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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6.1 Introduction

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

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

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

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

6.2.1 The UK vaccination campaign

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

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

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

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

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

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

6.2.2 Criticism with respect to the HPV vaccination

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

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

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

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

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

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

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

6.2.3 Content and appearance of the brochure

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

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

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


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

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

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

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

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

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

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

Please don’t forget that cervical screening (smear tests) will continue to be important whether you have had the HPV vaccination or not.

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

It won’t protect you against any other sexually transmitted diseases such as chlamydia and it won’t stop you getting pregnant.

Missed your appointment?
Speak to your nurse to arrange another one. It is important that you have all three doses to get the best protection.

More information:
Visit www.nhs.uk/vaccinations where you can download a question-and-answer sheet that gives more detailed information on the topics covered in this leaflet.

For more information about cervical screening visit: www.cancerscreening.nhs.uk

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6.3.1 The confrontation stage

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

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

6.3.2 The opening stage

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

6.3.3 The argumentation stage

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

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

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

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

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

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

**Argumentation structure**

1. You should get vaccinated against HPV.
   1.1a If you get vaccinated against HPV, you prevent infection by two types of HPV that cause more than 70% of all cases of cervical cancer.
   1.1b (It is desirable to prevent infection by the two types of HPV that cause more than 70% of all cases of cervical cancer.)
      1.1b.1a Cervical cancer is a serious disease.
         1.1b.1a.1a After breast cancer, it is the most common women’s cancer in the world.
         1.1b.1a.1b In the UK, around 3000 cases of it are diagnosed every year.
         1.1b.1a.1c In the UK, about 1000 women die from it every year.
      1.1b.1b All women are at risk.
         1.1b.1b.1a Most people will get infected with HPV at some point in their lifetime.
         1.1b.1b.1b The human papillomavirus is very common.
         1.1b.1b.1b In most women the virus does not cause cervical cancer.
   1.1c There are no serious undesirable side-effects.
      1.1c.1a The side-effects are quite mild.
1.1c.1a Soreness, swelling and redness in the arm are common but wear off in a couple of days.

1.1c.1b More serious side effects are extremely rare.

1.1c.1c The vaccine meets the rigorous safety standards required for its use in the UK and other European countries.

1.1c.1d Tens of millions of doses of HPV vaccine have been given to girls worldwide.

1.1d You will still need to have cervical screening (tests that pick up early signs of changes in the cervix) when you are older.

1.1d.1 The HPV vaccine does not protect against all of the other types of HPV.

1.1e You will need three injections over about six months to get the best protection.

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

6.3.4 The concluding stage

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

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

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

6.4.1 Four designs of pragmatic argumentation

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

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

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

(2) Most girls who have the vaccination will reduce their risk of getting cervical cancer by over 70%.
Strategic maneuvering in pragmatic argumentation at the level of the discussion move

The pragmatic argument in (1) and (2) was in fact already advanced in two shortened versions on the front page of the brochure:

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

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

6.4.2 Strategic maneuvering resulting in a specific design of pragmatic argumentation

As was argued in Chapter 4, in the pragma-dialectical theory the choice for a particular argument scheme is regarded as a choice from the available topics in the argumentation stage. On the level of the discussion move, choosing from the topical potential entails that the discussant chooses a specific instance of pragmatic argumentation. All argument schemes present a relation between a standpoint and an argument consisting of abstract propositions which need to be concretized in practice (van Eemeren & Grootendorst 1992: 97). The premises can be instantiated in numerous ways by referring to different actions in the proposition, by presenting the causal connection in various ways and by referring to different consequences. In the HPV brochure, we see four such concretizations in (1), (2), (3) and (4). This chapter focuses on the strategic choices regarding the design of the premise of the scheme ‘Action X leads to (un)desirable consequence Y’. The concretization of this premise entails a selection from the available topics appropriate for that particular scheme and for the situation in which it is used, and presenting the selected topic in a way that should be appealing for the audience. Although these three aspects cannot be seen separately from each other, analytic distinctions can be made between choices from the topical potential, presentational choices and choices in the adaptation to the audience.

