



Ozempiconomy: Exploratory Analysis on Actor Behavior and Hegemony Within Radical Innovation-Induced Novel Ecosystems

by

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Abstract

This thesis investigates the dynamics of novel ecosystems born from radical innovation, centering on the surge of GLP-1 therapies like Ozempic and Mounjaro. Originally intended for managing Type-II diabetes, these drugs have unexpectedly permeated popular culture as weight loss tools, driven by celebrity endorsements and media discourse. Using a grounded theory methodology, this research explores how divergent actor behaviors—spanning users, influential media, and corporate agents—interact with prevailing hegemonies, particularly around body image, to disrupt intended strategic pathways. The analysis uncovers a phenomenon of "hegemonic rupture," where dominant societal ideals reshape the value perception of innovation, often against firms' aspirations, posing strategic and ethical challenges. This study contributes to strategy literature by integrating anthropological insights to highlight the underexamined roles of media and ideology in shaping innovation ecosystems.

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Introduction

Diabetic-Indicated GLP-1 therapy (DIGLP-1) has dominated pharmaceutical sales in 2023 by Firms of Interest (FOI), Novo Nordisk and Eli Lilly (Yahoo Finance, 2023), and analysts suggest the market size for these medicines will only grow, reaching estimated \$100 billion valuation by 2030 (Goldman Sachs, 2024). Further, blockbuster DIGLP-1 therapies have found themselves integrated into popular media in an unprecedented way. From its meme-ification on popular social media platforms like TikTok (TikTok, 2024) being the front cover image of New York Magazine (New York Magazine, 2023), to celebrity advocational testimonies from highly influential figures like Whoopi Goldberg (Women's Health, 2024), these therapies have found themselves fully interwoven into the fabric of popular culture unprecedented by other block-buster therapies. In combination, it is arguably suffice to claim that, through introducing DIGLP-1, FOI have engendered radical innovation--a term whose concrete definition, although still evolving, most scholars have largely agreed as technologies, products, solutions, or processes that dramatically transforms an existing industry including altering market-perceived capabilities with novel elements, renders existing solutions as nearly incompetent, and/or creates entirely new markets (Sandberg & Aarikka-Stenroos, 2014; O'Connor & Ayers, 2005). DIGLP-1's ability to generate investor, consumer, and most notably, media, excitement and discussion in a way never done before by previous block-buster drugs in the life sciences industry, and its new-found label as a "miracle drug" (New York Times, 2024) offers very little doubt that multiple of these prescribed criteria for it constitution of radical innovation are actively being satisfied.

Due to the reliance on the concept of radical innovation this article uses, correct classification is necessary. Disruptive innovation, a closely-related concept to radical innovation, is a process in which “a smaller company with fewer resources is able to successfully challenge established incumbent businesses” (Christensen, Raynor, & McDonald, 2015). Given the Companies of Interests’ already sizable presence and resources in the biopharma sector at the time of releasing Ozempic and Mounjaro, these firms are almost certainly defined as established incumbents rather than smaller entrants. Consequently, classifying DIGLP-1 as disruptive innovation would prove to be inconsistent with prominent literature. In the strive to further strategy theory, making this distinction is important.

FOI do offer GLP-1 therapy indicated for obesity and weight loss (Novo Nordisk, 2024; Eli Lilly, 2024). Despite this, Ozempic and Mounjaro, indicated for Type-II diabetes only, remain as leaders for GLP-1 therapy sales (Yahoo Finance, 2024). This becomes worrisome when voluntary public accounts suggest actual diabetic patients are struggling to access these therapies while non-diagnosed populations are frequently employing these medicines as weight-loss tools (Reddit, 2023). Coupled with highly influential figures such as Whoopi Goldberg openly discussing how they’ve used DIGLP-1 for the primary and solely for weight loss (Today, 2024), there is reasonable indication that the material payout of these products is manifesting in a way contrary to FOIs’ strategic aspirations to serve patients with chronic diseases (Novo Nordisk, 2024; Eli Lilly, 2024). Further, given the medical community’ lack of knowledge on the long-term health risks for non-diagnostic usage nor non-diagnostic discontinuation of these therapies (Khan, et al., 2024), the continuation of this aspiration-practice misalignment may pose risk to FOI. This phenomenon warrants a critical lens that has yet to be addressed in strategical management research.

