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# PRAGMATIC BOUNDARIES BETWEEN MITIGATION AND DECEPTION: THE CASE OF *WARNING* AND *ADVICE* IN THE CONTEXT OF THE HIV/AIDS EPIDEMIC

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## 1. INTRODUCTION

This paper analyzes the case of a particular speech situation (medical interview) in which mitigating devices (Fraser, 1978 and 1980, and Fraser & Nolen, 1981), such as euphemisms, are used by a physician in order to deliver an AIDS prognosis to her patient. The use of the euphemism is intended to mitigate the force of a warning conveyed to the patient, such as a warning developing full-blown AIDS if the patient does not comply with the physician's advice: start taking antiretroviral medication at once. As stressed by Fraser (1980: 342), mitigation is restricted to speech acts whose effects are "unwelcome to the hearer". It is debated that the use of mitigation may not only be softening the illocutionary force (Holmes, 1984) of the warning but also, changing its strength to the extent of changing the illocutionary act[1]. In order words, the intended warning will not be understood as representing that speech act. If the analysis proves to be correct, it is argued that in the context of a chronic but fatal pandemic, such as HIV/AIDS, mitigation contributes to deceiving patients. It is called into question whether the intended inference –that of a warning– is really understood by the patient given her lack of education regarding the biological differences between being HIV infected and having AIDS (see interview in Appendix A). The implications of the use of mitigation in the context of a pandemic are discussed along with the potential medical consequences for the patient[2].

[1] "The illocutionary act (…) is a function of the meaning of the sentence", Searle (1979: 64). Searle distinguishes twelve significant dimensions of variation in which illocutionary acts differ one from another. Among these dimensions, it is the force or strength with which the illocutionary point (or purpose) is presented. Another relevant dimension relevant to our study is the difference in the propositional content that is determined by the illocutionary force indicating devices (1979: 5-6).

[2] This paper can be considered a further analysis of the function of mitigation (see also Delbene, 2004).

## 2. WARNING AND ADVICE AS RELATED SPEECH ACTS

Let us consider the following created example as performed by a physician and a HIV/AIDS-infected patient:

> Example 1:
> Dado los resultados de carga viral y población linfoncitaria, en este momento usted corre riesgo de contraer una infección oportunística. Debo decirle que de no empezar con el tratamiento antiretroviral de inmediato, su situación puede evolucionar al estadio SIDA.

The physician makes a clinical evaluation of the current health condition of the patient. Given the evaluation, a prediction is formulated, which simultaneously conveys a warning as well as advice about the future condition of the patient. Speaking a language is a matter of performing speech acts according to systems of constitutive rules (Searle, 1969). According to Searle (1969: 67), a warning is defined by the following rules: (i) *Propositional content:* Future event or state, e.g., "su situación puede evolucionar al estadio SIDA" meaning to reach the AIDS stage. (ii) *Preparatory*: (a) the hearer has reason to believe E will occur and is not in hearer's interest, e.g., "Dado los resultados de carga viral y población linfocitaria, ud. corre riesgo de contraer una infección oportunística", as well as the last part, "su situación puede evolucionar al estadio SIDA". It is expected that the hearer will understand that the increase of the viral load will put her at risk of developing AIDS, and that is not in her best interests. Although, (b) it is not obvious to both speaker and hearer that E will occur. As a matter of fact, while an increase of the patient's viral load will decrease her immune system defense, the evolution to AIDS disease still may not imminent. Some patients have different immune responses to the onset of the AIDS stage. (iii) *Sincerity:* speaker believes E is not in hearer's best interest. In the case we discuss, the physician knows she needs to prevent the patient from AIDS because it is not in the patient's best interest. (iv) *Essential*: Counts as an undertaking to the effect that E is not hearer's best interest.

Leech (1995: 23) distinguishes *warning* from *advice* in observing that in a warning, the future event as envisaged by the speaker is not in the interests of the hearer. On the contrary, an advice is envisaged in the interests of the hearer. However, as Leech (1995: 45) points out, Searle recognizes that there is a great deal of unclarity as to what counts as one kind of illocutionary act, and what counts as another. In order to provide a certain resolution to this discussion, at this stage, I consider that the physician's prognosis constitutes both, advice and, also, a warning because the consequences of not following

the advice of "start taking the antiretroviral medication" are made explicit in example 1: "the evolution to the AIDS stage". In section 7, we will return to the differences between these speech acts: advice and warning.

