Getting the vaccine now will protect you in the future! A pragma-dialectical analysis of strategic maneuvering with pragmatic argumentation in health brochures
van Poppel, L.

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van Poppel, L. (2013). Getting the vaccine now will protect you in the future! A pragma-dialectical analysis of strategic maneuvering with pragmatic argumentation in health brochures
Getting the vaccine now will protect you in the future’ is an example of pragmatic argumentation in a health brochure aimed at convincing the reader of a piece of health advice. A brochure writer can be expected to attempt to choose the most convincing arguments and formulate them in the most appealing way. This study aims to explain why a health brochure writer might choose pragmatic argumentation and how a writer might design the argumentation to convince people to accept his advice. Based on the pragma-dialectical theory of argumentation and the notion of strategic maneuvering, it is explained how the conventions of health brochures influence what arguments writers can advance and how they can present them. For example, writers are expected to advance arguments that are relevant for justifying health advice and they should enable readers to make an informed decision. This study shows that four variants of pragmatic argumentation can each contribute to the writer’s goals by addressing a specific type of anticipated doubt or criticism concerning the standpoint or the argumentation. Examples of health brochures (e.g. about smoking, vaccination, antibiotics) are used to examine the rhetorical advantages of these variants of pragmatic argumentation in this specific context. A case study of a vaccination brochure reveals that a particular design can make pragmatic argumentation appear stronger and the advocated behavior more appealing than it perhaps is.

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Getting the vaccine now will protect you in the future!
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GETTING THE VACCINE NOW WILL PROTECT YOU IN THE FUTURE!

A pragma-dialectical analysis of strategic maneuvering with pragmatic argumentation in health brochures
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1.1 Pragmatic argumentation in health brochures

Public health campaigns aim to influence health behavior by offering people advice on what they should do to improve their health. The messages spread in these campaigns concern the treatment of disease, the promotion of good health and the prevention of illness. Advice to adopt a certain behavior is characteristically promoted by pointing to the positive effects of that behavior. Advice against certain behavior is supported by mentioning its negative consequences.

An example of an advisory brochure pointing to the positive consequences of a particular behavior is ‘Just eat more (fruit & veg)’, which is part of a British campaign that encourages people to eat more fruit and vegetables:

(1) Just eat more (fruit & veg)
5 A DAY: what’s it all about?
Eating a variety of fruit and vegetables, whether fresh, frozen, canned or dried, can all count towards your 5 A DAY. And, eating 5 A DAY may help to reduce the risk of heart disease, stroke and some cancers.

(‘5 a day Just eat more fruit & veg’, NHS 2008)

From the imperative ‘eat more fruit and veg’ it can be inferred that an attempt is made to get the reader to change his behavior. To promote the advice, the brochure mentions two positive consequences of eating more fruit and vegetables, namely that ‘eating 5 A DAY may help to reduce the risk of heart disease, stroke and some cancers’.

An example of a brochure in which a particular behavior is discouraged by pointing to the negative consequences of that behavior is the following:

(2) The NHS recommends that you should not regularly drink more than:
3-4 units of alcohol a day for men,
2-3 units of alcohol per day for women.
If you drink more than this, the risks to your health and personal safety start
to increase – especially if you regularly drink large amounts over a short period of time.

(‘Drinking, you and your mates. How much is too much?’, NHS 2007a)

In (2), the advice that people should not consume too much alcohol is explicitly introduced by the performative verb ‘recommend’. The advice is supported with the argument that ‘If you drink more than this [the recommended alcohol limits], the risks to your health and personal safety start to increase – especially if you regularly drink large amounts over a short period of time’. Pointing to the advantageous effects of a promoted course of action or to the disadvantageous effects of a discouraged course of action can be considered as a type of argumentation called pragmatic argumentation. The arguments in (1) and (2) can therefore be interpreted as instances of pragmatic argumentation in defense of an advisory standpoint.

In both brochures the writers have chosen to use pragmatic argumentation. A difference between the two is that in each case the writer has opted for a different instantiation, or in other words, a different design of the pragmatic argumentation: a specific effect of the advised action is mentioned and the causal connection is presented in a specific way. In (1), the writer has chosen to refer to a positive effect of complying with the advice, namely that eating fruit and vegetables prevents undesirable consequences, such as heart disease, stroke and some cancers. In (2), on the other hand, the writer has chosen to refer to the undesirable consequences of not complying with the advice, namely the increasing risks to the reader’s health and personal safety. The designs in (1) and (2) also differ from one another in the way in which this effect is presented. For example, in (1) the effect of the behavior is introduced with the phrase ‘may help to reduce the risk’, while in (2) it is introduced with the phrase ‘the risks ... start to increase’.

The use of argumentation in health brochures indicates that a writer does not expect his advice to be accepted at face value. When offering advice, there is always a risk that the addressee will not accept the advice without sufficiently compelling supporting arguments. In the context of health campaigns, however, there are several factors that complicate the advice-giving activity. For instance, an attempt by a particular health institution with a certain power and authority to change people’s behavior might be seen as overly interfering in people’s lives, which might prevent them from accepting the advice. Another factor is that brochures are forms of written communication, which implies that no direct explicit interaction is possible between the advisor and the advisee. A brochure from a health institution is expected to provide the reader with the information needed to critically assess the advice; otherwise they cannot form a well-founded opinion on whether or not to comply with the advice. Without direct interaction, this task is particularly difficult, because a writer does not know what kind of doubt or criticism the reader might have. To get their advice accepted, a brochure writer must anticipate the reader’s doubt or criticism and choose the argument and the design of that argument in...
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a way that is helpful in reaching their goal. A brochure writer can be expected to strive for maximum persuasive effect, which means that as many readers as possible accept their advice. Choosing pragmatic argumentation and choosing a particular design for the argumentation can therefore be seen as efforts to choose the most effective means to get the advice accepted through the medium of a health brochure.

1.2 Objectives, approach and method of the study

The main objective of this study is twofold: first, to explain why a writer of a health brochure might use pragmatic argumentation, and second, to explain how a writer might design this argumentation, or, in other words, how a writer chooses one instance of pragmatic argumentation over the other. Central to this study are two questions: the first is why, considering the particularities of the health brochure, a brochure writer would choose pragmatic argumentation to convince the readers of health advice. A second question that arises is how a particular design of pragmatic argumentation could contribute to reaching this goal.

To answer these questions, I make use of the pragma-dialectical theory of argumentation developed by van Eemeren and Grootendorst (1984, 1992, 2004) and extended by van Eemeren and Houtlosser (2002, 2006), and van Eemeren (2010). In the pragma-dialectical theory, argumentation is seen as a means to reach the dialectical goal of resolving a difference of opinion on the merits by conducting a discussion in accordance with certain standards of reasonableness. Within this framework, argumentative discourse is viewed as a regimented exchange of speech acts, each of which fulfills a specific function in the resolution process. The ideal model of a critical discussion specifies the four stages that a discussion ideally runs through and indicates what moves contribute to reaching the sub-goals of each stage (van Eemeren & Grootendorst 1984).

In the extended version of the pragma-dialectical theory, it is assumed that besides their dialectical objective of resolving the difference, discussants also have a rhetorical objective of striving for a resolution of the dispute in their favor. Van Eemeren and Houtlosser introduced the concept of strategic maneuvering to refer to the efforts arguers make to find a balance between their wish to have their standpoint accepted by the audience and to (be seen to) accomplish this in a reasonable way (van Eemeren & Houtlosser 2002, 2006; van Eemeren 2010). In every stage and in every move of the discussion three aspects of strategic maneuvering can be analytically distinguished: discussants make a selection from the topical potential, they use certain presentational devices, and they adapt their moves to audience demand (van Eemeren 2010: 93).

In the argumentation stage, discussants in the role of protagonist strive for the dialectical goal of testing the acceptability of the standpoint that was put forward in the confrontation stage by advancing argumentation in reaction to criticism
expressed by or ascribed to the antagonist. The rhetorical analogue of this goal is that the protagonist attempts to make the strongest case ‘by articulating in their argumentation those (combinations of) reasons that satisfy the antagonists and continue doing so until no critical doubt remains unanswered – using multiple, coordinative and subordinative argumentation depending on the antagonists’ (anticipated) responses and exploiting argument schemes they consider most effective in the situation at hand’ (van Eemeren 2010: 35). The strategic maneuvering that takes place in the argumentation stage – in other words, argumentative maneuvering – may include various specific ‘modes’ of strategic maneuvering that are designed to realize the dialectical and rhetorical goals pertaining to the argumentation stage (van Eemeren 2010: 37). Not only do the dialectical objectives of every stage have a rhetorical analogue, so do those of every separate discussion move made in a particular stage which are instrumental in reaching the goal of the stage in a reasonable way. Strategic maneuvering thus takes place in every move that contributes to the resolution of the difference of opinion, in every discussion stage (van Eemeren 2010: 36).

Taking a pragma-dialectical approach to argumentative discourse in health brochures, the use and particular designs of pragmatic argumentation can be explained as strategic maneuvers by which a brochure writer tries to reconcile two aims. They try to be rhetorically effective in convincing the readers of the acceptability of their advice, while at the same time they seek to attend to certain standards of reasonableness. The choice for pragmatic argumentation and a particular design of the argumentation can thus be explained by examining how particular choices contribute to the dialectical objective on the one hand and the rhetorical objective on the other hand.

In this study, these choices are examined in the specific context of health brochures. According to van Eemeren and Houtlosser (2003, 2005) and van Eemeren (2010: 129), the possibilities for strategic maneuvering are affected by the conventions pertaining to a particular communicative practice. Health brochures constitute a specific type of institutionalized practice with specific goals and conventions. For example, as was mentioned in the previous section, health brochures typically provide advice on behavioral change, which might put constraints on the type of arguments that are appropriate. Therefore, the extent to which the conventions of health brochures influence the way in which argumentative discourse manifests itself needs to be determined. The first question that needs to be answered in this study is the following:

**Question 1:** How do the institutional preconditions of health brochures with an advisory standpoint affect the strategic maneuvering?
One characteristic of the activity type of a health brochure is that the antagonist is not present. Thus, in pragma-dialectical terms, only one of the discussion parties, the protagonist, is explicit. In contrast, in the pragma-dialectical conception of an ideal discussion, both parties explicitly exchange moves and countermoves in reaction to each other in the process of testing the tenability of the standpoint at issue. Since a brochure only represents the writer’s part of the discussion, this testing process remains partly implicit. The implication of this characteristic is that the protagonist can only anticipate possible views and responses of a projected audience. This means that a brochure writer needs to choose those arguments with which they think they can address the most likely and most serious critical reactions of the reader. From all of the available argumentative means to remove anticipated criticism, pragmatic argumentation is the type of argumentation that is predominantly used in health brochures. To determine why a brochure writer specifically advances pragmatic argumentation, two sub-questions must be addressed. The first sub-question is the following:

**Question 2a:** *What types of doubt and criticism can a writer of health brochures anticipate with respect to his advisory standpoint?*

To determine the potential critical reactions of the readers, this study starts from the idea that the kinds of doubt that can arise in health brochures can be inferred from the pragmatic commitments associated with the speech act of advising, which is the issue under discussion in this specific context.

The second sub-question concerning the choice for pragmatic argumentation is as follows:

**Question 2b:** *What types of doubt and criticism can be addressed in health brochures with pragmatic argumentation to support an advisory standpoint?*

To answer question 2b, the specific characteristics that make pragmatic argumentation an appropriate type of argumentation to remove a particular kind of doubt with respect to advice are examined. By considering pragmatic argumentation as a dialectical move in the argumentation stage aimed at reaching the dialectical goal of that stage, it can be determined how it contributes to solving a difference of opinion regarding advice. Since the dialectical goal of the argumentation stage is to advance argumentation until all criticism is satisfactorily taken care of (van Eemeren 2010: 45), insight into the ways in which pragmatic argumentation can deal with criticism can shed light on why a brochure writer would advance this type of argumentation.

The brochure writer’s choices are not only motivated by a dialectical goal, but also by a rhetorical goal. To explain the choice for pragmatic argumentation
and its design, a third question needs to be answered: namely, what the rhetorical advantages of these choices are. This question has the following two sub-questions:

Question 3a: What are the rhetorical advantages of using pragmatic argumentation to support an advisory standpoint in health brochures?

Question 3b: What are the rhetorical advantages of using a particular design of pragmatic argumentation to support an advisory standpoint in health brochures?

With the help of analyses of actual brochures, it can be explained why a particular defense might be considered effective in this specific institutional context. The rhetorical advantages of using a particular design can be examined by determining what strategic choices have been made regarding the topical potential, presentational devices and audience demand in actual instances of pragmatic argumentation. By analyzing the specific choices with respect to each aspect of strategic maneuvering, it can be explained how a particular design of pragmatic argumentation contributes to providing a reasonable and effective defense of the advice in the institutional context of health brochures.

1.3 Organization of the study

In order to explain the choice for pragmatic argumentation and the choice for a particular design of pragmatic argumentation in the specific context of health brochures, the study consists of seven chapters, divided into a theoretical part (Chapters 2, 3 and 4) and an empirical part (Chapters 5 and 6). In the theoretical part, the institutional context of health brochures and the function of pragmatic argumentation in this type of activity are examined. The empirical part consists of case studies in which the focus is placed on the rhetorical advantages of choosing pragmatic argumentation and the rhetorical advantages of choosing a particular design of pragmatic argumentation.

To define the institutional preconditions for strategic maneuvering in advisory health brochures, Chapter 2 describes the institutional context of such brochures and provides an argumentative characterization of them. Based on this characterization, the chapter proceeds to determine in what ways the rules and conventions applying to advisory health brochures influence which strategic maneuvers are possible and which are not (response to Question 1). The focus here is on how institutional preconditions affect the possible choices that a brochure writer can make with respect to the three aspects of strategic maneuvering in the argumentation stage.

To determine how pragmatic argumentation can contribute to reaching the dialectical goal a brochure writer strives for, Chapter 3 specifies what types of
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doubt and criticism a writer of health brochures can anticipate with respect to their advisory standpoint (response to Question 2a). After formulating the *felicity conditions* of the speech act of advising, an examination is conducted of what commitments associated with advice-giving may arise in the specific context of health brochures. The chapter concludes by explaining how each of the specified conditions may play a role in the argumentation in health brochures.

Chapter 4 examines how pragmatic argumentation can be helpful in addressing the types of possible doubt and criticism with respect to health advice that were determined in Chapter 3 (response to Question 2b). To explain why pragmatic argumentation can be used to justify health advice, first a description is provided of the characteristics of the pragmatic argument scheme from a pragma-dialectical perspective. Then, the discussion details the kinds of countermoves a brochure writer has to deal with in the argumentation stage. To clarify how pragmatic argumentation helps to reach a brochure writer’s dialectical goal, four main routes that the protagonist can follow to reach his goal in the argumentation stage are distinguished. Here, an explanation is offered on the choice for a particular type of argumentation as a choice for a certain dialectical route in which a particular kind of countermove is addressed. Finally, each of these four routes is described and the role of pragmatic argumentation within them is explained.

Chapter 5 and 6 examine the rhetorical advantages of choosing pragmatic argumentation and of choosing a particular design of pragmatic argumentation by analyzing examples from actual health brochures. In Chapter 5, each of the routes distinguished in Chapter 4 are analyzed in order to determine how they contribute to giving a reasonable and effective defense of the standpoint at issue (response to Question 3a). First, it is clarified how choosing a particular dialectical route can be seen as strategic maneuvering on the level of the discussion stage. To explain why each of the dialectical routes distinguished might be rhetorically effective in the context of health brochures, case studies are presented of health brochures in which a particular route is chosen. Based on these case studies, a determination is given of the advantages and disadvantages of addressing particular anticipated countermoves in a health brochure.

Chapter 6 examines the ways in which the choices regarding the topical potential, presentational devices and audience demand that result in a particular design of pragmatic argumentation contribute to reaching the brochure writer’s aims in the argumentation stage (response to Question 3b). To examine different designs of pragmatic argumentation, a case study is presented of the brochure entitled ‘Arm against cervical cancer. Your guide to the HPV vaccination’ (NHS 2012a), which is a characteristic example of an advisory brochure. Based on an argumentative analysis of the brochure, it is explained how the design of pragmatic argumentation can be analyzed in terms of strategic maneuvering in the institutional context of a health brochure. To examine how a particular design of the pragmatic argument can help to reach a writer’s aims, the choices regarding
the three aspects of strategic maneuvering resulting in that design will be analyzed. The chapter concludes with a discussion of how the choices at the level of the discussion move contribute to reaching the rhetorical aim of a brochure writer.

Chapter 7, the final chapter, summarizes the results and presents a series of concluding remarks.
2.1 Introduction

In the extended pragma-dialectical theory, it is assumed that the type of interaction in which an argumentative exchange takes place influences the manner in which the argumentative discourse manifests itself (van Eemeren & Houtlosser 2005). The institutional conventions governing the type of interaction affect what strategic maneuvers are allowed and in what ways the maneuvers are performed. In this chapter, the focus is placed on the conventions applying to communication in the institutional context of advisory health brochures. The institutional context is described on the basis of the concept of the argumentative activity type (van Eemeren & Houtlosser 2005), which is a more or less institutionalized type of activity in which argumentation plays a crucial role. In order to explain the choices for pragmatic argumentation and a specific design of pragmatic argumentation in the context of advisory health brochures, the chapter examines how institutional preconditions affect the strategic maneuvering in this particular activity type.

Section 2.2 discusses the institutional point of advisory health brochures. In Section 2.3, a description is given of the institutional conventions governing the argumentative practice of advisory health brochures. Section 2.4 provides a characterization of advisory health brochures as a particular argumentative activity type. In Section 2.5, the focus moves to the preconditions for strategic maneuvering in the argumentation stage of health brochures. Section 2.6 provides the conclusion.

2.2 The institutional point of health brochures

To examine health brochures from an argumentative perspective, it is necessary to consider the macro context in which the communication takes place. According to van Eemeren and Houtlosser (2005), argumentative practices take place in settings that are more or less institutionalized, in the sense that specific conventions
apply, regulating argumentative exchanges in that context. Levinson (1992) used the term *activity type* to refer to rule-governed, institutionalized settings of communication. To be able to systematically describe the argumentative dimension of particular practices, van Eemeren and Houtlosser (2005) introduced the concept of *argumentative activity type*, to distinguish between particular institutionalized communicative practices in which argumentation plays a prominent role.

In the extended pragma-dialectical theory, it is assumed that arguers engaged in an argumentative discussion, in any argumentative practice, try to achieve both dialectical and rhetorical objectives. Accordingly, in all argumentative activity types, arguers maneuver strategically to reconcile their dialectical aim, that of resolving the difference of opinion in accordance with the dialectical norms of reasonableness, with their rhetorical aim of having the discussion decided in their favor (van Eemeren & Houtlosser 2002). The strategic maneuvering that takes place in argumentative reality is affected by the type of activity discussants are engaged in. The conventions pertaining to particular institutionalized activities constrain the argumentative discourse in that context. The constraints on the discourse establish preconditions for strategic maneuvering in the sense that they create particular opportunities for and limitations on strategic maneuvers. The type of interaction or activity influences what kind of standpoints may be under discussion, which arguers will participate in the discussion, which means they use to reach their dialectical and rhetorical goals, and what rules the arguers must comply with (van Eemeren & Houtlosser 2002, 2005; van Eemeren 2010). For example, in her account of strategic maneuvering in the activity type of Prime Minister's Question Time, Mohammed observes that the strategic maneuvering is shaped by the precondition that the exchange should take place in the form of a question-answer sequence (Mohammed 2009: 76).

Van Eemeren (2010: 129) argues that communicative practices, such as Prime Minister's Question time, a doctor's consultation or an advertisement, are usually associated with particular institutional contexts, or domains, and serve a specific purpose within that context in realizing the institutional point of the activity. Health brochures can be seen as a communicative practice taking place within the *medical* domain. Other domains are legal communication, political communication, interpersonal communication and commercial communication (van Eemeren 2010). Within each of these contexts, certain communicative practices have been developed that are conventionalized in accordance with the exigencies of the institution (van Eemeren 2010: 129-130).

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1 For example, in the political domain, the institutional point is to preserve a democratic political culture by means of deliberation. The institutional goal of the activity type of Prime Minister's Question time belonging to this domain is to hold the Prime Minister to account for his government's policies in accordance with the conventions and regulations such as the House of Commons Rulings from the Chair (van Eemeren 2010: 141).
The institutional point, or rationale, of the activities in the medical domain in general is to address and solve health problems that exist among the population. The World Health Organization (WHO), a leading authority in this field, describes its goals as follows: “To improve equity in health, reduce health risks, promote healthy lifestyles and settings, and respond to the underlying determinants of health” (WHO website; WHO 2007). Since the medical field attends to all aspects of both people’s physical and mental wellbeing, the scope of medical communication is very broad and the parties involved comprise a wide variety of institutions, non-profit organizations, commercial players and individual consumers and patients. The US National Cancer Institute describes health communication as a tool for promoting or improving health. In its health program guide, the institute argues that health communication can effect change among individuals, groups and society as a whole. It can influence people’s perceptions, beliefs, and attitudes that may change social norms, it can prompt action, reinforce knowledge, attitudes, or behavior, show the benefit of behavior change, and refute myths and misconceptions (NCI 2008: 3-4).

Within the medical domain, different communicative practices have been developed to realize the institutional point in a specific way. Beside the health brochure, examples of communicative activities in the medical domain include a visit to the doctor or the package leaflet. In each activity type in the medical domain, a specific genre is implemented in order to realize the relevant institutional point. A predominant genre that is instrumental in fulfilling the institutional needs in this domain is the genre of consultation (van Eemeren 2010: 143). Advisory health brochures can be considered as a particular communicative activity type, in which the genre of consultation is implemented to address health issues. Other examples of activity types making use of the same genre include the doctor’s consultation and a medical ad (van Eemeren 2010: 143). These types of activity all involve professional medical advice towards a lay person. In that sense, they differ from activity types that one could identify in the same domain in which other genres are implemented (e.g. talk between doctors in the surgery room). The concrete representations of these communicative activity types in reality are referred to as speech events (van Eemeren 2010: 139). For example, the British brochure that was introduced in Chapter 1 with advice about eating fruit, called ‘5 a day’, is a particular speech event, which is an instantiation of the argumentative activity type of the advisory health brochure.

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2 Other genres that can be implemented in communicative activity types are mediation, adjudication, negotiation, communion, and promotion (van Eemeren 2010: 139).
2.3 The institutional conventions of advisory health brochures

The advisory health brochure can be considered as a particular type of activity within the medical domain, which is governed by specific institutional conventions. One characteristic of advisory health brochures is that they are short texts distributed among the general public by official institutions to help lay people to make the necessary changes in their lives in order to minimize health risks. The messages are spread by governmental institutions and non-profit organizations and via various media, and they are usually part of a larger public campaign through which these institutions try to promote public health. Health promotion generally involves three areas of attention, which are the prevention of health problems, the treatment of health problems, and the detection of health problems.

The first type of advisory brochure is the one aimed at preventing health problems. Many governmental institutions and non-profit organizations try to advocate behavior that ideally prevents serious health problems from occurring. The most institutionalized form of prevention is immunization programs intended to prevent infectious diseases such as tetanus, diphtheria, measles, hepatitis, polio, and, more recently, the flu and the human papillomavirus (HPV). The main objective of such brochures is to promote the vaccination of children and adolescents. In the last decades, the focus of public health in Western countries has shifted more and more from (infectious) diseases to the prevention of (chronic) diseases (Buchanan 2008: 15). To reduce health risks, health messages address the behavior that usually causes chronic diseases, such as tobacco use, alcohol consumption, a bad diet and/or a lack of physical activity. By making different lifestyle choices many modern-day health risks can be avoided or diminished.

The second type of brochure that is directed, at least partly, at the treatment health problems is the patient information leaflet, which is circulated by general practitioners, hospitals, and health departments. They provide online and printed leaflets and brochures with information about a wide range of illnesses and conditions, such as hay fever, arthritis, bladder infection, sprained ankles, and weight problems. These brochures mainly consist of information on the subject, but they also contain advice on how to recover from the illness or how to alleviate the symptoms caused by one of these illnesses or conditions. These types of brochures contain advice, for instance, to drink a lot of water (bladder infection),

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3 The main causes of death in the industrialized world, such as cardiovascular diseases, cancer and diabetes, are illnesses that are often related to lifestyle choices such as smoking, drinking, unhealthy eating habits and a lack of exercise. People are becoming more inactive, because they use more motorized transportation, they spend more of their free time in front of the computer or the television, and professions require less physical work. People’s diets are negatively affected by the rising consumption of foods that are high in fat and salt, and in developing countries, alcohol consumption and tobacco use are expected to rise in the near future as well (WHO, World Health Statistics, 2008).
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to wear sunglasses (hay fever), or to be physically active (arthritis). As all written communication, discourse in such brochures is constrained in the sense that these texts can only address a generalized audience member. Therefore, a brochure writer can merely provide general instructions on what people should or should not do, while in face-to-face communication a health professional can provide personal medical advice.

A third category of advisory brochures is concerned with detecting health problems. Brochures aimed at detection consist of advice to go to screenings, for example to detect breast cancer or cervical cancer, or to conduct self-examination to improve early diagnosis. An example of advice about both of these acts can be found in the brochure ‘Be breast aware’ (2006), published by the British National Health Service. The main advice for the female reader is to “be breast aware”, which is further explained as “a process of getting to know your own breasts and becoming familiar with their appearance” by “looking and feeling in any way that is best for you (e.g. in the bath, shower, when dressing).” Self-examination may help to detect abnormalities which might point to (an early stage of) cancer and thus increase the chances of a successful treatment. The brochure is intended for all women, but the same brochure also offers advice to a sub-set of the audience, namely women over 50. They are advised to get screened: “If you are aged 50 or over it is strongly recommended that you take advantage of the National Health Service Breast Screening Programme which offers three-yearly mammography.”

All of these brochures have in common that they provide professional health advice to laypeople with respect to a certain course of action that should positively influence their wellbeing. Depending on the topic they address, the brochures can be very diverse in appearance and style: some are formal, others informal, some are very factual, others are illustrated with visual images. The appearance and style is also adapted to the intended audience: brochures are designed to appeal to a specific target group with specific preferences that need to be taken into account. Since brochures are meant to reach a large amount of people at relatively low cost, they must be designed in such a way that they appeal to all people belonging to the target group at the same time (Klaassen 2004).

Even though there are no fixed rules with respect to the appearance of health brochures, due to their shared goal and topic some conventions can be identified. The front page usually contains an image and a slogan to draw attention to the brochure. The brochure further introduces a potential health problem, proposes a course of action as a solution to the problem, and lists advantages and disadvantages of the course of action. It can also provide practical information on how to proceed and further information on the campaign or the institution, for example, an address or a website.

Brochures do not lend themselves to addressing just any health problem. Only those which have been well researched, against which people can undertake action themselves, and which fit in the policy of the institution concerned, are apt for
health promotion. A brochure is only of use when it raises a problem that the reader could actually solve, for example because the problem or risk is (partly) caused by their own behavior (Wapenaar, Röling & van den Ban 1989: 88-91; Klaassen 2004: 153). People who make the effort to read the brochure will then examine whether it indeed serves them well to follow up the advice. A writer thus has the difficult task to essentially criticize someone’s behavior without seeming to interfere and limit the reader’s freedom to choose an unhealthy lifestyle.

Characteristic of all forms of communication in the medical domain between a professional or institution and a layperson, is that there is a disparity in knowledge, experience and power between the sender of the message (the professional or institution) and the receiver. The sender has access to research results about the problems under address, such as the causes and consequences of chronic diseases, while the receiver does not. Laypersons often do not have the knowledge or ability that is required to make a decision on health issues. This is in fact the very reason why they seek help from a professional. The power relation between professionals and individuals is also unequal, for example because health professionals have the authority and the facilities to offer (and revoke) health care and are in the position to impose laws and regulations (for example concerning prices of medicine, what treatments are to be covered by insurance, etcetera) (Gostin & Javitt 2001: 547). Directly or indirectly, this particular position of institutions will always be of influence in (the reception of) health messages to the public.

Governments play an especially important role in promoting public health (Gostin & Javitt 2001: 547). They have the responsibility to employ all means available to diminish health risks and protect people’s health and wellbeing (Childress et.al. 2002: 170). Most health institutions are also tied to or financed by governmental institutions and share the institutional aim of guarding the public’s wellbeing. As public health institutions are principally concerned with the wellbeing of the population as a whole, instead of the individual, measures or policies to improve the welfare of the population may conflict with individual rights, such as privacy and the freedom to choose (Childress et. al. 2002; Buchanan 2008). For example, while prohibiting smoking in public areas benefits the general population, individual smokers are limited in what they wish to do. In the case of health messages, these conflicting interests can also play a role: messages merely telling people to stop smoking or to exercise more might be considered as overly paternalistic and thus as interfering with the autonomy of the individual. In addition, whereas health institutions obviously have the public’s health as their priority, governmental institutions might also have other aims, such as improving the population’s productivity, cutting down on health care costs and reducing unemployment.

The unequal division of power and knowledge may also affect communication itself. Laypeople may not be able to understand the claims that are made or they may be hesitant to express doubt with respect to a professional’s opinion. To protect citizens and to help them in making decisions with respect to their health, various
national and international rules and laws have been enacted which regulate communication in the medical domain.

One of these laws is the doctrine of informed consent, which defines what health professionals should communicate to patients who seek their help (Goodnight 2006; Schulz & Rubinelli 2008). In most developed countries, the law prescribes that medical professionals should always fully inform their patients of the possibilities, risks and prospects of treatment, that they should always ask the patient’s permission for any treatment and for the disclosing of any medical information to others, and that patients have the right to see their medical records.4

Besides certain rules obliging doctors to fully inform their patients, laws have been enacted to regulate the kinds of health claims that may be in the medical domain. One of these laws is the US Food and Drug Administration Modernization Act of 1997 (FDAMA), which stipulates that manufacturers may only use health claims that are based on scientific, current, published, authoritative statements. Since this law considers governmental institutions as authoritative sources, it can be assumed that any publication issued by these institutions is designed in accordance with the same principles. Not only advertisements for health products, but also health campaign materials are thus restricted by the FDAMA. In the Netherlands, rules have been formulated to regulate all communication aimed at influencing people’s behavior. According to the Dutch Voorlichtingsraad (Information Council), for instance, public campaigns should be accessible and understandable (Klaassen 2004: 44). In addition, all persuasive messages by the government and non-profit organizations have to comply with the Dutch Code of Advertising Practice. This means that they cannot spread incorrect, misleading, frightening or aggressive messages (Stichting Reclame Code 2008). The communication through advisory health brochures is thus, to a greater or lesser degree, affected by institutional conventions.

2.4 Advisory health brochures as an argumentative activity type

2.4.1 Reconstructing advisory health brochures as an argumentative discussion

Advisory health brochures are meant to serve the institutional goal of improving people’s health by advising them on health-related behavior. In a brochure writer’s attempts to influence people’s attitude and/or behavior, argumentation plays a crucial role in this type of activity. At first sight, brochures may seem merely informative, but information about, for example, the advantages of certain

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4 Source: ‘Wet op de geneeskundige behandelingsovereenkomst (WGBO)’, Dutch Ministry of Public Health, Welfare and Sport. Similar laws exist in other countries.
vaccinations or the disadvantages of being obese is not merely directed at adding to the knowledge of the reader about vaccinations or obesity. Instead, the brochure contains these facts to convince the reader that they should get vaccinated and that they should not be overweight. Some readers may be skeptical towards the content of the brochure and doubt the acceptability of (part of) the piece of advice, such as its necessity or its effectiveness. Other readers may doubt that the advice really applies to them or that the situation is serious enough to warrant the effort required to follow the advice. Therefore, the advising institution presupposes that advice will not be accepted by the addressees at face value and thus offers pieces of information that might convince the audience. The institution assumes that a difference of opinion might arise between herself and the reader about the acceptability of the piece of advice. To get her advice accepted by the reader, the institution engages in what can be reconstructed as an argumentative discussion in which she attempts to convince the reader on the basis of argumentation. The advisory health brochure can therefore be considered as an argumentative activity type in which a writer tries to convince the reader of the acceptability of a piece of advice.

To identify the institutional constraints imposed on strategic maneuvering in advisory health brochures, the activity type is to be characterized from an argumentative point of view. This can be done by comparing the argumentative practice in this activity type with the ideal model of a critical discussion (van Eemeren & Houtlosser 2005, 2006; van Eemeren 2010: 146). According to the pragma-dialectical model of a critical discussion, a discussion ideally goes through four stages in which the standpoint is critically tested (van Eemeren & Grootendorst 1984, 1992). To give an argumentative characterization of advisory health brochures, one needs to take into account how the resolution process develops in that particular communicative practice, and compare this with the ideal model. In this comparison, the following four focal points are taken into account, which correspond with the four stages of a critical discussion: the initial situation (confrontation stage), the procedural and material starting points (opening stage), the argumentative means (argumentation stage), and the outcome of the discussion (concluding stage) (van Eemeren & Houtlosser 2005, 2006; van Eemeren 2010: 146). Based on these four points, the argumentative discourse in advisory health brochures can be systematically analyzed.

2.4.2 The initial situation

In the confrontation stage of a critical discussion, discussants externalize the difference of opinion, which entails that at least one party expresses his standpoint with respect to a proposition and another language user expresses at least doubt towards this standpoint. Discussants can then determine what the difference of opinion is about (van Eemeren & Grootendorst 1992: 17). In the argumentative
Institutional preconditions for strategic maneuvering in health brochures

activity type of advisory health brochures, the initial situation is that an authoritative institution has identified a health problem among (parts of) the population and consequently spreads advice on this topic on her own initiative. The advice concerns particular behavior that affects the reader’s health. As the reader may not find the given piece of advice (completely) acceptable, the institution presupposes that a difference of opinion over the acceptability of the piece of advice may arise. The standpoint expressed by the writer is thus a prescriptive standpoint. Contrary to evaluative and descriptive standpoints, a prescriptive standpoint is ultimately meant to make the reader perform or refrain from performing a particular action. The given advice can be positive, in the sense that a particular course of action is recommended (‘you should do X’), or negative, if a course of action is discouraged (‘you should not do X’).

The piece of advice can concern issues similar to those a physician may address in a consultation with a patient. In doctor-patient interaction, however, it is the patient, and not the physician, who presents a problem for which he needs advice. The difficulty in presenting such a standpoint is making sure that there is no misunderstanding over the purpose of the advice, while at the same time preventing the reader from feeling offended by the attempt to influence their behavior.\(^5\)

Contrary to face-to-face communication, the audience to which brochures are directed consists of an anonymous, heterogeneous group of readers, consisting of persons of different age, sex, background, etcetera. Even if a brochure is specifically targeted at a particular subgroup (such as teenagers or women over 50), the advice is meant to address a composite audience. This means that the audience consists of individuals or subgroups holding different positions or starting points in the discussion (van Eemeren 2010: 110). In addition, given that every person decides for themselves whether they want to read the brochure or not, the advice will not reach all those it is meant for, and will also reach people for whom the advice is not meant. In health brochures, no direct interaction is possible and thus the difference of opinion cannot be made fully explicit: the writer conveys his view while the reader cannot explicitly express any doubt, criticism or an opposing standpoint to the writer. As a consequence, a writer can only anticipate potential doubt of the other party.

In the absence of an explicit antagonist, the writer may interpret the difference of opinion in the way that suits him best, be it single, multiple, non-mixed or

\(^5\) Since advising is an intrinsic face-threatening act (Brown & Levinson 1987: 65-66), it is to be expected that a brochure writer will attempt to minimize damage to the reader’s face and thereby make the advice more acceptable to him. A writer can do this by employing certain linguistic means to present a piece of advice in a way that does not hinder the hearer’s freedom to act (see also Brown and Levinson 1987: 129).
mixed. For example, the writer may deem it wise to introduce a fictitious reader and ascribe a standpoint to him. In the brochure “Is what you know about smoking wrong?” (2010), the standpoint ‘An occasional cigarette is no big deal’ is ascribed to the reader and then challenged by the writer by calling the statement a ‘myth’ (see Chapter 5).

2.4.3 The starting points

In the opening stage of a critical discussion, arguers distribute the burden of proof and explore whether they share enough starting points to make an effort to solve the difference of opinion (van Eemeren & Grootendorst 1992: 82). The starting points consist of procedural and material starting points. Procedural starting points refer to the discussion rules and the distribution of roles in the discussion. Material starting points are a collection of propositions about facts and values that can be used in the argumentation. The fact that the discussion in health brochures is implicit also has implications for the opening stage: the discussants cannot explicitly agree on common starting points or on the roles they take upon themselves. The explicit exploration of common ground is necessary to determine whether the “zone of agreement” is broad enough to be able to properly defend a standpoint (van Eemeren & Grootendorst 2004: 60).

The distribution of the burden of proof is in principle determined by the type of dispute that is central to the discussion. In the case of a non-mixed difference of opinion, the burden of proof is one-sided: only one of the discussants carries a burden of proof for one or more standpoints, while the other discussant has no burden of proof. If the dispute is mixed, the burden of proof is two-sided: each of the parties has a burden of proof for one or more standpoints that are opposite to the other party’s standpoints. In health brochures, the format of the brochure also determines the strict distribution of roles in the implicit discussion: the writer is the initiator and takes the role of protagonist of a standpoint about health advice upon himself, while the reader is presumed to play the role of antagonist.

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6 In the simplest case, only one party expresses a standpoint involving a single proposition and the other party only casts doubt on the standpoint. In this case, the dispute is considered single non-mixed (van Eemeren & Grootendorst 1992: 17). The dispute can be more or less complex: the dispute could involve more than one proposition (resulting in a multiple dispute) and the dispute could involve more than one standpoint (resulting in a mixed dispute). In case of a mixed dispute, the one party not only expresses doubt with respect to the other party’s standpoint, but also adopts an opposing standpoint of his own. The type of dispute that gives rise to the discussion has implications for the way the discussion is to be conducted, because every party who expressed a standpoint has a burden of proof (van Eemeren & Grootendorst 1992: 17).

7 The burden of proof can also be distributed, which means that each of the parties carries a burden of proof for a standpoint that is not opposite to the other party’s standpoints. This is the case when the difference of opinion is non-mixed and multiple (van Eemeren, Houtlosser and Snoeck Henkemans 2007: 64).
who cannot actively engage in the discussion. In some cases, brochures refer to a
discussion party adopting an opposing standpoint. In those cases, this fictitious
reader is acting as a protagonist of his own standpoint in a mixed difference of
opinion with the writer.

In health brochures, the procedural starting points are formalized to some
extent and consist of externally established rules, internal rules, and practical
restrictions. First, the externally established rules for health communication are
those that were mentioned in Section 2.3. These formalized rules, such as the Code
of Advertising Practice and the Food and Drug Administration Modernization Act,
explicitly codify what information may be used and how it may be presented. They
restrict the kind of claims that can be made in the context of health brochures, for
example in the sense that all claims should be scientifically justified and may not
be misleading or manipulating.

Second, health institutions may also adopt special internal rules with respect
to the form and content of advisory brochures that affect the discussion. They may,
for instance, apply guidelines concerning the format of the brochure, such as the
length and the use of visual elements. Third, there are also practical restrictions:
the fact that a brochure is a written text with limited space is crucial, since this
restricts the amount of argument that can be advanced and the amount of attention
a reader gives to its content.

Material starting points can be divided into descriptive, normative and
pragmatic starting points or commitments. Descriptive commitments include
facts, truths and presumptions, normative ones include values, value hierarchies
and topoi, or conventional rhetorical topics (van Eemeren 2010: 83). Besides
the descriptive and normative commitments, which are ideally obtained as
concessions in the opening stage of the discussion, an arguer can also exploit
so-called ‘pragmatic’ commitments, which relate to the argumentative situation.
Pragmatic commitments refer to the commitments a discussant has undertaken
by performing particular moves in earlier stages of the discussion and are linked
to the speech acts by which the discussant performed those argumentative moves.
For example, the fact that a health institution provides health advice on a particular
issue implies that the institution deems the problem serious enough to devote
a campaign to it and does find the recommended course of action an effective
solution to deal with it. These pragmatic commitments will be further specified
in Chapter 3.

For an institution that publishes a health brochure it is predictable, to a large
extent, to which values and facts they attach importance. For example, a health
institution can be held committed to the belief that living a long, healthy life is
desirable. Another commitment that can be ascribed to them is that they have great
trust in medical science and only consider propositions as facts if they are based
on research carried out by authoritative institutes (see the FDAMA in Section 2.3),
excluding statements based on alternative medicine, superstition or religion.
To get his advice accepted, a brochure writer needs to establish a zone of agreement with the reader. A lack of common ground complicates the brochure writer’s task of solving the anticipated difference of opinion *ex concessis*, i.e. on the basis of shared starting points. Since brochure readers form a heterogeneous group consisting of individuals that each have their own beliefs, values and value hierarchies, it is difficult to establish common ground. Many readers may consider statements based on medical science as facts and may want to live a long and healthy life, while others may prefer the joy of smoking or eating fatty foods whenever they choose to do so. Therefore, brochures are commonly directed at specific target groups. These target groups need to be well investigated to enable adaptation of the brochure to the preferences of that intended audience (Klaassen 2004).

In order to create common ground, starting points can also be elicited from the reader, for instance by posing questions. An example of this is the following excerpt from a brochure about drinking: ‘Ever been so drunk that you’re not sure how you got home? Or woken up the morning after and regretted making a fool of yourself?’ (‘How much is too much? under 25s’, NHS 2007). The answer that a reader (implicitly) provides is added to the shared set of commitments and serves as a starting point for the discussion. Similarly, many brochures contain health tests which enable the reader to check whether they are overweight or belong to a particular risk group. The result of the test, for example a score in a table, serves as a starting point, too (for a discussion of an example of such a brochure, see van Poppel (2010)).

2.4.4 Argumentative means

In the argumentation stage of a critical discussion, the protagonist advances argumentation to overcome the antagonist’s doubts. The antagonist determines to what extent he deems the argumentation acceptable and, if necessary, provides critical reactions (van Eemeren & Grootendorst 2004: 61). In the argumentation the protagonist will make use of starting points agreed upon by the parties in the opening stage to show that the questioned proposition is actually part of the antagonist’s set of commitments (van Eemeren & Grootendorst 1984: 165-166). Ideally, the discussant that acts as antagonist expresses his doubt and criticism towards the standpoint and argumentation of the protagonist, and the protagonist responds with an exchange of moves and countermoves.

In the implicit discussion of health brochures it is up to the writer to decide whether he should make explicit any possible doubt or criticism from the other party with regard to the standpoint or the argumentation. This means that a writer has the choice to present the difference of opinion as non-mixed or as mixed and he is free to explicitly present potential countermoves of the audience or not. Since no explicit agreement on starting points can be reached, a writer will have to choose what propositions can be regarded as belonging to the shared commitments and can thus be used in the argumentation, and which propositions will be found
unacceptable. Even if he expects doubt or criticism towards the argumentation, a brochure writer can still choose to attend to potential countermoves or not, whereas in an explicit mixed discussion he would have to address all criticism that is expressed towards his case to fully comply with his dialectical obligations (van Eemeren & Grootendorst 1984).

