



An Applied pragmatic Perspective of TV Series: 'Dr . House'

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Abstract

The effective conversations between medical staff and patients achieve a significant role to recover different diseases, especially that some people don't favor to indicate specified information related to their medical history which may affect their lives because of concealing these information. The present paper is an endeavor to tackle Applied pragmatics throughout specific situations of doctor-patient conversations in the TV series of American medical drama: 'Dr. House': (*The selected situations in the Season 1, Episode 17*). This paper attempts to address the following questions: What is the applied pragmatic structure of Dr. House conversations, What are the applied pragmatic strategies and devices that are exploited in the launching, maintaining, and terminating of the clinical conversations? The paper aims to investigate the applied pragmatic structure of these conversations, determine the main strategies and devices employed in the conversational interactions, identify the applied pragmatic troubles and examine the pragmatic impairments faced in these conversations. Some findings has been acquired in the analysis of the data, such as: The pragmatic strategies that are most used in such conversations are assertive and expressive speech acts, telling and requesting devices, personal deixis, conversational implicature and maxim of relation, and existential presupposition.

Keywords: Applied pragmatics, medical conversations, speech events, 'Dr. House' TV series.

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procedures for arriving at answers for being well. (Frake,1961:114).

The applied pragmatic study indicates that the theoretical linguistic bases ignored or disremembered in the clinical study (Muller,2000:110).

According to Crystal (2008:279-380), Pragmatics is divided into three kinds: **General pragmatics** which means the study of the universal principles that control the communicative use of language, especially that required in conversations or constrained the study of certain languages, **Literary pragmatics** which specifies the pragmatic concepts of the literary writings, and **Applied**

1.Introduction

This paper attempts to identify and investigate the Applied pragmatic structure and the strategies that are utilized in the medical conversations as a topic of investigation appropriately initiates with the focus on "Doctor-Patient Conversations" and with feelings of symptoms when someone discovers whether she/he is sick or not, or sick enough to see the doctor and so on. Each culture provides its individuals with interactional thoughts as a group of important demands such as 'Am I sick?' 'What kind of disease do I have?', possible answers, and



experience". Some of these applications have appeared, involving the linguistic analysis of language disorders (**clinical linguistics**). (Crystal, 2008:31)

b. Clinical Linguistics: "It involves the study of how language and communication may be impaired. It focuses on the use of linguistics to describe, analyze, assess, diagnose and treat communication disorders". Its range is extensive and the language characterization is not protected from impairments and troubles which emerged in both making and understanding of language in its different levels (spoken, written or signed) during the human existence. All levels of linguistics, and various sub-knowledge have been accomplished their own distinct labels such as (**Clinical Pragmatics**). (Simpson ,2011:111).

c. Clinical Pragmatics: It is "The study of the various ways in which an individual's use of language to achieve communicative purposes can be disrupted". Pragmatic weakness in both developmental and acquired sides has various reasons and may be the result of continuous framework of linguistic aspects and cognitive issues(Cummings,2009:6).

Accordingly, **Applied Pragmatics** comprises of applications embedded in a pragmatic perception on users, uses, and contexts of language when the cultural, ideational, social , and personal contexts of users are seen as dominant. Consequently, **Applied Pragmatics** as a part of **Clinical Pragmatics** is a field of **Clinical Linguistics** which is a branch of **Applied Linguistics**. (figure :1).

pragmatics which concentrates on difficulties of interaction that appear in conversations since effective communication is critical, as medical interviews.

The present paper concerns its self with what is called medical discourse which is a bit huge subject since it is a diverse topic and a logical process with others or even with itself in which people's experiences are observed. Thus, this type of interaction has gained the interest by scholars in different fields. (Hyland, K. & Paltridge , B. , 2011:322).

More precisely, This paper attempts to investigate the means in which applied pragmatics has a vital impact to the clinical diagnosis and can make a valuable influence on discussions to think in a critical method about how clinicians deal with applied pragmatic problems in their interactions.

