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‘...through hell and back’: Emotionality and argument in the UK and Irish discourse on the Ketogenic Diet

1. Introduction

This chapter¹ draws on the growing body of research on emotions and their role in argumentative discourse. Its aim is to carry out a comparative case study to analyse the discourse strategies and argumentative commitments related to the emotive component of informative materials about the Ketogenic Diet (KD), an increasingly popular regimen with far-reaching clinical implications. More specifically, this work is intended to apply Plantin’s (2011) framework to the study of emotional appeals attested in Internet-based communication with the general public in healthcare settings, with specific reference to the case of the dissemination of information about the KD.

1.1. Emotions and appeals to emotions: Approaches and key-concerns

Emotions have been a favourite subject of investigation across academic fields. In psychology, for instance, emotionality has been viewed as a set of evolved mechanisms allowing for flexible adaptations to environmental contingencies, with strong emphasis on the stimuli and responses involved (Scherer 2001). In pragmatics of

1 This study was funded by the University of Modena and Reggio Emilia (Italy) in the context of the FAR 2015 project ‘Exploring Health Literacy. Communicative genres in liaising with caregivers: the case of the Ketogenic Diet’.

emotive communication, Caffi and Janney (1994) have delved into two aspects of immediate relevance to the understanding of the emotive capacity, namely the interface between ideational and relational aspects and the interface between subjective and interpersonal aspects of emotive choices. The first one is believed to be crucial to devising a strategy to “connect the approach broadly with rhetoric and stylistics, and could be useful in developing more adequate descriptive accounts of emotive choices per se”, while the second interface would forge links with psychological and social interactional research, in order to develop “more adequate interpretive accounts of emotive choices in different communicative contexts” (Caffi/Janney 1994: 368). The search for empirically sound correlations between emotive devices and their interpretations in different situations, as invoked by Caffi and Janney for pragmatic research, has inspired a number of works in argumentation theory.

The correlation between emotionality and argumentative discourse is by no means a novel acquisition of argumentation research. Without going as far back as Aristotelian rhetoric, Richard Whately (1853: 142) assessed the relevance of ‘the appeal to the feelings’ to the ‘skilful orator’. More recently, Macagno and Walton (2014) have observed that words such as *war*, *peace* or *terrorist* are not simply information-bearing items. Rather, they affect our system of beliefs in that they trigger emotions that shape our perception of the reality they represent, and they guide our decisions about their referents. Not surprisingly, therefore, such words occur in argumentative discourse where emotive language may be used to covertly obviate the need to lend solid support to claims in critical discussion. This is likely to pose a threat to argumentative exchanges on the merits, because the proponent of such subtle tactics might seem “to have established that she is in the right in only a few slick words, while the respondent has to struggle to question or counteract the argument by getting into difficult territory” (Macagno/Walton 2014: 2). The common use of emotive language and the underlying power of persuasive definitions as a form of strategic maneuvering at work in domains that are routinely discussed and argued such as politics and the law can be seen as the reason behind the long-standing interest sparked by emotionality in argumentation theory.

On the one hand, emotional appeals have sometimes been rejected as illegitimate replacements for proper argumentation. For instance, that is the inherently normative perspective taken by Govier (2010). Although emotions do not necessarily entail manipulation, Govier asserts, they cannot be taken as good reasons for belief or action. In fact, “what is worrisome about strong appeals to emotion is their tendency to distract us from relevant reasons, or – worse yet – from the fact that no relevant reasons are given”, which seems to imply that “appeals to emotions may disguise irrelevance in arguments” (Govier 2010: 171).

On the other hand, theorists have tended to take less extreme positions towards the role of emotions in argument. First of all, Walton (1992) suggests that appeals to emotions can be admitted in critical discussions and contemplated in other contexts of dialogue. Nonetheless, it is fundamental to evaluate them through boundary conditions that single them out as fallacious in a number of cases. In the second place, an increasing number of descriptive works have performed in-depth analyses of the nature and linguistic constituents of emotional appeals across a wide range of argumentative settings.

