

The Study on the Doctor's Identity Construction in Doctor-Patient Conversation from the Perspective of Interpersonal Function and Interpersonal Pragmatics

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Abstract: Based on the doctor-patient interaction corpus of the American TV series *House M.D. (Season 1)*, this thesis analyzes the identity construction of doctors in the doctor-patient conversation from the perspective of interpersonal pragmatics, combined with the interpersonal function in systemic functional linguistics, in order to reveal the significance and mechanism of multiple identity construction. The author classifies the identity of doctors in medical process into three categories by collecting, classifying and analyzing the data of TV series. The first one is the authority identity, which is constructed by using technical terms, modal verbs or the imperative mood. The second is the friend identity, which is constructed by chatting with the patient easily or addressing the patient more closely. The third category is the listener identity, and its construction mainly through repetition or approval of the patient's attitude. This study finds that by constructing multiple identities, doctors can meet the diverse needs of patients and ease the relationship between doctors and patients. Under the medical background, the mechanism of the construction of doctor's discourse identity can be explained from the principle of interpersonal pragmatics in the identity construction, including the Social Constructivism Principle, the Positionality Principle, the Relationality Principle and the Indexicality Principle.

1. Introduction

1.1 Research Background

With the development of science and technology, people pay more and more attention to the important role of medical treatment in daily life. Hospitals, medical workers and ordinary people are getting closer. At the same time, with the continuous development of psychology and other disciplines, people realize that excellent medical workers not only can treat patients' physical pain, but also should be able to maintain good communication with patients and build a full of positive energy. In this way, doctor can not only relieve the patient's stress and maximizes the therapeutic effect, but also construct a good doctor-patient relationship that makes the whole diagnosis and treatment process warm and harmonious.

Nowadays, peace and development have become the new theme of the times, and harmonious interpersonal relations have become the new expectations of the society. Obviously, the doctor-patient relationship is a part that cannot be ignored. However, due to the poor communication between doctors and patients, their relationship increasingly strained. Even in recent years, there have been many bad criminal cases in which doctors were hurt or killed by patients or their families, which has brought a very bad impact on the society. All in all, improving the doctor-patient relationship has become one of the urgent problems in the society, especially in China.

The context-activated identity of the communicator in the process of communication has a vital impact on the present conversation. When the doctor communicates with his patient, language communication is an important factor to promote the communication purpose between the two sides. Doctors should not only have excellent medical skills, but also have noble medical ethics to respect and understanding of patients. Therefore, an important link in relieving the tension between doctors and patients is to analyze and study pragmatic strategies in the construction of doctors' discourse to reduce the tension and resistance, maintain the emotional and expected needs, and achieve the purpose of curing the disease of patient. This thesis is studied from the perspective of the interpersonal function and interpersonal pragmatics. The author analyzes how the doctor's identity is constructed in the doctor-patient conversation in an American TV series, which named *House M.D.* to learn the experience of foreign countries actively and combine her own professional advantages from the linguistics appropriately. The author hopes to provide new ideas and strategies for dealing with doctor-patient family conflicts.

1.2 Research Significance and Questions

The problem of doctor-patient conflicts is becoming more and more serious in the current society. This study mainly analyzes how doctors in American TV series *House M.D.* (season 1) construct their identities to maintain a harmonious relationship with patients. Therefore, this article can provide a lot of valuable experience for Chinese hospitals and medical workers, and hope that we can learn from the western ways to ease the tense current situation of doctor-patient relations in China. In short, today's ferocious dispute between doctors and patients makes the study meaningful and valuable.

This study will combine the interpersonal function and interpersonal pragmatics, and use the Principles of Social Constructivism, Positionality, Relationality and Indexicality to explore doctor's identity construction in doctor-patient conversation. This thesis aims to answer the following questions:

- (1) What identities does a doctor usually construct in a doctor-patient conversation?
- (2) How are these identities built?

2. Literature Review

2.1 Previous Studies of Interpersonal Function

Systemic functional linguistic believes that language has three metafunctions: conceptual function, interpersonal function and textual function. Interpersonal function refers to the interactive relationship between the speaker and the discourse recipient in the discourse situation, and what the speaker said to him and the speaker's attitude towards the hearer. In daily life, people can communicate through interpersonal function to express interpersonal meaning, including the function of speech in interpersonal interaction and the speaker's attitude and judgment. Thus, people can establish and maintain various social role relationships, and then form a certain social structure.