## 3. VERBAL COMMUNICATION AND PLAGUES

Mc Neill (1989: 26), a historian of plagues, observes that clear verbal communication among humans concerning infections and plagues has an "enormous survival value for human beings". It is this aspect of our capacity to communicate with one another that has allowed Homo sapiens to become such a dominant species". Pinker & Bloom (1990: 712) also observe, "Speech (…) allows access to a communal pool of knowledge, saving duplication of effort in trial-and-error direct discovery". It is not in doubt that by means of verbal exchange, cooperative human behavior has contributed to human species' survival and evolution. In this paper I call into question the cooperative function of mitigation in the context of a pandemic, its verbal contribution to fight against this modern plague, and discusses the social conflict that arises between delivering a warning on record (Brown & Levinson, 1987) and being polite.

## 4. MITIGATION, ILLOCUTIONARY FORCE, AND DECEPTION

In this section, we shall consider two ways of analyzing mitigation. First, we follow Fraser's (1978 and 1980) traditional analysis that sees mitigation as a softening device of the illocutionary force with which a speech act is communicated. For that reason, we need to make reference to Searle (1976 and 1979). Second, we analyze mitigation as drawing on Lakoff's & Johnson's (1980) analysis.

According to Searle (1976 and 1979), one way of modifying the force, with which the illocutionary act is conveyed, is by explicit reference to a psychological state or *sincerity condition*. In the performance of any illocutionary act, the speaker expresses some attitude, state, etc. to that propositional content. Searle argues that this condition holds true even if the speaker is insincere and does not have the same belief, desire, intention, etc. Holmes (1984: 348) discusses two basic reasons for a speaker to modify the strength or force with which a particular speech act is expressed: first, "to convey *modal* meaning or the speaker's attitude to the content of the proposition, and second, to express *affective* meaning or the speaker's attitude to the addressee in the context of the utterance". While the modal meaning concerns the speaker's attitude, and commitment to the degree of certainty with respect to the propositional content asserted in the utterance, the affective meaning concerns the relationship of solidarity or distance that

the speaker wants to establish with her/his listener. In this paper, we shall consider both reasons in the context of a warning to prevent AIDS in a young woman.

Lakoff & Johnson (1980) observe that in making a statement, we are selective, i.e., we focus on certain properties and downplay others. For that reason, every true statement necessarily leaves out what is hidden by the categories used in it. It is interesting to note that the process of mitigation shares some commonalties with the selective process that takes place with the use of metaphors. As a linguistic device that contributes to soften the effect of a locutionary act, mitigation involves indirectness (Fraser, 1980) and requires the use of either metaphorical or metonymical devices. Drawing on Lakoff's & Johnson's (1980) analysis, I suggest that the metaphorical selective process that downplays some categories but highlights others could be realized, in part, with the intention of achieving polite interactions. When mitigating devices are used, the selective process of highlighting some categories and downplaying others takes place. However, for the case of mitigation, which concerns us here, the selective process used by a speaker seems to be more problematic than that of enhancing the force of a speech act. As I see it, the problem lies in the fact that the same categories that have been chosen by the speaker to highlight the hearer's cooperative associations can also, paradoxically, contribute to downplay and, therefore, blur the understanding of the message. Consequently, the metaphoric or metonymic effect could end up misleading the hearer. We will see this effect as illustrated in the interview (Appendix A) in section 6.

The positive effects of mitigation have been traditionally seen as related to politeness (Brown & Levinson, 1987). For the purpose of my analysis, I will draw on Fraser's (1990) notion of politeness as a socially anticipated *contract* between participants because he focuses on the speaker's responsibility toward his/her hearer. As a matter of fact, Fraser (1990: 232) argues that linguistic choices to achieve politeness are determined by "the speaker's appreciation of a *responsibility* toward the hearer in the interaction". The question that concerns us here in regard to the HIV/AIDS pandemic is how the speaker's responsibility to warn others from developing AIDS should be expressed. Should the speaker mitigate the risk to preserve politeness, or be committed and speak out the danger? Are mitigation and the speaker's social responsibility problematically compatible?