To begin with, by focusing on the inherently interactional properties of argumentative discourse, Plantin (2004) mentions that differences of opinion between interlocutors of argumentative exchanges may take the form of disagreements over emotions. This prompts one to detect sequences where speakers/writers strive to clarify why they feel as they do, or why they expect others to feel what they feel. When that is the case, what arguers do is try and establish the legitimacy of certain emotions (e.g. indignation, mercy), by showing that these are grounded on solid reasons (Plantin 1999). Following Plantin’s theorisation, Micheli (2010) also points out that emotional appeals themselves are argumentative and worth being accounted for as such. As a result, a major undertaking is “to examine how speakers *argue emotions* – that is: how speakers attempt to establish the legitimacy (or the illegitimacy) of certain emotions” (Micheli 2010: 13). As explained in detail in Section 2, this chapter starts from Plantin’s (1998: 4) assumption that

la gestion stratégique de l'émotion est essentielle dans l'orientation globale du discours rhétorique vers la persuasion. Dans sa forme la plus accomplie, la rhétorique est une technique du discours visant à déclencher une action: faire penser, faire dire, faire éprouver et, finalement, faire faire.

[The strategic management of emotions is essential to the overall orientation of rhetorical discourse towards persuasion. In its most accomplished form, rhetoric is a discursive technique aimed at spurring someone into action: getting them to think, getting them to feel and eventually, getting them to do something. *My translation*]

More specifically, this work is intended to apply Plantin's framework to the study of emotional appeals attested in Internet-based communication with the general public in healthcare settings, with specific reference to the case of the dissemination of information about the Ketogenic Diet (KD), a high-fat, low-carbohydrate diet used primarily to treat difficult-to-control epilepsy in children and adolescents (Wheless 2004). In that regard, the research fields the following questions:

1. What role does emotive communication play in the discourse on the Ketogenic Diet in the two countries chosen for the case study (the United Kingdom and the Republic of Ireland)?
2. What kind of standpoints and commitments does the organisation of emotive discourse serve to highlight in the argumentative discussion of the characteristics and benefits of the diet?

The rest of the chapter is organised as follows. First of all, the KD as the subject of the current investigation is presented in 1.2. Secondly, Section 2 outlines the materials under investigation and the methodological guidelines of the case study. The findings of the study are then reviewed in Section 3 and eventually discussed in Section 4.

1.2. The Ketogenic Diet: 'an absolute miracle'?

Originating from late-nineteenth/early-twentieth-century ideas that disease could be cured by exercise and diet, the Ketogenic Diet began to take shape in the 1920s (Wheless 2004). Behind the regimen was the notion of 'ketone bodies', which are those formed in the body

from fat and protein in case of disproportions between the amount of fatty acid and the quantity of sugar burning in the tissues. Clinical applications essentially lay in inducing ketogenesis through a diet rich in fat and low in carbohydrate for therapeutic purposes, because this had been observed to be correlated with a reduction in the number of epileptic seizures.

Although the Ketogenic Diet was largely used in the 1920s and the 1930s, the interest of physicians and researchers was gradually to be sparked less by the mechanisms of action and efficacy of the KD than by the newly discovered antiepileptic drugs (AEDs). These ushered in a new era of medical therapy, and the Ketogenic Diet seemed destined to fall into disuse. As Wheless (2004) states, however, substantial evidence from studies in the mid-1990s revived the fortunes of the Ketogenic Diet. In particular, data tended to suggest that the KD compared favourably with other new treatments for epilepsy in children, and its advocates began to call for its availability at every paediatric epilepsy centre. The putative benefits of the Ketogenic Diet are still the subject of much debate, which in turn is a strong motivation for this research, too.

2. Materials and methods

In order to ensure that the analysis has a good qualitative edge to it, the study was based on two small comparable corpora. The first one, the so-called *Keto_UK* (138,653 words), was designed to be representative of the discourse on the Ketogenic Diet in the United Kingdom, a country known to host some of the key providers of ketogenic dietary therapies, such as the charity Matthew's Friends and Great Ormond Street Hospital in London. The second corpus, referred to as the *Keto_Éir* (21,358 words), was compiled for mainly comparative purposes as the Irish counterpart of *Keto_UK*, the Republic of Ireland being the English-speaking country closest to the UK. The United Kingdom has played a crucial role in raising

awareness of the KD at a European level, and it was considered interesting at the outset to observe whether and to what extent a country so close and linguistically homogeneous to it as Ireland might be seen as a receptive ear for the implementation of the regimen.

In merely quantitative terms, one may argue that *Keto_Éir* is too small to even deserve to qualify as a corpus, the orthodox view being that the larger a corpus is, the better. In that regard, it is appropriate to provide a two-fold specification. To begin with, the size of *Keto_Éir* is as big as the available data allowed for, at the time of corpus compilation. In addition, an increasing number of studies argue that, as opposed to the investigation of generalised findings noting the frequency of pragmatic phenomena in large corpora, an important research agenda now foregrounds a focus on small corpora and local pragmatic patterns. In addition to the importance of small corpora in data-driven learning (Aston 2011), therefore, “smaller corpora provide a platform for not only establishing the range and frequency” of a wide array of linguistic indicators, but also for sharpening our knowledge of “the role of different genres or contexts in characterising their use” (Vaughan/Clancy 2013: 53).