The study of interpersonal meaning is about the exchange between the two sides of conversation. The speaker chooses a role for himself and assigns a role to the hearer in the interaction. The dialogue is constructed and developed in such continuous role selection and assignment. From the perspective of grammar, every conversation realizes the speech function of clauses by choosing mood. Therefore, one of the main research components of interpersonal meaning is mood.

2.2 Previous Studies of Interpersonal Pragmatics

The concept of interpersonal pragmatics was first proposed by Locher and Graham, who defined it as a subject of how to use language to shape and build relationships in social situations[1], and regarded the Polite Principle as the theoretical framework for research[2-5]. More content of interpersonal pragmatics was supplemented in the 2013's journal collection, *Interlanguage Pragmatics*. Arundale insisted that the study of interpersonal pragmatics should adopt the paradigm of social interaction[6]. That means researchers need to use interactive conversational data and non-verbal information (such as gestures, postures, etc.). Kálár extended the study of interpersonal pragmatics to "intra-group etiquette"[7]. They found that intra-group etiquette was not only a synchronic marginal phenomenon, but also a conventional practice that evolves over time and would continue to evolve forever. Their research showed the necessity of synchronic and diachronic combination in etiquette and interpersonal pragmatics.

In China, Ran are the representatives of the study of interpersonal pragmatics in China[8]. The research of Li firstly summarized the background[8], present situation and characteristics of the research on interpersonal pragmatics based on identity construction, and then it integrated the Social Constructivism Principle, the Positionality Principle, the Relationality Principle and the Indexicality Principle to form the principle of interpersonal pragmatics in the construction of identity. Finally, this paper analyzed and discussed the interpersonal pragmatics from interpersonal relationship construction, interpersonal modality expression and interpersonal relationship evaluation three aspects. It provided a new direction for identity research. Then, in 2017, they published an article that analyzed argumentative conversation according to the Positionality Principle, the Relationality Principle and the Indexicality Principle [9].

Liu proposed that the nature of cross-disciplines of interpersonal pragmatics enriched its connotation and extension, but it was difficult to limit its research scope, object and paradigm[10]. In addition, he emphasized that classical pragmatic theories such as Speech Act Theory and Conversational Implicature could still support it in the study of interpersonal pragmatics. Interpersonal pragmatics should inherit and develop traditional pragmatics, and further broaden the research field of pragmatics, and strive to open up new research fields and paradigms in the future.

He discussed the pragmatic methods and strategies for dealing with interpersonal relations, such as changing appellation, switching code, adaptation to linguistic ecology, pragmatic empathy, hypocritical social intercourse from the perspective of interpersonal pragmatics[11].

2.3 Previous Studies of Identity in discourse

The research on identity construction in dialogue started at the end of the 20th century by foreign scholars, and they studied the identity construction of communicators from different angles. Some scholars thought that identity is one kind of product of dominant discourses, and that is from self-identification in discourses [12]. However, some other scholars thought that identity is a discursive performance in interaction [13]. Because both views have their own shortcomings, researchers were unable to reach an agreement. During the development of identity research, most scholars had reached a consensus that the identity of communicators was constantly changing in the process of daily communication. The research on identity was mainly carried out from the

following three aspects:

Conversation Analysis (CA) was put forward by Sacks and his partners in around 1960s. The corpus of CA mainly came from daily conversation. Its researchers thought that the analysis of conversational identity should be indexed and obtained mainly by contextual analysis of everyday conversation. In addition, CA focused on how the subject status is presented during the session.

Since 1990, China began to study issues related to doctor-patient conversation. Domestic research on doctor-patient conversation is mainly divided into three categories. The first is doctor-patient discourse analysis, the second is doctor-patient pragmatic analysis, and the last is doctor-patient discourse power analysis.

Gu analyzed 25 materials and summarized the Chinese doctor-patient conversation as a dynamic social process that pointed to one only goal[14]. Jiang analyzed more than 200 oral conversation materials by four maxims of Leech's Cooperative Principle[15]. His research showed that doctor-patient interactions often violated the maxim of quality and quantity, but this does not lead to the interruption of doctor-patient conversations. Zhao indicated that there was an obvious inequality of discourse power in doctor-patient conversations[16].