In health brochures, the argumentative means that are used by the protagonist to justify the health advice can consist of any type of argumentation. A prototypical argumentative means used is pragmatic argumentation based on the results of scientific research about the effects of the advised or discouraged behavior and the (un)desirability of these effects. Another prototypical argumentative means is referring to statistical information about the probability that the predicted effects do indeed occur. Such figures may be presented in percentages but may also be described. To guarantee the trustworthiness of the facts provided in the brochure, the authority of the source of the facts (either the institution itself or some other scientific institute) is explicitly emphasized. An example is the following fragment: “The advice in this leaflet is based on research from some of the world’s leading experts, including the World Health Organization” (‘5 a day. Just eat more fruit & veg’, NHS 2008).

In the argumentation, the protagonist may also refer to values and value hierarchies of the intended audience, for example to demonstrate the (un)desirability of the recommended or the discouraged action. As it is necessary in some cases to make readers aware that they belong to the intended audience, the argumentation can also involve references to symptoms of a disease which people may recognize. Another means to create awareness is by introducing a health test or checklist to demonstrate that a reader belongs to a risk group.

Due to the implicitness of the discussion, a writer cannot determine whether the reader found the arguments acceptable, and therefore needs to anticipate the critical reactions that the reader might have. For each type of argumentation, different critical reactions can be expected. This entails that each type of argumentation demands different supporting arguments to successfully address different critical reactions. In anticipation of doubt or criticism, the protagonist may provide further argumentation for his arguments, resulting in a complex argumentation structure. Complex argumentation does not consist of single argumentation, but of a constellation of multiple, coordinative, and/or subordinative arguments (van Eemeren & Grootendorst 1992: 86).

To hide the protagonist’s intention, the persuasive message may be disguised as merely information. It may be useful to hide the intention to influence the reader’s behavior, because people do not always appreciate the interference of governmental institutions in their personal life. Moreover, people may not like to be directly confronted with their possible flaws. In order to prevent people from being offended, in other words, to protect their face (Goffman 1967; Brown & Levinson 1987), health messages are generally formulated indirectly. For example, the effects of the advocated or discouraged behavior are then presented as facts meant to
inform the reader, for instance by introducing those facts with a sentence such as ‘Did you know that’. In this way, people might be more open to accept the message.

2.4.5 The possible outcome

In the concluding stage of the discussion, the discussants determine whether the difference of opinion is solved and, if so, in whose favor (van Eemeren & Grootendorst 1992). In health brochures, the outcome of the discussion remains implicit. All readers determine for themselves whether the argumentation is convincing or not and whether they will accept the advice and even adjust their behavior accordingly. In the end, the institution might reach agreement with some of the readers but this agreement is not explicitly expressed. The implicitness of the discussion thus puts great constraints on the possible moves in advisory health brochures. Although the addressees of the brochure cannot make their doubt or disagreement explicit, the institution offers argumentation nonetheless in order to remove any obstacles people may have to accepting the advice. The characteristics of the communicative activity type of health brochures are summarized in Table 1.

Table 1 Argumentative characterization of the health brochure

<table>
<thead>
<tr>
<th>Communicative activity type</th>
<th>initial situation</th>
<th>starting points (rules, concessions)</th>
<th>argumentative means</th>
<th>outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>advisory health brochure</td>
<td>Anticipated difference of opinion between health institution and reader over the acceptability of advice to follow or stop a particular course of action in order to prevent, detect or treat a health problem.</td>
<td>Partly codified rules regulating the argumentative means. Practical restrictions on space and time. Institution is authority on health issues; institution is primarily concerned with improving public health. Institution fulfills role of protagonist; reader implicitly fulfills role of antagonist.</td>
<td>Argumentation for the proposed or discouraged course of action based on scientific facts in monological brochure. Argumentation to show the need for and the (dis)advantages of (not) following the proposed course of action. Response to anticipated critical reactions by the reader.</td>
<td>Implicit resolution by the reader’s implicit act of accepting the advice (and possibly following up the advice). Possible return to initial situation for alternative advice.</td>
</tr>
</tbody>
</table>

8 To contrast this with a different activity type within the medical domain, namely doctor-patient interaction: in consultation, the outcome of the discussion is determined within the conversation and the doctor will also be able to retract or modify his standpoint when his starting points appear to deviate too much from those of the patient.
2.5 Institutional preconditions for strategic maneuvering in the argumentation stage

2.5.1 Strategic maneuvering in the argumentation stage

Now that the advisory health brochure is described from an argumentative perspective, the consequences the characteristics of this activity type have for the possibilities to maneuver strategically, especially in the argumentation stage, are specified. As stated in Section 2.4.4, pragmatic argumentation is a prototypical argumentative means used in health brochures. The choice for this type of argumentation should be seen as a maneuver to reach the dialectical and rhetorical goals that a brochure writer tries to reach. A writer attempts to resolve an anticipated dispute over some piece of health advice in a reasonable way, and, simultaneously, he intends to make the message as effective as possible within the boundaries imposed upon the discourse by the conventions of the activity type. By maneuvering strategically, he will try to reconcile the dialectical goal of solving the anticipated difference of opinion on the merits and his rhetorical goal of getting the advice accepted (van Eemeren & Houtlosser 2005).

In an argumentative discussion, strategic maneuvering happens on the level of the discussion as a whole, on the level of the discussion stage, and on the level of each individual move. On the level of the discussion stage, discussants attempt to build the strongest case by giving (a combination of) arguments to remove all (anticipated) doubt from the antagonist by choosing the argument schemes deemed most effective in that particular context. Depending on the kind of critical reactions expected from the antagonist, the protagonist puts forward multiple, coordinative and/or subordinative argumentation (van Eemeren 2010: 39). On the level of the discussion move, they try to design every move in the most effective way by making an opportune choice from the available topics, by making use of attractive presentational techniques and by adapting the move to the preferences of the intended audience.

The choice for pragmatic argumentation can be seen as a maneuver on the level of the discussion stage and the choice of design of the argumentation as a maneuver on the level of the discussion move. This specific maneuver takes place in the argumentation stage, which has its particular dialectical objective with a rhetorical counterpart. Van Eemeren (2010: 45) describes the dialectical aim of the argumentation stage as follows: “To achieve clarity concerning the protagonist’s argumentation in defense of the standpoints at issue and the antagonist’s doubts concerning these standpoints and the argumentation in their defense”. The rhetorical analogue to this aim is the following: “To establish argumentation that constitutes an optimal defense of the standpoints at issue (by the protagonist) or to establish critical doubts that constitute an optimal attack on the standpoints and the argumentation (by the antagonist)” (van Eemeren 2010: 45). Strategic maneuvers
by the protagonist in the argumentation stage thus come down to providing the most optimal defense of the standpoint at issue by removing all of the antagonist’s expressed or anticipated doubts.

Every maneuver involves choices with respect to three aspects: topical potential; making a choice from the available topics, audience demand; adapting the move to the preferences of the intended audience, and presentational choices; presenting the move in the most appealing way. The three aspects of strategic maneuvering all hang together: a topical choice always entails a presentational choice and a choice with respect to audience adaptation. The strategic choices thus cannot be seen as completely separate, but they can be analytically distinguished. The following section explains possible choices with respect to each of the aspects of strategic maneuvering in the argumentation stage in health brochures.

2.5.2 Making a choice from the topical potential

In pragma-dialectics, the topical potential is seen as a collection of topical options at a particular point in the discussion. According to van Eemeren (2010: 100), the topical options are reminiscent of the topical systems (providing topoi or loci) in the classical rhetorical tradition. In the argumentation stage, selecting an option from the topical potential comes down to choosing the most suitable line of defense in the dialectical situation concerned by using a particular argument scheme. From all of the available arguments they could put forward, i.e. all variants and subtypes of causal, symptomatic or comparison argumentation, they choose those arguments that suit them best to defend the standpoint (van Eemeren & Houtlosser 1999: 165; van Eemeren 2010: 100).

To indicate what specific moves the discussants have at their disposal at a particular point in the discussion, we can make use of the dialectical profile of that stage. A dialectical profile represents a sequence of moves and countermoves that are all analytically relevant for the discussion, meaning that they are instrumentally capable of reaching the dialectical goal of that stage (van Eemeren 2010: 98).9 The type of standpoint that is put forward in the confrontation stage determines to some extent the topical potential available in the argumentation stage. At the level of the discussion move, the topical potential consists of the choices a discussant has at his disposal in concretizing the argument scheme. For example, if the protagonist chooses to base his argumentation on the causal argument scheme, he has to choose which effects to refer to in one of the premises.

In health brochures, the topical choices in the argumentation stage are constrained by the type of standpoint that is expressed in the confrontation

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9 A simplified dialectical profile of the argumentation stage, providing an overview of the available options, is presented in Chapter 4.
stage. Since the standpoint in health brochures is prescriptive, not all types of argumentation are appropriate: the argumentation in defense of a prescriptive standpoint should justify why something should be done, while argumentation in defense of a factual standpoint should justify why something is the case. A prescriptive standpoint will generally not be defended by merely pointing at facts, but involves a normative aspect as well: why would someone start eating vegetables, for example, if doing so did not lead to some advantages? An institutional precondition therefore is that the prescriptive standpoint is defended by means of pragmatic argumentation, which points at the desirable consequences of an advocated action (or undesirable consequences of a discouraged action). This intrinsic relation between the type of standpoint at issue in health brochures and the type of argumentation is further discussed in Chapter 3.

In principle, a prescriptive standpoint could, for example, also be supported with authority argumentation. Considering the context of health brochures, in which the relation between a reader and an authoritative brochure writer is asymmetrical, providing only authority argumentation would not be very appropriate. Such a selection from the topical potential would not be in line with the idea that advice from health institutions should be in the reader’s best interest and that a reader should be free in making up his mind about whether to adhere to the advice or not. The fact that the standpoint in health brochures is an advisory standpoint is thus an institutional precondition for strategic maneuvering.

Another precondition for the maneuvering is that the discussion between writer and reader is implicit. The implicitness affects the strategic maneuvering in the sense that a reader cannot directly express criticism and a brochure writer can only anticipate critical reactions to the argumentation that he advances. To reach the institutional point of the brochure, a writer must enable the reader to make a well-considered decision regarding the piece of advice and therefore he must address potential doubts and criticism of the reader. At the same time, the brochure offers limited space and therefore the amount of additional arguments a writer can advance to address potential criticism is restricted. A writer can deal with this conventional constraint by including a reference to other sources, for example a campaign website, where the argumentation is further elaborated.

Topical selection on the level of the discussion move is affected by institutional conventions as well. Actual instances of argumentation always entail topical choices. The topical potential when advancing pragmatic argumentation consists of all the actions and all of the effects one could refer to in the argument. The topical potential in health brochures is affected by the institutional context in the sense that the arguments in defense of the advisory standpoint should all mainly concern (the effects on) the reader’s health. Even though changes in behavior may also have consequences for other areas of interest (e.g. finances, love life), these are of minor importance in health brochures. The advantages or disadvantages referred to in the argumentation are also constrained to those affecting the reader
himself, thereby excluding the effects of an individual's change of behavior for the population as a whole (e.g. lower health care costs).\textsuperscript{10} The effectiveness of these choices depends on the way they are adapted to the audience.

2.5.3 Adapting to audience demand

The second aspect of strategic maneuvering, the adaptation to audience demand, refers to the attempt of discussants to take the preferences of the intended audience into account in the choice and design of the moves in each discussion stage (van Eemeren 2010: 108). To reach rhetorical success in the argumentation stage, a discussant will orient his moves towards the views and preferences of the audience he is trying to convince. In order to get the arguments and standpoint accepted, a protagonist needs to make use of the commitments of the audience to create a shared zone of agreement. In the argumentation stage, this means that he tries to base his arguments on the starting points he expects to have in common with the targeted audience. For example, the protagonist can adapt pragmatic argumentation to the audience by referring to a consequence which he assumes that the audience considers as a positive. Another way of adapting arguments to the audience is by referring to characteristics that are familiar to them. For example, by referring to customs, traditions or slang of a particular (sub)group.\textsuperscript{11}

In health brochures, there are two main preconditions that constrain the adaptation to audience demand. The first is that the discussion is implicit, so a brochure writer cannot know for sure what commitments can be ascribed to the reader. A brochure writer then can only resort to general ideas and values that the target group can be expected to adhere to. The other complicating factor is that the audience is usually composite: it consists of a large heterogeneous group of people from very different backgrounds with diverging convictions, values and value hierarchies.\textsuperscript{12} These differences may be reflected in the kinds of arguments they will and will not appreciate. It is important to identify the relevant views and preferences of the audience correctly, because the rhetorical success of argumentative moves depends on whether a brochure writer manages to utilize the commitments of the audience correctly. One way to deal with composite audiences is to advance multiple

\textsuperscript{10} Exceptions to this convention are health brochures that intend to discourage the use of antibiotics for colds or flu. These brochures tend to refer to collective interests such as preventing bacteria from becoming antibiotic-resistant. However, they still connect this collective interest to the individual's interest by emphasizing that even if you do not ask your doctor for antibiotics to treat a cold, you will still get well soon and will prevent you from needing stronger treatment (see, e.g. 'Get well soon without antibiotics', NHS 2008, 2010; 'Get smart. Know when antibiotics work', CDC).

\textsuperscript{11} The use of slang is obviously a stylistic choice as well. Here, it is considered also as a means to adapt an argument (or other move) to the intended audience: the choice to use slang that is commonly spoken among the intended audience may create a sense of communion between writer and reader.

\textsuperscript{12} Van Eemeren (2010: 110) calls this a composite audience.
argumentation aimed at several (groups of) people. Another method is to design different brochures with the same message for different audiences, often ethnic groups or age groups (e.g. an HPV-brochure for Alaskans, a weight brochure for African-Americans, an alcohol brochure for teenagers).

2.5.4 Exploiting presentational devices

The third aspect of strategic maneuvering, exploiting presentational devices, refers to the choices arguers make with respect to the linguistic presentation of their argumentative moves. A different choice from the topical potential always implies a different presentation, and every specific audience-directed topical choice can be designed in a stylistically different way. Van Eemeren (2010: 120) argues that even when no obvious stylistic devices, such as a rhetorical question or a metaphor, are employed choices have been made with respect to the stylistic presentation.

In the argumentation stage in health brochures, presentational devices are exploited in order to represent the chosen arguments in the most appealing manner for the targeted audience. There are two main institutional preconditions constraining the exploitation of presentational devices. The first is that the message should not come across as too paternalistic and too interfering, so that a reader feels free to make his own decision and is not deterred. The second precondition is that the message is as effective as possible: to realize the institutional point of the activity type, the message should be formulated in such a way that it is most likely that the reader accepts the piece of advice.

In order to prevent the message from seeming paternalistic and interfering, a brochure writer typically presents his arguments implicitly and/or indirectly. In order to systematically determine the function of presentational variations in strategic maneuvers, van Eemeren (2010: 120) proposes to differentiate between an explicit and an implicit presentation of moves. An arguer can explicitly express what function a particular move has, e.g. ‘my argument for that is that quitting smoking reduces the chance of lung cancer’, or leave it implicit, e.g. ‘quitting smoking reduces the chance of lung cancer’. The implicit presentation of the argument makes the argument appear as information, rather than an attempt to influence the reader. An implicit presentation of the argumentation gives the impression that the brochure writer is not attempting to change the reader’s beliefs or behavior and is only providing objective information to enable the reader to make up his own mind.

13 In health brochures, visual elements play an important role. In contrast with other activity types, such as advertising, their role is to merely illustrate the textual message and not to express a message of their own. In this dissertation, the focus lies on textual elements and the visual ones are left out of the discussion.
A similar effect can be achieved by presenting the argumentation indirectly. Van Eemeren (2010: 120) argues that an implicit move is indirect when the function or content of the literal speech act by which the move is realized is only secondary and the primary function or content must be inferred from the context. For example, the following move can only be interpreted as an argument when considering that the literal speech act, a question, is not the primary function of the statement in the context of a health brochure: 'did you know that quitting smoking reduces the chance of lung cancer?' The reader will understand that the writer does not really want to ask whether the reader knows about the effect of quitting smoking, but rather wants to state that this is a fact. By expressing the argument in an indirect way, the writer again gives the impression of being concerned merely with providing information, rather than with attempting to convince the reader.

In order to present the message as strongly as possible, discussants have a large amount of stylistic devices at their disposal, which in rhetorical approaches have been labeled figures of speech and figures of thought. Figures of speech, like repetition or change in word order, are schemes used to arrange words in an unusual pattern or order. Figures of thought concern a deviation from the usual way of expressing thoughts, ideas or reasoning, such as a paradox, which involves a contradiction, or a praeteritio, a figure in which the speaker raises an issue by saying that the issue should not be raised. A figure of speech disappears when words are changed or replaced, while a figure of thought remains the same and can be expressed by means of various figures of speech. Quintilian (1856/2006) also describes a third category: the tropes, such as metaphor and metonymy, in which “some words are substituted for others” (9.1.5), thus transforming the actual meaning of the words. All of these devices can be exploited to reinforce the argumentation. For example, the use of a metaphor may evoke particular associations in a very subtle way. The metaphor of war, or military metaphor, for instance, is a very common metaphor to help to understand other concepts (see Lakoff & Johnson 1980). Reisfield and Wilson (2004: 4025) explain that even in medicine, and specifically in oncology, the war metaphor is used by patients, physicians, and pharmaceutical companies (see also Chapter 6). Another presentational device that is particularly relevant for the context of health campaigns is what in communication studies is usually referred to as message framing. Since framing encompasses not only presentational choices, but also choices with respect to the other two aspects of strategic maneuvering, this device is described separately.

2.5.5 Goal-framing argumentation in health brochures

The concept of framing is particularly relevant for this study as it involves the way in which the argumentation in favor of an advisory standpoint is designed. The concept of framing, a common notion in discourse analysis and in the social sciences, refers to a communicative technique that is meant to place a particular thing or event in
Institutional preconditions for strategic maneuvering in health brochures

a specific (positive or negative) perspective. The notion is applied in various ways, but in this study the focus lies on a specific kind of framing that is usually called goal framing (see e.g. Levin, Schneider & Gaeth 1998). Goal framing refers to the way the consequences of an advocated action are presented. This type of framing is relevant for discussing choices in the design of argumentation in advisory health brochures, because the message in this context typically revolves around trying to influence people’s behavior on the basis of the effects of that behavior. Research on goal framing mainly involves the effect of a public health message that is either gain-framed or loss-framed. A gain-framed message emphasizes the positive consequence (or gain) of complying with the advised behavior, while a loss-framed message emphasizes the negative consequence (or loss) of not complying with the recommended behavior (see e.g. Block & Keller 1995; Rothman & Salovey 1997). Meyerowitz and Chaiken (1987) provide an example of a gain-framed message (in (2)) and a loss-framed message (in (3)) about breast self-examination (BSE). In the examples, the standpoint ‘You should do BSE’ is added to emphasize the argumentative nature of the messages:

(2) You should do BSE. Research shows that women who do BSE have an increased chance of finding a tumor in the early, more treatable stages of the disease.

(3) You should do BSE. Research shows that women who do not BSE have a decreased chance of finding a tumor in the early, more treatable stages of the disease.

In goal framing, BSE is portrayed as a good thing with positive consequences in both frames. The goal is framed differently: in the positive frame, the goal is framed as obtaining potential gain (an increased chance of finding a tumor early) and in the negative frame as avoiding potential loss (a decreased chance of finding a tumor early). The arguments in these examples are instances of pragmatic argumentation supporting the prescriptive standpoint ‘You should do BSE’.

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14 The notion of frame was introduced by Goffman (1974) as referring to the activity in which people take part, with particular conventions and role distribution, shaping an individual’s understanding of events and experiences. In linguistics, frames are seen as frameworks or scenarios that evoke associations and contextual knowledge and can be used to explain the working of language (Fillmore 1976; Fillmore & Atkins 1992).

15 Levin, Schneider and Gaeth (1998) distinguish, besides goal framing, two other types of framing: risky choice framing and attribute framing. Risky choice framing involves the framing of an option as either a risky option or a secure option (Tversky & Kahneman 1981). Attribute framing involves the framing of only a single object or event in one way or the other. Contrary to risky choice framing, it does not involve a comparison between two options, but just the evaluation of one attribute, and risk perception is not a factor in attribute framing (Levin, Schneider & Gaeth 1998: 159). In several studies it is argued that positive attribute framing results in a positive evaluation (Marteau 1989; Wilson, Kaplan & Schneiderman 1987).
Chapter 2

Pragmatic argumentation in which negative advice is supported can both be gain-framed and loss-framed as well. Based on the examples provided by Meyerowitz and Chaiken (1987), two examples of framing with the negative advice ‘you should not drink more than the recommended amount of alcohol’ can be formulated (based on the advice from the brochure ‘How much is too much? under 25s’, NHS 2007). In (4), the message is gain-framed and in (5) the message is loss-framed:

(4) You should not drink more than the recommended amount of alcohol, because if you do not drink more than the recommended amount of alcohol, then you have greater control over what happens during a night out.
(5) You should not drink more than the recommended amount of alcohol, because if you drink more than the recommended amount of alcohol, then you don’t have control over what happens during a night out.

The framing of a message is often seen as merely a matter of presentation without any implication for the meaning of the message. Seen from the perspective of the extended pragma-dialectical theory, framing can be seen as a combination of choices regarding all three aspects of strategic maneuvering. The difference between the gain-frame and the loss-frame can first of all be described in terms of topical choices, because the gain-frame entails a choice to refer to a different consequence than the loss-frame, namely to the consequence of adhering to the advice and to the consequence of not adhering to the advice, respectively. The framing of the pragmatic argument does not only come down to choosing one of the available consequences to refer to, but also entails a presentational choice. Using a loss-frame instead of a gain-frame requires different linguistic means and places the action in a different perspective. The choice for a gain or a loss-frame is also a choice to orient the message towards different intended readers.

In terms of strategic maneuvering, framing can thus be seen as a way to appeal to a specific audience via a combination of particular choices from the topical potential, namely referring to a desirable effect to be gained or a desirable effect to be lost, and certain presentational devices evoking either a positive or a negative association. The concept of framing can help to demonstrate how choices with respect to each of the three aspects of strategic maneuvering are connected to each other and can even reinforce each other: choices in the design of pragmatic argumentation in health brochures can be explained as the choice for a particular

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16 In principle, framing does not necessarily take place only in argumentative discourse: also in informative discourse the effects of a course of action could be described either in terms of gain or in terms of loss. Nevertheless, goal framing is usually discussed in a context in which a deliberate attempt is made to convince someone, and I will also limit the discussion to the argumentative use of framing.
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frame. The strategic function of framing in pragmatic argumentation is further described in Chapter 6.

2.6 Conclusion

To gain insight into the influence of institutional conventions on the argumentative discourse in advisory health brochures, these brochures are characterized as an argumentative activity type in the medical domain. Communicative practices in this domain set out to realize the institutional aim of addressing and solving health problems existing among (parts of) the population and are generally regulated by explicit and implicit rules concerning the format and the content of the brochures. Advisory health brochures provide advice on preventing, treating or detecting health problems. In all of these brochures, the writer anticipates a difference of opinion and adopts a standpoint with respect to the acceptability of a piece of health advice, encouraging the reader to adopt certain behavior or refrain from certain behavior. The writer maneuvers strategically to solve the anticipated difference of opinion on the merits and to solve it in his favor.

By comparing the development of the resolution process in health brochures with the ideal model of a critical discussion, it is determined how the institutional conventions of the activity type affect the strategic maneuvering. The main institutional preconditions for strategic maneuvering are that the dispute concerns a piece of health advice, that the relation between the health institution and the reader is asymmetrical, and that the discussion is implicit. For each of the three aspects of strategic maneuvering, it is further specified how brochure writers maneuver strategically in the argumentation stage in accordance with these institutional preconditions.

First, the choices from the topical potential are constrained in three respects. Because brochures are meant to provide health advice, the strategic maneuvering should be aimed at demonstrating that adhering to the advice indeed has beneficial effects for the reader. Therefore, a brochure writer typically advances pragmatic argumentation. The fact that the discussion is implicit constrains the maneuvering because a writer can only anticipate possible criticism from the reader. The topical potential is also restricted by the topic of the brochure: a writer should advance argumentation that relates to (the effects on) the reader’s health.

Second, the audience adaptation is constrained in two respects. Since the discussion is implicit, a brochure writer cannot be sure what starting points about values and facts to base his arguments on. The second institutional precondition is that the audience is usually composite, which means that a brochure writer needs to take into account various possible starting points.

Third, the selection from the available presentational means is constrained in two ways as well. The presentation is constrained in the sense that a brochure writer should respect the reader’s right to make his own informed decision on the basis
of the brochure. Another presentational precondition is that the message should contribute to realizing the institutional point of convincing people to follow up on the piece of health advice. A writer's presentational maneuvering thus involves avoiding appearing as too paternalistic while also presenting the argumentation as strong as possible.

The institutional conventions influence the possibilities for strategic maneuvering in the argumentation stage with respect to the selection from the topical potential, the adaptation to audience demand and the use of presentational devices on the level of the discussion stage and on the level of the discussion move. A writer selects arguments that indicate the benefits of adhering to the advice and that are based on scientifically established facts. He adjusts these arguments to the preferences of the intended audience by taking into account their beliefs with respect to science and health. The arguments are presented in a way that sheds a positive light on the recommended action (or a negative light on the discouraged action), without imposing too much on the reader. In this context, strategic maneuvering typically involves the use of pragmatic argumentation, either gain-framed or loss-framed, designed in the way that serves the writers best in getting the advice accepted.
CHAPTER 3

The speech act of advising in health brochures

3.1 Introduction

In Chapter 2 health brochures were characterized as an argumentative activity type primarily aimed at getting a piece of health advice accepted by the readers. In order to explain what choices can be made in this activity type to achieve this acceptance, this chapter addresses the question of what commitments associated with advice-giving could come up for discussion in health brochures.

Section 3.2 first explains how advice can function as a standpoint in an argumentative discussion in health brochures. Section 3.3 examines how potential criticism towards advice can be systematically described with the help of the so-called felicity conditions of the speech act of advising. These conditions can be seen as commitments that can be ascribed to a speaker who performs the speech act and that might be called into question by the receiver of advice. Section 3.4 describes the felicity conditions of advising as they were formulated by Searle and proposes some adjustments to better specify the commitments associated with this speech act. Section 3.5 specifies the speaker, the hearer, and the act that are involved in advice-giving in the specific context of health brochures. To get an overview of the issues that might raise doubt with brochure readers, Section 3.6 presents the felicity conditions specified for this specific context. Section 3.7 explains how each of the specified conditions may play a role in the argumentation in health brochures. Section 3.8 contains the conclusion.

3.2 The speech act of advising as a standpoint

To answer the question of what commitments associated with advice-giving could be under discussion in health brochures, this section makes use of the theoretical instruments introduced by Austin (1962), Searle (1969) and Grice (1975), which have been amended and incorporated into the pragma-dialectical theory of argumentation. These instruments are introduced into the theory to do
justice to the four principles of functionalization, socialization, dialectification and externalization, which guide the pragma-dialectical approach to argumentative discourse. In accordance with these four principles, argumentation is defined as follows:

Argumentation is a speech act consisting of a constellation of statements designed to justify or refute an expressed opinion and calculated in a regimented discussion to convince a rational judge of a particular standpoint in respect of the acceptability or unacceptability of that expressed opinion (van Eemeren and Grootendorst 1984: 18).

In other words, in the analysis, argumentation is considered to arise in reaction to or in anticipation of disagreement with another language user (socialization) and is to be regarded as a purposive activity (functionalization) that is aimed at resolving the disagreement through a rule-governed critical discussion (dialectification) by explicitly or implicitly performing speech acts which bring along specific commitments to which the discussants can be held (externalization) (van Eemeren & Grootendorst 1984).17

In health brochures, the potential disagreement arises because of the performance of the speech act of advising in which particular behavior is encouraged or discouraged. The reason why a dispute may arise from the performance of the speech act is that language users who carry out a speech act will, in principle, assume that the act and all of the commitments and presuppositions that come with it are acceptable and are considered to be acceptable to the listeners or readers. Whenever the act is expected to be questioned, the presupposition that the speech act is acceptable is no longer justified and the commitments associated with the speech act are open to debate (van Eemeren and Grootendorst 1991: 163).

Van Eemeren, Grootendorst, Jackson, and Jacobs (1993: 95) argue that all presuppositions and commitments associated with the performance of a particular speech act could in fact be turned into an expressed opinion. They call these commitments ‘virtual standpoints’ because they are not declared as actual standpoints, but they could be called into question by other language users and turned into a standpoint that can be ascribed to the speaker. Together, the commitments that can be called into question are part of the so-called ‘disagreement space’ of the speech act. When any of the virtual standpoints potentially gives rise to a difference of opinion, the speaker might try to remove expressed or anticipated

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17 In pragma-dialectics, the standpoint and the argumentation are considered as specific types of complex speech acts: argumentation is a speech act consisting of more than one utterance, which is connected to another utterance, the standpoint, in a particular way (van Eemeren & Grootendorst 1984: 81-83).
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doubt about the acceptability of the speech act by putting forward argumentation that justifies the act.

In health brochures, it is the speech act of advising that gives rise to a (potential) difference of opinion. If the speech act that gave rise to the discussion is not explicitly expressed as a standpoint but is indirectly used as such, the speech act serves as an indirect standpoint (van Eemeren 1987; van Eemeren & Grootendorst 1992: 47). According to the ideal model of a critical discussion, the act of expressing a standpoint has the illocutionary force of an assertive speech act (van Eemeren and Grootendorst 1984: 34). The speech act of advising has been categorized by Searle (1979) as a directive speech act. Van Eemeren and Grootendorst argue that standpoints, as any other argumentative move, are expressed in various ways in practice. They explain that such utterances can have the communicative force of a standpoint at a higher textual level while on the sentence level the individual utterance constitutes an elementary speech act with a particular illocutionary force. As van Eemeren (1987) shows, indirect standpoints and arguments can thus be presented by all types of speech acts, including directives such as advising. At the sentence level, these utterances function as advice, while at a higher textual level they function as standpoint.

The fact that a standpoint can be expressed through the performance of a directive, such as a piece of advice, can be illustrated by the following constructed example: “You should follow a diet low in calories, or do you want to get fat?” In this example, the speaker gives the listener advice which he tries to justify with a rhetorical question. Both the advice and the question belong to the class of directives. What happens in cases like this, according to van Eemeren and Grootendorst (1984: 98), is that the speaker acknowledges that a difference of opinion might arise over the performance of his advice and, in anticipation of disagreement, gives an argument to justify it.

In the analysis, the elementary speech acts involved in the argumentation should be reconstructed as assertives, since the performance of assertive speech acts brings along the commitment needed to resolve a dispute (van Eemeren & Grootendorst 1984: 98). The standpoint in the example might be reconstructed as an assertive in the following way: ‘It is advisable for you to follow a diet low in calories’. The argumentation can be reconstructed from the rhetorical question as also consisting of assertives: ‘If you do not get on a diet low in calories, you will

18 In the ideal model of a critical discussion, it is specified for every stage of the discussion what kinds of speech acts may contribute to reaching the goals of that stage. The class of assertives is central to argumentation, both for expressing standpoints in the confrontation stage and for expressing arguments in the argumentation stage. Although assertive speech acts are essential to argumentative discussions, other kinds of speech acts may occur as well and could also contribute to resolving the difference of opinion. For example, commissives are used in the confrontation stage to express non-acceptance, while directives are used in the opening stage to challenge the other party (van Eemeren & Grootendorst 1984: 104).
get fat (and you do not want to get fat). Van Eemeren (1987) states that the relation between such utterances can be explained by using the correctness conditions of a standpoint, and, in this case, the preparatory condition that one should have some justification for advancing a particular point of view. In the example, the argumentation ‘If you do not get on a diet low in calories, you will get fat’ satisfies this unfulfilled preparatory condition of the standpoint ‘You should follow a diet low in calories’.

3.3 Felicity conditions as indicators for potential criticism

Now that it has been explained how the speech act of advising can be seen as a standpoint in a discussion, this section turns to the question of what commitments can come under discussion when a language user performs the speech act of advising. The example about the diet low in calories that was presented earlier showed that language users can anticipate criticism with regard to their advice. But what kind of criticism can the writer expect to lead to the requirement to justify the speech act? Again, this can be explained by the speech act theoretical approach to argumentation, and more specifically with the help of the so-called felicity conditions of speech acts.

When the performance of a speech act potentially gives rise to a difference of opinion and the speaker intends to justify the performance of the act, he needs to know under which conditions other language users would consider the speech act acceptable. The conditions under which a particular speech act can be considered acceptable are known as felicity conditions, a concept that was introduced by Austin (1962) and elaborated by Searle (1969). The felicity conditions of a speech act represent a set of necessary and sufficient conditions that, taken in conjunction, need to be met in order to evaluate the performance of a speech act as ‘happy’ or ‘felicitous’ (Searle 1969: 47). Van Eemeren and Grootendorst (1984) made some amendments to the conditions for their purpose of applying the theory to the study of argumentation. First, they discerned the perspective of the speaker and the listener. Second, they differentiated between recognition or identity conditions and correctness conditions to be able to distinguish more precisely between ‘felicitous’ or ‘acceptable’ speech acts on the one hand, and defective ones on the other hand.

A precondition for felicitous communication is that listeners at least understand the content of the proposition and the goal of the performed speech act. This criterion is represented in the propositional content condition and the essential condition of the speech act, which correspond to what van Eemeren and Grootendorst (1984) call recognition or identity conditions. When the addressee recognizes the content and understands which speech act has been performed, the communication is not necessarily felicitous since the speech act may be inexpedient or untrue, and thus defective. For a completely successfully performed speech act, the correctness conditions, which correspond to the preparatory conditions and
The speech act of advising in health brochures

sincerity or responsibility conditions of the act, also need to be fulfilled. The preparatory conditions indicate the required point of departure so that the speech act is not superfluous or useless, while the sincerity condition relates to the psychological state of the speaker. Van Eemeren and Grootendorst (1984: 21) have renamed this last condition the responsibility condition because it relates to the speaker’s assumed intention. With respect to the effect the speaker is trying to achieve with the performance of the speech act, one can make a distinction between the illocutionary or communicative effect of understanding from further perlocutionary or interactional effects, which van Eemeren and Grootendorst (1984: 24) subdivide into inherent perlocutionary effects and consecutive perlocutionary effects. Inherent perlocutionary effects exclusively consist of the acceptance of the speech act by the listener, i.e. the minimal intended effect, while consecutive perlocutionary effects consist of all other consequences of the speech act, i.e. the speaker’s optimal effect.

In face-to-face communication, a dispute may arise when one or more of the felicity conditions of a speech act are not fulfilled from the perspective of the listener. For example, when someone advises his friend to exercise daily, the friend might find that piece of advice unacceptable because he already exercises daily or because he has a terrible cold at the moment. So the friend’s criticism would – directly or indirectly – refer to the fact that one or more of the felicity conditions are not met. If all conditions were fulfilled from the friend’s perspective, the friend would probably react by expressing his acceptance, for example by saying ‘Good idea’.

Whenever the listener shows no sign of doubt or opposition, a language user who offers advice will presume that the act is performed felicitously and will not expect any dispute that needs to be solved to arise (van Eemeren & Grootendorst 1984: 24). Yet, in written communication, where the addressee has no opportunity at all to express acceptance or non-acceptance or no opportunity to do so immediately, language users cannot always be sure that all felicity conditions are indeed satisfied from the reader’s perspective. Van Eemeren and Grootendorst (1992) argue that language users strive for smooth and effective communication and can be assumed to comply with the Principle of Communication, a principle governing all verbal communication, which entails that the conditions have been fulfilled in the performance of their speech acts.19 When facing potential disagreement or doubt about the acceptability of a speech act, they will try to repair this disagreement by indicating in advance that the felicity conditions of the performed act have been fulfilled.

19 The Principle of Communication consists of the rules be clear, honest, efficient and to the point, and is comparable to Grice’s Co-operative Principle (van Eemeren & Grootendorst 1992: 50). In van Eemeren and Grootendorst’s version, Grice’s conversational maxims (1975) and Searle’s theory on indirect speech acts (1979) are integrated, resulting in five communication rules referring for the most part to the felicity conditions.
Van Eemeren, Grootendorst, Jackson and Jacobs (1993: 105) argue that the felicity conditions “define the general grounds upon which an act must be defended and upon which it may be challenged”. These conditions form a vital part of the disagreement space and are therefore pointers for the kind of criticism an arguer can anticipate when defending a standpoint about health advice.20 In anticipation of such criticism, language users can attempt to affirm that the felicity conditions of the speech act that gave rise to a difference of opinion are fulfilled in order to convince the audience of the acceptability of the act. The next section discusses Searle’s felicity conditions of the speech act of advising and proposes amendments in order to provide insight into the opportunities language users have to justify their advice in health brochures in anticipation of doubt about the successful performance of the speech act.

3.4 Felicity conditions of the speech act of advising

3.4.1 Searle’s felicity conditions

The speech act of advising has been categorized by Searle (1979) as a directive speech act, since the illocutionary point of directives is to make the hearer do something. In directives, the force of the attempt to influence the hearer’s behavior can differ, ranging from relatively ‘weak’ directives, such as inviting or suggesting, to very strong ones, such as commanding or ordering. The speech act of advising only has a moderate force: it falls between the weak and the strong directives.

Searle (1969) formulates the felicity conditions of advising as follows (S stands for Speaker, H stands for Hearer, and A stands for Act):

Essential condition: Counts as an undertaking to the effect that A is in H’s best interest.
Propositional content condition: Future act A of H.
Preparatory conditions:
a. S has some reason to believe A will benefit H.
b. It is not obvious to both S and H that H will do A in the normal course of events.
Responsibility (sincerity) condition: S believes A will benefit H. (Searle 1969: 67)

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20 Van Eemeren, Grootendorst, Jackson and Jacobs (1993: 95) consider the disagreement space of a speech act to consist of the complex of all reconstructible commitments associated with the performance of the speech act. Although it is, according to the authors, still up for debate whether the felicity conditions give an exhaustive list of all commitments, they argue that “it seems safest to treat a list of felicity conditions simply as a useful heuristic for categorizing lines of argument around any particular speech act” (116, fn. 7).
The speech act conditions should give the most accurate description of what it means to successfully perform the speech act of advising. Some amendments are necessary to realize this requirement so that the conditions can be used to get insight into the kind of criticism advising may provoke.

### 3.4.2 Amendments to Searle’s felicity conditions

Here, amendments are proposed to all felicity conditions. First, the sincerity condition is discussed, then the essential condition, then the propositional content condition and finally the preparatory conditions.

Firstly, it is proposed to alter the formulation of the sincerity or responsibility condition. The sincerity or responsibility condition specifies the psychological state of the speaker. The responsibility condition of the speech act of advising should specify the psychological state expressed by directives, which is *want* or *wish*. Although Searle describes advising as a directive speech act, the way in which he formulates the felicity conditions of advising is not in line with his general description of directives. Searle’s formulation of this condition refers to *believe*, the psychological state associated with assertive speech acts such as asserting and stating. This formulation of the sincerity condition might be explained by Searle’s comment that advising, in his view, is not a type of requesting (which is the prototype of directives), but is more like urging and recommending. He also states that “Advising you is not trying to get you to do something in the sense that requesting is. Advising is more like telling you what is best for you” (Searle 1969: 67). The latter comment implies that Searle considers advising as an evaluative assertive instead of an inciting directive.

In ‘A taxonomy of illocutionary acts’ (1979), Searle actually argues that the verb ‘to advise’ can refer to two different speech acts, an assertive and a directive, but in his description of advising as a speech act in *Speech Acts* (1969), no such distinction is made. Vanderveken (1990) observes the same ambiguity in advising: he describes advising both as an assertive and as a directive act (just as ‘to warn’) (174, 197). This ambiguity might stem from the fact that the English verb ‘to advise’ can be used in two senses: in the sense of giving information on a particular subject about which the listener has questions, such as ‘The doctor advises her on weight loss’, or in the sense of telling someone what you think they should do: ‘The doctor advises her to lose weight’.

In this dissertation, the focus lies on the latter sense of the verb ‘to advise’, because this meaning seems to be in line with the goal of advising in

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21 Merriam-Webster’s online dictionary states that the English verb ‘to advise’ originally stems from the French ‘aviser’, which means ‘to inform’. The noun ‘avis’ in French has the same ambiguity as the English verb ‘to advice’ as it can refer both to ‘information’ and to ‘advice’ or ‘opinion’.
health promotion materials. The sincerity/responsibility condition is therefore reformulated as ‘S wants H to do A’ so that it better reflects the directive character of the speech act of advising. To indicate that advice is not sincere if it is not given with the interest of the hearer in mind, another condition is added which says that ‘S believes that A is in H’s best interest.’ The reformulation of this condition more clearly shows the intention of language users who offer advice. This is helpful for the current study which focuses on advising in argumentative discourse: the meaning of the utterances in a discussion can be better understood once it is recognized that they are not merely supposed to contribute to convincing the readers that some action is good or bad for them, but to convincing them that they should perform an action.

Secondly, it is proposed to reformulate the essential condition. Searle characterizes advising in the essential condition as an undertaking to the effect that A is in the hearer’s best interest. This formulation implies that the act would be considered successful on an illocutionary level once the hearer understands the speaker’s intention to express that doing A is in the hearer’s best interest, and on a perlocutionary level once the hearer accepts that doing A is in his best interest. Advising would, in this case, only be a way to influence the hearer’s beliefs, while, as was argued above, advising should be seen as a directive speech act that is not just meant to change the hearer’s ideas about some action, but to make him perform the advised action. In the pragma-dialectical approach, the essential condition should reflect the intended perlocutionary effect associated with that speech act, or the associated perlocution (van Eemeren & Grootendorst 1984). The essential condition is therefore reformulated as ‘Advising counts as an attempt by S to make H do beneficial act A’.

Thirdly, Searle’s propositional content condition states that the speaker predicates a ‘future act A of H’, which does not seem to correspond to the way advising is described in the essential condition. If we were to formulate the proposition in accordance with the way the essence of the speech act is described in the essential condition, the proposition would need to consist of an evaluation of act A. As it is now, it corresponds more closely with the content that directive speech acts generally have. In order to incorporate the presupposition that the advised act is beneficial to the listener – something that need not be the case in other types of directives, such as orders – a slight reformulation is proposed: ‘S predicates a future beneficial act A of H’.

