**ANALYSING COOPERATIVE PRINCIPLES VIOLATION IN LIBYAN DOCTOR’S TALK**

**ABSTRACT**

The current research paper offers an investigation of the four maxims of the conversation cooperative principle in medical discourse. The researcher attempts to reveal the violation of the Grice (1975)’s cooperative principle maxims in Libyan doctor’s talk with a patient at the diagnosis room through the application of the qualitative research method. The researcher also intends to understand why doctors may violate the Grecian Maxims in their medical talk. The corpus of the study is a conversation took place at University of Malay Hospital (PPUM). The study results in that violation of the Gricean maxim of quality is occurred with a compliance of the other three maxims. The analysis clearly showed that a good cooperation took place in the conversation between the doctor and his patient by observing the maxims of quantity, quality, relevance and manner. Thus, a successful communication is achieved.

**Key Words:**

**Medical Conversation- Doctor Patient Interaction- A Qualitative Research- Crice’s Notion- Conversational Maxims.**

1. **INTRODUCTION**

"When people communicate they attempt to convey the needed information to each other because the major aim of communication is considered the exchange of information". The cooperation extended by speakers and hearers in communication process may be attributed to their need to convey their intentions and implicit import of their utterances" (Ayunon. 82 : 2018). This means that the speaker and listener have to be cooperative in their interaction to reach to the required communication. And this is what Grices (1975) emboded in the Cooperative Principle (CP) theory declaring "Make your conversational contribution such as it is required, at the stage at which it occurs, by the accepted purpose or direction of the talk exchange in which you are engaged”. In general, Grices (1975) explains that speakers naturally attempt to produce their utterances in a way that is consistent with being truthful, informative, relevant and clear.

Medical discourse as a part of social and institutional discourse and as “a combination of verbal and non-verbal structures that have certain pragmatic features, works in the medical sphere for realization of the functions of treatment and prevention". Madzhaeva, (2012). Madzhaeva, (2012) states that “One of the main goals of the doctor is the aiding to the sick and that means to have a dialogue to identify the disease, to institute therapy and to explain to the patient what to do to preserve the health. And the concept of “doctor’ can be considered as “a set of professional activities, a set of lexical means, objectifying knowledge about the subject of professional activity, a set of terms existing in a particular field of medicine, received in it, and also arising in speech” (cited in Kasimtseva, Kiseleva, Dzhabrailova, 2019, p:314).

Besides, language in medical settings has a great impact on diagnosis and treatment in medical conversation. Face-to-face interaction of patients with physicians remains the focus of what emerged as conversation analysis (CA) mostly within sociology (Heritage & Maynard, 2006 a, b). Den Boeft, Huisman, & Morton (2017) propose “Every word of the patients can affect the diagnosis given by the doctors and thus doctors will adopt different treatment. Similarly, every word of the doctors can define the patients’ destiny. A great conversation between a doctor and a patient can help the doctor make accurate and quick diagnosis so that patients can receive proper treatment on time. Conversely, poor communication between a doctor and a patient can cause misunderstanding which may not only worsen the relationship between them, but also delay the diagnosis and put the patient in risked condition” (cited in Liang & DU, 2019 : 406).

In general, Cooperation and partnership in doctor patient interaction help to fight together against disease and lead to good treatment. The choice of the way of interaction, strategies and tactics depends on the doctor’s personality, patient, and particularities of the patient’s disease. According to this, the present study clarifies the extent to which the doctor may cooperate with the patient or not in their conversation.

* 1. ***Aim of the study***

The study aims at inquiring into the field of medical discourse from the view of the conversational maxims. The main goal is to find out how Libyan doctors may violate the four maxims as pioneered by Grices’ (1974) work. And it also aims to explore the purpose of the violation, So that students can understand the nature of medical conversations as social being.

**1.2 *Questions of the Study***

Q2. What are the Grice's conversational principles violated in the Libyan doctor’s talk with the patient?

Q2. What is the purpose behind the violation if found?

**1.3 *Statement of Research Area***

Because of that “the Effective observance of the conversational maxims is crucial to engendering effective communication between doctors and patients and that will make the patients understand their medical conditions better and also encourage them to be cooperative during clerking and treatment. (Alabi, 2019, 21). This paper attempts to revisit the observance of violation of medical talk in relation to the conversational maxims.