For both corpora, the sources of Internet-based materials included relevant stakeholders in the debate on the KD, including health institutions, charities and the press as mediators between expert voices and the public at large. Accordingly, the *Keto_UK* corpus includes texts from the following entities: Matthew’s Friends, Daisy Garland, the Epilepsy Society, Young Epilepsy, Epilepsy Action, Great Ormond Street Hospital Charity, and articles from *The Guardian* and *The Telegraph*. Likewise, the sources of the *Keto_Éir* corpus feature the Health Service Executive (HSE), Epilepsy Ireland, the Irish Nutrition and Dietetic Institute (INDI), Temple Street Children’s University Hospital, and articles from *The Irish Times* and the *Irish Independent*. Both the general search for corpus texts and the search for texts within each and every stakeholder’s website were carried out by using *ketogenic*, *Ketogenic Diet* and *epilepsy* as search words. Overall, the time span covered by both corpora includes the years between 2011 and 2016.

From a methodological point of view, the study adhered to predominantly qualitative guidelines, under which Plantin’s (2011)

monograph-length study was taken as a reference. In his programme for the study of emotions in and through discourse, Plantin begins by distinguishing three main channels to identify emotions: first of all, a direct channel through which emotions are explicitly declared in statements; and secondly, two indirect channels where emotions can be implicitly reconstructed via either 'downstream' or 'upstream signals'. The former (*signaux aval*) involve references to physical states and behaviours typical of people displaying emotions, e.g. posture and gestures, whereas 'upstream signals' (*signaux amont*) include items that encapsulate emotions within narrative or descriptive formats indicative of certain kinds of emotion.

Whether explicitly present or implicitly encoded in discourse, emotions are associated by Plantin with a basic tripartite structure featuring three key elements. The first is the so-called 'psychological site' (*lieu psychologique*) as the person or people experiencing the emotional state. The second one is the 'emotional term' (*terme d'émotion*) as the verb or noun conveying the emotion, while the last element is the 'source of emotion' (*source de l'émotion*) denoting the entity that brings about emotional reactions. The wide array of options through which the three elements are combined enable Plantin to illustrate the patterns through which emotions can be retrieved in discourse. In *Pierre méprise l'argent* [Pierre despises money], for instance, the emotion of contempt is attributed by the speaker to Pierre as the psychological site through the verb *despise* as the emotional term, whereas *money* appears in its capacity as source of emotion.

At a more general level, Plantin assesses the discourse strategies through which emotions are communicated, by isolating the deciding factors that operate in the process of 'emotion production' (*produire l'émotion*). First and foremost, the 'event type' (*type d'événement*) should be taken into account, because the way an episode is designated re-directs the interlocutor/reader to frames that position the event on the positive or negative side of the emotional axis, as it were (cf. *wedding* and *funeral*). Secondly, the 'type of people' (*type de personnes*) involved deserves to be given due weight in that some people are more sensitive than others to the same sort of situation. Accordingly, we are likely to be more affected by the death of a child rather than an old man, and we tend to react in different

ways to the death of a civilian compared to that of a soldier in the line of duty.

In the third place, emotions can be graded based on their 'intensity' as well as the 'amount' of people involved (*intensité, quantité*). On the one hand, therefore, an accident occurring to hundreds of people has a stronger emotional impact than one involving a single person. On the other hand, a tragic event causing excruciating pain to a single person can trigger a reaction that is just as visceral. Fourthly, emotions should be gauged with regard to 'consequences' (*conséquences*). Hence, for example, if a person is susceptible to reacting to fear, the speaker/writer may advance pragmatic argumentation (Van Poppel 2012; Snoeck Henkemans 2016) showing that a certain course of action is contra-indicated because it raises scary prospects as a result of it being carried out. Finally, emotions expressed in response to an event are subject to each and every individual or group's value system (*normes*). Supposing somebody has died, their enemies will feel joy or relief, whereas their relatives, friends, classmates or fellow countrymen will feel different degrees of grief, and those that did not know them may even feel indifference, especially if the death occurred in a war zone.

