.

INVOKING NEEDS

Creating needs is a well-known strategy in advertising and marketing, where consumers are made to feel worried and inadequate if they do not possess the product being promoted. Needs are said to be "created" by advertisers because often consumers are not aware of these needs until they are persuaded by the advertisements that their life is incomplete without the product. This strategy of creating needs is found in Move 3 Step 2 (establishing a niche by presenting current situations and why the readers need the product or service) in the advertisement genre. In the CAM brochures, this is Move 7 (invoking need for CAM

products) executed through creating worries in the reader about health due to life's challenges such as age, diet, environment, and lifestyle. Some needs are specified based on narrowly-defined problems, such as "people who are taking Steroidal Anti-Inflammatory Drugs (NSAID) for long term inflammation and pain management", but on the whole, the needs invoked are those that have largely unavoidable causes, such as aging or the stresses of contemporary lifestyle. With needs created and broadly targeted, CAM products such as anti-aging products and products aimed at repairing the ravages of the environment on health will not be short of users. The existence of this move in CAM brochures clearly positions the genre as promotional in character.

ENCOURAGING READER ACTION

In the last move, CAM brochures (Move 8) and advertisements (Move 9) both list the company's and distributors' addresses and contact details, with either an explicit or implicit invitation to the reader to make contact with the company representative for more information or to purchase the product. CAM brochures stop at the invitation to make contact, whereas advertisements go on to encourage the reader to go for the product in order to obtain its benefits. Hence, the extent of the promotional strategy in CAM brochures in urging reader action is more muted compared with print advertisements. The listing of the company's address and contact information serves another function apart from encouraging reader action. By providing its contact information, the company positions itself as approachable, transparent and responsible as a manufacturer/distributor that would stand by the quality of its product. This enhances the company's as well as the product's trustworthiness in the eyes of the reader.

HARD-SELL STRATEGIES

These are strategies that are not used in the CAM brochures. Hard-sell strategies found in the advertisement genre such as Move 7 (offering incentives) and Move 8 (pressure tactics) are not part of the generic structure of the CAM brochures. The hard-sell moves which are characteristic of marketing and promotional genres aim to deny the autonomy of the reader to make a rational decision by creating a false urgency through the offering of incentives and using pressure tactics to induce action. Lacking these moves, CAM brochures cannot be thought of entirely as typical advertisements.

CONCLUSION

In this paper, we have shown that CAM information brochures that are placed in pharmacies accompanying CAM products are potent promotional material that functions to persuade the reader to use the product. While they retain the appearance of informational texts providing information about health products and their use similar to conventional drug manuals, close examination of the generic structure of the text type showed that it has incorporated elements of the promotional genre to achieve a markedly persuasive goal. Moves within the CAM brochure are structured to utilise similar strategies as the print advertisement, a known promotional genre, to influence the reader to adopt a favourable view of the product but at the same time, appear to provide helpful information to readers. This process is enabled through what is known as genre mixing, a phenomenon that is pervasive in modern day discourse activities (Bhatia, 2004, 2005).

Two characteristics of the genre that obscure its promotional character are worth mentioning. The first is the propensity of the genre for drawing on scientific discourse as its mode of constructing credibility for its products through scientific references, projection of

scientific activities and citing of scientific evidence. This is aimed at entrenching CAM as a field of medicine and distances its products from other general products that utilise consumer testimonials or celebrity endorsements. Depiction of scientific authorisation also serves to position CAM products as backed by hard evidence and therefore do not require exploitation of emotional appeal which is the hallmark of hard-sell advertisements. Next is the avoidance of the two hard-sell strategies found in advertisements, which are “offering incentives” and “using pressure tactics.” These clear cut promotional strategies are missing in the CAM brochures, which is in line with ethics in the field of medicine that frowns upon commercial advertising of health products.

Despite these characteristics that put the CAM brochures apart from hard advertising, the brochures, as we have shown in the analysis, are not free from promotional elements. Ironically, the masking of the promotional character of the genre makes its subtle form of persuasion more potent, as readers’ awareness of the commercial intent of the genre is unlikely to be easily triggered (Fairclough, 1993; Bhatia, 1997). It is in fact, the nature of hybrid genre that does the work of persuasion more effectively through manipulation of readers’ expectations and understanding of genre.

