

CONVERSATIONAL ANALYSIS OF DOCTOR-PATIENT EXCHANGES

BADLI ESHAM AHMAD

Universiti Teknologi MARA Cawangan Pahang, 26400 Bandar Jengka, Pahang

ABSTRACT

The study aims at analyzing the talk exchange between patients and doctor but is restricted to the general discussion and opening talk between the doctor and the patients. The study sets out to investigate if there exist any age and gender preference in the talk exchange. After careful analysis of the talk exchanges, it is safe to say that there are differences in talk exchange tactics and strategies between the genders as well as age difference.

INTRODUCTION

There are moments when what is said meant more than it appears. When you meet a colleague who owes you some money and claims to be broke at a supermarket with two trolleys full of groceries and you say, "Banyak beli barang?" (You seem to be doing a lot of shopping.) There are also moments when what is said is not enough. When your father is in an extremely bad mood and when he calls you just answered "Aaa" without lifting your head. There are moments too, when what is not said meant more than enough. Hugging your friend at his mother's funeral and patting his back. Pragmatics would be a study that encompasses the meaning of all these and also looking at who said what to whom and why. Thomas (1995) defines pragmatics as looking at the speaker meaning, utterance interpretation with the additional input on the levels of meaning-abstract and contextual, and the force of the utterances (Thomas 1995:2). Yule offers a less abstract definition of pragmatics when he says that pragmatics is the study of speaker meaning, contextual meaning, how more gets communicated than is said and it is also the study of the expression of relative distance (Yule, 1996:3)

Look at the conversation below:

1. A: Finish typing?
2. B: Not yet. Why?
3. A: It is due=.
4. B: =Thanks for telling.

The conversation does not make any sense if we were just looking at it at word level. However, pragmatically, the conversation carries a lot of information and meaning. Based on Yule's definition of pragmatics, we can see that speaker A (3) intends to remind speaker B of a certain dateline which was replied rather sharply and sarcastically by speaker B (4). Therefore, it appears obvious that speaker B is quite behind a certain dateline and could be under certain pressure to complete the work. In

addition, it implies to us that both speakers could be students finishing their assignments, or journalists or perhaps copy writers.

Pragmatics then, according to Mey would be the study of the use of language in human communication as determined by the conditions of the society (Mey, 2001:6).

1.1 Background of the study

The talk exchange between the doctor and patient has always been a private matter and has never been disclosed. This professional relationship is based on mutual trust and should not be breached. It is very much unethical for doctors to disclose their talk exchange with their patients similar to the relationship held between lawyers and their clients. The discussion has always remained inexplicable.

This area of study has generated a great interest and the researcher finds it too enticing to decline when the opportunity arises to conduct a study on the talk exchange between patients and doctors. The doctor, a very close friend, has agreed to allow a recording of the talk exchange in the treatment room.

1.2 Purpose of the study

The study aims at analyzing the talk exchange between patients and doctor at a local clinic. However, the study is restricted to the general discussion and opening talk between the doctor and the patients. Matters concerning private well being in medical perspectives will not be analyzed. This is to ensure that the doctor's integrity will not be harmed and to avoid further repercussions.

The talk exchange will be analyzed based on Grice's Cooperative Principle and Conversational Implicature. The study will look at the use of the Maxims as well as the breach of Maxims in the conversation between the doctor and the patients. Furthermore, the study intends to investigate if there is gender and age preference in the choice of words for communication by the doctor and the patients.

1.3 Research Questions:

1. Is there any difference in talk exchange between male and female patients?
2. Is there any difference in talk exchange between young and adult patients?

LITERATURE REVIEW

2.1 Conversational Implicature

More is said in an utterance than we imagined. There are times when what we said generate a different picture to the hearer. There are times when we have to infer what is implied. Look at the conversation below.

- A: Dah pukul satu. (It is already one o'clock)
B: Esok *exam* (I have exam tomorrow)