In this chapter, it is by considering these factors – *type d'événement, type de personnes, intensité/quantité, conséquences* and *normes* reviewed earlier on – that the onset of emotionality and its underlying argumentative commitments were analysed and discussed in the UK and Irish discourse on the Ketogenic Diet. In particular, while the two corpora as a whole were kept as broader reference datasets, the analysis lay in a manual – i.e., non-computer-assisted – investigation of the texts where the authors' standpoint most crucially develops against an emotional backdrop, as it were. In both corpora, these were the so-called *Stories*. These texts mainly appear on KD charities' websites, but are also occasionally reported in the press. Their communicative purpose is basically to share with the general public the experience of individual patients who were (or in many cases still are) on the KD, from the onset of the early symptoms to the diagnosis of epilepsy, from treatment with conventional AEDs to the Ketogenic Diet including shortcomings, dead ends and/or improvements. Overall, a total of about 50 texts were selected across

the *Keto_UK* and *Keto_Éir* corpora for the purpose of the analysis, whose findings are documented in the next section.

3. Results

At a preliminary level, it is important to note that the vigorous debate on the KD does not simply involve the administration of the regimen as a treatment for drug-resistant epilepsy but also in response to cancer, especially of a neurological kind. This aspect is of no secondary importance in that due regard to it enables one to illustrate some sharp differences between the two corpora considered here. As far as emotionality as the focus of the study is concerned, however, the *Stories* mainly revolve around the benefits of the KD as a remedy for epilepsy, and more specifically as an alternative option to standard anti-epileptic drugs. For this reason, the findings presented here are integrally linked to this area, while more general examples of argumentative patterns retrieved in *Keto_UK* and *Keto_Éir* about the benefits and/or downsides of the KD are discussed elsewhere (Mazzi 2018).

To begin with, the *Stories* from both corpora can be reconciled with the tripartite structure established by Plantin (2011) for the encoding of emotions in discourse. In that respect, the psychological site was observed to be of two main kinds: first of all, patients, who are very often represented by children diagnosed with epilepsy at a very young age and write about their own story in the first person; secondly, parents or siblings telling about their child or brother/sister affected by epilepsy. To these, a third kind of psychological site might be added, albeit at a consistently indirect level, namely the readership. This can be grasped by looking at examples (1)-(3) below:²

2 In all numbered examples, the source – corpus as well as institution/charity/newspaper – is provided in brackets at the end of each passage. Moreover, the underlines are always mine.

- (1) With support from Matthew's Friends I start the therapy. [...] I have been seizure free for exactly one year and the DVLA have said that I can have my licence back. [...] Once I did start driving the sense of freedom and independence was enormous. Only then I could I acknowledge how difficult life had been without it. (*Keto_UK, Matthew's Friends*)
- (2) The diet has given us our lives back but for Alice the benefits are immeasurable. [...] Just take a look at the result: three happy children playing together in the park and for us that's happiness!!! (*Keto_UK, Matthew's Friends*)
- (3) The really bad seizures Fionn is having at the moment leave him very weak and drowsy. It can take him a couple of hours to recover fully from one and, 20 minutes later, he can have another one. We never sleep very well as his seizures happen at night as well. [...] I don't know how we have coped with Fionn's illness for so long, to tell you the truth. He is so ill that we don't really think of anything else, we're in panic mode all the time. (*Keto_Éir, The Irish Times*)

In (1), taken from *Jacqui's story*, the patient describes her condition after a year-and-a-half on the diet: she is the psychological site, because it is she who experiences a deep sense of relief (*freedom and independence*) as she is given back her driving licence. In (2), the psychological site is constituted by Alice's parents: the sight of their daughter playing with her schoolmates causes them to enjoy a warm feeling of happiness. In (3), the emotion at stake is completely different. The passage is taken from a story reported by *The Irish Times* of a boy diagnosed with infantile spasms at the age of three months. As a result of having been on the KD for over two years, Fionn's condition initially seemed to improve, but "eventually the seizure activity got the upper hand". Here, parents are once more the psychological site, and they experience a state of never-ending anxiety because Fionn's seizures tend to occur at any time of the day.

Since the average reader of passages like this can be assumed to share the same value system as Fionn's family, they are also likely to be emotionally affected by his story. Although what readers feel is not necessarily anxiety – no matter how sensitive they are, they will probably not know Fionn's family personally nor ever have witnessed any of his painful seizures – they will probably feel deeply touched by

the dreadful ordeal the family is having to go through. By virtue of that, here as well as elsewhere do readers also act as an indirect psychological site: in Fionn's case, after all, channelling emotions in a way that directs them to readers too is a way to encourage them to actually take action and contribute to the fundraising campaign orchestrated by the family to raise the €30,000 needed for the stem cell treatment Fionn will hopefully presently undergo at Beijing Puhua International Hospital.

