

Roosmaryn Pilgram. (2015) *A Doctor's Argument by Authority*.
University of Amsterdam. Doctoral Dissertation

Reviewed by Nancy L. Green

With great clarity of organization and expression, this book, a doctoral thesis, illustrates the approach of the extended pragma-dialectical theory (van Eemeren and Houtlosser 2002a, 2002b; van Eemeren 2010) to the analysis of medical doctors' use of argument by authority in doctor-patient consultations. The main question addressed in the thesis is *under which conditions does a doctor's argument by authority constitute a reasonable and effective strategic manoeuvre in medical consultation?* This question is important from an argumentation as well as a medical perspective. From an argumentation perspective, answering this question "clarifies how and to what extent the discussion context can affect the evaluation of the reasonableness and effectiveness of a particular discussion contribution. From a medical perspective, answering the question "clarifies the extent to which doctors can appeal to authority..." (p. 13). In addition to providing insight on the question, the book is a valuable resource for readers (such as myself) who have not studied pragma-dialectical theory but are interested in learning more about it. This book review is written by a computer scientist also trained in linguistics, engaged in research on computational models of discourse and argumentation, and who has modeled patient communication from those perspectives (e.g., Green et al. 2011; Green 2012; Green and Stadler 2013).

To illustrate use of argument by authority, Chapter 1 provides an example from a corpus of transcribed doctor-patient dialogues. The book contains several other examples of this type of argument from the corpus. Although perhaps not expected in pragma-dialectical studies, the book does not provide other potentially interesting information about the corpus, such as the relative frequency of use of argument by authority or distinguishing linguistic or contextual features of that type of argument.

Chapter 1 also provides a rationale for the organization of the thesis. Using an analytical approach, the first part of the thesis (Chapters 2–5) investigates the *reasonableness conditions* for a doctor's argument by authority in medical consultations. Chapter 2 characterizes the *communicative activity type* of medical consultations from an argumentation perspective, where communicative activity type refers to "culturally established communicative practices that have become more or less conventionalised and are to a certain degree institutionalized" (p. 14). The

purpose of characterizing the communicative activity type is to determine how it may affect a doctor's *strategic manoeuvring*. According to the extended pragma-dialectical theory, strategic manoeuvring occurs when "discussion parties ... perform discussion moves that can be considered maximally geared at both resolving the difference of opinion on the merits and getting their viewpoint accepted ... Discussion parties will try to do this by simultaneously making an opportune selection from the topical potential (i.e., the set of available moves that can be made in the discussion stage at hand), adapting their discussion contribution to audience demand (i.e., the expectations, preferences and wishes of the other party) and using the most appropriate presentation devices (i.e., the possible ways in which the strategic manoeuvre may be phrased)" (p. 14). Chapter 3 defines argumentation *by* authority, distinguishing it from the related argumentation *from* authority. Chapter 4 analyzes its use as a strategic manoeuvre by doctors in medical consultations. Chapter 5 discusses conditions under which a doctor's argument by authority is reasonable.

The second part of the thesis (Chapters 6–8) uses empirical methods (i.e. controlled studies with human participants) to study the perceived reasonableness and effectiveness, by "ordinary language users" (i.e. "language users who do not have a background in argumentation theory" p. 73), of use of argument by authority by doctors in medical consultations. Note that *reasonableness* is distinguished from *effectiveness*, where the former is normative and the latter is not. Furthermore, two types of *effectiveness* are distinguished: "... accepting that the argumentation contributes to the acceptability or demonstrates the unacceptability of a standpoint constitutes its *inherent interactional effect*: it is the effect that this argumentation immediately has on the argumentative discussion. Any further effects that a discussion contribution might generate (a change in the antagonist's beliefs, feelings, behavior) are considered *consecutive interactional effects* ... When discussing the 'effectiveness' of the doctor's argument by authority in the present study, the inherent interactional effect is meant, which is to say: the extent to which the doctor's argument by authority adds to the acceptability of his advice or judgement" (p. 120).

