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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

van Poppel, L.

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Introduction

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

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

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.