Moving from psychological site(s) to the source of emotion, this can be acknowledged to be the patient's own condition after either standard AED treatment or the Ketogenic Diet as the somehow opposite poles of the broad emotional spectrum covered by the *Keto-Stories* investigated here. On the one hand, the administration of anti-epileptic drugs is very often the source of emotions located on the negative side of the emotional axis – Plantin's (2011) *axe de l'agrément*. In particular, the emotions triggered by prolonged exposure to a pharmacological treatment that turned out to be ineffective are *despair* and *anger*.

The former is evident from the several passages where patients or their families affirm their belief that no more viable options are available for them to weigh – cf. *it seemed we were reaching the end of the road* (*Keto_UK, Matthew's Friends*); they describe their attempts to gain access to the Ketogenic Diet as a last resort, which applies to 13.8% of the collocational environments of the noun *hope* – cf. *Starting the diet felt very scary because it really felt like our last hope* (*Keto_UK, Daisy Garland*), *a glimmer of hope, the only hope, our final hope, our one and only hope*; or, however more rarely, they even irrationally feel like death is the only way to alleviate patients' pain and ease their families' crippling burden, as in (4) below. Furthermore, anger was observed to be vented by parents who were not told about the diet, putatively misled about its benefits, or for some reason denied the use of the regimen, as suggested by the extracts in (5) and (6):

- (4) for us it got so bad that when Matthew had yet another prolonged attack, I would hold him and pray that he would die as I just couldn't bear to see him

suffer so much then of course the guilt takes hold of you for even thinking such a thing. (*Keto_UK, Matthew's Friends*)

- (5) At one particular review meeting in June 2004 with 8 health professionals present, I tried to present the scientific literature gathered from papers and MAE experts and discuss the diet as a treatment [for] Harry. I met a brick wall that said: "With respect, I have been a neurologist for 20 years. Just go home and be a good mother". (*Keto_UK, Matthew's Friends*)
- (6) I was outraged that Matthew had been denied this treatment for so long when it obviously DID work. I felt that I had been given a lot of false information about this treatment and although I believed (and still do) that we were in one of the best hospitals in the world unfortunately I was in front of a doctor that did not believe in the diet and who was happier to give out a vast quantity of drugs without realising what it was like to actually live with a child that suffered with such terrible side effects to those medications as well as horrendous seizures. (*Keto_UK, Matthew's Friends*)

On the other hand, living on the Ketogenic Diet is the source of emotions located on the positive side of the emotional axis. Even though corpus texts stock an extensive emotional range including various degrees of happiness, it seems appropriate to define these as fitting into the general category of *relief*. This is recurrently expressed in *Stories* through emotional terms such as the verbs *rescue* and *save* with *life*, *sanity* or *family* as an object, along with the lemma *mirac** associated with the diet – as in *was an absolute miracle, has been a miracle for us* and *During ketosis the body produces ketones, which miraculously stop the seizures* (*Keto_Éir, Irish Independent*). The use of these language tools is well documented in example (7), where all of them are displayed:

- (7) We truly believe that the ketogenic diet prolonged Daisy's life, rescued us as a family, and as Daisy's mum, saved my sanity! Medication failed to be effective for Daisy and the ketogenic diet was the miracle we had been praying for. We cannot recommend it highly enough for children with difficult to control epilepsy. (*Keto_UK, Daisy Garland*)

Going back to the theoretical perspective presented in Section 1.1 (Plantin 1999; Micheli 2010), it is worth examining how, for both poles of the emotional spectrum represented by the two corpora, the

emotions revealed above are argued. With reference to despair and anger, it is appropriate to explain the strategy followed in *Stories* to establish their legitimacy in terms of Plantin’s *intensité/quantité* parameter. Over many a passage, therefore, the patients’ treatment through conventional antiepileptic drugs is depicted in two often overlapping ways instantiated in examples (8) and (9) below: first of all, by emphasising the long duration of the treatment; secondly, by shedding light on the fierce intensity of it, with a view to the amount of drugs prescribed to patients over time or at the same time.

