Pragmatics of Audiovisual Text: Dynamics of Establishing Authority in Doctor-Patient Relationship in TV Series "In Treatment"

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Abstract: In natural communication speakers and hearers unconsciously follow some rules that are scientifically investigated by linguistic pragmatics. Even though dialogues in films are created, they mirror natural conversations. Consequently, research methods of linguistic pragmatics are equally beneficial for the investigation of audiovisual texts. Combining theoretical approaches of politeness, implicatures, discourse analysis and multimodality, the study seeks to disclose the process of establishing an authority in a doctor-patient relationship. As a research material, an episode from an American TV Series *In Treatment* created by Rodrigo Garcia was selected. Both verbal and non-verbal channels were essential for the dynamics in switching between negative and positive politeness. Non-verbal information was also vital for implicatures, when the participants were trying to identify who is in charge and establish the authority relationship.
Keywords: interpersonal relationship, implicature, face-saving act, face-threatening act, multimodal discourse analysis.

1. Introduction

Multimodal texts are an exciting field for analysis. As Henrik Gottlieb (2005, p. 2) mentions, the most prominent multimodal text type is the audiovisual text, meaning TV shows and movies. In this paper, our interest is to analyze the pragmatics of the language occurring in audiovisual text. We will focus on the cases of implicatures, im/politeness, consider the non-verbal information provided and try to identify how other semiotic modes than language create meaning and contribute to establishing interpersonal relationships. A doctor-patient relationship is a well-researched study field (Emanuel & Emanuel, 1992; Goodyear-Smith & Beutow, 2001; Kaba & Sooriakumaran, 2006). The studies explore the role of each agent, the historical development of this relationship, its different models, and the importance of such a relationship in the medical environment. In this article, an episode from the TV series, *In Treatment*, created by Rodrigo Garcia was chosen as a research object. While studies concerning doctor-patient relationship were carried out by interviewing patients and doctors (Dang et al., 2017), analyzing a scene from a TV series depicting such interaction based on real life situations offers interesting multimodal material. *In Treatment* is an adaptation based on the Israeli series "Be'Tipul", the first Israeli TV series purchased by American television. In each episode

we would meet different patients whose stories would unfold weekly over the season. As for theoretical framework, Gricean theory of implicatures as well as the theory of politeness (Grice, 1975; Brown & Levinson, 1987) were chosen since both implicatures and impact of politeness are present in interpersonal relationships. In the analysis, these theories are expected to help reveal how verbal utterances and messages via other multimodal channels are construing the interpersonal doctor-patient relationship. The assumption is that other channels, additional to verbal channel, express im/politeness, and function as implicatures which, as well as the nature of multimodal interaction, including body language, distance, tone, play a significant role in the relationship dynamics.

2. Language, its metafunctions and multimodal discourse analysis (MDA)

Language alone is as an interesting research object, since "we use language to interact with other people, establish and maintain relations with them, to influence their behavior, to express our own viewpoint on things in the world, and to elicit or change theirs" (Nur, 2015, p. 53). Language is a complex system and Halliday and Matthiessen (2004, pp. 29-30) have indicated four types of its metafunctions – experiental, interpersonal, logical, and textual. Researchers remark that language, while construing (experiental metafunction), "is always also enacting: our personal and social relationships with the other people around us" (ibid., p. 29). It suggests that language and speech acts are active agents in the development of interpersonal relationships. Further, the researchers elaborate that the grammar "is not only a figure, representing some process" but as well can act as a suggestion, a question, an order, or an offer (ibid., p. 29). Certain language structures that we choose can express our attitude towards the addressee or what we are talking about (Halliday & Matthiessen, 2004, p. 29). In this article, we will focus on the interpersonal metafunction since "it is the participatory function of language through which both speaker and hearer *bring themselves into being* [emphasis added] linguistically by using speech acts" (Mubenga, 2009, p. 469). However, language in daily communication and interpersonal relationships is inseparable from other aspects, such as body language, physical distance, tone, or silence. Therefore, we chose a TV series depicting therapist-patient interactions as a relevant research object which will allow us to take a wider range of aspects into account.

