

# ISSA Proceedings 2010 - Solving Potential Disputes In Health Brochures With Pragmatic Argumentation



## 1. Introduction

Governmental institutions and non-profit organizations regularly publish health brochures and leaflets in which they offer health advice. The readers are, for instance, encouraged to improve their diet or are discouraged to consume alcohol. An obvious way to promote certain behavior is to point at the positive consequences of that behavior. To discourage certain behavior one can mention the negative consequences of that behavior.

By going into the desirable or undesirable effects, brochure writers try to remove possible doubt or opposition towards the given advice, so that the reader is more likely to accept it. In other words, an attempt is made to convince the reader of the standpoint that the given advice is acceptable. Pointing at the advantages or disadvantages of a promoted or discouraged course of action can thus be interpreted as argumentation that is given in support of a standpoint. This type of argumentation is called pragmatic argumentation. In example (1) we see a manifestation of this type of argumentation in a health brochure:

*(1) Place your baby on the back to sleep from the very beginning. This will reduce the risk of cot death.* ('Reduce the risk of cot death', UK Department of Health, 2007)

In the example, pragmatic argumentation is used to justify why it is desirable to place a baby on the back to sleep: this way of putting the baby to sleep namely has the desirable effect of reducing the risk of cot death.

Besides the standard positive form of pragmatic argumentation exemplified in (1), brochure writers have three more variants of this type of argumentation at their disposal. In this paper, I will examine what dialectical and rhetorical considerations steer the choices for one or the other variant in argumentative discourse in this specific context. To explain this, I will depart from the extended pragma-dialectical theory, developed by Van Eemeren and Grootendorst (1984,

1992, 2004) and Van Eemeren and Houtlosser (2002, 2006).

In pragma-dialectics it is assumed that arguers engage in an argumentative discussion with a dialectical objective, which means that they want to solve their difference of opinion on reasonable grounds. To reach this goal, they ideally go through four discussion stages: the confrontation stage (in which the dispute is externalized), the opening stage (in which the roles, rules and starting points are established), the argumentation stage (in which the standpoints are critically tested), and the concluding stage (in which the outcome of the discussion is established) (Van Eemeren & Grootendorst 1992). From this perspective, pragmatic argumentation should be seen as a move in the argumentation stage that should contribute to the resolution of the dispute over the acceptability of an advice.

According to Van Eemeren and Houtlosser (2002, 2006) discussants have, besides their dialectical objective, also a rhetorical goal: they want to win the discussion. That is why Van Eemeren and Houtlosser introduced the concept of strategic maneuvering to refer to the efforts of arguers to find a balance between their wish to get their standpoint accepted by the audience and their wish to get there in a reasonable way. In every discussion stage and in every move three aspects of strategic maneuvering can be analytically distinguished: discussants make a selection from the topical potential, they use certain stylistic devices and they adapt their move to the preferences of the audience.

In this paper, I try to explain the choices for particular manifestations of pragmatic argumentation by reconstructing the argumentation as a complex move in a critical discussion. To do this, I will, in section 2, first discuss the dialectical options available to the writer in the argumentation stage. In section 3 I will give a more elaborate account of the pragma-dialectical approach to pragmatic argumentation and present the four distinguishable variants of the pragmatic argumentation scheme. In section 4 I will discuss the choice for pragmatic argumentation and for each specific variant of the scheme in terms of strategic maneuvering. By using speech act theory I will explain why pragmatic argumentation plays such a prominent role in health brochures. Finally, I will discuss how specific choices from the available options may be instrumental for brochure writers to balance their dialectical and rhetorical goals.