- (8) A difficult 12 months later, a new boyfriend who recognises some problems and a diagnosis of epilepsy follows. A life of medication begins. I stop driving and sell my beloved little car. I complete my training taking 2 attempts to pass my finals in a fug of carbamazepine. [...] Eventually I see a neurologist and I start months of tweaking different amounts and types of medication. There is some improvement over the next 18 months but not enough. I have to stop seeing one consultant and my GP forgets to do the referral for a new consultant. Although my job has been kept open for me I eventually resign. (*Keto_UK, Matthew’s Friends*)
- (9) After six months, Aoife was on a mixture of Epilim, Tegretol and Frisium, which seemed to ease her condition and she was down to one seizure a day. But then she got worse and was given Lamictal. It worked at first, but then the seizures came back and we were given Keppra. Again, there was a honeymoon period with reduced seizures but they came back.” [...] [Aoife’s parents’] hope is to have Aoife off all drugs and seizure-free one day. She [Esther, Aoife’s mother] says: “I just wish someone had told me about the diet in the first place, because then I would never have let Aoife go on five different medications. (*Keto_Éir, Irish Independent*)

For some people, so the text goes, being on AEDs means setting out on a treacherous journey that never seems to end and with no one telling them about alternative routes – namely, the KD: hence the feelings of despair and anger. The presence in text of the discourse of intensity and quantity is quite pervasive, and evidence of it can be derived from the items listed in Table 1 below:

<i>Intensité/quantité</i> to ‘argue’ despair and anger	
▪	Many children with epilepsy face <u>a daily cocktail of drugs</u> to control the condition.

- With so many drugs in her young system, it wasn't long before the powerful side effects started to show.
- His doctors have prescribed one anticonvulsant drug after another in various combinations, but none of the available therapies have worked...
- She tried six different seizure medications in various combinations over a period of 4 years [...], which [...] brought evil side effects...
- The drug merry-go-round went on for nearly six years and periodically in that time, I kept on asking for the diet and kept being refused.
- We KNOW that by the time families get to us [Matthew's Friends] they have already been through hell and back.
- This resulted in Jadyne being on up to 6 different types of drugs daily. He was so sedated he battled to communicate with us and was relegated to spending the day sitting on the couch unable to go to school, play or even eat on his own.
- This was the beginning of Euan's and our horrendous epilepsy journey.
- These drugs were changed and increased in combinations of 4 or 5 at a time and any benefits seen were short-lived.

Table 1. Intensity and quantity to 'argue' despair and anger in *Keto_UK* and *Keto_Éir*.

As regards patients' conditions after being on the KD as the opposite pole of the emotional spectrum, the feeling of relief is mainly aroused through Plantin's *conséquence* factor. Briefly, when patients narrate the story of their much awaited switch from AEDs to the diet, they often focus on the salutary effects of the KD at three levels. In the first place, patients or their families recount the experience of the sustained health improvements yielded by the diet. In (10), for instance, Levi's parents tell *The Telegraph* that some of his seizures have been fully eradicated, while the prospect of being off seizure meds is not far away. Secondly, stories often contain passages where people are delighted to appreciate the emotional benefits reaped as a consequence of the successful implementation of the diet. In (11), accordingly, Abby's parents happily report that the 14-year-old has regained awareness and self-confidence, after "lots of different anticonvulsants" used to knock her off and made her sleep too long. Thirdly, it is not uncommon for people to assess the practical advantages offered by the KD in its capacity to curb seizures, whether it is getting back to driving, as in (1) earlier on, or going on holiday, as is the case with (12).

- (10) Levi has been on the diet now for more than a year and a half, and I'm happy to report that the infantile spasms are down to 5 [from] 30 a day, lasting only a few seconds each, and the focal seizures have been completely eradicated! Although still delayed, he is making progress in several areas. Next month, he will be completely off seizure meds! (*Keto_UK, The Telegraph*)
- (11) Last summer Abby started the ketogenic diet, which has reduced her seizures and she's been able to come off one of her drugs. We're delighted to say we now have a stropky, opinionated, happy (when she's getting her own way) teenager! (*Keto_UK, Daisy Garland*)
- (12) However, in June 2006 the family travelled to Great Ormond Street Hospital in the UK, where Adam was introduced to the Ketogenic Diet, under the guidance of Dr Helen Cross. [...] Both parents readily admit that administering the diet, which is high in fat and low in carbohydrates and proteins has its challenges, but it has not stopped them from travelling to Disney World or Spain. (*Keto_Éir, Epilepsy Ireland*)

As for the parameter of intensity and quantity outlined above, more instances of the actualisation of the consequence factor, as it were, are provided in Table 2 for each of the three kinds of benefits enjoyed by patients as a result of the KD in (10)-(12) above.