Fourthly, some changes to the preparatory conditions are proposed because the reformulation of the essential condition also has consequences for the preparatory conditions. Both preparatory condition a (‘S has some reason to believe A will benefit H’) and b (‘It is not obvious to both S and H that H will do A in the normal course of events’) are indeed necessary, since a piece of advice would be irrelevant or superfluous, respectively, if these conditions were not fulfilled. However, any advice to do A, for example to eat vegetables regularly, is also superfluous if the
hearer already eats vegetables regularly. Therefore, an additional preparatory condition is needed which states that the speaker believes that the hearer has not yet done or is not yet doing the act. Moreover, the advice would be useless if the hearer is not willing or able to perform the advised act A. Therefore, to complete the felicity conditions, two more preparatory conditions are necessary, stipulating that the speaker believes that, in principle, the hearer is willing to perform the act and that the speaker believes that, in principle, the hearer is able to perform the act. Finally, a sixth condition is required which states that the speaker has knowledge of or experience with act A and the effects of A. This condition does justice to the fact that only people with some authority on the subject are in the position to offer advice.

3.4.3 Adjusted felicity conditions

Based on the amendments to Searle’s conditions, the following adjusted conditions of the speech act of advising are proposed:

1. Essential condition: Advising counts as an attempt by S to make H do beneficial act A.
2. Propositional content condition: S predicates a future beneficial act A of H.
3. Preparatory conditions:
   a. S has some reason to believe A will benefit H.
   b. S believes that H is, in principle, willing to do A.
   c. S believes that H is, in principle, able to do A.
   d. S has knowledge of and/or experience with A and the effects of A.
   e. It is not obvious to both S and H that H will do A in the normal course of events.
   f. S believes that H has not yet done or is not yet doing A.
4. Responsibility conditions:
   a. S wants H to do A.
   b. S believes A is in H’s best interest.

Advice is not necessarily meant to make the hearer perform a future action (‘You should eat vegetables regularly’), but can also be aimed at preventing the hearer from performing an action or to stop him from doing an action (‘You should stop smoking’). In other words, the felicity conditions cover both positive advice and negative advice. Therefore, the act to which variable A in the condition refers, includes performing an act, performing a series of acts and also stopping the performance of a particular act. Whether advice is positive or negative has consequences for the way in which the preparatory conditions should be understood. In the case of positive advice to do A, for example to eat vegetables regularly, it is, for instance, presumed, in accordance with preparatory condition f, that the addressee does
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not eat vegetables regularly at the moment. In the case of advice not to smoke, or more commonly, to stop smoking, the addressee has, according to preparatory condition $f$, not yet stopped smoking. This may sound slightly artificial, but it means that the addressee is assumed to currently smoke.

The felicity conditions of advising as formulated above indicate what conditions need to be fulfilled to constitute an acceptable performance of the speech act of advising. The presupposition is that each of these conditions is fulfilled, and thus each constitutes a virtual standpoint which can be called out in any argumentative discussion about advice. A speaker who aims to show that his advice is acceptable can advance arguments in which he refers to the felicity conditions. The conditions, therefore, are an indication of which arguments are and which are not relevant in a discussion over the speech act of advising. The next section further specifies these conditions for advice given in the context of health brochures.

3.5 Contextualizing the felicity conditions of advising

3.5.1 Advising in the medical domain

The felicity conditions formulated in the previous section pertain to the performance of the speech act of advising in any context. They apply to advice-giving in interpersonal communication (‘You should really see that new Tarantino movie’), in commercial communication (‘We advise you to cut down on costs by 12%’), in political communication (‘Vote for the Social Democrats!’), in scholarly communication (‘This paper should not be admitted’), and in many other domains of communicative activity. In all of these domains, the speech act is only successfully performed if the felicity conditions have all been met.

What constitutes a successfully performed speech act of advising differs, to a greater or lesser degree, from one domain to the other due to the particular characteristics of the communication in each of these domains. There is, for example, a difference in the type of topics that are relevant for advice-giving in each of the domains. In interpersonal communication the range of topics is great but will generally concern personal experiences, while in commercial communication advice-giving can be expected to concern business related topics. Another difference between advice-giving in these two domains is the kind of expertise speakers are expected to have about the topic: this is, for example, personal experience in the interpersonal domains or expertise based on education and research in the commercial domain.

Starting from the speech act conditions of advising that were specified earlier, we can describe the conditions that need to be fulfilled much more precisely by focusing on the speech act of advising in the medical domain, and specifically in health brochures. We can first look at how the variables in the description of the felicity conditions can be further specified. The conditions again refer to
the participants S and H, which are the speaker and the hearer, and A, the act. In principle, these variables can refer to anyone and anything, but in instances of advice-giving in health brochures, we can be more precise. The next section specifies the three variables to which the felicity conditions refer by using the description of the activity type of health brochures that was presented in Chapter 2.

3.5.2 The speaker in health advice

The first specification we can make with respect to S, the speaker, is that the person who gives advice in health brochures communicates through written media. In the felicity conditions, therefore, the letter W is used to refer to the writer of a particular piece of health advice instead of using an S to refer to the one who performs the speech act. Another specification we can make is that the writer is a generalized representative of some institution or organization, such as the Ministry of Health or the AIDS Foundation.

A further characteristic, which was stipulated in the general preparatory conditions, is that the speaker should hold knowledge of and/or experience with A and the effects of A. Without this expertise, one is not in the position to offer advice. For advising in the medical domain, the position of the speaker is even more important; the writer should in fact be an authority in the field of health care. In health brochures, patients will expect the writer to only address those health issues he is actually knowledgeable about. The same holds for advice in a doctor’s consultation. However, in a doctor’s consultation the authority is an actual doctor, whereas in a brochure the adviser is an anonymous writer representing an authoritative institution.

The difference between health advice in brochures and other types of advice can be made clearer by referring to one of the dimensions, introduced by Searle (1976), by which speech acts can be differentiated. A relevant dimension here is ‘differences between those acts that require extra-linguistic institutions for their performance and those that do not’ (1976: 6). Contrary to other types of advising, such as in personal communication, the speech act of advising in brochures requires an extra-linguistic institution for their performance. Advice in health brochures not only owes its credibility to the status of the extra-linguistic institution that publishes the brochure, but is, in fact, performed because that institution, in a way, assumes some kind of responsibility for the readers’ well-being. This also applies to advising in a doctor’s consultation, but in that context it is the speaker himself, the physician, who has responsibility over his patient.

3.5.3 The hearer in health advice

With respect to the addressee of advice in health brochures, we can first specify that it always concerns an implied reader, and not an explicitly present hearer.
In the formulation of the conditions, the H from hearer is therefore replaced with the R from reader. In the medical domain, the addressee of the speech act can be a layperson, for example in a doctor’s consultation, but also another medical professional, as is the case in a meeting of surgeons in a hospital. In health brochures, advice is always directed at laypeople with no more than average knowledge of health issues.

In addition, since brochures are a form of mass communication, they are typically aimed at a large group of people at the same time, instead of simply at one individual, as in a doctor’s consultation. The piece of advice will always be meant to reach a particular target group that, as is stipulated in preparatory conditions 3e and 3f, does not already act in the way the speaker wants them to. It may also be the case that advice is not directed at a particular reader because he needs to change his own behavior, but because this reader is responsible for someone else who does need to change his behavior but is not in the position to do so. For example, in the case of vaccination campaigns, brochures can be expected to be directed at the parents of young children who need immunization, and not at the children themselves, because they are not capable of making a decision about this subject.

One of Searle’s dimensions to differentiate between speech acts seems relevant here, namely the dimension of ‘differences in the way the utterance relates to the interests of the speaker and the hearer’ (1976: 5). Searle gives the example of the speech acts of laments and boasts, which have a comparable illocutionary point but differ in what is and what is not in the interests of the speaker and the hearer, respectively. This dimension is relevant because advising differs on this dimension from other types of directives. For example, advising differs from giving an order because the advice-giver presumes that the act he advises the hearer to do has some benefit for the hearer, while someone who gives an order does not necessarily have such expectations. Since this characteristic differentiates advising from other directive speech acts, it counts as a preparatory condition for a felicitous performance of the act and is represented by preparatory condition a, which says that S has some reason to believe A will benefit H.

To be more precise regarding advice-giving in health brochures, we can say that the writer who offers health advice always has some reason to believe that the act will benefit the reader’s health. What this benefit means is that doing the act is a way to reach the goal of the act. The benefit depends on the extent to which the advised act indeed contributes to achieving a particular goal. Since advice in health brochures is supposed to reach a large group of readers and the institution that produces the brochure has some responsibility for the readers, it is in the interest of the institution that the act benefits as many people as possible. In the felicity conditions of advising, we can thus include that the advised action should be in the best interest of the reader.
3.5.4 The act in health advice

The act to which the speech act refers can also be made more precise because advice-giving in the medical context always concerns health-related behavior. Therefore, in all felicity conditions referring to the act, we can specify A as a future health-related act. The concept of ‘act’ does not only refer to performing an act, but also to refraining from performing an act, and performing a series of acts.

The acts that can be categorized as ‘health-related’ can bear on a whole range of acts. The health-related act can be further specified by considering a brochure writer’s goals when advocating or discouraging particular types of behavior. Looking at the acts a brochure writer could advocate, we can distinguish acts aimed at preventing a health problem, acts aimed at treating a disease, and acts aimed at detecting a health problem. As was explained in Chapter 2, brochures devoted to treating health problems include patient information leaflets, which mainly provide information on a particular illness or condition and further provide advice on how to live with this condition. They contain, for example, advice to drink water, be physically active, or follow a diet. Brochures aimed at prevention try to encourage behavior that ideally averts serious health problems. Advice in these brochures concerns, for example, immunization, practicing safe sex and lifestyle changes. Brochures aimed at detection contain advice, for example, to perform self-examinations or to go to screenings to detect health problems (such as breast cancer) in an early stage. The acts to which health advice can thus be restricted are those that help to prevent, treat or detect health problems.

3.6 Specified felicity conditions of advising in health brochures

In the previous sections, the characteristics of the health brochure were used to specify the speaker, the hearer, and the act to which the speech act conditions of advising refer. The specifications of the variables result in new formulations of the felicity conditions of advising for the context of health brochures. These conditions help to show what issues might play a role in this context when a brochure writer expects doubt with respect to his advice. Based on the considerations mentioned above, the felicity conditions of advising in the context of health brochures can be specified as follows (W stands for Writer, R stands for Reader, and A stands for Act):

1. Essential condition: Advising counts as an attempt by W to make R do beneficial act A in order to prevent, treat or detect a problem that affects R’s health.
2. Propositional content condition: W predicates a future beneficial health-related act A of R.
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3. Preparatory conditions:
   a. W has some reason to believe A will benefit R’s health and the health of (part of) the population by preventing, treating, or detecting a health problem.
   b. W believes that R is, in principle, willing to do A.
   c. W believes that R is, in principle, able to do A.
   d. W is (a representative of) a health authority with knowledge of and/or experience with A and the effects of A.
   e. It is not obvious to both W and R that R will do A in the normal course of events.
   f. W believes that R has not yet done or is not yet doing A.

4. Responsibility conditions:
   a. W wants R to do A.
   b. W believes that A benefits R’s health.

The essential condition

The essential condition should define what it means to give felicitous advice in health brochures. Based on the specifications of the variables, the essential condition stipulates that advising counts as an attempt by W to make R do beneficial act A in order to prevent, treat or detect a problem that affects R’s health. Negative advice counts as ‘an attempt by W to make R refrain from doing future unbeneficial act A in order to prevent, treat or detect a problem that affects R’s health’. Besides the specifications of the speaker and hearer, the point of the act is specified by putting into words what the intended perlocutionary effect is of the speech act. The intended effect of advising is that the reader performs a particular act, or refrains from doing it, which contributes to treating, preventing or detecting a health problem from which the reader is suffering or might otherwise suffer in the future. If an act could not be considered as an attempt to positively influence the reader’s behavior, the act would not have the illocutionary force of the speech act of advising and would not constitute an act of advising.

Note that the description of the intended effect of the speech act refers to the ideal outcomes of the advised act. In practice, however, it may also be the case that acts are not meant to treat a disease or condition, but only to help to alleviate the symptoms of a condition. In a similar vein, acts that are supposed to prevent some disease, such as vaccination, may not be a 100 percent guarantee, but may only lower the chance of getting a particular disease. The same applies to acts meant to detect a health condition: the ideal result of the promoted behavior is that readers do indeed detect a health problem if there is one. Again, in practice, the recommended methods might not always help to detect every health problem.
(although they may be presented as such, see Chapter 5 on strategic maneuvering), or they might even give false results.  

The propositional content condition
In the propositional content condition, the variables S and H have been replaced with W and R, respectively, to account for the fact that the advice-giving takes place through written media where no direct contact between the writer and the reader is possible. In the case of negative advice, the proposition should contain the negation of a future unbeneficial health-related act A of R. The act has been specified by adding the phrase ‘health-related’ to indicate that advice in health brochures about acts other than those that have to do with the health of the reader are irrelevant.

The identity conditions (the essential and the propositional content condition) described above guarantee that the speech act is understood as an instance of health advising. Now the correctness conditions of advising in health brochures are specified. These conditions consist of the preparatory conditions and the responsibility condition. Since these conditions are the ones that need to be fulfilled to accept health advice, they can be expected to be questioned in a discussion about the acceptability of advice. As such, they are most likely to play a role in the argumentation.

The preparatory conditions
The preparatory conditions indicate which conditions must be fulfilled for an act not to be superfluous or pointless in view of the intended perlocutionary effect (van Eemeren & Grootendorst 1984: 45). For preparatory condition a, which for advising in general reads ‘S has some reason to believe that (not doing) A will benefit H’, we can specify that the writer has some reason to believe that performing the advised act A, or refraining from performing A, benefits the reader, in the sense that the act contributes to preventing, treating or detecting a disease or condition. In the same condition, reference is made to the reader of the brochure. As was mentioned earlier, advice in health brochures is always directed at a large target group instead of one individual and the institution spreading advice has the responsibility for the well-being of a larger part of the population. In health brochures, considering that these brochures are intended to reach many readers and that the writer represents a responsible health institution, we can assume that the advised act should have positive consequences for the individual and (part of) the population at the same time, or at least that the advised action would not have negative consequences for others. This aspect of institutional health advice should also be included in the preparatory condition, resulting in the following formulation: ‘W has some reason

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22 See, for instance, the discussion on the efficacy of mammography in Gøtzsche and Nielsen (2009).
to believe that (not doing) A will benefit R’s health and the health of (part of) the population by preventing, treating or detecting a health problem.

The preparatory conditions b and c, which specify S’s beliefs about the hearer’s ability and willingness to perform the advised action or refrain from performing the discouraged action, apply in principle to advising in all domains. They do not need much further specification, except for replacing the S with a W and the H with an R. The same applies to conditions e and f, which exclude the possibility that the speech act is superfluous. They can be formulated as: ‘It is not obvious to both W and R that R will do (or stop doing) A in the normal course of events,’ and ‘W believes that R has not yet done or is not yet doing A’.

Preparatory condition d is of another kind: it excludes the possibility that the writer is not in the position to offer health advice. This condition is specified as ‘W is (a representative of) a health authority with knowledge of and/or experience with A and the effects of A’. Without this expert status, a piece of advice might be infelicitous because it would lack credibility. The wording ‘health authority’ should reflect that health advice comes from an institution with both power and responsibility for (part of) the population.23

The responsibility conditions
The responsibility condition relates to the intention that the speaker may be regarded as having and thereby indicates what constitutes sincere health advice. For the giving of health advice, there are in fact two responsibility conditions, viz. ‘W wants R to do A’ and ‘W believes that A benefits R’s health’. The condition is twofold since health advice can be insincere in two ways: condition a is not met if the writer acts as if he wants the reader to perform a particular action while in fact he does not; condition b is not met if W acts as if he only wants the reader to do A because it benefits the reader’s health, while in reality the act is in the writer’s best interest.24 The writer can then be accused of deceiving the reader.

3.7 Justifying health advice
Whenever language users performing a speech act encounter or anticipate doubt with respect to the acceptability of the speech act, they might try to justify the speech act by showing that the felicity conditions of the act have been fulfilled. In principle, any of the felicity conditions could be questioned. Which of the conditions is more likely to be a subject of discussion depends on the activity type in which the discussion develops. By specifying the felicity conditions for advising in the

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23 The inclusion of preparatory condition d also indicates in which way health advice differs from, for example, directives involving health-related behavior that are performed in advertisements.
24 Again, this distinguishes health advice from directives with commercial purposes.
context of health brochures, we can show at which points a brochure writer might need to justify the acceptability of his advice. Since the recognition conditions only concern the understandability of the speech act, here the focus lies on the correctness conditions, because these concern the acceptability of the speech act and are thus more likely to be questioned. The next section determines how each of the specified correctness conditions might play a role in the argumentation brought forward for accepting health advice.

3.7.1 Fulfillment of the preparatory conditions

When doubt with respect to one of the preparatory conditions is expected, a brochure writer will have to show that the advice is not pointless or superfluous. To indicate that preparatory condition \( a \) is fulfilled, the writer has to justify that it is indeed worthwhile to follow up the advice. To justify that health advice was performed felicitously, a brochure writer should show that following the advice is mainly beneficial for the reader, not for the writer. Here, pragmatic argumentation comes into play, because by means of this type of argumentation a writer can point to the positive health effects of an advised action or to the negative effects of a discouraged action.

From the perspective of the reader, it is unlikely that any of the advised acts will seem particularly attractive on their own. This is why strategic choices are made to present the advised act in the most appealing way. In the brochure ‘Be breast aware’, for example, advice about screening is formulated as “take advantage of the National Health Service Breast Screening Programme”. The actual act, namely getting a mammography, a rather unpleasant procedure, is mitigated by focusing on “take advantage” and putting the phrase “which offers three-yearly mammography” in a subordinate clause. The wording of this preparatory condition also excludes cases in which the advised act does not positively contribute to the reader’s health. For example, if a writer advised eating potatoes because they are inexpensive, the speech act cannot be considered as felicitous health advice. However, if eating potatoes is recommended because a writer believes that it would benefit the reader’s health, the speech act does meet the preparatory condition.

Although the first preparatory condition plays such a prominent role, the satisfaction of the other conditions might need to be affirmed as well. In the case of anticipated doubt with respect to conditions \( b \) and \( c \), a brochure writer will have to justify that it is reasonable to think that the readers are willing and capable of performing the advised action. In brochures giving advice on quitting drinking

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25 This does not mean that the argument that potatoes are inexpensive cannot appear in a health brochure. It could well be the case that a brochure with advice on healthy eating includes the financial aspects of making healthy choices. The argument about the low costs of potatoes may function as an argument that is coordinative to an argument about the healthiness of potatoes (see Chapter 5).
alcohol, these conditions might be problematic because readers might not want to change their drinking habits, or are so addicted that they are not able to change them. To affirm the fulfillment of preparatory condition \(b\), a writer might, for example, demonstrate that the reader’s behavior is indeed problematic. Once a reader realizes that he is, contrary to what he initially thought, actually a heavy drinker, he might be willing to change his behavior after all. Because there is no direct contact between writer and reader, a writer cannot know for sure whether these preparatory conditions are met, but he can try to remove as many obstacles as possible. Measuring tools may help a reader to realize that he is not living a healthy life and this awareness might motivate him to make a change.

To affirm the fulfillment of condition \(c\), a writer must try to show that the reader is indeed able to follow the advice. One way is simply to literally say that the addressee is able to do as advised, for example, to lose weight: “You may be able to improve your health by losing as little as 10 to 20 pounds” (NIH 2007). Another way is to give guidelines on how to accomplish the advised act, so that the reader is convinced of his capabilities. In the brochure ‘5 a day. Just eat more fruit & veg’ (NHS 2003), an attempt is made to make the advice to eat five portions of fruit and vegetables a day more acceptable by showing that it is easy and affordable to eat fruit and vegetables, so that the reader also believes that he is able to perform the advised action: “Frozen, canned, 100% juice and dried fruit and vegetables all count towards 5 A DAY. They’re versatile, easy to store and affordable”. Another example can be found in the American brochure ‘Be active your way’ (US Department of Health & Human Services 2008), which advises readers to get physically active. It is argued there that the reader is able to become physically active, because he can “Start with 10-minute chunks of time a couple of days a week. Walk during a break. Dance in the living room to your favorite music.” By mentioning these options, the brochure shows that the condition that readers should be able to perform the advised action is indeed satisfied.

Preparatory condition \(d\) concerns the authority of the adviser. When a writer expects the reader to question the authoritative status of the source of the advice, he can explicitly refer to its credibility, for example as follows: “The advice in this leaflet is based on research from some of the world’s leading experts, including the World Health Organization” (NHS 2003). Brochures stemming from a country’s department of health or other governmental organization might not need to confirm their status because they are probably acknowledged as an authority on health issues. Non-profit organizations might be less well-known among the general public or might need to accentuate their independence and expertise. An example of such an effort is the following description of Cancer Research UK in its brochure ‘Wish you knew more about alcohol and cancer?’ (2008): “Cancer Research UK is the world’s leading independent organization dedicated to finding out how to prevent, diagnose and treat cancer”. In some cases, a writer does anticipate doubt
with respect to the preparatory condition \( d \) that might affect the acceptability of the advice.

To show that preparatory conditions \( e \) and \( f \) are met and that the advice is not superfluous, a writer has to show that the reader would not do what was advised anyway or is not already doing what is advised. It seems odd that a writer would have to convince the reader of the fact that they are not doing what is advised, but a reader might have misguided ideas about his behavior and need to be made aware that he actually is living a less healthy life than is desired. When preparatory conditions \( e \) and \( f \) are expected to be questioned, a writer may again employ measuring tools or other information on the potential seriousness of the reader's situation. For example, the American brochure ‘Do you know the health risks of being overweight?’ (NIH 2007) offers the advice to lose weight to people who are overweight. A reader who is confronted with this piece of advice might find it irrelevant, thinking that if he himself were overweight, he would try to slim down. However, there might also be readers who are not aware of the fact that they are actually overweight, and therefore the brochure provides instructions on how to measure whether or not you are overweight. By providing these measuring instructions, a brochure writer can raise awareness in readers about their actual behavior and thereby show that the advice is not superfluous.

3.7.2 Fulfillment of the responsibility conditions

Finally, a writer may anticipate doubt with respect to either one of the responsibility conditions which state that ‘\( W \) wants \( R \) to do \( A \)’ and ‘\( W \) believes that \( A \) benefits \( R \)’s health’. The first responsibility condition excludes the possibility that the writer does not want the reader to do \( A \). The second condition excludes the possibility that the writer would like the reader to do \( A \) just because that would be in the interest of the writer. If we consider, for example, advice-giving in direct-to-consumer-advertising, in which the reader is encouraged to ask his doctor for a particular prescription drug, many of the felicity conditions listed above would be fulfilled and one could defend the position that following the given advice would be beneficial to the reader.\(^{26}\) Yet, what differs is that advertisers are mainly interested in their own financial benefits, and only secondarily in those of the prospected consumers. In anticipation of doubt with respect to the writer’s trustworthiness, a writer can try to affirm his truthfulness, for example by referring to his independence or to the fact that he bases the advice on relevant and trustworthy sources.

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\(^{26}\) See van Poppel and Rubinelli (2011) for an argumentative analysis of direct-to-consumer-advertisements.
Chapter 3

3.8 Conclusion

This chapter explained how the performance of the speech act of advising in health brochures may provoke a difference of opinion which needs to be solved. To convince the audience of the acceptability of the speech act, a brochure writer tries to erase potential criticism towards the performance of the act. This chapter proposed to use the felicity conditions of advising as guidelines for the kind of criticism that a writer can anticipate when defending a standpoint about health advice. These conditions represent all of the commitments associated with advice-giving, and thus define which arguments are relevant and which are not.

Based on the felicity conditions formulated by Searle, an amended set of felicity conditions were proposed. The conditions were specified for health advice in brochures to show what commitments associated with the speech act can become issues in the institutional context of a health brochure. With the help of the characterization of the communication in the activity type of health brochures as described in Chapter 2, a specification was provided of the speaker, the hearer, and the act to which the felicity conditions refer as well as of the felicity conditions of advising in the context of health brochures. Based on the specified correctness conditions, we can conclude that potential criticism from the reader with respect to health advice in brochures can concern any of the following points:

The correctness of the advice

1. **The usefulness of the speech act:**
   a. Does act A benefit the reader’s health and the health of (part of) the population by preventing, treating or detecting a health problem?
   b. Is the reader in principle willing to do A?
   c. Is the reader in principle able to do A?
   d. Is the writer (a representative of) a health authority with knowledge of and/or experience with A and the effects of A?

2. **The necessity of the speech act:**
   e. Would the reader not do A in the normal course of events?
   f. Has the reader not yet done or is not yet doing A?

3. **The responsibility of the writer:**
   a. Does the writer want the reader to do A?
   b. Does the writer believe that A is in the reader’s best interest?

With the help of examples from actual brochures, it was shown that each of the ‘virtual issues’ that can be derived from the specified correctness conditions can actually play a role in the argumentation in health brochures. The examples also demonstrate how a brochure writer tries to justify that each of these conditions is satisfied. To justify the usefulness of the advice, a writer uses pragmatic argumentation to demonstrate the beneficial outcome of following the advice.
To justify the presumption that the reader is willing and able to act on the advice, a writer may use measuring tools or information to make the reader aware of his health risks and may offer practical tips to perform the advised action. Moreover, a writer may emphasize the authority of the institution by explicitly stating his expertise and status. The necessity of the act is also justified by pointing to the seriousness of the health problem. Finally, the responsibility of the writer could be affirmed by arguing that the institution is independent and uses trustworthy sources. This speech act theoretical approach thus helps to explain why certain types of arguments are used in this particular context.

The examples of arguments for the satisfaction of the conditions do not represent all of the possible ways of justifying advice. Even though all of the conditions are specified, they are not all equally likely to be under discussion. When considering the specified felicity conditions, the first preparatory condition about the benefits of the act for the reader seems the most crucial because this condition guarantees that it is worthwhile for the reader to change his current behavior. This is exactly the condition for which pragmatic argumentation is used. The next chapter explains the choice for using pragmatic argumentation in health brochures. There, the focus lies on the particular characteristics of this type of argumentation in order to show why pragmatic argumentation is a strong strategic choice in trying to remove anticipated doubt with respect to the fulfillment of a specific felicity condition of health advice.
The function of pragmatic argumentation in health brochures

4.1 Introduction

In the preceding chapter, it was argued that the correctness conditions of the speech act of advising indicate what types of doubt or criticism a writer can anticipate concerning his advisory standpoint. This chapter examines what type of doubt or criticism can be addressed in health brochures using pragmatic argumentation to support an advisory standpoint. By considering pragmatic argumentation as a dialectical move in the argumentation stage aimed at reaching the dialectical goal of that stage, it is determined how this type of argumentation contributes to solving a difference of opinion. The chapter shows how pragmatic argumentation can be analyzed as a move in a dialectical route that serves to address a particular kind of doubt or criticism.

To explain how pragmatic argumentation can be used to justify health advice, Section 4.2 describes the characteristics of the pragmatic argument scheme from a pragma-dialectical perspective and connects these characteristics with the act of advising. Section 4.3 distinguishes the kinds of countermoves that the protagonist has to deal with in the argumentation stage. Section 4.4 explains how the protagonist can respond to these types of countermoves in order to reach the dialectical goal of the argumentation stage. To describe the routes that lead to this goal, a dialectical profile of the argumentation stage is introduced in Section 4.5. Four dialectical routes are distinguished on the basis of the kind of countermove the protagonist addresses, namely 1) removing doubt concerning the standpoint, 2) removing doubt concerning the propositional content of the argumentation, 3) removing doubt concerning the justificatory force of the argumentation, and 4) refuting counterarguments. Section 4.6 explains the role of pragmatic argumentation in each of the four routes. Section 4.7 provides the conclusion.
4.2 Using pragmatic argumentation to support an advisory standpoint

4.2.1 The argument scheme of pragmatic argumentation

As was argued earlier, the correctness conditions of advising in health brochures indicate which aspects of the speech may give rise to doubt and become an issue in the discussion. To explain how pragmatic argumentation can address anticipated doubt concerning the acceptability of a piece of advice, it is useful to examine the characteristics of pragmatic argumentation. In the pragma-dialectical theory, the term pragmatic argumentation refers to argumentation in which some course of action is recommended or discouraged in the standpoint and this recommendation is defended in the argumentation by pointing at the desirable or undesirable consequences of the course of action (Garssen 1996: 21).27

The term pragmatic argumentation stems from Perelman and Olbrechts-Tyteca’s (1969) account of a type of argumentation which “permits the evaluation of an act or event in terms of its favorable or unfavorable consequences” (1969: 266). Perelman and Olbrechts-Tyteca argue that the argumentation rests upon a causal link between an event and a consequence. In their typology, they classify the scheme, therefore, as argumentation based on a sequential relation, just as other types of causal argumentation.28 In the case of the pragmatic argument, the standpoint contains an evaluation of an action and this evaluation is justified by referring to the positive or negative consequences of the action. So, the positive or negative evaluation of the consequences is transferred to the act that was supposedly the cause of the consequences.

In pragma-dialectics, types of argumentation are distinguished according to the underlying argument scheme, which is a “more or less conventionalized way of representing the relation between what is stated in the argument and what is stated in the standpoint” (van Eemeren & Grootendorst 1992: 96). An argument scheme represents the inference rule on the basis of which the acceptability of the premise is transferred to the standpoint in a particular type of argumentation.

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27 Other terms used for pragmatic argumentation, although not all in the same sense, are instrumental argumentation, teleological reasoning, practical reasoning, and argumentation on the basis of advantages/disadvantages.

28 In The New Rhetoric, Perelman and Olbrechts-Tyteca (1969) propose a division of techniques of argumentation based on processes of association, which bring elements together, and techniques based on processes of dissociation, which separate elements that are regarded as a whole. Perelman and Olbrechts-Tyteca distinguish three categories of argument schemes that rest on association: quasi-logical arguments (based on a pretended logical or mathematical relation between premises and conclusion), arguments based on the structure of reality (based on a sequential or a co-existential relation), and relations establishing the structure of reality (based on a relation of example or comparison) (185-450). This typology is problematic for several reasons. For example, divergent criteria are used to distinguish the categories of schemes, not all schemes are clearly defined, and the examples are often unclear. See van Eemeren et.al. (1996: 93-128) for a discussion of The New Rhetoric.
In the pragma-dialectical typology of argument schemes, three main types are distinguished, namely: causal, symptomatic and comparison argumentation. Pragmatic argumentation is classified as a subtype of the causal argument scheme. In the causal argument scheme, the argument is presented “as if what is stated in the argumentation is a means to, a way to, an instrument for or some other kind of causative factor for the standpoint, or vice versa” (van Eemeren & Grootendorst 1992: 97).

In pragmatic argumentation, the standpoint that a particular action should be performed is justified by a premise which says that the action automatically leads to a desirable situation. The acceptability of the premise is transferred to the standpoint based on the general principle, usually reflected in the unexpressed or connection premise, stating that if an action leads to desirable consequences, then the action should be performed. Since the standpoint could also concern a statement in which a particular course of action is discouraged, a negative variant can be distinguished as well (van Eemeren & Grootendorst 1992: 96; Garssen 1997: 22; see also Schellens 1985, Walton 1996, Feteris 2002). In the negative variant it is argued that an action should not be carried out because of its undesirable effects. The underlying principle connecting the premise to the standpoint in this variant of the scheme is that if an action leads to an undesirable consequence, then that action should not be performed. The positive pragmatic argument scheme (Variant I) can be characterized in the following way (see Feteris 2002):

**Variant I**

<table>
<thead>
<tr>
<th>Standpoint:</th>
<th>Action X should be performed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Because:</td>
<td>Action X leads to desirable consequence Y</td>
</tr>
<tr>
<td>(And:)</td>
<td>(If an action leads to a desirable consequence, then that action should be performed)</td>
</tr>
</tbody>
</table>

29 Hitchcock and Wagemans (2011) propose an alternative typology in which they differentiate between the schemes based on the way in which predicates are attributed to referents in the propositions. The problem with this approach is that the schemes are formalized in a way that makes them become too general to guide an adequate assessment procedure and the authors do not offer any examples of what the critical questions would be. It is therefore not clear in what way the typology proposed by Hitchcock and Wagemans (2011) improves the ‘traditional’ pragma-dialectical evaluation procedure.

30 In most other typologies of argument schemes, pragmatic argumentation is also categorized as – a subtype of – argumentation based on a causal relation (e.g. Perelman & Olbrechts-Tyteca 1969; Hastings 1962; Kienpointner 1992; Freeley 1993). Some authors have classified it as a separate category (e.g. Ehninger & Brockriede 1963/1978; Schellens 1985). However, the rationale for distinguishing argument schemes in these approaches differs from the pragma-dialectical rationale. In pragma-dialectics, the rationale behind distinguishing the three main argument schemes is that each scheme has different assessment criteria (van Eemeren & Grootendorst 1992).

31 In symptomatic argumentation the argument is connected with the standpoint by presenting the one as characteristic of the other and in comparison argumentation the one is presented as resembling the other (van Eemeren & Grootendorst 1992: 96-97).
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The negative variant (variant II) of the pragmatic argument scheme can be characterized as follows:

**Variant II**

Standpoint: Action X should not be performed
Because: Action X leads to undesirable consequence Y
(And:) (If an action leads to an undesirable consequence, then that action should not be performed)

As was mentioned in Chapter 2, when using pragmatic argumentation one can choose to refer to any action and to any consequence in the premises. A fully explicit instantiation of the positive pragmatic argument scheme would be, for example ‘You should get vaccinated against HPV, because vaccination against HPV prevents cervical cancer and if vaccination against HPV prevents cervical cancer, then one should get vaccinated against HPV’. An example of an explicit instantiation of the negative variant of the scheme is ‘You should not drink too much alcohol, because drinking too much alcohol leads to long-term health problems and if drinking too much alcohol leads to long-term health problems, then one should not drink too much alcohol’.

Feteris (2002: 355) describes two additional variants of the pragmatic argument scheme, which in the current study are called Variant III and Variant IV for brevity’s sake. Variant III is used to defend the (sub)standpoint that some action X should be performed by arguing that the action does not have an undesirable consequence. Variant IV is used to defend the (sub)standpoint that some action X should not be performed by arguing that it does not have a desirable consequence. They can be schematically represented in the following way:

**Variant III**

Standpoint: Action X should be performed
Because: Action X does not lead to undesirable consequence Y
(And:) (If an action does not lead to an undesirable consequence, then that action should be performed)

**Variant IV**

Standpoint: Action X should not be performed
Because: Action X does not lead to desirable consequence Y
(And:) (If an action does not lead to a desirable consequence, then that action should not be performed)

Note that variants III and IV of pragmatic argumentation can be seen as specific applications of the pragmatic argument scheme: they do not have the same status as the regular positive and negative pragmatic argumentation because they
cannot independently constitute a sufficient defence of the standpoint. Variants III and IV always function as coordinative arguments which complement other (pragmatic) arguments. Feteris (2002: 360) gives an example of the use of variant IV as a coordinative argument complementing the positive form of pragmatic argumentation. In her example, which comes from a juridical context, a standpoint about the interpretation of a legal rule is supported by referring to the positive consequences of such an interpretation, and an alternative interpretation is rejected because of its negative consequences. Variant IV is applied here to reject the alternative interpretation. In the argumentation, the argument is a necessary complement, but not a sufficient defence for the standpoint. Sections 4.5 and 4.6 further explain what function these variants may have.

4.2.2 The relation between pragmatic argumentation and advisory standpoints

In Chapter 3 it was argued that pragmatic argumentation can be used to indicate that a particular piece of advice is acceptable. How and why pragmatic argumentation functions as a means to justify a piece of advice can be further explained by referring to two particularities of the pragmatic argument scheme. On these two points, the scheme of pragmatic argumentation differs from other subtypes of the causal argument scheme. The first point is the nature of the standpoint that the argumentation is supposed to justify, and the second is the nature of the premises that constitute the argumentation.

The nature of the standpoint in pragmatic argumentation differs from the nature of the standpoint in the general causal scheme because pragmatic arguments are employed to defend a standpoint that expresses a prescriptive proposition, not a descriptive one. In pragma-dialectics, three types of standpoints are distinguished: standpoints concerning a descriptive, an evaluative and an inciting/prescriptive proposition (van Eemeren & Grootendorst 1992: 159). Standpoints expressing a descriptive proposition describe facts or events (‘75% of the population is overweight’), those with an evaluative proposition express a valuation of facts or events (‘it is wise to eat a lot of vegetables’), and those with a prescriptive proposition contain encouragement or discouragement to carry out a particular action or policy (‘you should exercise more’).

In the general causal argument scheme, the standard paraphrase for the standpoint is ‘Y is true of X’. The standpoint can only be a descriptive statement,
which either describes current or future facts or events, such as: ‘Many girls get vaccinated against HPV’. The standpoint in the pragmatic argument scheme, on the other hand, can only be prescriptive and is paraphrased as ‘Action X should (not) be performed’. A prescriptive standpoint encourages the addressee to perform or refrain from performing a particular action and is expressed by means of a directive speech act such as an advice. Contrary to descriptive and evaluative standpoints, someone expressing a prescriptive standpoint will not only want the addressee to accept the standpoint (the inherent perlocutionary effect), but also to carry out the action referred to in the standpoint (the consecutive perlocutionary effect of advising).

The way in which such a standpoint can be expressed can be explained by referring to one of the speech act conditions of advising. Chapter 3 explained that the propositional content condition stipulates that the content of advice should be as follows: ‘S (the speaker) predicates a future beneficial act A of H (the hearer)’. A future action can be predicated of the hearer either by using the imperative mood of the verb or by using the modal verb ‘should’. According to the propositional content condition, direct advice can thus be expressed by a formulation like ‘Do A’ or ‘You should do A’.

In health brochures, a prescriptive standpoint will not always be formulated as above. Since discussants, in every move, try to maneuver strategically in order to be rhetorically effective while maintaining the standards of reasonableness, they may choose a different formulation in an attempt to make their case more appealing to the audience. The standpoint can, for example, also be paraphrased as an evaluative statement. Since advice in this context does not simply involve a future act of the reader, but a future beneficial health related act, advice could also be performed in an indirect way by expressing that some action is beneficial for the reader, for example ‘Action A is desirable’. The advice would then not be expressed by means of a prescriptive claim that indicates the directive character of advising, but by means of an evaluative claim that expresses the evaluation of the advised act. This claim then should be reconstructed as a prescriptive claim.

Choosing an indirect presentation of the standpoint can be considered as a way of maneuvering strategically in the confrontation stage of the discussion. An example of advice, mentioned earlier, given by means of an evaluative statement is ‘It is wise to get vaccinated against HPV’. The example shows that advice need not be expressed explicitly and directly, but can indeed be expressed indirectly if the writer thinks this might be more effective. In the case of an evaluative statement, advice is in fact expressed by affirming that one of the preparatory conditions of advising is fulfilled. As Fasold (1990) explains:

[...] since a condition on a felicitous act of advising is that the speaker believes the act will benefit the hearer, a speaker can exert the same illocutionary force by saying ‘I believe you would be better off eating lower-cholesterol food’ as
he or she would by saying ‘I advise you to eat lower-cholesterol food’. In other words, after hearing the former, I could justifiably report what had happened by saying ‘That person advised me to eat lower-cholesterol food’. (153)

According to Fasold, the speech act of advising can not only be performed by means of a performative verb, but also by expressing that one of its felicity conditions is fulfilled. In Fasold’s and in my example, advice is performed by using the first preparatory condition ‘W has some reason to believe A will benefit R’s health and the health of (part of) the population by curing, preventing, or detecting a health problem’. As van Eemeren and Grootendorst (1993: 95) explain, a speaker who performs a speech act can be held committed to the fulfillment of the felicity conditions of the act, and these commitments can function as virtual standpoints in need of defense. So, a writer who gives health advice can be held to the commitment that he believes that the act will benefit the reader’s health (see Chapter 3). By saying that action A is beneficial, it is indirectly expressed that the hearer should perform action A. From this we can infer that in cases where advice to perform a particular action turns into a standpoint, the standpoint can be plausibly reconstructed as a prescriptive claim in which an action is recommended.33 This is also the case for an evaluative claim.

The second specific characteristic of pragmatic argumentation is the nature of the premises. Contrary to the other ways of using the causal scheme, the argumentation based on the pragmatic argument scheme always comprises two elements: an empirical element about the consequences of the action referred to in the standpoint and a normative element about the desirability of those consequences (see Feteris 2002). Just like the standpoint, one of the premises of pragmatic argumentation always contains an evaluative element, which sets this subtype apart from other ways of using the causal scheme. In the characterization of the argument scheme in the previous section, these elements are both made explicit: in the premise ‘Action X leads to desirable consequence Y’, the causal element is represented by the phrase ‘action X leads to consequence Y’, and the evaluative element by the adjective ‘desirable’.

Since the desirability of the mentioned consequence is in principle expected to be obvious in pragmatic argumentation, and in the context of health communication, in actual argumentative discourse the desirability statement

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33 In other approaches to the scheme of pragmatic argumentation, the standpoint is also considered as either a prescriptive or an evaluative claim. For example, in Walton’s account of pragmatic argumentation, which he calls ‘argument from consequences’, the standpoint is formulated as ‘A should (not) be brought about’ (1996: 76). Schellens formulates the standpoint as ‘Action A is desirable’ (1985: 155), whereas Kienpointer combines evaluative and appellative elements by formulating the standpoint as ‘Die Handlung ist mit X zu bewerten/ (nicht) zu vollziehen’ (‘the act should be evaluated as X/ should (not) be performed’) (1992: 341).
usually remains implicit. In the example about HPV vaccination, the standpoint ‘You should get vaccinated against HPV’ is supported by the pragmatic argument ‘because vaccination against HPV prevents cervical cancer’. In this argument, the desirability of the consequence of the advocated action is implicit. One could add the proposition ‘preventing cervical cancer is desirable’ to explicitly refer to the desirability, but in practice this is unlikely since the claim that preventing cervical cancer is desirable to the audience would be presumed to be evident. Because of the nature of the standpoint, which involves an inciting proposition, and the nature of the premises, which involve an evaluative element, pragmatic argumentation is particularly suitable for justifying a piece of advice by demonstrating that the advised action is beneficial for the addressee.

4.3 Types of countermoves in the argumentation stage

4.3.1 Advancing arguments in anticipation of countermoves

In order to further explain the function of the variants of pragmatic argumentation in a discussion about health advice, it is useful to determine to which kind of critical reaction or countermove each of the variants of pragmatic argumentation is a reasonable response. This section specifies the types of countermoves a protagonist can expect in the argumentation stage.

According to the pragma-dialectical theory, discussants will choose the type of argumentation that in their view best enables them to realize their dialectical and rhetorical objective (van Eemeren 2010: 44). In the argumentation stage, the dialectical objective is to scrutinize the acceptability of the standpoint expressed in the confrontation stage on the basis of the starting points that were established in the opening stage. The task of the discussant acting as a protagonist is to advance argumentation in defense of his standpoint until all critical doubts expressed by the antagonist, or ascribed to the antagonist, have been dealt with satisfactorily. Discussants acting as an antagonist have to express their critical doubts regarding the protagonist’s standpoint and argumentation.