In comparison with a similar study, Lee and Cheong’s (2018) analysis of advertisements of milk formula (which may be regarded broadly as a dietary supplement), found all nine moves in Kathpalia’s print advertising framework. It appears that CAM brochures do vary in that some take a more hard-sell approach than others. Lee and Cheong found that moves such as providing celebrity or typical user endorsement, offering incentives and urging action which are regarded as hard-sell strategies are found in some of the milk formula advertisements. This rather differs from the findings of the current study that indicated celebrity and user endorsement is dispreferred compared to use of references to scientific activity and certification from authorities. When the data is comprised of brochures on a single product type, the generic practices may display variations typical in the promotion of the particular product.

The notion of genre hybridisation discussed in the current study is not a new phenomenon in health care. A study conducted by Grego and Vicentini (2011) on medical health care tourism discourse found that genre multi-hybridisation occurred, where the genre is modified to include structures that aim at achieving different goals, such as health services information, entertainment, and economic benefit. Such hybrid discourse is seen to construct its target readers as patients seeking medical services as well as “tourists” seeking entertainment with the added goal of financial benefit in the form of lower treatment costs. The same phenomenon of infusing promotional elements into a genre is similarly applicable to CAM information brochures as shown in the current study, where target users are defined in expanded social categories to capture a bigger market.

In another health-related study, Helan (2012) who examined the medical case report described the case report as a hybrid genre because it incorporates characteristics of academic writing as well as those of professional communication practice. This means the genre targets different communicative purposes and achieves different goals. Further, he found that the structure of the case report evolved through time to reflect the practice of medical case reporting of the time, from a loosely structured form to move-based structure and towards the problem-solution form. This study, as well as those discussed earlier, demonstrates the flexibility of genre in varying its structure strategically to achieve new functions and goals.

The study has shown that health care discourse is not exempt from Bhatia’s (2005, p. 213) observation that the “compulsive nature of advertising and promotional activities” has pervaded many areas of discourse activities through colonisation of genres and genre mixing. It has also highlighted one of the contributions of genre analysis that has often been neglected, that is to “understand and account for the private intentions of the author, in

addition to socially recognised communicative purposes” (Bhatia, 2002, p. 5). Through genre analysis, the flexibility of genres as communicative action that can be adapted in response to novel situations as well as manipulated to achieve the intentions of the author is revealed. This is in contrast with previous views of genre as fixed discourse forms. Future research could expand on the current study to examine further the persuasive power of CAM discourse through other linguistic means, particularly its harnessing of the power of ideology in language. As Grego and Vicentini’s (2011) and other works in the volume edited by Sarangi, Polese and Caliendo (2011) have shown, hybridisation in discourses can occur at multiple levels and in different inter-discursive configurations. On further research to illuminate the notion of hybridisation of genres in health care and their connection with manipulation for commercial gain, it would be useful to investigate generic strategies used in various health care genres to reveal how hybridisation of genre is affecting health care discourse.

DECLARATION

The authors declare that there are no competing interests.

ACKNOWLEDGEMENTS

The authors would like to thank the guest editor of this publication and the reviewers who have provided critical and constructive comments.

REFERENCES

- Agarwal, V. (2018). Complementary and alternative medicine provider knowledge discourse on holistic health. *Frontiers in Communication*, Article no. 15.
doi: 10.3389/fcomm.2018.00015
- Al-Khasawneh, F. M. (2017). A genre analysis of research article abstracts written by native and non- native speakers of English. *Journal of Applied Linguistics and Language Research*. 4(1), 1-13.
- Anak Kelak, J., Cheah, W. L. & Safii, R. (2017). Disclosure of traditional and complementary medicine use and its associated factors to medical doctor in primary care clinics in Kuching division, Sarawak, Malaysia. *Evidence-Based Complementary and Alternative Medicine*, 2017, Article ID 5146478, 1-10. doi: <https://doi.org/10.1155/2017/5146478>
- Anak Kelak, J. Cheah, W. L., & Safii, R. (2018). Patient's decision to disclose the use of traditional and complementary medicine to medical doctor: A descriptive phenomenology study. *Evidence-Based Complementary and Alternative Med.*, 2018, Article ID4735234. doi: 10.1155/2018/4735234
- Augustine, A. B. & Alex, A. (2017). Documentation of herbal medicines used for the treatment and management of human diseases by some communities in southern Ghana. *Evidence-Based Complementary and Alternative Medicine*, 2017, Article ID 3043061 doi: <https://doi.org/10.1155/2017/3043061>
- Baars, E. W. & Hamre, H. J. (2017). Whole medical systems versus the system of conventional biomedicine: a critical, narrative review of similarities, differences, and factors that promote the integration process. *Evidence-Based Complementary and Alternative Medicine*, 2017, Article ID 4904930 doi: <https://doi.org/10.1155/2017/4904930>
- Barnes, P. M., Bloom, B. & Nahin, R. (2008). *CDC National health statistics report #12. Complementary and alternative medicine use among adults and children: United*

