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HEALTHOLOGY, HEALTH LITERACY, AND THE PHARMACEUTICALLY EMPOWERED CONSUMER

Rhetorical methodological approaches enrich health literacy scholarship by investigating the Web's role in empowering consumers. This case study analyses Healthology, one prominent American health information website provider, to argue that its sites subtly encourage a pharmaceutically empowered consumer identity as they provide valuable health information. An analysis of the websites' rhetorical choices suggests that these types of electronic direct to consumer (eDTC) sites may help develop an identity where consumers view prescription treatments as primary in managing health instead of viewing them as part of an overall healthcare philosophy. Although pharmaceutically sponsored health websites provide consumers with more information and prepare them to talk with a doctor, their language choices suggest a number of implications for health literacy. Rhetorical criticism helps raise important questions about the relationship between health information websites, empowerment language, and health literacy that other methodological approaches may further illuminate.

Keywords: direct-to-consumer advertising, prescription drugs, communication, rhetorical criticism, constitutive, health information websites.

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The ability to access health information online is touted frequently as an opportunity to help people control their health (Dutta-Bergman 2003; Dupuits 2002). Indeed, as of 2005, eight in ten U.S. citizens with Internet access use the Web for health purposes, with 66% of these looking for disease information and 51% searching for treatment advice (Fox 2005). Additionally, 70% of American consumers report that Web information influences their health decisions, with 36% percent noting that it helps them make a decision on behalf of a loved one (Horrigan & Rainie 2002). These numbers suggest that the Web helps meet a number of health literacy goals by providing greater access to information, by giving people more ways to read and understand it, and by helping to empower consumers, or getting them to become more involved in their healthcare and manage their conditions (Parker & Schwartzberg 2001).

Although definitions vary somewhat, patients who are empowered believe they can adequately cope with a health situation, "take charge" and accept responsibility for their own health, and enter into a more partnership based relationship with their physicians (Gutierrez 1990; Pacanowsky 1998; Conger & Kanugo 1988; Roberts 1999; Masi et al. 2003). Empowerment is an important part of the health literacy equation because it describes consumers who are able to take increased knowledge of a condition and move beyond beliefs of self-efficacy to actively participate in the health decision-making process (Parker & Schwartzberg 2001). Social scientists have begun to quantify the degree to which the Web aids in this component of the health literacy challenge. One study, for example, looked at whether access to online health information increased low-income community members' health empowerment (Masi et al. 2003). Others empirically analyzed health websites' ability to empower HIV positive individuals and women interested in hormone replacement therapy (Henwood et al. 2003; Reeves 2000).

These studies offer valuable findings by measuring the ability for particular health information websites to empower specific populations, but there are other academic questions that can be asked about their role in developing consumer empowerment. Rhetorical criticism, for example, suggests a broad range of questions about the nature of empowerment language. It asks what some of the unintended consequences of these online texts might be and explores what types of audience identities their language choices encourage. To demonstrate the potential of the rhetorical approach in enriching health literacy scholarship, this case study argues that Healthology's information websites subtly encourage a phar-

maceutically empowered consumer identity *as* they provide valuable health information. Interrogating these sites' language choices is important, especially since two of the four main ways consumers can find health information online potentially involve commercial interests. Today, consumers can visit websites sponsored by the pharmaceutical industry, e.g., lipitor.com, disease society sites such as the American Heart Association, the FDA itself, and so called third party medical information sites such as Healthology, WebMD, and RXList, which sometimes contain pharmaceutical company sponsored information (Goldhammer 2004).

