May 18th, 9:00 AM - May 21st, 5:00 PM

Choosing variants of pragmatic argumentation in anticipation of countermoves in health brochures

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ABSTRACT: In this paper, I will determine the strategic function of the use of four variants of pragmatic argumentation in the context of advisory health brochures. I argue that each variant functions as a strategic manoeuvre that deals with potential countermoves: with variant I and II writers can address anticipated doubt with respect to the standpoint and with variants III and IV they can strategically erase potential criticism or possible alternatives to the proposed action.

KEYWORDS: health brochures, health communication, pragma-dialectical theory, pragmatic argumentation, strategic maneuvering.

1. INTRODUCTION

Governmental institutions and non-profit organizations regularly publish health brochures in which they offer health advice to help the general public make choices about health issues. The brochures should provide the information needed for a well-founded decision on the matter that is brought forward, such as what vaccinations to get, whether to stop smoking, or how to make lifestyle changes. Since the readers may have doubts as to what decision to make and brochure writers will want to get as many people as possible to act on their advice, the writers attempt to paint the most favourable picture of the action they promote—or, in case of negative advice, they paint the most unfavourable picture of the action they advise against. To promote certain actions, writers can point at the positive consequences these actions supposedly have for people's wellbeing. To discourage actions, writers can point at the negative consequences of these actions. By referring to the consequences of the actions, writers attempt to remove possible doubt or criticism towards a piece of advice, so that readers are more inclined to accept it.

In terms of argumentation theory, we can say that brochure writers try to convince the readers to accept a standpoint in which an action is advocated or discouraged, by using argumentation in which the writers refer to advantageous or disadvantageous effects of the action. This particular type of argumentation is called *pragmatic argumentation.*[1] Fragment (1) contains an example of pragmatic argumentation in a British brochure that is part of the 2009 campaign to promote vaccination against the human papillomavirus (HPV):

[1] The term 'pragmatic argumentation', used in the pragma-dialectical theory, stems from Perelman and Olbrechts-Tyteca's account of 'pragmatic argument' (1969: 266). Other terms used for this argument, although not all in the same sense, are 'means-end argumentation', 'instrumental argumentation', 'teleological reasoning', 'practical reasoning', and 'argumentation on the basis of advantages/disadvantages'.

Zenker, F. (ed.). *Argumentation: Cognition and Community. Proceedings of the 9th International Conference of the Ontario Society for the Study of Argumentation* (OSSA), May 18-21, 2011. Windsor, ON (CD ROM), pp. 1-13.

(1) *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. […]. (NHS 2009)

In the example, an attempt is made to convince the reader to get vaccinated against HPV. The pragmatic argument given for this standpoint is that vaccination has the desirable consequence for the reader that it protects against the two types of HPV that cause most cases of cervical cancer. To provide readers with the opportunity to form a well-founded opinion, the brochures should address all doubts and criticisms the readers might have with respect to the health matter under discussion, while at the same time, brochure writers obviously prefer the readers to accept their advice. As a result, a tension might exist between the writers' aim to enable readers to put the argumentation to a critical test and the aim to persuade the readers to accept the advocated standpoint.

This tension is dealt with in the extended pragma-dialectical theory of argumentation, developed by Van Eemeren and Grootendorst (1984, 1992, 2004), Van Eemeren and Houtlosser (2002, 2006), and Van Eemeren (2010). In pragma-dialectics it is assumed that arguers ideally engage in an argumentative discussion with the dialectical goal of resolving a difference of opinion on the merits, while, in practice, they also have a rhetorical goal of resolving the dispute to their own advantage. Van Eemeren and Houtlosser (2002, 2006) introduced the concept of strategic maneuvering to refer to the efforts of arguers to find a balance between their wish to resolve the dispute in a reasonable way and their wish to get their standpoint accepted by the audience. In every discussion stage and in every discussion move, discussants manoeuvre strategically to reach dialectical reasonableness and rhetorical success by making a selection from the topical potential, using certain stylistic devices, and adapting their move to audience demand.

In example (1), choices have been made regarding the three aspects of strategic manoeuvring as well in an attempt to balance the dialectical and rhetorical goals of the argumentation stage of the discussion. The argument is presented in a way deemed most effective and the preferences of the readers are taken into account. Another choice that is made is selecting, from all the available alternatives, the so-called positive variant of pragmatic argumentation (Feteris 2002). Besides this standard positive form of pragmatic argumentation, brochure writers have three more variants of this type of argumentation at their disposal. A move in which a particular variant of pragmatic argumentation is chosen, presented in a specific way and adapted to the audience, can be seen as an instance of strategic maneuvering aimed at balancing the dialectical and rhetorical goals of the argumentation stage of the discussion.

In this paper, I will examine what dialectical and rhetorical considerations steer the choices for one or the other variant of pragmatic argumentation in this specific context by using the extended pragma-dialectical theory. In section 2, I will give an account of the pragma-dialectical approach to pragmatic argumentation and present four variants of the argument scheme. In section 3, I will determine how the four variants can contribute to resolving a dispute by examining in what ways they can be employed to address

anticipated countermoves. In section 4, I will determine the strategic function of the variants by discussing examples of each of them, taken from brochures about HPV-vaccination, and by determining how the choice for that variant helps to balance brochure writers' dialectical and rhetorical goals. In section 5, I summarize the results and discuss the conclusions.