Research Question

Literature on novel ecosystems catalyzed by radical innovation with attention to hegemony is currently underrepresented. Through exploring DIGLP-1, I seek to develop a theoretical explanation that addresses: How do different actors behave concurrently with hegemony in a novel ecosystem brought by radical innovation?

We feel this research's potential impact is vast. Firstly, a produced theory can serve as a productive contribution to the growing knowledge on novel ecosystems brought from radical innovation with a particular attention to explicating agents in media as ecosystem actors and hegemony. In this paper, I refer to hegemony in the regard that Antonio Gramsci popularized, which builds on the notion that dominant economic and social groups rarely rule on explicit coercion alone, but often rather also through implicit ideology that subordinate groups become consenting to (Gramsci, 1971). Though tools from other social science fields such as psychology and economics have frequently been deployed by business scholars, an anthropological lens—one which employs an ethnographic approach and strongly considers relevant social constructs at play--has been severely lacking in business academia. This paper seeks to produce an example of how an anthropological approach can be helpful in making sense of business phenomena that and encourage heightened utilization. Lastly, future managers could use these findings to better understand potential risks for strategy failure created by introduction of radical innovation. In the life sciences industry where innovation is frequent, this directly affects patient health.

Theoretical Development

We review 26 relevant articles, ranging from the *Strategic Management Journal* to *Health, Risk, and Society*, synthesize their findings, and propose how these discussions find themselves relevant to the proposed research question.

Radical Innovation, Ecosystems, and Media

The majority of literature regarding radical innovation pertain to mobilizers and barriers to incepting radical innovation. While this topic on dynamics of factors preceding radical innovation is a popular among strategic scholars, the articles exploring the mechanisms of the agents within a novel ecosystem generated proceeding radical innovation is more limited. Further, most strategic literature as of now illustrates business ecosystems as ones without distinct agents from influential media (Jacobides, 2018; Adner & Kapoor, 2009; Hannah & Esiendhardt, 2018). This section seeks to review the confined, relevant literature and synthesize their findings productively.

In regards to how media and user actors interact with corporate strategy, research has shown that greatly from the affordances of social media in particular, influence and autonomy over corporate strategy is becoming more dispersed across stakeholders outside of management (Heavey, et al., 2020; Hales, et al., 2018). Concurrently, prominent authors on radical innovation

agree that innovations with advanced technology are more likely to experience scenarios where “perceived value from the market may focus on features of the technologies not anticipated by the developers” (McDermott & O’Connor, 2002, pg. 430). Together, it appears highly plausible that contemporary radical innovations that gain traction in social media, which encompasses existing users and potential ones, are more susceptible to alterations in user-market interactions diverging from their original intended value proposition.

When shifting attention to how internal firm agents can induce sustainable radical innovation, other relevant literature posits that due to the high levels of contextual uncertainties radical innovation designers and monitors face, these agents should embrace effective flexibility in organizational activities to accommodate internal and external market ambiguity so that their innovations’ success can be more sustainable and long-term (Li, et al., 2017; Shawesh, et al., 2024; Toh & Pyun, 2023). Simultaneously, scholars widely understand that designers of radical innovation seeking to induce innovation need to use and share market knowledge intentionally (Zhou & Li, 2012). More specifically, these internal firm agents should develop a competent comprehension of “multidimensional material based on user needs, markets, technology, etc.” (Zhang & Kim, 2022, pg. 32). These studies highlight the necessity for firms in radical innovation ecosystems to have robust understandings of various external market and user dynamics, and flexibility to shift operations in harmony with their pertinent insights.