- States, 2007. USA: National Center for Health Statistics and National Centre for Complementary and Integrative Health.
- Barnett, J. E. & Shale, A. J. (2012). The integration of complementary and alternative Medicine (CAM) into the practice of psychology: A vision for the future. *American Psychological Association, Professional Psychology: Research and Practice*. 43(6), 576–585.
- Bazerman, C. (1994). Systems of genre and the enactment of social intentions. In A. Freedman & P. Medway (Eds.), *Genre and the New Rhetoric* (pp.79-101). Oxfordshire, UK: Taylor & Francis.
- Behnam, B. & Alizadeh, K. (2015). A genre analysis of public death announcements in Tabriz. *Modern Journal of Language Teaching Methods* 5(1),195-201.
- Bello, N., Winit-Watjana, W., Baqir, W. & McGarry, K. (2012). Disclosure and adverse effects of complementary and alternative medicine used by hospitalised patients in the North East of England. *Pharmacy Practice Internet*. 10(3), 125-135.
- Bhatia, V. K. (1993). *Analysing Genre: Language Use in Professional Settings*. Harlow: Pearson Education Limited.
- Bhatia V. K. (1997). *Genre analysis today*. In Revue Belge de Philologie et d'histoire, tome 75, fasc. 3. Langues et Literatures Modernes - Modernetaal- Enletterkunde. 629-652. doi: <https://doi.org/10.3406/rbph.1997.4186>
- Bhatia, V. K. (2002). Applied genre analysis: A multi-perspective model. *Iberica*. 4, 3-19.
- Bhatia, V. K. (2004). Interdiscursivity in critical genre analysis. *Conference Proceedings*, p. 391-400. Hong Kong: City University of Hong Kong.
- Bhatia, V. K. (2005). Generic patterns in promotional discourse. In H. Halmari & T. Virtanen (Eds.), *Persuasion Across Genres: A Linguistic Approach* (pp. 213-228). Amsterdam, Netherlands: John Benjamins Publishing Company.
- Bishop, F. L., Yardley, L. & Lewith, G. T. (2007). A systematic review of beliefs involved in the use of complementary and alternative medicine. *JHP Journal of Health Psychology*. 12(6), 851–867.
- Briggs, J. P. & Killen, J. (2013). Perspectives on complementary and alternative medicine research. *JAMA*. 310(7), 691-692. doi:10.1001/jama.2013.6540
- Brody, H. (2014). Economism and the commercialization of health care. *J Law Med Ethics*. 42(4), 501-8. doi: 10.1111/jlme.12171.
- Catenaccio, P. (2008). Press releases as a hybrid genre: Addressing the informative/promotional conundrum. *Pragmatics*. 18(1), 9-31.
- Chao, M. T., Wade, C. & Kronenberg, F. (2008). Disclosure of complementary and alternative medicine to conventional medical providers: Variation by race/ethnicity and type of CAM. *J Natl Med Assoc*. 100(11), 1341–1349.
- Ching, S. M., Zainul Amiruddin Zakaria, Fuziah Paimin & Mehrdad Jalalian (2013). Complementary alternative medicine use among patients with type 2 diabetes mellitus in the primary care setting: A cross-sectional study in Malaysia. *BMC Complementary and Alternative Medicine*. 13, 148. doi: <https://doi.org/10.1186/1472-6882-13-148>
- Chu, M. M. (2018, November 26). Herbal medicine may have deadly side effects, say medical experts. *The Star Online*. Retrieved from <https://www.thestar.com.my>
- Civaner, M. M, Balcioglu, H. & Vatansever, K. (2016). Medical students' opinions about the commercialisation of healthcare: A cross-sectional survey. *Journal of Bioethical Inquiry*. 13(2), 261-270.