3. Theoretical Framework of the Study

3.1 Social Constructivism Principle

From the perspective of interpersonal pragmatics, relationship is the self that comes from two or more individuals paying attention to and taking care of each other's social construction[17-19]. To establish an interpersonal relationship is to express or take care of the identity that appears in the communication. The Principle of Social Constructivism helps us analyze the construction of identity from the perspective of social practice and interpersonal relationship because that it provides the general cognitive basis: the construction of identity cannot be separated from social practice and specific communicative context. On the contrary, the essence of identity construction is dynamic, and emerging with interpersonal negotiation[20].

The principle consists of three core principles. First, all categories of identity are created and negotiated through the process of human communication. Second, individuals and society are not opposed to each other, but depend on each other. Third, individual identity cannot be abstracted from social interaction and practice[21]. Social interaction and practice provide a framework and restriction for individuals to choose various languages and strategies to construct identity. These three principles reflect the dynamic and interactive nature of identity construction[22].

3.2 Positionality Principle

The Positionality Principle provides a concrete analytical tool for us to analyze the psychological state and evaluation involved in the construction of identity. It advocates that interlocutors present evaluation, emotion and cognitive tendency in communication through standing position[23]. They posit themselves and others as different specific groups and identities. All in all, the Positionality Principle is helpful to analyze the elements of interpersonal relationship in the process of dynamic communication, to explore the modality and evaluation position expressed by the interlocutor, and to analyze deeply the construction of identity and interpersonal relationship in modality dimension.

3.3 Relationality Principle

The focus of interpersonal pragmatics study is on the construction of the relationship between identity and interpersonal relationship, including presentation, development, confirmation,

negotiation and consideration of identity, and the Relationality Principle provides a specific idea for us to analyze that. The principle emphasizes the interpersonal interaction of identity construction, that is, identity construction is never spontaneous and independent, but obtains its social significance in the relationship with other social roles. Specifically, identity is an interactive phenomenon and it is constructed by some relationship pairs, such as similarity / difference, truth / false, empowerment / non-empowerment and so on.

3.4 Indexicality Principle

The Indexicality Principle reveals the internal mechanism of identity construction and the ways to realize it in various languages. First of all, the most direct and obvious way for conversationalist to construct identity in communication is presenting the category of identity and its speech markers clearly. Secondly, the interlocutor constructs the identity by conveying pragmatic meaning and premise or by indirect / implicit means such as self / other position. Station position, presentation identity in a direct way, the communication of implied meaning and the choice of communication style all can construct identity from the micro-and macro-level. In other words, any linguistic form can be used as a deixis of identity, indicating that the group of individuals is dependent or alien. The use of these language forms reflects the ideology, position, attitude and behavior associated with a group's identity.

The interpersonal relationship formed by indication is never given beforehand, but is constantly negotiated and rebuilt during the conversation. Deixis regards identity construction as a highly marked dynamic process, which is restricted by cultural and social norms and constantly changes according to new social norms and interpersonal relationships. Therefore, we can deeply analyze the co-construction of identity and interpersonal relations in language practice from the perspective of interpersonal pragmatics by studying the deixis of identity construction.

4. Doctors' Identities in *House M.D.*

4.1 Doctor as an Authority

The doctor's primary responsibility is to save lives and cure injuries, and having faithful skills of medicine or not is an important part in evaluating a doctor. Doctors in the medical process to build an authoritative image can not only show their professionalism, but also enhance the confidence of patients.

4.1.1 Using Technical Terms

The use of professional terminology is a common way for doctors to build self-authoritative identities. Terminology is a special language that makes it easy for doctors to make precise and professional interpretations of patients' diseases. However, excessive use of technical terms may lead to communication barriers between doctors and patients. This determines that doctors have more conversational sovereignty in doctor-patient interaction. They can build an authoritative identity, while patients can only become an audience.

In the following part, an example was selected from the TV series *HouseM.D.* (season 1) for analysis.

(1) Doctor: A stimulant triggers in your child is always trying to release substances that inflame the air passages and cause them to contract. Mucus production increases, the cell lining starts to shed. But the steroids, the steroids stop the inflammation.

In this case, a mother of a little boy brought him to see a doctor. Because the mother refused the

doctor to administrate the child steroids on the grounds that her child was younger, the doctor harshly criticized her irresponsible request that not listen to professional advice, and he analyzed the boy's illness in large technical terms. Here doctors can use professional terminology to build a professional authority to persuade the mother to change her decision and follow the doctor's orders.

4.1.2 Using Imperative Mood

Imperative mood usually conveys an attitude of demand, request, etc. In doctor-patient conversation, when doctors use imperative sentences, they can not only make the conversation organized well, but also construct the identity as an authority. Doctors tend to use imperative sentences in the following three situations:

Firstly, they tend to use imperative sentences to prohibit health-risky behaviors. In order to provide better treatment for patients, doctors often use imperative sentences to prohibit patients from doing something harmful to their health.