Though literature on media-firm-user behavior in radical innovation-created ecosystems is scarce, the relevant research does offer meaningful implications. Cumulatively, the findings suggest that media actors have an especially high capacity to alter radical innovation value capture that can contrary to radical innovation designer aspiration, while radical innovation designers need to effectively respond to these changes respectively should they want their

innovations to sustainable successes. Given the high-scale of attention given to GLP-1 therapy by social media platforms, popular media sources, and celebrities with an angle not aligned with their medical and strategic indications, this insight is very helpful to better understand this phenomenon.

Strategy Alignment in Life Sciences

The literature surrounding barriers to long-term value creation and the prerequisites for meaningful corporate social responsibility (CSR) provide considerably relevant perspectives for the life sciences industry. The nature of this industry, at a casual glance, finds itself with conflicts between patient-value, profits, and innovation. This section synthesizes key studies on CSR, short-termism, sustainable value creation. Together, these works offer a comprehensive argument for strategy/practice alignment in the life science industry to benefit both shareholders and stakeholders in the long-term and the negative implications of life science strategy failure.

Although the life sciences industry may casually appear to have conflicting interests, with critical analysis, it becomes clear that the sector possesses systemic foregrounds for great potential to align priorities of financial performance, prosocial goals, and innovation in unison. Literature regarding economic justifications for corporate social responsibility suggests that when alternative arrangements such as government organization or non-profit businesses cannot efficiently deliver a social good, it's in the best interest for for-profit organizations to deliver that social good and can especially realize societal benefit if the activity is central to the firm's core mission/aspiration (Kaul & Luo, 2017). Furthermore, empirical evidence shows that when core activities are targeted towards marginalized and disadvantaged populations, there bears a large

capacity for for-profit businesses to align their commercial and prosocial objectives (Domingos & Caluz, 2024).

Providing critical medication to patients with chronic conditions to dramatically improve their quality of life can likely be constituted as a social good aimed towards disadvantaged persons. Further, alternative arrangements such as non-profit organizations and/or the government have not shown an ability to produce or distribute GLP-1 therapy as efficiently for these marginalized populations. Tethered with the relevant literature, what is unearthed is that even though pharmaceutical companies are for-profit, it should be in their best interest to prioritize delivering DIGLP-1 to diabetic patients as it is central to their core mission and aspirations. Because of their contextual conditions, FOI by no means should suffer by maintaining practices central to their core objectives.

Despite this, pharmaceutical companies have shown in the past their willingness and ability to deprioritize enhancing their social value for sake of profits. The most famous example of this is Purdue Pharma's deliberate targeting of vulnerable, lower socioeconomic neighborhoods with their addictive OxyContin painkiller, as a means to realize high levels of profits (Briggs, et al. 2023). Although this antisocial strategy was profitable for a brief time, it needless to say brought about a wreck of suffering from their affected communities, and ultimately led to the organizations ruin and downfall. Their prioritization of short-term profits over delivering value-adding care to patients became materially detrimental to their stakeholders and shareholders.

The case from Purdue Pharma is unsurprisingly extremely consistent with the current research on the dynamics between short-termism, organization sustainable resiliency, and corporate social goals. In fact, some scholars have found that CSR a productive proxy to measure

an organization's resilience (Kaplan & Norton, 1996). Further, more recent studies suggest that prioritization of short term profits, included in the scope of short-termism, decreases their ability to realize real CSR goals, and short-termism is in fact the primary threat to an organization's resilience (Kang, 2012; Bansal & DesJardine, 2014;). Congruently, authors agree that a long-term orientation over short-termism improves business performance and ability to procure and propose value (Flammer & Bansal, 2017). Drawing from these findings in the context of the medical communities' void of understanding the long-term health risks of using and discontinuation of GLP-1 therapy without a diabetic diagnosis, there is a strong argument that a practice of a short-termism strategy disregarding target patients can potentially be degenerative both for FOI and society at large.