- Clerehan, R., Hirsh, D., & Buchbinder, R. (2009). Medication information leaflets for patients: The further validation of an analytic linguistic framework, *Communication & Medicine*. 6(2), 117-27. doi: 10.1558/cam.v6i2.117
- Dobakhti, L., & Hassan, N. (2017). A corpus-based study of writer identity in qualitative and quantitative research articles. *3L: The Southeast Asian Journal of English Language Studies*. 23(1), 1-14.
- Eisenberg, D. M., Davis, R. B., Ettner, S. L., Appel, S., Wilkey, S., Rompay, M. V., & Kessler, R. C. (1998). Trends in alternative medicine use in the United States, 1990-1997. *JAMA, American Medical Association*. 280(18), 1569-1575.
- Evans, P. K., Ibrahim, M., Halimatu, S. I., Rabiati, H. H. & Gbedema, S. Y. (2018). Concurrent use of herbal and orthodox medicines among residents of Tamale, Northern Ghana, who patronize hospitals and herbal clinics. *Evidence-Based Complementary and Alternative Medicine*, 2018, Article ID 1289125.
- Evangelisti-Allori, P. P., Bateman, J. & Bhatia, V. K. (Eds). (2014). *Evolution in genres: Emergence, variation, multimodality*. Bern: Peter Lang.
- Fairclough, N. (1993). Critical discourse analysis and the marketisation of public discourse: The universities. *Discourse and Society*. 4, 133-168. doi: <https://doi.org/10.1177/0957926593004002002>
- Featherstone, M. (1991). *Consumer Culture and Postmodernism*. London, UK: Sage Publications.
- Frenkel, M. A. & Borkan, J. M. (2003). An approach for integrating complementary–alternative medicine into primary care. *Family Practice*. 20(3), 324-332.
- Grego, K. & Vicentini, A. (2011). Holiday dialysis in Italy on the web: Multidimensional hybridization in institutional healthcare communication. In S. Sarangi, V. Polese & G. Caliendo (Eds.), *Genre(s) on the Move: Hybridization and Discourse Change in Specialized Communication* (pp. 393-406). Napoli, Italy: Edizioni Scientifiche Italiane.
- Hall, H., Brosnan, C., Frawley, J., Wardle, J., Collins, M. & Leach, M. (2018). Nurses' communication regarding patients' use of complementary and alternative medicine. *Elsevier Ltd. Collegian*. 25, 285-291.
- Harris, P. E., Cooper, K. L., Relton, C. & Thomas, K. J. (2012). Prevalence of complementary and alternative medicine (CAM) use by the general population: A systematic review and update. *IJCP The International Journal of Clinical Practice*. 66(10), 924-939.
- Harvey, K. J. (2009). A review of proposals to reform the regulation of complementary medicines. *Australian Health Review*. 33(2), 279-287.
- Hayati, A. M., Shokouhi, H. & Hadadi, F. (2011). A genre analysis of reprint request e-mails written by EFL and physics professionals. *The Journal of Teaching Language Skills (JTLS)*. 3(3), 21-42.
- Helan, R. (2012). Analysis of published medical case reports: genre-based study. PhD dissertation, Masaryk University, Czech Republic. Retrieved from https://is.muni.cz/th/18899/ff_d/DISSERTATION_-_ROBERT_HELAN.pdf
- Hijazi, M. A., Shatila, H., El-Lakany, A., Ela, M. A., Kharroubi, S., Alameddine, M. & Naja, F. (2019). Beliefs, practices and knowledge of community pharmacists regarding complementary and alternative medicine: National cross-sectional study in Lebanon. *BMJ Open*. 1-10. doi:10.1136/bmjopen-2018-025074
- Hung, H., Chen, P. & Tsai, J. (2012). Rhetorical structure and linguistic features of case presentations in case reports in Taiwanese and international medical journals. *Journal of English for Academic Purposes*. 11,220-228.