Rhetorical analysis of health information websites also contributes to the ongoing debate over the societal value of direct to consumer (DTC) advertising, since some of the third party sites like Healthology function as a type of electronic direct to consumer advertising (eDTC). A 1997 FDA landmark guidance allowed television and print to offer product specific prescription drug advertising, and online, or "eDTC," promotion has steadily increased since then. Proponents of DTC argue that consumers learn about and better comply with treatments and make better-informed decisions as a result of the advertising (Bradley & Zito 1997; Holmer 1999). Critics argue the practice drives up medical costs, increases reliance on prescription drugs, and interferes with the patient-physician relationship (Hoffman & Wilkes 1999; Wilkes et al. 2000). Debates about eDTC are likely to increase, as the FDA's only guideline for online promotion is that pharmaceutical companies can partner with content producers to offer consumers more information about different illnesses and treatments. To better understand how eDTC helps craft a pharmaceutically empowered audience identity, a rhetorical methodology and design of Healthology's websites are described. A rhetorical criticism of the sites follows. Implications of the websites and the method are then discussed to suggest future research directions. Indeed, all of the questions explored here could be examined through various methodologies, thus helping to provide a comprehensive understanding of the contribution of health information websites in boosting health literacy levels.

1. Methodology

The study of rhetoric may be known among communication scholars, but rhetorical criticism may be less familiar to some. If rhetoric is the art of using language to help people narrow their choices among options,

rhetorical criticism illuminates and explains this process by describing, analyzing, interpreting, and evaluating the persuasive, and sometimes subtle, uses of language (Hart 1990:4-9; Campbell & Burkholder 1997). Rhetorical criticism is designed to help readers experience symbol use more richly (Jordan et al. 2003; Brummett 1984). Instead of testing the probability of a theory, rhetorical scholarship tries to expand readers "potentiality for mindful symbolic experience" by explicating texts, or discourse collections (Jordan et al. 2003: 395; Brummett 1984:). Criticism provides one perspective on a rhetorical text and "illustrates how anybody in a given time and space *might* have experienced a rhetorical transaction" (Brummett 1984: 102). In terms of health literacy, rhetorical scholarship offers a unique perspective in making people more aware of how they experience symbolic action. It may help audiences better understand the type of messages they interact with online. Since rhetorical criticism offers "a way of seeing," it may encourage audiences to pay more attention to the sometimes unintended, overlooked aspects of communicative messages, which, "while seemingly incidental, may nevertheless be important" (Sholle 1989: 38; Berkowitz 2003; Hart 1990: 33-34). Although critics employ a variety of tools and approaches, they focus on "key words, metaphors, themes, narratives, and images," and sometimes describe the "dominant themes and hidden contradictions of a discourse ... showing how these serve the status quo" (Berkowitz 2003; Condit 1994: 211).

One method especially well suited to analyzing health information websites employs a constitutive approach. Scholars employ this perspective to investigate how people are, in effect, created by and utilize the discourse with which they identify, or relate. Burke (1950) begins these constitutive lines of inquiry by arguing that identification is more important in rhetoric than persuasion. Charland (1987:211), along with Burke, argues that it is incorrect to assume that a person's identity is extrarhetorical, existing as a given before one encounters forms of persuasion. People are called into being by rhetorical documents; indeed, they are not only persuaded by rhetoric but find their subjectivities and language shaped by its influence (Greene 1998; Jasinski 1998; Duquette-Smith 2000; Stein 2002; Stokes 2005). In her examination of Macintosh's "1984" ad, for example, Stein (2002: 173) argues that audiences are constructed through advertising texts. She explains that the company began incorporating the personal computer into people's lives by transforming them into possessing the identity of a personal computer user, a subject posi-

tion previously viewed with skepticism and anxiety (Stein 2000: 175). Fortified by the ad, consumers utilized the tropes, or themes, of freedom and revolution in their discourse about the personal computer; subsequently, a market was created that continues to influence our lives today. Constitutive criticism thus looks not only at how messages achieve persuasive goals but also shape, "a culture's experience of time and space, its collective identity, and its linguistic resources" (Jasinski 1998: 75). As I show, health information websites draw on a variety of tropes to potentially influence audiences' health identities. A constitutive approach helps examine how online discourse frames perceptions, as well as expectations, about healthcare. It suggests the repeated use of a particular idiom allows people to conceive of issues in a particular way (Jasinski 1997b, 1998). So, if "treating illness" is construed repeatedly as "taking prescription drugs," then alternative understandings may be constrained. It should be noted, however, that a constitutive perspective does not assume that audience interaction with a variety of Web texts guarantees the creation of a particular identity. When Web texts "encourage" or "help" audiences to come away with certain meanings, then, these words emphasize that message creation and dissemination does not guarantee message reception in this, or any, rhetoric. Texts do make it "easier" for audiences to read a particular meaning over another, however. Although audiences can decode these texts to create oppositional, or negotiated understandings, there are frequently limits (Condit 1989). Audiences may not come away with the same acceptance of a message, but they do not necessarily critically examine them either.