**1*.4. Significance of the study***

The current study may provide guidelines for people to be aware of creating suitable conversation in their communication with their doctors.

* 1. ***Limitation of the Study***

This study investigates the extent to which Libyan doctors comply with the Gricean conversational maxims during clinical interviews with their patients.

**2. LITERATURE REVIEW**

* 1. ***Grice’s Cooperative Principles***

Grice (1975) presented a principle called “cooperative principle” and if the speaker and the hearer follow those principles, they will have a successful communication and he named them as “Conversation Maxims”. The four maxims to be followed in conversation are: the Maxim of Quality, the Maxim of Quantity, the Maxim of Relevance and the Maxim of Manner. In essence, all these maxims are typified variedly in conversations depending on the communicators and the nature of their communication. (Grice, 1975) explains the maxims as following:

* + 1. **Principle of Quantity**:
    2. speaker gives the right amount of information;

(a) Make your contribution as informative as required, and

(b) Do not make your contribution more informative than is required.

**2.1.2. Principle of Quality**: Speaker tries to make your contribution one that is true;

(a) Do not say what you believe to be false

(b) Do not say that for which you lack adequate evidence.

**2.1.3 Principle of Relation**: words be relevant.

**2.1.4. Principle of Manner**: Be perspicuous;

(a) Avoid obscurity of expression.

(b) Avoid ambiguity.

(c) Be brief (avoid unnecessary prolixity).

(d) Be orderly.

In this respect, regarding the maxim of quantity Grice (1975) suggests that communicators should make sure that their contributions in conversations are informative and insightful. However Grice warns that people must avoid giving more information than what is required as just in the same way avoiding not giving enough information” (Bach, 2006).

For the maxim of quality, Grice (1975) emphasizes that people have to avoid saying what is false and what they do not have adequate evidence of. Providing speech with adequate evidence leads to a cooperative talk.

In the maxim of relevance, communicators have to communicate relevantly using relevant words and expressions in their talk. The words and expressions that being used during communication must be relevant to the purpose of the conversations. (Grice, 1975).

In addition, he added that the maxim of manner depends on the importance of clarity when communicating. Here, Grice stipulates that, during a conversation, the communicators should avoid things like ambiguity, prolixity and obscurity of expression while striving to be orderly and candid with their words and expressions”.

According to Grice (1975), “communicators should strive to ensure that they contribute relevantly as is required of them during communication while intermittently making certain that during the exchanges in a given discourse or dialogue, the necessary purpose of communication is objectively achieved” (Isenberg, 2008).

Davies (2000) explains “cooperative principle is the basic underlying assumption speakers make when they speak to one another, that they are trying to cooperate with one another to engage in a meaningful conversation. And this means that when we communicate, we assume, that we, and the people we are talking to, will be conversationally cooperative. Interactants cooperate to achieve mutual conversational ends. This is primarily because as human beings, people communicate with each other in a logical and rational way, and cooperation is embedded into people. (Ayunon, 2018, p: 82).

* 1. ***Previous Studies:***

The current study is achieved according to some main literature arguments and findings resulted from previous studies on medical conversation. Some of them are:

Odebunmi (2003) examined the pragmatic features of English in hospital conversations in Nigeria. Ayeloja (2017) analyses discourse devices and communicative functions in doctor-patient verbal interactions in two federal teaching hospitals in Nigeria. And many other scholars who contributed to the field of medical discourse analysis within the model of Cricean Cooperative principle such as Davies, B. (2000), Li, H. W. (2006). , Zhang, X. Q. (2015). Ayunon, C. (2018). Annur, Zahra and Amalia Z (2018). Liang, Y. and Du, L. (2019). Although many studies have looked into the violation of conversations in relation to the Gricean maxims, none has explored Libyan doctors’ talk.

**3.** **METHODOLOGY**

***3.1. Research Method***

The present paper employes a qualitative research methodology in analyzing the utterances of the conversation. As (Taylor, 2016) states that qualitative research methodology allows the researcher to stay close to the empirical world, by observing people in their everyday lives, listening to them talk about what is on their minds, and looking at the documents they produce”.