## *2. Dialectical options in the argumentation stage*

The dialectical goal of the argumentation stage is to test the tenability of the standpoint at hand. The tasks of the discussion parties depend on their role in the discussion and the type of dispute that gave rise to the discussion. Discussion parties can either adopt the role of protagonist or proponent of a standpoint, or antagonist or opponent of a standpoint. The dispute can be either mixed or non-mixed. [i]

In a non-mixed discussion one language user advances a point of view in respect to an expressed opinion while another language user casts doubt on the expressed opinion. In this case, the first speaker adopts the role of protagonist and he is the only party with a burden of proof, while the other party adopts the role of antagonist and only responds to the moves of the protagonist. In a discussion like this the protagonist's task in the argumentation stage is to defend his or her standpoint by putting forward argumentation and to respond to the antagonist's doubt and criticism expressed towards the argumentation

In a mixed discussion, more than one language user advances a point of view. This means that there are (at least) two parties who assume the role of protagonist of their own standpoint and antagonist of the other party's standpoint. In the argumentation stage, both parties have a burden of proof and have the task of putting forward pro-argumentation for their standpoint, but since they also have to deal with an opposing standpoint, they will have to address the argumentation of the other party as well (Van Eemeren & Grootendorst 1984, pp. 78-83).

In a health brochure, and in other written texts, a difference of opinion cannot explicitly come to the fore: since only one of the parties expresses his or her view, the discussion always remains implicit. Nevertheless, the writers undertake an attempt to convince the readers of their opinion and hence the brochure can be reconstructed as (one side of) a critical discussion in which the writers act as protagonist and the (absent) readers as antagonist.

Ideally, the parties exchange moves and countermoves but in an implicit discussion the writers can only anticipate possible views and responses of the absent audience. They thus have the choice to interpret the possible difference of opinion as either non-mixed or mixed. They can choose to deal with potential doubt, criticism and opposing standpoints or not, whereas, in an explicit mixed discussion the writers would have to address all criticism towards their case to

fully comply with their dialectical obligations.

The two main options for brochure writers as they adopt the role of protagonist are to defend their own standpoint and to attack the argumentation in support of the opponent's standpoint. In principle they could also choose not to give any arguments, but it is unlikely this serves their dialectical or rhetorical aspirations. When they decide to defend their standpoint, they can choose from different types of argumentation, each of which is based on a different argument scheme. In the pragma-dialectical theory, the three main categories of argument types that are distinguished are symptomatic, causal and analogy argumentation. Pragmatic argumentation is categorized as a subtype of causal argumentation. The writers have the possibility to combine (different types of) arguments and to give supporting subordinative argumentation.

If the writers expect the audience to not only doubt the standpoint, but even to disagree, they may ascribe an opposing standpoint (a negative standpoint) and even possible arguments for that standpoint to the audience. In that case, they have the option to respond to the arguments that the audience might give in support of their own views.

From all the options available, pragmatic argumentation is the type of argumentation that is predominantly used in health brochures to justify the claim (See, for example, Schellens & De Jong 2004). Before I discuss why there is a preference for pragmatic argumentation, I will first give an account of the pragma-dialectical approach to pragmatic argumentation.

### *3. Pragma-dialectical approach to pragmatic argumentation*

Pragmatic argumentation always involves a standpoint in which a claim is made about the desirability of a course of action, plan or policy. **[ii]** In its most explicit form, pragmatic argumentation consists of two statements: an empirical statement about the consequences of the action mentioned in the standpoint and a normative statement about the desirability of those consequences. In the so-called negative variant of pragmatic argumentation one points at the negative consequences of the action that is discouraged in the standpoint (Feteris 2002, p. 354). The desirability or undesirability usually remains implicit, as was the case in example (1): it is obvious that the mentioned consequence (reducing the risk of cot death) is a desirable result. The basic form of pragmatic argumentation is based on the following scheme:

1 Action X is desirable

1.1a because: Action X leads to consequence Y

1.1b and: Consequence Y is desirable

1.1a-1.1b' (If X leads to desirable consequence Y, then X is desirable)

On the basis of this scheme, three more variants can be distinguished. These are the negative variant (Variant II), and two variants in which the causal connection between the action in the conclusion and an undesirable (Variant III) or a desirable (Variant IV) consequence is denied (see also Feteris 2002):

Variant II:

Action X is undesirable

Because: Action X leads to consequence Y

And: Consequence Y is undesirable

(If X leads to undesirable consequence Y, then X is undesirable)

Variant III:

Action X is not undesirable

Because: Action X does not lead to consequence Y

And: Consequence Y is undesirable

(If X does not lead to undesirable consequence Y, then X is not undesirable)

Variant IV:

Action X is not desirable

Because: Action X does not lead to consequence Y

And: Consequence Y is desirable

(if X does not lead to desirable consequence Y, then X is not desirable)

The pragma-dialectical approach offers the following critical questions for the evaluation of pragmatic argumentation:

*Is the mentioned effect (Y) really so (un)desirable?*

*Will that which is presented as the cause (Z) indeed lead to that which is presented as the (un)desirable effect (Y)?*

*Are there any other factors that need to be present together with that which is presented as the cause (Z) to achieve the mentioned (un)desirable effect (Y)?*

*Does the mentioned cause (Z) not have any serious undesirable side effects?*

*Could the mentioned effect (Y) be achieved more easily by way of another measure? (Garssen 1997, p. 22)*

These questions not only serve as a tool for the analyst to assess whether the

argument scheme is correctly applied, but they also function as a point of departure for discussants to determine what type of criticism they can expect when using pragmatic argumentation. In the next section on the strategic function of the variants of pragmatic argumentation I will come back to these questions.

#### *4. Maneuvering strategically with pragmatic argumentation*

##### *4.1. The function of pragmatic argumentation in health brochures*

In order to explain the choice for a specific variant of pragmatic argumentation it is important to consider why pragmatic argumentation plays such a prominent role in health promotion in the first place. Insights from speech act theory, adopted in the pragma-dialectical theory of argumentation, help to shed light on the connection between pragmatic argumentation and the specific context discussed here.

The preference for pragmatic argumentation stems from the fact that the central speech act in health brochures is the speech act of advising. According to Van Eemeren and Grootendorst (1991, p. 163) every language user will assume that the speech act he performs is, in principle, correct and acceptable from his own perspective and from that of the listener or reader. Therefore, one can ascribe the presupposition to the writer that 'the performed speech act is acceptable'. When doubt about the acceptability of the speech act is expressed or expected, the presupposition that the speech act is acceptable is no longer justified and is open to debate.**[iii]**

Since the audience might oppose advice in health brochures, writers will attempt to remove potential doubt or criticism. On the basis of Austin (1962) and Searle's (1969) speech act theory Van Eemeren and Grootendorst's (1984) additions, correctness conditions can be formulated that indicate when an advice is acceptable. Readers will only accept an advice when certain conditions have, in their eyes, been fulfilled.

A distinction can be made between positive advice, in which behavior is advocated, and negative advice, in which behavior is discouraged. An important preparatory condition for accepting positive advice is that the writer believes that the advocated behavior is in principle desirable for the reader (see Searle 1969, p.67). For accepting negative advice the discouraged behavior should be considered undesirable for the reader's health.**[iv]**

In written texts writers can, in anticipation of criticism, try to justify their claim that the given advice is acceptable by stating that certain correctness conditions are fulfilled. Pragmatic argumentation can fulfill the function of showing that an action is desirable by indicating that it has desirable effects, or that an action is undesirable because it has undesirable effects for the health of the addressee. In this way, putting forward pragmatic argumentation may contribute to solving a potential difference of opinion about the acceptability of the given health advice.

On the basis of this speech act perspective, the main standpoint in health brochures can best be reconstructed as 'The advice to do X is acceptable'.**[v]** Since the desirability of the advocated or discouraged action is a crucial condition for the acceptability of the advice, the main argument can be reconstructed as 'Action X is (un)desirable'. It is this (sub)standpoint that is supported with pragmatic argumentation.

Figure 1 represents a general pragma-dialectical reconstruction of the main argumentation in health brochures.**[vi]**

(1. Standpoint: The advice (not) to do X is acceptable)

1.1 Action X is (un)desirable

1.1.1a Because: Action X leads to consequence Y

1.1.1b And: Consequence Y is (un)desirable

(1.1.1a-1.1.1b' If X leads to (un)desirable consequence Y, then action X (un)desirable)

*Figure 1: Reconstruction of pragmatic argumentation in a health brochure*

The reconstruction shows that the normative (sub)standpoint 1.1 is supported with argument 1.1.1a that the advocated or discouraged action leads to consequence Y and argument 1.1.1b that consequence Y is desirable or undesirable for the addressee.