2. Healthology Design

Healthology provides a good place to investigate the limits of textual openness, because along with its library of sites devoted to general health education and wellness, it supplies consumers with websites that are supported by a variety of pharmaceutical companies. Healthology maintains that partnering with pharmaceutical clients in no way indicates its endorsement of products or services as physicians, not clients, dictate the form and substance of its programming. Healthology produces its content in consultation with more than 20,000 licensed, practicing physicians who are paid honoraria to help create and supply information to approximately 4,000 websites. As opposed to pharmaceutical ads or websites that openly tout a particular drug for dealing with a condition,

Healthology's peer review process and focus on a physicians' discussion of a condition and available treatment information distinguishes it from traditional DTC advertising. Healthology instead employs a version of the public relations based "third party the technique," which separates the message from the messenger by employing speakers who may have higher credibility with audiences (Burton & Rowell 2003: 326). As consumers complain that they cannot fully trust DTC advertising because of its commercial basis, this third party physician discussion may help consumers trust Healthology (Henwood et al. 2003; Wilkie 2005).

The way consumers reach Healthology websites may also reinforce their credibility. Healthology's content is used on more types of health care sites than any other source and is available through search engines such as Yahoo or Google, linked to the websites of many large U.S. newspapers such as *The Philadelphia Inquirer*, *Miami Herald*, and the *Los Angeles Times*, or available through portal sites like Ivillage.com (Healthology.com). For example, if a Web user is interested in arthritis and types the phrase into a search engine or follows links from a Web newspaper or portal, they can visit sites like "arthritisanswers.com." Once on a particular site, they choose from a content library offering 1,200 streaming videos and 2,000 articles and transcripts featuring journalists interviewing doctors about a particular health issue. Users also have the ability to sign up for health newsletters through email, participate in chat rooms, and access other editorial features. These features offer them information ranging from symptom diagnosis, wellness content, and treatment options. Rhetorical criticism looks at what else might be shared with consumers as they surf these sites.

3. Implementation & Analysis

A constitutive perspective argues that the language of the websites, while providing valuable information to be sure, helps construct a more pharmaceutically empowered consumer identity. By ordering and preferring some interpretations of health conditions to others, the sites' language help shape knowledge about healthcare and subject positions that correspond to that domain (Sholle 1989). As McMillan and Cheney (1996: 1) observe about the devices of language, "metaphors and other tropes and figures do more than simply decorate discourse" and "contribute to our knowledge of who we are, both individually and collectively." Healthology visitors can interact with lifestyle and condition as well as

treatment information; however, the pharmaceutical company sponsorship of several topics may encourage them to develop a more pharmaceutically empowered approach to health. On Healthology sites addressing a variety of types of cancer, irritable bowel syndrome (IBS), and overactive bladder (OAB), for example, language choices group under five main themes: novelty, education, reassurance, subtle promotion, and encouragement. Theses themes may help audiences act to receive prescription treatments rather than pursue holistic, or more wellness based, healthcare. Since empowerment is a broad concept, it acts as a type of condensation symbol, subsuming these themes within it (Graber 1976). Each theme helps present a particular view of the audience and suggests a particular way of thinking about health. We look at how each theme performs individually and collectively, because if support is granted for one theme, approval for the dominant, overarching theme of pharmaceutical empowerment can result (Perelman & Olbrechts-Tyteca 2000:81). Although there is nothing inherently wrong about these themes, they do "bear watching and listening" (McMillan & Cheney 1996: 1). Audiences may begin to view prescriptions and pharmaceutical companies as primary in managing health instead of seeing them as part of an overall healthcare philosophy. Constitutive critiques illuminate and then ask where this privileged identity might take us in terms of overall health empowerment. The sites begin to encourage this identity by employing language that suggests to consumers they are privy to the most current health information.

