

PERSUASIVE STRATEGIES USED IN THE ADVERTISEMENT OF HERBAL MEDICINE IN GHANA

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ABSTRACT

This study examines the persuasive strategies used in the advertisement of herbal medicine from a critical discourse analysis perspective. The study focused on the use of language in herbal medicine advertisement and the persuasive strategies used by herbal practitioners to advertise their products. The study used Van Dijk's (2006) concept of manipulation as the conceptual framework. Aristotle's persuasive appeals were applied in analyzing a twenty-three minute herbal medicine advertising jingle. The findings indicated different persuasive strategies such as ideology, intertextuality, the use of indigenous languages, repetition, personal pronouns, and rhetorical questions to manipulate the audience. The study also examined how these strategies are used to control the mind and maintain power over the audience. The study revealed that the herbal medicine practitioners control the minds and experiences of their listeners by the excessive use of pathos (emotional appeals) to create to a large extent, manipulation of the minds and beliefs of their listeners for them to patronize their product.

Keywords: Language, Advertisement, Herbal Medicine, Manipulation, Persuasion.

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INTRODUCTION

People living in communities in the Cape Coast municipality and other parts of Ghana are constantly bombarded by the jingles of traditional medical practitioners (henceforth, TMPs) advertising a variety of herbal medicines and other healing services. These jingles have become part of the everyday lives of people living in such communities. The liberalization of the media in Ghana coupled with communication technology has provided traditional herbal practitioners the avenue for widespread advertising, especially on the airwaves (Addo, 2007).

At first, herbal medicine in Ghana was advertised from door to door, in open markets, commercial vehicles and by hawkers. Recently, TMPs have adopted an aggressive means of advertising their medicines in both the print and electronic media. According to Addy (n.d.), traditional health care system in Ghana holistically integrates social, ethnic, religious and cultural values of the people. Traditional medicine, according to a draft strategic plan for traditional health care in Ghana, refers to “the beliefs, ideas, and practices of a person recognized by the community in which he or she lives as competent and qualified to provide health care using a naturally occurring substance. This can also include other methods based on the social, cultural and religious background as well as on the knowledge, attitudes, and beliefs that are prevalent in the community regarding physical, mental and social well-being and the causation of disease and disability.” The strategic plan also designates the person who practises traditional medicine as a traditional medical practitioner (TMP).

Addy (n.d.) claims there is the belief that a person’s health is linked with the supernatural world, that is, with the creator, divinities and ancestral spirits. There is the belief that diseases have spiritual dimensions in spite of the scientific theories of diseases. This accounts for the practices relating to the use of herbs in addition to spiritual powers for treatment.

In Ghana, traditional medicine has been recognized by the government as a health care component since independence. Addy (n.d.) argues that traditional medicine in Ghana relates to culture and that the world comprises two systems – the physical and the supernatural. Traditional medicine practitioners tend to emphasize the supernatural more than the physical as being responsible for diseases.

In Ghana, two groups of TMPs are recognized. The first group is the herbalists, who consider physical aspects of a disease and use plants for their treatment. According to Addy (n.d.), they are the largest group of TMPs, well versed in the knowledge of herbs and the practice does not take into consideration spiritual rituals. They normally produce their medicine by pulverization, grinding on stones, drying in the sun and extraction by boiling. Their products are sold in the open market with little attention paid to quality assurance.

The second group considers the spiritual aspect of diseases and they are described as herbalist-spiritualist. They practice herbalism in addition to dealing with spiritual causes of diseases. Some herbalists claim that their knowledge of herbs was acquired from their grandparents, great grandparents, and others through dreams. Verification of the efficacy and safety of their methods of treatment becomes a major challenge and most TMPs usually do not disclose the source of their act of healing. The introduction of degree programmes in plant medicine by the Kwame Nkrumah University of Science and Technology has helped TMPs to deliver acceptable, safe and affordable traditional medical health care.

