

# Analysis on *The Good Doctor Season 1* from the Perspective of Cooperative Principle

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**Abstract.** In 1967, the American language philosopher Grice proposed the cooperative principle, which provided a new theoretical framework for conversation analysis. In the following decades, the cooperative principle has been a trending topic of discussion in linguistics and continuously developed. Leech's politeness principle and Wilson and Sperber's relative theory have improved the cooperation principle from different aspects. The cooperative principle has been widely applied in the analysis of conversations in films, dramas, and literature, which contributes to a holistic understanding of characterization and dramatic conflicts. In this paper, doctor-patient dialogues in *The Good Doctor Season 1* are analyzed from the theoretical perspective of the cooperative principle. It can be discerned that healthcare workers should comply with the maxim of quality and quantity, to no little extent, when communicating with patients. However, in different contexts, healthcare workers sometimes choose to deliberately violate the maxim of relation and manner in order to achieve better communication effects, such as helping patients understand their conditions or relieving patients' tension. This paper intends to provide effective suggestions for real-life doctor-patient communication by applying the cooperative principle to the corpus analysis in *The Good Doctor Season 1*, so as to improve the communication efficiency of both parties and create a harmonious doctor-patient relationship.

**Keywords:** Cooperative principle; *The Good Doctor*; Implicature.

## 1. Introduction

Cooperative Principle, since it was proposed by the American linguistic philosopher Grice in 1967, has been an integral theory widely adopted in the realm of linguistic research and a principle focus of philosophy. As Grice expounded, the conversation is curtailed by certain conditions, namely, "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 [1]." To be more specific, people start a conversation with certain needs or intentions for which they strive to facilitate the effective prosecution of the conversation, thus, they are not supposed to do any action or give utterances that may hint at the talk exchange. Consequently, the four maxims of the Cooperative Principle, which refers to the Maxim of quantity, Maxim of quality, Maxim of relevance, Maxim of manner, and Maxim of manner, are concluded to be the conditions that should be satisfied in the ideal state of the conversation.

In daily communication, it has been discovered that Grice's Cooperative Principle is often violated consciously or unconsciously due to the fact that people may intentionally mislead or deceive the hearer, be unwilling to cooperate, fulfill one maxim at the expense of another or flout a particular maxim for certain purpose, leading to misunderstanding and low efficiency of interaction [1]. However, speakers and listeners do not seem to be well aware of this problem, which is demanding prompt solutions. Subsequently, in the past several decades after the Cooperative Principle was introduced, the theoretical framework has been widely applied in conversational analysis to explore the causes of miscommunication.

As for the research object, *The Good Doctor* is an American medical drama series that mainly tells stories between doctors and patients happened in a famous hospital. The protagonist, Shaun Murphy, is an autistic surgery resident who initially has social difficulties but spares no effort to study and figure out an appropriate and efficient way to communicate with his patients. On top of that, other characters also have encountered some communication problems with their patients and learned how

to tackle the problems. Therefore, the conversations in the drama also have, to no little extent, tremendous practical significance and reflect some real situations in doctor-patient interaction. In this paper, the doctor-patient dialogue in the first season of *The Good Doctor* will be discussed from the perspective of the cooperation principle so as to explore the main causes that result in miscommunication between doctors and patients. In addition, effective suggestions that would contribute to the improvement of the doctor-patient relationship inter-communication will be given according to the corpus analysis.

In the following part, this paper will be going to discuss the development and application of the Cooperative Principle. Then the theory will be applied to the analysis of dialogue in the play, *The Good Doctor*. At the end of the paper, the result and further discussion will be concluded.

## 2. Literature review

Since the 20th century, the usage meaning of everyday language has gradually become an essential topic in the field of philosophy and linguistics. It was noticed that the literal and implied meanings of discourse in everyday communication were sometimes different, but there was no systematic theoretical framework for analyzing the meanings of discourse until Grice proposed the theory of meaning as well as the conversational cooperative principle and implicature. Thus, a theoretical framework for analyzing the implied meanings of discourse was established [2]. Grice classified meaning into natural meaning and non-natural meaning. Non-natural meaning comes from the speaker's intention rather than the fact or the literal meaning [3]. The theory of meaning paved the way for Grice's later theories of conversational cooperative principle and implicature. In a further exploration of non-natural meaning, Grice proposed the concept of implicature. According to the criterion of whether the non-literal meaning can be deduced from the conventional meaning of words, implicature is divided into conventional implicature and non-conventional implicature. In addition to the conventional meaning of words, non-conventional implicature should also be combined with the context to understand the discourse meaning. Grice's research focuses on one of the categories of non-conventional implicature, which is conversational implicature. Grice believes that conversation, at least to a certain extent, is a cooperative behavior in which people communicate verbally for a common purpose or a mutually acceptable direction [1]. Based on Kant's four categories, namely quantity, quality, relation, and manner [4], Grice summarizes four maxims of quantity, quality, relation, and manner and nine rules which can help a conversation to run smoothly. In a conversation, if both parties follow these maxims, then general implicature is created; if either party violates the maxims, then particular implicature is created, and people need to put more effort into understanding the discourse. For example:

*A. Jack: There is no more juice.*

*Mary: I will go to the supermarket.*

Mary did not mention what Jack said in her answer, which violates the maxim of relation in the cooperative principle, so Jack needs to further understand Mary's implication that she will go to the supermarket to buy juice--this is the particular implicature that Grice has proposed. Sometimes people violate the cooperative principle for reasons and purposes such as politeness and irony and in a conversation, resulting in more understanding processes, but these processes may lead to misunderstandings and inefficient communication.

The cooperative principle proposed by Grice initially establishes the theoretical framework for conversational analysis. Subsequently, a large number of studies have analyzed and explored Grice's cooperative principle and implicature, finding some controversies and limitations of his theory. Firstly, there is controversy in the interpretation of cooperation in the cooperative principle. Grice's inquiry into conversation focuses mainly on meaning, or the implicature produced by conversation, while cooperation as the main content is secondary [5]. The conversational maxims given by Grice are intended to make people understand how the implicature is produced through the interpretation of the four dimensions of maxims, and it is the production of this particular implicature that makes it

more difficult for people to carry out discourse comprehension [6]. At the same time, the maxim given by Grice should be distinguished from the principle, which is formulated by people from a moral or common perspective and should be observed. It is incorrect to violate the principle, but Grice uses the term maxim here to show that the violation of the cooperative principle in maxim is acceptable [7]. Therefore, Grice's summary of the cooperative principle is not to stipulate the rules that people should abide by in conversation but enable people to understand the causes of particular implicature from the perspective of rationality [5]. However, Grice does not explore the reasons why people violate the cooperative principle in his conversational theory but only outlines the conditions that should be met for a smooth conversation in an ideal state [8]. However, Leech's politeness principle further complements Grice's theory by explaining the phenomenon of people deliberately violating the cooperative principle on a social level. In conversational exchange, people will intentionally violate the cooperative principle in order to create a good and harmonious atmosphere or avoid leaving a bad impression on others [6]. Leech thus summarized six politeness maxims, including tact maxim, generosity maxim, approbation maxim, modesty maxim, agreement maxim, and sympathy maxim. However, Leech's theory is too absolute and idealized, which sometimes does not accord with the general psychology of verbal communication. The fact shows that people like to be praised most of the time, but ill-timed praise can serve as a convincing illustration in this case. Leech's politeness maxims ignore the specific contextual factors involved in discourse, while the cooperative principle in Grice's conversational analysis framework focuses more on the speaker but ignores the hearer, and his reasoning process of discourse comprehension [2], also ignores the important role that social context plays in the creation of implicature in conversation [9]. Subsequently, association theory was proposed by Wilson and Sperber, containing both the cognitive and communicative principles of association. The cooperative principle posits optimal association, namely, explicit stimuli are sufficiently relevant to warrant some effort on the part of the listener to process them, which explains the listener's reasoning mechanism. At the same time, the association theory emphasizes the role of context as a mental construct, a subset of the listener's relevant assumptions about the world, which is subjective, mutually explicit, and dynamically optional, thus influencing the discourse comprehension of both parties to the conversation [10]. At this point, Grice's cooperative principle has been greatly enriched and refined.

A large number of discourse analysis studies have applied Grice's cooperative principle theory, but fewer scholars have been able to use the theoretical framework with the appropriate supplement of politeness principles and association theory for a more comprehensive analysis and explanation. In addition, there have been many scholars who have applied Grice's theory to the discourse analysis of film and literature, so as to provide ideas for playwrights on creating dramatic effects such as humor [11] and for readers to understand dramatic conflicts and dissect characters [12]. Nevertheless, few scholars have linked the exploration of the application of the cooperative principle to real life and brought its real discourse function into play. Therefore, by analyzing the doctor-patient dialogue in the television series *Good Doctor*, this paper hopes to explore the factors that promote smooth doctor-patient communication and lead to doctor-patient conflicts, and to interpret them from a better theoretical perspective of the cooperation principle.