## 5. DATA

The interview analyzed in this paper presents the speech act of a warning and it was selected out of 34 (Appendix A) for that reason. All the interviews

were tape-recorded by myself in 1999 at a public hospital that specializes in infectious diseases in Montevideo, Uruguay. I was a participant observer during the interviews. The speech situation presents a seropositive patient who visits her physician for a check up. The patient is aware of her serostatus, but is not aware that she is at risk of developing AIDS: her CD T4 cell count was 300 and her viral load was greater than 20.000 (RT-PCR) copies of HIV RNA/ml. Although the patient does not have any infectious disease at the moment of the interview, the level of her CD T4 indicates that she is in the onset of the AIDS stage and needs to initiate antiretroviral treatment, which will prevent her from getting any opportunistic infection associated with AIDS. Given the health condition of this young woman, the physician has to prescribe antiretroviral treatment and communicate such prognosis to the patient. This prognosis is translated as: being at risk of AIDS if antiretroviral therapy is not taken. The delivery of this prognosis can be considered unwelcome news, and unwelcoming prognoses are likely to be mitigated either due to altruistic intentions (Fraser, 1980) or to preserve the interactional management between the speakers (Caffi, 1999).

An important reason for the selection of this interview is the resulting confusion expressed by the patient (turn 15) after listening to the physician's prognosis (turns 12 and 14). The resulting confusion revolves around the term *enfermarte* (to get sick). "Yo tenía idea de que yo estaba enferma" as it is analyzed in detail in section 6. The patient's confusion reveals that the physician's warning was not perceived with that illocutionary force. Therefore, it triggers our analysis.

## 6. ANALYSIS OF THE INTERVIEW

According to Searle's definition of warning discussed in section 2, the physician's utterances in turns 12 and 14 (Appendix A) can be considered a warning (and advice). Most of the rules described by Searle seem to be involved. The physician knows that the patient will reach the AIDS stage if she does not take antiretroviral treatment immediately. It is also true that the physician cannot predict the imminence with which the patient will develop an infection associated with AIDS, but the patient will progress to the AIDS stage with certainty. The problem that we point out is that "AIDS" was never mentioned in such warning. If we compare the physician's utterance (turn 12) "Estás en riesgo de enfermarte" with our created example 1 (see section 2), or with a second created utterance, for instance, (#12.a) "Estás en riesgo de evolucionar al SIDA" (You are at risk of developing AIDS), the following aspect can be observed: The first utterance (turn 12) is mitigated while the second (#12.a) is not. The expression *enfermarte* (getting sick) operates as a

euphemism that avoids mentioning AIDS, therefore it softens the illocutionary and perlocutionary effect that this utterance may have on the hearer. Utterance in turn 12 is likely to trigger a less negative and emotional reaction than being told, *at risk of developing AIDS* (#12.a). This is due to the social connotations of the word *AIDS* associated with suffering, stigmatization, loneliness, and ultimately death (Sontag, 1987). Therefore, politeness is involved in the selection of the euphemism instead of the real word, AIDS.

All the rules as described by Searle (1969: 67) are achieved except for (iv) the "Essential: counts as an undertaking to the effect that E (in this case, AIDS disease) is not in the hearer's (patient's) best interest". Mitigation, as realized by means of the euphemism, blurs the propositional content of the physician's message. The expression *en riesgo de enfermarte* does not necessarily imply AIDS, and an uneducated patient may not make the inference. As a matter of fact, while AIDS entails being sick, being sick does not entail having AIDS. In other words, while HIV infection generally implies the developing of sickness involving AIDS, being seropositive does not necessarily imply having AIDS disease. This difference was not clear to the patient, who argues that she had the idea that she was already sick since she was aware of her positive serostatus.