Komolafe (1998) argues that a lot of interest and attention have been drawn to the practices of traditional medical practitioners in recent times. TMPs' curative claims have been headlines in both print and electronic media. According to Mavunga (2013), TMPs are highly respected in many cultures and their beliefs and judgments are significantly valued, creating a form of power imbalance between the healers and the ordinary people in terms of health care. TMPs have exploited the mass media in advertising their products. In some cases, they make curative claims boasting of some supernatural powers that they possess. They have recently resorted to using jingles, moving from community to community using the community information centers to advertise their medicines. Their advertisements show that there is power imbalance between the practitioners and their audience. This is noticeable in their discourse when they position themselves as experts who have considerable knowledge in traditional medicine and their claims to have absolute cure for certain sicknesses. Thus, this study uses critical discourse analysis to explore how these traditional medical practitioners use language to persuade and manipulate their audience in advertising their products. Also, various studies such as Offiong (1999), Komolafe (1998) and Olsen (2006) have paid attention to the place of herbal medicine with little

attention paid to the persuasive strategies used by these traditional medical practitioners in advertising. It is upon this premise that this current study, using critical discourse analysis analyses the persuasive strategies that TMPs use in advertising their products and how these strategies are used to manipulate the audience. The purpose of this study is to identify the ways in which herbal practitioners carefully select discourse and linguistic items in their attempt to persuade and manipulate potential customers or audience. The study is guided by the following research questions: what persuasive strategies are used in advertising herbal medicine in Ghana and to what extent are these strategies used to manipulate the audience?

CRITICAL DISCOURSE ANALYSIS (CDA) AND THE CONCEPT OF MANIPULATION

Critical Discourse Analysis (CDA) considers the relationship between language use and wider social and cultural structures. According to Van Dijk (1998), Critical Discourse Analysis is a field concerned with studying and analyzing written and spoken texts to bring out the discursive sources of power, dominance, inequality, and bias. It examines how these discursive sources are maintained and reproduced within specific social, political and historical frameworks. Fairclough (1992) similarly considers CDA as discourse analysis which aims at systematically exploring often opaque relationships of causality and determination between (a) discursive practices, events and texts, and (b) wider social and cultural structures, relations and processes; to investigate how such practices, events, and texts arise out of and are ideologically shaped by power relations and struggles over power.

In simple terms, CDA regards discourse as 'a form of social practice' and it takes interest in the relationship between language and power with the view that ideologies are often produced through discourse. CDA thus aims at exposing the connections between discourse practice, social practices and social structures bringing out the dominant or ideologically powerful elements in society that are opaque to the lay person.

Van Dijk's (2006) concept of manipulations under CDA is used as the conceptual framework for this study. Manipulation is a triangulated framework which involves a form of social power abuse. It has to do with interaction and power abuse between groups and social actors. The second part

of the framework stresses that manipulation is a cognitive phenomenon. Thus, manipulation always encompasses the manipulation of the minds of participants. It is a mind control mechanism that interferes with the process of imagination and understanding that leads to the formation of biased mental models. The final part has to do with manipulation as a discursive interaction. It involves the usual process of ideological discourse, such as emphasizing “our good” and emphasizing “their bad” through text, talk, and visual modes.

Manipulation is one of the crucial notions of critical discourse analysis because it implies discursive power abuse (Van Dijk, 2006). Manipulation occurs in text and talk, and it also occurs through the manipulation of the ‘minds’. According to Van Dijk (2006), manipulation does not only involve power but it also demonstrates an abuse of power or domination. Van Dijk (2003: 360) also posits that manipulation implies the exercise of a form of illegitimate influence by means of discourse: that is, “manipulators make others believe or do things that are in the interest of the manipulator and against the best interest of the manipulated”. It may also be expressed in pictures or the media (Van Leewen, 2005).