Chapter 6 presents three empirical studies that studied "the extent to which ordinary language users perceive a doctor's argument to be reasonable", and "the degree to which this perceived reasonableness depends on the fulfilment of certain second and third order conditions" (p. 16). The two *second order conditions* have to do with the psychological state of the patient: the patient's openness for discussion (e.g., if he has preconceived ideas about his condition based upon what he has read on the internet) and the severity of the condition (e.g., if his condition is not serious, he may not want to engage in discussion about it). The two *third order conditions* have to do with "external circumstances" of the consultation: whether

the doctor indicates that the limited time available for the consultation, or that the patient's degree of health literacy, prevents further discussion of the patient's health problem.

Chapter 7 presents a replication of these studies which additionally asked participants to explain their judgment of reasonableness of the doctor's argumentation. Chapter 8 presents three empirical studies, similar to those presented in Chapter 6, to determine the conditions under which a doctor's argument by authority is perceived to be effective (in the inherent interactional sense) by ordinary language users. Chapter 9 summarizes the results of the analytical and empirical studies and provides theoretical and practical implications of the results.

The rest of this review will highlight aspects of the thesis that were particularly interesting from this reviewer's perspective. First, Chapter 4 clarified the key pragma-dialectical concept of strategic manoeuvre in discussing three types of strategic advantages of use of argument by authority in medical consultation: *topical potential*, adaption to *audience demand*, and use of *presentational devices*. In terms of topical potential, the author proposes that an advantage of selecting an argument by authority as opposed to some other argumentation scheme is that its use does not depend on a patient's degree of health literacy, whereas use of certain others involves causal explanations that would be difficult for some patients to grasp. However, in my study of genetic counseling patient letters, which are designed for an eighth-grade reading level, I found extensive use of causal arguments based upon a simplified causal model of genetics (Green et al. 2011). Unfortunately, I did not analyze use of argument by authority in that corpus.

Another proposed advantage is that use of argumentation by authority by the doctor may remind the patient of the doctor's qualifications (*ethos*). In addition, it is proposed that the patient may be more likely to accept a doctor's argument by authority out of politeness considerations, i.e., in order to avoid threatening the doctor's "positive face". On the other hand, I wonder whether use of argument by authority might threaten the patient's positive face since the choice of that argumentation scheme may suggest that the patient is incapable of understanding causal argumentation or that the patient's societal status is not as high as the doctor's?

In terms of presentational devices, the proposed advantage is that argumentation by authority can avoid use of medical jargon. Although it may be outside of the scope of pragma-dialectical theory, I was disappointed that this was the only presentational device that was cited. It would be interesting to investigate what other presentational devices are used with argumentation by authority and why they are used. For example, perhaps colloquial expressions such as "to be honest" (Case 1.1, p. 12) and "piece of cake" (Case 3.4, p. 37) are used by the doctor to reduce the social distance between doctor and patient to counteract the implication

of social inequality through the doctor's use of argument by authority. Similar presentational strategies have been discussed in the genetic counseling literature (Baker et al. 2002).

I know from experience that empirical studies of uses of argumentation in medical contexts may not produce the results that one expects (Green and Stadler 2013). Thus, the second part of this thesis was exciting to read due to the failure to confirm the author's initial hypotheses, the resulting search for an explanation, and the final implications for doctors. Some unexpected results of the author's study described in Chapter 6 were that participants perceived a doctor's use of argumentation by authority as *less reasonable* than use of other argumentation schemes; and that the third order conditions of the medical consultation which were hypothesized to enhance the perception of reasonableness of the doctor's strategic use of argument by authority actually did not enhance it. According to results of the study reported in Chapter 7, participants perceived argumentation by authority less reasonable due to their expectations about the doctor's institutional obligations in a medical consultation. Although the empirical study presented in Chapter 8 found, as expected, that perceived reasonableness positively correlated with perceived effectiveness in a 'neutral' situation, the degree of negative influence of the two third order conditions on perceived effectiveness also was unexpected. A significant implication, discussed in Chapter 9, is that doctors should be cautious about use of argument by authority.

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