The four designs of what seem the same argument can be compared by examining the way in which the premise ‘Action X leads to (un)desirable consequence Y’ occurs in practice. In the case of pragmatic argumentation, the premise needs to concretized by referring to the act that is advocated or discouraged in the standpoint (‘Action X’), by referring to the consequence of that act (‘(un)
desirable consequence \( Y' \), and by making the causal connection between the two explicit. Action \( X \) is in principle already determined by the expression of the standpoint in the confrontation stage. For example, in the instance of pragmatic argumentation in (1), the action referred to is ‘(getting) the HPV vaccine’, the consequence is formulated as ‘(getting) the two types (of HPV) that cause most cases (over 70%) of cervical cancer’, and the causal connection is represented as ‘protects against’. In (3), on the other hand, the action is left implicit, the consequence is formulated as ‘cervical cancer’, and the causal connection is represented as ‘arm against’. The differences between the designs can be determined by examining what choices have been made regarding the three aspects of strategic maneuvering.

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

#### 6.5.1 The topical potential of pragmatic argumentation

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

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

In cases where positive health advice expressed in the standpoint is supported with Variant I of pragmatic argumentation, there are four main topical options. The first is to refer to desirable effects that the advocated action can have on the health of the addressee. As was argued in Chapter 4, a promoted action could also have a positive effect in the sense that a negative consequence is prevented. A second option therefore is to refer to an undesirable effect that can be prevented. These two options are both options to gain-frame the argument. The third main option is to refer to the undesirable effect that could occur if the advocated action is not performed. Again, the consequence can be seen as a positive effect or the prevention of a negative effect, resulting in a fourth topical option. Options three and four represent loss-framed arguments.
The four possible instantiations of Variant I of pragmatic argumentation are described by van Eemeren, Houtlosser and Snoeck Henkemans (2007: 175) in their overview of the expressions that function as indicators of the pragmatic argument scheme. The four possibilities can be represented as follows:

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

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

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

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

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

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

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

### 6.5.2 The topical choice to focus on preventing the undesirable effect

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

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

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

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

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

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

The topical choices to make in the HPV brochure are strongly constrained by the institutional context. As was discussed in Chapter 2, a health brochure is meant to convince people to adopt behavior that benefits their health by preventing, curing or detecting a health problem, so the topical choice made in the pragmatic argument should reflect this. In a brochure about vaccination, this means that the effect of the advocated action addressed in the pragmatic argument should be the
prevention of potential negative health-effects, because protection from illness is the very reason people get vaccinated. In addition, since it is a health brochure, following up the advice should be beneficial for the reader himself. This means that it is inappropriate here to indicate that vaccination might help immunize not just the vaccinated girl, but others as well. Even though promoting behavior that is beneficial for the community is in line with the institutional goals of health institutions, namely improving public health, such an approach would be overly imposing on the reader. An individual should still be free in deciding not to comply with a piece of advice about behavior that affects his own health. In the context of health brochures, focusing on the disadvantages that not complying with the advice would have for other people would be too interfering and would not leave room for a personal decision on the matter.

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

6.6.1 Available presentational means to present the causal connection

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

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

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

In (1), the causal connection is represented by saying that vaccination ‘protects against’, and in (2) by saying that having the vaccine ‘will reduce the risk’, while in (3) and (4) more active verbs are used, namely ‘arm’ and ‘beating’, respectively. Regarding the explicitness of the argument, the difference in design is that in (1) and (2), the action, the causal claim and the effect are explicitly mentioned, while in (3) and (4) the action is left implicit.

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

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

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51 The way in which the standpoint is formulated by van Eemeren, Houtlosser and Snoeck Henkemans (2007: 175), namely as ‘it is (un)desirable to do X’, differs slightly from the formulation I chose in the sense that I explicitly phrased it as a prescriptive standpoint: ‘Action X should be performed.’ In my view, the desirability of doing action X is implied by the auxiliary verb ‘should’.
The presentational choices depend on the kind of frame that is chosen: in the brochure, the pragmatic argument is gain-framed. A loss-framed argument requires a different linguistic presentation with expressions such as ‘otherwise’ or ‘if you do not’, evoking the association of a threat. Pragmatic argumentation framed in a loss-frame is generally considered as a so-called fear appeal argument.\(^5\) Presenting the consequence of not complying with a piece of advice as a threat, or rather as a threatening situation\(^3\), creates a completely different image than the gain-frame in (i), where the focus on gain puts the recommended action in a much more positive light. In addition, the verbs that are useful to indicate the causal connection in a gain-framed message will generally evoke more positive associations too (such as ‘to promote’, ‘to contribute’, ‘to stimulate’), while those used for the loss-frame typically evoke more negative associations (such as ‘to destroy’, ‘to miss the chance’, ‘to fail’).