Since the popularity of audiovisual content continuously grows, the amount of research on it also increased. These changes within the studies carried out are noticed by Kay L. O'Halloran (2011, p. 3) who indicates the reasons for "a shift away from the study of language to the study of the integration of language with other resources." The reasons are multiple: emerging need to account for the meaning created by multiple semiotic resources, new methodological approaches available and more common interdisciplinary research as the problems are often similar (ibid., p. 3). Since the multimodal text, in our case, a TV series, is multilayered and uses multiple channels for message transferring, we will apply a multimodal discourse analysis to reveal the dynamics of interpersonal doctor-

patient relationship.

As mentioned above, our interest lies in the establishment of doctor-patient relationships, especially the authority and power aspect of it. Having in mind the observations of Lucien Brown and Pilar Prieto (2017, p. 357) that im/politeness is mediated not only through the verbal channels, but also through "the sound of the speaker's voice, and the use of polite bodily and facial gestures", the multimodal discourse analysis (MDA) method is chosen in order not to overlook, in some cases even crucial, paralinguistic, and non-linguistic details.

When defining MDA, its essence is explained by saying that MDA "blends both linguistic and non-linguistic signs in the analysis of film discourse" (Mubenga, 2009, p. 647). It is important to note that, according to O'Halloran, MDA is still considered as an emerging paradigm in discourse studies and is seen as a way to extend the "study of language per se to the study of language in combination with other resources, such as images, scientific symbolism, gesture, action, music and sound" (2011, p. 1).

To sum up, this article will analyze not only the verbal utterances but the other means of creating and transferring messages as well, including body language, physical distance and positioning in space, facial expressions, silences, tone.

3. Research on doctor-patient relationship

Health has always been one of the most important aspects for human beings. It is thus not surprising that many studies regarding this field have been carried out. It is interesting to note that studies do not necessarily concern health itself but the healthcare system and doctor-patient relationship as well. In the studies of doctor-patient relationships, interviews, conversation analyses, applied linguistic approaches are used (McCabe & Healey, 2018). The doctor–patient relationship is at least partly constructed during doctor–patient communication and as positive, trust-based doctor–patient relationship is also associated with improved physical health outcomes (McCabe & Healey, 2018, p. 410), this relationship and its dynamics become an important field for analysis. Dang et al. (2017) reveal that power differential between patient and doctor can cause fear for the patients to ask even valid questions, interfere patient's ability to take authority for health-related decisions and make him feel helpless and ignorant. Important aspects of the types and roles of power in the interpersonal doctor-patient relationship are described by Goodyear-Smith and Buetow (2011, pp. 449-462) who emphasize the significance of "adult-adult" relationship between doctor and patient as it empowers both parties to find best solutions. Specific studies concerning mental health professionals support the same conclusion that a "good doctor-patient relationship, along with adequate therapeutic skills and updated knowledge, ensures optimum therapeutic outcome" (Lakdawala, 2015, p. 89). Hence, the importance of interpersonal relationships in psychotherapy is just as big as in other medical fields and deserves to be investigated in a broader, multimodal, way.

3.1. Establishment of the relationship during the first psychotherapy session

One of the main focuses in our analysis is how im/politeness is expressed, transferred between the interlocutors and how it contributes to the establishment of a new relationship. Im/politeness is tightly related to the context since the same utterance may be interpreted completely differently depending on the context and already existing interpersonal relationship of the participants. That is probably why it is remarked that "[a] linguistic interaction is necessarily a social interaction" (Yule, 1996, p. 59). In the politeness theory, Brown and Levinson (1987, p. 2) introduced three main strategies of politeness – positive politeness, negative politeness, and off-record politeness – and stated that the choice of the strategy depends specifically on the interpersonal relationship and "the potential offensiveness of the message content" (1987, p. 2). As implicature can be tightly connected to politeness, we find it crucial to draw attention to both in our analysis.

The factors related to social distance and closeness allow us to evaluate the interaction (Yule, 1996, p. 59). It is explained that factors, such as the amount of imposition or degree of friendliness, are often being worked out and change within the interaction (ibid., p. 59). In our analysis, we will try to distinguish whether the utterance, according to the politeness theory, could be classified as a face saving (FSA) or face threatening act (FTA). When classifying speech acts as either FSA or FTA, we will be referring to Brown and Levinson (1987). Firstly, the researchers noted that the notion of a "face" itself consists of two kinds of desires, such as "the desire to be unimpeded in one's actions", meaning negative face, and the desire to be approved, meaning positive face (1987, p. 13). It is elaborated further on that the type of acts that threaten/save the face depends on the specific culture, context, social situation, etc. To put it simply, these terms refer to how one or another utterance affects or could affect both the hearer's and the speaker's face. As McIntyre and Bousfield (2017, p. 774) explain, "politeness is concerned with mitigating face-damage" while "impoliteness is concerned with aggravating it".