(2) Doctor: Don't eat too much, too fast.

In (2), the patient was eating her lunch, and the doctor came in and asked her how she felt. After the patient answered that she felt much better, the doctor used an imperative to tell her not to eat too much and too fast. Clearly, doctors have more discourse power in this dialogue, thus building an authoritative identity.

Secondly, they use imperative sentences to provide healthy guidance. Except curing the disease, doctors are asked to provide guidance to patients to maintain physical and mental health. In order to facilitate the patient's understanding, doctors often use direct and clear instructions for the patient's health guidance.

(3) Doctor: We'll get that tube out of your throat later today. Just get some rest for now, okay?

In this case, the patient suffered from loss of breath during MRI due to allergies. The conversation took place after the patient was successfully rescued and examined. The doctor hoped that the patient would relax and have a good rest. The imperative sentence used in the dialogue constructs a doctor's authority in the doctor-patient conversation.

Thirdly, they tend to use imperative sentences to enhance patient's confidence. In order to achieve better treatment, doctors also need to pay attention to the mental state of the patients and give them the confidence to overcome the illness. Simple and direct imperative sentence not only allows the patient to receive encouragement from the doctor clearly, but also increases the credibility and persuasion of the authority image constructed by the doctor.

(4) Doctor: Okay, we are going to begin.

Patient: I don't feel so good.

Doctor: It's all right. Just try to relax.

This conversation took place during an MRI, in which the patient enters a crowded and noisy environment that made him feel tense and uncomfortable. At this time the doctor comforted him that everything is normal, just relax. This comfort from professional authorities can slightly ease the psychological burden of patients.

4.1.3 Using Modal Verbs

When doctors use modal verbs, they can show a knowledgeable and authoritative image. In the process, it is not difficult to find that doctors control the rhythm and direction of conversation. In the other word, doctors control more conversation sovereignty, and patients can only become one listener.

(5) Doctor: Your Chest will be sore for a while. We needed to shock you to get your heart going. Okay, can you arrange this to tell a story?

In this corpus, doctor first explained the next treatment to patient. Then, he asked the patient to sort out four pictures and compile a story to initially determine whether the patient's brain was damaged. Both “need” and “can” in the conversation were modal verbs, which were used by doctors to make requests to patients and master the main content of the conversation. At this moment, the patient can only listen to the doctor's words and make little respond. On the contrary, doctors can use modal verbs to construct an authoritative image and master conversational initiative.

(6) Doctor: Name as many animals as you can that begin with the letter “B”.

Patient: Baby elephant?

Doctor: Baby elephant is actually a good answer, “B” is a bear of a letter.

Patient’s father: What does that tell you?

In the example, the doctor examined the patient for the first time. He asked patients to name as many animals as possible starting with the letter "B" to see if the patient's nervous system was damaged. In the process, doctors successfully build a professional and authoritative image.

4.2 Doctor as a Friend

In the medical discourses, the interpersonal distance between the two sides (or many parties) is far away. In order to let patients to feel warm and release negative emotions in the process of treatment, doctors need to build a friend's identity. This can also keep the doctor-patient relationship harmonious.

4.2.1 Talking Light Topics

Considering that talking only about health issues with patients will be more serious, doctors will choose to talk some light topics with patients in daily life. First of all, this can make the conversation atmosphere relaxed and interesting, and reduce the psychological burden of patients. Second, this is easy to close the distance between the patient and the doctor. Above all, a relaxed and friendly relationship can improve understanding between doctors and patients and may reduce the frequencies of friction.

(7) Doctor: You haven’t had many visitors. No boyfriend?

Patient: Three dates. I wouldn’t have stood by him if he were vomiting all day.

Doctor: What about work? You must have friends from work.

Patient: Pretty much. Everybody I like is 5 years old.

She was slightly disturbed that the patient in the example had just changed her treatment. At this point, the doctor gave her an injection and talked to her. Chat content is about friends and love. Such relaxed and loving topics, can effectively let the patient relax. In addition, this kind of chat could help doctors to build the identity of friends and improve the friendliness with patients.

4.2.2 Using Address Forms

Doctor-patient conversations are often formal. Under normal circumstances, the patient calls the doctor "Dr.+ family name" and the doctor calls the patient "Mr./ Mrs./ Ms.+ family name" to show respect. But sometimes they call each other by name in order to get closer to build a friend's identity.

