



Experience-Based Authority Argumentation in Direct-to-Consumer Medical Advertisements

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# Summary

In a direct-to-consumer (DTC) medical advertisement, a manufacturer aims to convince consumers to use a medical product, such as a dietary supplement, a freely obtainable pain killer or a prescription drug. The term “direct-to-consumer” indicates that these ads are aimed at consumers, not at doctors or other medical professionals. In most parts of the world, these advertisements are only allowed for medical products that are freely available. But in the US and New Zealand, direct-to-consumer advertisements are also allowed for prescription-only drugs, so that a consumer can read an ad for a specific prescription drug and can then ask his doctor to prescribe that drug to him. This dissertation is concerned with one specific type of argumentation in printed American DTC medical advertisements: endorsements by people who have used a product themselves and advise others to try it as well. Such a product endorsement can be seen as a form of “experience-based authority argumentation”.

Using the pragma-dialectical argumentation theory as a theoretical framework, this dissertation sets out to realize two aims: to provide an account of how an advertiser can anticipate criticism concerning experience-based authority argumentation, and to determine to what extent the readers of these advertisements differentiate between reasonable and unreasonable ways of anticipating such criticism. The study is divided into an analytical and an experimental part, with the analytical part addressing the first aim, and the experimental part addressing the latter aim.

In the analytical part, I start out by characterizing DTC medical advertisements as a “communicative activity type”, aimed at fulfilling the institutional needs prevailing in a certain communicative domain. An advertiser’s most important aim is to get the reader of the advertisement to use a certain product. When we look at the goals set forth in the applicable industry guidelines and legislation, however, the point of DTC medical ads is also to enable consumers to carefully consider whether they should use a certain medical product. This means that this communicative activity type can be placed in an overlap between two communicative domains: commercial communication and medical communication.

The institutional conventions that shape DTC medical advertisements involve explicit legal rules and advertising codes, plus a number of implicit institutional customs and characteristics connected to the advertising format. Starting from these *general* conventions, I characterize the communicative activity type in terms of its *argumentative* features, in order to identify the constraints that are imposed upon an advertiser’s argumentation.

Next, I discuss the soundness conditions that can be used to determine whether experience-based authority argumentation is reasonable or fallacious. I provide a list of relevant critical questions for authority argumentation in general and consequently make these questions more specific in order for them to apply to *experience-based* authority argumentation. Making use of the insights regarding the communicative activity type that were acquired earlier, I also specify these critical questions for the particular context of DTC medical

advertisements. The result is a set of two main critical questions for the use of experience-based authority argumentation in DTC medical advertisements with a set of corresponding subordinate critical questions that can be used to determine whether or not a particular critical question can be answered satisfactorily.

Subsequently, based on these critical questions, a “prototypical argumentative pattern” of experience-based authority arguments in DTC medical advertisements is presented. When an arguer reacts to anticipated critical questions regarding his argumentation, a specific kind of pattern of argumentative moves comes into being. In argumentative practice, the use of an authority argument is always embedded in such an argumentative pattern. The pattern that I discuss, incorporates the institutional characteristics of the communicative activity type, such as the formulation of the standpoint that “Suitable patients should use drug X”. It also incorporates satisfactory answers to the critical questions that I discussed. A pattern like this can be considered as a general lay-out of the choices that are available to an advertiser when (s)he wants to anticipate criticism concerning an experience-based authority argument.

Next, I distinguish three kinds of “anticipation maneuvers” that an advertiser can use to anticipate the critical questions that (s)he expects his or her audience to raise concerning an experience-based authority argument in a DTC medical advertisement: *providing* an answer to a critical question, *exploiting ambiguity* concerning an answer to a critical question and *facilitating* an answer to a critical question. An advertiser can *provide* an answer to a critical question by addressing the question in a direct, straightforward manner. (S)he can, for instance, straightforwardly state that the endorser is an actual user of a drug and has experienced its effectiveness. An advertiser can also *exploit ambiguity* concerning an answer to an anticipated critical question. (S)he might claim, for instance, that someone is an “actual patient”, which literally only means that this person suffers from the disease that the drug is meant to treat, not that the patient has used the drug or that it has worked for him or her. The advertiser can also merely *facilitate* an answer to a critical question, by only *setting the stage* for consumers to regard a critical question to be satisfactorily answerable. For instance, to facilitate an answer to a critical question concerning the representativeness of an endorser, the advertiser can attempt to make an endorser look similar to the target audience, by emphasizing the qualities that the endorser has in common with the reader. The experience of someone who is easy to relate to might be seen as more representative than the experience of someone the reader cannot relate to so easily.

