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

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Conclusion

7.1 Main findings

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

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

In Chapter 2 the aim was to determine how the institutional conventions of health brochures affect the strategic maneuvering with an advisory standpoint (Question 1). By regarding the health brochure as a specific argumentative activity type, it was possible to provide an analysis of how institutional conventions govern the way argumentative discourse manifests itself in this activity. The advisory health brochure is a communicative practice in the medical domain, geared towards realizing the institutional aim of addressing and solving health problems existing among the population. Medical communication is generally regulated by explicit and implicit rules, such as the Code of Advertising Practice, which prohibit the use

of unsubstantiated, unscientific, and misleading claims. The advisory brochure provides advice on preventing, treating and detecting health problems. In advisory health brochures, the writer anticipates a difference of opinion with respect to his advice and adopts a prescriptive standpoint, by which he tries to encourage the reader to adopt or refrain from certain behavior.

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

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

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

The discussion about the advice is implicit because the health institution presents its case via a written text to an absent audience. In the ideal model of a critical discussion, discussants engage in an argumentative exchange in which they establish certain starting points, advance arguments, and express their doubt and criticism with respect to the opponent's case. In a brochure, the writer can only assume that certain starting points are shared and therefore he needs to anticipate the absent reader's countermoves in his attempt to defend his standpoint. Not having any certainty about what starting points are shared makes the protagonist's task much more complicated than in the ideal model. Yet, it also offers the writer the opportunity to present the anticipated difference of opinion in the way that suits him best: he is free to refer explicitly to potential countermoves, but he could also choose to leave them implicit or leave them out of the discussion altogether.

The institutional conventions affect the possibilities for strategic maneuvering in the argumentation stage with respect to the selection from the topical potential, the adaptation to audience demand and the use of presentational devices. A writer selects science-based arguments that point to the advantages of following the advice, these arguments are adapted to the reader's beliefs regarding science and health, and they are presented in a way that sheds a positive light on the recommended action (or a negative light on the discouraged action), without imposing too much on the reader. In this context, strategic maneuvering typically involves the use of pragmatic argumentation that is framed in the way that serves the writer best in getting the advice accepted.

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

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

because it guarantees that it is worthwhile for the readers to change their current behavior.

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

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

In route 1, the positive and negative form of pragmatic argumentation contribute to the resolution of the presupposed difference of opinion by removing doubt with respect to the preparatory condition concerning the positive effect of the advocated action on the reader's health. In route 2, the writer puts forward subordinative argumentation in anticipation of critical questions concerning the propositional content of the pragmatic argument. In route 3, the writer anticipates critical questions that represent criticism concerning the justificatory force of the argumentation. The writer puts forward variant III of pragmatic argumentation to

address the critical question about possible side-effects, or variant IV in order to deal with the question of possible alternatives to the proposed action. In route 4, the writer employs variant IV of pragmatic argumentation to attack a counterargument, thereby giving an indirect defense of the standpoint. The positive and negative forms of pragmatic argumentation thus function as a means to justify advice by showing that the first preparatory condition of advising is fulfilled. Variants III and IV contribute to resolving the difference of opinion by attacking criticism and opposing standpoints, thereby making the defense of the standpoint easier. Distinguishing these four routes shows that there is a systematic connection between each variant of pragmatic argumentation and the types of doubt and criticism that are distinguished.

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

The analyses show that route 1, containing only pragmatic argumentation without further arguments, can be a suitable defense in brochures with limited space and in cases where the advice is not only beneficial to the reader, but also to others. In these cases, it is taken for granted that the reader follows the advice of an authoritative institution to prevent harm to others without further justification. Routes 2 and 3 are rhetorically advantageous in cases where a new and potentially controversial issue is discussed. Based on an analysis of the brochure 'The Flu. A guide for parents', it was shown that in this case it is advantageous to the writer to address criticism both with respect to the propositional content and the justificatory force of the pragmatic argument: since vaccination is a means to prevent a possible future threat, it must be clear to the reader that having the vaccine is the best thing he can do and that it causes him more good than harm. Route 4, in which counterarguments are addressed, is rhetorically advantageous in cases where the brochure writer wants to attack misfounded ideas standing in the way of adopting healthy behavior. The antibiotics case and the smoking case demonstrate that the pragmatic argumentation in route 4 helps to attack the counter-standpoints that the