***3.2. Data Collection***

The paper concentrates on a conversation as presented by the doctor and his patient which was naturally occurred at PPUM Hospital, Kuala Lumpur. The researcher tried to communicate with the doctor and decided to record a conversation between the doctor and his patient after getting their agreement. All of the utterances of the conversation were analysed .

***3.3. Data Analysis***

The results of the data analysis were displayed in the table as shown in the Findings of the Study below to show which of the maxims were violated by the doctor and which were not. And a descriptive analysis of all the doctor’s utterances of the conversation was applied in order to show how the maxims were violated.

**4. Findings of Analysing Conversational Maxims**

The sign (√) refers to the obedience of the four maxims found in the utterances produced by the doctor, whereas the sign (x) means the violation (disobedience) of the four maxims found in the doctor's talk. There are 33 utterances produced by the doctor.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Maxims Violated** | | | |
| **Utterances of the Doctor as arranged in the conversation** | **Quantity** | **Quality** | **manner** | **relation** |
| **1** | √ | √ | √ | √ |
| **2** | √ | √ | √ | √ |
| **3.** | √ | √ | √ | √ |
| **4.** | √ | √ | √ | √ |
| **5.** | √ | x | √ | √ |
| **6.** | √ | √ | √ | √ |
| **7.** | √ | √ | √ | √ |
| **8.** | √ | √ | √ | √ |
| **9.** | √ | x | √ | √ |
| **10.** | √ | x | √ | √ |
| **11.** | √ | x | √ | √ |
| **12.** | √ | x | √ | √ |
| **13.** | √ | x | √ | √ |
| **14.** | √ | x | √ | √ |
| **15.** | √ | x | √ | √ |
| **16.** | √ | x | √ | √ |
| **17.** | √ | x | √ | √ |
| **18.** | √ | x | √ | √ |
| **19.** | √ | x | √ | √ |
| **20.** | √ | x | √ | √ |
| **21.** | √ | √ | √ | √ |
| **22** | √ | √ | √ | √ |
| **23.** | √ | √ | √ | √ |
| **24.** | √ | √ | √ | √ |
| **25.** | √ | √ | √ | √ |
| **26.** | √ | √ | √ | √ |
| **27.** | √ | √ | √ | √ |
| **28** | √ | √ | √ | √ |
| **29.** | √ | √ | √ | √ |
| **30.** | √ | √ | √ | √ |
| **31.** | √ | √ | √ | √ |
| **32..** | √ | √ | √ | √ |
| **33.** | √ | √ | √ | √ |

According to the analysis, the maxims are obeyed in most of the utterances of the doctor. The study of the data revealed that only one maxim was violated which is the quality.

***4.1. Quality Maxim***

The contribution of the doctor is truthful in the conversation. He presents medical questions, inquiries, information and advices to the patient and answers the questions of the patient as well. This is a sign that the doctor obeyed the quality maxim in most of his utterances. And this means that the patient is able to understand and believe the doctor positively. However, the doctor’s diagnosis lacks adequate evidence of some of his suggestions and the treatment strategies. Hence, there is a little violating observed in the maxim of quality as in the extracts below:

**Extract (1)**

*D: You understand what we did today, we just did little a bit of insertions. We exposed the implants.. OK? .And then what we did? Just stitching back*

*P: Mm. (silence) ST::TCHING back…..*

*D: Ok, so the next appointment’s going to be. What? , mostly after two weeks*

*P: Hm*

*D:.We ‘re going to remove the stitches, ok and remove the healing apartment*

*P:. Mmm*

*D:.If we could at that time, we’l do impression\(0.8)for these implants\\ also,if ..if we got some spare time I’ll (0.2)take off that bridge(0.5) you*

*P: [mm] (interrupting) Remember that bridge you said has a lot of bones surrounding the nails,*

*so*

*D. [mm[*

*we need to remove it,ok?/*

*P. [mm]*

*D: .Mostly at this time we‘re going to remove this bridge and we, we have to have a look in it, if it .is ok:, it’s Ok. But mostly it’s going to be more refined, so …we need to refined it more and doing another impression and preparing for the new…bridges. Is there some question for? For that?*

In the extract above, the doctor explaines the diagnosis and treatment steps in details. He told the truth regarding the treatment and did not stay silent while he was checking the patient’s teeth. And with the expressions “mm” as a sign of agreement on the part of the patient, the patient showed acceptance of the doctors’ diagnosis and suggestions.