A mentions that it is already one o'clock. B who hears this implies that A is wondering why is he still up. Therefore comes the reply that he is having an exam tomorrow. B implies that A does not just want to tell him the time but is worried that he is not asleep yet. Nonetheless, A could simply be telling the time to himself, reminding him that it is already one o'clock. We imply that it is o'clock in the morning and not afternoon. This implicature that we made everyday on the utterances that we hear is called *conversational implicature*. Grice (1975) says that conversational implicatures are inferences that arise during a conversation when the speakers observe or violate the maxims but remain cooperative (cited in Marmaridou, 2000:223). Perhaps it would be clearer to use the example provided by Grice. Suppose A asks B about how a mutual friend C is getting along in his new job in a bank and B replies, *Oh quite well, I think; he likes his colleague and he hasn't been to prison yet*. When A hears this, he might be thinking of what is B trying to say. Is B implying that C might give in to temptation and steal money from the bank? Alternatively, perhaps C does not really like his friends or that his colleagues are dreadful? A might not want to ask further about the topic and make his own assumption. B, on the other hand might really meant that C has not been to prison yet. According to Marmaridou (2000), implicature refers to the understanding of intended meaning whenever they are not fully encoded in linguistic form (Marmaridou, 2000:223). Yule suggests that implicature is an additional conveyed meaning in a conversation as there must be more that what the words mean (Yule, 1996:35).

Mey (2001) defines *conversational implicature* as something that is implied in a conversation and he further adds that *conversational implicature* concerns with the way we understand an utterance in conversation in accordance with what we expect to hear (Mey, 2001:46). For example:

Wife: It's late. Where've you been?
Hubby: Mars

The above example, the scenario is a relationship between a husband and a wife and the wife inquires why her husband returns home late. The husband's reply is not exactly obeying the maxims as no man has ever been on Mars. However, the wife implies that the husband is not willing to discuss his previous whereabouts and does not want to be disturb. Although it is not what the wife expects to hear, she has to imply the indirect meaning of the utterance.

In our normal everyday conversation, we make a lot of assumption such as the above example. Thomas exerts that in conventional interaction, people work on the assumption that a certain set of rules is in operation, unless they received indications to the contrary (Thomas, 1996:62). When we are in a conversation, according to Mey, when we ask a question, we expect people to cooperate and give an answer. Such a mechanisms are grounded in pragmatics of conversation, and in particular, 'Cooperative Principle' (Mey, 2001:48).

2.2 Cooperative Principle

According to Grice (1975), our talk exchanges are connected or they would be irrational if it is otherwise. He further adds that they are characteristically cooperative efforts with a purpose or mutually directed direction of which the participants are aware. These directions and purpose may differ or remain as the talk exchange continues. Therefore, Grice feels that there should be a principle in which participants should adhere to. Such principle is called *Cooperative Principle*.

‘Make your contribution such as required, at the stage at which it occurs, by the accepted purpose or direction of the talk exchange in which you are engaged.’ (Grice, 1975:45)

There are four (4) sub principles to the Cooperative Principle and they are known as the Maxims. The four maxims are:

1. Maxim of Quantity- the quantity of information to be provided
 - Make your contribution as informative as required (for the current purpose of exchanges)
 - Do not make your contribution more informative than is required
2. Maxim of Quality- try to make your contribution one that is true
 - Do not say what you believe to be false
 - Do not say that for which you lack adequate evidence
3. Maxim of Relation- be relevant
4. Maxim of Manner- it is about how what is said is to be said
 - Be perspicuous
 - Avoid obscurity
 - Be brief
 - Be orderly

H.P. Grice (1975)

The maxims serve as an indicator that in a conversation there need to be a sort of cooperation between the interlocutors, otherwise there will be a breakdown in the conversation. According to Mey, there are two views that are often in discussion where CP is concerned. One view is that cooperative is a rational behaviour whereby when one is saying something, the other party is assumed to act accordingly. The other view deals with the aspect of morality and ethics. Mey illustrates this by saying that sometimes people cooperate to ensure that the communication will ensue, regardless of its truthfulness (Mey, 2001:73-74). The latter view entails the notion of *face*. *Face* refers to the notions of deference and politeness (Scollon and Scollon, 1995:34) and has two aspects, *positive and negative*. Positive face refers to the person’s status as an autonomous, independent free agents affirmed while *Negative face* stresses a person’s immunity from outside interference and undue external pressure (Mey, 2001:74). In a conversation, people act cooperatively trying to build

up the *positive face* of the interlocutors while at the same time avoiding threats to the *negative face* (Mey, 2001:75)

There are also the critics about the applicability of the maxims as a universal concept. Levinson stipulates that the maxims are derived from general considerations of rationality and applies to all kinds of cooperative exchanges and have universal application (cited in Mey, 2001:74). Nonetheless, many have criticized the application of the maxims in universal terms.

