LINGUOCULTURAL DIFFERENCES IN MEDICAL ADVERTISING IN ENGLISH AND RUSSIAN

Arazboyeva Zulfiya Bakhtiyor kizi
assistant lecturer, Urgench Ranch University
DOI:https://doi.org/10.5281/zenodo.23003131

Abstract: The article examines linguocultural differences in English- and Russian-language medical advertising as manifestations of culturally shaped models of persuasion, authority, patient agency and health-related value. Medical advertising is treated as a hybrid discourse in which institutional medical knowledge is reformulated through commercial, pragmatic and multimodal strategies. The study applies contrastive linguocultural, pragmatic and discourse-analytical methods to recent research on pharmaceutical and medical advertising, with particular attention to studies published within the last decade. The English-language material is interpreted primarily through the well-documented U.S. direct-to-consumer advertising tradition, while the Russian-language material draws on studies of Russian print and digital medical advertising. The comparison shows that English-language advertising more consistently constructs an active patient-consumer through second-person address, imperatives, self-management narratives and individualized benefit framing. Russian-language medical advertising, while also persuasive and consumer-oriented, more visibly relies on professional authority, institutional trust, accessible medical terminology, precedent phenomena and close interaction between verbal and visual components. The two traditions share the strategic simplification of specialized knowledge and the combination of rational and emotional appeals, but they differ in how responsibility, credibility and social relations are linguistically organized. These differences are especially significant for translation, localization and ethically responsible cross-cultural medical communication.

Keywords: medical advertising, linguoculture, English advertising discourse, Russian advertising discourse, pharmaceutical advertising, patient-consumer, medical terminology, multimodality, pragmatic adaptation.

INTRODUCTION

Medical advertising occupies a special position at the intersection of health communication, commercial persuasion and institutional discourse. Unlike ordinary product promotion, it works with themes of illness, pain, risk, bodily normality, professional expertise and hope for improvement. For this reason, the persuasive effect of a medical advertisement depends not only on lexical attractiveness but also on the culturally acceptable way in which health, responsibility and authority are represented. Recent studies of direct-to-consumer pharmaceutical advertising show that English-language campaigns can position the viewer as an active patient-consumer who is expected to recognize symptoms, seek information and initiate a conversation with a medical professional [1; 2]. Research on Russian medical advertising, in turn, demonstrates the importance of the polycode structure of the message, the interaction of image and text, the use of accessible medical vocabulary, precedent phenomena and language play [4]. A direct comparison of Russian and English material also confirms that the concept of medicine is verbalized through partly shared and partly culture-specific lexical fields [5].

The relevance of a linguocultural approach lies in the fact that advertising is never linguistically neutral: it selects forms of address, degrees of directness, metaphors, evaluative vocabulary and visual

© 2026 London International Monthly Conference on Multidisciplinary Research and Innovation. All Rights Reserved.

symbols that presuppose a particular model of the audience. Uzbek scholarship on advertising discourse has similarly emphasized that cultural values, language play and communicative strategies must be considered when advertisements move between linguistic communities [7], while research on medical advertising in Uzbekistan points to the interaction of linguistic, social and pragmatic factors [6]. The purpose of the present article is therefore to identify the main linguocultural differences in English- and Russian-language medical advertising and to explain how those differences affect lexical choice, persuasive structure, representations of medical authority and cross-cultural adaptation.

The study uses a qualitative comparative design based on recent linguistic, rhetorical and health-communication research published mainly between 2019 and 2026. The analytical framework combines contrastive linguocultural analysis, pragmatic discourse analysis and multimodal interpretation. The principal comparison categories are: the model of the addressee; grammatical realization of agency; representation of doctors and institutions; degree of terminological specialization; emotional and rational appeals; narrative organization; risk-benefit framing; and the relation between verbal and visual components. The evidence base includes research on U.S. direct-to-consumer prescription-drug advertising [1–3; 9], Russian medical print and digital advertising [4; 5], and relevant Uzbek studies of advertising discourse and medical advertising [6–8]. This design does not assume that all English-speaking or Russian-speaking audiences are culturally homogeneous. Rather, it identifies recurrent discourse tendencies in the research traditions most clearly documented in the available recent literature. The English-language side is consequently U.S.-centered, where direct-to-consumer pharmaceutical advertising has generated a substantial body of research, whereas the Russian-language side includes a broader range of medical services, health products and pharmaceutical messages.