In our research, we will also identify the cases of negative and positive politeness. Yule elaborates on Brown's and Levinson's idea by saying that negative politeness refers to the need to be independent and distant while positive politeness is the need to be close and connected (1996, p. 62). In this article, we will analyze the dynamics of the choices between negative and positive politeness strategies during the first interaction of two strangers and the effect of these choices on the relationship.

Having in mind our chosen material, which is an excerpt from a TV series showing the first doctor-patient interaction in a psychotherapy session, we also rely on Brown and Levinson's comments about Grice's maxims of cooperation as cooperation in doctor-patient relationship seems to be necessary to achieve positive treatment outcomes. It is worth noting that even a "partial answer to a question does not typically undermine the presumption of cooperation" (Brown & Levinson, 1987, p. 5) which encourages us to search for signs of cooperation even in a not straightforward and unclear communication. Making a health-related decision is a "collaborative process" in which both the doctor and

the patient take active contributions (Emanuel & Emanuel, 1992, p. 2224). Therefore, cooperative intentions seem to be natural in doctor-patient relationships as both parties are expected to have a mutual goal to solve problems.

3.2. Role of implicatures

Since one of the main objects of focus will be implicatures, in this section we will elaborate on this term. Probably the most important and simple explanation of implicatures could be that of Levinson (1983, p. 97) saying that an implicature is providing "some explicit account of how it is possible to mean more than what is actually said". Talking about a conversational implicature, another simple definition is proposed by Yule who describes it as "additional conveyed meaning" intended in a particular context (1996, p. 35). This "additional conveyed meaning" is exactly what we will try to identify in the chosen material. Levinson also presents (1983, p. 101) the basic ideas of Grice's cooperative maxims (which are crucial for politeness theory), such as that of the quality, quantity, relevance and manner and notices that in real life conversations these maxims are often violated and a conversation respecting all the rules is a "philosopher's paradise."

Brown and Levison (1987, pp. 211-227) describe several strategies for inviting conversational implicatures, starting with giving hints and finishing with using ellipsis. For example, the strategies of understatement and overstatement (Maxim of Quantity) are often used in everyday life communication and are equally expected to be encountered in doctor-patient conversations. As Brown and Levinson define (1987, pp. 217, 219), understatements are a way of generating implicature "by saying less than is required" while on the other hand, overstatement "says more than is necessary, thus violating the Quantity Maxim". Implicatures can also be created by saying something not explicitly relevant, when the speaker is inviting the other participant to "search for an interpretation of the possible relevance" (ibid., p. 213). Here, we are dealing with the violation of the Maxim of Relevance as the driving force of the implicatures. Another important trait is that a speaker using implicatures gives the responsibility on the interpretation to the hearer (ibid., p. 211). The Maxim of Quality is stating the necessity to speak the truth while the violation of it would include contradictions, metaphors, irony, and rhetorical questions (ibid., p. 214). The last, fourth maxim, which should be respected for achieving a maximally efficient communication, is the Maxim of Manner as it notes the importance of avoiding ambiguity (ibid., p. 95). In the analysis, we will discuss the cases when these maxims are violated as well as the implicatures along with their possible interpretations.

3.3. Role of body language

When analyzing a multimodal text, it is important to consider more than one channel (Desilla, 2021, p. 36). Since there is no musical background or any other noises in our chosen excerpt, body language will be in our focus. We will analyze what

functions the extralinguistic elements could exercise in the chosen material and how it correlates with linguistic aspects of politeness and implicatures.

Even though gestures in most cases accompany the speech and coexist with the words, in fact, they are separate symbols that can have meaning on their own (McNeill, 1992, p. 105). Also, the study by McNeill suggests that the "gesture channel can reveal what the speaker thinks is hidden" (1992, p. 115). We will try to identify whether any gestures in our material could unintentionally express something hidden. Body language, gestures, facial expressions can be attributed with certain functions, such as "deictic, representational, performative, framing, discursive, interactive or word searching" (Coletta et al., 2009). The gestures have a certain relation to the corresponding speech which can complement, supplement, integrate, contradict or substitute as well (ibid.). This will be considered in the following multimodal discourse analysis.