When considering a risk-aversion dimension, the findings from research portrays a similar narrative. In fact, there is empirical data showing that strong CSR initiatives have the possibility of reducing a firm's risk of massive financial loss through increasing shareholder and customer trust in the organization which is especially beneficial during times of crises (Nirino, et al. 2022). Remarkably, The study found even stronger positive correlation between CSR and risk reduction when there are high levels of corporate governance activities that focus on long-term value creation. Other literature similarly provides empirical evidence that organizations that have more social and environment practices (SEPs) compared to control organizations with less SEPs, are able to grow more long-term and experience less financial volatility (Ortiz-De-Mandojana & Bansal, 2016). Thus, there lays significant evidence that focusing on CSR through executing corporate strategy aimed at delivering DIGLP-1 to diabetic patients can help reduce likeliness of tumultuous events for FOI; it is overwhelmingly in best interest for these organizations on a risk-reduction standpoint to be more socially positive. This is especially relevant in context of Purdue

Pharma which shows how an anti-social strategy created massive risk for a pharmaceutical company.

When all things are considered, the literature shows that because FOI's authentic central activities are inherently prosocial and alternative arrangements cannot provide the same results as efficiently, FOI should maintain practices aligned with their core missions and aspirations. Doing so will harmonize their objectives in commercial and social success. Given their relation to their users' personal health and bodies, the consequences from diverging from their original, prosocial strategies has great potential to impose great risk for their patients' health and their resilience as organizations.

Hegemony on Body Appearances

Discussion of hegemony is notably lacking in business literature. Despite this vacancy, the implicitly dominating quality of hegemony makes it paradoxically all-encompassing. Further, the high frequency of influential media discussing DIGLP-1 as a means of weight-loss authorizes strong justification to examine how hegemony with respect to cosmetic standards currently posit normalizations and pathologies of body types when trying to better understand the DIGLP-1 ecosystem. This section aims to situate relevant discussion relating to hegemony and societal perceptions on body standards in a helpful context for the research question.

Scholars reflecting on Gramsci's theory of hegemony acknowledge how explicit effort required for perpetuating and mobilizing dominant ideology varies by ideology (Fermia, 1987; Adamson, 1983). While some values are easier to be collectively seen as beneficial by

subordinate groups, other certain values may necessitate more degrees of social engineering. As Lears describes:

“To resort to the concept of cultural hegemony is to take a banal question-‘who has power?’-and deepen it at both ends. The ‘who’ includes parents, preachers, teachers, journalists, literati, ‘experts’ of all sorts, as well as advertising executives, entertainment promoters, popular musicians, sports figures, and ‘celebrities’-all of whom are involved (albeit often unwittingly) in shaping the values and attitudes of a society. The ‘power’ includes cultural as well as economic and political power-the power to help define the boundaries of common-sense ‘reality’ either by ignoring views outside those boundaries or by labeling deviant opinions ‘tasteless’ or ‘irresponsible.’” (1985, pg. 572).

Thus, hegemony is a dynamic process that requires active maintenance by certain actors through pathologizing alternative viewpoints, even if those actors are not consciously intending to differentially maintain said dominant value. This theoretical framework is fruitful in examining ecosystems as it potentially elicits causal explanations to actor behavior.

To further leverage hegemony theory in analyzing DIGLP-1, one must ask what notions of body types *are* being shunned as nonsensical or illegitimate? One of the first of many answers that is unveiled when examining this critical question is “fatness”. A Western pathology of “fatness” has been recognized by scholars from both social and clinical backgrounds, with many critiquing Western medical systems’ conflation of non-harmful overweightness to harmful obesity, the material and detrimental health consequences of stigma related to “fatness”, and the unproductivity in Western public health authorities declaring “obesity epidemics” (Dickins, et al. 2011; Penney & Kirk, 2015; Moffat, 2010). Prominent critics of the medical community’s perceptions on obesity have taken bolder oppositional stances, including suggesting the concept of obesity itself stems from a materialization of puritan values rather than clinical intent: “This

medicalization of fatness via the establishment of the disease of obesity has entailed a collapsing of medical narratives/imperatives and historicocultural discursive formations of fatness as a moral failing and as an aesthetic affront” (Murray, 2008, pg. 8).