2. The Theoretical Framework of The Applied Pragmatic Study

2.1. Linguistic Roots of Applied Pragmatics

Mey (2001:308) defines **Applied Pragmatics** as "A problem-solving activity with an emphasis on using pragmatic knowledge critically, imaginatively, and constructively in the real-world context of the social struggle, rather than on rehearsing the tenets of canonical pragmatic theory".

The Linguistic roots of Applied Pragmatics can be shown as the following:

a. Applied Linguistics: It is "A branch of linguistics where the primary concern is the application of linguistic theories, methods and findings to the elucidation of language problems which have arisen in other areas of

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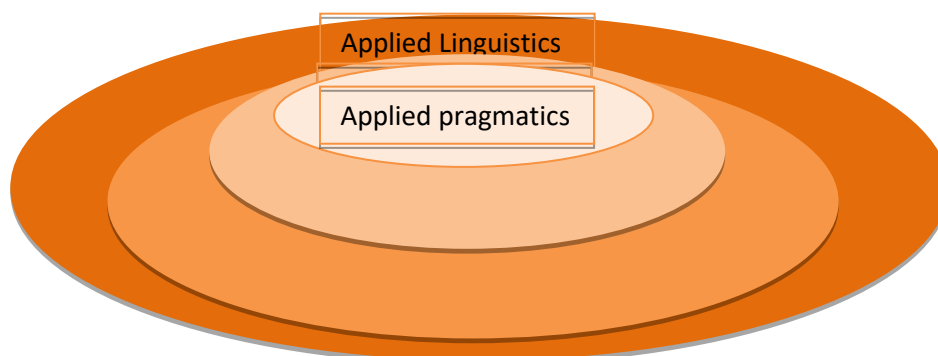


figure (1) : The Linguistic Roots of Applied Pragmatics

interactions with certain reference to characteristics which have been usually ignored in the conversation analysis, for example facial expression, and patterns of behavior between the interlocutors (Crystal,2008:248-249). i.e. , interaction is "The way in which a language is used by interlocutors" (Richards & Schmidt,2010:289).

Language variety is a major form for each linguistic expression and the language variety that used by medical staff is a jargon. "Jargon may be used to facilitate professional communication, but it also has social functions, for example: marking group membership and excluding non-members"(Swann, J. et al.2004:157). Jargon refers to the specialized language which used by occupational/ professional group that it does not mean anything to outsiders.

3. The Applied Framework of Applied pragmatic Study

3.1. The Speech Events

The Applied framework of this paper includes macro applied concepts throughout the speech events. According to Mey (2009:95), speech event is a classification that reveals the notion that all conversations are rooted in "sociocultural contexts" and is directed by interaction evolving from those contexts, such as: interviews, lectures, sermons, formal, and informal conversations. It comprises of a number of components characterized by Hymes which are indicated as SPEAKING.

A type of speech act may re-occur in different types of speech event, or in the same type of speech event in various situations. Thus, a telling as a speech act may be included in a private or public conversations. (Hymes,2010:52)

Swann, J. et al. (2004:59) stated that SPEAKING as an abbreviation coined by Dell Hymes represents the components of speech. It is an endeavor to determine appropriate features of any speech event, such as an interview, conversation, lecture, etc. These components are as the following:

2.2. Domains of Applied Pragmatics

This paper aims to exhibit how micro applied pragmatics and macro applied pragmatics come together to complete each other, both in theoretical and practical terms of the applied pragmatic perspective. These applied applications include:

2.2.1. Micro Applied Pragmatics

Mey (2001:177) states that "The world in which people live is a coherent one, in which everything hangs together: none of its phenomena can be explained in isolation". Micro applied pragmatics is concerned primarily with the local constraints of the immediate context, such as: deixis and the indexing of personal, temporal, and locative features, etc. To simplify the management of conversation, or to highlight noticeable parts in a conversation, the connection with the world becomes apparent as the focus shifts from the individual to the wider. (Mey,2009:25).

Bublitz & Norrick (2011:51) discuss that "Micro applied pragmatics is the pragmatic effect of an utterance based on concepts such as deixis, anaphora, presupposition, etc.".