reader might have about antibiotics or smoking. These views are corrected in order to convince the reader that he should not ask for antibiotics if they are unnecessary or that he should not smoke. The rhetorical advantage of the routes thus depends on the institutional preconditions for strategic maneuvering and the criticism that the intended audience might have. The two main advantages of addressing countermoves are that it is a way of taking the reader's concerns regarding the advice and the argumentation into account (and thereby coming across as a reasonable discussion party), and that it can contribute to the defense of the writer's initial standpoint. The negative side of addressing potential countermoves is that the brochure writer can hold wrong assumptions about the reader's starting points and ascribe a position to him that he does not have. In addition, the reader might be offended by the assumptions made about him. In some situations, it may therefore be better for the brochure writer's case to ignore certain potential critical reactions, or to present the attack on countermoves in a way that appeals to the audience.

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

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

These choices in the design, it is argued, contribute to reaching the writer's goals in two ways. First, with the chosen design the writer addresses potential criticism towards the causal and the evaluative element of the premise by emphasizing the desirability of the effect and by representing the causal connection in the strongest way. Potential criticism is thus not only dealt with by advancing extra arguments (and thereby following routes 2, 3 or 4), but also in the design of the argument itself. Second, the designs contribute to an argumentative strategy that spans the entire

brochure. In combination with the design of other moves in the brochure which posit a strong causal connection between HPV vaccination and the prevention of cervical cancer, the designs of the pragmatic argument create the image that the HPV vaccine is a vaccine against cervical cancer. Particular designs of pragmatic argumentation thus help to reach the brochure writer's goals of getting the advisory standpoint accepted in the specific context of a vaccination brochure by addressing anticipated criticism, both on the level of the argumentation stage and on the level of the argumentative move.

7.2 Implications of the results and suggestions for further research

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

The research contributes to the field of health communication by shedding light on the significant role of argumentation in this type of health communication. So far, the argumentative aspects of health promotion have mainly been the subject of research focusing on the relative persuasiveness of evidence types that can be put forward in support of pragmatic argumentation (see Hoeken 2001; Hornikx 2005). The strategic use of variations in the presentation of pragmatic arguments has been studied in research on the effects of message framing (Tversky & Kahneman 1981; Block & Keller 1995; Rothman & Salovey 1997). However, these studies lack a theoretical foundation on the basis of which – variants of – argument schemes can be distinguished. Nor do they consider the dialectical aspects of argumentative health communication, such as how a writer can deal with a reader's potential doubt or criticism. The theoretically founded distinction that this study makes between variants of pragmatic argumentation and between various designs of pragmatic argumentation provides a systematic framework to conduct quantitative research, for instance on framing effects. In this study, clear distinctions are made between a pragmatic argument supporting positive advice and an argument supporting negative advice, and also between different kinds of effects referred to in the argument. Not only are the differences between positive effects of complying with the advice and negative effects of not complying distinguished, but it is also taken into account that behavior can have positive consequences in the sense that it can improve the current situation and in the sense that it can prevent negative effects. In addition, it is demonstrated that two variants of pragmatic argumentation (III and IV) have a different function than the positive and negative form of pragmatic argumentation. The fact that these distinctions can be made means that there are many more variables to consider than just the gain-frame or the loss-frame. Taking these distinctions into account allows for a much more insightful study of framing and framing effects.

For the field of health communication, this study also has practical implications. The analyses provided in this study can contribute to improving the design of health promotion materials. The systematic overview of the types of doubt with respect to advice and the critical questions with respect to the argumentation represent all of the countermoves that can be expected from a critical reader. This overview can function as a checklist for the issues that need to be addressed in order to convince the critical brochure reader of the acceptability of an advisory standpoint. The analyses of strategic maneuvering in the study provide examples of problematic cases that are best avoided if institutions intend to fully inform the reader. For example, in the HPV vaccination case in Chapter 6 it was shown that a particular design of the pragmatic argumentation can convey the false impression that the vaccination is a vaccination against cervical cancer, instead of HPV. If health institutions truly want the public to make a reasonable decision on health issues, such as whether or not to get vaccinated, they should be aware of the associations that a particular design of argumentation can evoke and should avoid giving false impressions about the effects of the vaccine. The study could also benefit people who are confronted with health messages. The conditions for felicitous health advice and the critical questions associated with pragmatic argumentation can be used as tools for the brochure reader to critically assess the argumentation. In addition, the insights provided on strategic maneuvering with pragmatic argumentation could help to make people aware of the fact that a certain design of the argumentation might put advice in an overly positive light. For this purpose, the results of this study would have to be incorporated into some sort of educational program to reach the general public.