We will look at one aspect of the criticism, which CP fails to deal with socio-cultural aspects. Marmaridou says that within the societal pragmatics tradition, linguistic indeterminacy has been associated by social rather than cognitive aspects of communication. She further cites Mey (1993) who argues that conventional implicature is culture specific, historically developed and class related although it is expressed by specific linguistics terms (Marmaridou, 2000:237). Grice seems to ignore the social aspect of communication. For example the word *ibu* in Bahasa Melayu. In Malaysia, the word '*ibu*' specifically refers to mothers, biologically or adopted. However, in Indonesia, the same word refers to women in general and a form of salutation of respect.

A: Ibu mahu ke mana?

The above example, if used in Indonesia, means, loosely, *where are you going, madam?* It refers generally to all women and it is socially acceptable. However, if you use the same sentence in Malaysia, it can create mixed responses. People may think you are mentally challenged for calling everyone mother and the younger, unmarried women may feel offended with your remark. This semantically, does not violate any maxims, cooperative and polite in nature.

RESEARCH METHODOLOGY

3.1 Background

The researcher first requested for an interview with the respective doctor from the clinic. The doctor was given a briefing on the study and its purpose. She agreed to allow recordings of the talk exchanges between her and her patients. Nevertheless, she restricted the recordings to the normal talk exchange when the patients first arrived at the chair. Any detailed conversation between the doctor and the patient pertaining to private health matters will not be analyzed, as this is considered as unethical.

3.2 Setting

The talk exchange was recorded at a dental clinic in Jerantut, Pahang Darul Makmur. The radio was placed near the dental chair with the full visibility of the patients. However, the patients were not informed about the recording so that they will reply naturally to the questions asked and speak normally without hesitation.

3.3 Participants

Selection of patients varied according to the discretion of the doctor. For the study, 3 male and 2 female participants were chosen. The first male (M1) is a 19-year-old local teenager, second male (M2) is an Indonesian aged between 35-40 years, and the third male (M3) is a Malay teenager between 20-22 years old. The female participants comprise a Malay lady aged 33 years (F1) and an elderly Malay lady around 55 years of age (F2).

DATA ANALYSIS

There are five (5) talk exchanges collected from the study (refer to Appendix for transcription) and these talk exchanges will be analyzed individually and holistically. The researcher will look into the talk exchanges between the doctor and male participants first and followed by the exchanges between the doctor and female participants.

4.1 Talk Exchange 1 (Doctor and M1)

The way the doctor greet her patient seems to be polite and normal. The word */dik/* suggests that the doctor is putting a distance between her and the patients. This is to emphasis on the social standing and hierarchy between the two. The use of the suffix 'lah', however, helps to tone down the distance and stress between the two. It signals that the doctor is ready to attend to him. The doctor does not seem to flout any Maxims by doing so. The reply from the patient seems to be flouting the Maxim of manner because by pointing to his mouth he did not exactly answer the question and was ambiguous. The doctor did not receive the right information. This gesture has prompted the doctor to ask another question which refers to the previous appointment that they had (3) as away to gain more information for the purpose of the visit. The question serve two purposes; one to determine if the old filling needs some adjustment or that he seeks new filling treatment.

1. D: *masuk dik/ duduk/ masuklah/ kenapa?* come in/ have a seat/ come in//
2. M1: <...> (pointing to his teeth) <...>
3. D: *tampalan?* filling?

The questions asked seem to be direct and the reply comes short and straight to the point. The patient replied by saying */tampal/* (4) therefore he adheres to the Maxim of quantity as the reply provided enough information to the doctor. Patient and doctor seem to follow the Maxim of quantity (as informative as required). Even though, it seems that the amount of words are minimal, the message was understood by both parties. The Maxim of relevant is also adhered to, as both questions and reply are relevant. (4-7)

4. D: *tampalan?* filling?
5. M1: *tampal//* filling//
6. D: *yang hari tu?* the same as before
7. M1: *bukan//* no//

The Maxim of manner (be brief) is also apparent in this talk exchange as both parties cut the initial chit-chat and move into the business of dental treatment. There seems to be a distance between the interlocutors as the manner in which they converse are very direct and straightforward. Albeit the doctor is cooperative, the patient seems to create a distance between him and the doctor. This aspect is very cultural and applies to most people in Malaysia, especially the Malays. The discourse may appear impolite as according to Grice being polite deters one from obeying the Maxims of quantity (as informative as required) and relevance (contribution must be relevant) as the discourse may lack information and seems irrelevant. However, it can be implied that by minimizing the amount of words spoken by the patient and answer directly to the questions (even just minimally), he is being polite to the doctor without appearing rude and uncooperative. The doctor implies that the patient is nervous and shy, therefore, refuses to speak a lot.