RESULTS AND DISCUSSION

A major contrast concerns the linguistic construction of patient agency. In English-language pharmaceutical advertising, especially in U.S. television discourse, the viewer is frequently addressed as an autonomous decision-maker. Defibaugh shows that imperatives and patient-narrator structures encourage viewers to perform actions normally associated with medical decision-making, including identifying a problem and initiating discussion with a clinician [1]. The recurring formula represented by the discourse pattern “talk to your doctor” is not only informational; it grammatically transfers initiative to the addressee. Bates and Schrader likewise demonstrate that direct address and identification strategies create common ground between the commercial and the viewer [3]. This pattern corresponds to a broader individualized model of health communication in which choice, personal control and self-management become central semantic values. The doctor remains important, but often appears as a professional whom the patient-consumer approaches after the advertisement has already framed a possible diagnosis, treatment need or desired lifestyle.

Russian medical advertising tends to construct credibility through a more visible combination of professional and institutional signs. Dugalich’s analysis of Russian medical print advertising identifies medical terminology, precedent phenomena and language play as constitutive features, while also showing that advertisers prefer everyday or commonly understandable medical designations to strictly nosological ones [4]. This creates a double effect: the message retains the symbolic authority of medicine but reduces terminological distance between institution and consumer. The visual component strengthens that authority through images associated with medical settings, treatment, specialists or recognizable health-related situations. Dawulan’s comparative work on the concept “medicine” in Russian and English advertising further demonstrates that medical advertising promotes not only pharmacological products but also private medical services and socially important health concerns [5]. Within such a discourse,

© 2026 London International Monthly Conference on Multidisciplinary Research and Innovation. All Rights Reserved.

persuasion often operates through reassurance, competence, care and trust, whereas overtly individualized self-optimization is less structurally dominant than in the U.S.-centered English model.

The lexical-pragmatic difference is therefore not a simple opposition between "emotional" and "rational" advertising. Both traditions combine scientific authority with emotional relevance. The difference lies in how these resources are organized. English-language advertisements often move from an individualized problem to an individualized solution: a symptom interrupts ordinary life, a treatment restores activity, and the viewer is invited to act. This structure supports short imperatives, second-person pronouns, evaluative adjectives and narratives of regained normality. Studies of prescription-drug communication also show that pharmaceutical advertising can influence the patient-prescriber encounter by motivating requests and questions [2]. Russian-language medical advertising can use equally strong positive evaluation, but professional credibility and the institutional frame frequently carry more of the persuasive burden. In linguocultural terms, the English message more readily foregrounds the agency of "you," whereas the Russian message more readily foregrounds the reliability of the service, specialist or medically marked solution. These are tendencies rather than fixed national rules; genre, platform, audience and regulatory environment can significantly modify them.

Table 1. Comparative linguocultural tendencies in English and Russian medical advertising

Dimension	English-language tendency	Russian-language tendency	Implication
Addressee	Active patient-consumer; direct "you" orientation	Patient/consumer addressed through expertise and reassurance	Agency and authority are balanced differently
Grammar	Imperatives, second-person address, calls to initiate action	Evaluative, informative and recommendation-oriented forms	Directness requires pragmatic adaptation
Authority	Doctor as partner in a consumer-initiated interaction	Specialist, clinic and medical setting as credibility resources	Different sources of persuasive trust
Terminology	Scientific terms simplified inside benefit and lifestyle narratives	Accessible medical terms often preferred to narrow nosological labels	Both reduce expert–lay distance
Multimodality	Personal testimony and lifestyle imagery support individual appeal	Verbal and visual medical markers are tightly integrated	Localization must adapt cultural and visual codes