Contributing a unique perspective on the discourse of the “legitimacy” of obesity and/or on when body fat percentage becomes harmful is outside the scope of this literature review. What can be ascertained from observing these articles, however, is that “fatness” is indeed a pathologized quality to body types in the modern Western world. Hence, a hegemony that idealizes bodily appearances lacking this “fatness” quality operates as a dominating ideology with actors of experts, lawmakers, influential media, etc. upholding it. Elucidating this said hegemony and its implications on actor exposition only furthers the case to engage hegemony and more actors external of the firms in analysis of radical innovation ecosystems.

Methodology

In order to maintain this paper’s intention to develop theory whilst harmonizing practices from strategy and anthropology fields, I employed a ground theory methodology to collect data and allow themes to emerge themselves (Strauss & Corbin, 1990). Coded sentiment analysis to create initial foregrounds of findings which human analysis can further develop from is additionally proving to be helpful for both anthropologists and scholars engaging in grounded theory methodology at large (Albris, et al. 2021; Nelson, 2017). Given the multitude of individual testimonies my data entailed, I’ve thus conducted preliminary sentiment analysis on my secondary data samples as a starting point to build theory.

Data

In total, 18 samples were collected, representing over 200 individual testimonies across 6 actor/agent groups (see Appendix A to access G1-G5). These groups and their respective sample size were categorized as:

G1: Diabetic-centric users (5)

G2: Non-diabetic-centric users (5)

G3: Influential media (3)

G4: Firm investor-relation agents (2)

G5: Firm R&D agents (2)

G6: Firm sales agents (1)

Findings

As mentioned, a preliminary analysis involving coded sentimental analysis was used in combination with further human analysis to execute grounded theory.

Preliminary Analysis

Raw scores were given to G1-G5 based on 4 indicative sentiments: Therapeutic, Anger, Fear, and Scarcity. These sentiments were chosen as there was confidence confident finding a statistically significant difference in any of these four sentiments between these 5 groups would provide meaningful suggestion that a contrast of opinion between the varying customer, firm,

and media agents exists on how these therapies should be best utilized and/or how the therapies' associated experiences are perceived. The raw scores and were then Z-score normalized (See Appendix B) for one-way ANOVA testing. The raw scores and results of the ANOVA test are described below in Figure 1 and Figure 2.

Figure 1: Raw Sentiment Scores

Sentiment	Group 1	Group 2	Group 3	Group 4	Group 5
Therapeutic	111	70	26	27	73
Anger	28	8	1	0	0
Fear	6	18	0	0	0
Scarcity	101	28	7	1	0

Figure 2: ANOVA results

Sentiment	F-Statistic	p-Value
Therapeutic	1.13	0.39
Anger	2.46	0.10
Fear	2.60	0.09
Scarcity	7.41	0.00

With a significance threshold at $\alpha = 0.10$, we found a significant difference in the Anger, Fear, and Scarcity sentiments.

Human Analysis

The above test indicates that there bears a material divergence in how these different agents in this newly developed ecosystem perceive the product's capabilities. From cross referencing Tables 1 and 2, more specific insights can be inferred. In terms of the Fear sentiment, G2 is likely undergoing circumstances which cause them to express more fear-related terms in their conversations of the therapies due to their high raw Fear score. When examining specific testimonies from these files in this group, a pattern of fear-related language can be seen:

“One source of anxiety is social eating situations. I don't particularly want to tell people the details around why I blanch when a plate of even the most delicious food is put in front of me.”

“Two main contributors are, too aggressive weight loss and cortisol. The too aggressive was those losing more than 1kg (2.2lbs per week) on average per week. It's why universally 1lb/450g is considered the best rate as to which to lose as it stresses the body the least whilst losing. Losing more is fine. But your body may react.”

“For now I will try to hit my protein and fiber and exercise goals without counting calories because the great thing about ozempic is that it finally quiets the food noise so that I automatically consume less calories. These things- while super interesting and probably scientifically accurate triggers in me aaaaaalll those diet reminders and just reading it gives me anxiety and phantom food noise.”