2.2.2. Macro Applied Pragmatics

Mey (2009:25) describes that "Macro applied pragmatics is institutional and institutionalized language practices figure prominently on the agenda (and often), where power asymmetries may arise as the result of the gender difference, perceived social standing and social privilege, and (lack of) access to power". Bublitz & Norrick (2011:51) state that "Macro applied pragmatics is the pragmatics of discourse based on concepts such as speech events, global purposely or macro speech acts".

2.3. The Interaction and language Variety of Medical Staff

Interaction as "An application is used to refer to the study of speech in face-to-face communication (interactional sociolinguistics)". This term relates mainly to the strategies of ordinary conversation, and is recognized by specified records of taped

1990



- a. Launching Doctor-Patient conversation stage (LDPCS).
- b. Maintaining Doctor-Patient conversation stage (MDPCS).
- c. Terminating Doctor-Patient conversation stage (TDPCS).

All in all, The above stages pragmatically depend on particular strategies to create the Doctor-Patient Conversations that are taken from 'Dr. House' TV series.

The first stage (LDPCS): It begins with one/more of speech acts as greeting, requesting, telling, praising, blaming, apology, and so on in any chosen situation, while deixis forms the second pragmatic division of this stage involving the personal temporal, or spatial deictic linguistic expressions.

The second stage (MDPCS): It involves two correspond pragmatic strategies: implicature and presupposition. Actually, this stage contains Grice maxims (quality, quantity, relation and manner) and there are: observation, violation, flouting or opting out of these maxims. While presupposition shapes the second pragmatic division of this stage containing the existential, factive, non-factive, lexical, structural, and counter-factual presupposition.

The third stage (TDPCS): It includes one/more of speech acts as thanking, criticizing, promise or accusing during using the pragmatic strategies in the Medical Discourse, whereas presupposition represents the second pragmatic division of this stage containing one or more of its previous types (Figure 2).

1. Setting and scene: The first indicates to time, place, physical circumstances; while the second refers to the cultural description of an occasion in the same setting.

2. Participants: They mean all those involved in a speech interaction as speakers, listeners or audience members, etc.

3. Ends: This term involves purposes, goals and outcomes of an interaction.

4. Act sequence: It refers to both the content, or topic of an utterance and its form which are essential to the speech acts as greeting and apologizing.

5. Key: It refers to the tone or manner of a speech act. Acts that are similar in certain situations may differ in terms of key such as mock and serious.

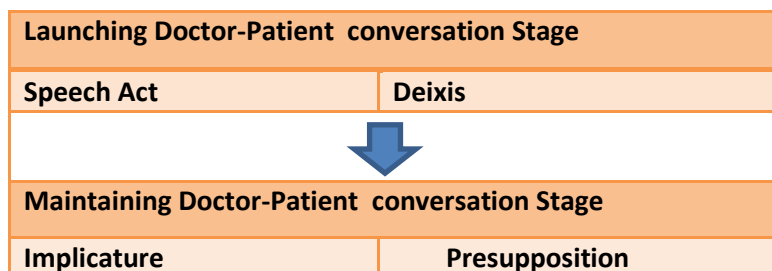
6. Instrumentalities: It denotes to both the particular language variety and to the channel or style of communication such as: spoken (oral) or written.

7. Norms of interaction and interpretation: Norms of interaction denote to specific bases or rules of speaking such as: (whether a person can speak or whisper in his/her voice). Whereas norms of interpretation indicate to how particular forms of speech may be understood.

8. Genres: This term exhibits classifications which may be strictly recognized such as oration, myth, tale, and so on. (Swann, J. et al. 2004:290-291).