### **3. Analysis from the Perspective of Maxims of Cooperative Principle**

The American TV drama *The Good Doctor* goes viral because the conversations between doctors and patients in the series are very realistic and reflect some of the problems of doctor-patient communication in reality. In order to facilitate communication between the two sides, doctors sometimes follow the cooperative principle when interacting with patients, but they may deliberately violate a particular maxim in the cooperative principle, and different choices may produce different effects. This chapter will analyze the dialogues in the play and explore the reasons and effects of the doctors' options to follow or violate the cooperative principle in different contexts and their conversational implicature.

### 3.1 Maxim of quality

The maxim of quality requires that utterance within conversation should be truthful and well-documented, which means that both parties in the communication should ensure the accuracy of the information during the conversation.

In the second episode, Shaun, the main character, was involved in a consultation with a woman with abdominal pain on his first day at work. When he saw the CT images, the following conversation occurred:

*Shaun: She has a sarcoma, a malignant tumor.*

*Patient: Malignant? That means it's killing me, right?*

*Shaun: Yes.*

*Claire: Not necessarily. We're just speculating right now.*

*Shaun: No. It's definitely malignant. If it weren't malignant...*

*Claire: Please stop saying malignant...*

Through his own speculation, Shaun believed that the patient had a malignant tumor in her body, and his conversation implicature was to inform the patient that her sarcoma situation was in bad situation, so she was supposed to receive treatment work immediately. Shaun's speculation was not confirmed, although it was possible, it caused panic in the patient, which was not beneficial to the patient's treatment. Thus, in this scenario, Shaun's breach of the maxim of quality has led to poor communication between the two parties.

Here comes another example. Claire Brown, an intern surgeon, was talking to a patient who was about to undergo surgery. The patient herself was very concerned about the success of the surgery, so Claire kept reassuring the patient.

*(1) Patient: ... I can't die right before my son's wedding. I can't.*

*Claire: You are not gonna die. You will be at the wedding, looking beautiful.*

Before Claire gave this assertion, she kept telling the patient that the surgeon in charge would spare no effort to complete the surgery. However, when the patient began to relate her family's situation and the necessity of attending her son's wedding, Claire realized that the patient was terrified of the surgery, a fear coming from her love for her son. But for the sake of her patient's own health, Claire felt she needed to help her patient overcome her fears which would exert positive impact on treatment. So, she hoped to build her patient's confidence with these words. However, Claire violated Maxim of quality because her assertion was not entirely true. Claire also violated the hospital's legal department policy, although the patient was extremely relieved and willing to receive timely treatment.

### 3.2 Maxim of quantity

The maxim of quantity requires that both speakers provide no more or less information than is necessary to ensure that both parties understand each other's intentions without burdening them.

After the first consultation, Shaun learned that doctors need to answer patients' questions about their condition with sufficient facts, not just their own inferences, to avoid causing panic. Therefore, when Shaun was sent to perform a pre-discharge examination on a patient with an ear infection, the following conversation took place:

*(2) Shaun: I'd like an MRI of the head and internal auditory meatus.*

*Patient: I'm not being discharged? What do you think is wrong?*

*Shaun: I'll tell you when I know for sure. I don't want to scare you.*

Although Shaun did not utter unsubstantiated assertions about the condition this time, his response gave too much information--he directly expressed that he did not want the patient to be frightened. But in this context, combined with his suggestion of MRI testing, when he said this, it indeed added to the patient's panic. That is because from the patient's point of view, provided that the doctor said something like this, he inferred, based on the best correlation - MRI tests are generally performed for some major diseases - that the implicature was that perhaps his ear condition was severe and needed

to be examined by MRI. Here Shaun gave too much information in his communication, which instead created a burden for the patient to understand and increased the patients' panic.

Another instance is about Dr. Andrews, the chief of surgery, who had the following exchange with a VIP patient during a procedure.

*(3) Patient: I'm a real estate guy. There's an old saying, "You can have it fast. You can have it good. You can have it cheap. Pick two."*

*Dr. Andrews: It's not gonna be cheap.*

The patient expressed his concerns about the result of the procedure in a cryptic way and wanted the best possible treatment. Dr. Andrews understood the patient's implicature and responded that the procedure he was performing would be well covered and that he wanted the patient to unwind. Dr. Andrews ensured the right amount of information in his response to the patient, following the maxim of quantity, and the communication went very well.