The rhetorical analogue to this aim is “to establish argumentation that constitutes an optimal defense of the standpoints at issue (by the protagonist) or to establish critical doubts that constitute an optimal attack on the standpoints and the argumentation (by the antagonist)” (van Eemeren 2010: 45). Strategic maneuvering in the argumentation stage thus comes down to building the strongest case by advancing (a combination of) arguments responding to all (anticipated) critical reactions from the antagonist by choosing the argument schemes deemed most effective in the particular context.

Every argument put forward by the protagonist is thus a move to respond to a (anticipated) critical reaction or countermove from the antagonist. To explain how the variants of pragmatic argumentation can be used to respond to such a
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countermove, it is necessary to provide an overview of the types of countermoves that can be distinguished. Amjarso (2010: 39-43) describes the possible critical countermoves in a discussion on the basis of two distinctions. The first is between critical reactions to the standpoint and critical reactions to the argumentation. The second is between critical reactions that merely challenge the protagonist to give a response and critical reactions by which the antagonist not only challenges the protagonist, but also involves the antagonist’s commitment to an opposite position with respect to the protagonist’s standpoint or argument. Based on these distinctions made by Amjarso (2010), first countermoves against the advisory standpoint are specified and then countermoves against the argumentation.

4.3.2 Countermoves against the advisory standpoint

Amjarso (2010: 39-40) distinguishes three countermoves against the standpoint: (1) casting doubt, (2) advancing a counter-standpoint, and (3) advancing a counter-argument against the standpoint. These three countermoves differ in the degree of commitment that they involve. In cases where the antagonist only casts doubt on the standpoint (1), he does not commit himself to any proposition and the dispute is non-mixed (Amjarso 2010: 40). When the antagonist expresses a standpoint of his own (2), he has the burden of proof for that standpoint. Advancing a counter-argument against the standpoint (3) also implies a commitment to a contradictory counter-standpoint. An argument attacking the acceptability of the initial standpoint functions as a defense for the acceptability of the contradictory counter-standpoint. This means that when the antagonist advances a counter-standpoint or a counter-argument against the initial standpoint, the dispute becomes mixed and the antagonist is obliged to take upon himself the role of protagonist of the contradictory counter-standpoint (2010: 42).

What these three countermoves might involve in the context of health brochures can be explained by looking at the kind of standpoint that is under discussion in this context. Since the initial standpoint in health brochures is advisory, the critical reactions relate to the acceptability of the piece of advice. In Chapter 3 it was argued that the correctness conditions of advising in health brochures indicate what aspects of the advice may give rise to doubt, and thus become an issue in the discussion. The countermove of casting doubt on the standpoint (1) thus concerns the fulfillment of one or more of the correctness conditions of the speech act of advising. In Chapter 3, the types of doubt concerning the acceptability of the speech act of advising were described as follows:

1 The usefulness of the advice:
   a. Does act A benefit the reader’s health and the health of (part of) the population by preventing, treating, or detecting a health problem?
   b. Is the reader in principle willing to do A?
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c. Is the reader in principle able to do A?
d. Is the writer (a representative of) a health authority with knowledge of and/or experience with A and the effects of A?

2 The necessity of the advice:
a. Would the reader not do A in the normal course of events?
b. Has the reader not yet done or is not yet doing A?

3 The responsibility of the writer:
a. Does the writer want the reader to do A?
b. Does the writer believe that A is in the reader’s best interest?

As was argued in Section 4.2, pragmatic argumentation is a means to address doubt concerning the benefit of the advocated act for the reader (1a in the overview). Pragmatic argumentation thus functions to address countermove (1).34 Advancing a contradictory counter-standpoint (2) in this context entails that the antagonist adopts the position that the advice is not acceptable. Advancing a counter-argument against the initial standpoint (3) involves providing an argument as to why the advice is not acceptable by claiming that one of the correctness conditions is not fulfilled. This argument is in fact a defense for the contradictory counter-standpoint that the advice is not acceptable. To address such counter-arguments (3), variant IV of pragmatic argumentation can be used. This will be explained in Section 4.6. Pragmatic argumentation can also function as a means to address countermoves against the argumentation. These types of countermoves will be described in the following section.

4.3.3 Countermoves against the argumentation

Once the protagonist has advanced argumentation to remove doubt concerning the standpoint, the antagonist puts the argumentation to the test. The types of critical reactions to the argumentation have been studied by Snoeck Henkemans (1997). She distinguishes countermoves that consist of expressing criticism against the argumentation and the countermove of advancing a counter-argument against the argumentation. This section first addresses criticism to the argumentation and then the counter-argument.

In the pragma-dialectical theory the critical reactions that serve to test the acceptability of argumentation are reflected in the testing method for argument schemes. For each of the main argument schemes critical questions are proposed that serve as a tool for analysts and discussants to assess whether the scheme

34 In this study, the focus lies on the doubt concerning the fulfillment of preparatory condition a (Does the act A benefit the reader’s health and the health of (part of) the population by preventing, treating, or detecting a health problem?). Doubt concerning the fulfillment of one of the other correctness conditions is not dealt with here.
The function of pragmatic argumentation in health brochures is correctly applied (van Eemeren & Grootendorst 1984, 1992; Garssen 1997). The criticism directed at the pragmatic argumentation that can be anticipated is represented in the critical questions associated with the pragmatic argument scheme. Garssen (1997: 22) explains that since pragmatic argumentation is a subtype of causal argumentation and partly relies on a causal relation, the assessment criteria for causal argumentation apply in principle to the pragmatic argument scheme. Due to the specific nature of the premises and the conclusion in pragmatic argumentation, in pragma-dialectics the critical questions pertaining to causal argumentation have been specified for pragmatic argumentation as follows:

1. Is that which is presented in the argumentation as the result, in fact, (un)desirable?
2. Does that which is introduced as cause indeed lead to the mentioned (un)desirable result?
3. Are there any other factors that must be present together with the proposed cause to create the mentioned (un)desirable result?
4. Does the mentioned cause have (un)desirable side effects?
5. Could the mentioned result be achieved or prevented by other means as well? (van Eemeren & Grootendorst 1992: 102; Garssen 1997: 22; van Eemeren, Houtlosser & Snoeck Henkemans 2007: 166)

When employing pragmatic argumentation, the protagonist can, just as when using other forms of causal argumentation, expect criticism with respect to the causal link expressed in the argument. Questions 2 and 3 express this kind of criticism. To account for the fact that the consequence of an action is always positively or negatively evaluated, the questions are formulated as ‘Does that which is introduced as cause indeed lead to the mentioned (un)desirable result?’ and ‘Are there any other factors that must be present together with the proposed cause to create the mentioned (un)desirable result?’ A preliminary question that has to be added is whether the effect of the proposed action is indeed desirable, or, in case of the negative variant, whether the result of the discouraged action is indeed undesirable (Garssen 1997: 22).

Garssen (1997) explains that since pragmatic argumentation is usually employed in a specific context in which a decision has to be made about a particular course of action, measure or plan, additional critical questions are introduced to allow for a sufficient evaluation. Evaluating a plan not only involves questioning the causal relation between the proposed action and the expected result, but also the question of whether there are no additional negative effects to the plan. A plan will be much less appealing if the positive effects that the protagonist points to in the argumentation are outweighed by the accompanying negative consequences. That is why the following critical question is added: ‘Does the mentioned cause have (un)desirable side effects?’ Another issue is that the antagonist may accept the
causal link between the action and the effect, but might think that there are also other ways to achieve the desired effect. To take this issue into account, one more question is added: ‘Could the mentioned result be achieved or prevented by other means as well?’

According to van Eemeren and Grootendorst (1984: 86), criticism against the argumentation can concern either the acceptability of the propositional content of the argument or the justificatory (or refutatory) force of the argument (see also Snoeck Henkemans 1997: 86). Questions 1, 2 and 3 all represent criticism with respect to the propositional content of the argument ‘Action X leads to desirable consequence Y’: they each represent doubt concerning the content of the argument. Critical questions 4 and 5 both represent criticism regarding the justificatory force of the pragmatic argumentation: they concern the sufficiency of the argument to justify the standpoint. According to Snoeck Henkemans, criticism concerning the justificatory force includes doubt concerning the relevance of the provided argument (1997: 86). In my view, the question of relevance also concerns the link between argument and standpoint: if the unexpressed or linking premise is expressed clearly, it should demonstrate the relevance of the argument to the standpoint. If the unexpressed premise is explicit and expressed clearly, the antagonist could still doubt whether this link between the argument and the standpoint is acceptable, but in that case the criticism is directed not at the relevance of the argument but at the acceptability of the unexpressed premise.

Besides criticism against the propositional content and the justificatory potential of the argumentation, the antagonist could also react critically by advancing a counter-argument. A counter-argument against the argumentation involves the claim that one of the critical questions cannot be answered satisfactorily. A counter-argument against pragmatic argumentation may be, for instance, that the advocated course of action has negative side-effects. In cases where an antagonist advances a counter-argument against the argumentation, the main dispute remains non-mixed. On a lower level the dispute becomes mixed because by providing an argument against the argumentation, the antagonist commits himself to the sub-standpoint that the argumentation is inadequate (see also

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35 In the literature, there is some variation in the proposed critical questions for pragmatic argumentation. The most salient difference between the pragma-dialectical approach and other approaches is that others include a question about the feasibility of the advocated act. Walton, for example, proposes a question about the addressee’s (a) ability to perform the act A: ‘Is it possible for a to do A?’ (1996: 12). Schellens’ questions address both the practical and the ethical feasibility: ‘Is A practicable?’ and ‘Is A admissible?’ (1987: 36). Ihnen Jory (2011) mainly follows Walton and Schellens in her amended version of the pragma-dialectical assessment procedure, taking stock issues as a starting point. In my view, the feasibility of the advocated action is a condition for the felicitous performance of the speech act, and not for the acceptability of the argument. As was explained in Chapter 3 and in Section 4.3.2, in this study the question about feasibility is considered as a type of doubt concerning the standpoint, instead of the argument.
Snoeck Henkemans 1997: 131-132). The types of countermoves an antagonist can carry out are summarized in Table 4.1.

**Table 4.1 Types of countermoves**

<table>
<thead>
<tr>
<th>Countermove by antagonist against standpoint</th>
<th>Countermove by antagonist against argumentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>No commitment by antagonist</td>
<td>Doubt concerning acceptability propositional content (critical question 1, 2 and 3)</td>
</tr>
<tr>
<td></td>
<td>Doubt concerning justificatory potential (critical question 4 and 5)</td>
</tr>
<tr>
<td>Commitment by antagonist</td>
<td>Counter-standpoint</td>
</tr>
<tr>
<td></td>
<td>Counter-argument</td>
</tr>
<tr>
<td></td>
<td>Counter-argument</td>
</tr>
</tbody>
</table>

**4.4 Reaching the dialectical goal by responding to countermoves**

In the previous section it was argued that to reach the dialectical goal of the argumentation stage, the protagonist has to respond to the critical countermoves of the antagonist. Different types of countermoves, those against the standpoint and those against the argumentation, were distinguished and are summarized in Table 4.1. Based on the possible countermoves, the protagonist’s goal of responding to criticism can be further specified. To reach the dialectical goal of the argumentation stage, it is necessary that the following sub-aims are reached:

1) Removing doubt concerning the standpoint
2) Removing doubt concerning the propositional content of the argument(s)
3) Removing doubt concerning the justificatory force of the argument(s)
4) Refuting counterargument (in case of a mixed dispute)

To address expressed or anticipated doubt or criticism, the protagonist has to provide further argumentation until one of the discussion parties abandons his initial position. In this testing process the protagonist might need to advance complex argumentation, consisting of a constellation of multiple, coordinative, and/or subordinative arguments (van Eemeren and Grootendorst 1992: 86).

If a difference of opinion arises, the protagonist must always remove doubt concerning the standpoint (the first sub-goal in the argumentation stage). Doubt concerning the standpoint can be addressed by advancing argumentation in support of the standpoint. Doubt concerning an advisory standpoint typically involves doubt concerning the fulfillment of one of the correctness conditions of advising and can be removed by showing that these conditions are fulfilled. If the
antagonist then casts doubt on the argumentation and the protagonist thinks he can maintain his first argument regardless of the criticism of the antagonist, he will attempt to address the criticism by putting forward additional argumentation. The kind of argumentation that the protagonist advances depends on the kind of countermove he responds to. Snoeck Henkemans (1997) explains that if the protagonist tries to overcome the criticism regarding the propositional content, he can bring forward a subordinative argument to convince the antagonist of the acceptability of his first argument.

If the protagonist responds to criticism concerning the relevance of the argument, he may advance subordinative argumentation in support of the unexpressed or linking premise of the argument. If the protagonist responds to criticism with respect to the justificatory or refutatory potential of his argument, he can bring forward a coordinative argument that complements the first. If the protagonist responds to an antagonist who criticizes the sufficiency of the argument by mentioning a counter-argument, the protagonist can put forward a coordinative argument attacking the counter-argument (Snoeck Henkemans 1997: 89-90). As van Eemeren, Houtlosser and Snoeck Henkemans (2007: 194) explain, these last two responses of the protagonist result in coordinative argumentation, which means that the arguments can only constitute a sufficient defense when taken together. In the case of only removing doubt, the argumentation is cumulatively coordinative, while in the case of countering an objection, the argumentation is complementary coordinative. Table 4.2 summarizes the kinds of responses the protagonist can give to each of the countermoves by the antagonist that were distinguished in Table 4.1.

**Table 4.2 Types of responses to countermoves by the protagonist**

<table>
<thead>
<tr>
<th>Countermove by antagonist against standpoint</th>
<th>Response by protagonist to countermove</th>
<th>Countermove by antagonist against argumentation</th>
<th>Response by protagonist to countermove</th>
</tr>
</thead>
<tbody>
<tr>
<td>No commitment by antagonist</td>
<td>Casting doubt</td>
<td>Doubt acceptability propositional content (Critical question 1, 2 and 3)</td>
<td>Advance subordinate argumentation</td>
</tr>
<tr>
<td>Counter-standpoint</td>
<td>Advance counter-argument against counter-standpoint</td>
<td>Doubt justificatory potential (critical question 4 and 5)</td>
<td>Advance coordinative cumulative argumentation</td>
</tr>
<tr>
<td>Counter-argument</td>
<td>Refute counter-argument</td>
<td>Counter-argument</td>
<td>Refute counter-argument</td>
</tr>
</tbody>
</table>
4.5 Dialectical routes in the argumentation stage

4.5.1 Four routes leading to the dialectical goal of the argumentation stage

The choices that are made at a certain point in the discussion also influence what moves can be made in the consecutive turns. In van Eemeren and Grootendorst’s words: “An argumentation scheme is a pointer to a certain dialectical route” (1992: 89). Each of the routes leads to a different result of the argumentation stage, but they may all be both dialectically reasonable and rhetorically effective in a particular context (van Eemeren 2010: 46). According to Snoeck Henkemans (1997), the arguer using a particular argument scheme is in “an analogous situation to the speaker who is defending a speech act whose correctness conditions are at issue” (1997: 157-158): both can be assumed to be aware of the kind of critical reactions they can expect and need to counter in order to provide a satisfactory defense of the standpoint. To understand why a discussant would choose to employ pragmatic argumentation, or in other words, why a discussant would think that a particular route would be dialectically successful in a particular argumentative situation, it is necessary to determine what the available routes are at a particular point in the discussion and how these routes lead to the goal that the discussant aims for. To shed light on the available routes, this study makes use of the concept of dialectical profiles.

As van Eemeren, Houtlosser and Snoeck Henkemans (2007: 17) explain, in the overview of the model of a critical discussion, the tasks of the discussants are only presented in a general way and the model does not include all possible discussion moves by which the particular tasks can be carried out. A more precise overview of the dialectically relevant moves that can be performed in the argumentation stage can be given in what van Eemeren and Houtlosser (2006) refer to as a dialectical profile. A dialectical profile reflects the available routes that can be followed at a particular (sub)stage of the discussion to reach the dialectical goal of that stage. The notion of dialectical profile was inspired by Walton and Krabbe’s (1995) idea of profiles of dialogue and was developed as a heuristic tool to specify what moves may be instrumental in realizing the tasks that need to be carried out by the discussants in the resolution process. The profiles represent a sequential pattern of moves and countermoves that are needed to reach the dialectical goal of the discussion stage (van Eemeren, Houtlosser & Snoeck Henkemans 2007: 18; van Eemeren 2010: 75). A profile of the argumentation stage therefore represents all moves aimed at reaching the dialectical goal of testing the acceptability of the standpoints that were put forward in the confrontation stage.

Table 4.3 represents the dialectical core profile for the argumentation stage and is based on the profile as proposed by van Eemeren, Houtlosser and Snoeck Henkemans (2007: 195). The profile reflects that the first move by the protagonist in the argumentation stage consists of advancing argumentation in support of
the standpoint. In the next turn, the antagonist has several options to respond to the argumentation of the protagonist. One option is to accept the argumentation. When this move of acceptance is made, the goal of the stage is reached and the discussants can move on to the concluding stage. The other three options consist of critical reactions to the argumentation. For the course of the argumentation stage it is of importance what kind of critical reaction is given or anticipated, because each kind of criticism demands a different kind of response and the kind of responses that are given result in different argumentation structures.

With the help of the profile we can identify the dialectical routes that are relevant for the defense of an advisory standpoint. Four dialectical routes can be identified that lead to one of the sub-goals of the argumentation stage. In each of the routes, the protagonist at least expects doubt from the antagonist concerning the standpoint and the protagonist responds to this doubt by advancing pragmatic argumentation. Since argumentation is given in anticipation of criticism from the other party, the choice for the pragmatic argument scheme implies that the protagonist thinks that he can satisfactorily answer any critical question directed at the chosen argumentation (van Eemeren & Grootendorst 1992: 98). The four routes that are distinguished here differ with respect to the kind of critical reaction expressed by or ascribed to the antagonist that the protagonist is responding to. By addressing a particular countermove, each of the routes leads to one of the four sub-goals of the protagonist in the argumentation stage (Section 4.4). This results in the following four routes:

- Route 1) removing doubt concerning the standpoint
- Route 2) removing doubt concerning the acceptability of the argumentation
- Route 3) removing doubt concerning the sufficiency of the argumentation
- Route 4) refuting counterarguments

In each of these routes, the first move is the same, namely that the protagonist advances an argument in defence of the standpoint. In the following turn, the antagonist has four options in how to respond, which leads to four different branches in the profile representing the four routes. In the following, the options are explained further with the help of the specific dialectical profile of the argumentation stage, which is represented in Table 4.3.\(^6\)

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\(^6\) In the example it is assumed that the dispute is single and non-mixed. The overview of speech acts in a rational discussion in van Eemeren and Grootendorst (1984: 111) is also based on this starting point.
### Table 4.3 Specific dialectical core profile of the argumentation stage

<table>
<thead>
<tr>
<th>Turn</th>
<th>P:</th>
<th>A:</th>
<th>P:</th>
<th>A:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>P:</td>
<td>Puts forward a standpoint</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>A:</td>
<td>Doubts standpoint</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>P:</td>
<td>Advances argument 1.1 for standpoint</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>A:</td>
<td>OK</td>
<td>Doubts propositional content of argument 1.1</td>
<td>Doubts justificatory force of argument 1.1</td>
</tr>
<tr>
<td>5</td>
<td>P:</td>
<td>OK</td>
<td>Advances subordinative arg. 1.11</td>
<td>OK</td>
</tr>
<tr>
<td>6</td>
<td>A:</td>
<td>Challenges to defend standpoint</td>
<td>OK</td>
<td>Doubts argument 1.1.1</td>
</tr>
<tr>
<td>7</td>
<td>P:</td>
<td>advances new argument (multiple)</td>
<td>...</td>
<td>advances new argument (multiple)</td>
</tr>
</tbody>
</table>

P = protagonist  
A = antagonist  
OK = accepts the argument (and retracts criticism) or accepts criticism (and retracts argument)
4.5.2 Dialectical profile of the argumentation stage

The dialectical profile in Table 4.3 only represents part of the argumentation stage. Since every argument and every newly adduced argument can be criticized, the testing procedure can carry on much further than the profile now shows. This profile presents the routes leading to the four sub-goals in the shortest way. The four routes are displayed by the columns in grey. The first two rows in the figure represent (part of) the confrontation stage in which the difference of opinion is established. In turn 1 the protagonist advances a standpoint and in turn 2 the antagonist casts doubt on the standpoint. In turn 3, in the argumentation stage, the protagonist advances an argument in defense of the standpoint. In turn 4 the antagonist responds either by accepting that argument – which obliges him to accept the standpoint – (route 1), or by making a countermove (routes 2, 3 and 4). In the profile in Table 4.3, the four kinds of critical reactions by the antagonist are represented. The first kind is expressing doubt with respect to the standpoint. In turn 4, the three kinds of countermoves against the argumentation are represented, namely doubting the propositional content of the argument, doubting its justificatory or refutatory force and advancing a counter-argument. In case of a counter-argument, the antagonist in fact defends a standpoint of his own, namely that the protagonist’s standpoint is not acceptable. Since both parties have then assumed a standpoint, the dispute becomes mixed (van Eemeren, Houtlosser & Snoeck Henkemans 2007: 193).

Turn 5 in the profile indicates in which ways the protagonist can respond to the move of the antagonist. The first option is to accept the criticism by the antagonist (‘OK’). If the protagonist acknowledges the criticism with respect to his argument, he has no choice but to retract the argument. If he withdraws his argument and thinks that there is no other way to defend the standpoint, he has to withdraw his standpoint and this results in a resolution of the difference of opinion in favor of the antagonist. However, if he thinks he can still maintain his standpoint, he can bring forward a new argument in support of it (turn 6 in the profile). Since the protagonist then starts an alternative line of defense, the argumentation structure becomes multiple (van Eemeren, Houtlosser & Snoeck Henkemans 2007: 193).

If the protagonist maintains his argument, he has to address the criticism of the antagonist. In route 2, the protagonist advances a subordinative argument to overcome the criticism regarding the propositional content. The sub-goal of removing doubt concerning the propositional content of the argument is reached if the antagonist accepts the subordinative argument in turn 6 (‘OK’). In route 3 the protagonist advances cumulative coordinative argumentation in response to criticism with respect to the justificatory or refutatory potential of his argument.
The sub-goal is reached if the antagonist accepts the added argument in turn 6. Route 4 involves a response of the protagonist to a counter-argument. The sub-goal of refuting the counter-argument by advancing a complementary coordinative argument is reached if the antagonist accepts the argument in turn 6.

Each of the branches depicted in the profile represents one possible dialectical route. The simplest route, route 1, is that the protagonist brings forward an argument that is immediately accepted by the antagonist. This route only consists of two moves:

P: advances argument 1.1 for standpoint
A: OK

A more complex route in the argumentation stage would be, for example, that the protagonist puts forward an argument 1.1, then the antagonist expresses doubt regarding the propositional content, then the protagonist puts forward a subordinative argument to support the acceptability of the argument, and finally the antagonist accepts it. This route can be represented as follows:

P: advances argument 1.1 for standpoint
A: doubts propositional content argument 1.1
P: advances subordinative argument 1.1.1
A: OK

A route can also consist of a combination of branches, for example when the antagonist not only criticizes the propositional potential of the argument but also its justificatory force. The protagonist could then first bring forward a subordinative argument to remove the first kind of doubt. Then, when the antagonist is convinced of the acceptability of the argument but criticizes the justificatory force, the protagonist could put forward a coordinative argument.

The following section determines the function of pragmatic argumentation in each of the four main routes that are represented in the profile.

4.6 Using pragmatic argumentation to respond to countermoves

4.6.1 Route 1: Removing doubt concerning the standpoint

Route 1 is actually the shortest route and is aimed at directly attaining the dialectical goal of removing doubt concerning the standpoint. Choosing route 1 implies that the writer presupposes that the confrontation stage resulted in a non-mixed
difference of opinion and that he only has to address potential doubt towards the standpoint. Choosing this route implies that the protagonist does not anticipate criticism towards the argumentation. Based on the dialectical profile in Figure 4.3, route 1 can be represented as follows:

Route 1
P: advances argument 1.1 for standpoint
A: OK

In route 1, a protagonist can choose to put forward argumentation based on any of the argument schemes that are distinguished. The fact that choosing pragmatic argumentation can be seen as a relevant move for reaching the dialectical goal of this stage was clarified by the speech act theoretical approach to health brochures proposed in Chapter 3, where it was argued that in health brochures a potential disagreement revolves around the performance of the speech act of advising. If a brochure writer chooses route 1, he assumes that the advice he offers may give rise to doubt and therefore needs to be defended. Each of the correctness conditions of advising in health brochures may give rise to doubt. In anticipation of doubt with respect to the advice, a writer could, in principle, put forward arguments to show that for each of the correctness conditions of advising the condition is satisfied. In Chapter 3 it was argued that in health brochures it is very likely that a writer puts forward arguments to demonstrate that the first preparatory condition, the condition that the advised act should benefit the reader’s health, is satisfied.

In Chapter 3 several examples from actual brochures were presented that contained arguments anticipating other types of doubt, such as doubt with respect to the ability of the reader to perform the advocated action (preparatory condition 3c). Thus, the ability to perform the advised action might be at issue, and might even be the only issue standing in the way of people accepting health advice. However, in the context of health brochures, where the discussion remains implicit, it is unlikely that people accept advice to do action X merely because they are able to do action X. Although this condition is necessary for accepting the advice, people will need to first believe that carrying out the advised action will be to their benefit. The correctness condition that the advocated or discouraged action should benefit the advisee is therefore a crucial condition for accepting a piece of advice, so a writes must make sure that he removes any potential doubt concerning the fulfillment of this condition. It is precisely to remove this kind of doubt that pragmatic argumentation is employed.

In the argumentation stage, the protagonist can either present the positive form (variant I) or the negative form (variant II) of pragmatic argumentation to remove doubt against the standpoint. The choice for the one move or the other depends on whether the advice provided in the brochure is positive or negative. An example of a brochure in which route 1 with the positive form of pragmatic
The function of pragmatic argumentation in health brochures

argumentation is chosen is the brochure ‘5 a day. Just eat more (fruit & veg)’: “Eating more fruit and vegetables may help reduce the risk of the two main killer diseases in this country – heart disease and some cancers” (NHS 2003). The brochure writer expects that the reader might doubt whether he should follow the advice to eat more fruit and vegetables. In anticipation of this doubt, the writer puts forward the argument that eating more fruit and vegetables will reduce the risk of developing heart disease and some cancers. The writer thereby anticipates doubt with respect to the effectiveness of the advice. By putting forward the positive form of pragmatic argumentation, the writer intends to show that carrying out the advised action indeed benefits the reader – in this case by preventing health problems.

An example of a brochure in which route 1 with the negative form of pragmatic argumentation is chosen is the following: “The NHS recommends that you should not regularly drink more than: 3-4 units of alcohol a day for men, 2-3 units of alcohol per day for women. If you drink more than this, the risks to your health and personal safety start to increase” (‘Drinking, you and your mates. How much is too much?’, NHS 2007a). In this British brochure directed at young adults, it is advised not to drink more than the indicated amount of alcohol. Here, again, the pragmatic argumentation is meant to remove anticipated doubt with respect to the benefits of following the advice. With the negative form of pragmatic argumentation, the writer indicates that the reader should refrain from doing the discouraged action, because stopping unhealthy behavior eliminates risks. By arguing that drinking more than the recommended maximum amount of alcohol increases health risks and personal safety risks, the writer removes potential doubts with respect to the benefits of following the advice.

So, in cases where the brochure writer takes route 1, and thus only expects doubt with respect to the standpoint, both the positive and the negative form of pragmatic argumentation are dialectically relevant moves. These moves have the function of removing anticipated doubt with respect to the standpoint by indicating that the crucial preparatory condition about the benefits of the advised action is satisfied. This route thereby contributes to reaching the dialectical sub-goal of removing doubt against the standpoint.

4.6.2 Route 2: Removing doubt concerning the acceptability of the argumentation

Besides just trying to remove doubt with respect to the standpoint, a writer can choose route 2, which entails that he does not only put forward arguments for his standpoint but also anticipates a critical reaction towards the acceptability of his argumentation. Route 2 consists, just as route 1, of an argument in direct defence of their standpoint. In addition, in route 2 the protagonist anticipates doubt with respect to propositional content of the premise and advances a subordinative
argument in support of the pragmatic argument. The route can be represented as follows:

Route 2
P: advances argument 1.1 for standpoint
A: doubts propositional content argument 1.1
P: advances subordinative argument 1.1.1
A: OK

In route 2, the protagonist expects doubt with respect to the advanced pragmatic argumentation in defense of the standpoint. Because he chooses this particular argument scheme, he should be able to address the critical questions associated with this scheme. In Section 4.3.3, it was argued that criticism concerning the propositional content of the pragmatic argument is represented by critical questions 1, 2 and 3. This means that when a brochure writer opts for route 2, he puts forward pragmatic argumentation and anticipates critical questions 1, 2 or 3. As was explained in Section 4.2, the pragmatic argument ‘Action X leads to (un)desirable consequence Y’ contains both an evaluative and a causal component. Question 1 concerns the evaluative component, while questions 2 and 3 concern the causal component. Whenever a writer expects this premise to be questioned, either with respect to the causal link between action and effect or with respect to the evaluation of that effect, he can put forward subordinative argumentation to support (one of the elements of) the premise. An example of route 2 would be the following:

P: You should eat fruit and vegetables regularly
(A: Why?)
P: Eating fruit and vegetables helps you achieve a healthy weight
(A: Does eating fruit and vegetables indeed lead to a healthy weight?)
P: Fruit and vegetables are low calorie and low sugar foods
(A: OK)

In subordinative argumentation, a writer can again opt for various argument schemes. In the case of sub-argumentation in support of the evaluative claim, he can choose any type of argumentation. In the case of the causal claim, the dialectically relevant options are restricted. Pragmatic argumentation, for example, cannot be applied correctly to defend a descriptive claim.
4.6.3 Route 3: removing doubt concerning the justificatory force of the argumentation

Just as routes 1 and 2, Route 3 consists of an argument in support of the standpoint. In this route, however, the protagonist performs a move in anticipation of doubt with respect to the justificatory force of the argumentation. In anticipation of this kind of critical reaction, he puts forward an additional argument that together with the first argument is supposed to justify the standpoint. This route, resulting in coordinative argumentation, can be represented as follows:

Route 3
P: advances argument 1.1 for standpoint
A: doubts justificatory force of argument 1.1
P: advances coordinative argument 1.1b
A: OK

In route 3 the protagonist expects doubt concerning the justificatory force of the pragmatic argumentation. As argued in Section 4.3.3, doubt concerning the justificatory force of pragmatic argumentation advanced by the protagonist is specified in critical questions 4 and 5 associated with the pragmatic argument scheme. In route 3 the protagonist can advance an additional pragmatic argument to remove doubt concerning the sufficiency of the initial pragmatic argumentation. Critical questions 4 and 5 can be dealt with by using variants III and IV of pragmatic argumentation presented in Section 4.2.1. Critical question 4, ‘Does the mentioned cause (X) have any serious undesirable side-effects?’, can be countered by employing variant III of pragmatic argumentation. Critical question 5, ‘Could the mentioned result be achieved or prevented by other means as well?’, can be countered by using variant IV of pragmatic argumentation.

By means of variant III, the writer intends to address criticism that the reader might have concerning the advice. Such criticism comes down to an attack on the sufficiency of the argument to support the standpoint (see also Snoeck Henkemans 1997: 136): although the audience might accept that the advised action has a certain desirable consequence, they may not yet be convinced that the piece of advice meets the preparatory condition that the action is desirable since there are possible negative side-effects. Using variant III of pragmatic argumentation is dialectically relevant because it removes potential doubt concerning the sufficiency of the first argument advanced by the protagonist, which in this case is the positive variant of pragmatic argumentation. Although an argument based on variant III cannot in itself constitute a sufficient reason for accepting the standpoint – after all, the
absence of negative effects is no reason for accepting a piece of advice – it still contributes to the testing of the standpoint in the argumentation stage.

An example of the use of variant III in route 3 is the following:

P: You should get vaccinated against HPV
(A: Why?)
P: vaccination against HPV prevents cervical cancer
(A: Does vaccination not have any undesirable side-effects?)
P: Vaccination does not have any serious undesirable side-effects
(A: OK)

Another possible kind of doubt with respect to the sufficiency of the argumentation is critical question 5: ‘Could the result mentioned be achieved or counteracted by other means as well?’ When giving advice, a writer can anticipate a situation in which the reader asks whether there are no other means to achieve the desired result. To address such anticipated doubt, the writer can employ variant IV to deny that the preparatory condition of the alternative action is fulfilled. Again, such a move contributes to the dialectical process by removing potential doubt with respect to the argumentation in the argumentation stage. However, independently from other pragmatic arguments, variant IV, just as variant III, is not a relevant move; both constitute an extra argument to reinforce the defence. Together with either the positive or the negative form of pragmatic argumentation, they both cumulatively form coordinative argumentation.

An example of route 3 is the following:

P: You should get vaccinated against HPV
(A: Why?)
P: vaccination against HPV protects against cervical cancer
(A: Are there no other means to protect oneself against cervical cancer?)
P: Other methods do not protect against cervical cancer
(A: OK)

Due to the specific constraints that advancing an advisory standpoint poses on the argumentation, criticism concerning the sufficiency of the argumentation could also concern the performance of the central speech act, namely the speech act of advising. In health brochures, pragmatic argumentation is used to indicate that a crucial condition of advising is fulfilled. However, as explained earlier, the performance of the speech act may give rise to other kinds of doubt concerning the fulfillment of the felicity conditions as well. Since a speech act is only performed felicitously if all conditions are fulfilled, a writer needs to show that those other felicity conditions are also fulfilled. Consequently, in anticipation of this kind of doubt, he needs to complement his pragmatic argumentation with additional
arguments referring to the fulfillment of other felicity conditions. These arguments then form coordinative argumentation with the pragmatic argument because a speech act can only be considered to be performed felicitously if all conditions have been fulfilled. The arguments referring to the fulfillment of the conditions should thus all be taken together to constitute a sufficient defence of the standpoint (see also Snoeck Henkemans 1997: 160-161).

4.6.4 Route 4: refuting counterarguments

In Route 4 the protagonist refutes the antagonist’s counterarguments against the argumentation. Choosing route 4 entails that, in addition to putting forward argumentation as a direct defence of the standpoint, the brochure writer anticipates that the difference of opinion is mixed and addresses a potential opposing standpoint that he ascribes to the reader. In such a situation, the writer argues that the action promoted in the opposing standpoint is not desirable, because it lacks the favourable effects needed to accept the piece of advice. Employing variant IV of pragmatic argumentation is a relevant move in anticipation of this possibility. The route can be represented in the following way:

Route 4
P: advances argument 1.1 for standpoint
A: advances counter-argument against argument 1.1
P: refutes counter-argument (complementary coordinative argument 1.1b)
A: OK

In route 4 the protagonist can attack the counterargument by using variant IV of pragmatic argumentation: ‘Action X should not be performed because Action X does not lead to desirable consequence Y (and if an action does not lead to a desirable consequence, then that action should not be performed)’. By using this variant a writer attacks the anticipated standpoint by showing that the alternative action does not lead to the goal of the action advocated in the standpoint. For an advice to be considered felicitous, all felicity conditions must be fulfilled. Therefore, showing that one preparatory condition is not met is sufficient to counter that standpoint. However, an attack on the other party’s standpoint does not discharge the writer from defending his own standpoint: when both parties adopt a standpoint, both have a burden of proof. The choice for variant IV as an attack on the other party’s standpoint can still be relevant for solving the difference of opinion because a successful attack forces the other party to withdraw his standpoint, thereby removing a threat to the writer’s standpoint. As Snoeck Henkemans argues, this move can be seen as an indirect defense of the standpoint (1997: 131-132). Since attacking a counterargument does not constitute an independent defence of the standpoint but only complements the other arguments, route 4 results in complementary
coordinative argumentation. The function of pragmatic argumentation in each of the four routes is represented in Table 4.4.

**Table 4.4 The function of pragmatic argumentation in the four dialectical routes**

<table>
<thead>
<tr>
<th>Route</th>
<th>(anticipated) countermove by antagonist against standpoint</th>
<th>Response by protagonist to countermove</th>
<th>(anticipated) countermove by antagonist against argumentation</th>
<th>Response by protagonist to countermove</th>
</tr>
</thead>
<tbody>
<tr>
<td>Route 1</td>
<td>Doubt against standpoint</td>
<td>Advance pragmatic argumentation</td>
<td>(Variant I or II)</td>
<td></td>
</tr>
<tr>
<td>Route 2</td>
<td>Doubt against standpoint</td>
<td>Advance pragmatic argumentation</td>
<td>(Variant I or II)</td>
<td>Doubt concerning acceptability propositional content (critical question 1, 2 and 3)</td>
</tr>
<tr>
<td>Route 3</td>
<td>Doubt against standpoint</td>
<td>Advance pragmatic argumentation</td>
<td>(Variant I or II)</td>
<td>Doubt concerning justificatory force (critical question 4 and 5)</td>
</tr>
<tr>
<td>Route 4</td>
<td>Doubt against standpoint/ Counter-standpoint</td>
<td>Advance pragmatic argumentation</td>
<td>Counter-argument</td>
<td>Refute counter-argument (Variant IV)</td>
</tr>
</tbody>
</table>

4.7 Conclusion

The characterization of pragmatic argumentation makes clear how this type of argumentation is related to advice-giving. The standpoint to which pragmatic argumentation relates concerns advice, and pragmatic argumentation is a means to show that the advised action is indeed worth doing. To accept a piece of advice it is essential that the addressee thinks that the advised action is beneficial for him. In the case of negative advice, the same principle applies, namely that the reader should not perform a particular action because it would not be beneficial to him. Based on the positive and negative pragmatic argument scheme, two more variants of the scheme which may be used in coordinative argumentation have been distinguished.

This chapter has explained that pragmatic argumentation is a dialectically relevant move in a discussion about health advice because it contributes to reaching the sub-goals of the argumentation stage, which entail that the protagonist
removes criticism with respect to his standpoint and his argumentation. Four dialectical routes were distinguished that differ in the type of countermove that the protagonist responds to: doubt concerning the standpoint (route 1), doubt concerning the propositional content (route 2) or the justificatory force (route 3) of the argumentation, or a counter-argument (route 4). Pragmatic argumentation plays a role in each of these four routes.

In route 1 the protagonist only removes doubt with respect to the standpoint. Here, the positive and negative forms of pragmatic argumentation contribute to the resolution of the presupposed difference of opinion by showing that the preparatory condition for advising concerning the positive effect on the reader’s health is fulfilled. In route 2 and 3 the protagonist not only employs variant I or II of pragmatic argumentation to remove doubt with respect to the standpoint, but he also assumes that he has to deal with criticism concerning the argumentation. The kind of criticism the protagonist can expect is represented by the critical questions associated with the pragmatic argument scheme. In route 2, the protagonist puts forward subordinative argumentation in anticipation of critical questions 1, 2 or 3, which concern the acceptability of the pragmatic argument. In route 3, the protagonist anticipates critical questions 4 or 5, which represent criticism concerning the sufficiency of the argumentation. The protagonist puts forward variant III of pragmatic argumentation to deal with critical question 4 about possible side-effects and variant IV to deal with question 5 about possible alternatives to the proposed action. In route 4 the protagonist employs variant IV of pragmatic argumentation to attack a counterargument, thereby giving an indirect defence of the standpoint.

The proposed pragma-dialectical analysis shows that there is a systematic connection between an advisory standpoint and potential countermoves, and a specific variant of pragmatic argumentation. However, the choices for particular moves as part of a dialectical route are not only made to reach a particular dialectical goal, but are meant at the same time to reach certain rhetorical objectives. The rhetorical aspect of choosing a particular route is analyzed in Chapter 5.
Chapter 5
Strategically addressing countermoves with pragmatic argumentation in health brochures

5.1 Introduction

In the previous chapter the four dialectical routes that a protagonist can follow to reach one of the dialectical sub-goals of the argumentation stage were distinguished. In this chapter the rhetorical advantages of choosing a particular route in the context of health brochures are examined. The choice for a particular route will be viewed as strategic maneuvering at the level of the discussion stage, aimed at reconciling the rhetorical and dialectical goals of the argumentation stage.

Since, as was explained in Chapter 2, one important precondition for strategic maneuvering in health brochures is the fact that the discussion is implicit, a brochure writer has the opportunity to choose the dialectical route that suits him best: he can choose to address certain potential countermoves or simply ignore them. With the help of case studies drawn from actual brochures, it is determined how the choice for a particular route helps to achieve the writer's dialectical and rhetorical goals in the institutional context in which the discussion takes place.

In section 5.2, it is first explained how the choice for a certain dialectical route can be seen as strategic maneuvering on the level of the discussion stage. Then, it is explained how the choice for a particular route within health brochures can be specified in terms of choices regarding the topical potential, audience demand and presentational devices available in the argumentation stage. In sections 5.3 to 5.6, case-studies are presented of health brochures in which a particular route is chosen to account for why each of the dialectical routes might be rhetorically effective in the context of health brochures. To clarify the analysis, each of the routes is discussed in a separate section. Section 5.3 discusses route 1: removing
5.2 Maneuvering strategically by choosing a dialectical route in the argumentation stage

5.2.1 Choosing a dialectical route in anticipation of countermoves

The dialectical routes that were distinguished in Chapter 4 represent all of the possible countermoves that can be made in a critical discussion by the antagonist and the responses to these countermoves by the protagonist needed to reach the dialectical goal of the argumentation stage. This does not mean, however, that in every discussion a discussant needs to realize all of the represented moves to reasonably resolve a difference of opinion: the protagonist only has to respond to the criticism if he is challenged to do so by the antagonist (van Eemeren & Grootendorst 1984: 160). Since a brochure writer is not only oriented towards resolving a potential dispute over some piece of health advice by making those moves that help him achieve the sub-aims of the argumentation stage in a reasonable manner, he maneuvers strategically in order to also provide the optimal defense. Strategic maneuvering in the argumentation stage thus comes down to building the strongest case by advancing (a combination of) arguments to remove (anticipated) doubt from the antagonist by choosing the argument schemes deemed most effective in that particular context.

The easiest route to reach the goal of the argumentation stage is the shortest one (route 1), in which the argument advanced is immediately accepted by the antagonist and no criticism is expressed. If the antagonist does not provide any critical reaction and accepts the argumentation, the discussants can conclude the argumentation stage and proceed to the concluding stage, in which the antagonist should accept the protagonist’s standpoint. If the antagonist expresses doubt or a counterargument, the protagonist has to advance additional arguments to remove the doubt (route 2 or route 3), or even has to refute the counterargument (route 4).