The use of local dialect */pulok/* by the doctor in the conversation helps to reduce anxiety in the patients. The patient's reply */hmmm/* gives the impression that that the Maxim of manner has been breached. Although, the patient appears to be answering the question, it seems he is afraid to speak to the doctor, perhaps due to anxiety or aching tooth. He could well answer with a simple */ya/* but instead opted with */hmmm/*. The sound */hmmm/* is rather ambiguous and vague and did not answer the question correctly. This has prompted the doctor to reconfirm the question again */tampal yang lain pulok/* to ensure that right information is gathered. The patient too has flouted the Maxim of quantity because the sound */hmm/* does not generate enough information for the doctor.

- | | |
|---|----------------------------------|
| 8. D: yang lain <u>pulok</u> ? | a different one? |
| 9. M1: hmmm | hmmm |
| 10. D: tampal yang lain <u>pulok</u> /yang ini kan? | a different one/is this the one? |
| 11. M1: hmmm// | hmmm// |

It can be said that in this talk exchange, the patient breached the Cooperative Principle (CP) in order to be polite to each other without imposing on the social hierarchy and age difference. The doctor, on the other hand, remains cooperative and maintains the social hierarchy and age difference.

4.2 Talk Exchange 3 (Doctor and M2)

The opening remark by the doctor */masuk/ kenapa:./* implies that there is a sense of respect towards the patient (M2) as he is older than the doctor. The long */kenapa:./* helps to soften the effect of meeting a dentist, which does not go down well with most Malaysians and Indonesians too, as dentists carry this stigma as the inflictor of pain. The implicature is that the patient realizes that the doctor, being a lady, is soft spoken, helpful and is there to help him. Therefore, he appears to be comfortable and opens up to the dentist.

In this talk exchange between the doctor and the patient (Indonesian) there are a lot of overlapping and latching occurs during the conversation. The evidence is clear in the conversation below when the patient hasn't finished saying */[longgar]/* and the doctor has interrupted by asking a question */[sudah patah?]/*. This suggests that the Maxim of manner has been flouted because the doctor is not being orderly and waits for her

turn to speak. This is by no means a sign of disrespect to the older patient. However, it could be accounted for the fact that M2 is an Indonesian and is not accustomed to the local dialect. Therefore, the doctor feels that there is a need to repeat the questions using various structures with the hope that the patient will understand it.

12. D: =kenapa patah:?ada lagi? = why is it broken? are there
ada lagi? sudah buang? more? are there more? thrown away?

In doing so, the doctor has flouted the Maxim of quality too as she feels that the patient may not understand her due to the difference in dialect. However, she lacks adequate evidence to suggest that the patient has limited understanding of local dialect. M2 has probably been working in Malaysia long enough to understand local dialect and vocabulary. It is understood that Bahasa Melayu and Bahasa Indonesia is similar but there are differences in the use of certain vocabulary. Perhaps because of these differences, the doctor feels obliged to repeat the questions and interrupts before M2 could finish his utterances.

M2 also fails to oblige to the Maxim of quantity as his contribution is not as informative as it should /*enggak ada itu*=/. However, this could be attributed to the fact that the doctor has latched in before he could finish his utterance.

- | | |
|--|---------------------------------|
| 1. D: masuk / kenapa:? | come in / what's wrong? |
| 2. M2: <...> sudah patah dan [longgar//] | <...> broken and [loose//] |
| 3. D: [sudah patah?] | [broken?] |
| 4. M2: enggak ada itu= | there's no= |
| 5. D: =cabut? tanggal? kenapa? ha? | =extracted? loose out? why? ha? |
| <laughs> | <laughs> |

The doctor too flouts the Maxim of quantity when she repeatedly asks the same questions. She could have just asked /*kenapa patah?*/ and wait for the reply and then proceed with another question. This could be due to the fact that she needs to ensure that the patient (M2) understands what kind information she requires. However, in the end the patient (M2) does not answer to the first question /*kenapa patah?*/. Instead he only explains that some have been taken out and some are broken /*ada yang buang/ada yang patah kecil*/ which do not really answer the question why was it broken. By doing so, the patient has breached the Maxim of quantity as the information is less than required.