2. A PRAGMA-DIALECTICAL APPROACH TO PRAGMATIC ARGUMENTATION

To be able to determine how pragmatic argumentation may contribute to achieving the dialectical and rhetorical goals of the argumentation stage, it is necessary to give a description of the argument scheme and the possible variants of the scheme that can be used in health brochures.

In the pragma-dialectical theory, pragmatic argumentation is seen as a type of argumentation that is based on a causal relation (van Eemeren and Grootendorst 1992: 97). In pragmatic argumentation it is argued that some action is desirable or undesirable because it has desirable or undesirable consequences.[2] This type of argumentation differs from 'regular' causal arguments in that the argumentation comprises two statements: an empirical statement about the consequences of the action referred to in the standpoint and a normative statement about the desirability of those consequences. The desirability statement usually remains implicit, as was the case in example (1): it is obvious that the mentioned consequence (preventing cervical cancer) is desirable. The basic form of pragmatic argumentation is based on the following scheme in which 1 constitutes the standpoint, 1.1a and 1.1b the premises and 1.1a-1.1b' the unexpressed premise connecting the premises to the standpoint:

Variant I

1	Action X is desirable
1.1a	Action X leads to Y
1.1b	Y is desirable
1.1a-1.1b'	(If action X leads to Y and Y is desirable, then action X is desirable)

In the so-called negative variant it is argued that an action is undesirable because of its undesirable effects (Feteris 2002):

Variant II

1	Action X is undesirable
1.1a	Action X leads to Y
1.1b	Y is undesirable
1.1a-1.1b'	(If action X leads to Y and Y undesirable, then action X is undesirable)

[2] In principle, one could also point at desirable or undesirable consequences to support a factual claim, for example when a discussant defends the standpoint 'men are not better drivers than women' by arguing that it would have very negative consequences for women if this were true. From a pragma-dialectical perspective, this way of substantiating the claim is usually considered as an argumentum *ad consequentiam* fallacy. Since health brochures normally do not contain factual main standpoints, I will not discuss this issue in this paper.

Based on these two schemes, two more variants of pragmatic argumentation can be distinguished. Variant III is used to defend the (sub-)standpoint that some action X is not undesirable by arguing that the action does not have an undesirable consequence. Variant IV is used to defend the (sub-)standpoint that some action X is not desirable by arguing that it does not have a desirable consequence. Variant III and IV are represented in the following schemes:

Variant III

1	Action X is not undesirable
1.1a	Action X does not lead to Y
1.1b	Y is undesirable
1.1a-1.1b'	(If action X does not lead to Y and Y undesirable, then action X is not undesirable)

Variant IV

1	Action X is not desirable
1.1a	Action X does not lead to Y
1.1b	Y is desirable
1.1a-1.1b'	(If action X does not lead to Y and Y is desirable, then action X is not desirable)

In the pragma-dialectical typology, argument schemes are distinguished from one another because they require different assessment criteria (van Eemeren & Grootendorst 1992). For each argument scheme, a number of critical questions are proposed that serve as a tool for the analyst to assess whether the argument scheme is correctly applied. As these questions represent the kind of criticism arguers could expect when putting forward a particular type of argumentation, they also serve as a point of departure for discussants to determine what moves to anticipate. Van Eemeren, Houtlosser and Snoeck Henkemans (2007: 177-185) formulated the critical questions belonging to pragmatic argumentation as follows:

(1) Does the proposed cause (X) indeed lead to the mentioned (un)desirable result?
(2) Could the mentioned result be achieved or counteracted by other means as well?
(3) Are there any other factors that have to be present, together with the proposed cause, in order to create the mentioned (un)desirable result?
(4) Does the mentioned cause (X) not have any serious undesirable side-effects?
(5) Is that what is presented as result (Y) in the argumentation indeed desirable or undesirable?

In the next section, I will explain the function of pragmatic argumentation in the resolution process by showing how the variants can be instrumental in addressing specific moves that writers may anticipate.

3. THE FUNCTION OF PRAGMATIC ARGUMENTATION IN THE RESOLUTION PROCESS

3.1 Dialectical options in the argumentation stage

I will now first describe what options brochure writers have to reach the objective of the argumentation stage in the specific context of health brochures. Then, I will show how each of the variants of pragmatic argumentation deals with a particular kind of anticipated move.

Due to the characteristics of the institutional context in which the discussion in health brochures takes place, the resolution process differs from the ideal model of a critical discussion. In the confrontation stage, where the discussion parties ideally express their stance, it is established whether the dispute is non-mixed, when the other party only casts doubt on the standpoint, or mixed, when the other party also disagrees and has an opposing standpoint.[3] In health brochures it is not possible to make the difference of opinion explicit: the writers convey their view while the readers cannot express any doubt, criticism or opposing standpoint—which also has consequences for the course of the argumentation stage.

