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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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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

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).

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).¹⁸ 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

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)

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'.²¹

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

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

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.

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.²²

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

22 See, for instance, the discussion on the efficacy of mammography in Götzsche 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

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.²⁵ 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

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.

26 See van Poppel and Rubinelli (2011) for an argumentative analysis of direct-to-consumer-advertisements.

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.