

Pragmatics and Social Distance in Doctor-Patient and Police-Suspect Conversations

M.S. Abdullahi-Idiagbon^{*}
Abdul Raseq Ajadi^{}**

Abstract: This work analyses a doctor-patient and a police-suspect conversations collected within Ilorin metropolis. The data are analyzed one after the other, using the Grice's Conversational Implicative and Brown & Levinson's Politeness Theory. The study concludes that social distance is an inevitable by-product of the context of discourse that puts participants on communicative pedestals relative to the demands and condition of the discourse.

1. Introduction

Since its inception as a branch of linguistic enquiry, pragmatics has been discovered to be permeated by various debates. Cummins (2009) posits that theorists in pragmatics lack the most basic consensus on what constitutes their domain of study. Cruse (2000) emphasizes the non conventional and contextual aspects of pragmatics while Mey (2001) does not agree with the non conventional aspect but relates the context to social conditions. According to Mey (2001, p. 6), pragmatics studies the use of language in human communication as determined by the conditions of society. Pragmatics involves itself in the investigation of what human beings do in communication through language.

Blakemore (1992) describes communication as a deliberate transmission of intentions from a communicator to an audience. By implication, he seems to have conceptualized communication as speaker-based. However, Austin's (1962) conception hinges on the communicative impact which a communicative piece has on the audience. In other words, communication, to Austin, is "hearer-based" as it measures communicative effects from its perlocutionary effect(s)

^{*} Reader, Department of English, University of Ilorin, Nigeria.

^{**} Researcher.

on the hearer. Lapping (1996) is of the opinion that pragmatics as a discipline explains

... how from an uttered sequence of words, a hearer can succeed in retrieving some interpretations intended by the speaker, and then from that construct derive yet another information constituting the full impact of the utterance. (p. 562)

Besides the actual intention of the speaker which is often couched at the lexico-grammatical level of the utterance, more information can be derived from the context. Pragmatics, therefore, concerns itself not with sentence types but with their spatio-temporal conditions and not with grammatical meaning but with utterance meaning. The term context, argues Levinson (1983), is used to cover the identity of the discourse participants, the time and space (i.e. spatio-temporal) parameters of the speech event, the background information as well as the intentions of the interlocutors. Stalnaker (1998) argues that

The various properties of the context in which the act is performed [include] the intentions of the speaker, the knowledge, beliefs, expectations or interests of the speaker and his audience, other speech acts that have been performed in the same context, the time of utterance, the effects of the utterance, the truth value of the proposition expressed, the semantic relations between the proposition expressed and some others involved in some way present pragmatics as the study of linguistic acts in the context in which they are performed. (p. 58)

Therefore, understanding utterances extends far beyond competence in the grammar or lexical items of a language to what Leech (1983) describes as the resources for conveying communicative acts.

2. Grice's Theory of Conversation

When discourse interlocutors engage in talk exchange, they do not produce disjointed remarks. Rather, the sets of utterances share a common purpose or directed towards a unified acceptable goal. Therefore, Grice (1975) submits that communication is cooperative. Through his conversational maxims, Grice posits that an utterance is optimally relevant only if it puts the hearer to no undue effort in achieving the contextual effects (Blakemore, 1992) because the questions of when and how a piece of language is used and to what end must go together to reveal the situation or context of use (Osisanwo, 2003, p. 55).

Grice, (1975, p. 4) explains the Cooperative Principles through four maxims: contribution should be as truthful (Quality) and as informative (Quantity) as required and such contributions should be appropriate and unambiguous (Relevance) and that contributions to a discourse should be brief and orderly (Manner). However, scholars like Keenan (1974) and Gazdar (1978), who claim that the maxims lack universality because they are not applicable to some languages, have their position challenged by Brown & Levinson (1978) with the cooperative principle. Sperber & Wilson's (1989) Relevance Theory could be regarded as another attempt to develop Grice's basic insights (Blakemore, 1992). In tandem with Grice's position that 'communication is governed by norms which have their basis in human rationality (Grice, 1989, p. 26), relevance theorists argue that the notion of relevance is the key to the elucidation of human communication.