The dialectical goal of the argumentation stage is to test the acceptability of the standpoint(s) that were put forward in the confrontation stage. The discussants that have taken upon themselves the role of protagonist have to advance argumentation in reaction to the criticism expressed or ascribed to the antagonists until all questions have been answered and all doubts have been removed. The discussants that act as antagonists should express their doubt and criticism towards the protagonist's standpoint and argumentation. Ideally, the discussion parties exchange moves and countermoves, but in the implicit discussion of health brochures it is up to the writers to determine whether the dispute is non-mixed or mixed. Brochure writers can choose to attend to potential countermoves or not, whereas, in an explicit mixed discussion the writers would have to address all criticism that is expressed towards their case to fully comply with their dialectical obligations.

For reaching their dialectical objective in the argumentation stage, writers have two main options:

(1) defending their own standpoint against doubt
(2) addressing counterarguments and opposing standpoints

When they decide to select the first option, writers can choose to put forward different types of argumentation, combine them and give supporting subordinative argumentation. When they choose the second option, they not only expect doubt, but also possible counterarguments attacking the sufficiency of their argumentation or supporting a possible opposing standpoint (see Amjarso 2010 for an overview of types of countermoves). In both options, either by addressing doubt towards the standpoint or by attacking counterarguments, pragmatic argumentation could contribute to reaching the dialectical goal of the argumentation stage.

[3] In a pragma-dialectical analysis, additionally, single and multiple disputes are distinguished: single disputes are about only one proposition while multiple disputes concern more than one proposition (Van Eemeren and Grootendorst 1984: 78-83). For brevity's sake, I will leave this distinction out of the discussion.

3.2 Choosing pragmatic argumentation to address doubt towards the standpoint

The function of pragmatic argumentation in addressing countermoves can be clarified by using insights from speech act theory, incorporated into the pragma-dialectical theory. According to Van Eemeren and Grootendorst (1991: 163), language users performing a speech act will, in principle, assume that the speech act and all the commitments and presuppositions that come with it are acceptable to them and are considered to be acceptable to the listeners or readers. Whenever the act is expected to be questioned, the presupposition that the speech act is acceptable is no longer justified and the commitments associated with the speech act are open to debate as well.[4]

This speech act perspective is suitable for health brochures, because the argumentative discussion in that context revolves around the acceptability of a piece of advice. Expecting that their advice is not accepted by the readers at face value, writers put forward argumentation to show that their advice is acceptable. On the basis of Austin's (1962) and Searle's (1969) speech act theory and Van Eemeren and Grootendorst's (1984) additions, correctness conditions can be formulated that indicate when advice is acceptable. In anticipation of doubt and/or criticism, writers can try to justify their advice by arguing that certain correctness conditions are fulfilled. An important preparatory condition for accepting health advice advocating an action is that the writer believes that the action is in principle advantageous for the reader's health. For accepting advice that discourages an action, the action should be considered disadvantageous for the reader's health (see Searle 1969: 67).[5]

Since the desirability of the advocated or discouraged action is a crucial condition for accepting advice, brochure writers can expect that readers may have doubts with regard to this condition. In anticipation of this kind of doubt, writers can employ either the positive form (variant I) or the negative form (variant II) of pragmatic argumentation to show that the preparatory condition of advising is fulfilled: the positive form indicates that action X is desirable, because of its desirable effects and the negative form indicates that action X is undesirable because of its undesirable effects on the addressee's wellbeing. By removing anticipated doubt with respect to this preparatory condition, pragmatic argumentation is a dialectically relevant move in the testing procedure and thereby contributes to the resolution process.

3.3 Choosing pragmatic argumentation to address criticism and opposing standpoints

Besides doubt with respect to the standpoint, writers could also anticipate opposing standpoints or counterarguments attacking their argumentation. Although health brochures only represent one side of the discussion, writers may still try to address such countermoves in order to reach the dialectical goal of putting the standpoint to a critical test and

[4] Van Eemeren, Grootendorst, Jackson and Jacobs (1993: 95) argue that in fact all presuppositions and commitments associated with the performance of a particular speech act could turn into an expressed opinion. They call these commitments 'virtual standpoints' because they are not really put forward as such in the discussion, but the speaker implicitly accepts them by performing the speech act that is under discussion. Together the commitments that can be called into question form the so-called 'disagreement space' of the speech act.

[5] Other preparatory conditions are, for instance, that the speaker believes that the addressee in principle is able and prepared to perform the advised action.

remove as much doubt as possible. To attack possible criticism and opposing standpoints, variant III and IV of pragmatic argumentation can be used, usually alongside variant I and II.

When writers attempt to remove doubt about the standpoint by using pragmatic argumentation, they can expect the kind of criticism represented in the critical questions belonging to that argument scheme (see Section 2). Two of these questions, namely 2 and 4, can be dealt with by using variants of pragmatic argumentation. Criticism such as in question 2, 'Could the mentioned result be achieved or counteracted by other means as well?', can be attacked by using variant IV. Criticism such as represented in question 4 'Does the mentioned cause (X) not have any serious undesirable side-effects?' can be countered by employing variant III. I will explain these possibilities briefly with the help of some constructed examples.