3.1. Novelty

One notable characteristic of Healthology's rhetorical choices is its emphasis on providing consumers with the sense they are finding the most updated health information as possible. Treatment and research are always discussed as being at the forefront of options for dealing with a particular disease. Through this language, consumers may feel as if they have access to the same sort of information as health experts. On the TargetTumors.com site, for example, a specific treatment is discussed as being the newest option for treating cancer: "Targeted cancer therapies, which attack cancer cells in unique and precise ways, are an important part of oncology's cutting edge[1]." These language choices bring users closer to the inner "medical circle" and create a sense of being current, just as

[1] All text samples are taken from web programming located at www.healthology.com.

they expect their doctors to be, which may boost confidence. The emphasis on novelty also may help consumers who think there is no help available feel more optimistic in seeking treatment options. For example, transcripts note that there are "a lot of solutions" to OAB and tell audiences that, "you *can* find an effective medical therapy. There are lots of different types of medical therapies *now* and some that can just be given as a once a day formulation." Although this information may motivate consumers, it may also develop the belief that treating illness means using the latest prescription treatment. Language emphasizing novelty may suggest that traditional treatments are inadequate. While this may be the case, the language may privilege newer and costlier prescription treatments over previous approaches.

3.2. *Reassurance*

With a product's exciting treatment potential established, reassuring language choices may also help consumers feel confident in confronting an illness or condition. Reassuring consumers plays a large role on these sites. Similar to the novelty theme, these choices may constitute audience identity in both positive and ambivalent ways. On the positive side, consumers learn that they are not alone in their suffering. In many programs, doctors make statements like this one found on the IBS site: "They're scared to see a doctor … They're embarrassed to talk about their symptoms. They're worried that there won't be any treatment for their symptoms. And so, many of these patients kind of remain hidden and remain undiagnosed." By showing users that their fears of confronting the illness are widespread, users may feel reassured to address the problem. Scholars note that these encouraging words, along with providing a supportive and trusting group atmosphere, are empowering to the individual (Pacanowsky 1988). The scientific tone in which the transcripts are written may also serve this purpose. Because they are able to read exchanges between doctors, transcripts contain a good deal of medical complexity, but allow doctors to clearly demonstrate their credibility and expertise. To prevent alienation resulting from complexity, however, a number of language choices are used that may increase user identification with the site. Visitors are addressed familiarly, e.g, "Whether you have come to this site seeking information for yourself or a loved one." This language invites visitors to participate in the construction of health knowledge instead of only reading information created by others. Healthology dif-

ferentiates its sites from those that are simply repositories for complex medical articles. This style may boost empowerment.

Programs are interspersed with personal stories of a typical patient's experience with a drug that may also reassure visitors. Empowerment may result from vicariously experiencing someone else's success with treatment. By seeing how others benefit from beginning treatment, anxiety may be reduced. This language is particularly powerful when it draws on a fellow sufferer's experience before treatment. In an OAB transcript, for example, one woman says: "If I was going to be out in the park walking, I knew I had to wear a depends. And if I was going some place to the supermarket, I knew every bathroom in every supermarket. I thought it was the normal part of aging." These types of statements legitimize conversation about a subject, easing people's reluctance to deal with a condition. Not only do they treat a condition or disease in human terms and show that anxiety is expected, they give sufferers permission to talk about their problems (Gobé 2002).

The pattern of reassuring language employed here, however, may also be cause for concern. In the majority of the sites sponsored by pharmaceutical companies, the emphasis is on reassuring consumers to do something, but most of the time, the "doing something" culminates in receiving pharmaceutical treatment. Healthology *does* discuss behavioral and alternative therapies, but frequently implies that treatment is not comprehensive unless a prescription undergirds these methods. In discussing IBS, for example, doctors discuss exercise and using natural laxatives, but then one suggests: "The next step in treating someone with IBS and constipation – is something that is exciting to me. It's because of a drug called Zelnorm…the advantage, compared to laxatives is that it also treats the abdominal pain and the bloating."[2] This presentation of information may indeed reassure those who are suffering, but is typical regarding the balance between lifestyle, natural, and prescriptive approaches discussed on the websites.