For the purpose of this study, it is important to make a distinction between manipulation and persuasion. Without negative connotation, manipulation could be a form of (legitimate) persuasion. In persuasion, the interlocutors are free to make a choice and it depends on whether they accept the message or not. Manipulation, however, assigns a passive role to the recipients. The boundary between the two depends on the context. However, Van Dijk (2006) intimates that the crucial criteria are that the people are being acted upon against their conscious will and interest. Manipulation, thus, serves the interest of the manipulator and it is formulated at the macro level of analysis in terms of group membership, profession, institutions, and others. The negative consequence of manipulative discourse typically occurs when the recipients are unable to understand the real intentions or see the full consequences of the beliefs or actions advocated by the manipulator (Nodak, 1987). Van Dijk (2006) posits that groups have more or less power if they are able to control the actions and the minds of others. Such control is, first of all, control of the minds and beliefs of the listeners and, indirectly, control of their actions based on the manipulated beliefs. Edu-Buandoh & Mwinlaaru (2013) applied this concept of manipulation in an educational context revealing the discursive features through which social power and

domination are reproduced and enacted in the discourse between school authorities and students. The advertising jingles of herbal medicine under study serves the full intention of its procedures but the audience may not be aware of the influence of these jingles.

PREVIOUS STUDIES ON ADVERTISING

Various studies have looked at advertisement using critical discourse analysis. Igbal et al. (2014), for instance, examined the exploitation of women in beauty products from a critical discourse analysis perspective. The focus of the study was on the use of language in fairness cream, 'fair and lovely', and the strategies that advertisers use to influence and exploit women. Basing the study on Fairclough's three-tier model, the study revealed that advertisers persuade and manipulate their audience by using linguistic devices such as direct address, positive vocabulary, headlines, and catchy slogans. In a similar study conducted by Arumuguri et al. (2013), the analysis revealed that the ideology of beauty is constructed and reconstructed through magazines by stereotyping how beauty products are synonymous with a better life. The study also revealed that advertising language is mainly to control the minds of people and exercise power over them.

Khakejeh & Tahmasbi (2013) explored an array of bank advertisements in an Iranian socio-cultural context using critical discourse analysis. The study used Fairclough's (1992) framework which takes into consideration the description of textual analysis, the interpretation of production and reception and the explanation of social conditions. The study revealed that critical discourse analysis can be an appropriate method to detect the manipulative language of advertised texts and also how advertisers exploit different systems to signify their thoughts, including visual magnifiers, use of sky and sea background. Iraj & Boubehrezh (2013) also explored the persuasive language of life insurance companies and the study indicated that advertisers use words with positive semantic loads, explicit claims, repetition, fear-induced language and euphemisms in their advertisement.

Closerto the current study is Mavunga (2013), who examined the advertisement of herbal medicine and spiritual healing services in Johannesburg, using critical discourse analysis. The study revealed that herbal medicine practitioners in their attempt to manipulate potential customers, claim to

have quick and permanent solutions to a broad range of problems. The study also showed the use of juxtaposition, rhetorical questions, hyperbole, and others to manipulate their audience. It revealed that there is a power imbalance between the practitioners and their audience.

The observation made from all these studies on advertising is that whilst the studies have looked at advertising from financial institutions and beauty products, much has not been explored when it comes to herbal medicine advertisement. This makes this study an important one since it has the ultimate goal of looking at how advertisers use language to persuade and manipulate their audience in Ghana. The study is also significant in the sense that not much of the reviewed studies on advertising so far have dealt with herbal medicine advertising, a gap that this study seeks to fill.

METHOD AND PROCEDURE OF ANALYSIS

The data for the study was an audio-recorded jingle, aired between January to May 2015, in a community information center in Amamoma, a suburb of Cape Coast in the Central Region of Ghana, West Africa. Amamoma Community Information Center was selected because of its availability to the researcher. The jingle was in the Ghanaian Akan language, specifically Twi dialect. The data for the study was a transcript of twenty-three minutes, forty-two seconds of recorded data. The audio-recorded jingle was transcribed using French's (1992) level II transcription. Since the data was in Twi, data was translated after transcription. The transcript and the translation including the audio-recorded jingle were made available to a research assistant in the Ghanaian Languages Department of the University of Cape Coast to confirm the authenticity of the transcription and the English translation. Data were coded and persuasive strategies prominent in the text were marked and organized under themes for the purpose of the analysis. The researcher employed qualitative content analysis research design since data used mainly dealt with expressions and words, and the main purpose was to identify persuasive strategies used in the advertising jingles of herbal practitioners instead of statistical analysis. The emphasis here was on the analysis and interpretation of texts.