Brochure writers with a standpoint such as 'you should get vaccinated', could try to remove potential doubt by arguing on the basis of variant I of pragmatic argumentation that 'vaccination leads to less chance of getting cancer (and that is desirable)'. A possible criticism is question 4: Does the mentioned cause (X) not have any serious undesirable side-effects? Such criticism comes down to an attack on the sufficiency of the argument to support the standpoint (see also Snoeck Henkemans 1997: 136): the audience might accept that vaccination indeed leads to a reduced chance of cancer, but, due to possible negative side-effects, the advice does not meet the preparatory condition that the action is desirable. Anticipating this reaction, variant III can be employed to attack the counterargument that the proposed action has undesirable side-effects that would undermine the desirability of the action. For example: 'Vaccination is not undesirable, because it does not lead to infertility (and infertility is undesirable)'.

Another possible criticism towards the argumentation is question 2: Could the result mentioned be achieved or counteracted by other means as well? The writers could anticipate a situation in which the audience thinks that there indeed is another means, just taking a smear test for instance, that meets the preparatory condition that the action should have desirable results. To attack such a countermove, writers can employ variant IV, for example by arguing 'taking a smear test is not desirable, because it does not lead to less chance of getting cancer (and that is desirable)', thereby denying that the preparatory condition of the alternative action is fulfilled.

What happens here is that the writers presuppose that the dispute is mixed and that they address a potential opposing standpoint ascribed to the readers. In such a situation, the writers argue that the action promoted in the opposing standpoint is not desirable, because it lacks the favourable effects needed to accept advice.

In short, the positive and the negative variant (I and II) of pragmatic argumentation can contribute to the resolution of the difference of opinion by removing anticipated doubt with respect to the standpoint. Variant III and IV are functional for addressing potential critical questions and opposing standpoints. In the next section I will discuss what the rhetorical advantages of using these variants are.

4. STRATEGIC FUNCTIONS OF PRAGMATIC ARGUMENTATION

4.1 Choosing pragmatic argumentation strategically in anticipation of doubt towards the standpoint

In the argumentation stage, discussants have, besides the dialectical objective to deal with doubt and criticism, the rhetorical aim to give the most effective defence and most effective attack. The choice for pragmatic argumentation instead of another type of argumentation could be considered as a strategic move in the pursuit of reconciling both goals. The strategic aspects of a strategic manoeuvre can be specified by examining the choices that have been made with respect to the topical potential, the adaptation to audience demand, and the presentational devices. For a precise analysis of these strategic choices within an institutionalized context, I will use examples from a campaign promoting vaccination against HPV, the human papillomavirus, which can cause cervical cancer.

The HPV-vaccine was introduced in the vaccination program around 2008 in many countries such as the US, Canada, the United Kingdom, the Netherlands, Germany, Spain, Australia, and New Zealand. The introduction caused great controversy in the media and the political arena, partly because of the marketing strategies pharmaceutical companies employed to influence the public and politicians, and partly because supposedly neither the safety nor the effectiveness of the promoted vaccines could be guaranteed. The examples I have selected are part of the British campaign brochure aimed at young girls and their parents. Even though the brochure is presented as a 'question and answer sheet' that supports the leaflet that girls in the target group had already received, it can be seen as an attempt to convince the readers to get themselves or their daughters vaccinated, because of the title 'beating cervical cancer' and the focus on the positive side of the vaccination.

The standpoint 'You should get your daughter vaccinated against HPV' is supported by variant I of pragmatic argumentation, which is represented in a variety of ways. The argument can be inferred from the title 'beating cervical cancer' and sentences like 'The HPV vaccine is being offered to your daughter to protect her against cervical cancer' and '[…] getting the vaccine as early as possible will protect them in the future', which can be reconstructed as: 'You should get your daughter vaccinated against HPV, because vaccinating your daughter against HPV prevents her from getting most cervical cancers'.

Pragmatic argumentation can be considered as an opportune choice from the topical potential in the argumentation stage, because it refers to the crucial preparatory condition concerning the desirability of the advised action, which must be fulfilled in order to get an advice accepted. In principle, writers have the burden of proof for the fulfillment of all correctness conditions, but they may strategically choose to give presence to those aspects of their advice that serve their case best. The desirability of the advocated or discouraged action will in many cases be easiest to justify. The basic positive and negative forms of pragmatic argumentation (variant I and II) are therefore suitable to give presence to a desirable or undesirable outcome, respectively.

In the British brochure, the choice for variant I of pragmatic argumentation is strategic because it is a way to emphasize the advantageous effect of vaccination. For example, in the statement 'The HPV vaccine is being offered to your daughter to protect her against cervical cancer', a direct link is made between the vaccine and the prevention of cervical cancer. The reference to the prevention of cervical cancer can be seen as an opportune

choice from the topical potential, because, in reality, the vaccine only prevents infection with two types of HPV, which can, in the long run, cause cervical cancer - but do not always do so. Omitting or mitigating this intermediate step by referring to cervical cancer instead of HPV—which also happens in many other HPV-campaigns—may be rhetorically effective, because preventing a frightening, deadly disease will be considered much more desirable than preventing a rather common disease such as HPV that need not cause any harm.