(8) Doctor: All right, Rebecca. I know you may feel a little claustrophobic there, but we need you to remain still.

Case (8) occurred before the patient had an MRI test. To relax the patient, the doctor friendly called her Rebecca. In this way, both sides had the same intimate status as friends and can communicate on equally.

(9) Patient: This is where I dropped the ball.

Doctor: Dan, we are standing on the roof of the hospital. Dan, Dan, you are not on the field.

In case (9), because of hallucinations, the patient unconsciously walked to the roof edge, the situation is very critical. In order to try to appease the patient, the doctor shouted the patient's name time and time again. In the process, the doctor builds the identity of a patient's friend for himself to knock on the patient's heart.

4.3 Doctor as a Listener

Sometimes patients have a desire to talk. In order to meet the needs of the patients, doctors need to hand over the conversation power to the patients, and then build a kind and friendly listener image. Here are some strategies for becoming a qualified audience.

4.3.1 Approving the Patient's Attitude

In the doctor-patient interaction, the patient's mood is often very unstable. At this point, the doctor can effectively stabilize the patient's emotion by agreeing with the patient's attitude and handing the conversation sovereignty to the patient. This is also one of the strategies for doctors to build audience identities.

(10) Doctor: Albendazole.

Patient: Two pills?

Doctor: Yeah. Every day, for at least a month, with a meal.

Patient: Two pills?

Doctor: Yeah.

Patient finally had a gratifying outcome after a number of collapsing treatments. She needn't have to receive any other treatment except for taking two pills every day. The patient asked the doctor again and again, unbelievably, "Two pills?" The doctor's affirmative answer let her burst into tears. In this doctor-patient conversation, doctors no longer controlled conversation sovereignty anymore, but constructed a listener identity to accompany the patient.

5. Mechanism of Doctors' Identities Construction

Li and Ran summarized the background, present situation and characteristics of the research on interpersonal pragmatics based on identity construction[8]. Next, the author will combine some corpus in *House M.D.* (season 1) and follow these four principles to sort out and analyze the operating mechanism that doctors construct multiple identities in doctor-patient interaction.

5.1 Following the Social Constructivism Principle

According to the Social Constructivism Principle, the construction of identity cannot be separated from social practice and specific communicative context. The essence of identity construction is dynamic and emerging with interpersonal negotiation. In other words, each person's identity is not the same, but in the process of communication to complete the construction of multiple identities.

In the case of (10) above, the doctor checked the patient and asked about his recovery at first. In the process, the activated and primary role was an authoritative and professional identity. When they talking about health-related topics, conversation sovereignty was clearly in the hands of doctors. As soon as the examination was over, the doctor talked to the patient as a friend about being adopted. At that moment, the two talked equally and the atmosphere was relaxed. Later, when the patient began to tell the whole process of knowing about the adoption matter, the doctor was less involved

in the conversation and responded only slightly at the appropriate time. At this point, the discourse power was in the patient's hands, and the whole conversation rhythm was controlled by the patient. The doctor's identity was set up at this time as an audience.

5.2 Following the Positionality Principle

The Positionality Principle provides a concrete analytical tool for us to analyze the psychological state and evaluation involved in the construction of identity. It advocates that interlocutors present evaluation, emotion and cognitive tendency in communication through standing position and they posit themselves and others as groups with different identities. We can make use of the "standing position" relationship to explore the convergence / divergence emotional attachment of the communicator to the self and other groups to analyze how the discourse constructs the self-identity.

(11) Patient's father: How's he doing?

Doctor: He's doing pretty well. He is a smart kid. I think he is gonna be fine.

In the corpus, the patient's parents rushed in and eagerly asked the doctor about the patient's condition. At this point the doctor first answered the patient's father's question. Then he praised the boy and expressed his wishes for the patient's recovery. The doctor's words indirectly expressed self-convergence, and he shared his appreciation and concern for the little boy. This kind expression brought the distance between the two sides closer, and let the interviewer understand each other's emotion, thus it constructed the positive interpersonal relationship.

5.3 Following the Relationality Principle

The Relationality Principle emphasizes the interpersonal interaction of identity construction. That is, identity construction is never spontaneous and independent, but obtains its social significance in the relationship with other social roles. Specifically, identity is an interactive phenomenon, which is constructed by the similarity / difference, truth / false, empowerment / non-empowerment and so on. These three pairs of relations are not mutually exclusive, but usually work together.