- Ismail, S. & Ahamad Shah, M. I. (2014). A genre analysis of abstracts in Islamic journals. *Middle-East Journal of Scientific Research 20 (Language for Communication and Learning)*, 75-82. doi: 10.5829/idosi.mejsr.2014.20.lcl.211.
- Jaqua, E., Weintraub, N., Tu, K., Nguyen, V. & Cho, J. (2019). quality improvement project to detect use of complementary and alternative medicine (CAM) in patients at the Sepulveda VA Geriatric Medicine clinic. *Journal of Complementary Medicine& Alternative Healthcare*. 8(4), JCMAMH.MS.ID.555745,001-004.
- Johnson, P. J., Kozhimannil, K. B., Jou, J., Ghildayal, N. & Rockwood, T. H. (2016). Complementary and alternative medicine (CAM) use among women of reproductive age in the United States. *Women's Health Issues*. 26(1), 40-47.
- Jou, J. & Johnson, P. J. (2016). Nondisclosure of complementary and alternative medicine use to primary care physicians: Findings from the 2012 National Health Interview Survey. *JAMA Intern Med*. 176(4), 545-546. doi:10.1001/jamainternmed.2015.8593
- Kathpalia, S. S. (1992). *A genre analysis of promotional texts*. Ph.D. Thesis. Singapore: National University of Singapore.
- Kaur, K., Arumugam, N. & Yunus, N.M. (2013). Beauty product advertisements: A critical discourse analysis. *Asian Social Science*. 9(3), 61-71.
- Kemper, K. J., Vohra, S. & Walls, R. (2008). The use of complementary and alternative medicine in pediatrics. *Pediatrics*. 122(6), 1374-1386. Retrieved from <https://pediatrics.aappublications.org/content/122/6/1374>
- Koenig, C. J., Ho, E. Y., Yadegar, V. & Tarn, D. M. (2012). Negotiating complementary and alternative medicine use in primary care visits with older patients. *NIH Public Access*. 89(3), 368-373.
- Kretchy, I. A., Okyere, H. A., Osafo, J., Afrane, B., Sarkodie, J. & Debrah, P. (2016). Perceptions of traditional, complementary and alternative medicine among conventional healthcare practitioners in Accra, Ghana: Implications for integrative healthcare. *Journal of Integrative Medicine*. 14(5), 380-388.
- Kristoffersen, A. E., Stub, T., Musial, F., Fønnebo, V., Lillenes, O. & Norheim, A. J. (2018). Prevalence and reasons for intentional use of complementary and alternative medicine as an adjunct to future visits to a medical doctor for chronic disease. *BMC Complementary and Alternative Medicine*. 18, Article 109.
- Larussa, T., Rossi, M., Suraci, E., Marasco, R., Imeneo, M., Abenavoli, L. & Luzzza, F. (2019). Use of complementary and alternative medicine by patients with irritable bowel syndrome according to the Roma IV criteria: A single-center Italian survey. *Medicina*. 55(46), 1-14. doi:10.3390/medicina55020046
- Martin, J.R., Christie, F. & Rothery, J. (1987) 'Social Processes in Education: a reply to Sawyer and Watson (and others)', in I. Reid (Ed.), *The Place of Genre in Learning: Current Debates* (pp. 55-58). Geelong: Typereader Publications 1.
- Martin, J. R. (1984). Language, register and genre. In F. Christie (Ed.), *Children Writing: Reader* (pp. 21-29). Geelong, Victoria, Australia: Deakin University Press.
- Mathes, A. & Bellanger, R. (2010). Herbs and other dietary supplements: current regulations and recommendations for use to maintain health in the management of the common cold or other related infectious respiratory illnesses. *Journal of Pharmacy Practice*. 23(2), 117-127.
- Miller, C. R. (1984). Genre as social action. *Quarterly Journal of Speech*. 70, 151- 167.
- Modi, A. A., Wright, E. C. & Seeff, L. B. (2007). Complementary and alternative medicine (CAM) for the treatment of chronic hepatitis B and C: A review. *International Medical Press, Antiviral Therapy*. 12(3), 285-295.
- Nahin, R. L., Barnes, P. M., Stussman, B. J. & Bloom, B. (2009). *Costs of complementary and alternative medicine (cam) and frequency of visits to CAM practitioners: United*

