

How to Write the Counterargument and Refutation Paragraphs

Terminology:

- Concession: acknowledgement of the other side
- Refutation: an answer that challenges a specific claim or charge
- Counterargument: the other side of an argument

Format of the counterargument:

1. **Topic Sentence:** Introduce the opposing side's arguments. You are acknowledging the other point of view. You will use phrases such as the following:
 - Some critics argue/assert/contend/claim/state . . .
 - Many believe that . . .
 - It has been argued/asserted/contended/claimed/stated . . .
 - Opponents argue/assert/contend/claim/state . . .
2. **Expert Source that supports the counterargument (Illustration):** This sentence backs up the sentence with a quotation or paraphrase of evidence from an expert. It MAY include the name of the author/source, the title of the article or web site, and, if necessary, the expertise of the source to show the validity of the evidence.

For example:

In "When Patients Request Assistance with Suicide," Dr. Michael Maskin, an associate professor of clinical psychiatry at Columbia-Presbyterian Medical Center in New York, argues that in many cases, dying patients' thinking is simply occupied by negative reactions to their condition (2).

3. **Explanation sentence (Analysis):** This sentence begins with a transition (therefore, thus, to explain, as a result, to elaborate, in other words, etc.) and explains the evidence and/or *provides an example of what it is saying.*
4. **Conclusion sentence (sentences):** Restate or reflect the other side's argument. You might begin with phrases such as the following:
 - For this reason, opponents believe/argue/claim/contend/stress etc.
 - As a result of _____, many believe/argue etc.

Example:

Main Claim: Terminally ill patients have the right to end their own lives, and those who choose to help them should not be punished for doing so.

Critics argue that the reason why some terminally ill patients wish to commit suicide is nothing more than melancholia. Patients suffering terminal illness might tend to be negative, hopeless, and depressed. In “When Patients Request Assistance with Suicide,” Dr. Michael Maskin, an associate professor of clinical psychiatry at Columbia-Presbyterian Medical Center in New York, argues that in many cases, dying patients’ thinking is simply occupied by negative reactions to their critical condition (2). *In other words, most of the reasons why terminally ill patients request doctors and/or loved ones to assist them in committing suicide might be caused by certain problems such as hopelessness, because there is no effective treatment, anxiety over expensive medical bills, and regret for being a burden to their families (Maskin 2).* For these reasons, opponents argue that the terminally ill patient needs psychotherapy and oppose doctor-assisted suicide claiming these patients are much too depressed to make a logical decision.

adapted with revisions from *Sourcework*, by Heinle & Heinle, 2006.

1. Counterargument

- A. **Topic Sentence (Bold): Critics argue that the reason why some terminally ill patients wish to commit suicide is nothing more than melancholia.**
- B. **Explanation Sentence or iow Restrictive Sentence (no font change):** Patients suffering terminal illness might tend to be negative, hopeless, and depressed.
- C. **Expert Evidence Sentence or Illustration from the Common Topic of Testimony (Underlined):** In “When Patients Request Assistance with Suicide,” Dr. Michael Maskin, an associate professor of clinical psychiatry at Columbia-Presbyterian Medical Center in New York, argues that in many cases, dying patients’ thinking is simply occupied by negative reactions to their critical condition (2).
- D. ***Explanation Sentence (italics):*** *In other words, most of the reasons why terminally ill patients request doctors and/or loved ones to assist them in committing suicide might be caused by certain problems such as hopelessness, because there is no effective treatment, anxiety over expensive medical bills, and regret for being a burden to their families (Maskin 2).*
- E. **Conclusion Sentence (no font change):** For this reason, opponents argue that the terminally ill patient needs psychotherapy and oppose doctor-assisted suicide claiming these patients are much too depressed to make a logical decision.

Format of the Refutation

The refutation paragraph must prove that your opponents' objection (counterargument) is wrong. To do this, you must answer the objection in a fair and logical manner.

Make sure you refute the actual counterargument! Do not argue against a different counterargument, as there are usually several. Stick to rebutting the one counterargument throughout the entire refutation. To address more than one counterargument, you need to do so in separate counterargument and refutation paragraphs.

1. **Concession sentence:** Concede (acknowledge) the other side's validity in a respectful way. You might begin with phrases such as the following:
 - For this reason, opponents believe/argue/claim/contend/stress etc.
 - As a result of _____, many believe/argue etc.
 - It is understandable why the opposition believes/argues etc.
 - Critics have a valid point about . . .
2. **Topic Sentence:** State the reason why the objection (counterargument) is wrong. You may introduce this with a transition such as however, nevertheless, or nonetheless.
3. No restriction sentences
4. **Expert evidence (Illustration):** In this sentence, you back up the topic sentence with a quotation or paraphrase of evidence from expert(s). It may include the name of the author, name of the article, and/or the date of publication.
5. **Analysis:** This is where you explain why the evidence is important.
6. May repeat #'s 4-5 if necessary and information is strong.
7. **Conclusion Sentence:** This is where you state what conclusion can be made once people consider the controlling idea and evidence.

Example:

It may be true, in certain cases, that some patients requesting assistance in committing suicide may change their minds if they participate in psychotherapy. However, most terminally ill patients who choose to hasten their deaths are very determined despite psychotherapy. In "Opposing Views on Assisted Suicide," Faye Girsh (1999) points out that many dying patients want to know about how to get help from a doctor to achieve a peaceful death (p. 80). *In other words, terminally ill patients who voluntarily choose to ask doctors to help them commit suicide are those who decide carefully to take advantage of the doctor-assisted suicide law.* For example, Girsh states that patients who consider assisted suicide are aware of their exact medical condition through a mutual exchange of information with their doctors, these patients understand their medical treatment along with risk, benefits and other options, and they must talk with a psychologist to determine if they are psychologically able to make such a decision (p. 84). *These are not patients who want to end their lives simply because they are depressed.* In short, terminally ill patients who finally choose to ask doctors to help them commit suicide are mentally competent and very determined about what they want to choose.
Adapted from student handout, Sourcework, Heinle & Heinle, 2006.

Concession Sentence (Bold): **It may be true, in certain cases, that some patients requesting assistance in committing suicide may change their minds if they participate in psychotherapy.**

Topic Sentence (no font change): However, most terminally ill patients who choose to hasten their deaths are very determined despite psychotherapy.

Evidence (Illustration) (Underline): In "Opposing Views on Assisted Suicide," Faye Girsh (1999) points out that many dying patients want to know about how to get help from a doctor to achieve a peaceful death (p. 80).

Analysis (Italics): *In other words, terminally ill patients who voluntarily choose to ask doctors to help them commit suicide are those who decide carefully to take advantage of the doctor-assisted suicide law.*

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Analysis (Italics): *These are not patients who want to end their lives simply because they are depressed.*

Conclusion (No font change): In short, terminally ill patients who finally choose to ask doctors to help them commit suicide are mentally competent and very determined about what they want to choose.

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