With respect to the choice of presentational devices in this particular brochure, two observations can be made, namely concerning the framing of the pragmatic argument[6] and the choice of the verb. In this example, the writer chooses a gain-frame to present the advice: vaccination will have the positive outcome that your daughter will have less risk of developing cervical cancer. The choice to use a verb such as 'protect' is, especially in the context of vaccination campaigns, probably an advantageous move. Since vaccination campaigns are aimed at convincing readers to undertake action while they are not ill at that moment, it is probably harder to convince them of the necessity to act, compared to, for instance, people who smoke or people who are overweight. The verb 'to protect' emphasizes the urgency of the message: it suggests that there is a danger one needs protection from.

The combination of these choices is also a way to adapt the argumentation to the intended audience, namely the girls eligible for vaccination and their mothers. The desirability of the effect is not made explicit, but in the first part of the brochure it was already stated that 'around 1000 women die from cervical cancer in the UK each year', so the idea of being able to undertake action themselves to prevent a possibly fatal disease will sound attractive to many girls. The choice for the verb 'protect' will make vaccination more appealing especially to the girls' mothers, as it shows that the girls run a large risk of developing cervical cancer when the advice is not followed and that vaccination is a way for mothers to avert this potential harm.

Since the brochure is aimed at encouraging an action, the negative form of pragmatic argumentation is not employed here. An example of this form can be found in one of the publications of the NVKP Nederlandse Vereniging Kritisch Prikken (Dutch Association Vaccinate Critically) which levelled strong criticism at the HPV-vaccination campaign in the Netherlands. The association argues that 'if you are infected with HPV, don't get vaccinated', because 'in that case, the chance of deviating cells in the cervix increases dramatically'. Here, an attempt is made to remove doubt with respect to the standpoint with negative advice by emphasizing the negative effect of the action. Both the positive and the negative variant of pragmatic argumentation have a strategic function in the resolution process, as they indicate that one of the preparatory conditions of advising is fulfilled. By making an opportune choice from the available moves, presenting the move in an appealing way and adapting the move to the intended audience, the case of the writer will be defended best; either to defend a positive advice, such as in the British HPV-brochure, or a negative advice, such as in the Dutch publication.[7]

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[6] The main distinction that is usually made in communication studies on health issues is between gain-framing and loss-framing. With gain-framing, the message focuses on what can be gained, a positive outcome, by the addressees when they follow advice. Loss-framing entails that the message focuses on what can be lost, a negative outcome, when advice is not followed.

[7] Writers also have the option of choosing multiple or coordinative argumentation to show that other conditions for the speech act of advising have been fulfilled as well, for example that the writers assume

4.2 Choosing pragmatic argumentation strategically in anticipation of criticism and opposing standpoints

Brochure writers can choose to anticipate the countermoves the other party could have made in an explicit discussion by using variant III and IV of pragmatic argumentation. By means of variant III it is possible to address the presence or absence of certain undesirable side-effect referred to in critical question 4. An example of this use of variant III is represented in (2), in which the writers anticipate the criticism that the HPV vaccine may have undesirable consequences for women who were pregnant at the moment of vaccination. The counterargument is attacked by arguing that vaccination has no undesirable consequences for the woman or her baby:

(2) *What should happen if HPV vaccine is given to a pregnant woman?*
[…]. Experience so far shows that there is no known risk that it will harm her or her baby and there is no reason to believe that the pregnancy cannot continue safely. (NHS 2008)

The argumentation is based on variant III of the pragmatic argumentation scheme, as the underlying structure can be reconstructed as: 'X (vaccination) is not undesirable', because 'X (vaccination) does not lead to undesirable consequence Y (harm to woman or baby)'. This particular example is obviously directed at a particular subgroup of the audience, but similar uses of variant III aimed at the whole audience can be found in which it is argued that vaccination does not cause serious negative side-effects and thus meets the preparatory condition. With such moves, the writers intend to make the best case by choosing to address an argument that readers might have against getting the vaccine. Dialectically, this move is relevant because it removes potential doubt concerning the sufficiency of the other arguments that are given in the text, which are most likely instances of the positive variant of pragmatic argumentation. Although the argument in (2) in itself does not constitute a reason for vaccination—after all, the absence of negative effects is no reason for accepting a piece of advice—it might be rhetorically effective because it contributes to the strength of the other argumentation in which the advantages of vaccination are mentioned. In addition, the move is adapted to part of the intended audience by considering a possible objection that some girls might have and the choice of presenting the argument as a response to a question instead of an attempt to convince the audience might cause readers to be more inclined to accept the standpoint.