According to Levinson (1983: 167), entailments establish semantic and logical relationships. Levinson (1983: 174) states, "This relation [entailments] can be defined in terms of valid rules of inference, or alternatively in terms of the assignment of truth and falsity". Consequently, inferring that being sick entails having AIDS is not true. For this reason, the physician's mitigated expression *enfermarte* (sick) does not contribute to the clarity of the message. The consequence of this softening is that the utterance does not count as an undertaking to the effect that AIDS is not in the patient's best interest. The patient may not realize the severe component of the preventive utterance since the physician did not put herself under the obligation to clearly express the risk or danger. Consequently, if the mitigating device, *en riesgo de enfermarte* blurs the propositional content of the utterance as analyzed above, then it can be expected that mitigation will also affect the illocutionary force of the warning. We observe that while the intended meaning of the physician's utterances (turns 12 and 14) is to prevent, and therefore, to warn, the force with which the utterance is conveyed might have distorted the hearer's inference. For example, the patient may understand the physician's utterance mostly as advice, which does not necessarily involve a mandatory action, rather than as a warning –which does involve a mandatory action to be taken in order to prevent misfortune. The real danger to be prevented is not named but is indexed

through a metonymic device. Consequently, the illocutive force of the warning is vague. In my view, vagueness functions against the communicative intentions of warnings. Since the patient does not have a clear understanding of the full danger of her medical condition, then the physician's utterance could be interpreted as simple advice to start taking antiretroviral treatment. Following the definition of warning in the dictionary as "to announce a danger, to caution about certain acts, to notify in advance" (Webster Dictionary, 1996), we conclude that while a warning involves advice, the latter differs from a warning in *the degree of assertiveness* that the speaker conveys as well as in the degree of danger involved that can be prevented. Certainly, that degree of assertiveness requires the commitment and engagement of the speaker in communicating the danger to be prevented. In sum, in this interview mitigation softened the illocutionary force of the speech act to the extent of unveiling the warning and making it, perhaps, advice. The speaker's (physician's) responsibility toward her hearer (patient) as claimed by Fraser (1990) is not entirely committed to the condition of truth, or to the sincerity condition required as an essential rule for the speech acts. Therefore, we also conclude that politeness was not followed because the contract between the speakers was violated. If mitigation blurs the message, then a patient who is uneducated about HIV/AIDS infection cannot develop a conscious awareness of her/his situation. In the next section, I discuss whether or not mitigation can affect speech acts' condition of truth and if this is the case, what the bioethical implications would be.

## 7. MITIGATION AND DECEPTION

Addressing the philosophical problem of the nature of intentional states of the speech acts, Searle (1983) clearly links the intentional states with the *sincerity condition* that a speech act is supposedly to perform. For that reason, Searle (1983: 10) states that a lie (or other insincere speech act) "consists in performing a speech act, and thereby expressing an intentional state, where one does not have the intentional state that one expresses". Moreover, Searle (1983) states that speech acts require a condition of truth, i.e., that the person's psychological state expressed in the speech act, as well as the speech act condition of satisfaction have to be identical. In brief, a speech act requires a condition of truth along with a condition of satisfaction. By applying Searle's theory to the analysis of the physician's warning, we can re-think the analysis of the interview by saying that the warning conveyed to the patient will become indeed a warning if, and only if, it is a fact that the patient's need of starting the treatment is true. According to the medical literature concerning the HIV/AIDS infection that statement is true

(Pennsylvania AIDS Education and Training Center, 1999): the patient needs to start taking the antiretroviral treatment. Regarding the condition of satisfaction, this one was also fulfilled: the physician's warning became indeed a warning since the patient started taking the antiretroviral treatment. In other words, the warning seems to be fulfilled when the patient accomplished the beginning of the treatment. However, I pose the following question: *Does the patient really initiate the antiretroviral treatment because she is aware of her risk of developing AIDS?* The formulation of this question has the purpose to discern whether it is the case that the patient took the medication because her physician prescribed that to her or because the patient became aware of her risk of developing AIDS. As discussed above, a warning involves naming the risk or danger that is about to come. It also requires a mandatory action be taken. By naming the risk, people become aware, alert, and conscious of what is to come. By being aware, people can take control of their lives. Since mitigation, metonymically softens the severity of the AIDS prognosis with a general name that functions as a euphemism, I argue that the patient was not, indeed, warned given the modification of the speech act achieved by the euphemism. Therefore, the physician's apparent warning does not fulfill the condition of satisfaction. The different meaning between the use of a mitigated device and naming the problem can be observed in the individual and social awareness that the naming the problem implies.