At the same time, the doctor did not provide evidences of the diagnosis. And the patient did not ask for details', maybe because patients trust doctors’ words in most cases. For example:

**Extract (2)**

*D: Just t scared, no need to be scared…Ok, can I see your mouth, open please OK?*

In this extract, the doctor does not show the patient why not to be scared; instead, he asks to start checking up immediately. Thus, the doctor except in some cases obeyed the speech quality through the whole conversation.

***4.2. Quantity Maxim***

The quantity maxim is not violated in the doctor’s talk. It can be seen that the doctor is balanced in proving the required information to his patient and he does not exaggerate the conversation. The following extracts prove this assertion.

**Extract (3)**

*P: .Mostly at this time we‘re going to remove this bridge and we.., we have to have a look in it, if It is ok, it’s ok, but mostly it’s going to be more refined, so …we need to refined it more and doing another impression and preparing for the new…bridges. Is there some question for for that?*

From the extract, it is clear that the doctor gives enough information regarding the treatment stage of removing the bridge, and he did so with all the other stages. Besides he avoids being generous in providing information and advice, so that the patient does not feel bored and confused

**Extract (4)**

*D: Do you have some questions?*

*P: Do you think the new one or old one?*

*D: The bridge/you think the... The existing bridge or not? What do you mean?*

*P: .Assisting bridge for the crown.*

*D: [No no lis…listen no no what I’m going to make actually is a new one*

*P: .New one/*

*D: Ye:s*

P: Hm

**Extract (5)**

*D: Do you have any other question?*

*. ((PAUSE))*

*P: All together take how long?*

*D: .How long (.) it depends actually, but mostly such we said now, we need two weeks….*

*P: [I feel that is the implants not go level, so how…*

*D: Yes, because your bone. Your bone is higher than that are posteriorly….ok/*

*P:.[mm]*

*D: But when we replace the teeth, all will be levelled together. It will be levelled*.

In the extracts the doctor offers his readiness to provide any information to the patient regarding his case through demanding him to ask any question related to the diagnosis. And he gave full answers to the questions.

***4.3 Manner Maxim***

The maxim of manner is applied perfectly in the doctor's utterances. The doctor is clear with his patient and uses direct and simple expressions, and he avoided using medical terms and vocabulary during the consultation in order to avoid misunderstanding by his patient. This implies that the patient was able to understand the doctor very well and they felt harmony. And this in turn contributes assisting the doctor giving the right and appropriate cure. He also presented his discussion in order; starting with the medical examination stage and ending in accurate diagnosis and treatment. The doctor showed active interest in the patient. As in the following extracts,

***Extract (6)***

*D: Just to see the wound! (0.8 ) Everything looks ok(2),it looks (o.1) that the*

*P: [mm]*

*D: Just to see the wound!(0.8 ) Everything looks ok(2),it looks (o.1) that the*

*P: [mm]*

*D: healing is going fine…..ok (o.8) you understand what we did today.*

*P: .Ok ok(.)First of all we have to finish the lower teeth after establishes all the lower jow,the four implants replace, and the bridge …we’ re going to bridge*

*D: [mm]*

*P:.A new (.) the next time I mean.Ok/ , after that we can go ahead adjusting the rest of the teeth of the upper jaw.*

*D:.You mea:n…*

*D:. [yes yes,it needs some filling*

*P: .Not not to extract*

*D:.No,no (0.8) no need to extract,*

*P: .M m,ok!*

From the extracts the doctor was direct in discussion and his manner of talk was not ambiguous, instead he prefers being very clear and interested in his patient’s medical case. Also it is clear that the patient could understand the language of the doctor and he agreed with using (mm) and (ok). Furthermore, the doctor gave his diagnosis and steps of treatment in order, using the expressions: (first), (we are going to), (the next time), (after that), (If we could at that time) and (if we got spare time) and this leads to clear realization of his words by the patient.

***4.4. Relation Maxim:***

The doctor obeys the maxim of relation because he talks in relation to the object of the interaction. The following extracts show this point.