2.1 Social Distance and Politeness

The manifestation of distance in communication is pre-conditioned by the socio-cultural practices of the language community. Leech (1983) and Brown & Levinson (1987) view social distance as one of the factors which determines politeness behaviours. Studies in pragmatics have revealed that language has various elements which are socially and situationally dictated because word choice depends largely on the social and contextual purposes which precipitate its use. This informs Carroll's (2008) position that, as a matter of fact, the use of inappropriate words in a context even constitutes a greater communication barrier than grammar. Therefore, recognizing and expressing social distance through a careful selection of word choices is distinctive and discriminating. Brown & Oilman (1961), cited in Mey (2001), are the first to observe that

...if one asked what is behind the various manifestations of reverence and reference, an obvious answer would appeal to the distinction in forms of address..., to unit, that between familiar (T) and reverential (V)... (p. 273)

In addressing the implications of expressing and recognizing social distance in human communication, Brown & Levinson (1987) develop the theory of politeness which, according to them, can be understood through the concept efface as well as hedging. Politeness takes a prominent position, particularly in relation to interpersonal interactions or conversations. Yule (1996) observes that politeness can be thought

of in several ways; these include being tactful, modest and nice to other people.

Meanwhile, any definition of politeness will require an explication of the concept of face or explicitness. Wardhaugh (2007) traces the origin of politeness to Goffman's (1961) work on 'face'. Brown & Levinson (1987, p. 61) opine that face is the 'public self-image that every member wants to claim for himself. It is the emotional build up, present in every person, which can be positive or negative. Scollon & Scollon (2001, p. 48) explain that "... communication is a risk to face; it is a risk to one's own face, at the same time, it is a risk to the other person's". Therefore, politeness is a means employed to show awareness of another person's face which is the emotional and social sense of self that everyone has and expects everyone to recognise (Yule, 1996, p. 60) because "there is no faceless communication" (Scollon & Scollon, 2001, p. 48).

There are face saving and face threatening acts. Brown & Levinson (1987, p. 3) opine that while positive face refers to the need to gain approval of others, the need to be connected, to belong or to be a member of a social group; negative face implies the desire to be unimpeded by others in one's actions.

2.2 Theoretical Framework

Knowledge distribution is asymmetric in doctor-patient communication. According to Vanderpool & Weiss (1984), doctor-patient relationships are classified into three models: the paternalistic model, the agency model and the consumer oriented model. Simply explained, the relationship is not only portraying the doctor as someone who cares and shows affection in the health of the patients but also that of buyers and sellers of health-related services. Generally, Van Naerssen (1985) cited in Adegbite & Odebunmi (2006), classifies medical communication into doctor-patient and doctor-other personnel. The former forms the data for this section.

This work analyses a doctor-patient and a police-suspect conversations collected within Ilorin metropolis. The data are analyzed one after the other, using the Grice's Conversational Implicative and Brown & Levinson's Politeness Theory. The succeeding section tries to reveal the expression of social distance and other context-dependent meaning.

The section is therefore divided into two parts: the first part focuses on the analysis of doctor-patient conversation; the second, on police-suspect communication.

3. Data Analysis

3.1 Doctor-patient Conversations

Doctor (male); patient (female, presumably in her mid-20)

Extract 1

In the Doctor's office

Patient : Good afternoon, sir.

Doctor : Afternoon. You did not even put Titilayo on your file.

The doctor flouts the maxim of relevance with the first utterance. The utterance, "you did not even put Titilayo ..." seems not relevant because the preparation of a patient's file is not done by the patient but by the administrative section of a hospital. This, perhaps, might have resulted from a cognitive failure in the identity of the patient who might resemble someone in the mental knowledge of the Doctor. Also, the Doctor flouts the maxim of quality by saying what he lacks adequate knowledge about. Hence, the statement 'you did not even put Titilayo on your file' not only lacks truth value but as an act, it is often used to elicit information, and in this context, confirmation. However, on the other hand, it could be a morale booster to comport and create sense of assurance and hope in the patient who, at the moment, feels disturbed about his health situation.

Extract 2

Doctor : So, what is the problem?

Patient : Hmm..., sir, early in the morning when I wake (sic) up, I am always having this heartbeat, it's very fast. Then, I get scared. Then I have chest problem. My chest tends to pain me, then, this side of my breast also.

The patient in her response flouts the maxims of quantity and quality by being under informative. The patient did not identify the part of the breast on which she suffers the pain; hence, this flouted the maxim of quantity and it leads to the next question from the Doctor 'what side of

the breast?' which would have been unnecessary should the patient had indicated which side. Then, "this side of my breast" could be ambiguous and a flout of the maxim of manner which, according to Grice (1975), dictates that participants must be clear with their contributions. Depending on the discourse mode; if it is a written mode, then the reader-audience are not in a position to identify the side which the patient is pointing at. On the other hand, the hearer, who combines as a witness, and is able to distinguish the intended side. "Emm..." indicates stalling. It is a technique in conversation used to recapture the loss of information or search for an appropriate one at the time of its utterance. The temporary memory failure could be a reflection of the mixed feelings of the patient or as a result of possible stress.