In addition, mitigation alters the propositional content of the utterance. The modification is observed in the fact that *being sick* shares some denotations with *having AIDS* but not all of them; for example, while being sick may not be fatal, AIDS is. The speaker's selection of the categories involved in the word *sick* is not relevant enough to warn, i.e., to convey the relevant information that makes the person aware of the future adversity and to take preventative measures against it. This selective procedure is, therefore, similar to that of metaphors as observed by Lakoff & Johnson (1980: 10): "The very systematicity that allows us to comprehend one aspect of a concept in terms of another (e.g., comprehending an aspect of arguing in terms of battle) will necessarily hide other aspects of the concept". For this reason, I conclude that in this context specially characterized by a pandemic, mitigation contributes to deception.

## 8. CONCLUSION

The deceptive mechanism of mitigation lies in the downplaying of the most relevant category (the prevention of AIDS) by the speaker's ability to highlight other categories that are not as relevant, but seem to be interactively

relevant. As mentioned above, it is true that the patient has to be prevented from getting sick since AIDS entails sickness, but paradoxically and, at the same time, the message is also deceptive since sickness does not entail AIDS. Also, it is discussed that the effect of softening the warning, by means of the euphemism *enfermarte,* weakens the force with which the illocutionary act is expressed. Therefore, mitigation may change the illocutionary act or purpose of the speech act, i.e., that of warning. Because the real danger to be prevented, AIDS, is never mentioned, the utterance (turn 12, 14) could be interpreted as an advice. The strongest difference between advice and warning as discussed, is that the latter requires the speaker's commitment to communicate the danger or risk along with a mandatory action on the hearer to prevent that danger. As a final conclusion, we say that while politeness entails a cooperative behavior, the reverse is not always true, especially, in the context of a pandemic. This study requires the examination of other speech situations to triangulate our analysis.

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## 10. APPENDIX A

12D: *Tenemos que tomar medidas para evitar que te enfermes. Porque estás con un nivel de defensas BAJO y estás EN RIESGO de enfermarte, ¿sabés?*
12D: We have to take some measures to prevent you from getting sick. Because you have a LOW, level of defenses and you are AT RISK of getting sick, you know?
13P: *Bueno*
13P: OK.
14D: *Tal vez, no pase nada pero estás en riesgo de enfermarte y nosotros tenemos que tomar medidas para que no te enfermes.*
14D: Perhaps, nothing will happen but you are at risk of getting sick and we have to take some measures to prevent you from getting sick.
15P: *Yo tenía la idea de que yo estaba enferma ^=*
15P: I had the idea that I was sick= ^
16D: =*Vos, en este momento, no estás enfErma*=
16D: =You, in this moment, you are not sIck =
17P: *Sí (confused and denying the doctor's statement)*
17P: Yes
18D: *No estás haciendo fiEbre ^=*
18D: You aren't getting any fEver^=
19P: *No, no.=*
19P: No, no =

20D: *=Diarrea, adelgazamiento, tampoco. Este, entonces tenemos que tratar de que las cosas SIGAN así. Por eso tenemos que prevenir en este momento. Bueno, Y, cuando hablamos de intervenir, hablamos de, de la posibilidad de un tratamiento. ¿Entendés lo que es un tratamiento?*

20D: =Diarrhea, neither, weight loss. So, then we have to try to KEEP things like now. That's why we have to prevent [you from getting sick] right now. Well, AND, when we talk about intervening, we are talking about, about the possibility of a [medical] treatment [plan]. Do you understand what a [medical] treatment [plan] is?

21P: *Sí, de medicamentos.*

21P: Yes, [a treatment] of medicines.

22D: *Si, claro. Y:: ¿estás dispuesta a hacerlo?*

22D: Yes, of course. A::nd, are you willing to do it?