In the experimental part of the study, I discuss two experiments that I carried out to determine to what extent readers of direct-to-consumer medical advertisements differentiate between reasonable and unreasonable argumentation aimed at anticipating critical questions concerning experience-based authority arguments.

The first experiment revolves around the question whether the soundness conditions that were established in the analytical part the dissertation approximate evaluation criteria that are used by ordinary readers of DTC medical ads. The experiment was limited to two of the subordinate critical questions: first, whether there is no notable reason to assume that the endorser did not actually experience the desirable consequence(s) of the advertised drug – the Desirable Consequence question – and second, whether there is no notable reason to assume that the endorser *only* claims that a drug has a desirable consequence because (s)he profits from claiming this – the Only for Profit question. If these two soundness conditions indeed approximate

criteria used by ordinary readers, advertisements in which the questions can be answered satisfactorily should be perceived as more reasonable and effective than advertisements in which they cannot be answered satisfactorily.

Two hundred American participants were asked to judge the reasonableness and effectiveness of the argumentation in eight artificial advertisements. The satisfactory or unsatisfactory answers to the two tested critical questions were straightforwardly provided in the advertisements. For instance, for the experimental condition in which both of the critical questions are answered satisfactorily, an advertisement would mention that the endorser had achieved a significant decrease of symptoms after using the advertised drug and that she was not compensated for appearing in the advertisement. Four different experimental conditions were created, forming all possible combinations of the satisfactory and unsatisfactory answers to the two critical questions that were tested. The expectation was that an advertisement would receive higher reasonableness and effectiveness scores when a critical question was answered satisfactorily, then when it was answered unsatisfactorily.

The results of the experiment show that for the Desirable Consequence question, we may indeed conclude that readers of medical advertisements apply an evaluation criterion similar to the criterion reflected in the critical question established in the analytical part of the dissertation. Advertisements in which the endorser *has* experienced the product's effectiveness are perceived to be significantly more reasonable and effective than advertisements in which the endorser has *not* experienced this effectiveness.

For the other critical question that was tested, the Only for Profit question, we cannot conclude with certainty whether this question plays a role for the readers of DTC medical advertisements. Advertisements in which the endorser is compensated are perceived as less reasonable than advertisements in which the endorser is *not* compensated, but these results are only *marginally* significant.

The purpose of the first experiment was to test whether particular soundness conditions play a role for readers of DTC medical ads at all, in preparation of the second experiment in which anticipation maneuvers concerning these critical questions are tested. Taking into account the only marginally significant results for the Only for Profit question, I decided that it would not be feasible to study the effect of anticipation maneuvers regarding this question. For this reason, I have limited the second experiment to the Desirable Consequence question: whether there is no notable reason to assume that an endorser has not experienced the desirable consequence of the advertised product.

In the follow-up experiment, advertisements in which a satisfactory or unsatisfactory answer to the Desirable Consequence question is provided, were contrasted with advertisements in which an ambiguous anticipation maneuver is used to *suggest* a satisfactory answer to the Desirable Consequence question, by only stating that the endorser is an "actual patient". Two hundred American participants who had *not* participated in the first experiment were asked to judge the reasonableness and effectiveness of the argumentation in eight artificial advertisements.

The aim of the experimental part of this dissertation is to determine to what extent the readers of DTC medical advertisements differentiate between reasonable and unreasonable anticipation maneuvers. The results of the second experiment show that readers *do* find ambiguous anticipation maneuvers significantly less reasonable

than *satisfactory* answers to critical questions, which suggests that they do to some extent differentiate between reasonable and unreasonable anticipation maneuvers. On the other hand, although theoretically speaking ambiguous anticipation maneuvers are just as unreasonable as *unsatisfactory* answers to critical questions, readers judge them as significantly more reasonable. Moreover, ambiguous anticipation maneuvers are judged to be significantly more effective than unsatisfactory answers and statistically equally effective to satisfactory answers, which suggests that their potential rhetorical effect is considerable: ambiguous anticipation maneuvers might trick readers into accepting a fallacious argument. Readers do find the maneuvers significantly less *reasonable* than satisfactory answers that are straightforwardly provided, but their realization that something problematic is going on with these maneuvers is not fully reflected in the perceived *effectiveness* of ambiguous anticipation maneuvers in comparison to satisfactory answers. The finding that these maneuvers might lead readers to accept a fallacious argument gives cause to classify the use of these ambiguous anticipation maneuvers not just as unreasonable, but also as misleading for consumers.