Doctor Let's go up there (points to the stretcher in the office)

In the patient's response, the extensive preamble utterance before the exact presentation of the problem is both a flout of the maxims of quantity and relevance. The patient is over informative, that is, she gives more information than required while the information is not relevant. No wonder that the Doctor cuts it short by asking the patient to move on to the diagnostic stretcher 'there' to examine the patient. The deictic 'there' is a space-marker and the stretcher is in the Doctor's office. There is no doubt that the utterance helps close the distance between the Doctor and the Patient. The statement 'then I get scared' appeals to the Doctor's positive face, thus, preserving the politeness and social distance between the two through empathy. Through this statement, the patient facilitates a situation in which the doctor takes her case serious and proceeds to save her from the consequences of it.

Extract 3

Doctor put your phone down

With this imperative statement, the Doctor restricts the action of the Patient whose behaviour (i.e. taking her phone on her to the stretcher) is a flout of the medical ethics. Hence, the Doctor's statement balances the scale with the patient's use of 'sir' (extract 2 above). These two are the only pointers of distant social relation between the two participants in this Doctor-Patient Conversations. This is against the findings of Aronson & Satter lund-Larrson (1987) which point to the

fact that, sometimes, doctors use imperative utterances to regulate distance and correct patient's breach of medical ethics without necessarily threatening the patient's negative face.

Extract 4

Patient : Sir, I have another complain (sic). My menses, it's not regular.

Doctor : Are you using any contraceptive?

Patient : Arh! No sir, I am not.

Doctor : So, when you make love with your boyfriend, what do you use?

Patient : Just condom, sir.

Doctor : Condom?

The Doctor, in the extract above, flouts the maxim of relevance. The first two turns of the Doctor deliberately flout the maxim of relevance as doctors are known to ask questions which will enable them know the cause(s) of their patients' problems. As seen from the conversation, one of the Doctor's turn, which was confirmed by the patient who did not know that "condom" is also a type of contraceptive. This reveals that flouting the maxim of relevance is sometimes advertent. The Doctor does this to establish a social gap between himself and the Patient. The Doctor makes use of Face Threatening Act (FTA) or negative politeness which he redresses later with

Doctor : If you are not using any contraceptive, then you don't have anything to worry about.

The purpose of using an FTA without redress by doctor and patient, according to Adegbite & Odeunmi (2006), indicates the seriousness with which they consider a diagnostic encounter. The data under consideration shows that FTA with redress is a communicative means of maintaining the business-like nature of the interaction and respect for the negative face of the patient. Generally, FTA with redress helps to mitigate the social distance even as the maxim of relevance is flouted.

The Doctor-Patient relation "is a formal one. The social distance is depicted in the physical and psychological settings. The sight of a building that does not inhabit familiar and somehow happy faces and in which tools are not domestic utensils imposes a psychological sense of unfamiliarity, thereby inducing fear. This psychological concern is

further strengthened by the purpose and topic of the discourse. Invariably, the discourse participants are not all par in terms of role. The remote feeling of health insecurity occupies the mind of the Patient who sees the Doctor as a rescuer from the possibility of death in case of complexity to life, if there is adequate treatment.

The imperative jussive in the doctor's utterances is inclusive in 'Let's go up there' but exclusive in 'put your phone down' both are respectively with and without vocative emphasis. This implies that while the doctor determines the action during his medical examination, he is involved in giving relevance to the act. Thus, the scale of social distance between these two discourse participants is, high-low.

3.2 Police-Suspect Conversations

Police-suspect conversation is a communication with legal implication(s). The police demands for confirmation or refutation of allegations which either way may be used as evidence for and against the suspect in court of law. The suspect, on the other hand, utilises some pragmatic variables to manipulate the communication in his/her favour, just as the police investigation officer utilises some other variables to elicit information that will facilitate justice from the suspect. Below is how conversational maxims and politeness are employed in police-suspect conversation

Extract 1

Police : What is your name?

Suspect : My name is ehm... Abike Ojo.

Police : your age?

Suspect : I am 25 years old.

Police : of which tribe?

Suspect : I'm a Yoruba.

Police : Address?

Suspect : I live at No. 10, Unity Road, Ilorin.

Police : Can you read or...can you read and write?

Suspect : I can read and write.

Police : Do you want me to write this thing for you or you want to write it by yourself? Suspect: Write for me now.

In police-suspect communication, as seen from the extract above, the maxim of quality is to obey and co-operate. Here, the suspect and the police understand and respect the need to provide the truth and eventually prove information to be true or otherwise, hence, the verbal and unwritten undertaking dictated by the police officer:

Police I, of the above name and address, declare as follow that
 I'm not oblige (sic) to say anything unless I wish to do so.
 For whatever I said (sic) that is taken down in English shall
 be used as evidence in the law court.