The multimodal organization of medical advertising intensifies these distinctions. Russian research explicitly describes medical advertising as a polycode genre in which verbal and visual series are structurally interdependent [4]. A white coat, a clinical interior, a medical instrument or a visualized bodily problem can function as a semiotic shortcut for expertise even when the verbal message uses ordinary vocabulary. English-language pharmaceutical advertising also depends strongly on images, but the visual sequence frequently dramatizes the consumer's everyday life before and after treatment. In such cases, medical science is translated into a narrative of restored mobility, social participation or

© 2026 London International Monthly Conference on Multidisciplinary Research and Innovation. All Rights Reserved.

control over routine. Cole's analysis of chronic-disease advertising demonstrates how such narratives can normalize particular expectations about improvement and ordinary life [9]. Thus, the cultural effect of the image is inseparable from the grammatical voice of the advertisement: a scene of personal transformation supports direct individual appeal, while a clinically marked scene supports professional reassurance.

Another important difference appears in the management of expert knowledge. Medical advertising must sound credible without becoming incomprehensible. Both English and Russian discourse therefore simplify specialized information, but the rhetorical packaging differs. English-language messages often integrate scientific vocabulary into benefit-focused sentences, testimonials and action sequences. Russian-language messages can preserve a stronger visual or lexical index of medical professionalism while replacing narrow specialist terminology with words that are recognizable to a general audience [4]. This process is culturally significant because terminology performs two functions at once: it names a medical phenomenon and signals institutional legitimacy. Excessive technicality weakens accessibility, while excessive colloquialization may weaken authority. The most effective advertisements position themselves between those extremes.

For translation and localization, the central problem is therefore pragmatic equivalence rather than word-for-word correspondence. A direct English imperative can be grammatically correct in Russian yet sound unnecessarily aggressive or commercially intrusive if the surrounding discourse does not support the same degree of patient autonomy. Conversely, a Russian message built around institutional credibility may appear impersonal in an English campaign that expects a stronger individualized call to action. Culture-specific precedent phenomena, humor and language play require even greater adaptation because their persuasive value depends on shared knowledge. Kholboboyeva's research on advertising discourse emphasizes the need to account for cultural values and adaptation when transferring advertising messages across languages [7]. In medical communication, this requirement is stricter because stylistic adaptation must not distort therapeutic meaning, exaggerate certainty or obscure risk.

Recent digital advertising also makes the boundary between informative and manipulative language more difficult to draw. Egamberdieva identifies mechanisms such as medicalization, semantic elevation, de-agentivization and lifestyle baiting in contemporary English-language pharmaceutical advertising and notes the fusion of scientific authority with emotional resonance [8]. This observation is relevant to both language traditions. Digital platforms allow short, highly personalized messages in which a medical term, an image and a strong evaluative phrase may appear as a single persuasive unit. Linguocultural analysis is therefore necessary not only for describing national stylistic preferences but also for evaluating how medical authority is converted into consumer motivation. The ethical issue is especially important where advertisements transform ordinary discomfort, age-related change or lifestyle dissatisfaction into a commercially framed medical need.

CONCLUSION

The comparison demonstrates that English- and Russian-language medical advertising share a common communicative task but organize persuasion through different linguocultural emphases. In the U.S.-centered English material, the dominant pattern is the construction of an active patient-consumer through direct second-person address, imperatives, personal choice and narratives of regained control. In Russian medical advertising, professional credibility, institutional trust, accessible medical vocabulary and integrated verbal-visual medical markers are comparatively more prominent. Both traditions simplify specialized knowledge, combine rational and emotional appeals and use multimodality to make medical information memorable. The difference is primarily in the distribution of agency and authority: the

© 2026 London International Monthly Conference on Multidisciplinary Research and Innovation. All Rights Reserved.