- States, 2007. Center for Disease Control and Prevention National Center for Health Statistics.
- Naja, F., Anouti, B., Shatila, H., Akel, R., Haibe, Y. & Tfayli, A. (2017). Prevalence and correlates of complementary and alternative medicine use among patients with lung cancer: A cross-sectional study in Beirut, Lebanon. *Evidence-Based Complementary and Alternative Medicine*, 2017, Article ID 8434697, 1-11.
- Ostman, J. O. (2005). Persuasion as implicit anchoring: The case of collocations. In H. Halmari & T. Virtanen (Eds.), *Persuasion Across Genres: A Linguistic Approach* (pp. 183-212). Amsterdam, Netherlands: John Benjamins Publishing Company. <https://doi.org/10.1075/pbns.130.12ost>
- Othman, N., Vitry, A. I. & Roughead, E. E. (2010). Medicines information in medical journal advertising in Australia, Malaysia and the United States: A comparative cross-sectional study. *Southern Med Review*. 3(1), 11 – 18. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3471172/#ref20>
- Pal, S. K. (2002). Complementary and alternative medicine: An overview. *Current Science*. 82(5), 518-524.
- Parkinson, J. (2017). The student laboratory report genre: A genre analysis. *English for Specific Purposes*. 45, 1-13.
- Passarelli, T. (2008). Complementary and alternative medicine in the United States. Retrieved from <https://studylib.net/doc/10284871/complementary-and-alternative-medicine-in-the-united-stat>
- Pharmaceutical Services Programme (2019). *Medicines (Advertisement and Sale) Act 1956*. Ministry of Health Malaysia. Retrieved from <https://www.pharmacy.gov.my/v2/en/documents/medicines-advertisement-sale-act-1956-and-regulations.html>
- Rabito, M. J. & Kaye, A. D. (2013). Complementary and alternative medicine and cardiovascular disease: An evidence-based review. *Evidence-Based Complementary and Alternative Medicine*, 2013, Article ID 672097, 1-8.
- Reid, R., Steel, A., Wardle, J., Trubody, A. & Adams, J. (2016). Complementary medicine use by the Australian population: A critical mixed studies systematic review of utilisation, perceptions and factors associated with use. *BMC Complementary and Alternative Medicine*. 16(176), 1-23.
- Riley, P. A. (1996). Commercialization of health services: implications for the laboratories, *Malaysian J Pathol*. 18(1), 21-25.
- Roughead, E. E. (1990). The Australian Pharmaceutical Manufacturers Association code of conduct: Guiding the promotion of prescription medicines. *Aust Prescr*. 152, 57-9.
- Sarangi, S., Polese, V. & Caliendo, G. (Eds.) (2011). *Genre(s) on the move: Hybridization and discourse change in specialized communication*. Napoli, Italy: Edizioni Scientifiche Italiane.
- Shabudin, M. & Aman, I. (2013). Interdiskursiviti dalam wacana iklan produk kecantikan berbahasa Jepun / Interdiscursivity in the advertising discourse of beauty products in the Japanese language. *GEMA Online® Journal of Language Studies*. 13(2), 149-168. DOI: <http://ejournal.ukm.my/gema/article/view/3311>
- Singer, J. & Adams, J. (2014). Integrating complementary and alternative medicine into mainstream healthcare services: the perspectives of health service managers. *BMC Complementary and Alternative Medicine*. 14(167), 1-11.
- Stephen, E. S. (2000). Expanding horizons of healthcare five-year strategic plan 2001-2005. *National Center for Complementary and Alternative Medicine*. 1-44.
- Swales, J. M. (1990). *Genre Analysis English in Academic and Research Settings*. New York: Cambridge University Press.

- Swales, J. M. (2004). *Research genres: Explorations and applications*. Cambridge, UK. Cambridge University Press.
- Van Hemel, P. J. (2001). A way out of the maze: Federal agency preemption of state licensing and regulation of complementary and alternative medicine practitioners. *American Journal of Law and Medicine*. 27(2&3), 329-344.
- Ventola, C. L. (2010). Current issues regarding complementary and alternative medicine (CAM) in the United States. *P&T Complementary and Alternative Medicine*. 35(8), 461-468.
- Verhoef, M. J., Boon, H. S. & Page, S. A. (2008). Talking to cancer patients about complementary therapies: Is it the physician's responsibility? *Current Oncology*. 15, Supplement 2, S88-S93.
- Wahner-Roedler, D. L., Vincent, A., Elkin, P. L., Loehrer, L. L., Cha, S. S. & Bauer, B. A. (2006). Physicians' attitudes toward complementary and alternative medicine and their knowledge of specific therapies: A survey at an academic medical center. *Oxford University Press*. 3(4), 495-501.
- Welz, A. N., Emberger-Klein, A. & Menrad, K. (2018). Why people use herbal medicine: insights from a focus-group study in Germany. *BMC Complementary and Alternative Medicine*. 18(92), 1-9.
- White, A., Boon, H., Alraek, T., Lewith, G., Liu, J. P., Norheim, A-J., Steinbekk, A., Yamashita, H. & Fonnebo, V. (2014). Reducing the risk of complementary and alternative medicine (CAM): Challenges and priorities. *European Journal of Integrative Medicine*. 6(4), 404-408. <https://doi.org/10.1016/j.eujim.2013.09.006>
- World Health Organisation (2002). *WHO traditional medicine strategy 2002–2005*. Retrieved from http://www.wpro.who.int/health_technology/book_who_traditional_medicine_strategy_2002_2005.pdf
- Yap, G. B. & Wan Khatina Wan Nawawi (2016). *Traditional health supplements in Malaysia. Khazanah Research Institute, Working Paper 1/16*. Retrieved from http://www.krinstitute.org/Working_Paper-@-Traditional_Health_Supplements_in_Malaysia.aspx