***Extract (7)***

*D: Ok ok (.)First of all we have to finish the lower teeth after establishes all the lower jow, the four implants replace, and the bridge …we’ re going to bridge*

*P: [mm]*

*D: A new (.) the next time I mean. Ok/ , after that we can go ahead adjusting the rest of the teeth of the upper jaw.*

*P: You mea:n…*

*D: [yes yes, it needs some filling*

*P: Not not to extract*

*D: No,no (0.8) no need to extract,*

*P: M m,ok!*

*D:.Little a bit of filling ,not to extract*

*P: ((Hm))*

*D: ok?/*

*P: DO you think everything will be fine?*

*D: Ah..I dont know*

*P: ((Laughing))*

*D: But mostly you will be able to eatbones.*

*P: That is morten ah it is morten eating bones actually yeh,I ‘m used to bite crab you know crab\*

*D: Right(o,6)without opening (.) just now*

In the conversation, all of the utterances fit into the maxim of relevance because the interactants totally provided relevant discourse to each other**.**

Thus, quality maxim is the only violated maxim and it occurs partially. The non-observance of this maxim is, however, very little, may be because doctors are not interested in giving adequate evidences for what they suggest. The communicative implication of this phenomenon is that doctors prefer using simple, understood and suitable language with their patients, and with avoidance of the frequent unimportant conversations to gain more time and to obviate getting into unimportant topics, so that the patient’s mind and thoughts do not become distracted.

Finally, to conclude, violation as a device used in medical discourse for some specific purposes, it was used rarely in the talk of Libyan doctor. These results were in contrast with Ayeloja and Alabi' s research (2019) which revealed that the quality maxim was observed 100% in the conversation of doctors and patients at Ibadan University Hospital. However, it is in accordance with the study by Nababan and Zainuddin (2014) on doctor Oz talk show, which found that dr. Oz has little violation the Maxim of Quality.

**5. CONCLUSION**

The results that could be drawn from the study by applying the notion of Grice’s Cooperative principle bring out the purpose behind the violation of the four maxims. The maxims of quantity, manner and relation were obeyed while the maxim of quality was violated when the doctor avoided bringing up some of adequate evidences for what he was stating regarding the patient’s problem and diagnosis. This is because the participants of medical conversation were aware of the importance of being clear, brief and truthful in asking the suitable questions and giving the right answers and directions. These factors contribute to the right flow of information during the discussion, which made the conversationalists find no obstacles of understanding each other. It is common that doctors use simple and clear language to convey the right and the true required diagnosis and advices to their patients because of the serious situation. However, it must be stressed that the doctor violated the maxim of quality in order to achieve certain purposes which is to avoid distracting patient’s thoughts.

**Recommendation for Future Studies**

Various studies in the field of spoken language analysis can be applied in various institutional discourse such as realizing the violation of cooperative principles in classroom, political, economic, scientific and social discourse.

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**الخلاصة**

تهدف الورقة البحثية الحالية لتحليل المبادئ الأربعة لمفهوم التعاون في المحادثة في الخطاب الطبي. يحاول الباحث الكشف عن مخالفة مبادئ مفهوم التعاون لجريس (1975) في حديث الطبيب مع المريض في غرفة التشخيص من خلال تطبيق منهج البحث النوعي. ويهدف الباحث أيضًا إلى فهم الأسباب التي قد تجعل الأطباء يخالفون المبادئ في حديثهم الطبي. في مستشفى جامعة الملايا لطبيب ليبي يعمل هناك لغرض التدريب الطبي. (PPUM) اجريت المحادثة في

فكرة البحث تتضمن تحليل كلام المتحدث في المحادثة وهو الطبيب لادراك معايير الكمية والجودة والاهمية والطريقة التي يتبعهم المتحدثون في خطابهم لاحداث التعاون في التواصل مع الطرف الاخرحسب نظرية العالم اللغوي جريس.

. وقد أسفرت الدراسة عن ملاحظة وجود انتهاك للمبدأ الجريسي للجودة مع الالتزام بالمبادئ الأخرى

**الكلمات الدالة:**

المحادثة الطبية - تفاعل الطبيب مع المريض - بحث نوعي - - نظرية جريس -أقوال المحادثة