13. =kenapa patah:?ada lagi? =why is it broken? are there
ada lagi? sudah buang? more? are there more? thrown away?
13. M2: ada yang buang / ada yang patah some thrown away/ some broken
<...>kecil <...>

4.3 Talk Exchange 5 (Doctor and M3)

The patient (M3) belongs to the same age group as M1 (teenagers), and the doctor appears to take a different approach to tend to him. The distance between the interlocutors is apparent so as to emphasis on the social standing and hierarchy. This was not evident in Talk Exchange 3 with the older Indonesian male (M2). Again the use of the word /*dik*/ signals that the doctor is telling the patient (M3) that she is there

to help but she is older and request more respect. The patient seems to understand this implicature and obliges to her to request. The doctor seems to exert control over the situation. The opening remark emphasizes this view. The stress /SINI/ indicates an imperative that shows she is in control. She does not violate the Maxim of relevant or manner as her remark is relevant and specific /SINI/. It implies to the patient that she wants him to sit accordingly so that treatment can be made properly. The sound /aa/ implies approval that the patient has complied with her instructions.

- | | |
|----------------------------------|-------------------------------------|
| 1. D: masuk dik/ duduk/duduk// | come in/ have a seat/ have a seat// |
| 2. D: SINI dik/ sini/ sini/ aa// | HERE/ here/here/aa// |

The reply to the question /kenapa/ to which the patient says /cabut/ does not really comply to the Maxims of quantity as it does not answer the question. The patient should have said that his tooth/teeth hurts and that he seeks treatment. He has interpreted the question /kenapa/ as the reason why he sees her, therefore, he answers that he wants extraction. In the context of the conversation, this answer is plausible as the message was understood by the doctor (she presses the cheeks to check for affected area).

4.4 Talk Exchange 2 (Doctor and F1)

The conversation takes a different turn at this juncture. The patient is a Malay lady who is slightly older than the doctor. The doctor is much more friendly and eliminate the social distance and hierarchy. The opening talk exchange implies that the doctor is more casual and does not exert her control over the situation. The inclusion of laughter, which is apparent throughout the conversation, further emphasis that the doctor has taken a different approach when dealing with adult female patients.

When F1 says /gigi hari tu kae/ it implies that this is not the first meeting and that both parties have been acquainted before. The reply from the doctor /aaa... okay/okay/ entails that she has recollected the previous event and is ready to continue. The patient obliges to the Maxim of quantity (4-5), when she replies that the aching comes from the teeth that was previously checked. The doctor will not understand this unless they both share the same contextual knowledge. Her reply provides enough information for the doctor.

- | | |
|--|--|
| 1. D: kenapa? ada sakit ke? | what's wrong? is it painful? |
| 2. F1: ha...? | ha...? |
| 3. D: ada sakit lagi ke? | is it still painful? |
| 4. F1: gigi yang hari tu kae | it's the same tooth as the other day// |
| 5. D: aaa... okay/ okay/ duduk/ duduk/ | aa... okay/ okay/ have a seat// |

The small talk initiated by the doctor suggests that the doctor adopts a different approach when it comes to adult female. Small talk was not evident in the three talk exchanges mentioned earlier. This could mean that the doctor feels that it is easier to speak to someone from the same gender. There would be some common issues to be discussed. The utterance /tak kerja ke ari ni?/ (aren't you working today?) is a common introduction for conversation. The reply from the patient (F1) /memang tak kerja pung/(I am not working actually) conforms to the Maxim of quantity. She

provides enough information without being ambiguous (Manner) and does it truthfully (Quality).

However, the second part of the conversation violates the Maxims. The doctor states that she must be a fulltime housewife. Instead of confirming what the doctor has said, she violates the maxim of quantity by saying that she has quit her job a long time ago, which was not what the reply should have been. She is contributing to what is not required at that time. The following discourse is very interesting as the patient blatantly flouting the Maxims of quantity. The doctor says /ye/ (9) as she is trying to end the conversation but the patient again continues by saying that she has no one to baby-sit her children and that one of them is in Primary Five. This clearly violates the Maxims of quantity as she is giving more information than needed in the small talk. She further adds about the expensive cost for babysitters and her salary would only be used to pay for their services. The doctor, feeling obliged to continue talking so as to save the face of the patient, replies by saying that it is indeed expensive and working with a minimum is simply not worthwhile, to which she agrees. This too can be considered violating the Maxim of quality as both of them know that although the babysitters' cost is expensive, working will still help to generate extra family income. Furthermore, there are people who have managed to survive with lesser income. The idea thrown into the discussion was based on opinion and the validity is not certain. Therefore, both parties violate the Maxims. It is also worth noting that there was a time when overlapping occurs in the conversation. This violates the Maxims of manner (orderly) as the patient does not wait for her turn to speak and interrupts the doctor. Clearly, in the conversation, the Maxims of quantity is violated throughout the second part of the discourse.