APPENDIX

TABLE 1. A summary of selected published research on Complementary and Alternative Medicine (CAM)

Topic	Reference
Safety and adverse effects of CAM	Bello, Winit-Watjana, Baqir & McGarry (2012) Harvey (2009) Hijazi et al. (2019) Jaqua, Weintraub, Tu, Nguyen & Cho (2019) Mathes & Bellanger, 2010 Rabito & Kaye (2013) World Health Organisation (2002)
Disclosure of the use of CAM by patients to their primary care doctors	Anak Kelak, Cheah & Safii (2017, 2018) Chao, Wade & Kronenberg (2008) Jou & Johnson (2016)
Understanding why patients use CAM and for what ailments	Bishop, Yardley & Lewith (2007) Ching, Zainul, Fuziah & Mehrdad (2013) Kristoffersen, Stub, Musial, Fonnebo, Lillenes & Norheim (2018) Larussa, Rossi, Suraci, Larasco, Imeneo, Abenavoli & Luzzza (2019) Naja, Anouti, Shatila, Akel, Haibe & Tfayli (2017)
How doctors should respond to patients who wish to use CAM	Hall, Brosnan, Frawley, Wardle, Collins & Leach (2018) Koenig, Ho, Yadegar & Tarn (2012) Verhoef, Boon & Page (2008) Wahner-Roedler, Vincent, Elkin, Loehrer, Cha & Bauer (2006)
How CAM can or should be integrated with conventional medicine	Agarwal (2018) Baars & Hamre (2017) Barnett & Shale (2012) Frenkel & Borkan (2003) Kretchy, Okyere, Osafo, Afrane, Sarkodie & Debrah (2016) Singer & Adams (2014)

TABLE 2. Move structure of print advertisements (summarised from Kathpalia, 1992)

MOVE 1 Headlines

- Step 1 Attracting attention with subheadings
- Step 2 Product / service guarantee or warranty, and after-sales service
- Step 3 Presenting the company profile

MOVE 2 Targeting the Market

- Step 1 Specifying the different types and age groups of people who may need the product or service
- Step 1 Introducing identity of the product or service
- Step 2 Giving details of the product or service
- Step 3 Stating value/benefits of the product or service

MOVE 3 Justifying the Product or Service

- Step 1 Indicating the importance of product or service
- Step 2 Establishing a niche by presenting current situations and why the readers need the product or service

MOVE 4 Appraising the Product

- Step 1 Introducing the product or service
- Step 2 Giving details of the product or service

Step 3 Stating values/ benefits of the product or service

MOVE 5 Establishing Credentials

Step 1 Identification of the company through the name of the company or manufacturer

Step 2 Product / service guarantee or warranty, and after-sales service

Step 3 Presenting the company profile

MOVE 6 Endorsements/Testimonials

Step 1 Presenting the testimonials of famous authorities

Step 2 Presenting the official citation of achievements and seals of approval

Step 3 Presenting the testimonies of satisfied consumers

Step 4 Presenting the testimonies of fictitious consumers

MOVE 7 Offering Incentives

Step 1 Giving away free delivery, gifts, discounts, redemption, coupons collection or accumulation of reward points for product buyers

MOVE 8 Pressure Tactics

Step 1 Imposing pressure on customers to buy the product or service through time limitation or quantity limitation for the product or service advertised

MOVE 9 Urging Action

Step 1 Listing out company information (telephone numbers, fax numbers, company address, email address, website address)

Step 2 Urging readers to purchase the product or service to take advantage of the offer

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