As was argued in Chapter 2, the institutional context of the activity type imposes constraints on the possibilities for strategic maneuvering. One of the preconditions for strategic maneuvering here is the implicitness of the discussion: only the brochure writer’s side of the story is expressed explicitly, while the countermoves of the antagonist cannot be presented completely, explicitly and correctly. In the empirical counterpart of the confrontation stage, where, ideally, the difference of opinion is externalized, it is not possible to make the difference of opinion fully explicit: only the writer’s point of view is expressed. The writer
can only anticipate possible doubt or opposing standpoints. In the counterpart of the opening stage, the discussants cannot explicitly agree on starting points and the distribution of roles. In the counterpart of the argumentation stage, doubt or criticism regarding the argumentation cannot be expressed explicitly either.

In health brochures, it is up to the writer to decide how the difference of opinion should be represented and what parts of the discussion are to be made explicit and in what way. A writer has the choice to present the difference of opinion as non-mixed or mixed: he can simply present his own point of view or also take the potential views of the audience into consideration. The fact that the audience is an anonymous and possibly heterogeneous group of readers makes it harder to identify their starting points and standpoints. Therefore, a writer must choose what propositions can be regarded as belonging to the shared commitments and can be used in the argumentation, and which propositions will likely be unacceptable to the reader. In the argumentation stage, a writer is free to address potential countermoves of the audience or to ignore such moves. Even if he already expects doubt or criticism towards the argumentation at this stage, a brochure writer can choose whether or not to attend to potential countermoves, whereas in an explicit discussion a discussant, if challenged, is obliged to address all criticism that is expressed towards his case to fully comply with his dialectical obligations (van Eemeren & Grootendorst 1984: 160). Consequently, argumentative maneuvering in the context of health brochures largely comes down to the writer deciding which route to choose and which of the antagonist’s possible moves to address.

5.2.2 Topical selection, audience adaptation, and stylistic devices in a dialectical route

Choosing a particular dialectical route in the argumentation stage can be seen as making a selection from the topical potential at that point in the discussion: it comes down to choosing from all of the available arguments that could be put forward and selecting those best suited to defend the standpoint (van Eemeren 2010: 100). At the same time, choosing a route is a way to adapt the defense to audience demand by taking the potential criticisms of the reader into account, and, simultaneously a presentational choice about what moves to express and in what way. So, all three aspects of strategic maneuvering are relevant in choosing a route.

In the previous chapter it was explained with the help of a dialectical profile that advancing pragmatic argumentation is a dialectically relevant topical choice in health brochures. The profile also shows that there are still other topical choices to make. Firstly, choosing a more complex route in which the writer also addresses criticism, and, secondly, choosing the content of the individual argument. Routes 2, 3 and 4 are more complex dialectical routes in the argumentation stage in the sense that when following one of these routes, the protagonist realizes more moves than just the one pragmatic argument. The additional moves, each meant to address a particular countermove, result in a complex argumentation structure...
consisting of subordinative, coordinative and/or multiple argumentation. After each move in the route, the protagonist again has more than one option at his disposal. Consequently, a route consists of a number of choices from the moves available at that point in the discussion stage. Thus, the choice to select a particular dialectical route can be understood as strategic maneuvering at the level of the discussion stage.

Realizing a move in the argumentation stage also entails making a choice regarding the content of the move. By choosing the content of the argument it is meant here that even when a discussant has decided to advance pragmatic argumentation, he still has to choose whether he will point to, for example, positive or negative consequences, and short-term or long-term effects of the advised act in the argumentation. What the most rhetorically effective choice is with respect to the content of the argument obviously depends on the beliefs and values of the audience (e.g. young people may be more concerned with the near future than the far future). The formulation of the argument should appeal to the audience as well. Such choices can be seen as strategic maneuvering at the level of the discussion move (this will be further discussed in Chapter 6). This Chapter concentrates on maneuvering at the level of the discussion stage. In strategic maneuvering at the level of the discussion stage, the three aspects of maneuvering can also be analytically distinguished. The choice for a dialectical route not only entails topical choices regarding what kind of countermove to anticipate, but also choices with respect to audience adaptation and presentation.

The adaptation to audience demand in the argumentation stage refers to the attempt of the discussants to take the preferences of the intended audience into account in trying to reach rhetorical success (van Eemeren 2010: 108). Chapter 2 explained that there are two factors that complicate the adaptation to audience demand in health brochures, namely that the discussion is implicit and that the audience is usually heterogeneous. As a result, a brochure writer cannot verify the starting points of his intended audience and may have to address beliefs or values that might even be conflicting. With respect to choosing a dialectical route this means that the writer must determine whether his intended reader might object to the argumentation or not, and if so, what his critical reaction would amount to. One reader might have criticism regarding the propositional content of the argumentation while another may doubt its justificatory force. The difficulty then is to decide what is rhetorically more effective: to address all potential criticism or address, for example, only the most obvious critical reaction. In an explicit discussion, no such decision is needed because the antagonist can directly express his doubts on the spot.

A different choice from the topical potential always implies a different presentation and every specific audience-directed topical choice can be designed in a stylistically different way. Van Eemeren (2010: 120) argues that even when no obvious stylistic devices, such as rhetorical questions or metaphors, are employed,
choices have been made with respect to the stylistic presentation. A prominent presentational choice at the level of the discussion stage is whether to present the moves explicitly or implicitly. Especially in an implicit discussion, the protagonist can shape the discussion in a way that positively affects his case by explicitly addressing those countermoves if doing so contributes to his defense, or by ignoring possible countermoves if they would hurt his case. The following section further discusses how realizing each dialectical route in health brochures contributes to reaching the rhetorical goals of the brochure writer.

5.3 Removing doubt concerning the standpoint (route 1)

This section presents analyses of three health brochures in which the writer opted for dialectical route 1. The first example is a one-page brochure (or poster) called ‘Coughs and sneezes’ (2007) on the prevention of influenza, the second is a poster about lung cancer called ‘Been coughing for three weeks? Tell your doctor’ (2012), and the third, called ‘Reduce the risk of cot death’ (2009), provides advice on how to prevent babies dying in their sleep. These examples were selected because they represent various types of health brochures: even though all three are British, they vary in length, subject and objective. The first two are short versions of longer brochures, while the third brochure is 11 pages long. The subjects vary from lesser to more serious (a cold, lung cancer and cot death) and the objectives of the brochures vary from treating and preventing to detecting health problems. For each of the brochures it is examined how the use of route 1, in which pragmatic argumentation is used to remove doubt with respect to the standpoint, contributes to reaching the dialectical and rhetorical goals of the writer.

5.3.1 The Coughs and sneezes case

The following leaflet was part of a 2007 campaign by the British National Health Services (NHS) of the Department of Health, which was undertaken to encourage good respiratory hygiene in order to slow down the spread of an influenza pandemic.37 The campaign was launched after a warning from the World Health Organization (WHO) concerning the outbreak of the avian H5N1 influenza virus in Africa, posing a risk to human health (WHO 2006, 2009). The leaflet features advice to practice good hygiene when sneezing and coughing. The leaflet was sent to NHS facilities such as General Practitioners’ offices, health centers, pharmacies, and also to police stations, libraries, schools and employers.

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37 Similar campaigns have run in other countries, such as the United States (‘An ounce of prevention keeps the germs away’ www.cdc.gov/ouceofprevention ), Australia (‘The flue and you’ http://www. flupandemic.gov.au/internet/panflu/publishing.nsf/Content/fluandyou-broch-1 ), and the Netherlands (‘Hoesten of niezen? Zakdoek kiezen’).
The leaflet contains four pieces of advice, encouraging people to carry tissues, cover their coughs and sneezes, throw used tissues in a bin, and always wash their hands. The argument supporting these pieces of advice is printed in bold on the top of the page: “Coughs and sneezes spread diseases”, and down below: “Stop germs spreading.” The argumentation for the advice in this text can be reconstructed as follows: Always carry tissues, cover your coughs and sneezes, throw used tissues in a bin, and always clean your hands, because this stops the spreading of diseases. Here, the advice is supported by the positive form of pragmatic argumentation: in the argument it is stated that the advised actions lead to a positive consequence, namely that they stop the spreading of diseases. The argumentation can be seen as a move to remove potential doubt with respect to the acceptability of advice. The writer only anticipates doubt concerning the standpoint and assumes that the potential difference of opinion between him and the reader is non-mixed.

The realized route is route 1, where the reader’s expression of doubt with respect to the standpoint is only implied and it is assumed that the reader accepts the argumentation without any need for further subordinative or coordinative
Strategically addressing countermoves with pragmatic argumentation in health brochures

arguments. This means that it is assumed that the sub-goals of the argumentation stage are reached, namely to get the propositional content and the justificatory force of the argumentation accepted. The choice for pragmatic argumentation can be considered as an opportune choice from the topical potential to reach the sub-goals of the argumentation stage because it refers to the crucial preparatory condition concerning the desirability of the advised action, which must be fulfilled in order to get the advice accepted. In principle, the writer has the burden of proof for the fulfillment of all correctness conditions, but he may strategically choose to give precedence to those conditions that help best to make their case. The desirability of the advocated or discouraged action will in many cases be easiest to justify. The basic positive and negative forms of pragmatic argumentation are therefore suitable to give precedence to a desirable or undesirable outcome, respectively. The positive form indicates that action X is desirable because of its desirable effects, and the negative form indicates that action X is undesirable because of its undesirable effects on the addressee’s wellbeing. By removing anticipated doubt with respect to this preparatory condition, pragmatic argumentation constitutes a dialectically relevant and possibly rhetorically effective move.

Route 1 is an opportune choice here because of the size of the leaflet and the advised type of behavior. The fact that the leaflet is only one page affects the message to some extent: there is less room to weigh all of the pros and cons of following up the advice. The type of behavior encouraged in the leaflet is very straightforward and does not involve any drastic negative side-effects that may cause people to object to the advice. Therefore, it is not necessary to address potential countermoves. There would be drastic consequences if people did not follow up the advice because the spreading of the influenza pandemic might then not be stopped. The reader addressed in the leaflet will not necessarily be affected if he does not follow the advice, but people he comes into contact with might. The advice is not just meant to benefit the addressed reader, but the population as a whole. Because of this last fact, it also makes sense that the leaflet is rather direct, in the sense that the verbs are all presented in the imperative form: if an individual’s behavior negatively affects other people’s health, it can be considered justified to limit that individual’s freedom to act.38 Another prominent presentational choice is the phrase ‘coughs and sneezes spread diseases’: the end rhyme in this phrase does not add any information to the message but is a rhetorical device that helps

38 This is in line with Mill’s Principle of Harm, which says that “That the only purpose for which power can be rightfully exercised over any member of a civilized community, against his will, is to prevent harm to others. His own good, either physical or moral, is not sufficient warrant. He cannot rightfully be compelled to do or forbear because it will be better for him to do so, because it will make him happier, because, in the opinion of others, to do so would be wise, or even right... The only part of the conduct of anyone, for which he is amenable to society, is that which concerns others” (Mill 1859: 21–22).
the advice to be more memorable. Presentational choices at the level of individual discussion moves will be further discussed in Chapter 6.

5.3.2 The *Tell your doctor* case

While the leaflet on coughs and sneezes concerns the *prevention* of a health-related problem, the analysis now moves to a realization of route 1 in a leaflet about the *detection* of a health problem. The example ‘Been coughing for three weeks? Tell your doctor’ stems from the 2012 NHS campaign intended to raise public awareness of the symptoms of lung cancer and to encourage people with these symptoms to visit their doctor. The campaign about lung cancer is part of a broader national campaign ‘Be clear on cancer’ which also addresses other types of cancer, such as bowel cancer and breast cancer. The messages featured in newspapers, on television, on the radio and on the internet and targeted at people over the age of 55 years (NHS 2012b).
The advice in this leaflet is the following: ‘Been coughing for 3 weeks? Tell your doctor.’ This text can be reconstructed as the following conditional piece of advice: ‘If you have been coughing for 3 weeks, then tell your doctor.’ A conditional advice is relevant if a certain condition is fulfilled. In this case, the condition is that the reader has been coughing for three weeks. The example shows an actual doctor on the top half, leaning over a large green surface as if he is resting his arms on a desk in a doctor’s room. The sentences in very small print underneath the advice can be identified as argumentation: “A persistent cough could be a sign of cancer. Finding it early makes it more treatable.” These sentences can be reconstructed as pragmatic argumentation in support of the advice: ‘because a persistent cough could be a sign of lung cancer and finding lung cancer early makes it more treatable.’

The argumentation here consists of two propositions: the first qualifies a persistent cough as a symptom of lung cancer and the second points at the positive consequence of doing as advised. The fact that the argumentation contains these two propositions results from the goals of the campaign, which are twofold. The first goal is to make people aware of the symptoms of lung cancer. Therefore, the leaflet explains that a persistent cough is a sign of lung cancer. The second goal of the campaign is to encourage people who have symptoms of lung cancer to go and see a GP. That is why a pragmatic argument is used to point to the positive effect of following up the piece of advice.

What is striking about the Tell your doctor leaflet is that the main focus is on the advice to tell your doctor and not on the benefit of doing this, while in the Coughs and sneezes case the main focus is on the effect of the advised action. This difference can be explained by the different kinds of action encouraged in both leaflets. In the Coughs and sneezes leaflet, the goal is to prevent health problems, while in the Tell your doctor leaflet it is to detect health problems. The difficulty in encouraging people to undertake action to detect health problems is that people might not feel that they are better off after having detected a health problem: first they just had an annoying cough, and now they are suddenly diagnosed with a life-threatening illness. Because performing a detection behavior can result in an unpleasant outcome, it can be perceived as risky and may therefore be avoided (Rothman & P. Salovey 1997; Salovey, Schneider & Apanovitch 2002). The picture of the trustworthy looking doctor may help to ensure people that it is ok to visit the GP. In the Coughs and sneezes case, doing as advised will at least not have negative consequences, so the effects of carrying a tissue and covering coughs and sneezes etcetera can be mentioned explicitly without scaring people off.

Just like the Coughs and sneezes leaflet, the Tell your doctor leaflet only consists of one page and therefore cannot offer much more information than it does. The campaign to which it belongs, however, also provides a website and longer brochures that paint a more complete picture of the health issue. The leaflet refers to the campaign with the logo ‘Be clear on cancer’ and a reference to the NHS website. In those other texts, possible objections to the given advice are dealt with,
resulting in a much more complex argumentation structure than can be observed in the short leaflets discussed here. Examples of longer brochures will be discussed in the following sections.

5.3.3 The Cot death case

In the previous two examples, the given advice was positive: the writer encourages the reader to carry out a particular action. The following example contains negative advice: the writer encourages the reader not to perform a particular action. The example stems from the 11-page brochure ‘Reduce the risk of cot death’ published in 2009 by the Foundation for the Study of Infant Deaths (FSID) and the UK Department of Health. It is intended to prevent sudden infant death syndrome (SIDS), also known as cot death, which is defined as the sudden unexpected death of an infant less than one year of age during sleep. The brochure features several pieces of advice all aimed at preventing cot death. Parents are advised to place their baby on its back to sleep in a cot in a room with them. They are advised not to smoke and never to sleep with their baby on a sofa or armchair. The fragment below is an example taken from page 6 of the brochure, which contains a piece of negative advice: “Don’t let your baby get too hot (or too cold)”. In the first paragraph on this page, it states in bold: “Overheating can increase the risk of cot death.” The sentence can be interpreted as a pragmatic argument in which the writer points to the negative consequences of letting the baby get too hot. The argumentation can be reconstructed as follows: ‘Don’t let your baby get too hot, because overheating you baby can increase the risk of cot death.’

The argumentation rests on the unexpressed premise that parents should avoid actions that have serious negative consequences for their baby’s health. Again, no subordinative argumentation is given to support the pragmatic argumentation. The writer assumes that the reader will accept the argumentation. With respect to the unexpressed premise connecting the argument to the standpoint, this assumption may be right. After all, parents will probably do everything to prevent harm to their baby. The effect of overheating mentioned in the argumentation, namely an increased risk of cot death, is clearly undesirable and does not need further justification. The causal relation between overheating and cot death, however, is not further justified. It is assumed that the reader will accept the advice based on the pragmatic argument and will have no further criticism that needs to be dealt with. The choice of words in both the standpoint and the argument contribute to this goal: the words ‘too hot’ in the advice and the term ‘overheating’ in the argument already imply that it is wrong to let the baby get hot. This presentation of the standpoint and argumentation prevents criticism, even though the causal component in the pragmatic argumentation is not accounted for. This choice for a particular formulation of the pragmatic argument will be discussed in Chapter 6.
The following section analyzes examples in which the writer actually anticipates criticism with respect to the acceptability of the argumentation. In these cases route 2 is chosen in order to deal with this anticipated criticism.

5.4 Removing doubt concerning the propositional content of the argumentation (route 2)

In this section two brochures are examined in which dialectical route 2 is followed. The first is a British brochure called ‘Cut down on salt’ (2011) and the second is an American brochure called ‘Do you know the health risks of being overweight?’ (2007). These brochures present negative and positive advice, respectively, mainly in order to prevent health problems. The second brochure also concerns advice that helps to treat and detect health problems. In both brochures possible criticism concerning the propositional content of the argumentation is anticipated. All three critical questions that concern the propositional content of the argumentation are dealt with in these examples.
Chapter 5

5.4.1 The Cut down on salt case

When a brochure writer attempts to convince the reader of a particular piece of health advice and advance pragmatic argumentation, he may strengthen his case by advancing additional argumentation in anticipation of doubt with respect to his argumentation. If he expects doubt with respect to the acceptability of the argument, he can put forward subordinative argumentation.

An example of subordinative argumentation in support of the pragmatic argumentation can be found in the brochure ‘Cut down on salt’ (2011), published by the British Heart Foundation, a charity that fights heart disease. The brochure consists of 24 pages in which people are advised to reduce the amount of salt they consume and they receive tips on how to do this, including a recipe for low-salt curry. The first page of the brochure offers the following piece of negative advice: “It’s important for you and your family to try not to eat more than the recommended amount of salt”. This negative advice is supported with the negative form of pragmatic argumentation, in which an undesirable consequence of consuming more than the recommended amount of salt is mentioned. This argument can be reconstructed as follows: ‘consuming too much salt every day could put your health at risk’. The final sentence of the first page also contains a pragmatic argument of the positive form: ‘[not eating more than the recommended amount of salt] could help you to keep your heart healthy’.

Salt and your heart

Do you know how much salt you consume as part of your daily diet? You might be surprised to know that it’s not just the salt you add to your meal that is important, it’s also the salt which is ‘contained’ in many everyday foods. Many people do not realise that the amount of salt they consume every day could be putting their health at risk. Too much salt can increase the risk of developing high blood pressure, which is a risk factor for coronary heart disease. It’s important for you and your family to try not to eat more than the recommended amount of salt. This could help you to keep your heart healthy.

(‘Cut down on salt’, British Heart Foundation 2011)

It becomes clear from the introduction of the brochure that the British Heart Foundation expects that people are not aware of the amount of salt that they consume, nor of the risks that this consumption involves. This can be inferred from the fact the brochure begins with the question “Do you know how much salt you consume as part of your daily diet?”, and from the phrases “You might be surprised to know” and “Many people do not realise”. With these phrases, the brochure writer tries to create awareness about the importance of salt and thereby adapts the message to the intended audience of consumers who use too much salt. Because the brochure is directed at an audience that consumes too much salt, just
offering advice on the maximum amount of salt does not suffice: it should also be argued why the current behavior should be changed and why using too much salt is detrimental for your health.

As was argued in Chapter 4, the possible criticism regarding the propositional content of pragmatic argumentation is represented by the first three critical questions associated with the scheme, namely 1) *Is that which is presented in the argumentation as the result, in fact, (un)desirable?*, 2) *Does that which is introduced as cause indeed lead to the mentioned (un)desirable result?*, and 3) *Are there any other factors that must be present together with the proposed cause to create the mentioned (un)desirable result?* In the brochure ‘Cut down on salt’, the writer anticipates possible critical questions 1 and 2 by indirectly providing answers to them. This results in subordinative argumentation in support of the causal claim expressed in the pragmatic argument (‘consuming too much salt every day could put your health at risk’). The subordinative argumentation can be reconstructed as follows (in which 1 is the standpoint, 1.1 the pragmatic argumentation and 1.1.1a and 1.1.1b the subordinative argumentation supporting the causal component of the pragmatic argument):

1. It’s important for you and your family to try not to eat more than the recommended amount of salt.
   1.1 Consuming too much salt every day could put your health at risk.
   1.1.1a Too much salt can increase the risk of developing high blood pressure.
   1.1.1b High blood pressure is a risk factor for coronary heart disease.

Based on the reconstruction of the argumentation structure we can conclude that the writer of the brochure ‘Cut down on salt’ has followed route 2: he has addressed potential doubt concerning the propositional content of the pragmatic argumentation. By taking this route, the writer attempts to reach the sub-aim of getting the propositional content of the argumentation accepted, so that the advice will ultimately also be accepted. Following route 2 is a rhetorically advantageous choice here, because the writer thereby takes into account the starting point of the intended reader. Since the brochure is directed at people who are consuming too much salt at the moment, the writer must make clear why it would be beneficial to change the current behavior, especially considering the fact that using salt may seem a rather innocent behavior compared to smoking or drinking. By supporting the propositional content of the pragmatic argumentation by demonstrating why salt may cause undesirable effects, it is more likely that the writer achieves his rhetorical goal of getting the advice accepted.
5.4.2 The Do you know the health risks of being overweight? case

In the previous case about cutting down on salt, the writer anticipated doubt with respect to the causal component of pragmatic argumentation. In the brochure ‘Do you know the health risks of being overweight?’ doubt with respect to the evaluative component is anticipated. This American brochure was published in 2007 by the U.S. Department of Health and Human Services and the National Institute of Diabetes and Digestive and Kidney diseases (NIDDK). The brochure advises people who are overweight to try to lose some pounds.

The piece of advice is very carefully formulated on the front page and includes a pragmatic argument in which the effect of losing weight is mentioned: “You may be able to improve your health by losing as little as 10 to 20 pounds”. Then, a list of diseases associated with obesity is given, such as diabetes and cancer, to indicate what health risks people who are overweight are running. Underneath the list, the pragmatic argument is repeated, and two more pieces of advice are added: “You may be able to lower your health risks by losing weight, doing regular physical activity, and eating healthfully”. On pages 1 and 2, two measuring tools are provided (a body mass index table and instructions to measure waist circumference) so that the reader can determine whether or not he is overweight. As was argued in Chapter 3, such tools are means to establish material starting points: once the reader, on the basis of a table or test, commits to the fact that he is overweight he thereby acknowledges that the advice is relevant for him.

The following pages concentrate on each of the diseases from the list on page 1 in sections consisting of three smaller sections, named ‘What is it?’, ‘How is it linked to overweight?’, and ‘What can weight loss do?’. In ‘What is it?’ the seriousness of each disease is described, in ‘How is it linked to overweight?’ how body weight can cause the particular disease is argued, and in ‘What can weight loss do?’, the positive effects of weight loss are highlighted. The statements that are made in each of these sections can be reconstructed as arguments in support of the standpoint that the reader should lose weight. An analysis is given of the argumentation in the first section, which deals with type 2 diabetes. The argumentation structure can be reconstructed as follows:

1 You should lose weight and exercise more.
1.1a By losing weight and increasing the amount of physical activity you do, you may lower your risk for developing type 2 diabetes.
1.1a.1 The Diabetes Prevention Program, a large clinical study sponsored by the National Institutes of Health, found that losing just 5 to 7 percent of your body weight and doing moderate-intensity exercise for 30 minutes a day, 5 days a week, may prevent type 2 diabetes or delay the onset of type 2 diabetes.
1.1a.2 More than 85 percent of people with type 2 diabetes are overweight.
1.1b (Lowering your risk for developing type 2 diabetes is desirable.)
1.1b.1a Type 2 diabetes is a disease in which blood sugar levels are above normal.
1.1b.1b High blood sugar is a major cause of coronary heart disease, kidney disease, stroke, amputation, and blindness.
1.1b.1c In 2002, diabetes was the sixth leading cause of death in the United States.
1.2 If you have type 2 diabetes, losing weight and becoming more physically active can help you control your blood sugar levels and prevent or delay complications.
1.3 Losing weight and exercising more may also allow you to reduce the amount of diabetes medication you take.

The text about type 2 diabetes is meant to convince the reader to lose weight and exercise more. Under ‘What can weight loss do?’ three pragmatic arguments are presented to support the advisory standpoint. The first argument is directed at the general audience as it mentions that losing weight and exercising more reduces the risk of developing type 2 diabetes. The second and third arguments refer to positive effects of losing weight and exercising for people who already suffer from type 2 diabetes; namely better control of blood sugar levels and delay of complications, and allowing a reduced amount of medication:

**What can weight loss do?**

You may lower your risk for developing type 2 diabetes by losing weight and increasing the amount of physical activity you do. If you have type 2 diabetes, losing weight and becoming more physically active can help you control your blood sugar levels and prevent or delay complications. Losing weight and exercising more may also allow you to reduce the amount of diabetes medication you take. [...] 

(‘Do you know the health risks of being overweight?’, U.S. Department of Health and Human Services/NIDDK, 2007)

This section also contains subordinative argumentation in support of the first pragmatic argument, which states that losing weight leads to a lower chance of getting type 2 diabetes. In anticipation of doubt with respect to the causal link (critical question 2) *Does that which is introduced as cause indeed lead to the mentioned (un)desirable result?*, the following statements are advanced:

The Diabetes Prevention Program, a large clinical study sponsored by the National Institutes of Health, found that losing just 5 to 7 percent of your body weight and doing moderate-intensity exercise for 30 minutes a day, 5 days a week, may prevent or delay the onset of type 2 diabetes. For more information about the Diabetes Prevention Program, visit http://www.diabetes.niddk.nih.gov/dm/pubs/preventionprogram/index.htm.
The argument could be interpreted as an instance of authority argumentation: based on a clinical study it can indeed be concluded that losing a percentage of body weight and regular exercise may prevent or delay type 2 diabetes. In ‘How is it [type 2 diabetes] linked to overweight?’, another reference is made to the link between overweight and diabetes:

More than 85 percent of people with type 2 diabetes are overweight. It is not known exactly why people who are overweight are more likely to develop this disease. It may be that being overweight causes cells to change, making them resistant to the hormone insulin.

Surprisingly, the causal link between being overweight and type 2 diabetes is not presented as being very strong: the writer recognizes that it is unclear why people who are overweight are prone to getting diabetes. He suggests a possible explanation, but indicates that the link is not certain (‘it may be’). The argument that is provided to substantiate the causal connection between losing weight and preventing type 2 diabetes is in fact defended by establishing a symptomatic relation between being overweight and type 2 diabetes: the statement that ‘More than 85 percent of people with type 2 diabetes are overweight’ only indicates that a correlation exists between the two, not necessarily a causal relation. So, even without clear evidence for a causal relation, the brochure writer attempts to make a causal relation plausible.

The statements in the first section can be seen as moves that are made in anticipation of the potential critical question 1) Is that which is presented in the argumentation as the result, in fact, (un)desirable? In this section, the seriousness of type 2 diabetes is described as follows:

Type 2 diabetes is a disease in which blood sugar levels are above normal. High blood sugar is a major cause of coronary heart disease, kidney disease, stroke, amputation, and blindness. In 2002, diabetes was the sixth leading cause of death in the United States.

Because these statements demonstrate what the undesirable consequences of type 2 diabetes are, they can be reconstructed as arguments indicating that type 2 diabetes is undesirable.

The third critical question concerning the propositional content of the pragmatic argument (Are there any other factors that must be present together with the proposed cause to create the mentioned (un)desirable result?) is also dealt with. This happens by adding to the arguments that the effects are only achieved if people not only lose weight, but also exercise. See the phrases “losing weight and increasing the amount of physical activity you do...”, “... losing weight and becoming more physically active...”, and “Losing weight and exercising more”. The fact that there
indeed must be another factor present to achieve the desired result implies that it is less certain that the desired result will be achieved. Since the causal claim was not defended strongly either, the brochure writer can only draw very carefully formulated conclusions such as the following: ‘You may be able to improve your health by losing as little as 10 to 20 pounds’.

In the analyzed section of this brochure, the writer chose to follow route 2 in anticipation of criticism regarding both the evaluative and the causal component of a pragmatic argument. This may be an opportune choice as in this case the reader might not be sufficiently convinced that type 2 diabetes is so dangerous that he should make drastic lifestyle changes. By further justifying the effect of losing weight (and exercising) and the desirability of preventing type 2 diabetes, the writer is more likely to achieve his rhetorical goal. One problematic aspect of the brochure is that from the very beginning, the assumption is made that the reader really is overweight. Many readers may indeed start to read the brochure because they are concerned about their weight, but it is still face-threatening for them to be spoken to as people who are overweight. This assumption thus might insult readers nonetheless.

5.5 Removing doubt concerning the justificatory force of the argumentation (route 3)

This section presents an analysis of two examples of brochures in which the writer selects dialectical route 3. The brochures are ‘The Flu. A guide for parents’ (2013) and ‘Physical activity. The arthritis pain reliever’ (2010), both published by the American Centers for Disease Control. The first brochure, which encourages people to get vaccinated against the flu, is aimed at preventing health problems, while the second, which encourages arthritis patients to exercise, is aimed at treating a health problem. In both brochures, the writer anticipates criticism concerning the justificatory force of the argumentation.

5.5.1 The The Flu. A guide for parents case

An example of the choice for route 3 in a health brochure is a trifold called The Flu. A guide for parents (2013), published by the American Centers for Disease Control and Prevention (CDC). This brochure is part of a campaign encouraging all people to get vaccinated against seasonal influenza. Since 2010, influenza vaccination is not only recommended to risk groups, such as young children and people with lung disease, but to all Americans older than 6 months (CDC 2010a, Prevention

39 According to Snoeck Henkemans (1997: 86-87), discussants can, in response to criticism with respect to their argumentation, maintain their argument if they modify their standpoint.
and Control of Influenza with Vaccines). The advice that is central to vaccination brochures always concerns the action ‘to get vaccinated’. Such advice is typically supported with pragmatic argumentation in which it is stated that vaccination prevents a particular disease, in this case the flu. It is characteristic of advice to get vaccinated that this action is not only beneficial for the reader himself, but also for others, because vaccination stops the spreading of the disease.

The brochure ‘The flu. A guide for parents’ provides advice for parents on how to deal with the flu. Contrary to other brochures from the CDC about the flu, in this particular brochure the advice to get vaccinated is offered half-way through the text. In the brochure ‘No More Excuses. You Need a Flu Vaccine’ (CDC, 2011), directed at the general public, the advice to get a flu vaccine is presented in the first sentence of the text. The ‘No more excuses’-brochure features photos of nine people who have some kind of objection to getting vaccinated, such as that they do not need a flu shot because they are healthy, or that they do not have trust in the safety of the vaccine. These objections are presented as quotes, as if an explicit discussion is taking place between the writer and the reader. The objections are all dealt with in the brochure by advancing additional argumentation.

In the brochure ‘The Flu. A guide for parents’ (2013) possible countermoves of the reader are also addressed, but these countermoves are not referred to in the same way as in the ‘No more excuses’-brochure. The countermoves are introduced as requests for information and function as headings for the sections of the brochure. The statements provided under these headings can nonetheless be interpreted as arguments since they are intended to remove anticipated doubt or criticism with respect to the standpoint and the argumentation. Consider, for example, the following fragment:

**How serious is the flu?**
Flu illness can vary from mild to severe. While the flu can be serious even in people who are otherwise healthy, it can be especially dangerous for young children and children of any age who have certain long term health conditions, including asthma (even mild or controlled), neurological and neurodevelopmental conditions, chronic lung disease, heart disease, blood disorders, endocrine disorders (such as diabetes), kidney, liver, and metabolic disorders, and weakened immune systems due to disease or medication. Children with these conditions and children who are receiving long-term aspirin therapy can have more severe illness from the flu.


By focusing on the risks associated with influenza, the writer establishes the idea that influenza is a serious problem that needs to be dealt with. On page 3 of the brochure, the solution to this problem is provided in the following way: “To protect against the flu, the first and most important thing you can do is to get a flu vaccine
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for yourself and your child”. Based on this statement, the main argument can be reconstructed as a pragmatic argument: ‘Get a flu vaccine for yourself and your child, because by doing so you can protect yourself and your child against the flu’. The argument is introduced by the heading ‘Protect your child’ and the question “How can I protect my child against the flu?”, both of which create the idea that the parents who read the brochure acknowledge that their child needs protection from the flu. The statements in the section ‘How serious is the flu?’ can be seen as anticipations of the first critical question concerning the propositional content of the pragmatic argument: Is that which is presented in the argumentation as the result, in fact, (un)desirable? By demonstrating that influenza can be very serious, the brochure writer justifies that the flu is undesirable (and that it is desirable to protect yourself and your child against it). The statements about the risks of the flu can thus be reconstructed as subordinative argumentation to support the implicit desirability component of the pragmatic argument.

The following fragment of the same section of the brochure contains other arguments that are given in anticipation of criticism:

A new flu vaccine is made each year to protect against the three flu viruses that research indicates are most likely to cause illness during the next flu season. Flu vaccines are made using strict safety and production measures. Over the years, millions of flu vaccines have been given in the United States with a very good safety record.


The first sentence can be reconstructed as argumentation in anticipation of doubt concerning the causal element of the pragmatic argumentation: with this argument, the writer tries to defend his pragmatic argument against the potential doubt represented by critical question 2): Does that which is introduced as cause indeed lead to the mentioned (un)desirable result? The argument provides a justification for the claim that having the vaccine prevents one from getting influenza: the vaccine is adapted to the flu viruses most likely to cause influenza in that season.

In the brochure, the writer has not only anticipated critical questions with respect to the acceptability of the pragmatic argumentation, but also with respect to the sufficiency of the argumentation. The criticism regarding the sufficiency of the argumentation is represented in critical questions 4) Does the mentioned cause have (un)desirable side effects? and 5) Could the mentioned result be achieved (or prevented) by other means as well? In the fragment cited above, the writer addresses potential criticism concerning negative side-effects by stating that “millions of flu vaccines have been given in the United States with a very good safety record.” This statement implies that parents do not have to worry about any dangerous side-effects of the vaccine. It can therefore be reconstructed as subordinative argumentation for the implicit argument that vaccination does not lead to undesirable consequences.
(variant III of pragmatic argumentation). The argument in the brochure is even further supported with the statement that this is due to “strict safety and production measures”.

By arguing that there are no undesirable side-effects, the writer intends to address criticism that comes down to an attack on the sufficiency of the argument to support the standpoint (see also Snoeck Henkemans 1997: 136): although the reader might accept that vaccination indeed prevents influenza, he might not yet be convinced that the piece of advice meets the preparatory condition that the action is desirable because of possible negative side-effects. Although the argument in itself does not constitute a reason for vaccination (after all, the absence of serious negative effects is no reason for accepting a piece of advice), it might be rhetorically effective in removing obstacles for accepting the advice.

The brochure also anticipates critical question 5 concerning alternatives to the advised course of action. This happens in the section that carries the title ‘What are some of the other ways I can protect my child against the flu?’, which starts with the following sentence: “In addition to getting vaccinated, take – and encourage your child to take – everyday steps that can help prevent the spread of germs.” In this section, several actions are listed that help to prevent illness, such as covering coughs and sneeze with a tissue. All these actions are encouraged by the writer, yet, in the final sentence of the section, the following statement is added: “These everyday steps are a good way to reduce your chances of getting all sorts of illnesses, but a yearly flu vaccine is always the best way to specifically prevent the flu.” This last statement indicates that the actions mentioned earlier are useful to prevent the spreading of germs, but are not an acceptable alternative to getting the flu vaccine. This statement can therefore be interpreted as an argument to justify the sufficiency of the pragmatic argument. The argument can be reconstructed as variant IV of pragmatic argumentation and forms a coordinative argumentation.

The structure underlying the argumentation in the brochure can be reconstructed as follows (in the structure, 1 represents the standpoint, 1.1a and 1.1b the pragmatic argumentation and 1.1a.1 and 1.1b.1 the subordinative argumentation supporting the causal and the desirability component of the pragmatic argumentation, respectively; arguments 1.1c and 1.1d address doubt concerning the sufficiency of the pragmatic argumentation):

1 You and your child should get the flu vaccine.
1.1a By having the vaccination, you prevent influenza.
1.1a.1 A new flu vaccine is made each year to protect against the three flu viruses that research indicates are most likely to cause illness during the next flu season.
(1.1b) Preventing influenza is desirable.)
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(1.1b).1 The flu can be serious for people who are otherwise healthy and it can be especially dangerous for young children and children of any age who have certain long term health conditions.

(1.1c) (Having the flu vaccine does not lead to undesirable side-effects.)

(1.1c).1 Over the years, millions of flu vaccines have been given in the United States with a very good safety record.

(1.1c).1.1 Flu vaccines are made using strict safety and production measures.

(1.1d) (Other ways of protecting your child against illness do not specifically prevent the flu.)

In this brochure the writer has opted for route 3, which means that he anticipated doubt concerning the propositional content and the justificatory force of the pragmatic argumentation. In this specific brochure the question of possible alternatives is also addressed, which is uncommon in general and in the other examples used here. This probably has to do with the fact that this brochure is directed at parents, who have a responsibility for the wellbeing of their children. Parents are expected to take at least some measures to protect their children from illnesses, because children are more vulnerable than (most) adults. When a brochure about vaccination is aimed at the general public, the writer seems to focus on encouraging readers that would otherwise not take any action to get vaccinated. The choice in this brochure to address alternative actions that parents would undertake is thus a way to adapt the brochure to the intended audience.

5.5.2 The Physical Activity. The Arthritis Pain Reliever case

An example of the choice for route 3 can be found in the American brochure ‘Physical Activity. The Arthritis Pain Reliever’ (2010b), a trifold published by the Centers for Disease Control and Prevention and the Arthritis Foundation. The brochure is part of a campaign promoting physical activity to Caucasians and African-Americans between the ages of 40-65 suffering from arthritis.40 The brochure contains several pragmatic arguments that point at the advantageous consequences of physical activity for people with arthritis. The brochure starts as follows:

Is arthritis keeping you from living the life you want? Then take charge with moderate physical activity. Studies show that getting your heart rate up and keeping it up, at least 30 minutes a day, 5 days a week (for a total of 2.5 hours

40 The fact that specific brochures have been developed for Caucasians and African-Americans is probably because the prevalence of arthritis in the United States is rather high among these ethnic groups (see Bolen, Schieb, Hootman, Helmick, Theis, Murphy et al. 2010: 1-5).
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...a week), helps reduce the pain, fatigue and stiffness from arthritis. (‘Physical Activity. The Arthritis Pain Reliever’, CDC 2010b),

In the fragment, the advisory standpoint that the reader should start moderate physical activity is defended with the pragmatic argument of variant I: it is argued that physical activity reduces the pain, fatigue and stiffness from arthritis. On the following pages, more positive consequences are mentioned, such as: “More than 46 million Americans live with arthritis, and many of them are discovering that moderate exercise improves the way they feel”, and “regular moderate physical activity can help you: feel less pain, move more easily and do more activities, feel more energetic, improve your mood, keep your muscles, bones, and joints healthy.” These pragmatic arguments are provided to remove doubt with respect to the advisory standpoint that the reader should start exercising.

The brochure also contains information on the kinds of physical activity that the reader could do and tips on how to start with these activities. All of these tips are meant to remove the obstacles that stand in the way of being active, for example that people do not know what kind of activity they could do. At one point in the brochure the writer anticipates criticism with respect to the sufficiency of the pragmatic argumentation: “Sure, it’s not easy, especially when your joints hurt or you haven’t been active for a while. But the sooner you start, the sooner you’ll feel better.” In this fragment, the brochure writer anticipates critical question 4) Does the mentioned cause have (un)desirable side effects? With the first sentence in the fragment the writer acknowledges that becoming physically active also has undesirable side effects, such as getting painful joints. Yet, in the second sentence of the fragment, the writer counters the criticism by arguing that “the sooner you start, the sooner you’ll feel better”, in other words, that these side-effects will disappear. Through this move the writer addresses potential criticism in order to get his argumentation, and thereby his standpoint, accepted by the reader. The choice for route 3 in this brochure results in the following argumentation structure:

1 Take regular moderate physical activity.
   1.1a Getting your heart rate up and keeping it up, at least 30 minutes a day, 5 days a week (for a total of 2.5 hours a week), helps reduce the pain, fatigue and stiffness from arthritis.
   1.1a.1 Studies show it.
   1.1b Regular moderate physical activity can help you feel less pain, move more easily and do more activities, feel more energetic, improve your mood, keep your muscles, bones, and joints healthy.
   (1.1c) (Getting physically active does not lead to serious undesirable side effects.)
   (1.1c).1a It’s not easy, especially not when your joints hurt or you haven’t been active for a while.
   (1.1c).1b The sooner you start, the sooner you’ll feel better.
The possible side-effects of becoming physically active are probably not deemed as serious as those of vaccinations such as the flu vaccine. This explains why vaccination brochures typically have a separate section dedicated to possible side effects, whereas brochures on lifestyle changes do not generally address them. For the reader’s health, negative side effects of eating healthily or exercising are absent or negligible. When advice concerns quitting addictive behavior, such as smoking or drinking, the recommended behavior might have more serious side effects on the reader’s health. In that case, it is to be expected that critical question 4 about side effects is also addressed. An example of a brochure like this is ‘Don’t let drink sneak up on you!’ (2012), a 12-page text published by the UK Department of Health. This brochure advises people not to drink more than 2-3 (women) or 3-4 (men) units of alcohol per day. There is one specific statement in the brochure that can be interpreted as a move made in anticipation of critical question 4 about side effects, which is the following:

Medical Warning: If you have physical withdrawal symptoms (like shaking, sweating or feeling anxious until you have a first drink of the day), you should take medical advice before stopping completely – as it can be dangerous to do this too quickly without proper advice and support.

(‘Don’t let drink sneak up on you!’, 2012)

In this statement (which is repeated at the end of the brochure) the writer points to the negative effects of stopping drinking. Contrary to most other examples discussed in this chapter, the writer acknowledges the possibility of these side effects and does not try to mitigate them.

### 5.6 Refuting counterarguments (route 4)

In this section two brochures are analyzed in which counterarguments are refuted. The first brochure is ‘Antibiotics will not get rid of your cold’ (2011), a 1-page text published by the British NHS. The second is called ‘Is what you know about smoking wrong? Stop kidding yourself’ (2010c), a 2-page text published by the United States Centers for Disease Control and Prevention. The brochures address completely different topics: the first concerns the use of antibiotics to treat a cold (and thus concerns the treatment of health problems), and the second addresses people’s ideas about smoking (in order to prevent health problems). In both texts, the writer ascribes an opposing view to the reader, which he needs to attack to reach his goal of convincing the reader not to ask for antibiotics if they have a cold and to stop smoking.
5.6.1 The *Antibiotics* case

In the previous cases the anticipated countermoves of the antagonist were not mentioned explicitly; they were at most phrased as a question. In all cases, the potential difference of opinion was interpreted as a non-mixed difference of opinion, where the writer only anticipated doubt with respect to the standpoint (route 1) and the argumentation in its favor (routes 2 and 3). In an implicit discussion, the antagonist does not actually express any opposing view, but if a writer expects the reader to have an opposing view, the brochure will be rhetorically more effective if they successfully attack that opposing view. The reader might, for instance, have an alternative to the advocated action in mind to deal with the health problem discussed in the brochure. A writer aiming for acceptance of his advice would make a better case for his own standpoint if any opposing standpoint that the reader might have is refuted, because that would already dismiss one alternative. So, even if the writer does not have any dialectical obligation to attack the opposing standpoint, this can be an advantageous route to follow.