3.3. Education

Healthology sites promote themselves as primarily educational. Ibshelp.com, targettumors.org, and advancesinoncology.com, for example, all convey a place to learn about a condition. As sites are positioned as educational resources that are addressed specifically to those most inter-

[2] This subtle practice of mentioning a particular prescription drug is common on these websites

ested in seeking help – either those afflicted with or affected by the disease, this ability to target differs these eDTC sites from traditional DTC. Since user interest is already established, the emphasis is on research and discussion of treatment options. Yet the sites' approach is not without some potentially questionable influences on how consumers think about healthcare education. First, consumers may come to equate research with the unqualified mention of words like "study, "trial" and "findings." The sites discuss many scientific studies regarding a treatment, yet their status in medical research is rarely mentioned. For example, the IBS site reports, "Several good studies over the last few years have shown," without discussing the credibility of this information. Similarly, statistics are often used in this way, with users encountering statements like "anywhere between 7 and 30% of individuals with IBS will report they had previous bacterial gastroenteritis." As a result, users are offered the appearance of medical authority by the volume of these statements, rather than by their credibility within the medical field. The sites' URL's work in a similar fashion. They promote education by distancing consumers from the companies who make the products discussed on the sites, as well as from Healthology. In fact, corporate sponsorship information is only located at the bottom of a Web page, in small lettering containing the following type of language, "supported through an unrestricted educational grant from Novartis." In the spirit of education, perhaps viewers should be able to find out what an "unrestricted educational grant" means in terms of a company's ability to control the presentation of information. Incorporating these observations about language choices into information presentation may make it more valuable to consumers.

The discussion of health education from a traditionally allopathic and corporate perspective, however, may constitute a more pharmaceutically empowered audience identity as consumers educate themselves. Information consumers receive tends to support traditional medical systems, and perhaps strengthens the primacy of pharmaceutical companies in this structure. That is, the education received may be empowering, but in specific ways. For example, on a site dedicated to breast cancer, visitors learn: "The survival rate for breast cancer has improved over the years, due in part to earlier detection, but also because of better treatments. See how hormonal treatments have helped women with certain types of breast cancer live longer with the disease." The emphasis here is on encouraging women to learn more about hormonal pharmaceutical treatments, rather

than empowering them to learn about the causes of breast cancer or what they can do to reduce their chances of developing the disease. Throughout the site there is no mention that hormonal treatments for breast cancer can be controversial, nor is there discussion of environmental and even pharmaceutical causes of breast cancer (Ehrenreich 2001). Indeed, some scholars argue that the variety of interventions against breast cancer have done *little* to change the death rate of breast cancer since the 1930s and suggest that understanding environmental causes may help change this pattern (Ehrenreich 2001). Therefore, because the field of educational information is delimited frequently in these ways, audiences may become empowered to act within a more pharmaceutical realm.

3.4. Subtle Promotion

This more pharmaceutical view of healthcare is strengthened by sites subtly promoting certain treatments over others. Doctors discuss a variety of treatments for a condition but focus on a particular drug as representative of that option. For example, after mentioning the categories of treatments, the Webcast host will ask: "Dr. Druker, Gleevec has received a lot of press lately. What class does it fall into and how does it work?" By introducing a specific product within the context of a more generalized exchange about cancer treatments, the doctors remain scientific and educational. Doctors will also discuss an entire class of treatments as being effective, yet highlight the sponsored one by discussing its performance in patient studies and trials; for example, a doctor notes, "The most interesting finding from this study was that we saw a difference in what we call the response rate...Femara was actually capable to giving us 50% more responses than Arimidex in this trial." In general, this language keeps the discussion of a particular drug's merits well within the rhetorical authority of a medical discussion. Although certain drugs are featured, subtle promotion reinforces the educational theme discussed above.