Data were numbered and coded according to the themes in the text. Aristotle's persuasive appeals were used as the analytical framework.

Aristotle (384-322 BC) defines rhetoric as “the faculty of observing in any given case, the available means of persuasion”. Aristotle argues that persuasion can be based on pathos (emotional appeal), ethos (credibility appeal) and logos (logical appeal). He postulates that effective persuasion is based on common ground between the persuader and the audience, that is if the receiver sees the persuader as having shared values, goals, interest and experiences. Aristotle refers to this as the common ground which will ensure enthymeme – a kind of argument in which the proof is not stated by the persuader but is provided by the audience.

FINDINGS

The study revealed a number of persuasive strategies in the advertisement of the herbal medicine.

Pathos (Emotional Appeal)

Pathos is based on emotions that appeal to the listener’s imaginations and experiences. The purpose of this form of appeal is to motivate the hearer to take action. It causes the listeners to respond emotionally and to also identify with the writer’s point of view.

The use of Indigenous and Culture-Specific Language

The study revealed that traditional medicine practitioners use culture-specific language in their attempt to persuade their audience. They use indigenous or local language in advertising their medicine. The jingle was in a local language, specifically Akan, and practitioners resort to these local languages in order to identify with the audience and also establish with the audience, independent of their educational, economic and social background. The practitioners depend on the common ground of their audience, that is, the set of experiences and memories that the audience already has. Halliday (1978) cited in Duah (2006) argues that people act out social structures, sustain their own statutes and roles, create and transmit shared systems of values and knowledge in their day to day linguistic interactions. Thus practitioners persuade their audience by exploiting the relationship between language and culture. They use language to identify with the audience and also to induce the experiences and feelings of these audiences by referring to certain aspects of their culture.

The data also revealed that practitioners use certain address forms and words closer to those used by the audience with the purpose of achieving a mutual ground or identifying with the audience, which confirms Aristotle's assertion that effective persuasion dwells on common ground between the speaker and the audience. Extract 01 illustrates such a situation.

Extract 01:

1. Yoo abusua ɔne adofo a moaso gu so afdie yi so..
Ok family and friends who are listening to this radio]

In the extract above, the practitioner attempts to identify with his audience by using the underlined address forms in order to establish feelings of solidarity and intimacy. These address forms create some form of shared identity between the practitioner and the audience and they also establish a high degree of intimacy between them. The findings reaffirm Mavunga's (2013) assertion that the use of the local language establishes some amount of belongingness between the practitioner and the audience. This will convince the audience to pay attention to the message which can lead to their buying of the medicine.

Ideological language

Traditional medicine practitioners also use language that has ideological implications in order to persuade their audience. Fairclough (2003: 11) defines ideology as "representations of an aspect of the world which can be shown to contribute to the establishment, maintaining and changing social relations of power, dominance, and exploitation". Van Dijk (1998) defines ideology in terms of shared representations of social groups. Ideology is thus a culturally specific way of understanding the people's world view. It is crucial that the speaker gets to know people's social attitudes and ideologies in order to adapt his or her text and talk to the social beliefs or orientations of the recipient (Van Dijk, 2008). The practitioner uses a certain ideological language in order to create a specific worldview to convince the audience. The main aim of the practitioners is to persuade the audience to buy their medicine and for their message to be persuasive, the audience must accept some or all of its emotional content (Duah, 2006).

Thus, it becomes appropriate that the message associated with the product becomes appropriate to the audience's value or belief system as in:

Extract 02:

186. hw³ white wei egu mmaa binom aware³
[this candidiasis is destroying the marriages of most women]
187. white wei ɔmma mmaa bi ɔnnya aware³. ebinom anya aware³
[this candidiasis is preventing some women from getting married those who are³
188. no dedaw nanso white no nti aware³ no regu.
[married already are having problems because of candidiasis]
190. nanso barima no ne ɔbaa
[but when the man and the woman have sex]
191. no kodi ahyia wɔ mpa mu na ɔhu s³ saa yare³ no wɔ ne
[and the man realizes that there is such an infection]
192. ho a, ɔko a ɔmma bio...
[he goes and does not come back ...]

