Keywords, frames and the reconstruction of material starting points in argumentation. Journal of Pragmatics, 44(10), pp. 1135-1149.

This article is set within the general frame of the discussion on the reconstruction of implicit premises in argumentation. On the backdrop of the theoretical framework provided by the Argumentum Model of Topics (AMT), we set out to propose a hypothesis on how the endoxa of a given argument scheme are derived from certain cognitive frames activated by the use of linguistic units, which we call keywords. Implicit premises in argumentation are described according to the distinction between procedural and material starting points: the former refer to the inferential component of the argument scheme; the latter, to the premises of a contextual nature, which allow the argument scheme to become relevant for the interlocutors in a specific dialogical context. Our proposal is focused on the reconstruction of the endoxical part of the material starting points. The proposed hypothesis on the linguistic activation of endoxa is illustrated through the analysis of a case of political debate. The theoretical hypothesis proposed in the article, set at the crossroads between the study of argumentation theory and linguistic semantics, is a first step towards the understanding of the connection between the linguistic and the inferential level in the structure of argument schemes.


The relevance of context has been acknowledged also recently as a fundamental element for the correct evaluation of argumentative moves within institutional fields of interaction. Indeed, not considering the larger culture-specific and social features of the context within which the interactions take place poses problems of interpretation of the data and comparability of results. Starting from these considerations, the paper aims at discussing a model for the description of the social context of interaction that may allow for a better interpretation and evaluation of argumentative moves within medical consultations. The efficacy of the model is shown by applying it to the description and analysis of examples of real-life consultations recorded in the Italian region of Lombardy. In the first section, the model for the description of the social context of interaction is presented and discussed. In the second section, examples of argumentative passages from a selection of consultations are presented and commented on by relying on the model. Some concluding remarks and further developments of the research are proposed in the final section.


The paper presents partial results from an ongoing research on communication in the medical setting. The aim of the paper is to show how the institutional context can affect argumentation by focusing on the activity type of medical consultations. In order to achieve this goal, the paper is structured in four sections. The first one offers a description of the institutional dimension of the medical consultation set within the
cultural domain of the Italian National Health Service. In the second section, this description is completed by outlining also the interpersonal dimension of the context. The third section presents partial results obtained through the analysis of a collection of medical consultations. The analysis was conducted by selecting the argumentative extracts from the consultations and by describing the argument schemes used both by doctors and patients. The analysis shows that the persuasive strength of argument schemes varies depending on the way they are used in the different institutional contexts. In particular, the specific features of the institutional contexts constrain the effectiveness of the argument scheme by ‘commanding’ context-specific premises, or endoxa. Therefore, those who have a better knowledge of the context will be able to use the various argument schemes more successfully because they will be able to refer to the most ‘context-relevant’ premises. A development of the research should include more data in the analysis and also foresee the possibility for a comparison with data collected in different cultural contexts.


In “expert – to – non-expert” interactions, one of the distinguishing features is that there is none or very little shared knowledge between the subjects. This situation may become particularly challenging when the unshared knowledge is of a very technical kind, as the likelihood of misunderstandings or unsuccessful communication becomes very high. This is particularly true of interactions between patients and physicians. In the course of such interactions, physicians are expected to inform, advise and persuade patients regarding their health problems. This has been shown to happen according to different styles and manners, depending on the physician’s personal communication skills, their approach to patients and their degree of expertise. It is especially when differences of opinion emerge that physicians need to be persuasive, but it is also then that this may become very difficult, as the patient does not share the medical expertise of the physician. At these moments, one of the most powerful means of persuasion in the hands of physicians is their professional ethos, or authority. The paper presents partial results of an ongoing research project aimed at describing the ways in which physicians construct their professional ethos in interactions with their patients, and how they use it to reconcile patients’ diverging opinions with their own. The analysis is carried out on a corpus of videorecordings of doctor-patient interactions and it is aimed at identifying different persuasive strategies based on the speaker’s ethos.