4. Analysis of episode *Alex*: *Week One.*
4.1. Methods and methodology

The analysis carried out in the following section will be based on qualitative linguistic pragmatics methodology and will apply the MDA method. Appliance of this method will allow us to take into consideration not only the verbal expressions but also body language and broader context of the situation.

For applying linguistic pragmatics, the material close to a real-life conversation is preferable, therefore we have chosen an episode from an American TV series *In Treatment.* Additionally, since the role of other non-verbal channels will also be analyzed, this TV series was considered suitable as, according to James Poniewozik's (2021) review, "there were volumes of nuance in the nonverbal cues, the teasing out of deceptions, the riverine routes that conversation takes to find its path. Each session was part ministration, part duel, part dance." The episode, *Alex: Week one*, portrays the first individual psychotherapy session between a patient named Alex and his doctor Paul. For the research of im/politeness and relationship establishing, we found it important to analyze the very first therapy session as it promises intensely changing dynamics.

As observed by Sidiropoulou (2021, p. 131), multimodal texts allow the researchers of im/politeness to take into consideration features like body language and see a broader picture of the conversational situation. Natural real-life conversations including non-verbal information are difficult to capture since the participants might change their behavior due to the knowledge of being observed whereas if not informed, their privacy rights would be violated. Therefore, audiovisual products which strive to reflect real-life situations are a type of accessible material offering close imitations of natural dialogues, kinesics, and relationship dynamics.

This is also a reason why audiovisual dialogues provide rich and strategic data to tackle impoliteness within cultures or even cross-culturally (Pavesi & Formentelli, 2019, pp. 564-565). In addition, the plot of the chosen series plays a significant role in our

choice. Series picture psychotherapy sessions which are uninterrupted, and the real-life development of a therapy session is respected. The dynamics of therapist-patient relationship is an intriguing field for multimodal research given that it is an important part of the treatment process (Zinn, 1990).

Our analysis will be followed by transcribed and numbered utterances as well as by screenshots for better understanding of the body language. We will take segment by segment and follow the main objectives which are to:

1) identify possible implicatures;
2) identify if an utterance is an FSA or an FTA;
3) identify whether the politeness is negative or positive;
4) analyze the implicatures of the body language and how it relates to the utterances;
5) draw attention to the dynamics of a newly establishing doctor-patient relationship during the first psychotherapy session.

To sum up, the chosen material will be analyzed, following the objectives listed above, consistently from the beginning without skipping or mixing the course of the action, by using linguistic pragmatics approach for carrying out a qualitative multimodal discourse analysis.

4.2. Dynamics of the authority in doctor-patient relationship

The chosen episode *Alex: Week One*, starts with the opening of the door to Paul's cabinet. Outside, stands a patient with sunglasses, only his head is turned towards the doctor (Table 1). The doctor initiates the conversation by saying the patient's name, Alex. Here, an implicature, such as "I know who you are" or "You are the one I expected to see now" could already be identified. As for politeness, Alex is exposing his negative (distant) type of politeness by being completely silent, his constrained body language and wearing sunglasses as a barrier for eye contact. Paul, on the other hand, shows positive politeness by implying he was waiting for Alex (Table 1) as well as by immediately introducing himself by his first name and offering his hand for shaking (Table 2). Paul is taking the initiative and expressing his at ease attitude, thus taking over some control of the further development of the conversation.

Table 1. Paul opening the door for Alex

Timecode	Text	Screen shot
00:00:10:00-00:00:13:02	PAUL: Ah. Alex.	

Table 2. Alex shakes hands with Paul

Timecode	Text	Screen shot
[00:00:10:00- 00:00:13:02	PAUL: [pause] Paul.	

      Alex remains silent but shakes his hand. Here, the silence could be significant and interpreted as meaningful (Yule, 1996, p. 76). In this context, silence could show lack of trust, unwillingness to express interest or create closeness.

      However, accepting the handshake might suggest that the patient accepts the doctor's lead, which seems quite natural given that the interaction takes place in the environment controlled by Paul and that he is a professional dealing with clients daily. Table 3 shows how Paul actively tries to minimize the distance and be positively polite. He smiles, probably expecting the patient to feel more comfortable. Nevertheless, he seems to stay in the controlling position of the situation and starts initiating the development of a closer, friendlier relationship.