In this extract, the audience is made to accept the belief that no man stays with a woman with a vaginal infection (candidiasis) and there is no guarantee that a woman with such a situation will have a successful marriage. Hence, the audience with such a case will be persuaded to buy the medicine in order to maintain her marriage. This appeals to the emotions of the listener, who is suffering such an infection to get the medicine or otherwise lose her marriage.

Intertextuality

Traditional medicine practitioners attempt to persuade their audience by resorting to intertextuality. Intertextuality according to Blackledge (2005) refers to the presence of more than one genre, style or discourse in a single text. Texts draw upon other genres, discourses and styles to articulate together (Fairclough, 2003). According to Bhatia (2010: 35), intertextuality refers to “more innovative attempts to create various forms of hybrid and relatively novel constructs by appropriating or exploiting established

conventions or resources associated with other genres and practices”. When people engage in speaking or writing, their words often relate to other “texts” (Gee, 2005). The elements that are related to other texts bear social and institutional meaning from other social practices. They use words and phrases the audience is familiar with as posited by Aristotle that the argument of an effective persuasion is based on a familiar ground between the persuader and his audience. An adequate amount of shared knowledge between the practitioner and the target audience helps to construct meaning. Extract 03 illustrates this assertion.

Extract 03:

Saviour Cream

109. ʒyʒ a na w'ase ho . w'ahemfie ho no ʒho keka wo ...
[when this happens you itch in your genitals 'your palace area']

“Saviour cream” is the name of the cream being advertised. The word ‘saviour’ suggests that the cream has come to deliver or protect the audience from suffering from the indicated sickness. Therefore, by buying the saviour cream, you have delivered yourself from all sorts of diseases. ‘Saviour’ is apparently associated with a religious discourse which connotes a person who helps or saves people from something, a liberator or redeemer. The semantics in ‘saviour’ may be well understood by the audience and this enhances interest in the audience to pay attention to what the practitioner has to say. This appeals to the emotions of the listeners and it evokes in their minds deliverance or total freedom. Similarly, ‘ahemfie’ is also used by the practitioner to persuade the listeners. ‘Ahemfie’ literally means palace, a word which connotes a grand residence or a royal residence. The female genitalia are likened to a palace and as such, no form of infection should be entertained but they must be taken care of like a palace. Traditional medicine practitioners thus exploit intertextuality to help persuade their audience by appealing to their emotions and generating some form of interest in the audience for the product. The words used evoke some form of belief system of the listeners.

Repetition

Herbal medicine practitioners make use of repetition as a persuasive strategy in advertising their medicine. According to Leech (1996), advertising can

only make a long-term impression if its content is memorable. It helps the audience to remember both the product and the message. From the data, practitioners make use of lexical repetition in advertising their products. They repeat the name of the medicine to help the audience remember the medicine in order to buy it. Extract 04 from the data bears evidence to this fact.

Extract 04:

24. savior cream yi bi ɔwɔ hɔ nom a ɔboa...
[savior cream is there and it is helping ...]
29. ɔrr savior cream yi ɔbu so na ɔreboa
[Err savior cream is in abundance helping]
32. Ridge Hospital Saviour Cream no bi ɔwɔ hɔ nom, ɔne
ayaresebea...
[You can also get some of the savior cream at Ridge Hospital
and other health delivery posts]

From the extract above, the second and third repetition of ‘saviour cream’ could have been replaced with the pronoun ‘it’, but the speaker insisted on using “savour cream. This form of repetition is purposively done as many times a possible for it to stick in the minds of the audience. Repetition, therefore, is very crucial in the accomplishment of successful advertising.