The importance of sound argumentation for interactions in the medical context has been acknowledged by various scholars, nevertheless the debate is still open as to which moves can be considered legitimate and which are fallacious given the specific contextual constraints. Among these, the most challenging are: the social and knowledge asymmetry between doctors and patients; the necessity to build an interpersonal relationship with the patient, based on trust and understanding of the problems at issue. One of the most frequently used arguments from doctors is the argument from expert opinion, as is often the case when the interacting roles are defined by a strong asymmetry of knowledge. The use of this argument is often taken as a symptom of the old paternalistic attitude of doctors towards patients, therefore the question of its persuasive strength and legitimacy
The connection between language and power has been studied from various points of view. The way it is realized in specific contexts yields ever-new insights into human nature and behavior. Barack Obama’s speeches, from the beginning of the presidential campaign, have often been referred to in the international press as masterpieces of rhetorical skill. The paper presents the results of an analysis conducted on the speeches given by Barack Obama during the presidential campaign and on the Inauguration Day. The analysis is aimed at highlighting the rhetorical role played by definitions throughout the speeches. Definitions usually coincide with the premises in arguments that aim at evaluating or classifying aspects of reality. By defining reality in a certain way, the speaker implicitly asks the listener to accept the implications deriving from the definition itself. The analysis has been conducted following three phases: in the first phase, all definitions used in the speeches have been listed, grouping them according to the topic they refer to; in the second phase, their implications have been described, i.e. the inferences they trigger, the assumptions they entail, and the conceptual frames they activate; the third phase involves the assessment of the rhetorical function of the definitions.


The quality of communication between doctors and patients is considered as one of the most important factors for a successful therapeutic strategy. Various studies have shown that when the communication is good, patients understand better and their compliance improves. Many scholars have put forward methods for the analysis and assessment of the quality of communication in the medical context. Nevertheless there is still lack of a sufficiently comprehensive theoretical frame work, able to account for all factors described in the various analyses and to explain them. The present study focuses on the identification of the contextual elements that influence interactions between doctors and patients during medical consultations. An hypothesis is put forward of a theoretical and methodological framework for the analysis and assessment of interactions between doctors and patients.


The present paper tackles the challenge posed by conflicts emerging in doctor-patient consultations. Communicative exchanges situated in the medical setting – consultations in particular – have been closely studied in the last thirty years from many points of view. One of the most important issues in the study of these communicative exchanges has been the asymmetry of roles between patients and doctors, which often causes
misunderstandings, incomprehension, poor patient compliance and low satisfaction on both sides. Such conflicts have often been studied from the point of view of the power relations generating them, more seldom looking at the communicative structure of the interaction itself and at its internal dynamics. The present paper focuses in particular on the argumentative structure of certain crucial parts of the consultation – namely the ones of patient education and counseling – in order to describe a heuristic strategy – keywords and key expressions – that can be used to understand the origin of the conflict.

Doctor-patient interactions have been studied both by medical doctors and psychologists, and by linguists and researchers in the field of communication sciences. In spite of this, it is seldom the case that the expertise developed in one of these fields is used by the others. The study proposes the analysis of a doctor-patient consultation using a model developed within the field of communication sciences. The consultation is described according to its communicative aims and overall structure, paying particular attention to the linguistic strategies adopted to communicate emotions and to pose questions. The aim of the analysis is to highlight the contribution that researches in the field of communication sciences can give to studies conducted on doctor-patient interactions by medical doctors and psychologists.

The aim of this paper is to investigate the role of keywords in argumentative texts. In order to do this I will first give a brief overview of some of the main definitions of the notion of keyword in the literature. Then I will outline a general definition of keyword and of keyword within the argumentative text. Finally these definitions will be used in the analysis of an argumentative text, which will show in which ways keywords play crucial roles within the argumentative strategy. Some concluding remarks will indicate possible further lines of research.