3.2. The Stages of Applied Framework

The current paper indicates that Doctor-Patient Conversations are related to an interaction of speech events that contain three stages:



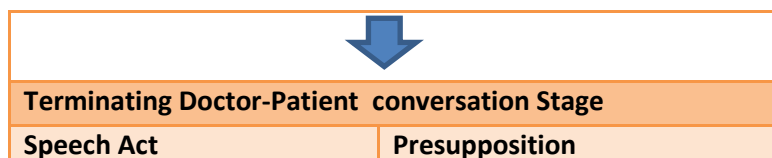


Figure (2): The Applied Framework of Doctor-Patient Conversations

a. Assertive : It constrains the speaker to the fact of the expression, for example: trying to persuade the hearer that the expression content is real as in: inform, assure, argue, or swear acts. As in:

(1) Baghdad is the capital of Iraq. It is a statement implies the assertion that the capital of Iraq is Baghdad.

it directly concerns the relationship between the structure of language and the context in which they are used". While Yule(1996:9) defines deixis as "a technical term from Greek that means pointing via language". Thus, referring is used to enable the reader/hearer to recognize anything in the linguistic context or text. Meyer (2009:8) states that deixis is "the ability of words to refer to points in time or individuals in the external world". According to Levinson, The main types of deixis are: personal, spatial , temporal, discourse and social deixis.

a. Personal Deixis: Yule (1996:10-11) states that Personal deixis obviously divided into three main kinds typified by the pronouns of 1st person (I), 2nd person (you), and 3rd person (he, she, or it). Personal deixis includes the speaker (I) and the addressee (You). The use of the 3rd person pronouns where a 2nd person form would be probable shows distance.

b. Spatial Deixis: Cruse (2006:166) states that "Spatial deixis indicate location in space relative to the speaker". Spatial or place deixis can be shown mainly in the shape of locative adverbs as in (here and there) and demonstratives or determiners as in (this and that). English has two terms of spatial deictic expressions: **proximal** (here) and **distal** (there), such as :

(6) The airport is fifteen kilometers from my house. That is too far for me to take you home, where ' That ' refers to the airport.

4.The Pragmatic Framework

4.1. The Classification of Illocutionary Speech Acts

Searle (1969) cited in Leech (1983:205-206) divided the illocutionary speech acts into five types:

b. Directive: It means that the speaker attempts to motivate the addressee to implement something, as request, tell, suggest, require, or permit acts. For example:

(2) Would you make me a cup of coffee ?

In this example, the speaker's intention is a request to make the hearer to do a cup of coffee. The speaker does not assume that the hearer replies the question with yes/no, but he/she expects to a cup of coffee.

c. Commissive: It indicates that the speaker will do something that could be in the next times which may be in the form of promise as in promising, planning, vowing which regarded as commissive. As in:

(3) we will be soon back.

d. Expressive: It works with the speaker's feelings about a particular situation or to explain preceding situation as in apologize, deny, acknowledge or confess acts. For instance:

(4) I am so sorry my darling.

e. Declaration: It is related to uttering something accompanied with an act as in punishment to prison or declaration of a deal or an agreement. As in:

(5) Boss: 'You are fired!': This statement is used to represent the ending act of the employment.

4.2. The Deictic Expressions

Levinson (1983:55) asserts that "deixis belongs to the domain of pragmatics because



(9) Everybody knows that John is ill. It assumes that John is ill.

3.Non-factive presupposition: It is assumed not to be true. Verbs like dream, imagine and pretend are used with the presupposition to denote that what follows is not true. As in:

(10) John dreamed that he was rich. It presupposes that John was not rich.

4.Lexical presupposition: Verbs such as manage, stop, and start in which the use of one form with its asserted meaning is conventionally interpreted with the presupposition that another (non-asserted) meaning is understood, as in:

(11) He stopped smoking. It presupposes that he used to smoke.

5.Structural presuppositions: Yule(1996:29) states that in certain sentences, structures have been analyzed as traditionally assuming that part of the structure is presupposed to be true. An individual can use such structures to give information as assumed to be true and hence to be accepted as true by the listeners. As wh- forms: when, where, etc. which can be used in this type, as in

(12)When did John leave? It presupposes that John left.

6.Counter-factual presupposition: In which what is presupposed is not only true, but is the opposite of what is true, or contrary to facts. As in :

(13) If you were his friend you would have helped him. It presupposes that you are not his friend.