These subtle promotional language choices also emphasize medical treatments rather than health behaviors. Ironically, in terms of patient empowerment, the emphasis is not about a patient *doing* something but *having something done* to her. The sites may make audiences become an object of treatment, reducing, or at least changing, their agency. It is implied that it may be wiser to accept the risk of having something done to you than living with something. Of course, with diseases like cancer,

this may indeed be the case. However, with OAB or IBS, lifestyle changes may be the best ways to deal with the conditions. Yet sites frequently recommend medical treatment rather than suggesting measures to take before or in lieu of treatment. This tendency is seen, for example, on the IBS site, where a transcript suggests, "When it comes to diagnosing irritable bowel syndrome the first step is: go see a doctor." Instead of changing their diet, or exercising more, these language choices suggest that acting to take charge of health correlates with acting to receive medical treatment. Indeed, on the sites examined in this case study, it is rare that the very powerful, but *differently* empowered, position of rejecting treatment is presented as an active choice; rather, it is seen only as an avoidance mechanism. As (Fuqua 2002: 664) observes, such language "reinforces the already existing idea that the patient/consumer is in a state of need and that this need can be met through medical advice, and most importantly, consumption of a particular prescription drug."

3.5. Encouragement

The emphasis on treatment is supplemented by language that encourages visitors to take action. In most Webcasts, the announcer and the featured doctor work together to encourage users to make an appointment. They serve more as counselors or coaches on the health care team. On the IBS site, for example, when the announcer says that one of the key messages for people is "don't try to go it alone," the doctor responds: "One of the frustrating things I find about IBS is that often times patients with chronic symptoms don't see a doctor. And I think that *we* need to … let them know there are now medications available that can improve their symptoms and improve their quality of life.' This language serves as the pharmaceutical equivalent to the workplace practice of forming "task forces" to solve a problem. By creating a type of team attitude between doctors, patients, and products, the different groups work together instead of adopting a "we/they' attitude between units" (Pacanowsky 1988: 375). Note, however, that the emphasis is still on seeing a doctor for medication. In this arrangement, pharmaceuticals companies may begin to play a larger role on the team.

These sites also try to encourage people to seek physician treatment through words that speak to the desire to become "normal" again. For example, the IBS site states, "Let IBS Help improve your ability to manage and cope with this condition – and *get your life back.*" Meanwhile,

the OAB sites announces, "so if you're one of the many people *suffering needlessly* from OAB, talk to your doctor today because regaining control means winning back your freedom." This way of encouraging people to visit a doctor in order to achieve normalcy is persuasive in a subtle way. Not acting keeps one from becoming "normal" like everyone else. Relying on "I thought I had to put up with this" examples tells the user that putting up with the condition is *ab*normal. In fact, to not seek treatment results in a variety of unpleasant social consequences. The sites caution, for example: "IBS is a disease where not seeking treatment comes at a high cost, both in terms of the patient's quality of life and the pocketbook. There are patients who pass up promotions, because they can't travel. They pass up social events. They miss their kids' soccer games and things." Again, while this may be true, there is subtle pressure that continuing to suffer means that one is not empowered like everyone else. These sites make treatment almost an obligation of the consumer if he or she wants to be empowered, but they also make meeting that demand more comfortable through the other themes of the sites. Overall, then, these carefully woven threads clearly point to the next, which may encourage the consumer to act on their health in a certain way. Perelman and Olbrechts-Tyteca (2000) note that a hierarchy of values must be ordered correctly so that one is not led to incompatibilities or the need to make disparate choices. With some Healthology sites, if a reader accepts each of the promulgated thematic values discussed, there may be one choice: see a doctor for this particular pharmaceutical treatment and take charge of your health.

4. Implications

Rhetorical scholars argue that language has a taken for granted quality that may prevent audiences from fully recognizing the origination or potential implications of their identities. People may define themselves and their beliefs without realizing that the words they use are not necessarily their own (Elwood 1995: 7). It is important, therefore, to broadly reflect on the subjects that may be produced, or constituted, by these online eDTC texts. *The frequent user of Healthology websites may be guided and counseled into being a person who takes control of illness by assuming responsibility for a particular pharmaceutical treatment.* Parts of this identity are positive in terms of health literacy. Healthology's emphasis on the values of novelty, reassurance, education, subtle promotion, and encour-