The kind of cases in which a writer can expect opposing views are those in which he gives advice that goes against the preferences of the intended audience, for instance when he advises people to drastically change or stop certain behavior. One such case is the campaign to encourage responsible use of antibiotics. In the UK and in other European countries many public health campaigns have been organized to attack the problem of increasing antibiotic resistance. Every year in November a European Antibiotic Awareness Day is held to address the unnecessary use of antibiotics. One example from this campaign is a poster published by the NHS in 2011, featuring advice on antibiotics.

The given advice is the following: “The best way to treat most colds, coughs or sore throats is plenty of fluids and rest. For more advice talk to your pharmacist or doctor.” This advice appears in small print at the bottom of the poster. The text following this advice, printed in large bold letters, attracts the most attention: “Unfortunately, no amount of antibiotics will get rid of your cold.” The main advice here is to treat colds, coughs and sore throats by drinking lots of fluids and by resting. No argument is given for this advice. In this brochure, the focus lies on attacking the opposing standpoint that colds etcetera can best be treated with antibiotics. This standpoint is attacked by means of variant IV of pragmatic argumentation (‘Action X should not be performed, because Action X does not lead to desirable consequence Y’). The argumentation can be reconstructed as follows: ‘You should not take antibiotics when you have a cold, because no amount of antibiotics will get rid of your cold’.

In this example, the writer has chosen route 4: he attacks an argument for an opposing standpoint so that the opposing standpoint is no longer tenable. The antagonist would in that case be obliged to retract his standpoint, but the protagonist would still be obliged to defend his own case. In the brochure, the
writer does not defend his own standpoint, but focuses on attacking the opposing view. Such a tactic could be advantageous: if the alternative course of action is no longer acceptable, the course of action advised by the writer is the only option left and is thus more acceptable.

A disadvantage of attacking an opposing standpoint is that one has to go against the ideas of the audience, which might offend them. To avoid a direct attack on the reader, the opposing standpoint is not mentioned in the text, and neither is the attacked argument. The only moves realized explicitly are the standpoint and the attack on the counterargument. In addition, the attack is mitigated by using the adverb ‘unfortunately’, which is a presentational choice directed at creating communion with the audience. With the word ‘unfortunately’ the writer implies that he, just like the reader, wishes that antibiotics were an effective means to cure a cold and that he regrets to say that they are not.
5.6.2 The Stop kidding yourself case

A much more difficult and more traditional problem addressed in health campaigns is smoking. In anti-smoking campaigns pragmatic argumentation obviously plays an important role: the most important reason for people to stop smoking is to prevent health problems for themselves and people around them. The following brochure contains a message that is slightly different: it does not concentrate on the advantages of stopping smoking, but attacks the views of people who continue to smoke. The brochure was issued in 2010 by the United States Centers for Disease Control and Prevention. The title of the brochure indicates that it focuses on reader’s ideas about smoking: “Is what you know about smoking wrong?” On the front page it says: “The 2010 Surgeon General’s Report reveals new facts about smoking. Some may surprise you. This new research shows how tobacco smoke causes disease and addiction. Maybe it will change what you think about smoking.” The brochure contains six columns, each of which treats a ‘myth’ about smoking. Each of these myths can be seen as people’s justification for continuing to smoke. Underneath each myth it is argued why the statement concerned is not true. For example, Myth 3 is as follows: “An occasional cigarette is no big deal.” This statement can be interpreted as an argument that smoking an occasional cigarette does not have serious health consequences, to justify that smoking an occasional cigarette is OK. This argumentation is in fact an instantiation of variant III of pragmatic argumentation, in which it is argued that a certain course of action is acceptable because it does not lead to negative effects.

The way the brochure writer deals with these myths is by following route 4: he attacks the arguments ascribed to the reader by arguing that his behavior actually does have negative consequences for his health. For example by arguing: “Smoking doesn’t just cause diseases for heavy smokers or long-time smokers” and “The 2010 Surgeon General’s Report shows how breathing tobacco smoke can cause immediate harm. Tobacco smoke can trigger sudden heart attacks and death, even in nonsmokers.” These quotes indicate that the writer argues that the possible standpoint of the reader that smoking a cigarette occasionally is OK (because it does not cause much harm) is unacceptable.

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41 The duties of the United States Surgeon General are to “protect and advance the health of the Nation through educating the public, advocating for effective disease prevention and health promotion programs and activities, and, providing a highly recognized symbol of national commitment to protecting and improving the public’s health.” She is also responsible for the United States Public Health Services Commissioned Corps (public health officers) and fulfills various functions in Federal boards and governing bodies of health organizations (http://www.surgeongeneral.gov/about/duties/index.html accessed: May 31, 2013).
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The 2010 Surgeon General’s Report reveals new facts about smoking. Some may surprise you. This new research shows how tobacco smoke causes disease and addiction. Maybe it will change what you think about smoking.

**Myth 1**

**Smoking is just a choice.**
- The first time? You. After just a few cigarettes? No.
- Addiction to nicotine can happen quickly. It changes the chemical balance in your brain. Smoking may seem like it’s just a choice or a habit. In fact, most people who use tobacco are addicted.
- Breaking nicotine addiction is hard for some people than others. Quitting can take several tries. But don’t give up.
- If you need help to quit, ask your doctor about nicotine replacement, medications, or counseling.

**Myth 2**

**Filters make cigarettes safer.**
- Filters do not protect you. They are designed to make smoke particles smaller. That makes nicotine easier to absorb. This increases addiction.
- Cigarettes have been engineered to speed up nicotine’s path to your brain. Their design feeds addiction.
- Light or low-tar cigarettes may sound less dangerous. They aren’t. These misleading labels are no longer allowed.
- No cigarette is safe. Tobacco smoke contains more than 7,000 chemicals. At least 250 are toxic.

**Myth 3**

**An occasional cigarette is no big deal.**
- Smoking doesn’t just cause diseases for heavy smokers or longtime smokers.
- The 2010 Surgeon General’s Report shows how breathing tobacco smoke can cause immediate harm. Tobacco smoke can trigger sudden heart attacks and death, even in nonsmokers.
- Each cigarette you smoke hurts your lungs, your blood vessels, and cells throughout your body.
- Smoking a few cigarettes a week can cause a heart attack.
- Cutting back is not enough to protect you. You have to quit entirely.

**Myth 4**

**It’s too late to quit— the damage is already done.**
- It’s true that the longer you use tobacco, the more you hurt your body. But at any age, the sooner you quit, the sooner your health can improve.
- The 2010 Surgeon General’s Report shows how using tobacco causes disease almost everywhere in your body.
- Within 20 minutes after quitting, your body starts to heal.
- After 2 to 5 years, your risk for stroke is similar to that of a non-smoker.
- In 10 years, your lung cancer risk is cut in half.

**Myth 5**

**Secondhand smoke may bother people, but it isn’t dangerous.**
- Tens of thousands of nonsmokers die every year from breathing others’ secondhand smoke.
- Breathing the chemicals in tobacco smoke changes your blood chemistry almost immediately. Deadly doses can form and block arteries to your heart or brain.
- When you smoke at work, home, or at a restaurant, everyone there breathes poisons.
- If you smoke in your car, rolling down a window does not protect your passengers.
- It is not healthy to breathe any amount of tobacco smoke.

**Myth 6**

**The little bit of smoke that my kids get doesn’t hurt them.**
- Don’t smoke or let others smoke around your children. They can get bronchitis, pneumonia, and ear infections from smoke.
- Even if you only smoke by an open window, some of the smoke stays in your house and poisons the air your children breathe.
- Children with asthma can have a serious, even deadly, asthma attack from breathing secondhand smoke.
- The best way to protect children is to quit smoking. If you or someone else in your household are not ready to quit, be sure to make your home and car 100% smoke-free.
This is an indirect way to defend the advice on the back of the brochure, which says “FACT: Quitting smoking may be the most important step you take to save your life. Talk to your doctor or call a quitline for help now.” By introducing this statement with the word ‘fact’ and the statements ascribed to the reader with the word ‘myth’, it becomes clear that the writer assumes that the reader has also adopted a particular standpoint – a standpoint the writer disagrees with. The term ‘myth’ can be used to refer to an ‘unfounded or false notion’ (Merriam-Webster Dictionary). In addition, the brochure urges the reader to ‘stop kidding yourself’, which implies that the reader knows that he is wrong. The potential difference of opinion is thus represented as mixed: both parties have adopted a standpoint.

The arguments that the reader might have for his standpoint are made explicit to enable an explicit attack on those views. To get the advice to completely quit smoking accepted, the opposing view of the reader must be countered. The choice to attack these possible countermoves can be considered rhetorically advantageous here, because the writer’s standpoint cannot be accepted unless the reader retracts his stance. The disadvantage of launching such a direct attack is that the reader might feel offended by his beliefs being described as ‘myths’. This attack is mitigated to some degree by the choice for the word myth. Although this word, as was argued above, implies that the reader’s opinion is wrong, the word also has another meaning, which is ‘a popular belief or tradition that has grown up around something or someone’. By describing the reader’s ideas as ‘a popular belief’, a false belief that is shared by many others, the reader seems less blameworthy for his lack of knowledge about smoking. This strategic presentation takes the edge off the attack on the counterarguments and makes it more likely that the reader eventually accepts the writer’s advisory standpoint to seek help for his addiction.

5.7 Rhetorical advantages of addressing potential countermoves

In the case studies presented in the previous sections the writer had the opportunity to address anticipated doubts or criticism regarding the standpoint and/or the argumentation. If he expects the audience to hold an opposing view, he can even choose to attack the anticipated counterstandpoint. Depending on the type of behavior that is recommended and on the public that the brochure is directed at, addressing anticipated countermoves appeared to be advantageous in the sense that it can contribute to reaching the rhetorical objective of getting the standpoint accepted. There appear to be two main advantages.

A first advantage of addressing potential countermoves is that it is a way to acknowledge the reader’s concerns regarding the advice and the argumentation. By mentioning potential doubts or critical questions of the reader, the audience might feel more involved and be more interested in the message. Especially if the reader is not completely opposed to what the writer advises, it can strengthen the writer’s case to provide further argumentation to address anticipated doubt, for example
by removing doubt concerning the causal link between the advised behavior and a particular effect (route 2, *Cut down on salt* case) or concerning the possible side effect of the advised action (route 3, *The Flu. A guide for parents* case). Amjarso (2010: 68) suggests that this way of arguing also creates the image that the arguer is a fair and objective discussant who is not out to present the most persuasive argument but is open to a reasonable discussion. Especially in this medical context it is important that the reader gets the impression that he can make his own decisions about his life.

A second advantage is that addressing potential countermoves can contribute to the protagonist’s defense of the standpoint. Providing a counterargument against the anticipated contradictory standpoint of the antagonist (for example, ‘You should take antibiotics against a cold’) functions as an argument supporting the protagonist’s initial standpoint. According to Snoeck Henkemans (1997: 131-132), the counterargument can be seen as an indirect defense of the protagonist’s initial standpoint. This is not the case if the standpoint is contrary, for example if it involves an alternative action to the action that is mentioned in the initial standpoint (see also Amjarso 2010: 48-49). In the context of health brochures, where a discussion revolves around undertaking a particular action, attacking a contrary standpoint (choosing route 4) could be also advantageous for the protagonist’s defense. By attacking the opposing standpoint involving an alternative course of action, the impression is created that the arguments for accepting the opposing standpoint do not hold. Accordingly, the course of action proposed by the protagonist seems to be the more acceptable choice. This happens in the *Antibiotics* case and the *Stop kidding yourself* case.

According to Amjarso (2010: 68), there is another rhetorical advantage of addressing potential countermoves. He argues that addressing a particular potential countermove might distract the antagonist from other important aspects of the standpoint or the argumentation which would otherwise be criticized. By focusing on one particular countermove, the antagonist might even be distracted from weaknesses in the protagonist’s case. Amjarso (2010: 68) argues that in some cases such maneuvering might go too far and might not be in accordance with critical standards of reasonableness, for example if the protagonist invents a potential countermove to attack, just to distract the antagonist. This way of strategic maneuvering was, however, not detected in the cases presented here.

Although ascribing an opposing standpoint to the reader has advantages, it is accompanied by risks that make it harder to reach the rhetorical objective. A first disadvantage of addressing possible countermoves is the risk of making a wrong assumption about the reader’s point of view and ascribing a standpoint to him to which he does not adhere. According to the pragma-dialectical discussion rules, discussants are not allowed to ascribe a false standpoint to the other party since doing so counts as a violation of the standpoint rule, resulting in a straw man fallacy (van Eemeren & Grootendorst 1992: 126; 2004: 191).
Beside the risk of misrepresenting the point of view of the reader, a second disadvantage of addressing possible countermoves is that ascribing a standpoint to the reader might also be considered an insult. In cases where the brochure writer promotes some kind of healthy behavior and assumes that the reader finds the advised behavior unacceptable, he gives the impression that the reader is wrong. The reader might be insulted by this assumption, even if the assumption is right: in the latter case the reader is confronted with his ideas potentially being wrong. In the way that the counterargument in the *Stop kidding yourself* case is attacked the writer indeed runs the risk of offending the reader. Also if a brochure addresses a sensitive topic, such as obesity, the assumptions that are made about the reader’s behavior might be offensive. The attack should then be presented in such a way that the reader is not put in an unfavorable position. To avoid the risk of offending the reader, the brochure writer could choose the safer option of assuming that the difference of opinion is non-mixed and that the writer only has to address potential doubt with respect to the standpoint. In a non-mixed difference of opinion, no direct attack on the other party is needed and the writer can avoid criticizing the reader’s point of view.

Whether or not addressing anticipated countermoves helps to reach the rhetorical goals depends on the preferences and commitments of the target audience. For example, if the target audience has not yet formed an opinion on a particular health topic (for example on salt consumption), it is not necessary to explicitly mention any possible counterarguments. In cases where advice concerns adopting new behavior, for example to prevent future disadvantageous health effects, the brochure writer can assume that the reader is not completely against the proposed course of action. If the brochure contains negative advice which aims at making the reader stop some kind of behavior, such as smoking, it is more likely that the writer encounters opposition. If the advised behavior may have negative consequences, for example in the case of advice to get vaccinated, the writer can expect opposing standpoints as well. If the target audience is expected to have already adopted an opposing standpoint, it is dialectically reasonable and may also be rhetorically effective to attack the opposing view. Only if the doubt or opposition of the audience can be removed can the protagonist’s rhetorical goal of the argumentation stage be reached and the advice of the brochure writer accepted.

### 5.8 Conclusion

This chapter has shown that the implicitness of the discussion in health brochures fundamentally affects the possibilities for argumentative maneuvering in health brochures. The brochure writer can choose any of the dialectical routes available to them and decide whether or not to address anticipated countermoves. To be rhetorically effective, the writer has to ensure that he attends, within the limited space of a brochure, to all relevant criticism that the reader may have. Addressing
potential countermoves has two main advantages: it is a way of taking the reader’s concerns regarding the advice and the arguments into account (and thereby coming across as a reasonable discussion party), and it can contribute to the defense of the writer’s initial standpoint. Addressing potential countermoves can also have a negative side: the brochure writer can hold wrong assumptions about the reader’s starting points and ascribe a position to him that he does not have. In addition, the reader might be offended by the assumptions that are made about him. In some situations, it may be better for the brochure writer’s case to ignore certain potential critical reactions, or to present the attack on countermoves in a way that appeals to the audience. The efforts to reach the goals of the argumentation stage by choosing a particular route can be reinforced by making certain strategic choices at the level of the discussion move. This will be further discussed in Chapter 6.
CHAPTER 6

Strategic maneuvering in pragmatic argumentation at the level of the discussion move: The design of pragmatic argumentation in the 2012 HPV vaccination brochure

6.1 Introduction

In Chapters 4 and 5 it was argued that a brochure writer chooses a particular dialectical route in anticipation of a specific countermove to provide an optimal defense of the advisory standpoint. In the context of health brochures each route typically consists of pragmatic argumentation to remove doubt concerning the standpoint and may also include additional pragmatic arguments to address countermoves against the argumentation. The rhetorical effectiveness of a chosen route at the level of the discussion stage can be reinforced by making certain strategic choices at the level of the discussion move. This chapter concentrates on strategic maneuvering in pragmatic argumentation at the level of the discussion move by examining the design of several pragmatic arguments. The term design is used here to refer to the actual instantiation of a move in a specific speech event. The design of pragmatic argumentation is examined by determining in what way the choices regarding the topical potential, presentational devices and audience
demand contribute to reaching the brochure writer’s aims in the specific context of health brochures.

The chosen example is of a health brochure in which various pragmatic arguments are used as a case study to examine different designs of pragmatic argumentation. The brochure is entitled ‘Arm against cervical cancer. Your guide to the HPV vaccination’ (NHS 2012a). It is an exemplary case to demonstrate how potential criticism is taken into account in the argumentation as a whole by selecting a dialectical route and, at the level of the discussion move, by choosing a particular design of pragmatic argumentation. More specifically, the examination is concentrated on the choice made in the pragmatic argument to focus on the undesirable effects that can be prevented by complying with the given advice.

Section 6.2 introduces the case study. To provide insight into contextual factors that influence the strategic maneuvering in this vaccination brochure, the campaign that the brochure is part of is first described and then the criticism expressed towards the vaccination program is explained. Detailed descriptions are also provided of the content and appearance of the brochure. Section 6.3 provides a pragma-dialectical reconstruction of the discussion in the brochure to demonstrate how potential countermoves are dealt with in this brochure. Section 6.4 presents four designs of the pragmatic argument in the HPV brochure and explains how the design of pragmatic argumentation can be analyzed in terms of strategic maneuvering. Sections 6.5 to 6.7 analyze the choices that have been made in this brochure in terms of strategic maneuvering, resulting in a particular design of the pragmatic argument. In 6.5 topical choices are discussed, in 6.6 presentational choices and in 6.7 choices with respect to audience adaptation. Section 6.8 shows that the particular designs can help to reach the writer’s aims in two ways: by addressing anticipated criticism and by contributing to an argumentative strategy. Section 6.9 provides the conclusion.

6.2 Description of the brochure ‘Arm against cervical cancer. Your guide to the HPV vaccination’

6.2.1 The UK vaccination campaign

The example chosen to analyze is the 2012 brochure for the vaccination program by the National Health Service (NHS) in the United Kingdom. This brochure is an exemplary case because it can be used to illustrate the routes that can be chosen to address potential criticism, and the influence of the institutional context on the possibilities to maneuver strategically. Since the brochure contains several instantiations of pragmatic argumentation, the design of these arguments can be well compared.

The brochure is called ‘Arm against cervical cancer. Your guide to the HPV vaccination’ (NHS 2012a). It is part of a campaign in which a variety of media
are used, including websites, posters and television advertising, to encourage young girls to get immunized against the human papilloma virus (HPV). The reason for this campaign is that HPV causes almost all cases of cervical cancer. In 2007 around 2800 women in the UK were diagnosed with cervical cancer and in 2008 there were around 950 deaths due to cervical cancer (NHS website on cervical cancer). Before discussing the actual brochure, a description is given of the background of this campaign, which makes it a particularly interesting case.

The national program to vaccinate girls aged 12 to 13 against HPV was introduced in September 2008. Starting from that year, all girls in school year 8 were invited to be vaccinated. In the following years older girls were also offered vaccination in a catch-up program: 16-18 year-olds in school year 2009/2010 and girls aged 15-17 years in school year 2010/2011. In the UK the vaccination program is delivered largely through secondary schools, and consists of three injections given over a period of 12 months. The vaccine that was used until 2012 is called Cervarix; starting from September 2012, the NHS has used the competing vaccine Gardasil.42

The vaccination campaign is organized by the National Health Service and the British Department of Health. The NHS is the organization covering all health care institutions in the UK, such as GPs and hospitals. It is also responsible for carrying out the national vaccination program. The institutional goal of the NHS and the department of health is to help all residents of the UK remain healthy and to prevent illness. Vaccination is obviously a clear way of preventing illness. According to the Department’s website, “immunisation is the most important method of protecting individuals and the community from vaccine preventable infectious diseases”. This quote not only shows the importance of vaccinations, but also that vaccinations are typically meant to protect both the individual that receives the vaccination and the community as a whole. Here lies the difficulty in promoting vaccination: vaccination only has value for the entire community if a large percentage of the population gets vaccinated, because this so-called ‘herd-immunity’ reduces the risk of infection for those who are not infected. People should therefore not only get vaccinated for their own benefit, but also for the benefit of others (see also Vernon 2003).

In industrialized countries vaccination coverage rates of standard vaccination against, for example, diphtheria-tetanus-pertussis and polio are very high, around 95% in 2010. Also, in developing countries these rates have increased rapidly up to

42 Originally, Cervarix (produced by GlaxoSmithKline) was chosen for its best ‘overall value’. It is suggested that it was chosen because it was cheaper than the competing vaccine, Gardasil (manufactured by Sanofi Pasteur MSD in Europe and Merck outside Europe) (Daily Mail, 24 November 2011). Both vaccines protect up to 70 % against HPV strains 16 and 18, but the advantage of Gardasil is that it also protects against two other strains causing 90% of genital warts (U.S. Cancer Statistics Working Group 2012).
80% or higher in 2010 (WHO 2013). The introduction of a new vaccine, however, may provoke resistance. Streefland (2001) explains that in industrialized countries the resistance usually stems from religious groups, such as the Amish and the Orthodox Protestants, who do not agree with vaccination in the first place, and parent groups who fear possible negative effects of vaccination on their children. Streefland argues that such resistance among the public typically arises when a scientific discussion about the effects and benefits of a vaccine is taken up by the media, is popularized and is then spread via the internet. This happened for example in many countries in reaction to the introduction of the pertussis vaccine, and in the UK in reaction to the MMR (measles, mumps and rubella) vaccine (Streefland 2001: 166). A complicating factor in promoting vaccination is that the message should be understandable to the general public. To enable everybody to make an informed decision about getting vaccinated, information about the benefits and risks should be complete, but complicated medical terminology may stand in the way of the reader fully understanding the message. Even a simplified message may raise questions if it does not remove all of the objections the reader may have against the vaccination.

6.2.2 Criticism with respect to the HPV vaccination

The HPV vaccination has become fairly controversial in various countries and the coverage rates of the HPV vaccination are so far not as high as those of the traditional vaccines. What is interesting about the HPV vaccination is that even though it concerns immunization against an infectious disease, the ultimate goal is to prevent a form of cancer, which is not an infectious disease. In addition, since HPV is a sexually transmitted disease, not everybody is automatically at risk of becoming infected: contrary to, for example, the measles, HPV could in principle be avoided by not having sexual contact. In these respects, the HPV vaccination differs from other vaccinations that are part of immunization programs, such as the polio vaccination, that demand vaccination of the entire population. In the case

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43 According to Streefland (2001), resistance to vaccination programs should always be seen in its social and political context, because the way in which vaccination programs are carried out differs from one country to the other. For example, in the United States some vaccinations are mandatory for school children and in the Netherlands parents are actively encouraged to vaccinate their children and receive letters and phone calls if they do not show up (see also Streefland, Chowdhury and Ramos-Jimenez 1999).

44 In the United States, in 2011 only 34.8 % of girls eligible for HPV vaccination received the three necessary doses (website Centers for Disease Control and Prevention, http://www.cdc.gov/vaccines/who/teens/vaccination-coverage.html, retrieved Sept 17, 2012). In the UK, in 2010/2011 the three dose course was completed by 84.2 % of 12-13 year-old girls (Department of Health).

45 According to the NHS website, practicing safe sex by using a condom can help to prevent an HPV infection, but does not give complete protection because HPV can be present on the entire genital area.
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of HPV, vaccination is much more an individual choice out of self-interest instead of a choice that also involves the collective interests. The fact alone that only girls are vaccinated is an indication of this difference, because herd-immunity is hard to reach in this way. As a result, the reasons for vaccination can be expected to be different, too, and people might not be as willing to get immunized as they would otherwise be.

The introduction of the HPV vaccine aroused a great amount of criticism, which roughly comes down to doubt concerning three issues: the effectiveness of the vaccine, the safety of the vaccine, and the reliability of the policy makers. First, opponents argued that the effectiveness of the vaccine in preventing cervical cancer is not proven due to the short testing period. Second, any side-effects of the vaccine in the long-term could not be excluded. In addition, the vaccine had not been tested on 12 to 13 year-old girls (de Kok, Habbema, Mourits, Coebergh & van Leeuwen 2008). In the Netherlands, where the vaccine was introduced in the spring of 2009, the organization Kritisch Prikken (‘vaccinate critically’) even actively discouraged girls from getting the injections by referring to the dangers involved in the vaccination. According to the organization, the vaccination had caused serious side-effects, even deaths, in other countries, such as the United States and Spain. The third point of doubt was whether policy makers had made a good decision, considering the fact that the manufacturers of the two vaccines were very active in trying to influence the general public and policy makers to create a demand for their products. Probably as a result of the bad publicity in the media, the turnout for the HPV vaccination program in the Netherlands was lower than expected: only 60% instead of the anticipated 75% of the invited girls received their first vaccination (de Kok, Habbema, Mourits, Coebergh & van Leeuwen 2008). In the United States the turnout was even lower, while the UK reached a rather high percentage – although not as high as the standardized vaccinations.

The controversy surrounding HPV vaccination demonstrates the complicated relationship between health institutions and citizens. As was argued in Chapter 2, health institutions have a responsibility for the well-being of the population and thus intend to eliminate diseases, while, at the same time, they must also respect the autonomy of their people, even if they make unhealthy lifestyle choices. Any health campaign trying to change people’s behavior therefore runs the risk of being conceived as overly interfering in people’s personal business (see Miller et.al 2007). But the more serious the health problem being addressed, the more that health institutions will be inclined to try to change the unwanted behavior of people that causes the problem. An extra facet to this specific campaign is that it
concerns the health of children, who cannot always make decisions for themselves. This means that their parents are also indirectly addressed in the campaign.\textsuperscript{46}

An example of the interference by public health institutions is the mandatory vaccination of children in the United States. Many US states enact laws or regulations that require children to get certain vaccines before they are allowed to enter kindergarten, school or college/university.\textsuperscript{47} In 2007 the governor of Texas, Rick Perry, even issued an order mandating that young Texan girls are vaccinated against HPV for school admission\textsuperscript{48}, but the order was later nullified (Schwartz 2009: 102). According to Vernon (2003), coercing people into vaccination is more likely to scare people away, therefore governments should not dictate vaccination, but should involve the public more in health decisions. He argues that immunization programs should, just as other interactions in health institutions, become more patient-centered. If vaccination is seen as a personal choice and not as an obligation, the role of argumentation becomes even greater: health institutions then have the task of convincing people to get vaccinated. This is exactly what occurs in the HPV brochure of the British NHS.

### 6.2.3 Content and appearance of the brochure

In the brochure ‘Arm against cervical cancer. Your guide to the HPV vaccination’, an attempt is made to convince the reader to get vaccinated by putting forward pragmatic argumentation. The argumentation in the brochure should be seen in the light of the specific institutional context outlined above, and also in the context of the specific brochure. Therefore, to analyze the strategic choices in the design of the pragmatic argumentation, this section first describes the content and appearance of the brochure, and then analyzes the brochure from an argumentative perspective.

The brochure is a trifold with a front cover representing a smart phone on which someone has just written the following message in slang: ‘Had my cervical cancer jab 2day, no probs, c u l8r x x’ (‘Had my cervical cancer jab today, no problems, see you later, kisses’). Underneath the picture there is an image of two arms embracing and the words ‘Arm against cervical cancer’ with flowers replacing

\textsuperscript{46} The approach differs from one campaign to another. For example, the Dutch campaign is aimed at both girls and their parents, while the American campaign directly addresses mothers of girls eligible for HPV vaccination (as is clear from the slogan ‘Mom, now is the time to protect your daughter’, CDC 2010d).


\textsuperscript{48} The order caused a great controversy which continued in 2011 when candidate for the Republican nomination in the 2012 US elections Michele Bachmann asked whether fellow-candidate Rick Perry issued the order because of the money he received from vaccine-manufacturer Merck & Co. Bachmann further implied that the vaccine, Gardasil, has serious side-effects such as retardation.
the dots above each letter i. Underneath this slogan it says the following: “Your guide to the HPV vaccination from September 2012” against a white background, and the words “Beating cervical cancer” against a pink background.

This cover represents the goal of the campaign, which is to beat cervical cancer. The words “Your guide to the HPV vaccination from September 2012” indicate that the brochure is about HPV vaccination. The use of the word ‘guide’ gives the impression that the brochure is only meant to inform the reader. However, the slogan ‘arm against cervical cancer’, with the verb ‘arm’ in imperative form, can be interpreted as advice to get the HPV vaccination. The reference to the ‘cervical cancer jab’ in the phone message that gives ‘no probs’, supports this interpretation, because ‘no probs’ implies that having the vaccine is not a bad thing. The image of the phone is a visual means to strengthen the appeal of this brochure to the intended audience by showing a popular gadget of this group. The language used on the phone is slang, which reflects the language used among young teenagers.

Inside the trifold every page has one column of text. The first page has two sections: ‘What is cervical cancer?’ and ‘HPV and how it spreads’. The first explains that cervical cancer develops in the cervix (illustrated with an image of the cervix), is caused by HPV and causes 1000 deaths per year in the UK. The second explains that HPV can be transmitted through sexual contact and in most cases does not cause cervical cancer. On the second page, the section ‘The HPV (cervical cancer) vaccine’ explains that the vaccine protects against two types of HPV that cause over 70% of cervical cancer, but that cervical screenings are still necessary. In the middle of page 2 there is a text box saying “Most girls who have the vaccination will reduce their risk of getting cervical cancer by over 70%”. The second section on this page, ‘Having the vaccination’, explains who should get the vaccine and that three doses are necessary. The third page contains a section on side effects and a section titled ‘Giving consent’. ‘Giving consent’ explains that girls or their parents should sign a consent form to receive the vaccine. The back pages of the brochure consist of ‘Frequently asked questions about the HPV vaccination’, further information and two text boxes. In the first it says “Please don’t forget that cervical screening (smear tests) will continue to be important whether you have had the HPV vaccination or not”. The second runs as follows: “Having this vaccine will also protect you against the two types of HPV that cause the majority of cases of genital warts. It won’t protect you against any other sexually transmitted diseases such as chlamydia and it won’t stop you getting pregnant.” The next section analyzes how the choices made in the brochure help to get the advice to get the HPV vaccine accepted.
Frequently asked questions about the HPV vaccination

I missed my vaccination, can I still have it?
Yes. If you missed any of your vaccinations, for whatever reason, you should speak to your nurse or doctor about making another appointment. It’s best to make your appointment as soon as possible after your original one. The most important thing is to have all three doses – it’s never too late to catch up.

But hasn’t the vaccine changed?
Yes. From September 2012, the HPV vaccine is changing but stocks of the vaccine that was used when the programme started in 2008 are being held back, so you can still complete your course if you missed out on one or two of your appointments in the previous school year.

Now I’ve had the injections, will I still need to go for cervical screening?
Yes. All women should decide on cervical screening (smear tests) when they are old enough (25 and over in England). The vaccine protects against over 70% of the human papillomavirus types that cause cervical cancer, so you will have to be screened to try to pick up cervical abnormalities caused by other HPV types that could lead to cancer.

Should girls who have already had sex bother with the vaccination?
Definitely. If you’re had sex, and are in the relevant age group, you should still have the vaccine.

What is cervical cancer?
Cervical cancer develops in the cervix (the entrance to the womb – see diagram below). It is caused by a virus called the human papillomavirus or HPV.

Cervical cancer can be very serious. After breast cancer, it is the most common cancer in women in the UK, around 3000 cases of it are diagnosed every year and about 1000 women die from it.

For more information, visit www.nhs.uk/vaccinations

HPV and how it spreads
The human papillomavirus is very common and you catch it through intimate sexual contact with another person who already has it. Because it is so common, most people will get infected at some point in their lifetime. In most women the virus does not cause cervical cancer. But having the vaccine is important because we do not know who is at risk.

The HPV (cervical cancer) vaccine
There are many types of human papillomavirus. The HPV vaccine protects against the two types that cause most cases (over 70%) of cervical cancer.

Because the vaccine does not protect you against all of the other types, you will still need to have cervical screening (tests that pick up early signs of changes in the cervix) when you are older.

Most girls who have the vaccination will reduce their risk of getting cervical cancer by over 70%.

Having the vaccination
You will need three injections over about six months to get the best protection. It’s important that you have all three doses. The nurse will give you the vaccination in your upper arm.

Your school or local NHS will contact you when it is time for your vaccination.

Remember, the HPV vaccine is recommended for all girls aged 12 and up to their eighteenth birthday. It is offered routinely to all girls starting in school year 8.

Side effects
Like most injections, the side effects of the HPV vaccination are quite mild. Soreness, swelling and redness in the arm are common but wear off in a couple of days. More serious side effects are extremely rare. The vaccine meets the rigorous safety standards required for it to be used in the UK and other European countries. See www.nhs.uk/vaccinations or the patient information leaflet (PL) given to you at the vaccination if you’d like more information on side effects.

Tens of millions of doses of HPV vaccine have been given to girls worldwide.

Giving consent
You will probably want to share information about the vaccine with your parents and discuss it together. If you are being offered the vaccination at school, you may be given a consent form that your parent/guardian or you should sign giving permission for you to have the vaccination.

Information about your vaccinations will be added to your NHS records.

The doctor or nurse will discuss the HPV vaccination with you at your appointment and will be able to answer any questions you may have.
6.3 Reconstruction of the argumentative discussion in the HPV brochure

To be able to explain how the choices made in this brochure contribute to reaching the dialectical and rhetorical aims of the brochure writer, this section reconstructs the brochure in terms of argumentative moves in a critical discussion. It will be explained what parts of the brochure constitute relevant moves in the four stages of a discussion (the confrontation, opening, argumentation and concluding stage). Most attention will be given to the argumentation stage, the stage in which arguments are advanced in anticipation of criticism. An overview of the arguments is provided in an argumentation structure.

6.3.1 The confrontation stage

Seen from an argumentative perspective, this brochure can be reconstructed as an implicit discussion between the writer, representing the Department of Health, and the reader, who could be a girl in the appropriate age group for vaccination, or her parent. The discussion revolves around the issue of whether the girl should be vaccinated against HPV. The writer tries to defend the standpoint that can be reconstructed as ‘You should get the HPV vaccine’, and thereby takes upon himself the role of protagonist, while the reader is ascribed the role of doubting antagonist. The audience at which the brochure is directed consists of 12-year-old girls and their parents. Since the writer anticipates an opposing view, the dispute can be interpreted as mixed.

The front page of the brochure can be interpreted as part of the confrontation stage in which the writer expresses his standpoint. In section 2 the statement “But having the vaccine is important because we do not know who is at risk” also indicates that the brochure is meant to convince the reader of the importance of vaccination. In section 4 the advice is made explicit in the following way: “Remember, the HPV vaccine is recommended for all girls aged 12 and up to their eighteenth birthday”. Seen in a broader context, other brochures, posters or television messages could be regarded as belonging to the confrontation stage too, but the analysis here is limited to the text in this brochure.

6.3.2 The opening stage

The first two sections of the brochure can be reconstructed as opening stage, the stage in which the parties ideally establish their common ground. These sections contain information about cervical cancer, HPV and the way in which HPV is transmitted. In an ideal discussion, discussants propose starting points that can be accepted or rejected by the other party, but in an implicit discussion if statements are assumed to be accepted and presented as information, they are introduced as shared starting points. Interestingly, under the heading ‘What is cervical cancer?’
not much is said about the disease itself. It is stated that “Cervical cancer can be very serious. After breast cancer, it is the most common women’s cancer in the world. In the UK, around 3000 cases of it are diagnosed every year and about 1000 women die from it.” This information emphasizes how serious cervical cancer is and thereby creates the necessity for a solution to this health problem. The desirable solution to this problem is introduced at the end of the second section with the following words: “But having the vaccine is important because we do not know who is at risk”. The seriousness of cervical cancer and the risk associated with HPV function as starting points to which the writer is committed and which can be used as a basis for the argumentation in the argumentation stage. It provides justification for why it is desirable to prevent HPV. Therefore, these statements are interpreted as arguments in support of the implicit argument that it is desirable to prevent infection with HPV. The implicit argument is reconstructed as argument 1.1b in the argumentation structure in Figure 6.1.

### 6.3.3 The argumentation stage

In the third section the main reason for getting vaccinated is advanced, and can therefore be reconstructed as part of the argumentation stage. Here, the positive form of pragmatic argumentation is used to point to the desirable effect of vaccination: it is argued that the “HPV vaccine protects against the two types that cause most cases (over 70%) of cervical cancer”. In the text box underneath the section the pragmatic argument is designed as follows: “Most girls who have the vaccination will reduce their risk of getting cervical cancer by over 70%”. Based on these designs, we can reconstruct the argument as argument 1.1a as follows: ‘if you get vaccinated against HPV, you prevent infection with two types of HPV that causes more than 70 % of all cases of cervical cancer.’ The argument indicates that the crucial preparatory condition of advising is fulfilled, namely that HPV vaccination benefits the reader’s health and the health of (part of) the population, in this case by preventing a health problem. Section 6.5 further discusses the differences in design.

The desirability of the effect mentioned in the pragmatic argument is not made explicit, but it was already presupposed in the first part of the brochure that cervical cancer can be ‘very serious’ and causes 1000 deaths a year in the UK. Although the writer does not explicitly present these statements as arguments, they do function as a way to deal with critical question 1, pertaining to the pragmatic argument as they address the question of whether the effect of the advocated action is indeed desirable. In the argumentation structure in Figure 6.1 they are therefore reconstructed as subordinate argumentation for the evaluative claim of the pragmatic argument in 1.1b.

The claim that the vaccination reduces the chance of cervical cancer may also raise doubt among the audience. In anticipation of such doubt, represented
by critical question 2 pertaining to pragmatic argumentation, the relation 
between the HPV virus and the cancer was already made clear in the first part 
of the brochure. There, the relation between HPV and cancer was introduced as 
information that would probably be beyond dispute and could therefore be used as 
a starting point forming the basis of the pragmatic argument. On the final page 
the following additional pragmatic argument is given in defense of the standpoint: 
“Having this vaccine will also protect you against the two types of HPV that cause 
the majority of cases of genital warts.” This argument only appears in the 2012 
brochure and not in the earlier HPV campaign. This is because the new vaccine 
that was introduced in September, Gardasil, also protects against genital warts 
caused by HPV, while the former vaccine does not. This argument is reconstructed 
as multiple argumentation 1.2 in the argumentation structure.

The section devoted to possible side-effects of the injection can also be 
reconstructed as part of the argumentation stage. The statements in this section 
function as refutations of the possible counterarguments that HPV vaccination 
has serious negative health effects. This criticism represents critical question 4 
pertaining to pragmatic argumentation. The writer argues that the side-effects are 
mild and temporary and that serious side-effects are rare: “Like most injections, the 
side effects of the HPV vaccination are quite mild. Soreness, swelling and redness 
in the arm are common but wear off in a couple of days. More serious side effects 
are extremely rare”. This section is meant to reassure readers who have not yet 
decided on the vaccination and may worry about negative side-effects. By indicating 
that the injection hardly has any serious side effects, girls who still doubted might 
be persuaded after all. In the same section the writer refers to the rules for using 
vaccines to demonstrate that the vaccine can be trusted: “The vaccine meets the 
rigorous safety standards required for it to be used in the UK and other European 
countries”. The section ends with the statement that “tens of millions of doses of 
HPV vaccine have been given to girls worldwide”, suggesting that a vaccine would 
only have been used in such amounts if it is safe. Since these statements function 
as refutations in anticipation of the critical question about negative side effects, 
they are reconstructed as coordinative arguments under 1.1c.

In the section ‘Frequently asked questions’ other possible counterarguments 
are addressed. The final frequently asked question, for example, concerns the 
possible objection to having the vaccine that the reader has already had sex: “Should 
girls who have already had sex bother with the vaccination?” The answer offered in 
the brochure says “Definitely. If you’ve had sex, and are in the relevant age group, 
you should still have the vaccine”, but no reason is given for why these girls should 
still get vaccinated. Adding this statement can be considered as a way to indicate 
that one of the preparatory conditions for advising is fulfilled, namely that the 
reader is able to perform the advocated action (preparatory condition 3c), no matter 
the circumstances she finds herself in.
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The final page also mentions the vaccine’s limitations, namely that cervical screening is still necessary, even if you have had the HPV vaccination, and that the vaccine does not protect against other sexually transmitted diseases or against pregnancy. The first limitation may raise questions: why would you still need cervical cancer screening if you are immunized against HPV? No subordinative argument is advanced to justify the need for screening, but the answer to this question can be inferred from the rest of the brochure: the vaccine does not provide complete protection against HPV or cervical cancer, but only decreases the chance of getting HPV (and thereby decreases the chance of getting cervical cancer). These statements indicate that vaccination alone is not sufficient to be protected against cervical cancer. They anticipate critical question 3 about whether there are any other factors that must be present together with the proposed cause to create the desirable result mentioned. Since this statement does not function as an independent defense of the standpoint but is an adjustment of the pragmatic argument, it is reconstructed as a coordinative argument 1.1d.

The structure of the argumentation in the HPV brochure can be represented in the following figure:

**Argumentation structure**

1. You should get vaccinated against HPV.

1.1a If you get vaccinated against HPV, you prevent infection by two types of HPV that cause more than 70% of all cases of cervical cancer.

(1.1b) (It is desirable to prevent infection by the two types of HPV that cause more than 70% of all cases of cervical cancer.)

(1.1b).1a Cervical cancer is a serious disease.

(1.1b).1a.1a After breast cancer, it is the most common women’s cancer in the world.

(1.1b).1a.1b In the UK, around 3000 cases of it are diagnosed every year.

(1.1b).1a.1c In the UK, about 1000 women die from it every year.

(1.1b).1b All women are at risk.

(1.1b).1b.1a Most people will get infected with HPV at some point in their lifetime.

(1.1b).1b.1a.1 The human papillomavirus is very common.

(1.1b).1b.1b In most women the virus does not cause cervical cancer.

1.1c There are no serious undesirable side-effects.