It appears that these users are often conversing to each other on these forums about their weight loss intentions. In those discussions, these users repeatedly express fear-related language surrounding topics of food, eating, and body weight. This attention to these topics with the focus of losing weight parallels with the “fatness”-pathologizing hegemony described earlier. DIGLP-1, then, is not a therapy to manage diabetes but rather an effective tool they recognize help them achieve their physique goals easier and faster, which will in-turn be a solution to their fears surrounding eating and body image. Synthesizing this analysis with the statistical significance of the sentiment, it would suffice to say there is indeed a population DIGLP-1 customers that recognize the product for a cosmetic enhancing purpose different than the firms’ original intention of management of Type-2 Diabetes. When, examining excerpts from the influential media regarding these medicines, an important context is unveiled which suggest that popular celebrities and news outlets are fueling this alternative recognition:

“‘One of the things that’s helped me drop the weight,’ Goldberg said at the time, was Mounjaro. She also spoke about the stigma surrounding weight loss drugs and said the ‘key is to stop judging everybody.’”

“After reaching 270 lbs., he decided to try medication — and has since lost 50 lbs. ‘I feel good,’ he tells PEOPLE. ‘I’m just grateful because it’s such a better life.’ Gaffigan slimmed down using Mounjaro, which is a brand name for tirzepatide, a prescription drug used to treat type 2 diabetes. It also helps people lose weight.”

Not only are these figures with extremely powerful social influence proudly detailing how these diabetic-indicated medicines have helped them feel better about their body image, but the news outlets also that platform these stories simultaneously utilizes language that normalizes using the medicine for these cosmetic purposes. It would be negligent to ignore how influential media helps shape this medicine be perceived as an effective tool to alleviate the anxiety many individuals experience overeating and body image. This nature of this language only symbiotically fortifies a social pathology with “fatness”. In relation to Lears’ argument, it’s likely these celebrities and platforms are active actors in maintaining body appearance hegemony, which as we see from G2, becomes embodied in subordinate groups.

Similarly, analyzing the context of the statistical significance of the Anger and Scarcity sentiment can provide critical information on how different agents are experiencing these medicines. The tables suggest that G1 in particular have notably high Anger and Scarcity raw scores. Again, their testimonies reveal a clear pattern:

“ I take Ozempic for my type 2 diabetes and I was truly hoping I wouldn’t have to get screwed by shortages because I use the 1.34 mg dosage, but it’s happened - I am now on a “list” for back order for Ozempic. And I am angry and stressed. the Ozempic helps me manage my diabetes greatly and to have to switch to something else, even temporarily, greatly upsets me because I don’t want to have to add new side effects and new factors to what I already deal with.”

“Mounjaro isn’t even better in my experience as far as shortages go. I had to change dosages because the 20 pharmacies I called in the LA area all were out of 10mg.”

“Few weeks passed by, I was still not able to get Ozempic. I reached out to my insurance, they said they rejected the prior authorization request. They said “well you are not a diabetic, this medication is for diabetics”. I explained to them that I was diagnosed as a T2 diabetic in 2021 and I’ve been taking this medication for the past 2 years. They told me the doctors will need to submit more bloodwork and confirmation of diagnosis.”

There is a vivid narrative that diabetic-diagnosed patients—the population of customers the firms have indicated they are targeting—are experiencing great difficulty in accessing these medicines, which is also arising significant frustration. Interestingly, these testimonies additionally reveal these patients are aware of their opposing population of cosmetic-centric customers, and their confidence that this opposing group along side clinical practitioners engaging with this group are largely attributable to the shortages:

“The ones using it for vanity and not for their health... they are the issue right now. And the doctors prescribing it to them.”

“If the shortage keeps up, governments really should start rationing supplies to favour diabetics. Weight loss is important, but we do need it more.”

“But hey, Elon Musk wants a better beach body, so we should stop complaining about wanting to live, right?”