Another option to reach the objectives of the argumentation stage is to tackle readers' possible contrary standpoints which entail an alternative to the brochure writers' proposed action, to which critical question 2 also refers. Variant IV of pragmatic argumentation is a strategic choice in anticipation of this possibility. The British HPV-brochure, for example, addresses the possible standpoint that boys should be vaccinated instead of girls:

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that the reader is, in principle, capable of performing the advocated action or stopping the discouraged action. This could be a strategic move in the event that the writers suspect the ability of the reader to act upon the piece of advice to be problematic. In the campaign mentioned, this possible hindrance was anticipated by pointing to the fact that girls could get the vaccination without permission of their parents.

(3) Why aren't boys being vaccinated?
The purpose of this campaign is to protect girls and women against cervical cancer. Obviously, boys do not get cervical cancer. By protecting all girls against the two most common causes of cervical cancer eventually there will be fewer viruses circulating and so the risk for boys of coming into contact with the virus will get less. Boys need to know about safer sex to reduce the risk of them catching and spreading the cancer-causing virus. (NHS 2008)

The argumentation can be reconstructed as 'X (vaccinating boys) is not desirable', because 'X (vaccinating boys) does not lead to Y (protecting girls from getting cervical cancer)' and has variant IV of pragmatic argumentation as its underlying scheme. The writers attack the anticipated standpoint by showing that the alternative action does not lead to the goal of the action advocated in the brochure.

An attack on the other party's standpoint, such as in (3), does not discharge the writers from defending their own standpoint: when both parties adopt a standpoint, both have a burden of proof. The choice for variant IV as an attack on the other party's standpoint can still be strategic because a successful attack forces the other party to withdraw his standpoint, thereby removing a threat to the writers' standpoint. Besides, when attacking a standpoint in which an action is proposed, one only has to show that one of the correctness conditions is not fulfilled, while when defending a standpoint, one has the burden of proof for the fulfillment of all conditions.

Choosing to address the topic of vaccinating boys can be considered strategic as it appeals to the audience of young girls and their mothers who might wonder why only girls and not boys of the same age are recommended to get the vaccine. By arguing that vaccinating boys does not have the advantageous effect that vaccinating girls has, the proposed action comes across as the only option. Again, the move is presented as a question-answer sequence, thereby downplaying the seriousness of vaccinating boys as an alternative.

In summary, in anticipation of doubt with respect to the standpoint, variant I and II of pragmatic argumentation can be used strategically to show that an important preparatory condition is fulfilled by giving presence to the desirable consequences of an action. Variant III can, in anticipation of critical question 4, be useful to counter criticism of the argumentation, whereas variant IV can be used strategically to attack an opposing standpoint, thereby making it easier to defend one's own case.

5. CONCLUSION

By using the extended pragma-dialectical theory, I have tried to make clear that the four variants of pragmatic argumentation that can be distinguished each have a strategic function in the argumentation stage of health brochures. In the pragma-dialectical framework, health brochures can be reconstructed as an implicit discussion between writers and readers in which a difference of opinion about the acceptability of advice is presupposed. The choice for a particular variant can be seen as a strategic manoeuvre aimed at reconciling the dialectical and rhetorical objectives of the argumentation stage of this implicit discussion.

Variants I and II of pragmatic argumentation contribute to the resolution of the presupposed difference of opinion by showing that the preparatory condition concerning the desirability of the action recommended or discouraged by the writers is fulfilled. Anticipating doubt with respect to their standpoint, writers can strategically choose to focus on a particular desirable outcome that can be reached by following up their positive ad-

vice (with variant I), or they can focus on the undesirable outcome that can be prevented by following up their negative advice (with variant II). Variants III and IV contribute to resolving the dispute by attacking criticism and opposing standpoints, thereby making the defence of the standpoint easier. When writers expect counterarguments, they can use pragmatic argumentation to strategically erase criticism with respect to possible side-effects of the proposed action (with variant III), or they can attack a possible alternative to the proposed action (with variant IV). In each of these moves, writers try to make a suitable choice from the topical potential, present the move in an appealing fashion and take the preferences of the readers into account to defend their case best.

So far, the argumentative aspects of health promotion have mainly been the subject of persuasion research, the focus of which is usually limited to the relative persuasiveness of evidence types which 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 and Kahneman 1981; Block and Keller 1995; Rothman and Salovey 1997), but these studies usually lack a theoretical foundation on the basis of which—variants of—argument schemes can be distinguished and they do not address dialectical aspects of argumentation. In contributions that, up to now, have been written on pragmatic argumentation from an argumentation-theoretical perspective (see Schellens 1985; Kienpointner 1992; Garssen 1997; Feteris 2002) no specific attention is paid to the context of health promotion in which this type of argumentation plays such an important role. The proposed pragma-dialectical analysis shows that there is a systematic connection between advice and potential countermoves, and a specific variant of pragmatic argumentation, and enables a theoretically founded analysis and evaluation of such forms within the context of health promotion.