4.4. Implicature

H. P. Grice(1975:44) defines implicature as " Indirect or implicit meaning of an utterance that is produced by the speaker". He states that implicature related to "What a speaker can imply ,suggest , or mean , as distinct from what the speaker literally says" and it is depended on both the words with its conversational meaning and the context in the cooperative principle and its maxims , i.e., quantity , quality , relation and manner. There are two types of implicature:

a. Conversational Implicature:

c. Temporal Deixis: All in all , Yule (1996:14) has observed that the **proximal** form 'now' is used to indicate the time of both the speaker's utterance and the time of the speaker's voice being heard. In contrast, the **distal** form 'then' is used to indicate the time of both past or future and the time relative to the speaker's present time.

(7) 'November 22, 1963? I was in Scotland then'.

d. Social Deixis: Levinson (1983:89) asserts that "social deixis concerns that aspect of sentences which are determined by certain realities of the social situation in which the speech act occurs". Social deixis symbolizes the social identities of speakers, the social relations, or between them or one of them and entities referred to. For example, (Mr. For man, Mrs. For woman, Prof. Dr. , President, Your honor, Prime minister (ibid.).

e. Discourse Deixis : Levinson (1983:85) observed a number of other ways in which an utterance indicates its relation to surrounding text in the discourse deixis, for example, initial utterance is used to indicate that the utterance that contains it is not addressed to the directly former discourse, but to one or more steps back. Participants can observe the use of temporal deixis in discourse deixis, as in (next and last) to refer to parts of the discourse.

4.3. Presupposition

Presupposition is related to the use of words, phrases, and sentences. Linguistically, these forms are observed to be signs of actual presupposition in context with speakers (Yule,1996:27-29). According to Yule, the types of presupposition are:

1.The existential presupposition: It is assumed to be present either in possessive constructions: your, my, his or in any definite noun phrase as in:

(8) "**the** King of Sweden" in which the speaker presupposes the existence of a king of Sweden.

2.The factive presupposition: Some verbs are used to imply the facts as know, realize, regret, as in:

b-The Maxim of Quality: "Do not say what you believe to be false, do not say that for which you lack adequate evidence".

c-The Maxim of Relevance: " Be relevant".

d-The Maxim of Manner: It is used to avoid obscurity of expression and avoid ambiguity, be brief, and be orderly (ibid.).

5. The Analysis

In conclusion, the Medical Discourse which is actualized in the eclectic model adopted and adapted in the current paper presents that the (pragmatic framework) which emerges with the pragmatic strategies divides into three stages mentioned above (applied framework).

The practical part of this paper relates to the chosen situations in the TV series namely 'Dr. House'. To be more specific, the eclectic model is advanced to analyses the data under investigation of three stages in **applied framework** by using macro pragmatics throughout speech events and in **pragmatic framework** by using micro pragmatics throughout pragmatic strategies and devices in *(The selected situations in the Season 1, Episode 17)* as the following:

It is clear that the episode under study includes the following components of speech events (setting and scene, participants, ends, act sequence, key, instrumentalities, norms of interaction and interpretation, genres).

In the office of the hospital president (Mr. Vogler) who tried to convince Dr. House to diagnose a senator named 'Wright' who participated in the last campaign to run for senator, otherwise he will fire one of his medical team. Dr. House refused the request in the beginning, but he agreed to do it in the last because the threat. The senator's breathing was roughly impaired. Thus, the speech between Mr. Vogler and Dr. House was formal and serious. There are other details of these components that will appear in the three stages (LDPCS, MDPCS, and TDPCS) which represent the structure of this episode. The events of this TV series happened in the Fictional Princeton-Plainsboro Teaching Hospital. These stages are

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Conversational implicatures are those which must be inferred, and for which contextual information is crucial, such as the implied negative in B's reply in (Cruse, 2006: 85):

(14)A: Can I speak to Jane?

B: She is in the shower. Can you call back?

b. Conventional Implicature:

Conventional implicature is independent of the cooperative principle and its four maxims. They are instead tied to the conventional meaning of certain words and grammatical structures(Yule,1996:45). A statement always carries its conventional implicature , as in

(15) Donovan is poor but happy.