1.1c.1a The side-effects are quite mild.
1.1c.1a Soreness, swelling and redness in the arm are common but wear off in a couple of days.
1.1c.1b More serious side effects are extremely rare.
1.1c.1c The vaccine meets the rigorous safety standards required for its use in the UK and other European countries.
1.1c.1d Tens of millions of doses of HPV vaccine have been given to girls worldwide.
1.1d You will still need to have cervical screening (tests that pick up early signs of changes in the cervix) when you are older.
1.1d.1 The HPV vaccine does not protect against all of the other types of HPV.
1.1e You will need three injections over about six months to get the best protection.

1.2 Having this vaccine will also protect you against the two types of HPV that cause the majority of cases of genital warts.

6.3.4 The concluding stage

Ideally, in the concluding stage the difference of opinion is solved. From the perspective of the brochure writer, the implicit discussion ideally results in the reader accepting the advice to get vaccinated against HPV. In some parts of the brochure the writer seems to take it for granted that the readers, or at least some of them, have already accepted the advice. For example, the question about whether girls who are already vaccinated still have to go for cervical screening, dealt with in the Frequently asked questions, is only relevant to those readers who have had the vaccination (or plan to have it). In addition, the section ‘Giving consent’ appears just to inform girls about the fact that they are free in choosing to get vaccinated or not, but the focus here lies on giving consent. The title of the section already says it, it is about ‘giving consent’ and not about ‘giving consent or not’. The following citation also only provides information about what the reader should do if they want the vaccine: “If you are being offered the vaccination at school, you may be given a consent form that your parent/guardian or you should sign giving permission for you to have the vaccination”. Because the brochure focuses on giving permission, not giving consent is implicitly presented as an undesirable option. In other words, the argumentation could be described as leading or biased towards giving consent.

The brochure writer attempts to convince the girls and their parents to opt for vaccination based on the advantageous effects of the vaccine in the long run and based on the negligible risk associated with the vaccine. In principle, the girls are free either to give consent or not, but the writer can be expected to present his case in the most favorable way for achieving his rhetorical goals. As was discussed in Chapter 5, this happens by addressing anticipated points of criticism that can be
brought forward against the standpoint and the pragmatic argument, but it also happens in the design of the pragmatic argument itself. The next section examines what design is chosen for the pragmatic argumentation in the brochure and how the design contributes to the brochure writer’s goals in the argumentation stage.

6.4  Examining the design of the pragmatic argument in the HPV brochure

6.4.1  Four designs of pragmatic argumentation

As mentioned in the previous section, the brochure contains the pragmatic argument that HPV vaccination prevents cervical cancer. In the argumentation structure in figure 6.1 this pragmatic argumentation is reconstructed in one particular way: ‘If you get vaccinated against HPV, you prevent infection by two types of HPV that cause more than 70 % of all cases of cervical cancer’. In this pragmatic argument a causal connection is made between the HPV vaccination and the prevention of HPV, and thereby of cervical cancer. In the brochure, however, this argument occurs in four different designs. In each of them, the linking premise ‘If an action leads to a desirable consequence, then that action should be performed’ is left implicit. The linking premise is usually left implicit, regardless of the type of argument scheme (van Eemeren & Grootendorst 1992: 60-70). The standpoint in the brochure is ‘You should get vaccinated against HPV’. In all four instances of pragmatic argumentation the premise ‘Action X leads to desirable consequence Y’, which was presented in Chapter 4, is explicit, and in all four instances the X stands for vaccination and the Y for the prevention of cervical cancer. This means that at four places in the brochure the writer defends the standpoint that the reader should get vaccinated against HPV by arguing that HPV vaccination prevents cervical cancer. In each of these places the argument is phrased slightly differently, resulting in four different designs, which potentially have different rhetorical effects. The four differently designed arguments are the following. In the third section of the brochure, the main pragmatic argument is formulated as follows:

(i)  The HPV vaccine protects against the two types that cause most cases (over 70%) of cervical cancer.

In the text box at the same page, the same pragmatic argument is phrased in the following way:

(2)  Most girls who have the vaccination will reduce their risk of getting cervical cancer by over 70%.
The pragmatic argument in (1) and (2) was in fact already advanced in two shortened versions on the front page of the brochure:

(3) Arm against cervical cancer
(4) Beating cervical cancer

These utterances, especially the use of the imperative verb ‘arm’, indicate that the reader should do something against cervical cancer. Since its front page makes clear that the brochure represents a ‘guide to the HPV vaccination’, the utterances in (3) and (4) can also be reconstructed as pragmatic arguments in favor of the standpoint to get vaccinated against HPV: they both state that getting the vaccine helps to fight cervical cancer. ‘Arm against cervical cancer’ means that ‘you should get vaccinated, because that is a way to fight cervical cancer’. ‘Beating cervical cancer’ also says that vaccination is a means to beat cervical cancer. Both (3) and (4) indicate that vaccination leads to the prevention of cervical cancer.

6.4.2 Strategic maneuvering resulting in a specific design of pragmatic argumentation

As was argued in Chapter 4, in the pragma-dialectical theory the choice for a particular argument scheme is regarded as a choice from the available topics in the argumentation stage. On the level of the discussion move, choosing from the topical potential entails that the discussant chooses a specific instance of pragmatic argumentation. All argument schemes present a relation between a standpoint and an argument consisting of abstract propositions which need to be concretized in practice (van Eemeren & Grootendorst 1992: 97). The premises can be instantiated in numerous ways by referring to different actions in the proposition, by presenting the causal connection in various ways and by referring to different consequences.

In the HPV brochure, we see four such concretizations in (1), (2), (3) and (4). This chapter focuses on the strategic choices regarding the design of the premise of the scheme ‘Action X leads to (un)desirable consequence Y’. The concretization of this premise entails a selection from the available topics appropriate for that particular scheme and for the situation in which it is used, and presenting the selected topic in a way that should be appealing for the audience. Although these three aspects cannot be seen separately from each other, analytic distinctions can be made between choices from the topical potential, presentational choices and choices in the adaptation to the audience.

The four designs of what seem the same argument can be compared by examining the way in which the premise ‘Action X leads to (un)desirable consequence Y’ occurs in practice. In the case of pragmatic argumentation, the premise needs to concretized by referring to the act that is advocated or discouraged in the standpoint (‘Action X’), by referring to the consequence of that act (‘(un)
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desirable consequence \( Y' \), and by making the causal connection between the two explicit. Action X is in principle already determined by the expression of the standpoint in the confrontation stage. For example, in the instance of pragmatic argumentation in (i), the action referred to is ‘(getting) the HPV vaccine’, the consequence is formulated as ‘(getting) the two types (of HPV) that cause most cases (over 70%) of cervical cancer’, and the causal connection is represented as ‘protects against’. In (3), on the other hand, the action is left implicit, the consequence is formulated as ‘cervical cancer’, and the causal connection is represented as ‘arm against’. The differences between the designs can be determined by examining what choices have been made regarding the three aspects of strategic maneuvering.

6.5 Topical choices in the design of pragmatic argumentation in the HPV brochure

6.5.1 The topical potential of pragmatic argumentation

In pragma-dialectics the topical potential is seen as a collection of topical options at a particular point in the discussion. In Chapter 4 a dialectical profile of the argumentation stage was used to represent the potential moves at a particular point in the discussion. From all of the available kinds of arguments, the protagonist chooses the argument that he thinks is most advantageous considering the actual state of affairs in the discourse and the beliefs and preferences he assumes the antagonist to have (van Eemeren 2010: 44).

At the level of the argument itself, topical choices consist of choosing the way in which the selected argument scheme is ‘filled in’. In the case of pragmatic argumentation, the action that is expressed in the argument is ideally already brought forward in the confrontation stage where the standpoint is expressed. The argument scheme also entails that a causal connection is made between the action and some effect. So, the topical potential of pragmatic argumentation consists of all of the available effects of the advocated or discouraged action that the discussant could refer to.

In cases where positive health advice expressed in the standpoint is supported with Variant I of pragmatic argumentation, there are four main topical options. The first is to refer to desirable effects that the advocated action can have on the health of the addressee. As was argued in Chapter 4, a promoted action could also have a positive effect in the sense that a negative consequence is prevented. A second option therefore is to refer to an undesirable effect that can be prevented. These two options are both options to gain-frame the argument. The third main option is to refer to the undesirable effect that could occur if the advocated action is not performed. Again, the consequence can be seen as a positive effect or the prevention of a negative effect, resulting in a fourth topical option. Options three and four represent loss-framed arguments.
Strategic maneuvering in pragmatic argumentation at the level of the discussion move

The four possible instantiations of Variant I of pragmatic argumentation are described by van Eemeren, Houtlosser and Snoeck Henkemans (2007: 175) in their overview of the expressions that function as indicators of the pragmatic argument scheme. The four possibilities can be represented as follows:

Gain-framed:
1. You should do X, because action X leads to desirable consequence Y
2. You should do X, because action X prevents undesirable consequence Y

Loss-framed:
3. You should do X, because not performing action X leads to undesirable consequence Y
4. You should do X, because not performing action X prevents desirable consequence Y

In case of negative health advice (‘You should not do X’) supported with Variant II of pragmatic argumentation (‘because X leads to undesirable consequence Y’), there are four main topical options as well, two of which are gain-framed and two are loss-framed. Here the topical potential consists of all of the undesirable effects that the discouraged action can have on the health of the addressee, or the positive effects that the action prevents from occurring.

In Variant II, the undesirable effect can be that a negative consequence occurs or that a positive consequence does not occur if the discouraged action is performed. The discussant could also indicate that not performing the discouraged action has a positive effect or that not performing the action prevents a negative effect from occurring.49 The four main topical options for Variant II are as follows:

Loss-framed:
5. You should not do X, because action X leads to undesirable consequence Y
6. You should not do X, because action X prevents desirable consequence Y

Gain-framed:
7. You should not do X, because not performing action X leads to desirable consequence Y
8. You should not do X, because not performing action X prevents undesirable consequence Y

49 Van Eemeren, Houtlosser and Snoeck Henkemans (2007: 175) only provide examples of the first two expressions used in pragmatic argumentation of Variant II, because they focus on the expressions ‘if, then’ and ‘otherwise’ that are used to express the causal link. Since the term ‘otherwise’ cannot be used in argumentation in defence of a negative advice, the last two possibilities are left out of the discussion (van Eemeren, Houtlosser and Snoeck Henkemans 2007: 175 fn.78).
Another topical choice to be made in using Variant I and Variant II is to choose from all of the possible effects of the advocated or discouraged action how to fill in the Y in the argument scheme. The choice to refer to the one effect or the other obviously depends on the behavior that is advocated or discouraged. If there are more possible consequences to mention, a selection should be made on the basis of the preferences of the intended audience. In this study the concentration is on one particular topical choice, which is the choice for a gain-framed pragmatic argument focusing on preventing an undesirable effect.

6.5.2 The topical choice to focus on preventing the undesirable effect

In the HPV brochure two pragmatic arguments have been used to defend the same advisory standpoint. In each of the designs, a gain-frame is used: the writer refers to what negative consequence can be prevented by complying with the advice. Under the heading ‘The HPV (cervical cancer) vaccine’, the pragmatic argument is given that was already presented in (i):

(i) The HPV vaccine protects against the two types that cause most cases (over 70%) of cervical cancer.

At the back page of the brochure, another pragmatic argument is added (argument 1.2 in the structure in Figure 1):

(i3) Having this vaccine will also protect you against the two types of HPV that cause the majority of cases of genital warts.

Both arguments are advanced in defense of the standpoint that was reconstructed as ‘You should get the HPV vaccine’. In both pragmatic arguments the writer has chosen to refer to an undesirable effect that can be prevented by getting vaccinated.

The difference in topical choice is that in (i) the undesirable effect (‘Y’) is cervical cancer, while in (i3) it is genital warts. The examples show that pragmatic argumentation in defense of the same standpoint can be instantiated in two different ways by referring to different possible effects of the advocated action, in which case the topical choice results in multiple argumentation: by referring to two different desirable effects, the writer undertakes two different attempts to defend their standpoint.

The topical choices to make in the HPV brochure are strongly constrained by the institutional context. As was discussed in Chapter 2, a health brochure is meant to convince people to adopt behavior that benefits their health by preventing, curing or detecting a health problem, so the topical choice made in the pragmatic argument should reflect this. In a brochure about vaccination, this means that the effect of the advocated action addressed in the pragmatic argument should be the
Strategic maneuvering in pragmatic argumentation at the level of the discussion move

prevention of potential negative health-effects, because protection from illness is the very reason people get vaccinated. In addition, since it is a health brochure, following up the advice should be beneficial for the reader himself. This means that it is inappropriate here to indicate that vaccination might help immunize not just the vaccinated girl, but others as well. Even though promoting behavior that is beneficial for the community is in line with the institutional goals of health institutions, namely improving public health, such an approach would be overly imposing on the reader. An individual should still be free in deciding not to comply with a piece of advice about behavior that affects his own health. In the context of health brochures, focusing on the disadvantages that not complying with the advice would have for other people would be too interfering and would not leave room for a personal decision on the matter.

6.6 Presentational choices in the design of pragmatic argumentation in the HPV brochure

6.6.1 Available presentational means to present the causal connection

Besides choosing a particular topic from the available options, discussants also choose particular presentational devices to design the pragmatic argumentation in a way that is meant to appeal to the intended audience.50 Presentational choices are easiest to identify when it concerns a ‘fixed’ component of the argument scheme. In the argument scheme of pragmatic argumentation, the fixed component in the premise ‘Action X leads to (un)desirable consequence Y’ is the causal connection between the action and the consequence: when employing pragmatic argumentation, it is already determined that a causal connection is made between the action and the consequence, which only needs to be linguistically represented in a particular way. By making specific presentational choices, the pragmatic argument can be expressed in a way that makes the discussant’s case stronger or more appealing.

In the four instances of pragmatic argumentation in the brochure, the design differs with respect to the presentation of the causal connection and with respect to the explicitness of the argument.

50 The difference between presentational choices and topical choices is only an analytical difference. Because a different topical choice always entails a different presentation and a different presentation of the same ‘topic’ always brings along a different meaning because of the connotation of words, it is hard to make a clear distinction (see van Eemeren 2010: 4.6). But since in all designs of the pragmatic argument a reference is made to the prevention of cervical cancer, they do not constitute independent lines of defense and I interpret them as the same topical choice presented in a different way.
(i) The HPV vaccine protects against the two types that cause most cases (over 70%) of cervical cancer.
(ii) Most girls who have the vaccination will reduce their risk of getting cervical cancer by over 70%.
(iii) Arm against cervical cancer
(iv) Beating cervical cancer

In (i), the causal connection is represented by saying that vaccination ‘protects against’, and in (ii) by saying that having the vaccine ‘will reduce the risk’, while in (iii) and (iv) more active verbs are used, namely ‘arm’ and ‘beating’, respectively. Regarding the explicitness of the argument, the difference in design is that in (i) and (ii), the action, the causal claim and the effect are explicitly mentioned, while in (iii) and (iv) the action is left implicit.

Alternative ways of presenting the causal connection in pragmatic argumentation can be inferred from the indicators of argument schemes specified by van Eemeren, Houtlosser and Snoeck Henkemans (2007: 166-170). Since pragmatic argumentation is categorized as a subtype of causal argumentation, similar phrases are used in both schemes. Examples of such indicators are: ‘X causes Y’, ‘X is the means to/the way to (achieve, accomplish, realise, etc.) Y’, ‘X leads to Y’, and ‘X, thereby Y’. The difference is that in the case of pragmatic argumentation, these indicators should be accompanied by a prescriptive standpoint. Van Eemeren, Houtlosser and Snoeck Henkemans (2007: 176) also list a number of expressions that are used in pragmatic argumentation, such as ‘X, then Y’, ‘X, otherwise Y’, ‘X, this way (/thus/like this) you prevent, avoid, discourage Y’, and ‘X, that promotes, stimulates, brings Y closer/nearer’.

Van Eemeren, Houtlosser and Snoeck Henkemans (2007: 175) explain that in pragmatic argumentation the words ‘then’ and ‘otherwise’ are used to connect the advised or discouraged action with the effect. The word ‘then’ points at the effect of an action: what follows after ‘then’ happens next in time. It can therefore be used both in the positive and the negative mode of pragmatic argumentation, pointing to either positive or negative consequences of the advised or discouraged action. The word ‘otherwise’, meaning ‘if not’ or ‘if something else’, points at what would happen if the advised action were not followed. Since ‘otherwise’ can only be used to point at negative consequences of not doing something, it is most suited to use in pragmatic argumentation supporting positive advice (van Eemeren, Houtlosser & Snoeck Henkemans 2007: 175).

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51 The way in which the standpoint is formulated by van Eemeren, Houtlosser and Snoeck Henkemans (2007: 175), namely as ‘it is (un)desirable to do X’, differs slightly from the formulation I chose in the sense that I explicitly phrased it as a prescriptive standpoint: ‘Action X should be performed.’ In my view, the desirability of doing action X is implied by the auxiliary verb ‘should’.
The presentational choices depend on the kind of frame that is chosen: in the brochure, the pragmatic argument is gain-framed. A loss-framed argument requires a different linguistic presentation with expressions such as ‘otherwise’ or ‘if you do not’, evoking the association of a threat. Pragmatic argumentation framed in a loss-frame is generally considered as a so-called fear appeal argument.52 Presenting the consequence of not complying with a piece of advice as a threat, or rather as a threatening situation53, creates a completely different image than the gain-frame in (i), where the focus on gain puts the recommended action in a much more positive light. In addition, the verbs that are useful to indicate the causal connection in a gain-framed message will generally evoke more positive associations too (such as ‘to promote’, ‘to contribute’, ‘to stimulate’), while those used for the loss-frame typically evoke more negative associations (such as ‘to destroy’, ‘to miss the chance’, ‘to fail’).

In the pragmatic argumentation in the brochure, instead of the word ‘then’ to indicate the effect of the recommended or discouraged action, specific verbs are used to express the causal relation. Expressions that may specifically indicate pragmatic argumentation are verbs such as ‘to arouse’, ‘to destroy’, and ‘to increase’ (van Eemeren, Houtlosser & Snoeck Henkemans 2007: 166-170). All of these verbs indicate a result of a particular action or measure and sometimes also refer to the (un)desirability of that result. Verbs such as ‘to promote’, ‘to contribute’, ‘to stimulate’ and ‘to bring closer’ indicate that a particular positive consequence will occur and can therefore be used in pragmatic argumentation to show that a positive result will be achieved when the recommended action is performed. Verbs such as ‘to prevent’, ‘to avoid’, ‘to counteract’, ‘to put right’, ‘to avert’, and ‘to discourage’ indicate that a negative consequence will not occur if some action is performed, and are therefore suitable for pointing at the negative effects that can be prevented by performing the recommended behavior (175-176). In the negative form of pragmatic argumentation, in which a connection is made between a discouraged action and negative consequences, verbs such as ‘to destroy’ and ‘to disrupt’ are used to qualify the effect as undesirable (174).

52 Witte defines such a fear appeal as “a persuasive message that attempts to arouse the emotion of fear by depicting a personally relevant and significant threat and then follows this description of the threat by outlining recommendations presented as effective and feasible in deterring the threat” (1994: 114).

53 I agree with Walton (1992: 304) that the word ‘threat’ in Witte’s definition can better be replaced by ‘threatening situation’. Both a threat and a fear appeal describe a possible negative consequence for the addressee, but a threat typically concerns negative consequences that are caused by the speaker and a fear appeal does not. In addition, a fear appeal is not necessarily persuasive, as Witte states in her definition: it is aimed at persuasion, but need not achieve this aim.
6.6.2 Presentational choices to create positive images of the advocated action

In the four instances of pragmatic argumentation presented above, the causal connection is represented by specific verbs to evoke particular associations. These associations create a certain image of the vaccination that can contribute to the writer’s case. The first image created by the presentational choices is that of vaccination as ‘protection’ and the second one is vaccination as a ‘weapon in the war’.

The image of vaccination as ‘protection’ is created by using words directly referring to protection and by words referring to a danger one needs protection from. In the pragmatic argument in (i) the causal connection between the HPV vaccine and its effect is phrased as ‘protects against’. According to Longman Dictionary, the verb ‘to protect against’ means to keep someone or something safe from harm, damage, or illness. The argument in (i) thus means that the vaccine will keep you safe from most cases of cervical cancer. Using the verb ‘to protect against’ implies that there is potential danger that girls need protection from, namely the risk of developing cervical cancer, and following the advice is the way to protect against it. A reference to ‘protection’ is also made in other sections in the brochure. For example, under the heading ‘Having the vaccination’, it says “You will need three injections over about six months to get the best protection”.

In the pragmatic argument in (2), cervical cancer is presented as a ‘risk’. The word ‘risk’ means the possibility that something bad, unpleasant, or dangerous may happen and the word ‘reduce’ means to make something smaller or less in size, amount or price. So, reducing the risk means that the possibility of girls getting cervical cancer is diminished. The formulation in (2) creates the image that there is potential danger and that vaccination is a protection against such risk. In other places in the brochure, presentational choices are made to create this image as well. For example, in the second section under the heading ‘HPV and how it spreads’, it says: “But having the vaccine is important because we do not know who is at risk”.

The second presentational choice is to represent vaccination as a ‘weapon in the war’ against cervical cancer. This happens in the two shortened versions of the pragmatic argument which are printed at the front page of the brochure, presented in (3) and (4):

(3) Arm against cervical cancer
(4) Beating cervical cancer

See Zarefsky (1986) on the metaphor of war in politics.
In these two instantiations of the pragmatic argument, the verbs ‘arm’ and ‘beating’ both evoke associations of weapons and war: the verb ‘arm’ means to provide weapons for yourself, an army, or a country in order to prepare for a fight or a war. The verb ‘to beat’ means to successfully deal with something you have been struggling with, but also refers to conquering and hitting someone. As was mentioned in Chapter 2, the metaphor of war, or military metaphor, is very common in the medical field and especially in oncology, where it is used by patients, physicians, and pharmaceutical companies (Reisfield & Wilson 2004: 4025). According to Reisfield and Wilson (2004), the war metaphor is easily adaptable to cancer: cancer is seen as the ‘enemy’, the physician as the ‘commander’, the patient as a ‘combatant’, the healthcare team as ‘allies’ and medicine as ‘weaponry’. Creating the image of vaccination as a weapon in the war against cervical cancer evokes associations of threats that need to be attacked and of actions that need to be undertaken. A situation of war is an extraordinary situation that demands extraordinary and tough actions. The war metaphor implies that the girls and their parents must act against the enemy, and thus the girl should get vaccinated, and cannot leave herself unarmored. In other words, girls should get vaccinated and should not hope to be unaffected.

The presentational choices that are made in the arguments in (1), (2), (3) and (4) add an extra meaning to the argument, namely that the HPV vaccine is a vaccine against cervical cancer. This image is not evoked because of certain words, but because some words are left implicit. In all four designs of the argument it is made explicit that vaccination helps to prevent a negative effect. In (1) the consequence is that vaccination prevents ‘two types of HPV that cause most cases (over 70%) of cervical cancer’. In (2) it prevents ‘getting cervical cancer by over 70%’. In (3) and (4) the action itself remains implicit, but it can be inferred from the context that the argument concerns HPV vaccination. In (4) it is implied that vaccination is the way to beat cervical cancer. In (3), on the other hand, the effect of vaccination is not very concrete: the statement only implies that vaccination is a way to arm yourself against cervical cancer; it is an appropriate weapon to destroy cancer.

An important difference between argument (1) and the others is that the argument in (1) indicates that the vaccine prevents two types of HPV, and not cervical cancer, while in (2), (3) and (4) a direct link between the vaccine and prevention of cervical cancer is posited. The presentational choice that is made here is to leave implicit the intermediate step, namely that the vaccination prevents types of HPV that cause cervical cancer. In the arguments in (3) and (4) the causal claim is even more simplified. The consequence is phrased simply as preventing ‘cervical cancer’, implying that cervical cancer can be completely prevented, while the arguments in (1) and (2) (rightly) indicate that vaccination only helps to protect to a certain extent. In the design of the pragmatic argumentation in (3) and (4), on the other hand, the effectiveness of the vaccine is presented as much bigger than it is. This strategic choice might be born out of the institutional need to present
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a simple, understandable message without too much jargon. The pragmatic arguments as designed in (3) and (4) are not in line with the rules of a critical discussion, which stipulate that the argument scheme must be correctly applied (rule 8), and can be considered as a fallacy. In light of the discussion as a whole, the evaluation might turn out differently. This will be further discussed in Section 6.8. The presentational choices in the pragmatic argumentation, creating the image of protection and of war, thus emphasize the urgency of complying with the advice and give the impression that vaccination is much more desirable than it is by presenting it as vaccination against cervical cancer instead of HPV.

6.7 Choices of audience adaptation in the design of pragmatic argumentation in the HPV brochure

6.7.1 Choices to adapt pragmatic argumentation to the audience

The topical selection and the presentational choices are not randomly made but are made with a particular audience in mind. These choices are adapted to the beliefs and preferences of that audience. As was explained in Chapter 2, the difficulty in convincing people by means of health campaigns lies in the fact that they are aimed at large audiences consisting of people with very different backgrounds, values and beliefs. Depending on the subject and the type of advice that is given, the target audience may consist of people of different age, sex, class, religion, etcetera. In the HPV brochure, the audience is composite in the sense that it consists of girls between 12 and 13 year old, but indirectly also of their parents. These groups will obviously have different beliefs and preferences, but they share the common interest in the health of the girl. Audience adaptation in this context comes down to making topical choices from the available moves that make the best case for the intended audience and presenting these moves in a way that appeals to the intended audience.

Two examples of the way in which the HPV brochure is adapted to the interests of young girls are the simplicity of the message and the use of slang. Since young girls should be able to understand the entire message in order to make an informed decision on whether or not to get vaccinated, it is important that the message is as simple as possible. That is why the arguments in support of the advice are presented in a simplified way: the vaccine is presented as a means to prevent cervical cancer, instead of a vaccine that prevents infection with HPV type 16 and 18, which potentially cause cervical cancer, and prevents HPV types 6 and 11, which can cause genital warts. In the image of the mobile phone on the front page, the HPV vaccination is even represented as a cervical cancer vaccine: “Had my cervical cancer jab 2day”. The brochure is also clearly adapted to young girls by including slang that is common among young teenagers. The image with the phone presents slang used in text messages, such as ‘2day’, ‘no probs’, and ‘c u l8r xx’.
In pragmatic argumentation, adapting topical choices to the audience consists of choosing to refer to the effect of the recommended or discouraged action that is the most relevant and appealing to the reader who has to be convinced of performing the action. In the case of health brochures on vaccination, the possible effects one can refer to in the argument are very limited, because that particular vaccination is meant to prevent a specific disease: the vaccine against HPV obviously leads to a reduced chance of getting infected with HPV. In brochures about other types of behavior, the topical potential, that is, the positive or negative effects that the writer could mention, can be much larger. Consider the following example from a British brochure on alcohol consumption:

(14) If the way you look is important to you, you might want to consider how alcohol affects your appearance. All alcohol is heavy with calories. So the more you drink, the more likely you are to put on weight and develop a beer belly. Heavy drinking can also take a toll on your looks, give you skin problems and age you before your time. ('Drinking, you and your mates. How much is too much?', NHS 2007)

In this brochure, several pragmatic arguments are advanced to convince young men to keep within the recommended alcohol limits provided by the NHS. The brochure is aimed at young men that often go out drinking with their friends ('mate' is an informal British way to refer to a friend). In the pragmatic arguments in fragment (14) several negative consequences of not staying within the recommended alcohol limits are mentioned, all of which have to do with appearance; namely weight gain, skin problems and premature ageing of the skin. The topical choice specifically for these short-term effects on appearance, instead of long-term effects on people’s health such as liver disease and cancer, can be explained by the type of audience the brochure is written for: young men can be expected to be very concerned about their looks, especially when they go out. The topical choice to point to the consequences of alcohol on their looks is a way to make the message more compelling for the intended audience.

In example (14) the writer chose a loss-frame. With the loss-frame, it is presupposed that if nothing changes (in the reader’s behavior), the current situation will become bad, thereby implying that it is necessary to act to arrive at a better situation. The loss-frame therefore seems more appropriate for reaching people who might already be on the wrong path and need to change their behavior. This frame does not seem very appropriate for health brochures on vaccination, because these are meant to convince people to adopt new behavior and are aimed at people who do not yet have any health problems. In the HPV brochure the writer has opted to use a gain-frame: he points to the positive effects of adhering to the advice. A gain-frame creates the perspective that the future can be better if the reader
follows the advice, but it can also just stay the same. The choice for a gain-frame or a loss-frame depends on what the writer thinks would appeal most to the reader.

6.7.2 Adapting topical and presentational choices to the reader

In the HPV brochure, the topical potential on the level of the pragmatic argument consists of all of the positive effects of taking the vaccine and all of the negative effects of not taking the vaccine. HPV can lead to genital warts, cervical cancer and other less common types of cancer, such as cancer of the vulva, the vagina or the anus. In the argumentation, the writer could thus choose to refer to (the prevention of) any of these effects. In the argumentation in the HPV brochure the writer has focused on cervical cancer, while he could have argued that the reader should get vaccinated to prevent a different type of cancer. Since the readers, young girls, are more likely to develop cervical cancer from HPV than any of the other types of cancer, and since this disease is also more serious than genital warts, choosing to point to cervical cancer is a way to adapt the argument to the audience.

The presentational choices that are made in advancing pragmatic argumentation can also be expected to be made in order to adapt the argument to the intended audience. In the previous section it was argued that the presentational choices made in the pragmatic argumentation created an image of vaccination as ‘protection’ and vaccination as ‘a weapon in the war’. Presenting vaccination as ‘protection’ seems in the first place to be a presentational device appealing to the parents addressed by the brochure. Since ‘to protect’ means to keep someone or something safe from harm, damage, or illness, using this term implies that the daughter of the addressed parent has a large risk of developing cervical cancer if the advice is not followed. As it is the parent’s duty to keep their children safe from harm, presenting vaccination as a protection from possible serious harm is a way to appeal to a parent’s sense of responsibility: it shows that it is the parent’s responsibility to make sure that their daughter follows the advice.

The presentational choice to present vaccination as a ‘weapon in the war’ is an image primarily directed at girls. The ‘war on cancer’ is a common phrase to emphasize the necessity to deal with this health problem. It is also an image that might appeal to the reader: if vaccination is a way to fight a war, this is an opportunity for the girl and her parent to undertake action themselves. This way, girls and their parents do not have to be passive victims, but they can do something about the danger that threatens them: vaccination is a weapon that can be used to beat the enemy.

55 In one of the brochures that was used in the HPV campaign in the United States, mothers of girls aged 11 or 12 were directly addressed. The brochure said: “Mom, is your daughter 11 or 12 years old? Now is the time to protect her from cervical cancer” (CDC 2010d), thereby indicating that it is the mother’s responsibility to make sure her daughter is safe from harm by vaccinating her against HPV.
The image of a ‘weapon in the war’ gains an extra dimension by the choice of the word ‘arm’ in the pragmatic argument in (3) and the accompanying drawing of two linked arms. The word ‘arm’ in the argument therefore not only evokes the image of a weapon used in a war against cervical cancer, but simultaneously represents this war as an action that girls should engage in together, arm in arm, like soldiers. This ambiguous meaning of ‘arm’ represents vaccination as a collective action, which appeals to the young girls eligible for vaccination. The idea that girls are in this ‘war’ together is reinforced by the image created on the front page of the brochure, representing the image of a girl texting another girl about having had the HPV vaccination. The image of vaccination as a collective action is not surprising considering the fact that the successfulness of immunization depends on the percentage of people getting the vaccine. At the same time, girls might be more willing to get vaccinated knowing that they are not alone and that girls the same age also go through it.

The discussion of the different designs of pragmatic argumentation in the HPV brochure demonstrates that the strategic choices that are made at the level of a single argument can all contribute to the writer’s defense of the advisory standpoint by focusing on a topic that appeals to the audience and by presenting that topic in an appealing way.

6.8 Getting advice accepted by choosing a particular design of pragmatic argumentation

6.8.1 Anticipating criticism in the design of pragmatic argumentation

In the previous sections it was shown how a particular design of pragmatic argumentation helps to put the focus on the most desirable outcome of the advocated action and helps to create an appealing image of that action. The design can contribute to reaching the rhetorical objective of the brochure writer of giving an optimal defense of the standpoint (see Chapter 4) in two ways: 1. it helps to address anticipated criticism towards the argumentation; 2. it forms part of an argumentative strategy that supports the writer’s case. Both of these ways are described by showing how the strategic choices discussed above help to achieve rhetorical aims.

To get the pragmatic argumentation, and thereby the advisory standpoint, accepted, all potential criticism regarding the argument should be dealt with. A brochure writer can expect criticism with respect to the propositional content of the pragmatic argument (critical questions 1, 2 and 3) and with respect to the justificatory force of the argument (questions 4 and 5). In anticipation of these kinds of criticism, he can advance subordinative argumentation (i.e. route 2) or an additional coordinative argument (i.e. route 3), respectively. In addition, the writer could design his pragmatic argument in such a way that the reader is given
the impression, rightly or wrongly, that the brochure writer has undertaken a reasonable attempt at defending the standpoint at issue.

The way in which the writer attempts to reinforce the justificatory force of the pragmatic argumentation is not easy to show in the design of the argument itself, because this criterion applies to the relation between the argument and the standpoint, not just to the single premise. The critical questions with respect to the justificatory force have to do with potential side effects (question 4) and alternative ways of achieving the desirable consequences (question 5). In the design of the pragmatic arguments, no attempt is made to indicate that the advised action does not have undesirable side effects. In the brochure as a whole, some coordinative arguments are advanced in anticipation of this criticism. For example, on the front page in the text representing the text message in the phone it says ‘had my cervical cancer jab 2day, no probs’. This text implies that a girl received the vaccine against HPV (presented as a vaccine against cervical cancer) and did not experience any ‘probs’, i.e. problems. This could be interpreted that she did not suffer any side effects.

In the design of pragmatic argumentation in the brochure, no apparent choices have been made to address critical question 5 either. In principle, there are ways to present an action as the only way to achieve a particular positive result by adding a phrase such as ‘the only way to prevent cervical cancer is to get vaccinated’. Another option to give the impression that the advocated action is the only option is using a loss-frame. Consider the following constructed loss-framed pragmatic argument in (15):

(15) If you do not get the HPV vaccine, then you fail to be protected against the two types that cause most cases (over 70%) of cervical cancer.

The design in (15) implies that if you do anything other than the recommended action, bad consequences will follow, and thus complying with the advice to get vaccinated is the only way to avert the risk. Seen from a dialectical perspective, discussants need not address alternative options if the other party does not bring them up. In a health brochure, on the other hand, the institutional context demands that the reader receives as much information as needed in order to make an informed decision.

Contrary to criticism concerning the justificatory force, criticism with respect to the propositional content of the argument can be dealt with in the design of the argument. Criticism concerning the propositional content can concern the evaluative element or the causal element of the argument. These two aspects will be discussed in the following subsections.
6.8.2 Anticipating critical question 1: the evaluative element

In the design of the pragmatic argumentation, the brochure writer should try to show that both the causal and the evaluative element of the argument hold. To indicate that the evaluative element holds, the writer can choose a design of the argument that shows that that which is presented in the argumentation as the result is in fact (un)desirable (critical question 1). In the HPV brochure the desirability of the effect of vaccination is not made explicit in the argument. The strategic choices that are made in the design, however, do emphasize that the action is desirable.

The topical choice here is to focus on the prevention of cervical cancer, while HPV can also cause other, less common and less serious types of cancer. This topical choice thus enhances the desirability of the advocated action: it is to be expected that the audience consisting of young girls finds it more desirable to prevent a serious and common disease than a less common and less serious disease.

The presentational choices that are made are, for instance, the ways in which the causal connection is formulated in the designs of the pragmatic argument. The connection is presented by means of the verbs ‘to protect’, ‘reduce the risk’, ‘arm’, and ‘beating’. These verbs give the impression that the effect of vaccination is desirable: they indicate that a potential threat or risk can be effectively dealt with by getting vaccinated. Words such as ‘protect’ are likely to be directed at parents who feel the need to protect their child, while the other words evoke the association of fighting cancer, and also as a fight that can be won by the girls who get vaccinated.

In addition, in the design of the pragmatic argument in (2), (3) and (4), a strategic choice from the topical potential and available presentational devices has been made that also says something about the desirability of the effect. In these three designs, the chosen effect of the vaccine is the prevention of cervical cancer, instead of the prevention of HPV, while in reality the vaccine indeed only prevents two types of HPV. By arguing that the vaccination prevents cervical cancer, the effect of vaccination is presented as much more desirable than it would be if it were presented as a means to prevent HPV. The strategic choice of using verbs indicating the desirability of the effects of the advocated action and the choice of referring to cervical cancer can be seen as a strategic maneuver to emphasize that that which is presented in the argumentation as the result is, in fact, desirable. Thereby, it is a way to anticipate criticism as represented by critical question 1.

6.8.3 Anticipating critical question 2 and 3: the causal element

A particular design of the pragmatic argument can also contribute to preventing criticism with respect to the causal claim (represented by questions 2 and 3). The design of the pragmatic argument in (3) and (4) gives the impression that the causal relation between vaccination and the prevention of cervical cancer is very strong: ‘beating cervical cancer’ implies that cervical cancer is won over thanks
to the vaccine. This design also implies that critical question 3 can be answered satisfactorily, namely that no other factors must be present together with the advised action to create the undesirable result mentioned.

If the causal relation is presented as very strong, the writer also needs strong evidence to support his claim, because the reader could question whether the action that is advised does indeed lead to the mentioned desirable result (question 2). In the HPV brochure the writer deals with this kind of criticism by designing the pragmatic argument in a much more nuanced way, such as in (1) and (2). In those designs the vaccine is said to prevent only two types of HPV or just a percentage of the cases of cervical cancer. In (2) the probability of the effect is even more downplayed by the formulation that ‘most girls’ will reduce the chance of cervical cancer, implying that this does not count for all girls. This maneuver creates the image of a very strong causal connection between the advocated behavior and a very desirable outcome, which is later attenuated in a nuanced design in order to prevent criticism with respect to that causal claim. The combination of the strong claims in (3) and (4) and the nuanced design in (1) and (2) is a maneuver to make the best case for the advice and to get the propositional content of the argument accepted. The topical choices, presentational choices and adaptation to audience demand in the design of the pragmatic argumentation thus reinforce each other.

6.8.4 An argumentative strategy with pragmatic argumentation

The various designs of the pragmatic argument not only help to address anticipated criticism, but, in combination with the designs of other moves in the discussion, they can also help to create a particular image that reinforces the entire argumentation. If the designs of several moves reinforce each other, we can speak of a strategy that can even supersede various discussion stages. In the HPV brochure the designs of the moves contribute to the strategy of representing the HPV vaccination as a cervical cancer vaccination.

The image is first created on the front page of the brochure. In the designs in (3) and (4) the relation between HPV and cervical cancer is depicted as quite strong. In addition, the vaccination is described as ‘cervical cancer jab’, instead of vaccination against HPV. This strategic choice might be explained by the fact that one of the institutional constraints is that the message is simple and understandable. At the same time, the effectiveness of the vaccine is presented as greater than it really is. Since the vaccine only protects against two of the types of HPV that cause cervical cancer, it does not offer full protection against cervical cancer.

In the design of the pragmatic arguments in (1) and (2), on the other hand, the effectiveness of the vaccine is nuanced. From the formulation in those designs it can be inferred that even when vaccinated, girls can still develop cervical cancer. Moreover, in the section with the heading ‘Having the vaccination’, it is argued that “You will need three injections over about six months to get the best protection”,
indicating that the vaccine only provides full protection if girls get all three injections. In the brochure as a whole the pragmatic argument is presented in various designs so that the strength of the causal relation between vaccination and the prevention of cervical cancer varies too. The slogan of the campaign 'Beating cervical cancer' (4) gives the impression that once vaccinated, you are indeed protected against cervical cancer. The fact that the protection rate is limited is acknowledged on the inside of the brochure, but this happens only once the image of the vaccine as protection against cervical cancer is established.

The designs of the pragmatic argument interact with the designs of other moves in the brochure. The exaggeration of the strength of the causal relation between vaccination and cervical cancer is not restricted to the pragmatic argument in (3) and (4), but also occurs in other parts of the brochure. For example, on the front page where the HPV vaccine is pictured as a “cervical cancer jab” and in the third section where it is described as the “HPV (cervical cancer) vaccine”. Because of this recurring emphasis on the causal link, we can speak of an argumentative strategy that reinforces the strength of the pragmatic argumentation: because the vaccine is repeatedly presented as a vaccine against cervical cancer, this image overrules the nuanced design in which a more careful causal link is presented.

The strategic maneuvering with pragmatic argumentation is meant to reasonably deal with potential criticism in a way that makes the best case for the standpoint, but sometimes a writer might be too concerned with being rhetorically effective. If HPV vaccination is depicted as an absolute protection against cervical cancer when it is not, the argument scheme is incorrectly applied, resulting in a violation of a discussion rule. In this brochure the writer touches upon the borders of dialectical reasonableness, but because he also provides adequate information on the effect of the vaccine, he still manages to balance his dialectical and rhetorical objectives.

6.9 Conclusion

This chapter examined how strategic maneuvering at the level of the discussion move can contribute to reaching the rhetorical objectives of the brochures writer, in this case particularly the writer of the British HPV vaccination brochure. The choices that arguers make in advancing pragmatic argumentation result in a particular design. Here the focus was placed on the design of the premise of the pragmatic argument ‘Action X leads to (un)desirable consequence Y’. In the HPV brochure the pragmatic argument is designed in four different ways. The designs differ from each other in the way the causal connection and the consequence that is referred to in the premise are expressed. In this HPV brochure the writer chose to advance pragmatic argumentation by using Variant I in a gain-frame: the focus is on the fact that an undesirable effect can be prevented by adhering to the advice. In terms of strategic maneuvering, this frame entails that the writer has made
the topical choice of focusing on cervical cancer and the presentational choice of presenting the causal connection in a way that is both strong and nuanced and evokes the images of a weapon in the war and protection to appeal to girls and their parents, respectively. These choices, resulting in a particular design, all contribute to the strategy of showing that vaccination is an effective and desirable way of preventing an undesirable consequence.

The choices in the design just discussed contribute to reaching the writer’s goals in two ways. Firstly, they address potential criticism towards the causal and the evaluative elements of the pragmatic argument by emphasizing the desirability of the effect and representing the causal connection in the strongest way. Potential criticism is thus not only dealt with by advancing extra arguments (thereby following routes 2, 3 or 4), but also by choosing a particular design of the argument itself. Secondly, the designs contribute to an argumentative strategy that spans the entire brochure. In combination with the design of other moves in the brochure which lay a strong causal connection between HPV vaccination and the prevention of cervical cancer, the designs of the pragmatic argument create the image that the HPV vaccine is a vaccine against cervical cancer. Particular designs of pragmatic argumentation thus help the brochure writer reach the goal of getting the advisory standpoint accepted in the specific context of a vaccination brochure by addressing anticipated criticism, both on the level of the argumentation stage and on the level of the argumentative move.
7.1 Main findings

The main objective of this study was twofold: first, to explain why a writer of a health brochure might use pragmatic argumentation, and second, to explain how a writer might design this argumentation in advisory health brochures. Pragmatic argumentation, in various designs, is a crucial type of argumentation in advisory health brochures. In order to provide a better understanding of the strategic use of pragmatic argumentation, this research carried out a theoretical and empirical study of pragmatic argumentation in this specific context. The theoretical starting point of this study was the pragma-dialectical approach to argumentative discourse, according to which argumentative moves are seen as strategic maneuvers aimed at balancing the dialectical goal of giving a reasonable defense of the standpoint and the rhetorical goal of giving the most effective defense (van Eemeren 2010).