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Commentary on "CHOOSING VARIANTS OF PRAGMATIC ARGUMENTATION IN ANTICIPATION OF COUNTER-MOVES IN HEALTH BROCHURES" by Lotte van Poppel

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1. INTRODUCTION

In her paper, *Choosing variants of pragmatic argumentation in anticipation of counter-moves in health brochures,* van Poppel demonstrates the strategic function of four variants of pragmatic argumentation. She argues that each variant can serve as a strategic manoeuvre in the argumentation stage of health brochures, with specific reference to brochures promoting human papillomavirus (HPV) vaccination. It is van Poppel's goal to pay attention to the dialectical criteria present in health brochures, not just the rhetorical effects, and demonstrate a theoretically-founded evaluation. Below, I recognize an advantage of taking on this line of research. Before doing that I point out some of the concerns I have with articulating a brochure in the context of a pragma-dialectical argument - these concerns are not unnoticed by the author herself.

2. DOES A HEALTH BROCHURE PROVIDE AN AUTHENTIC FORUM OF DIALECTICAL ARGUMENT?

Van Poppel argues that the argument types of health brochures are pragmatic in nature, specifically pointing to the standpoint(s) and corresponding reasons found in HPV vaccination brochures. Van Poppel elaborates the basic form of pragmatic arguments to include four different schemes. As a descriptive exercise, applying pragmatic schemes to help diagram, and even propose possible arguments given the context, is helpful and beneficial. I speak more about the extent of these benefits toward the end of my paper. While the diagrams and strategy of developing argument schemes is a helpful aid in thinking about the dialectical relationship between arguer (i.e. brochure writer) and audience (i.e. public), I worry about thinking of arguments in health brochures as authentic dialectical arguments.

In the pragma-dialectical approach to argumentation, critical discussion—where there is an exchange of views between interlocutors in order to resolve a difference of opinion—is key (van Eemeren & Grootendorst 2004: 52). While van Poppel shows how easily the arguments can be outlined, or diagrammed, my hesitation is that there is no real dialogue exchange between multiple parties in the context of a HPV vaccination brochure. It makes sense that a brochure that aims to convince its audience to do something, or not to do something, falls under the category of rhetoric. Consequently how audiences respond, whether they take the advice, think about the vaccine, research HPV, or reject

Zenker, F. (ed.). *Argumentation: Cognition and Community. Proceedings of the 9th International Conference of the Ontario Society for the Study of Argumentation* (OSSA), May 18-21, 2011. Windsor, ON (CD ROM), pp. 1-4.

the vaccine altogether, is in keeping with rhetorical goals in argumentation. Whether there is a difference of opinion is not necessarily in question, but whether/when a difference of opinion is resolved is unclear. It is these concerns that prompt my suggestion that brochures could be inauthentic dialogues.

A critical discussion is a subtype of persuasive dialogue, an idealized version (Walton: 48, emphasis added). What distinguishes critical discussion from persuasion is the resolution of a conflict of opinion, that takes place, "only if somebody retracts his doubt because he has been convinced by the other party's argumentation or if he withdraws his standpoint because he has realized his argumentation cannot stand up to the other party's criticism" (van Eemeren & Grootendorst 1992: 34, emphasis added). The reactions of the audiences of health brochures adheres to this notion of resolving a conflict of opinion, that is: audiences can retract possible doubt by getting a HPV vaccination. The problem is that it is not clear that the brochure writer can/will withdraw his/her standpoint, realistically speaking. While it is possible that a brochure can change over time, or that more information can be added based on audience feedback, or public concerns, the brochure writer is unlikely to ever retract his/her initial standpoint. For example, "don't get the HPV vaccination" does not seem like a plausible retraction for a pro HPV vaccine brochure writer. Thus, it seems somewhat problematic to attribute critical discussion, or dialectical arguments, between brochure writer and relevant audiences.

The concern I have is addressed in part by van Poppel: "in health brochures it is not possible to make the difference of opinion explicit—the writers convey their view while the readers cannot express any doubt, criticism or opposing standpoint" (5). As part of the audience, or an analyst of the argument dialogue, we can see the standpoint(s) presented by the HPV vaccination promoters, for the sake of argument let's declare the arguer the government. While we can access the government's HPV vaccination argument(s), we may not be fully aware of the doubt or counter-considerations the audiences at large may have. We have glimpses of these concerns in the media, letters to a newspaper for instance, but we do not have access to the government's dialectical responses(s), or even know if the doubt or counterarguments are adequately considered. Though van Poppel agrees that this dialogue is not all explicit, I think the concerns are worth thinking about, since without an argument context where all parties are cognizant of a standpoint, its reasons, deciding whether to reject, or accept the standpoint, and dialoguing about it, so that a difference of opinion is truly resolved, treating the arguments of HPV vaccination brochures as dialectical enterprises can be presumptuous. What happens when it is impossible to get to the point where, "all questions have been answered and all doubts have been removed" because true interaction on the government's part is not apparent? The dialogue is dialectical insofar as we remain within the parameters of the brochures. I worry that within this context the government controls the argument process and some of the audiences' concerns, doubts, questions, or counterarguments may not be heard.