1.1.1a-1.1.1b' is the unexpressed or linking premise which connects the coordinative arguments 1.1.1a and 1.1.1b to substandpoint 1.1.

In practice, the underlying structure of the argumentation in health brochures

will not always coincide with the structure represented in figure 1. First, figure 1 represents only one line of defense, while a brochure may contain many more arguments and types of argument, which may refer to other correctness conditions pertaining to the speech act of advising. I will not go into those arguments in this paper.

Second, figure 1 departs from the basic form of a difference of opinion in which a discussant puts forward a positive standpoint while expecting only doubt. Differences of opinion can be much more complicated than that, for example when other parties express opposing standpoints or counterarguments. These more complicated situations will be discussed in section 4.3 after I deal with the strategic function of choosing pragmatic argumentation to defend a standpoint.

#### *4.2. Defending a standpoint with pragmatic argumentation*

In the argumentation stage, discussants have, besides the dialectical objective to test the tenability of the standpoint, the rhetorical aim to give the most effective defense and most effective attack. The choice for pragmatic argumentation instead of another type of argumentation should thus be considered as a strategic move in the pursuit of reconciling both goals.

Pragmatic argumentation can be seen as an opportune choice from the topical potential in the argumentation stage, because it refers to the crucial condition that 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. Writers may, however, strategically choose to give presence to those aspects of the 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.

To illustrate this, I will discuss the Dutch 2009 brochure entitled 'Prik en bescherm. Voorkom baarmoederhalskanker' ('Vaccinate and protect. Prevent cervical cancer') published by the RIVM, the National Institute for Public Health and Environment. The brochure was part of a campaign to encourage young girls to get vaccinated against the human papillomavirus (HPV) to prevent cervical cancer. The rapid introduction of this vaccine in the country's vaccination program in 2008 caused great consternation in the media and the political arena, partly because of the marketing strategies pharmaceutical companies employed



to influence the public and politicians. Moreover, the RIVM was criticized on its method and on the message it had distributed.

The slogan of the 2009 vaccination campaign was, translated into English, 'Vaccinate and protect. Prevent cervical cancer'. These encouragements in imperative form state that the reader should get the vaccination because that is the way to prevent getting cervical cancer. From this directive speech act, the standpoint can be reconstructed as 'The advice to vaccinate against HPV is acceptable'.

The main reason that is given to follow up on the advice is that 'if you vaccinate against HPV, then you reduce the chance of getting cervical cancer'. This pragmatic argument is meant to indicate the desirability of doing what was recommended. The desirability of the effect is not made explicit, but in the first part of the brochure it was already presupposed that cervical cancer is 'a serious disease' which causes 200 deaths a year. For a lot of girls, the idea of being able to undertake action themselves to prevent a possibly fatal disease will sound attractive. In this brochure, the writer chose to use the basic positive form of pragmatic argumentation (Variant I) to give presence to the desirable consequence that vaccination would prevent cervical cancer. In case of negative advice, Variant II of pragmatic argumentation would have been the opportune choice.

The writer also has the option of choosing multiple or coordinative argumentation to show that other conditions have been fulfilled as well, for example that the writer assumes that the reader in principle is capable of performing the advocated behavior or stopping the discouraged behavior. When the writer suspects that the ability to live up to the advice may be problematic, this could be an opportune move. In the mentioned campaign, this possible hindrance was anticipated by pointing to the fact that girls could get the vaccination without permission of their parents.

#### *4.3 Addressing possible counterarguments with pragmatic argumentation*

Besides the aforementioned option to defend their own standpoint, writers have the possibility to anticipate possible countermoves by readers who potentially disagree. Health brochures obviously only represent one side of the discussion, but writers may still try to address counterclaims and arguments in order to strengthen their own position. When writers anticipate a mixed dispute, they

presume that another party is of the opinion that the writers' advice is unacceptable or that another advice is (more) acceptable than that of the writers. The brochure writers can choose to anticipate the arguments the other party would have put forward in an explicit discussion by using variant III and IV of pragmatic argumentation.