The theoretical part of the study sets out to answer the question of how the institutional conventions of health brochures affect strategic maneuvering with an advisory standpoint (Chapter 2), what types of doubt and criticism a health brochure writer anticipates with respect to his advisory standpoint (Chapter 3) and what types of doubt and criticism can be addressed in health brochures with the help of pragmatic argumentation (Chapter 4). The empirical part answers the question of what the rhetorical advantages are of using a particular variant of pragmatic argumentation to support an advisory standpoint (Chapter 5) and what the rhetorical advantages are of using a particular design of pragmatic argumentation (Chapter 6).

In Chapter 2 the aim was to determine how the institutional conventions of health brochures affect the strategic maneuvering with an advisory standpoint (Question 1). By regarding the health brochure as a specific argumentative activity type, it was possible to provide an analysis of how institutional conventions govern the way argumentative discourse manifests itself in this activity. The advisory health brochure is a communicative practice in the medical domain, geared towards realizing the institutional aim of addressing and solving health problems existing among the population. Medical communication is generally regulated by explicit and implicit rules, such as the Code of Advertising Practice, which prohibit the use
of unsubstantiated, unscientific, and misleading claims. The advisory brochure provides advice on preventing, treating and detecting health problems. In advisory health brochures, the writer anticipates a difference of opinion with respect to his advice and adopts a prescriptive standpoint, by which he tries to encourage the reader to adopt or refrain from certain behavior.

In all of these brochures, the writer maneuvers strategically to solve the anticipated difference of opinion on the merits and to solve it in his favor. The strategic maneuvering is influenced by the conventions of the activity type in several ways. It was made clear that three conventions significantly affect the strategic maneuvering in the argumentation stage: the type of issue under discussion, the asymmetrical relation between the health institution responsible for the brochure and the reader, and the implicitness of the discussion.

An institutional convention of health brochures is that the type of issue under discussion is a piece of health advice. Providing advice is the way in which these brochures set out to realize the institutional point of addressing and solving health problems detected among the population. This convention affects the strategic maneuvering in the sense that arguments that can remove doubt with respect to the advice are particularly relevant in this context. Since the advice concerns behavior that helps to prevent, treat or detect a health problem, strategic maneuvers in health brochures should be aimed at demonstrating that adhering to the advice indeed has beneficial effects for the reader’s health.

The asymmetrical relation between institution and reader is caused by the fact that the health institution issuing the brochure is authoritative and knowledgeable about the issue under discussion and the reader is not. In addition, health institutions carry a responsibility for the reader and are, by the principle of informed consent and other institutional regulations, obliged to enable the reader to make an informed decision. This obligation affects the maneuvering in the sense that the brochure writer has to offer reliable information and has to be careful not to appear too imposing.

The discussion about the advice is implicit because the health institution presents its case via a written text to an absent audience. In the ideal model of a critical discussion, discussants engage in an argumentative exchange in which they establish certain starting points, advance arguments, and express their doubt and criticism with respect to the opponent’s case. In a brochure, the writer can only assume that certain starting points are shared and therefore he needs to anticipate the absent reader’s countermoves in his attempt to defend his standpoint. Not having any certainty about what starting points are shared makes the protagonist’s task much more complicated than in the ideal model. Yet, it also offers the writer the opportunity to present the anticipated difference of opinion in the way that suits him best: he is free to refer explicitly to potential countermoves, but he could also choose to leave them implicit or leave them out of the discussion altogether.
The institutional conventions affect the possibilities for strategic maneuvering in the argumentation stage with respect to the selection from the topical potential, the adaptation to audience demand and the use of presentational devices. A writer selects science-based arguments that point to the advantages of following the advice, these arguments are adapted to the reader’s beliefs regarding science and health, and they are presented in a way that sheds a positive light on the recommended action (or a negative light on the discouraged action), without imposing too much on the reader. In this context, strategic maneuvering typically involves the use of pragmatic argumentation that is framed in the way that serves the writer best in getting the advice accepted.

Considering the institutional conventions governing health brochures, Chapters 3 and 4 determine how pragmatic argumentation can contribute to reaching the dialectical goal of the argumentation stage. Due to the conventions of the activity type, the writer can only reach this goal by removing anticipated doubt and criticism with respect to his advisory standpoint. Therefore, Chapter 3 first explores the question of what types of doubt and criticism a health brochure writer can expect (Question 2a). Since the difference of opinion in health brochures concerns the performance of the speech act of advising, it made sense to make use of the correctness conditions of the speech act of advising to provide a systematic overview of the various types of doubt. This was done by reformulating Searle’s (1969) conditions for the speech act and specifying them for health advice by making use of the characterization of brochures given in Chapter 2. By taking into account in the correctness conditions that the speaker and the reader have a specific role and that the act to which the advice refers is health-related, it was possible to describe in more detail the types of relevant doubt with respect to a piece of advice in this context.

The types of doubt concern three aspects of advising. The first type of doubt concerns the usefulness of the health advice (does act A benefit the reader’s health and the health of (part of) the population by preventing, treating, or detecting a health problem? Is the reader willing and able to do act A? Is the health institution an authority?). The second type of doubt concerns the necessity of the health advice (Would the reader not do the act in the normal course of events? Has the reader not yet done or is not yet doing act A?). The third type of doubt concerns the responsibility of the writer (Does the writer want the reader to do A? Does the writer believe that A is in the reader’s best interest?). With the help of examples from actual brochures it was shown that each of these types of doubt derived from the specified correctness conditions can actually play a role in the argumentation in health brochures. Pragmatic argumentation appeared to be systematically connected to the first preparatory condition of advising: does act A benefit the reader’s health and the health of (part of) the population by preventing, treating, or detecting a health problem? This condition seems the most crucial to advising.
because it guarantees that it is worthwhile for the readers to change their current behavior.

After having determined what kinds of doubt are relevant in discussions about health advice, Chapter 4 examined what types of doubt and criticism can be addressed in health brochures with pragmatic argumentation supporting an advisory standpoint (Question 2b). First, a characterization of pragmatic argumentation was provided and four variants of pragmatic argumentation were introduced. Next, it was shown that this type of argumentation serves to support an advisory standpoint by indicating that the crucial preparatory condition of advising – the condition about the benefit for the reader – is fulfilled. In the case of negative advice, the same condition is at issue, namely that the reader should not perform a particular action because that would not be beneficial to him.

Here, it was argued that pragmatic argumentation is a dialectically relevant move in a discussion about health advice because it helps to reach the sub-goals of the argumentation stage. In the argumentation stage, the protagonist should try to address all criticism concerning his standpoint and argumentation. To explain how pragmatic argumentation can help to address criticism, an overview was presented of the kinds of countermoves a writer can expect. Criticism with respect to the argumentation is specified with the help of the critical questions pertaining to the pragmatic argument scheme, formulated by van Eemeren and Grootendorst (1992: 102). The possible countermoves are: 1) doubt concerning the standpoint, 2) doubt concerning the propositional content, 3) doubt concerning the justificatory force of the argumentation, and 4) a counter-argument. In order to demonstrate the dialectical relevance of pragmatic argumentation in a discussion about health advice, the chapter introduced a (simplified) dialectical profile representing the alternative moves to reach the dialectical aim of the argumentation stage when pragmatic argumentation is used. Based on the profile, four dialectical routes were distinguished, which differ in terms of the type of countermove to which the protagonist must respond: doubt concerning the standpoint (route 1), doubt concerning the propositional content (route 2) or the justificatory force (route 3) of the argumentation, or a counter-argument (route 4). To explain the function of pragmatic argumentation in health brochures, it was argued that this type of argumentation plays a role in each of these four routes.

In route 1, the positive and negative form of pragmatic argumentation contribute to the resolution of the presupposed difference of opinion by removing doubt with respect to the preparatory condition concerning the positive effect of the advocated action on the reader’s health. In route 2, the writer puts forward subordinative argumentation in anticipation of critical questions concerning the propositional content of the pragmatic argument. In route 3, the writer anticipates critical questions that represent criticism concerning the justificatory force of the argumentation. The writer puts forward variant III of pragmatic argumentation to
address the critical question about possible side-effects, or variant IV in order to deal with the question of possible alternatives to the proposed action. In route 4, the writer employs variant IV of pragmatic argumentation to attack a counterargument, thereby giving an indirect defense of the standpoint. The positive and negative forms of pragmatic argumentation thus function as a means to justify advice by showing that the first preparatory condition of advising is fulfilled. Variants III and IV contribute to resolving the difference of opinion by attacking criticism and opposing standpoints, thereby making the defense of the standpoint easier. Distinguishing these four routes shows that there is a systematic connection between each variant of pragmatic argumentation and the types of doubt and criticism that are distinguished.

The rhetorical advantages of using a dialectical route with a particular variant of pragmatic argumentation to support an advisory standpoint in health brochures were dealt with in Chapter 5 (Question 3a). This chapter discussed examples of brochures for each of the four routes distinguished in Chapter 4. It was argued that a brochure writer can choose to address potential countermoves by choosing any of the dialectical routes available to him. The implicitness of the discussion fundamentally affects the possibilities for argumentative maneuvering in health brochures. To be rhetorically effective, the writer has to make sure that he attends, within the limited space of a brochure, to all relevant criticism the reader may have. At the same time, it may be better for his case to disregard certain potential criticism if he is unable to provide a convincing response. If the writer expects opposition to his advice, he can follow route 4 and explicitly address potential countermoves, because his advice will not be accepted by the reader if any opposition is not properly refuted.

The analyses show that route 1, containing only pragmatic argumentation without further arguments, can be a suitable defense in brochures with limited space and in cases where the advice is not only beneficial to the reader, but also to others. In these cases, it is taken for granted that the reader follows the advice of an authoritative institution to prevent harm to others without further justification. Routes 2 and 3 are rhetorically advantageous in cases where a new and potentially controversial issue is discussed. Based on an analysis of the brochure ‘The Flu. A guide for parents’, it was shown that in this case it is advantageous to the writer to address criticism both with respect to the propositional content and the justificatory force of the pragmatic argument: since vaccination is a means to prevent a possible future threat, it must be clear to the reader that having the vaccine is the best thing he can do and that it causes him more good than harm. Route 4, in which counterarguments are addressed, is rhetorically advantageous in cases where the brochure writer wants to attack misfounded ideas standing in the way of adopting healthy behavior. The antibiotics case and the smoking case demonstrate that the pragmatic argumentation in route 4 helps to attack the counter-standpoints that the
reader might have about antibiotics or smoking. These views are corrected in order to convince the reader that he should not ask for antibiotics if they are unnecessary or that he should not smoke. The rhetorical advantage of the routes thus depends on the institutional preconditions for strategic maneuvering and the criticism that the intended audience might have. The two main advantages of addressing countermoves are that it is a way of taking the reader’s concerns regarding the advice and the argumentation into account (and thereby coming across as a reasonable discussion party), and that it can contribute to the defense of the writer’s initial standpoint. The negative side of addressing potential countermoves is that the brochure writer can hold wrong assumptions about the reader’s starting points and ascribe a position to him that he does not have. In addition, the reader might be offended by the assumptions made about him. In some situations, it may therefore be better for the brochure writer’s case to ignore certain potential critical reactions, or to present the attack on countermoves in a way that appeals to the audience.

Chapter 6 addresses the question of what the rhetorical advantages are of using a particular design of pragmatic argumentation, in any of the routes, to support an advisory standpoint in health brochures (Question 3b). In this chapter, it was demonstrated how strategic maneuvering on the level of the discussion move can contribute to reaching the rhetorical objectives of the brochure writer following route 1, 2, 3 or 4. The case study here was a British HPV brochure from 2012. The focus was on the design of the premise ‘Action X leads to desirable consequence Y’ of the pragmatic argument. A comparison was made of the four designs that appeared in the HPV brochure. Each design was distinguished based on the way in which the causal connection and the consequence referred to in the premise are expressed.

In this HPV brochure, the writer chose to advance pragmatic argumentation by using a gain-frame: he concentrates on the fact that an undesirable effect can be prevented by adhering to the advice. In terms of strategic maneuvering, the writer has made the topical choice to focus on cervical cancer, the presentational choice to present the causal connection in a way that is both strong and nuanced and evokes the images of a weapon in the war and protection to appeal to girls and their parents, respectively. These choices, resulting in a particular design, all contribute to the strategy of showing that vaccination is an effective and desirable way of preventing an undesirable consequence.

These choices in the design, it is argued, contribute to reaching the writer’s goals in two ways. First, with the chosen design the writer addresses potential criticism towards the causal and the evaluative element of the premise by emphasizing the desirability of the effect and by representing the causal connection in the strongest way. Potential criticism is thus not only dealt with by advancing extra arguments (and thereby following routes 2, 3 or 4), but also in the design of the argument itself. Second, the designs contribute to an argumentative strategy that spans the entire
brochure. In combination with the design of other moves in the brochure which posit a strong causal connection between HPV vaccination and the prevention of cervical cancer, the designs of the pragmatic argument create the image that the HPV vaccine is a vaccine against cervical cancer. Particular designs of pragmatic argumentation thus help to reach the brochure writer’s goals of getting the advisory standpoint accepted in the specific context of a vaccination brochure by addressing anticipated criticism, both on the level of the argumentation stage and on the level of the argumentative move.

7.2 Implications of the results and suggestions for further research

This study has provided insight into the ways in which pragmatic argumentation helps to achieve the dialectical and rhetorical goals of health brochure writers. The study provides contributions both to the field of argumentation theory and to the field of health communication.

The research contributes to the field of health communication by shedding light on the significant role of argumentation in this type of health communication. So far, the argumentative aspects of health promotion have mainly been the subject of research focusing on the relative persuasiveness of evidence types that can be put forward in support of pragmatic argumentation (see Hoeken 2001; Hornikx 2005). The strategic use of variations in the presentation of pragmatic arguments has been studied in research on the effects of message framing (Tversky & Kahneman 1981; Block & Keller 1995; Rothman & Salovey 1997). However, these studies lack a theoretical foundation on the basis of which – variants of – argument schemes can be distinguished. Nor do they consider the dialectical aspects of argumentative health communication, such as how a writer can deal with a reader’s potential doubt or criticism. The theoretically founded distinction that this study makes between variants of pragmatic argumentation and between various designs of pragmatic argumentation provides a systematic framework to conduct quantitative research, for instance on framing effects. In this study, clear distinctions are made between a pragmatic argument supporting positive advice and an argument supporting negative advice, and also between different kinds of effects referred to in the argument. Not only are the differences between positive effects of complying with the advice and negative effects of not complying distinguished, but it is also taken into account that behavior can have positive consequences in the sense that it can improve the current situation and in the sense that it can prevent negative effects. In addition, it is demonstrated that two variants of pragmatic argumentation (III and IV) have a different function than the positive and negative form of pragmatic argumentation. The fact that these distinctions can be made means that there are many more variables to consider than just the gain-frame or the loss-frame. Taking these distinctions into account allows for a much more insightful study of framing and framing effects.
For the field of health communication, this study also has practical implications. The analyses provided in this study can contribute to improving the design of health promotion materials. The systematic overview of the types of doubt with respect to advice and the critical questions with respect to the argumentation represent all of the countermoves that can be expected from a critical reader. This overview can function as a checklist for the issues that need to be addressed in order to convince the critical brochure reader of the acceptability of an advisory standpoint. The analyses of strategic maneuvering in the study provide examples of problematic cases that are best avoided if institutions intend to fully inform the reader. For example, in the HPV vaccination case in Chapter 6 it was shown that a particular design of the pragmatic argumentation can convey the false impression that the vaccination is a vaccination against cervical cancer, instead of HPV. If health institutions truly want the public to make a reasonable decision on health issues, such as whether or not to get vaccinated, they should be aware of the associations that a particular design of argumentation can evoke and should avoid giving false impressions about the effects of the vaccine. The study could also benefit people who are confronted with health messages. The conditions for felicitous health advice and the critical questions associated with pragmatic argumentation can be used as tools for the brochure reader to critically assess the argumentation. In addition, the insights provided on strategic maneuvering with pragmatic argumentation could help to make people aware of the fact that a certain design of the argumentation might put advice in an overly positive light. For this purpose, the results of this study would have to be incorporated into some sort of educational program to reach the general public.

A point for further research is to examine to what extent the observations that are made in this study concerning the use and design of pragmatic argumentation also apply to other forms of communication in the medical domain. Considering the connection between pragmatic argumentation and advising shown in Chapter 3 and 4, the discussed strategic maneuvers with pragmatic argumentation can be expected to occur in other advice-giving practices as well, for example in doctor’s consultations. Recent research has shown that argumentation plays a prominent role in that context (Labrie, forthcoming). Since it is to be expected that pragmatic argumentation is also advanced to justify advice in the context of a doctor’s consultation (e.g. to adopt a particular treatment) it would be interesting to examine whether doctors, for instance, attempt to strategically present one option in a more positive light than the other. In consultations it is of even more importance that the patient is given the opportunity to make his own decision on the basis of a critical assessment of the arguments. Therefore, it is worthwhile to investigate whether maneuvers similar as those discussed in this study indeed occur and what effects they may have on the patient.
This study is a contribution to the field of argumentation theory in four ways. First of all, the research provides insight into how institutional conventions affect the way in which argumentative discourse manifests itself in health brochures. This part of the study contributes to current research undertaken in the pragma-dialectical research program on argumentation in institutionalized contexts, concentrating on the political, the juridical, the scientific and the medical domain (van Eemeren 2010; Mohammed 2009; Lewinski 2010; Andone 2010; Tonnard 2011). By characterizing health brochures as a particular activity type in the medical domain, the study shows exactly in what sense institutional conventions influence the discussion and what kind of strategic maneuvers can therefore be expected. For argumentation theorists, this has implications for the analysis and the evaluation of argumentation taking place in this context, because the study shows the ways in which institutional conventions of health brochures determine what starting points can be ascribed to brochure writers, what types of issues can come under discussion, and what kind of argumentative means can be employed. The analyst should, for instance, take into account that the discussion always revolves around a piece of health advice and that the intended audience cannot explicitly express criticism (or agreement) due to the limitations of the medium of communication that is used. Argumentation scholars have dedicated specific attention to pragmatic argumentation (see Schellens 1985; Kienpointner 1992; Garssen 1997), and also to the analysis and evaluation of pragmatic argumentation in specific domains of communication, such as the juridical or the political (e.g. Feteris 2002; Ihnen Jory 2012). The current study adds to this body of research by focusing on pragmatic argumentation in health promotion, a domain of communication in which pragmatic argumentation plays such an important role.

This study is a contribution to the field of argumentation theory in a second way by making clear that there is a systematic connection between the speech act of advising in health brochures and pragmatic argumentation. The speech act perspective inherent in the pragma-dialectical theory provided the tools to unveil the way in which the argumentation in a text is structured by the commitments associated with the speech act that functions as a standpoint (van Eemeren & Grootendorst 1991: 163; van Eemeren, Grootendorst, Jackson & Jacobs 1993: 95). In this study, it was demonstrated that these commitments can be specified by formulating the felicity conditions of the speech act of advising in the particular context of health brochures. These conditions provide an overview of all of the relevant types of doubt that can come up for discussion: this approach makes clear that pragmatic argumentation has the specific function in the brochure of addressing anticipated doubt with respect to one of the preparatory conditions of health advice. Based on this overview, an explanation can be given not only for the use of other types of argumentation within the particular context of health brochures, but also for the use of arguments in other argumentative practices in which a piece of advice is the issue under discussion. Chapter 3 provides some examples of arguments
in health brochures that are brought forward in anticipation of doubt concerning other correctness conditions of the speech act that gave rise to the difference of opinion. For example, considering that one of the preparatory conditions of a piece of advice is that the one who advises has particular knowledge about the issue he is advising on, it is to be expected that an adviser advances authority argumentation to remove anticipated doubt concerning this condition. Argumentation scholars concerned with particular types of argumentative activities can benefit from this approach in determining the argumentative structure of the discourse.

The third contribution is that this study provides insight into the function of the distinguished variants of pragmatic argumentation. By means of the simplified dialectical profile introduced in Chapter 4, the function of the four variants of pragmatic argumentation can be described. The profile shows that pragmatic argumentation is not only dialectically relevant as a move to address doubt with respect to the advisory standpoint, but also that two variants of it function as a move to address critical questions against the argumentation or a counterargument. With the help of the profile it was demonstrated that there is a systematic connection between advice and potential criticism on the one hand, and a specific variant of pragmatic argumentation on the other hand. It was also shown that a distinction can be made between pragmatic arguments constituting an independent defense (variant I and II), and variants of pragmatic argumentation having a different status (variant III and IV).

This study contributes to the field of argumentation in a fourth way by adding to the existing literature on strategic maneuvering (van Eemeren & Houtlosser 2005; van Eemeren 2010) by focusing on the possibilities for strategic maneuvering with pragmatic argumentation. The study provides a systematic, in-depth analysis of the design of actual instances of strategic maneuvering with pragmatic argumentation in health brochures. To systematically distinguish variations in design, the argument scheme as the 'neutral' form of pragmatic argumentation was used and the possible instantiations of the scheme were examined. This method helps to systematically explain what choices are made with respect to topical potential, audience demand and presentational devices on the level of the discussion move, and can also be applied to thoroughly describe strategic maneuvers with other argument schemes.

One question for further research is whether the choices in the design that have been made in this brochure can also be observed in other health brochures. This study analyzes the design of instances of pragmatic argumentation in one single brochure about HPV vaccination. The HPV brochure has a very specific topic and involves advice about an irreversible decision (vaccination) with long-term effects. The analysis of other brochures, providing different types of advice, could make clear whether the described strategic choices in the HPV brochure are specific to this brochure or whether they represent general tactics that can be generalized to other health brochures.
Another point for further research is the role of pragmatic argumentation in argumentative strategies. This study indicates that the strategic choices in the design hang together in the sense that they reinforce each other. The causal claim in the pragmatic argumentation, for example, is made stronger through a combination of topical choices, presentational choices, and adaptation to audience demand: the presentation of the causal connection between action and effect with the word ‘beating’ reinforces the topical choice to refer to cervical cancer instead of HPV. These choices result in a design which implies that the vaccination is a ‘weapon’ to win the ‘war’ against cervical cancer, while in fact it is merely a way to reduce the possibility of getting infected with two types of HPV. Van Eemeren and Houtlosser (2007) and van Eemeren (2010) have used the term ‘argumentative strategy’ to refer to strategic maneuvering in the discourse that converges with respect to three aspects of strategic maneuvering both on the level of the discussion move and on the level of the discussion stage. This aspect of strategic maneuvering in health brochures could be elaborated on. For example, an examination could be carried out into what kind of argumentative strategies based on pragmatic argumentation can be distinguished, how they contribute to achieving the discussant’s goals, and whether or not they derail. In this way, the current study could function as a starting point for further research on strategic maneuvering in medical communication; both to examine how health professionals maneuver to convince their audience, and to evaluate these maneuvers in light of institutional and dialectical norms.
Summary

The general objective of this study is twofold: first, to explain the choice for pragmatic argumentation in the context of health brochures; and second, to explain the choice for a specific design of the pragmatic argumentation or, in other words, how a writer chooses one instantiation of pragmatic argumentation over the other. Health brochures, which are usually part of larger public health campaigns, are meant to influence behavior by offering people advice on what they should do to improve their health. Pragmatic argumentation is a crucial type of argumentation in advisory health brochures. It is a type of argumentation in which one points to the desirable or undesirable effects of behavior to advocate or discourage that behavior. Pragmatic argumentation can be used in various designs in which the action and the causal relation between action and effect are presented in different ways.

To gain insight into the choice for pragmatic argumentation and its design, this study makes use of the pragma-dialectical theory of argumentation (van Eemeren and Grootendorst 1984, 1992, 2004) and the concept of strategic maneuvering (van Eemeren and Houtlosser 2002, 2006; van Eemeren 2010). In the current study, the choice for pragmatic argumentation and a particular design of the argumentation is explained by examining how particular choices in the specific institutional context of health brochures contribute to the writer’s dialectical objective of resolving a difference of opinion on the one hand and his rhetorical objective of resolving the difference in his own favor on the other hand.

To answer this question, it is first determined how the institutional conventions of health brochures with an advisory standpoint affect the strategic maneuvering (Chapter 2). Health brochures are regarded as a specific argumentative activity type in which three conventions significantly affect the strategic maneuvering in the argumentation stage: that the issue under discussion is a piece of health advice, that the relation between the institution responsible for the brochure and the reader is asymmetrical, and that the discussion is implicit.

The type of issue under discussion affects the strategic maneuvering in the sense that arguments that point at beneficial effects of adhering to the advice for the reader’s health are particularly relevant in this context. The asymmetrical relation between institution and reader, resulting from the status of the health institution issuing the brochure, affects the maneuvering in the sense that a brochure writer has to offer reliable information and has to be careful not to come across as too imposing. The convention that the discussion about the advice is implicit is due to the fact that the health institution presents its case via a written text to an absent
audience. Because of this convention, it is up to the writer to anticipate the reader's countermoves and respond to them or not. The institutional conventions affect the possibilities for strategic maneuvering with respect to the selection from the topical potential, the adaptation to audience demand and the use of presentational devices. Due to these conventions, the preconditions for strategic maneuvering in the argumentation stage are that the writer selects science-based arguments that point to the advantages of following the advice, these arguments are adapted to the reader's beliefs regarding science and health, and they are presented in a way that sheds a positive light on the recommended action (or a negative light on the discouraged action), without imposing too much on the reader. Strategic maneuvering in this context therefore typically involves the use of pragmatic argumentation that is framed in the way that serves the writer best in getting the advice accepted.

Due to the conventions of the activity type, a writer can only reach this goal by removing anticipated doubt and criticism with respect to his advisory standpoint. Therefore, this study first examines what types of doubt and criticism a writer of health brochures can expect (Chapter 3). On the basis of contextualized correctness conditions of the speech act of advising (partly based on Searle (1969)) a systematic overview of the various types of doubt in this context is provided. The types of doubt concern three aspects of advising: the usefulness of the health advice, the necessity of the health advice, and the responsibility of the writer. With the help of examples from actual brochures it is shown that each of these types of doubt derived from the specified correctness conditions can actually play a role in the argumentation in health brochures. Pragmatic argumentation appears to be systematically connected with the first preparatory condition of advising (which concerns the usefulness of the advice): does the act A benefit the reader's health and the health of (part of) the population by preventing, treating, or detecting a health problem? This condition seems the most crucial to advising, because it guarantees that it is worthwhile for the reader to change his current behavior.

After having determined what kinds of doubt are relevant in discussions about health advice, analysis is conducted into what types of doubt and criticism can be addressed in health brochures with pragmatic argumentation (Chapter 4). A characterization of pragmatic argumentation is provided and four variants of pragmatic argumentation are introduced. It is argued that each of the distinguished variants of pragmatic argumentation can be a dialectically relevant move in a discussion about health advice by addressing a possible countermove concerning the standpoint or the argumentation. In a (simplified) dialectical profile, four dialectical routes are represented in which pragmatic argumentation plays a role and which differ in the kind of countermove they address.

In route 1, the positive and negative form of pragmatic argumentation contribute to the resolution of the presupposed difference of opinion by removing doubt with respect to the preparatory condition of advice concerning the positive effect of
the advocated action on the reader’s health. In route 2, the writer puts forward subordinative argumentation in anticipation of critical questions concerning the propositional content of the pragmatic argument. In route 3, the writer anticipates critical questions that represent criticism concerning the justificatory force of the argumentation. The writer puts forward variant III of pragmatic argumentation to address the critical question about possible side-effects or variant IV to deal with the question about possible alternatives to the proposed action. In route 4, the writer employs variant IV of pragmatic argumentation to attack a counterargument, thereby giving an indirect defense of the standpoint. The positive and negative form of pragmatic argumentation thus function as a means to justify advice by showing that the first preparatory condition of advising is fulfilled. Variants III and IV contribute to resolving the difference of opinion by attacking criticism and opposing standpoints, thereby making the defense of the standpoint easier. Distinguishing these four routes shows that there is a systematic connection between each variant of pragmatic argumentation and the types of doubt and criticism that are distinguished.

Once the dialectical function of pragmatic argumentation is examined, it is determined what the rhetorical advantages are of using a particular route with pragmatic argumentation to support an advisory standpoint in health brochures (Chapter 5). To this end, examples of brochures for each of the four routes distinguished in Chapter 4 are analyzed. It is argued that, to be rhetorically effective, a writer must make sure that he considers, within the limited space of a brochure, all relevant criticism the reader may have. At the same time, it may benefit his case to disregard certain potential criticism if he is unable to provide a convincing response to it. Addressing anticipated countermoves has two main advantages: it is a way of taking the reader’s concerns regarding the advice and the argumentation into account (and thereby coming across as a reasonable discussion party), and it can contribute to the defense of the writer’s initial standpoint. It can also have a negative side: the brochure writer can ascribe a position to the reader that he does not have and the reader might be offended by assumptions made about him. In some situations, it may be better for the brochure writer’s case to ignore certain potential critical reactions, or to present the attack on countermoves in a way that appeals to the audience.

Next, it is examined what the rhetorical advantages are of using a particular design of pragmatic argumentation, in any of the routes, to support an advisory standpoint in health brochures (Chapter 6). As a case study, the 2012 British brochure about vaccination against the human papilloma virus (HPV) was used. In the analysis, the focus was placed on the design of the premise ‘Action X leads to desirable consequence Y’ of the pragmatic argument, which is designed in four different ways. The designs differ from each other in the way that the causal connection and the consequence that is referred to in the premise are expressed. In this HPV brochure, the writer chose to advance pragmatic argumentation by
using variant I in a gain-frame. In terms of strategic maneuvering, this choice entailed that the writer made the topical choice to focus on cervical cancer, the presentational choice to present the causal connection in a way that is both strong and nuanced, and which evokes the images of a weapon of a war and a means of protection to appeal to girls and their parents, respectively. These choices, resulting in a particular design, all contribute to the strategy of showing that vaccination is an effective and desirable way of preventing an undesirable consequence.

It is argued that these choices in the design contribute to achieving the writer’s goals in two ways. Firstly, they address potential criticism towards the causal and the evaluative elements of the pragmatic argument by emphasizing the desirability of the effect and representing the causal connection in the strongest way. Secondly, the designs contribute to an argumentative strategy that spans the entire brochure. In combination with the design of other moves in the brochure which lay a strong causal connection between HPV vaccination and the prevention of cervical cancer, the designs of the pragmatic argument create the image that the HPV vaccine is a vaccine against cervical cancer. Particular designs of pragmatic argumentation thus help the brochure writer reach the goal of getting the advisory standpoint accepted in the specific context of a vaccination brochure by addressing anticipated criticism, both on the level of the argumentation stage and on the level of the argumentative move.
Het doel van deze studie is tweeledig. Ten eerste beoogt ze te verklaren waarom een schrijver van gezondheidsbrochures pragmatische argumentatie zou gebruiken om de lezer te overtuigen. Ten tweede hoe een bepaald ontwerp (design) van de pragmatische argumentatie, oftewel, de specifieke manier waarop een schrijver die uitdrukt, daaraan zou kunnen bijdragen. In adviserende gezondheidsbrochures is pragmatische argumentatie een cruciaal type argumentatie. Dergelijke brochures, die normaliter deel uitmaken van een grotere gezondheidscampagne, zijn bedoeld om het gedrag van mensen te beïnvloeden door hen advies te geven over wat zij zouden moeten doen om hun gezondheid te verbeteren. Pragmatische argumentatie wordt daarin gebruikt om gedrag aan te bevelen of juist te ontmoedigen door te wijzen op de wenselijke of onwenselijke gevolgen van dat gedrag. Deze argumentatie kan in uiteenlopende ontwerpen naar voren worden gebracht door het causale verband tussen het aan- of afgeraden gedrag en het effect ervan op een bepaalde manier voor te stellen.


Om deze vraag te beantwoorden wordt eerst vastgesteld hoe de institutionele conventies van gezondheidsbrochures met een adviserend standpunt de mogelijkheden tot strategisch manoeuvreren beïnvloeden (Hoofdstuk 2). In deze studie worden gezondheidsbrochures opgevat als een specifiek argumentatief actietype waarin drie conventies een aanzienlijke invloed uitoefenen op het strategisch manoeuvreren in de argumentatiefase: 1) het onderwerp dat ter discussie staat is een gezondheidsadvies, 2) de relatie tussen de adviserende instantie en de lezer is asymmetrisch, en 3) de discussie is impliciet.

Het onderwerp dat ter discussie staat bepaalt dat argumenten die wijzen op de gunstige effecten die het opvolgen van het advies heeft voor de gezondheid van de lezer bijzonder relevant zijn in deze context. De asymmetrische relatie tussen
de instantie en de lezer, die voortkomt uit de status van de gezondheidsinstantie, bepaalt dat een brochureschrijver betrouwbare informatie moet verschaffen en moet proberen niet te dwingend over te komen. De conventie dat de discussie impliciet is, komt voort uit het feit dat de instantie haar advies verstrekt via een geschreven tekst aan een afwezig publiek. Door deze implicietheid is het aan de schrijver om te beslissen of hij ingaat op mogelijke tegenzetten van de lezer of niet. De conventies beïnvloeden de mogelijkheden tot strategisch manoeuvreren met betrekking tot de drie aspecten van het manoeuvreren: de selectie uit het topisch potentieel, de aanpassing aan het auditorium en het gebruik van presentatiemiddelen. Vanwege de conventies zijn de precondities voor strategisch manoeuvreren in de argumentatiefase als volgt. De schrijver selecteert op wetenschap gebaseerde argumenten die wijzen op de voordelige effecten van opvolging van het advies; deze argumenten dienen te zijn aangepast aan de opvattingen van de lezer over wetenschap en gezondheid; en ze zijn zo gepresenteerd dat het aangeraden gedrag positief belicht wordt (of het afgeraden gedrag negatief belicht wordt), zonder dat de boodschap te dwingend overkomt op de lezer. In deze context is het gebruik van pragmatische argumentatie die zo wordt geframed dat de schrijver zijn advies het makkelijkst geaccepteerd krijgt daarom een typische vorm van strategisch manoeuvreren.

Vanwege de conventies binnen dit actietype kan een schrijver zijn advies alleen geaccepteerd krijgen door geanticipeerde twijfel en kritiek ten aanzien van zijn adviserende standpunt weg te nemen. Daarom wordt in deze studie nagegaan welke soorten twijfel en kritiek een brochureschrijver kan verwachten (Hoofdstuk 3). Op basis van gecontextualiseerde geslaagdheidsvoorwaarden van de taalhandeling adviseren, deels gebaseerd op Searle (1969), wordt een systematisch overzicht verschaf te van de verschillende soorten twijfel in deze context. De soorten twijfel hebben betrekking op drie aspecten van het gezondheidsadvies: het nut van het advies, de noodzaak van het advies en de verantwoordelijkheid van de schrijver. Elk van deze soorten twijfel die zijn afgeleid van de gespecificeerde geslaagdheidsvoorwaarden kunnen een rol spelen in de argumentatie in gezondheidsbrochures. Het blijkt dat pragmatische argumentatie op een systematische manier verbonden is met de eerste (gespecificeerde) voorbereidende voorwaarde van de taalhandeling adviseren (die betrekking heeft op het nut van het advies): is handeling A voordelig voor de gezondheid van de lezer en voor de gezondheid van (een deel van) de bevolking door een gezondheidsprobleem te voorkomen, behandelen of detecteren? Deze voorwaarde lijkt de meest cruciale te zijn voor adviseren, omdat deze garandeert dat het zinvol is voor de lezer om zijn huidige gedrag te veranderen.

Nadat is vastgesteld welke soorten twijfel relevant zijn voor discussies over gezondheidsadvies, wordt geanalyseerd op welke soorten twijfel en kritiek met behulp van pragmatische argumentatie geanticipeerd kan worden (Hoofdstuk 4). Er wordt een karakterisering van pragmatische argumentatie gegeven en er
worden vier varianten van pragmatische argumentatie geïntroduceerd. In variant I wordt gewezen op voordelige gevolgen om een handeling aan te raden en in variant II op nadelige gevolgen om een handeling af te raden. In variant III wordt gewezen op het ontbreken van nadelige gevolgen om een handeling aan te raden en in variant IV wordt gewezen op het ontbreken van voordelige gevolgen om een handeling af te raden. Elk van de vier varianten kan gebruikt worden in een dialectisch relevante zet in een discussie over een gezondheidsadvies door in te gaan op een mogelijke tegenzet gericht op het standpunt of de argumentatie. Een (gesimplificeerd) dialectisch profiel geeft vier dialectische routes weer waarin pragmatische argumentatie een bijdrage levert aan de oplossing van het verschil van mening. De routes verschillen van elkaar in het soort tegenzet waarop de pragmatische argumentatie in de route gericht is.

In route 1 wordt variant I of II van pragmatische argumentatie gebruikt. Met deze varianten kan twijfel worden weggenomen ten aanzien van de cruciale voorbereidende voorwaarde van adviseren. In route 2 brengt de schrijver onderschikkende argumentatie naar voren om te anticiperen op kritische vragen met betrekking tot de propositionele inhoud van het pragmatische argument. De schrijver volgt route 3 als hij anticipeert op kritische vragen die betrekking hebben op de rechtvaardigingskracht van de argumentatie. Hij gebruikt variant III van pragmatische argumentatie om in te spelen op de kritische vraag over mogelijke neveneffecten van het aangeraden gedrag en variant IV om in te spelen op de vraag over mogelijke alternatieven voor het aangeraden gedrag. In route 4 gebruikt de schrijver variant IV van pragmatische argumentatie om een tegenargument aan te vallen. Variant IV functioneert hier als een indirecte verdediging van het standpunt van de schrijver. Door deze vier routes te onderscheiden wordt aangetoond dat er een systematisch verband bestaat tussen elke variant van pragmatische argumentatie en de verschillende soorten twijfel en kritiek.

Nadat de dialectische functie van pragmatische argumentatie is onderzocht, wordt met behulp van voorbeeldanalyses nagegaan wat de retorische voordelen zijn van het kiezen van een bepaalde route met pragmatische argumentatie (Hoofdstuk 5). Hiervoor zijn voor elk van de vier onderscheiden routes meerdere gezondheidsbrochures geanalyseerd. Om retorisch effectief te zijn moet een schrijver, binnen de beperkte ruimte die een brochure biedt, rekening proberen te houden met alle relevante kritiek die de lezer zou kunnen hebben. Tegelijkertijd zou het soms voordelig kunnen zijn voor het betoog van de schrijver om bepaalde mogelijke kritiekpunten buiten beschouwing te laten als hij niet in staat is om daar een overtuigende reactie op te geven.

Het anticiperen op mogelijke tegenzetten met pragmatische argumentatie heeft twee belangrijke voordelen. Ten eerste kan de schrijver daarmee inspelen op de zorgen van de lezer met betrekking tot de pragmatische argumentatie (en zich op die manier als redelijke discussiepartij presenteren). Ten tweede kan het bijdragen aan de verdediging van het initiële standpunt van de schrijver door te laten zien...
dat alternatieve adviezen niet voldoen aan de cruciale geslaagdheidsvoorwaarde. Anticiperen op kritiek heeft ook negatieve kanten. De schrijver zou bepaalde uitgangspunten aan de lezer kunnen toeschrijven die de lezer niet deelt. Ook zou de schrijver uit kunnen gaan van veronderstellingen over de lezer, bijvoorbeeld over zijn gedrag, die de lezer als beledigend zou kunnen opvatten. In sommige gevallen zou het voor het betoog van de schrijver beter kunnen zijn om bepaalde mogelijke kritische reacties te negeren of om bij de aanval op tegenzetten meer rekening te houden met de voorkeuren van het auditorium.

Aangezien strategisch manoeuvreren op het niveau van de discussiefase en de discussiezet plaatsvindt, zijn ten slotte de retorische voordelen onderzocht van de keuze voor een bepaald ontwerp van de pragmatische argumentatie in gezondheidsbrochures (Hoofdstuk 6). Als casestudy is hiervoor gebruik gemaakt van de Britse brochure uit 2012 over de vaccinatie tegen het humaan papillomavirus (HPV), een virus dat baarmoederhalskanker kan veroorzaken. De analyse concentreerde zich op het ontwerp van de premisse ‘Handeling X leidt tot gewenst gevolg Y’ van het pragmatisch argument, die in de brochure in vier verschillende ontwerpen voorkomt. De ontwerpen verschillen van elkaar in de manier waarop het causale verband en het gevolg Y in de premisse tot uitdrukking worden gebracht. In deze HPV-brochure heeft de schrijver gekozen voor variant I van pragmatische argumentatie in een winstframe. In termen van strategisch manoeuvreren houdt deze keuze in dat de schrijver de topische keuze heeft gemaakt om zich te concentreren op baarmoederhalskanker, het causale verband op zowel een sterke als een genuanceerde manier te presenteren en het publiek van meisjes en hun ouders aan te spreken door de beelden op te roepen van vaccinatie als ‘wapen in de oorlog’ en van vaccinatie als ‘beschermmiddel’. Deze keuzes, die resulteren in een bepaald ontwerp, dragen gezamenlijk bij aan de strategie om vaccinatie tegen HPV af te schilderen als een gewenst middel om een ongewenst gevolg te voorkomen.

De ontwerpkeuzes dragen op twee manieren bij aan het bereiken van de doelen van de schrijver. Ten eerste spelen de ontwerpen in op mogelijke kritiek ten aanzien van het causale en het evaluatieve element in het pragmatische argument door de wenselijkheid van het gevolg te benadrukken en het causale verband zo sterk mogelijk neer te zetten. Ten tweede dragen de ontwerpkeuzes bij aan een argumentatieve strategie die de hele brochure overspant. In combinatie met het ontwerp van andere discussiezetten in de brochure, die een sterk causaal verband suggereren tussen HPV-vaccinatie en de preventie van baarmoederhalskanker, creëren de ontwerpen van de pragmatische argumenten het beeld dat het HPV-vaccin een vaccin is tegen baarmoederhalskanker. Zodoende helpen de ontwerpen van pragmatische argumentatie de schrijver met het bereiken van zijn doel om het adviserende standpunt geaccepteerd te krijgen in de context van gezondheidsbrochures. Met een specifieke variant in een specifiek ontwerp kan strategisch worden ingespeeld op geanticipeerde kritiek, zowel op het niveau van de argumentatiefase als op het niveau van de discussiezet.


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