Use of Personal Pronouns

From the data, it is clear that herbal medicine practitioners employ a conversational tone in their advertisement by making the effort to address the individual audience. They use personal pronouns to create a form of personal relationship with the audience. O’Tool (1985) cited in Duah (2006) posits that for language to effectively persuade in an advertisement, it has to target the consumer as an individual and not one of the masses. Fairclough (2001) refers to this as *Synthetic personalization* highlighting that people feel highly valued when they are addressed as individuals rather than as part of a mass audience. Practitioners use the second person singular ‘you’ and ‘your’ to build a notion of personal interaction between the practitioner and the audience. It also appeals to the individual audience’s emotion making them feel that they are the ones being addressed. This may convince the

individual audience to positively respond. Extract 05 illustrates this situation.

Extract 05:

4. edi kan na afie mesrɔ woaso ɔne woadagyɛɔ .. ne wo atwetwe
nkɔmɔ kakra
[In the first place and I beg you for your ears and time.. to have
a small conversation with you]
13. ...ɔbetumi aboa wo a mpo ɔbi aka w'abusuafoɔ nyinaa...
[... will help you and even the whole of your family ...]

From the extract, the audience would feel that the practitioner is in a private conversation with him or her alone, directly appealing to his or her interest. The 'you' and the 'your' represent the target audience as unique and sustains his or her interest in the message. Again, the practitioner uses a lot of the inclusive "we" and "us" to make the audience realize that he (the practitioner) shares in the audience's plight. The use of these personal pronouns tends to regard the audience as a person and not a people, whose personal and very intimate problems can be shared with the practitioner for a solution. This may generate positive responses from the audience.

LOGOS (LOGICAL APPEAL)

This is an appeal through reasoning. This form of appeal deals with the internal consistency of the argument, the logic of its reasoning and how the supporting evidence is effective with the claims made very clear.

Rhetorical Questions

The study also revealed that herbal medicine practitioners make use of rhetorical questions as a persuasive strategy in advertising their medicine. The audience does not verbally give answers to the practitioner's question. The question is asked for the audience to affirm the product's goodness or affirm a need for the product. This also gives the message a conversational tone. Extract 06 illustrates this situation.

Extract 06:

138. wonnyenni woahu? ...
[you don't believe?..]
139. sɔ ɔyɔ wo nwanwa?
[it seems you are surprised?]

The rhetorical question contributes to the dialogue structure and helps the practitioner to involve the listener in affirming the need to buy or use the medicine. This contributes to the persuasiveness of the message. The audience is brought to a place where he or she gets the conviction that buying the medicine is for his or her good. The listener is engaged to make an input into the message by affirming the need for the medicine mentally.

Ethos (Credibility Appeals)

According to Aristotle appeals, ethos is associated with the authority of the speaker. Persuasion lies in the power or authority of the speaker. The audience has to find the speaker credible and trustworthy. This takes into consideration the speaker's reputation, his previous record or expertise in the field. Practitioners make claims of their medicine being superior and credible by associating it with high profile hospitals, portraying that the product is of good quality which may not necessarily be so. Extract 07 illustrates this situation.

Extract 07:

18. aduro wei agye din a amma hospitals akɔseɔ
[this medicine is popular in the big hospitals in]
19. ɔwo Ghanaman mu ha a yɔbo din a na kyere sɔ ɔho
[Ghana such that when we mention the name we]
20. no deɔ yɔnim sɔ hospitals akɔseɔ paa, ɔho ɔna aduro
[know that they are very big hospitals indeed, these are places where the medicine.]
21. wei atumi agye din akɔduru...
[has been popular...]

23. Baabi te sɔ Korle-Bu Hospital...
[places like Korle-Bu Hospital ...]
26. Central Regional Hospital nso ɔhɔ nom wokɔ a, wonsa betumi aka bi
Also, when you to Central Regional Hospital too you can get some]
28. Afei Komfo Anokye a yɔtaa frɔ no 'Gee' ...
[Also Komfo Anokye popularly known as 'Gee' ...]
32. Ridge Hospital Saviour Cream no bi ɔwɔ hɔ nom, ɔne ayaresebea ahorow pii ...
[You can also get some of the Savior cream at Ridge Hospital and other health delivery posts]

From the extract above, reference is made to prominent hospitals in Ghana such as Korle-Bu, Komfo Anokye, Cape Coast Regional Hospital and Ridge Hospital as places where the drug is sold. Practitioners use this to appeal to the audience that their product is credible in order to motivate them to buy the medicine. They exploit the audience's belief that the medicine that has been allowed to be sold in such 'big hospitals' is credible and safe to use. This creates some form of power and superiority, making the product more appealing to the audience.