3. EVALUATING HEALTH BROCHURES AS PRAGMA-DIALECTICAL ARGUMENTS

Setting aside the concern of an authentic dialectical relationship, some of the critical questions that belong to pragmatic argumentation (summarized by van Poppel) demonstrate the weakness of arguments in brochures. For instance, the second question reads: "Could the mentioned result be achieved or counteracted by other means as well?" If

there is another way that women can remain free from cervical cancer that is caused by HPV infections, it is not addressed by a pro-HPV vaccination brochure. The brochures for HPV vaccination focus mostly on the HPV vaccination. For examples, the following questions are a selection from a number of questions one brochure addresses: What happens if a pregnant woman is vaccinated? What happens if the female misses school when the vaccine is administered? What are some side effects of the vaccination? (NHS 2008).

The fourth question reads: "Does the mentioned cause not have any serious undesirable side effects?" Even if a lengthier brochure that encompasses extensive information on the HPV vaccination addresses side-effects, they are not staggering or life-worrying. They are labelled "minor" and the audience is instructed to read the side effects on a pamphlet that accompanies each vaccine, and not necessarily on a poster or public brochure (NHS 2008). This is problematic, as the body recommending the vaccine does not disseminate all the information, but will distribute it once the vaccine is administered. If the vaccine has significant side effects, would we expect a brochure that promotes that vaccine to outline them? Maybe they would? Should we assume that if the vaccine is government-promoted that we should rest assured a brochure provides accurate information?

Van Poppel writes, "These questions not only serve as a tool for the analyst to assess whether the argument scheme is correctly applied, but also as a point of departure for discussants to determine what type of criticism they can expect" (5). My sense is that these questions are helpful in determining whether brochure writers are being forthright, or disseminating all information that is required to make informed decisions regarding the acceptance of a standpoint (i.e. "get the HPV vaccination"). If the brochure writer, or the government as arguer, actually considers these questions in an objective, critical manner - in the spirit of a critical discussion - then my concerns in Section 2 would be addressed and a platform for strong and reputable marketplace argument is possible.

4. A QUASI-ANALOGY

Van Poppel's paper reminded me of a first person narrative of a Toronto man who had always resisted the flu shot, mostly for what read as intuitive reasons, until one day, during a routine check-up at the beginning of flu season, when his Dr. encouraged him to get the flu shot (Galt 2006). Now Galt felt pressure to get the vaccination from his wife, doctor, and the Ontario Ministry of Health, as it was promoting the flu shot to Ontarians. He received the flu shot for the first time and fell into a long battle with neurological complications, leaving him physically helpless. In this particular article I reference, dated fourteen months after his vaccination, Galt writes about his experience and subsequent flu vaccination research; he is still in recovery mode, hoping to return to the healthy physical condition he was in prior to the vaccination.

The flu shot vaccination has side effects, such as paralysis, or peripheral nerve damage—this is rare but apparently well documented (ibid.). These side effects are not made explicit in posters within doctor's offices, news reports during flu season, and so on. Some quick research of my own shows that news releases (in print form) from the Ministry of Health in Ontario do acknowledge minor, extremely rare, neurological side effects, but they are not elaborated or addressed. I do not intend the flu shot vaccine to be a direct analogy to the HPV vaccination, as I am not implying that there could be such serious side-effects to the HPV vaccination too. However, I am skeptical about how much

the brochure-writer for the HPV vaccine would reveal to its audience. If I wanted to learn more about the rare side-effects of the flu shot, I would not rely on the Ministry's brochures or news releases. I might have to refer to medical journals to get substantial answers to the doubt I have about flu vaccinations. Thus, my hesitancy stems from the information that may be omitted or deemphasized in the health brochures, even if it is information that is not denied. It seems to me that having a sincere, real, dialectical exchange can get at this information though. It is possible that if my suspicions about pro-vaccine arguers not authentically engaging in dialectical discourse within the marketplace is warranted, then the very facets of the pragma-dialectical program can be implemented to alleviate any concerns and support sincere, or authentic, dialectical exchanges.

5. CONCLUSION

I acknowledge that maybe the problem with accepting pragma-dialectics as an apt tool to descriptively and normatively address health brochures lies with me. Van Poppel treats health brochures with more credit than I do perhaps, as I treat the general domain of health brochures as I would public advertising, which makes me skeptical. Also, that the vaccination is a medication that pharmaceuticals are selling, and some brochures themselves cite Cervarix® does sustain this skepticism I have (NHS 2008). I end on a more positive note though.

Van Poppel is focused on balancing dialectical reasonableness and rhetorical success, and I can sympathize with this project. My problem does not lie with pragma-dialectics or van Poppel's ideas but rather with insincere interlocutors, or maybe even unaware interlocutors (i.e. interlocutors who are unaware of the facets of a strong critical dialogue). I think if van Poppel's paper was given credence outside of Argumentation Theory, it could push brochure writers to provide accurate and strong marketplace argumentation, providing a sense of accountability that skeptical audiences can begin to trust. If brochure writers adhered to pragma-dialectical rules of argumentation, or paid attention to the critical questions associated with the pragmatic schemes they could employ, in a conscious manner and not by chance, this could set a precedent for strong arguments in the marketplace. An implication I am especially interested in is the trust that can build between health brochure writers with their audiences.

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