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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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
doubt concerning the standpoint; Section 5.4 discusses route 2: removing doubt concerning the propositional content of the argumentation; Section 5.5 discusses route 3: removing doubt concerning the justificatory force of the argumentation; Section 5.6 discusses route 4: refuting counterarguments. In Section 5.7, the potential rhetorical advantages and disadvantages of addressing anticipated countermoves of the reader are discussed. Section 5.8 provides the conclusion.

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. 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.

37 Similar campaigns have run in other countries, such as the United States (‘An ounce of prevention keeps the germs away’ www.cdc.gov/ounceofprevention ), 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’).
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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
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. 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

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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 your 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.
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.
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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: **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’.39

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?’: “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.
(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).
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.
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
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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.