Also, practitioners appeal to their audience as credible medical practitioners by displaying practical cleverness in their area of healing and human anatomy. They display knowledge about the symptoms and causes of diseases whilst attempting to persuade the audience to buy their medicine. They take time to tell the audience about the symptoms and of the diseases they claim to cure. The audience thus gets the impression that the practitioner is knowledgeable about the disease and this may lead to them being persuaded to buy the medicine. Extract 08 below illustrates this situation.

Extract 08:

92. s[dwoa no a ɔwɔ mu no ɔyɔ wo ya na ade a, ɔntena
[if the balls in it have started paining you,]

93. ho nkyɔ na annkɔyɔ kɔsɛɛ ɔnnkɔyɔ ɔtwo case 5...
[don't wait for it to get big like 'case 5' ...]

From the extract above, the practitioner demonstrates knowledge about the hernia disease by discussing the symptoms and indicating what will happen to the audience who has this disease and does not seek treatment. This gives the audience the impression that the practitioner is well-versed in the practice and thus may be persuaded that this is a credible practitioner and may end up buying the medicine.

Effective persuasion is the ability of the speaker to adapt his or her message to the feelings, needs and the values of his listeners. The persuasive strategies identified in the analysis above show that traditional medicine practitioners use more of pathos, that is, emotional appeals in their advertising jingles. The practitioners control the minds and experiences of their listeners causing them to take some form of action such as buying the medicine. The excessive use of pathos creates, to a large extent, manipulation of the minds and beliefs of the listeners.

Van Dijk (2009) posits that power abuse can be based on ideologies, that is, the social beliefs and representations of groups of people. Practitioners exploit these social ideologies to manipulate their audience. Van Dijk (2003) argues that critical discourse analysis brings to light the extent to which the story of the manipulated or dominated is told from the perspective of the dominating. The position of traditional medicine practitioners in Ghana is therefore likely to influence their discourse which will maintain their social power. Traditional medicine practitioners are respected and deemed to have knowledge about traditional herbal healing and as such their discourse whose target is the ordinary audience may indicate power imbalance. However, this form of control may be seen as legitimate even by the listeners. The content of their discourse is rooted in the general health problems of different social classes of people. Chances are that the curative claims by these practitioners may not entirely be true. Their main aim is to get the people to buy their medicine and, as such, they make discourse and linguistic choices which serve that purpose.

CONCLUSIONS AND RECOMMENDATIONS

This study investigated the persuasive strategies used in the advertisement of herbal medicine in Ghana using Aristotle's three modes of persuasive appeals. The study used Van Dijk's (2006) concept of manipulation to explore the advertising jingles of traditional medicine practitioners as the theoretical framework and Aristotle's persuasive appeals as the analytical framework. The main purpose of the study was to find out the persuasive strategies used by herbal medicine practitioners and to examine whether these persuasive strategies are to a large extent manipulative on the audience.

The study revealed that traditional medicine practitioners use culture-specific and indigenous language, ideology, intertextuality, repetition, rhetorical questions and others in their advertising jingles. These strategies are used by Traditional medicine practitioners to persuade and manipulate their audience.

This study adds knowledge to critical discourse analysis since it explores a new discourse which has not received much attention. The findings will help future researchers with significant information on the persuasive strategies used by traditional medicine practitioners in Ghana.

Since the study was based on one advertising jingle, coming from only one practitioner the findings cannot be the basis for making informed generalizations. I, therefore recommend that future studies be conducted with a large data sample to help understand this particular discourse type.

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