### 3.3 Maxim of relation

The maxim of relation requires that both parties should provide information related to the topic during the conversation, and their words must be coherent, relevant, and appropriate responses to each other, so that the conversation can continue.

The intern Claire was on the ward giving a detailed explanation of the laparotomy procedure to a patient when the following conversation happened:

*(4) Claire: So we make a long incision down the middle of your abdomen, expose the tumor...*

*Patient: Am I going to die?*

*Claire: Dr. Melendez is the best surgeon I have ever seen...*

Claire did not respond directly to the patient's questions about the risks of the procedure, which was contrary to the maxim of relation. However, she did this due to the fact that the procedure is usually risky and the patient's situation was not very promising, thus, she could not give the patient a firm commitment. Her implicature of words referring to Dr. Melendez here was with the purpose of maximizing the patient's comfort -- Dr. Melendez was a surgeon with outstanding and professional skills who could guarantee the success of the surgery as much as possible. By violating the maxim of relation, Claire wanted to increase the patient's confidence and reduce her fear.

### 3.4 Maxim of manner

The maxim of manner requires the speaker to be clear, truthful, polite, and organized in everyday communication.

*(5) Shaun: I'm waiting for her to fart. Flatulence. But I'm using the word "Fart" in front of the patient to be more casual. But you're the president of the hospital. So I'll say "flatulence" to you.*

*The president: Well, I appreciate that.*

Shaun follows the maxim of manner well here. He used the straightforward daily-used word "fart" in front of the patient to help her understand the current situation. If he had used the term "flatulence," which was unfamiliar to the patient, the patient might have become confused about her physical condition and misunderstood the severity.

Another Surgeon resident, Jared Kalu, interacted with a liver transplant recipient who was being offered the latest liver source by his attending physician.

*(7) Jared: ...I think it's pretty good argument.*

*Patient: Do I deserve it?*

*Jared: I'm... not sure that's relevant.*

The patient with liver failure was finally able to get a liver transplant. Nonetheless, he broke the liver transplant rules by having a glass of champagne at his daughter's graduation to cheer her up. Jared felt that getting the surgery was not entirely certain, so he described it vaguely. In addition, when the patient asked if he was worthy of the liver donation, Jared was not able to give a definitive answer out of courtesy, with the implicature that it is merely doctors' duty to strike treatment for their

patients. He violated the maxim of manner because he wanted his patient to remain in a positive treatment mindset.

### 3.5 Results and Discussion

In the process of doctor-patient communication, healthcare professionals need to make a specific analysis of how to communicate effectively with patients according to a specific situation. Following or violating the maxims of the cooperative principle is not the absolute criterion for successful conversation. From the above examples, it can be discerned that sometimes doctors may deliberately violate one of the maxims out of concern for the patient, through which the generated particular implicature of the conversation may promote the patient's understanding. On the other hand, sometimes, even if the healthcare provider follows the cooperative principle, it does not fully facilitate smooth communication between the two parties. In example (2) above, although Claire's promise gave the patient a short period of confidence and encouragement, it was in fact, an underestimation of the risks of the procedure. As for the hospital and the attending doctor, Claire's promise put overwhelming pressure on them because the risks of an operation can never be absolutely ensured. Meanwhile, in terms of the patient, such an encouraging promise could only give them false hope. If something went wrong, both the patient and the family would be devastated. Therefore, the information provided to the patient by the healthcare provider must be valid and necessary. For the other two maxims, after multifaceted consideration, the healthcare provider should choose the most appropriate communication approach in a specific situation.

## 4. Conclusion

In summary, this paper analyzed the doctor-patient dialogue in the American drama *The Good Doctor* from the theoretical framework of the cooperative principle and used the knowledge of the politeness principle and association theory to provide a more comprehensive perspective on the specific interpretation. The analysis reveals that the medical staff should follow the maxim of quality and maxim of quantity when communicating with patients, while in a specific context, the medical staff can choose whether to follow the maxim of relation and maxim of the manner by making reasonable judgments based on the actual situation of the patient.

Since the drama is a realistic workplace one, the doctor-patient communication in the play has enormous reference value for real-life situations. Furthermore, some suggestions are given for doctor-patient communication through the analysis of the conversations in the drama. On top of that, although the principle of cooperation is the leading theory applied in the analysis, since conversation is complex, as a complement to the theoretical framework of cooperative principle, politeness principles, and relative theory should be considered in the analysis as well so as to provide a more comprehensive perspective of doctor-patient communication.

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