The critical questions belonging to the argument scheme of pragmatic argumentation (see section 3) represent the kind of criticism one might expect when defending a claim with this type of argumentation. Two of these questions can be dealt with by using variant III and IV of pragmatic argumentation and are thus especially relevant here. These are question 4 ('Does the mentioned cause (Z) not have any serious undesirable side effects?') and question 5 ('Could the mentioned effect (Y) be achieved more easily by way of another measure?').

By means of Variant III of pragmatic argumentation it is possible to address the presence or absence of certain undesirable side-effect to which question 4 refers. To show this, I use material from the HPV-campaign that was launched in 2010. The HPV-campaign in the Netherlands was renewed in 2010 to be able to deal better with the audience's criticism. In the new HPV-brochure in 2010, pragmatic argumentation was chosen to anticipate the criticism that the HPV-vaccination may lead to infertility. The counterargument was attacked by denying that vaccination leads to the undesirable consequence of infertility:

(2) *"Can the vaccination cause infertility?"*

No. The injection affects your immune system, your natural protection against infections. The injection has no effect whatsoever on your hormones and your reproductive organs and so it can never cause infertility. (My trans. from 'Prik en bescherm. Laat je inenten tegen baarmoederhalskanker.' RIVM, March 2010)

The writers could also try to tackle possible opposing standpoints of the readers. In the case of the HPV-vaccination campaign, for instance, the Vaccination Institute decided to address the standpoint of the Dutch organization 'Vaccinate critically', which discouraged people from letting themselves or their daughters get vaccinated. In this situation, the writers chose to attack another party's standpoint, in other words, the writers tried to show that the advice of the organization was unacceptable.

The burden of proof for such a standpoint is smaller than for a standpoint with the

proposition that the advice to do X is acceptable. When attacking, one only has to show that one of the correctness conditions is not fulfilled, while when defending, one has the burden of proof for the fulfillment of all conditions.

In this situation, writers have the option to point out by means of pragmatic argumentation that vaccination is not undesirable (as is presupposed by the advice not to vaccinate). In the new campaign, the writers refer to one of the arguments that the organization Vaccinate critically gave in defense of its negative advice. The organization argued that vaccination is undesirable, because it may lead to paralysis. In the campaign brochure, it was denied that this negative effect could occur, so that the negative advice was no longer acceptable. This move is in fact a way to deal with critical question 4 about possible side-effects of the promoted behavior:

*(3) "I heard you can get paralyzed because of the injection, is that true?"*

No, in America, a girl got paralyzed, just after she got a HPV- vaccination. The paralysis was not caused by the injection, but had other causes. So she would have been paralyzed without the vaccination as well. Unfortunately, this has been picked up by the media in the wrong way and was then spread. ( My trans. from 'Prik en bescherm. Laat je inenten tegen baarmoederhalskanker.' RIVM, March 2010)

The pragmatic argumentation in both example (2) and (3) can be reconstructed as 'X (vaccination is not undesirable)', because 'X (vaccination) does not lead to undesirable consequence Y (infertility/paralysis)'. In both examples the argumentation is based on variant III of the pragmatic argumentation scheme.

Another option is to address possible alternative actions that another party might propose instead of the brochure writer's advice, which is an aspect that is dealt with by critical question 5. Variant IV of pragmatic argumentation is a strategic way to deal with this possibility. In a brochure about fruit and vegetables, for example, the writers anticipate the alternative to take vitamin pills instead of eating fruit and vegetables:

*(4) Is a vitamin pill a good alternative to vegetables and fruit?*

Vitamin pills or other supplements cannot replace vegetables and fruit. Vegetables and fruit contain, apart from vitamins and minerals, many other useful

substances. It is still unknown which of those exactly protect against illnesses. Research shows that it is important to get these substances in all together. A vitamin pill does not have the same effect. (My trans. from 'Groente- en fruitwijzer', Voedingscentrum)