4.5Talk Exchange 4 (Doctor and F2)

In this talk exchange, the doctor appears to be extra polite and cheerful. This is because the patient is an elderly lady and it is imperative that the lady remains calm during treatment. It is interesting to note that when the patient (F2) answers yes to the pain she is having, the doctor replies that it is normal /*biasa*/. Under normal circumstances, it gives the impression that the doctor is trying to be sarcastic and frighten the patient suggesting that it serves her right for not practicing dental hygiene. However, it has to be mentioned here that the patient (F2) is in the period of testing out her dentures and that it is normal for the patient to feel pain in the early stages of using them. In actuality, the doctor was trying to convince the elderly lady that what she is experiencing is normal and that she should not feel different or anxious. Both exchanges /*biasa*/ and /*bawah memang macam tu*/ serve to soften the anxiety the lady is having. The doctor does not violate the Maxim of quantity as she is giving sufficient information to the patient. The patient too obliges to the Maxims as she replies adequately /*sakit*/ and / *gigi bawah/pakai dok jadi cengkam*/ gives the doctor enough information to continue her work.

SUMMARY

Question 1: Is there any difference in talk exchange between male and female patients?

Question 2: Is there any difference in talk exchange between young and adult patients?

The talk exchanges differ from male and female patients. They differ too between young and adult male. From the conversation, it is apparent that the doctor adopts separate approaches between the two groups. With the male patients, especially teenagers, she adopts a rather stern approach but friendly at the same time. There are laughter in talk exchanges 1,3 and 5 which signals that as cue to indicate that she is not too serious. However, the choice of words like /*duduk/duduk*/, /*SINI/sini*/, /*ada lagi/ada lagi*/, which are repeated ,signals some form of imperative to which the patients oblige.

The Maxims were violated on more than one occasion. They are violated, flouted and breached for various reasons. Sometimes it is out of politeness, social distance and hierarchy. Nonetheless, the doctor and the patient still managed to carry on a good conversation. However, the most interesting conversation would be with M2 (Indonesian) as there was a lot of latching and overlapping as the doctor was trying to get her message across which she thinks that M2 may not be aware of. This signals the idea that most people have of foreign people-they do not understand us, without giving them the benefit of the doubt. The conversation was also more polite than the conversation between the two youngsters.

It is entirely different with the ladies as the doctor becomes more polite, cheerful and casual. Various factors can be attributed to this, one of which is gender. The doctor appears to be more at ease in dealing with ladies as she seems to manage to find some common ground on which both parties have their feet on. The first Malay lady, undoubtedly, is a mother who takes care of her own children and understands the high cost of hiring a babysitter. The doctor shares the same experience as she is a mother of two and hires a nanny to take care of them. This serves as a mutual issue, which both parties can talk about. In engaging patients into small talk, the doctor manages to lessen the feeling of anxiety within the patients. This is so in the case of the elderly lady. The doctor appears extra polite and gentle in manning the situation. The tone of voice differs and softer so as to sooth down the nervousness.

CONCLUSION AND RECOMMENDATION FOR FURTHER STUDIES

The researcher feels that it is safe to say that there is a different in talk exchange tactics and strategies between the gender as well as age difference.

This study does not look at the politeness aspect of the conversation as much as it should. There are different approaches the doctor employ when dealing with the patients and different vocabulary are used. It would be very interesting to look at these aspects of the talk exchange and analyze the conversation by looking at the positive and negative politeness.

REFERENCES

- Blakemore, Diane, *Understanding Utterances: An Introduction to Pragmatics* Blackwell Publishers, Oxford, 1992.
- Davies, Steven (ed), *Pragmatics: A Reader*, Oxford University Press, Oxford, 1991.
- Green, G.M., *Pragmatics and Natural Language Understanding*, Lawrence Erlbaum Assoc. Publishers, New Jersey, 1989.
- Marmaridou, S.A., *Pragmatics Meaning and Cognition* John Benjamin Publishing Co, Amsterdam, 2000.
- Mey, J.L., *Pragmatics: An Introduction (2nd ed)* Blackwell Publishers, Oxford, 2001.
- Thomas, Jenny, *Meaning in Interaction: An Introduction to Pragmatics*, Longman, New York, 1995.
- Yule, George, *Pragmatics*, Oxford University Press, Oxford, 1996.