From these public testimonies, it's highly likely that corporate strategy misalignment is occurring for FOI. While their target users in G1 are expressing significantly more sentiments regarding their inability to access these medicines, G2 seemingly lacks this issue, and is identifying the medicine for cosmetic purposes, which are notions supported by platforms and figures with high social capital. The firms' investor relations and R&D materials appear to be aligned with delivering DIGLP-1 Therapy to patients with Type-II Diabetes, but to further explore potential divergences within the integral agents within firms, the interview with G6 must be put into context. This agent was part of one of the FOI's sales division, and was trained on selling one of their major DIGLP-1 that has been mentioned in the secondary data during 2024. In the interview, they were asked “how much the indication of the therapy mattered to the sales process of the therapy”, to which they replied:

“They were really strict about me going in and being like ‘this is only indicated for patients with Type-II Diabetes, like don't be prescribing this to willy nilly to like anyone’. The patient profile was essentially people with Type-II Diabetes and/or people with A1C levels at certain percentage and are not reaching their goals on metformin, or insulin, or like, whatever they're currently on. So, they were really really were trying to get me to look for this specific patient in doctor's offices and try to, like, remind doctors of times where they've seen this patient before. But, yeah, they were definitely very

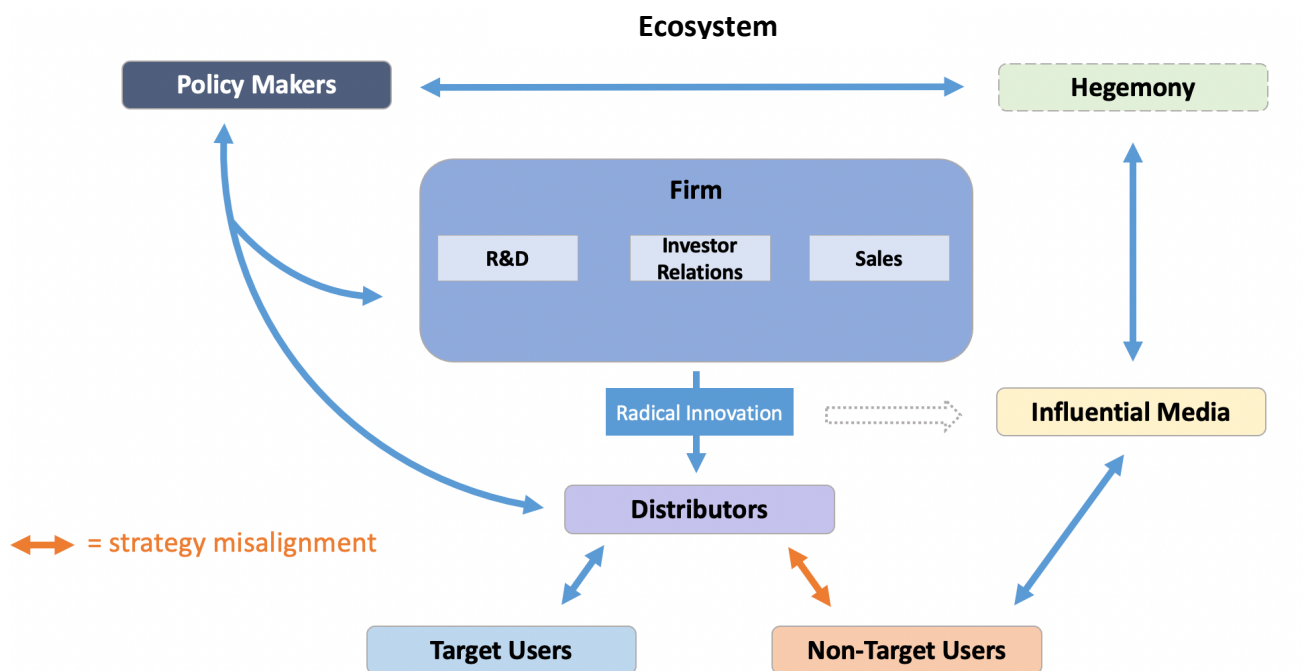
strict in being like ‘don’t market this as a weight-loss drug because this is for Type-II Diabetes.’”