The fragment stems from a brochure that contains the advice to eat a lot of fruit and vegetables. The desirability of this behavior is supported with pragmatic argumentation in which it is pointed out that eating fruit and vegetables has the desirable effect that it offers nutrients that reduce the risk of cancer. In the brochure, the writers anticipate a possible objection to the advice that there is an alternative, and easier, way of obtaining these nutrients, namely by taking vitamin pills or other supplements. In example (4), the writers attack this objection by saying that the alternative does not have such positive effects as eating fruit and vegetables does. The argumentation can be reconstructed as 'X (taking vitamin pills) is not desirable', because 'X (taking vitamin pills) does not lead to Y (the same positive effect as eating fruit and vegetables)' and has variant IV as the underlying scheme.

By considering the dialectical options arguers have in the argumentation stage it can serve both their dialectical and rhetorical goal to choose for one of the variants of pragmatic argumentation. In defense of their standpoint they can focus on the desirable outcome that can be reached by following up positive advice (with variant I), or they can focus on the undesirable outcome that can be prevented by following up negative advice (with variant II). When they expect opposition, 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).

### *5. Conclusion*

By using the extended pragma-dialectical theory of argumentation I have tried to make clear that an advisory health brochure can be reconstructed as an implicit discussion between writers and readers in which a difference of opinion about the acceptability of advice is presupposed. I have argued that there is a systematic relation between the performance of a particular move with pragmatic argumentation and the speech act of advising, that is central to the health brochure.

On the basis of the type of advice writers try to justify and the type of criticism

they anticipate, writers have four variants of pragmatic argumentation to choose from. The choice for a particular option can be explained by the fact that each choice contributes to the resolution of the presupposed difference of opinion in a specific way by justifying that the preparatory condition concerning the desirability of the action recommended by the writers or another party is fulfilled or not. So the choice for one variant of pragmatic argumentation or another is not a matter of style, but should be considered as a dialectically and rhetorically relevant move.

So far, the argumentative aspects of health promotion have mainly been the subject of persuasion research. In this type of research the focus 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 & Kahneman 1981; Block & Keller 1995; Rothman & 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 criteria. 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 the advice and potential criticism towards it, and a specific variant of pragmatic argumentation, and enables a theoretically founded evaluation of such forms within the context of health promotion.

## NOTES

**[i]** In a pragma-dialectical analysis another distinction that is made is between single and multiple disputes: single disputes have to do with only one proposition while multiple disputes concern more than one proposition (Van Eemeren & Grootendorst 1984, pp. 78-83). In the context of this paper, this distinction is irrelevant.

**[ii]** In principal 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 leave this issue out of consideration for now.

**[iii]** Van Eemeren, Grootendorst, Jackson and Jacobs (1993, p. 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 these commitments that can be called in question form the so-called 'disagreement space' of the speech act.

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

**[v]** The main standpoint could also be reconstructed as 'You should (not) do X'. However, when also other arguments that are put forward in the brochure are also taken into account in the analysis, it is useful to reconstruct the main standpoint as 'The advice (not) to do X is acceptable'. Such an analysis does better justice to the function of statements in health brochures that refer to other correctness conditions of the advice (such as the preparatory condition that the speaker believes that the addressee in principle is able to follow up on the advice). These statements can then be reconstructed as (coordinative) arguments supporting the claim about the acceptability of the advice. In this paper I leave these arguments out of consideration so a simpler analysis suffices.

**[vi]** The reconstruction proposed here is comparable to Schellens (1985) who represents the scheme as follows: 'Action A leads to B, B is desirable. So: A is desirable'. Kienpointner (1992) surprisingly mentions the unexpressed or linking premise (1.1a-1.1b' in figure 1) in his pragmatic argumentation scheme, but leaves out the premise in which a claim about the causal connection between X and Y is made: 'Wenn die Folgen einer Handlung eine Bewertung X rechtfertigen, ist auch die Handlung selbst mit X zu bewerten/(nicht) zu vollziehen. Die Folgen der Handlung sind mit X zu bewerten. Also: Die Handlung ist mit X zu bewerten/(nicht) zu vollziehen' (p. 341).

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