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

\(^5\) Witte defines such a fear appeal as “a persuasive message that attempts to arouse the emotion of fear by depicting a personally relevant and significant threat and then follows this description of the threat by outlining recommendations presented as effective and feasible in deterring the threat” (1994: 114).

\(^3\) I agree with Walton (1992: 304) that the word ‘threat’ in Witte’s definition can better be replaced by ‘threatening situation’. Both a threat and a fear appeal describe a possible negative consequence for the addressee, but a threat typically concerns negative consequences that are caused by the speaker and a fear appeal does not. In addition, a fear appeal is not necessarily persuasive, as Witte states in her definition: it is aimed at persuasion, but need not achieve this aim.
Chapter 6

6.6.2 Presentational choices to create positive images of the advocated action

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

The image of vaccination as ‘protection’ is created by using words directly referring to protection and by words referring to a danger one needs protection from. In the pragmatic argument in (1) the causal connection between the HPV vaccine and its effect is phrased as ‘protects against’. According to Longman Dictionary, the verb ‘to protect against’ means to keep someone or something safe from harm, damage, or illness. The argument in (1) thus means that the vaccine will keep you safe from most cases of cervical cancer. Using the verb ‘to protect against’ implies that there is potential danger that girls need protection from, namely the risk of developing cervical cancer, and following the advice is the way to protect against it. A reference to ‘protection’ is also made in other sections in the brochure. For example, under the heading ‘Having the vaccination’, it says “You will need three injections over about six months to get the best protection”.

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

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

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

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

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

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

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

6.7.1 Choices to adapt pragmatic argumentation to the audience

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

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

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

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

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

6.7.2 Adapting topical and presentational choices to the reader

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

The presentational choices that are made in advancing pragmatic argumentation can also be expected to be made in order to adapt the argument to the intended audience. In the previous section it was argued that the presentational choices made in the pragmatic argumentation created an image of vaccination as ‘protection’ and vaccination as ‘a weapon in the war’. Presenting vaccination as ‘protection’ seems in the first place to be a presentational device appealing to the parents addressed by the brochure. Since ‘to protect’ means to keep someone or something safe from harm, damage, or illness, using this term implies that the daughter of the addressed parent has a large risk of developing cervical cancer if the advice is not followed. As it is the parent’s duty to keep their children safe from harm, presenting vaccination as a protection from possible serious harm is a way to appeal to a parent’s sense of responsibility: it shows that is it the parent’s responsibility to make sure that their daughter follows the advice.55

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

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

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

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

6.8.1 Anticipating criticism in the design of pragmatic argumentation

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

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

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

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

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

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

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

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

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

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

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

6.8.3 Anticipating critical question 2 and 3: the causal element

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

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

6.8.4 An argumentative strategy with pragmatic argumentation

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

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

In the design of the pragmatic arguments in (1) and (2), on the other hand, the effectiveness of the vaccine is nuanced. From the formulation in those designs it can be inferred that even when vaccinated, girls can still develop cervical cancer. Moreover, in the section with the heading ‘Having the vaccination’, it is argued that “You will need three injections over about six months to get the best protection”,

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indicating that the vaccine only provides full protection if girls get all three injections. In the brochure as a whole the pragmatic argument is presented in various designs so that the strength of the causal relation between vaccination and the prevention of cervical cancer varies too. The slogan of the campaign ‘Beating cervical cancer’ (4) gives the impression that once vaccinated, you are indeed protected against cervical cancer. The fact that the protection rate is limited is acknowledged on the inside of the brochure, but this happens only once the image of the vaccine as protection against cervical cancer is established.

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

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

6.9 Conclusion

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

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