agement may help people to learn more about a condition and prepare them to talk with a doctor. This access to information *is* broadly empowering, and was not as easily available a decade ago. Additionally, there is an analogy between change in the workplace and the challenges of disease that empowerment language manages. Scholars note that periods of increased organizational change result in feelings of increased powerlessness, as "changes may seriously challenge employees' sense of control and competence as they deal with the uncertainty of change and accept new responsibilities, skills, and guidelines for action and behavior" (Conger & Kanugo 1988: 477). Illnesses, similarly, increase feelings of uncertainty and bring new responsibilities and the need for new skills and guidelines. To empower a cancer patient, then, means resolving these feelings of powerlessness and helping him or her cope with and control these feelings. In other words, when empowered, employees and/or patients gain a "can do" attitude where they feel they can be effective in executing a desired behavior (Conger & Kanugo 1988: 477). Both gain an attitude that they can control their decisions more effectively. In terms of disease or illness empowerment, the same logic holds true. Perhaps the consumer cannot fully manage their disease, but they can take more ownership of it by interacting with these websites' language.

Yet, as discussed, although these websites encourage people to take charge of their health, they become empowered in a particular way. There is always priority in discursive action; here, one has to work harder for the non-pharmaceutical choice. As Hausman (2003: 93) has observed about infant feeding literature, a common format and message introduce infant formula as a choice that "sets out an equivalence between breast and bottle feeding that overrides any specific information about the health advantages of nursing." She argues that the rhetorical use of the word "choice" in promotional feeding materials helps create primacy for the view that infant formula is actually a better option for infant feeding. Similarly, the language used on these sites privileges prescription, medical treatments in the empowerment hierarchy. As a result, "we are invited, as readers, to imagine that this pain-free vision of agency and health has been produced through the consumption of the advertised drug commodity" (Fuqua 2002: 668). This critique suggests that scholars should consider the absence of particular views, or at least investigate how they are featured. Again, Healthology includes lifestyle and non-prescription treatment, but this content is lower in the discussion hierarchy.

Although the websites of one health content provider have been analyzed here, this type of analysis can enhance health literacy scholarship by continuing to examine the implications of particular rhetorical choices. Looking at other types of these websites could identify larger social and political trends in healthcare information sharing that these sites help develop collectively. Indeed, as Mickey (1997: 282) points out, with constitutive rhetorical criticism, "We are concerned not simply with the text, in this case, the campaign's words and images, but with what that text is saying in the culture. Also, what kind of culture are we creating by that particular text?" Future studies can continue to explore if and how pharmaceutically sponsored Web sites are helping to create a culture that privileges pharmaceutical medical treatments. Fuqua (2002: 656) argues, for example, that U.S. society is developing a prescription drug culture where, "liberation from one's illness requires that patient/consumer to submit to challenging dosing regimens, side effects, the risk of fatal reactions or other possible complications." Further analysis of these types of websites could investigate whether they encourage a normative health practice and a "medical perception of the self and everyday life" (Wilkie 2005; Fuqua 2002: 651). Similarly, studies can investigate whether the sites' language blur the lines between information and promotion. Healthology has been critiqued for this reason (Arnold 2005), but more rhetorical studies are needed to see exactly how their language contributes to such a culture. Finally, studying more types of these websites would discover if they help instantiate a particular media grammar consumers need to understand in order to glean helpful information. Meyrowitz (2002) argues, for example, that comprehensive media literacy requires understanding and recognizing each medium's unique grammar. Health empowerment becomes a trickier challenge when we recognize that there are different skills required for mastering different media and audiences visiting these sites may or may not possess all of the needed skills (Meyrowitz 2002:107).

This study also raises, but does not answer, questions about the redistribution of medical knowledge and expertise from physician authority to the patient, whether having information and choice means that those who are ill "choose" to be, and whether these sites reinforce a type of consumerism that makes health a commodity sold to those with the ability to buy. These sites may create the belief that we are free to choose our treatments, for example, but for many, this may not be the case (Fuqua

2002: 660-663). It also may be useful to recognize that these media function in a capitalist society and then question how sites may be different in other economic systems. Constitutive rhetorical criticism, therefore, raises a number of important questions. Answering them would increase our knowledge of the relationship between health websites, empowerment language, and health literacy. Although a constituive perspective is not sufficient in answering these questions, this case study suggests it may be an increasingly necessary, and beneficial, component.

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