<i>Conséquences to 'argue' relief</i>		
Health-related	Emotional	Practical
<ul style="list-style-type: none"> ▪ Ella has now improved dramatically and has less than 10 seizures a day. ▪ I have been seizure free for exactly one year. ▪ I have lost nearly 2 stone. My blood cholesterol levels are better than when I started, I am healthy, I have energy. ▪ The diet worked so well that Daisy was drug free by the end 	<ul style="list-style-type: none"> ▪ I felt more involved, more aware, I gained confidence to go out on my own again, and life improved for the whole family. ▪ I can take part in family life. ▪ she is more alert. ▪ Once he started the diet, it was amazing for us to be able to see him being a normal little boy who could smile and interact. ▪ regained his wonderful sense of humour. ▪ She was doing very well on the diet and all the hard work has certainly been worth it, especially to see her cheeky 	<ul style="list-style-type: none"> ▪ Within 2 months I could start reading a book again. ▪ the DVLA have said that I can have my licence back. ▪ she can now hold a pencil properly.

<p>of July 2000.</p> <ul style="list-style-type: none"> ▪ Aoife is already off Keppra and recently had her first seizure-free night in four years. ▪ Her speech is better. 	<p>personality finally coming through.</p> <ul style="list-style-type: none"> ▪ is calmer, more responsive and affectionate. ▪ She is so much more engaged with us, affectionate and interactive. ▪ Now he is bright-eyed, alert and interested in life. 	
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Table 2. Consequences to ‘argue’ relief in *Keto_UK* and *Keto_Éir*.

The effectiveness of the strategies explored above in the light of Plantin’s (2011) categories of emotionality in discourse is heavily dependent on the recipients’ value system (*normes*), as envisaged in Section 2. In this respect, this work has no prescriptive aim and as such, it is not intended to assess the eventual legitimacy of the emotions ‘argued’ or the validity of the strategies utilised in the argumentative process itself. Nevertheless, it is only appropriate to point out that the impact of the above attempts to ‘argue’ despair, anger and relief is closely related to a situational context where the average reader can be expected to share the same concerns as the patients and families sharing their stories through dedicated charities or other media outlets such as newspapers.

In this case, the context is one where the leading event types (*types d’événement*) that also serve as sources of emotion are the administration of AEDs on the one hand, and the Ketogenic Diet on the other. Moreover, the type of people (*type de personnes*) most directly involved mainly includes children or in any case individuals who were diagnosed with various forms of epilepsy while in their infancy. Based on our value system, we tend both to fully sympathise with children and younger people more generally, because they represent the most vulnerable subjects in our society, and to empathise with their families as they suffer the immense distress caused by the children’s illness or the shock of bereavement in case of their premature death. It is by virtue of such context that the average reader of the materials under analysis is as likely to be emotionally affected by the accounts of the troubles caused by anticonvulsant medications

as well as the positive consequences of the KD from a medical, emotional and practical point of view, as they are to be sensitive to the standpoint advanced by arguing those emotions.

As far as this is concerned, a word of caution is by all means needed. The oft-implicit standpoint projected by the process of arguing emotions completed in *Stories* is definitely not that antiepileptic drugs should be altogether avoided, and their importance in epilepsy treatment ought to be downplayed or seriously questioned. As shown elsewhere (Mazzi 2018), this is not so because that would obviously undermine the scientific credibility of the argument. As we saw in discussing example (3), first of all, *Stories* also include families telling about children who are either still struggling against seizures despite the KD, or reporting that their children eventually died notwithstanding the efficacy of the diet itself – e.g. “the Ketogenic Diet [...] was very effective in controlling and reducing the numerous and variant seizures that Becky endured. But sadly her underlying disability proved too much for her and the seizures returned with devastating effect and her body and heart were unable to cope any longer. She died on 7th July 2008” (*Keto_UK, Daisy Garland*). Secondly, even without mentioning the bitterly disputed use of the KD as a remedy for cancer, in many a text across the two corpora is it clearly specified that the Ketogenic Diet does not work for everyone, and to quote Dr Caitríona Hensey from Dublin’s Temple Street Children’s University Hospital interviewed by the *Irish Independent*, it is “not only a huge undertaking for a parent, it could be very dangerous to the health of the child if carried out without the supervision of a medical team”.

So what kind of commitments does the arguing of emotions affirm here? In an attempt to describe the overall argument structure in which emotions are frequently embedded across the two corpora, the standpoint seems to be that people are entitled to make fully-informed decisions about their own or their children’s treatment. More specifically, first of all, they have a right to be informed about the Ketogenic Diet, how it works and any critical issues or potential benefits correlated with it. Secondly, whenever AEDs are preferable yet they fail and the patient’s own profile is compatible with the KD, the diet deserves a chance as a Plan B. In the argumentative

architecture of *Stories*, as it were, such multi-layered standpoint rests on two pillars: these are the emotions described above, whose argumentation has been discussed through Plantin's (2011) parameters and which in turn rest on the expected recipients' value system, as schematised in Figure 1:

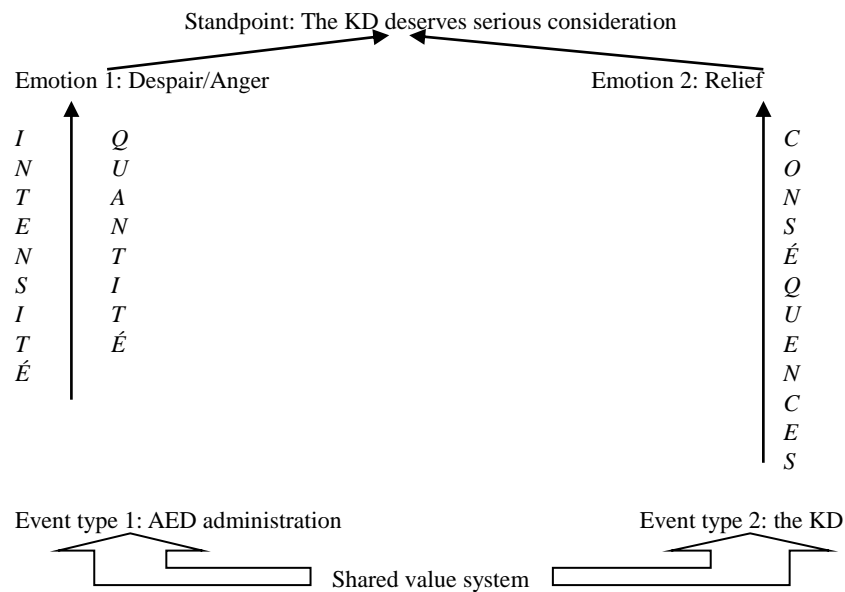


Figure 1. Argument structure of *Stories* in *Keto_UK* and *Keto_Éir*.

4. Discussion and conclusions

This was an inherently qualitative study of a small collection of *Stories* extracted from two corpora instantiating Internet-based informative materials about the Ketogenic Diet in the United Kingdom and the Republic of Ireland. By adopting Plantin's (2011) model for the analysis of emotions in discourse, the research was intended to answer two leading questions.

The first was what role emotive communication plays in the discourse on the KD in the two countries chosen for the case study. While *Stories* do not constitute the majority of *Keto_UK* and *Keto_Éir* corpus texts, the results presented in Section 3 indicate that they form an essential part of communication with the general public about the diet. As a matter of fact, *Stories* integrate the more science-oriented element characterising other online materials from the same sources (Mazzi 2018) with narratives adding a human touch to reveal who the real people are behind the uneasy relationship between illness and therapy. In particular, as we saw beforehand, *Stories* tell readers something about their feelings and mixed emotions, from despair caused by long-term pharmacological treatments full of harmful and debilitating side effects to anger over being denied proper information about or access to the KD, and finally the relief brought about by its administration.

The second question was what kind of standpoints and commitments the organisation of emotive discourse serves to highlight in the argumentative discussion of the characteristics and benefits of the diet. In this regard, the implementation of Plantin's (2011) categories helped identify the main factors – i.e. intensity/quantity and consequences – through which such emotions are 'argued' and therefore established as legitimate across the two corpora. Moreover, the findings in Section 3 led us to flesh out the overall argument structure in which emotions are frequently embedded. In this context, the argumentative construction of emotions appears instrumental in supporting the broad standpoint that people are entitled to make fully-informed decisions about their own or their children's epilepsy treatment, and that should include full awareness of the mechanisms and benefits or downsides of the Ketogenic Diet.

At a more general level, finally, the value of the corpus data in Section 3 may lie in raising stakeholders' awareness of the role and discursive shape of emotionality in public-health communicative settings. On the one hand, in fact, there has been renewed interest for and increasing recognition of the inter-related notion of empathy as "a cognitive [...] attribute that involves an understanding of the inner experiences and perspectives of the patient, combined with a capability to communicate this understanding to the patient" (Hojat *et*

al. 2002: 58). On the other hand, in spite of the references to the communicative dimensions of empathy in materials such as consultation skills manuals, these “do not provide a systematic overview of typical linguistic realisations and none of the existing rating scales focuses specifically and explicitly on verbal formulations” (Pounds 2012: 114). Going back to the specific area of our study, moreover, the increasing wealth of *Stories* in the British and Irish discourse on the Ketogenic Diet is still unmatched by comparable materials produced in countries such as the author’s. The research discussed in this chapter may yield novel insights into the communicative practices regarding the diet and thereby serve as a sound basis for Italian institutions or charities in generating useful online materials for the general public.

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