The following two examples analyze the doctor's identity construction in a doctor-patient conversation from the two pairs of similarity / difference and truth / false.

(12) Doctor: So, we've confirmed that the problem is this mutated virus. The treatment for S.S.P.E. is intraventricular interferon. We implant a reservoir under the scalp, which is connected to a ventricular catheter that delivers the antiviral directly to the left hemisphere.

Patient's father: You want us to consent to this? I don't even understand what you are talking about.

Doctor: Well, the antiviral...Look, I'm sorry. I can explain this as best as I can, but the notion that you're gonna fully understand your son's treatment and make an informed decision is kind of insane. Here what you need to know. It's dangerous. It could kill him. You should do it.

In case (12), a doctor needed to operate a critical surgery, which must be performed under the consent of the patients. At this point, he was explaining to his guardian the main procedures of the operation. But when the guardian cannot come up with this explanation, he said that it was impossible for the parents to fully understand and then give the most correct answer. Here, he emphasizes the differences in identity, knowledge, etc. This identity contrast in the dimension of similarity/difference relationship shows the professional identity characteristics of the interlocutors.

(13) Patient's father: No, no. We took him to the E.R. after the game. He was scanned. They tested him. They said he was fine. No concussion. It's gotta be something else.

Doctor: You hound me for my opinion, and then you question for my diagnosis. Cool, E.R. obviously screwed up. Kid's got a concussion.

Patient: I had double vision before I was hit.

Doctor: Well, that changes everything. You need glasses. That's why you had double vision, which is why you got hit, which is why you have a concussion, and which is why you have night terrors. You need to see an ophthalmologist, which I am not.

The above-mentioned doctor-patient conversation mainly described that the patient and his family was questioning the doctor's preliminary diagnosis results, which led to the doctor's angry ironic scenes. The doctor's last words that he was not an ophthalmologist showed how unreasonable that was that his diagnosis was questioned. In other words, by deconstructing his ophthalmologist's identity, this doctor indirectly constructs his own professional and authoritative identity. The antagonistic relationship of identity is established through the relationship pairs, truth/false.

5.4 Following the Indexicality Principle

The Indexicality Principle reveals the internal mechanism of identity construction and various approaches to language implementation. In linguistic communication, the interlocutor may present the category of identity directly, or indirectly express the identity information through pragmatic implication and premise. They are different ways of identity construction. To a certain extent, the use of any language may reflect ideology, positions, attitudes and behavioral activities related to a particular identity that indicates the group attachment of an individual's identity or the tendency of a group to differ.

For example, in (13), the doctor expresses the identity information indirectly by saying "You hound me for my opinion" and "You need to see an ophthalmologist, which I am not". However, in the following example (14), the doctor chose to show his identity by introducing himself directly to the patient.

(14) Doctor: I'm Dr. House.

Patient: It's good to meet you.

6. Conclusion

6.1 Major Findings

The purpose of this paper is to analyze the doctor's identity construction in doctor-patient interaction from the perspective of interpersonal function and interpersonal pragmatics, including which identities have been constructed by doctors, what is the importance of constructing multiple identities, and the operating mechanism of doctor discourse identity construction under the medical background. All the corpus in the study came from the American TV series *House M.D. (season 1)*.

In this thesis, doctors' identities are divided into three types under the medical background. The first is the authoritative identity that the discourse power is held in the hands of doctors, the second is the friend identity with the same discourse sovereignty between the communicative parties. The last one is the listener identity in which the discourse sovereignty is held in the hands of the patients. When doctors build multiple identities, the benefits are obvious. On the one hand, different identities can meet the needs of patients and achieve better diagnosis and treatment results. On the other hand, it can effectively ease the doctor-patient relationship.

Finally, this thesis further explains the operating mechanism of the construction of doctor's identity under the medical background, that is the internal process of the formation of different discourse identities by analyzing four principles which formed the principle of interpersonal pragmatics in the identity construction.

6.2 Limitations

Firstly, this paper is more from the perspective of language analysis and lacks the analysis of speakers' voice, tone, speed, expression, posture and so on. Secondly, the data are taken from the American TV series *House M.D. (season 1)*. Compared with the real cases and experimental data, there is a component of artistic processing, which may affect the results of the study. Finally, this paper divides the doctor's identity into three categories: authority identity, friend identity and listener identity. Overall, the classification is not detailed enough, there is still space for improvement and progress.

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