A point for further research is to examine to what extent the observations that are made in this study concerning the use and design of pragmatic argumentation also apply to other forms of communication in the medical domain. Considering the connection between pragmatic argumentation and advising shown in Chapter 3 and 4, the discussed strategic maneuvers with pragmatic argumentation can be expected to occur in other advice-giving practices as well, for example in doctor's consultations. Recent research has shown that argumentation plays a prominent role in that context (Labrie, forthcoming). Since it is to be expected that pragmatic argumentation is also advanced to justify advice in the context of a doctor's consultation (e.g. to adopt a particular treatment) it would be interesting to examine whether doctors, for instance, attempt to strategically present one option in a more positive light than the other. In consultations it is of even more importance that the patient is given the opportunity to make his own decision on the basis of a critical assessment of the arguments. Therefore, it is worthwhile to investigate whether maneuvers similar as those discussed in this study indeed occur and what effects they may have on the patient.

This study is a contribution to the field of argumentation theory in four ways. First of all, the research provides insight into how institutional conventions affect the way in which argumentative discourse manifests itself in health brochures. This part of the study contributes to current research undertaken in the pragma-dialectical research program on argumentation in institutionalized contexts, concentrating on the political, the juridical, the scientific and the medical domain (van Eemeren 2010; Mohammed 2009; Lewinski 2010; Andone 2010; Tonnard 2011). By characterizing health brochures as a particular activity type in the medical domain, the study shows exactly in what sense institutional conventions influence the discussion and what kind of strategic maneuvers can therefore be expected. For argumentation theorists, this has implications for the analysis and the evaluation of argumentation taking place in this context, because the study shows the ways in which institutional conventions of health brochures determine what starting points can be ascribed to brochure writers, what types of issues can come under discussion, and what kind of argumentative means can be employed. The analyst should, for instance, take into account that the discussion always revolves around a piece of health advice and that the intended audience cannot explicitly express criticism (or agreement) due to the limitations of the medium of communication that is used. Argumentation scholars have dedicated specific attention to pragmatic argumentation (see Schellens 1985; Kienpointner 1992; Garssen 1997), and also to the analysis and evaluation of pragmatic argumentation in specific domains of communication, such as the juridical or the political (e.g. Feteris 2002; Ihnen Jory 2012). The current study adds to this body of research by focusing on pragmatic argumentation in health promotion, a domain of communication in which pragmatic argumentation plays such an important role.

This study is a contribution to the field of argumentation theory in a second way by making clear that there is a systematic connection between the speech act of advising in health brochures and pragmatic argumentation. The speech act perspective inherent in the pragma-dialectical theory provided the tools to unveil the way in which the argumentation in a text is structured by the commitments associated with the speech act that functions as a standpoint (van Eemeren & Grootendorst 1991: 163; van Eemeren, Grootendorst, Jackson & Jacobs 1993: 95). In this study, it was demonstrated that these commitments can be specified by formulating the felicity conditions of the speech act of advising in the particular context of health brochures. These conditions provide an overview of all of the relevant types of doubt that can come up for discussion: this approach makes clear that pragmatic argumentation has the specific function in the brochure of addressing anticipated doubt with respect to one of the preparatory conditions of health advice. Based on this overview, an explanation can be given not only for the use of other types of argumentation within the particular context of health brochures, but also for the use of arguments in other argumentative practices in which a piece of advice is the issue under discussion. Chapter 3 provides some examples of arguments

in health brochures that are brought forward in anticipation of doubt concerning other correctness conditions of the speech act that gave rise to the difference of opinion. For example, considering that one of the preparatory conditions of a piece of advice is that the one who advises has particular knowledge about the issue he is advising on, it is to be expected that an adviser advances authority argumentation to remove anticipated doubt concerning this condition. Argumentation scholars concerned with particular types of argumentative activities can benefit from this approach in determining the argumentative structure of the discourse.

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

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

One question for further research is whether the choices in the design that have been made in this brochure can also be observed in other health brochures. This study analyzes the design of instances of pragmatic argumentation in one single brochure about HPV vaccination. The HPV brochure has a very specific topic and involves advice about an irreversible decision (vaccination) with long-term effects. The analysis of other brochures, providing different types of advice, could make clear whether the described strategic choices in the HPV brochure are specific to this brochure or whether they represent general tactics that can be generalized to other health brochures.

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