This testimony was significant, because despite the singularity of the sample size, it does suggest that at least one of FOI was instructing at least a certain portion of their sales representatives to sell their therapy as indicated and disregard the cosmetic-related utilities the company does seem to be aware of. Thus, the strategy misalignment increasingly becomes more probable due to external actors behaving in defiance of the firms rather than a lack of shared corporate strategy between internal agents. Regarding these said external actors, this excerpt also implies that clinical practitioners who prescribe the therapy are likely be active in this described defiance in addition to alternative customers and influential media. Cumulatively, it appears highly likely that the pathologies around “fatness” hegemony is distilling onto populations whilst the maintenance different actors engage in to up hold this hegemony is likely mobilizing this strategy misalignment.

Conclusion

Triangulating the literature review and textual analyses from the data, I build on current literature regarding radical innovation by illustrating how various actors beyond solely the firm have exceptional influence on the market manifestation of radical innovations. This illustration is captured in Figure 3 below.

Figure 3: Resultant Framework



Grounded in existing radical innovation theory, we posit that hegemony and influential media are distinct, active actors and forces in radical innovation-induced novel ecosystems that can mobilize users to recognize divergent capabilities in radical innovation. Even if internal firm agents are aligned in strategy, the contextual, societal ideas on normalcy and pathology, which are offered by hegemony and are dynamically interlinked with policy and influential media, may have power suffice to undermine said strategy and further fortify hegemony. I identify this phenomenon as *hegemonic rupture*. The scale of influential media's guidance on user perception given modern social platforms combined with the inherit ambiguity of capabilities radical innovation possesses manifests a fertile foreground for external actors to dynamically interact with ongoing hegemony that the material utility of the radical innovation is dramatically different than the firms' intentions.

Discussion

These findings on radical innovation and hegemonic rupture can prove to be helpful to managers overseeing products that intend to disrupt market dynamics through illustrating the varying movements external actors, including popular media, and hegemony, can practice when a radical innovation is presented. The findings show that, though strategy scholars have mainly focused on product users as external sources for radical innovation—especially in the life sciences field (Chatterji & Fabrizio, 2013)—hegemony and its protectors such as influential media also have capacity to influence radical innovation even in seemingly technology-absolute sectors such as life sciences. My hopes are to inspire more critical research on the implications of power dynamics between different agents and hegemony in novel ecosystems derived from radical innovation. This article demonstrates how using toolsets and theory from anthropological fields can be productive. Organizations are continuously involved with hegemony, even if unaware, and this case-study on DIGLP-1 is only one example of how this powerful process can create fissures and faults even successful incumbent corporate strategy and mass-level of suffering for patients. Managers may find benefits in understanding contextual ideas of normalcy and pathology when attempting to engender radical innovation.

Limitations and Future Research

In terms of the study's limitations, the sample sizes lacked perspectives from the clinical practitioner parties, or the distributor actors in the respective ecosystem. To further understanding on the DIGLP-1 ecosystem and how distributor actors interact with hegemony,

future research should include this sample. While this study used DIGLP-1 as a vehicle to explore hegemony influences on actors in a radical innovation-induced ecosystem, future research examining where hegemonic rupture has occurred before or is currently occurring in other radical innovations will only enhance knowledge on this topic.

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Appendices

Appendix A: Secondary Sources

G1: ([source 1](#), [source 2](#), [source 3](#), [source 4](#), [source 5](#))

G2: ([source 1](#), [source 2](#), [source 3](#), [source 4](#), [source 5](#))

G3:1 ([source 1](#), [source 2](#), [source 3](#))

G4: ([source 1](#), [source 2](#))

G5: ([source 1](#), [source 2](#))

Appendix B: Z-Score Normalized Scores

Sentiment	Mean	Std Dev	Min	Max
Therapeutic	1.31e-17	1.03	-1.15	1.84
Anger	6.45e-17	1.03	-0.64	3.17
Fear	-7.84e-17	1.03	-0.64	3.00
Scarcity	3.27e-18	1.03	-0.84	2.18

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