This sentence implies poverty and happiness which are not compatible but in spite of this, Donovan is still happy. The conventional interpretation of the word 'but' will always create the implicature of a sense of contrast. (Grice,1975).

4.5. The Conversational Maxims

According to Grice (1975:45) cited in Baker & Ellece(2011:24), cooperative principle is a "general principle of conversation which describes as 'Make your conversational contribution such as is required, at the stage at which it occurs, by the accepted purpose or direction of the talk exchange in which you are engaged' ". It is supported by four maxims that developed by Grice (1975).

These maxims are the best idea of explanations of how people carried out their conversations. "The conversational maxims may be flouted in many ways. Intentionally, speakers can violate maxims to mislead, opt out of them or be faced with a clash of maxims"(ibid.:49).

Baker & Ellece(2011:23) state that conversational maxims are as follows:

a-The Maxim of Quantity : "Make your contribution as informative as is required for the current purposes of the exchange and do not make your contribution any more informative than is required".

1994



following:

When Dr. Cuddy heard that Dr. House will make a brain biopsy for the senator, she rejected strongly.

Dr. Cuddy: "Not on a United States senator".

Dr. House: "Oh, if he was a janitor, that would be okay?"

Dr. Cuddy: "A brain biopsy can cause permanent neurological damage".

Dr. House: "huh. Whereas tumors are really good for brains. Make him grow big and strong. It's my call".

The senator: "What would the voters think? if they find out I've had a b-b-b-brain biopsy?"

Dr. House: "This could leave you b-b-b-brain damaged, and you're worried about the voters?"

The events of this situation leads the analysis to the second stage which involves implicature and the presupposition. In the diagnosis room when the diagnostic team discussed the senator case, the tests showed no sign of infection, and the MRI looks fairly clean. So, Dr. House suggested to tell the senator that he is fairly healthy and he can go home or it could be a brain tumor or an infection and there is only one way to find out which is by brain biopsy which is a dangerous operation because the senator's political status. When Dr. Cuddy heard that Dr. House will make a brain biopsy for the senator, she rejected strongly

This stage begins with a conversational implicature with (flouting the maxim of relation) in:

Dr. Cuddy: "Not on a United States senator".

Dr. House: "Oh, if he was a janitor, that would be okay?"

Here, Dr. House flouted Dr. Cuddy's speech by using the word (janitor) in front of the word (senator) and rejected anything that isn't suitable for senators, so, it ought not to be suitable for a common people. There is a counter-factual presupposition by using (if clause) in: " If he was a janitor". Also, there is a conversational implicature with (flouting the maxim of relation) in:

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integrated with some applied pragmatic strategies and devices that are analyzed as **The First Stage (LDPCS):**

The senator: "I appreciate your keeping the media away".

Dr. Foreman: "We're keeping your staff away as well. Take it easy now".

The senator: "I'm in the middle of a campaign".

Dr. Foreman : "The faster we can get you better, the faster you can get out of here".

Dr. Foreman: "Open your mouth, please".

The senator: "When I was six, I fell off the swing and bit my tongue. I couldn't talk right for the longest time".

(Dr. House came towards the senator and began to diagnose the senator's knee when he noticed a strange motion in the senator's legs).

The senator: "What is it?"

Dr. House : "It's not the food. It's your brain. Get a MRI and a lumbar puncture. Cancel your travel plans".

This stage pragmatically involves two pragmatic strategies: Speech Acts and deixis to actualize the Doctor-Patient Conversations. This stage begins with a directive illocutionary speech act with (a requesting device) in: "Open your mouth, please" when Dr. Foreman directed the senator to open his mouth. Also, there are personal deictic expressions by using (your, I, my) in: "your mouth" and in: "When I was six, I fell off the swing and bit my tongue" when the senator replied Dr. Foreman in: "When I was six, I fell off the swing and bit my tongue".

There are also an assertive and directive illocutionary speech acts with (telling and requesting devices) in: " It's not the food. It's your brain. Get a MRI and a lumbar puncture. Cancel your travel plans". When Dr. House asserted that the senator's disease is in his brain not in his food (telling device). So, he directed the senator to do tests and to cancel his travel plans (requesting device), along with personal deictic expression by using (your).