English message more often transfers initiative to the individual addressee, while the Russian message more often makes the medical institution, specialist or professionally marked solution a central source of reassurance.

These conclusions should be interpreted as discourse tendencies rather than fixed characteristics of entire national cultures. Medical advertising varies according to product type, medium, target group and regulatory context. Nevertheless, the identified differences are methodologically important for comparative linguistics, translation and advertising localization. Effective cross-cultural medical advertising requires adaptation of pronouns, modality, imperatives, terminological density, narratives, visual symbols and credibility strategies. A linguoculturally adequate translation must preserve medically relevant meaning while reconstructing the persuasive relationship between patient, professional authority and advertised solution in a form that is natural and ethically acceptable for the target audience.

REFERENCES

1. Defibaugh S. “I talked to my doctor”: Constructing the neoliberal patient-consumer in direct-to-consumer pharmaceutical advertising // Discourse, Context & Media. – 2019. – Vol. 28. – P. 1–7. – DOI: 10.1016/j.dcm.2018.12.001.
2. DeFrank J. T., Berkman N., Kahwati L., Cullen K., Aikin K. J., Sullivan H. W. Direct-to-Consumer Advertising of Prescription Drugs and the Patient–Prescriber Encounter: A Systematic Review // Health Communication. – 2020. – Vol. 35, No. 6. – P. 739–746. – DOI: 10.1080/10410236.2019.1584781.
3. Bates S. N., Schrader V. L. “Talk to Your Doctor”: A Rhetorical Analysis of Burkean Identification in Direct-to-Consumer Pharmaceutical Advertisements // Communication and Theater Association of Minnesota Journal. – 2023. – Vol. 46, No. 1. – DOI: 10.56816/2471-0032.1160.
4. Dugalich N. M. Medical Advertising as a Polycode Text Genre // Uchenye Zapiski Kazanskogo Universiteta. Seriya Gumanitarnye Nauki. – 2024. – Vol. 166, No. 1. – P. 93–107. – DOI: 10.26907/2541-7738.2024.1.93-107.
5. Dawulan M. Verbalization of the Concept “Medicine” in Russian and English Medical Advertising // Philological Sciences Bulletin. – 2023. – Vol. 3, No. 5. – P. 105–108.
6. Hikmatova G. Linguistic Feature of Medical Advertisements // ResearchJet Journal of Analysis and Inventions. – 2021. – Vol. 2, No. 03. – P. 50–54.
7. Kholboboyeva A. English and Uzbek Advertising Discourse: Similarities, Differences, and Linguistic Approaches // Foreign Linguistics and Linguodidactics. – 2025. – Vol. 3, No. 5/S. – P. 1–8. – DOI: 10.71337/inlibrary.uz.foreign-linguistics.123717.
8. Egamberdieva S. D. Linguistic Mechanisms of Mass Consciousness Manipulation in Pharmaceutical Advertising Discourse // World of Philology. – 2026. – Vol. 5, No. 5. – P. 248–253. – DOI: 10.70728/phil.v05.i05.038.
9. Cole K. Selling a Cure for Chronicity: A Layered Narrative Analysis of Direct-to-Consumer Humira® Advertisements // Rhetoric of Health & Medicine. – 2022. – Vol. 5, No. 2. – P. 212–239. – DOI: 10.5744/rhm.2022.5011.
10. Seaton T. L. et al. Direct-to-Consumer Pharmaceutical Advertising: Potential Societal Impact and Recommendations // Journal of the American College of Clinical Pharmacy. – 2025. – Vol. 8. – P. 1094–1098. – DOI: 10.1002/jac5.70064.

© 2026 London International Monthly Conference on Multidisciplinary Research and Innovation. All Rights Reserved.