The policeman, even with this, still nurses suspicion, and he believes and assumes that the suspect may not be cooperative communicatively. Because the suspect is required to give valid information, she has the dominant turn in the conversation.

As a discourse participant, the suspect is skilfully and craftily made to flout the maxims of quantity and relevance. The more maxims the suspect flouts, the more conversational implicatures. In this police-suspect conversation, flouting these two maxims gives the police an edge over the suspect in the process of investigation. The excerpt below puts this claim in perspective.

Extract 2

- Police : Do you know one Madam Dada?
 Suspect : Madam Dada? (Police repeats the name). The woman that brought me here?
 Police : How do you know her?
 Suspect : She's my neighbour.
 Police : What happened between you and her on the 19th of this month?
 Suspect : 19th of this month? Yesterday?
 Police : Yes.
 Suspect : Ehn... yesterday, when I returned from my working place...
 Police : Around what time?
 Suspect : Around... I came back around four thirty (4:30). So, I cook (sic), I ate, my children ate. Suddenly, I was inside my room; suddenly, I heard my daughter, Dupe, she... I heard

her crying. So, when I got outside, I saw my.... This woman you mention her name.

After the first three questions by the police, his other turns are interruptions or cut-ins to the suspect narration.

Police : (interrupt) Madam Dada

Suspect : (Confirmed) Ehn....mama Tobi... she I saw the.Tobi beating up my daughter.

From the above, the suspect flouts the maxims of quantity and relevance by being over-informative with a lot of irrelevances. Her reference to 'so, I cook (sic), I ate...' and suddenly I was inside..." is not relevant to what happened. She uses hedges "this woman you mention (sic) her name" to show the social cleavage and the frozen relationship between herself and the other woman. In like manner, the suspect flouts the maxim of manner in referring to her neighbour as 'Mama Tobi¹ in contrast to the police adoption of "Madam Dada¹. This is an evasive strategy to avoid the use of a face saving act. Therefore, the suspect flouts the maxim of manner not with the intent to be vague or ambiguous but to threaten the face of her warring neighbour as according to Brown & Levinson (1987, p. 6), FTAs are acts which run contrary to the face wants of the addressee and/or the speaker. Moreover, evidence of the flout of the maxim of quality manifests exclusively at a later stage of the interaction.

Suspect : Ah..., I just... when I got there, I saw my daughter crying, so I stop her (sic) should not beat my daughter again. So, the next thing, I didn't do more than that ooo, the mother just came, started slapping my face as if eh... Police: without do (sic) anything to her?'

The police's remark presupposes suspicion of insecurity which is observable in the suspect's flout of the maxim of quality, that is, she is not truthful in her narration, and the maxim of quantity (that is, she is being under informative). The suspect's recount cited above implies that her neighbour is mad because the latter¹'s reaction presupposes such conclusion as asked by the police:

Police : Is she a mad woman?

The suspect and her neighbour has had strained relationship that has gone beyond repairs.

Police : Is there any matter between two of you before?

Suspect : Before! Ah...I don't know wet in I do the woman since I enter that house, she has never allowed me to rest one day or other (sic)

It is noteworthy to observe that fear being entertained by the patient and the suspect cannot be conceptualized in the same way. The social relation between the third party and the suspect is unhealthy while the social relation is highly distal. The two of them had encroached on each other's face and engaged in face threatening acts that originally characterized unhealthy social distance.

4. Conclusion

It is logical to conclude that language users involve themselves in activities whenever they engage in communication. But discourses like Doctor-Patient and Police-Suspect do not put the two interactants in the same communicative pedestal. The discourse is not only interrogatory in nature but also imbalance in terms of participants' statuses. The first pair of the participants, i.e. the Doctor and the Police Officer, dominates the conversation; even largely dictates turn-taking and topic change strategies.

Flouting maxims in the first data is employed as a psychotherapy technique to relieve the patient of imminent tension and anxiety induced by her state of health. Through this means, a sense of safety, security and assurance is created. By so doing, the social distance becomes close between the two discourse participants. While the doctor uses directive act to maintain social distance, the patient uses 'sir' to replicate same. However, the policeman employs more of face-threatening acts to elicit information from the suspect while the suspect, on the other hand, resorts to the flouting of the maxims of quality, quantity and relevance to shift blames away from her. As such, one observes a social distance in the conversations between the police and the suspect. The study concludes that social distance is an inevitable by-product of the context of discourse that puts participants on communicative pedestals relative to the demands and condition of the discourse.

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