The Second Stage (MDPCS):



Dr. House : "Start the senator on I.V. immunoglobulin, stat, if he gets better, I'm right. if he dies, you're right".

Dr. House: "Say antiretroviral". (In the senator room after he has the remedy).

The senator : "Antiretroviral".

Dr. House: "Now, say it three times fast".

The senator : "That's-That's good, right?"

Dr. Foreman : "In a week? That's terrific, you'll need medication for the rest of your life, but other than that, you're fine".

In the analytical samples room, doctors did more than one biopsy to know the reason behind the senator's disease, but the results didn't show any medical reason behind it. So, Dr. House thought that the senator was lying, therefore Dr. House went to the senator's room. After their speech, Dr. House knew that the senator (in his childhood) took a medication which caused his disease. Dr. House told his team what the senator suffered from is epilepsy and to treat it, his mother gave him phenytoin. This drug with the Epstein-Barr virus, is associated with common variable immune-deficiency disease.

This stage finalizes the Doctor-Patient Conversations which build on two pragmatic strategies: Speech Acts and the presupposition.

This stage starts with a directive illocutionary act with (a requesting device) in: " Start the senator on I.V. immunoglobulin, stat, if he gets better, I'm right. If he dies, you're right " when Dr. House directed Dr. Cameron to give I.V. immunoglobulin to the senator. At the same time, there are lexical and counter-factual presupposition by using the verb (start) and (if clause) in: " Start the senator..." and in: " if he gets better, I'm right, if he dies, you're right ".

6. Conclusions

1. The medical Conversations are actualized through an applied pragmatic structure which is divided into three stages: (launching, maintaining, and terminating).

2. Some applied pragmatic aims and purposes are mainly based on pragmatic strategies and devices such as assertive and expressive

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Dr. Cuddy: "A brain biopsy can cause permanent neurological damage".

Dr. House : "Huh. Whereas tumors are really good for brains. Make him grow big and strong. It's my call".

Dr. Cuddy defended her opinion by saying that biopsy could cause a neurological damage (the maxim of quality), but Dr. House flouted her speech by saying a contrary sarcastic opinion in: "tumors are really good for brains". Additionally, There is an existential presupposition via using possessive pronoun (my) in: " It's my call".

There is also a conversational implicature in this situation with (flouting the maxim of relation) in:

The senator: "What would the voters think? if they find out I've had a b-b-b-brain biopsy?"

Dr. House: "This could leave you b-b-b-brain damaged, and you're worried about the voters?"

In spite of his disease, the senator asked about the opinions of the voters when they knew that he had a biopsy brain, therefore Dr. House flouted his question by imitating his way in uttering the word (b-b-b-brain) because the senator suffered from the stammering. Also, There is a counter-factual presupposition by using (if clause) in: " If they find out I've had a b-b-b-brain biopsy?".

After taking the brain biopsy, the results proved it was not a brain tumor or a bacterial infection.

The Third Stage (TDPCS):

Dr. House: "We have to talk. You had an epileptic seizure. That's how you bit your tongue".

The senator: "I-I haven't had a seizure since.....".

Dr. House: "What medication did you take?"

The senator: "My.... My mother used to call it.... Funny...something".

Dr. House: "Phenytoin?"

The senator: "Yes!"

Dr. Cameron talks to Dr. House: "So, you're basing your diagnosis on a virus that's relatively common and a drug he took 30 years ago".



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speech acts, telling and requesting devices, personal deixis, conversational implicature and maxim of relation, and existential presupposition

3. The eclectic model established in the present paper demonstrates to be practical in guiding an applied pragmatic analysis of medical conversations as it involves workable pragmatic strategies and devices .

4. There are some applied pragmatic impairments and troubles faced by medical staff when they deal with patients who have some diseases as stammering, and have special social status such as political characters.

5. The language used by the medical staff tend to be humanistic and sometimes tend to be more real or shocking as appeared clearly through the analysis.

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