Table 3. Paul smiles at Alex

Timecode	Text	Screen shot
00:00:20:00-00:00:21:00	[no utterances]	

Alex finally utters his first words (Table 4) which express his willingness to actively contribute to the dynamics of this new relationship. His words are ambiguous, violating the maxim of relevance, and give space for implicatures such as "I want to lead the conversation," "I do not care about the formalities, greetings, and politeness" or "Let us go straight to the point." This could be regarded as both FTA and FSA. FTA because the patient tries to be in charge, to set the tone, and does not follow etiquette rules. However, it could be a FSA if this question implies that Alex is ready to follow the rules (if they exist), therefore, to cooperate, and he finds it important to know them beforehand. His body language changes, he takes off his glasses, examines the environment, throws up his arms, smiles, though half-heartedly. These active gestures are starting to lessen the distance and his negative politeness starts to move towards positiveness. On the other hand, his question could sound provoking and claim his power to lead the interaction.

Table 4. Alex throws up his hands

Timecode	Text	Screen shot
00:00:26:13-00:00:29:11	ALEX: So, are there any rules?	

As we see further (Table 5), from both verbal cues and kinesics, Paul is confused by the question. His answer reveals that directly but also implying that "Nobody asked such a question before" and, since it is an uncommon question, "Your question is weird, I do not follow you." Paul's answer could be considered as a FTA because not understanding what Alex means may make the patient feel awkward and misunderstood, thus increasing the distance again. On the other hand, the question and surprise could show that Paul gives his patients freedom and tries to create a friendly atmosphere, therefore he is surprised that Alex had the opposite impression.

Table 5. Paul expresses confusion

Timecode	Text	Screen shot
00:00:26:13-00:00:29:11	PAUL: Er, rules?	

But Alex does not seem offended by Paul's answer, on the contrary, his body language, light smile on his face, and a prepared specification of his previous question, suggest that he expected and enjoyed the doctor's confusion. Implicature of "I enjoy being in power to control the situation" could be identified (Table 6). Such an attitude might indicate the current patient's unwillingness to cooperate, he does not feel safe to take off guard and wants to remain strong for as long as possible even though one of the main goals in psychotherapy is to be open. In contrast to Paul's straight body position (Table 5), Alex is talking half turned (Table 6), signaling distance through kinesics as well.

Table 6. Alex changes body language

Timecode	Text	Screen shot
00:00:29:12-00:00:30:13	ALEX: Ground rules.	

This utterance is now followed by an inaudible Paul's "Oh" expressing relief (Table 7). His facial expression also shows that he now understands what Alex meant. This inaudible utterance combined with body language could be regarded as a FSA because it expresses that the misunderstanding was his and not Alex's fault.

Table 2. Paul's inaudible utterance

Timecode	Text	Screen shot
00:00:29:12-00:00:30:13	PAUL: [inaudible] Oh.	

Alex does not give the floor to Paul and immediately elaborates (Table 8) on his previous statement. His body language could express his attitude and negative politeness as he has turned his back on the hearer. This behavior might imply that "I want to keep distance by following some rules" but equally it could mean "I do not know where and how to start, please, tell me." However, by not being straightforward, Alex keeps choosing negative politeness. This question can be seen as an FSA since he is trying to allow the doctor to set some rules, therefore admitting his authority. We continue to see the patient's active attempt to be in the leading position, possibly because of the fear of finding unpleasant truths about himself during the treatment where the doctor would be in charge.

Table 3. Alex turns his back to Paul

Timecode	Text	Screen shot
00:00:32:01-00:00:35:05	ALEX: Anything I should know before we start?	

In contrast, by answering him (Table 9), Paul does not accept the proposal to set the rules or gain authority. This strategy gives the patient what he wants/needs and does not force him to an immediately closer relationship but helps to create a good willing atmosphere with no rush. Paul does the opposite of what is probably expected by the patient and instead of establishing authority (or even an equal relationship) he offers control to Alex. His light hand movement accompanying the utterance reinforces the meaning of giving control away. However, the repetition of "It's more or less…" could imply that any model is suitable for Paul, would it mean him or Alex who is in charge.

Table 4. Paul's light hand gesture

Timecode	Text	Screen shot
00:00:32:01-00:00:35:05	PAUL: Oh, not really.	
00:00:35:06-00:00:37:06	PAUL: It's more or less… It's more or less up to you.	

Table 5. Alex answers with an ironic smile

Timecode	Text	Screen shot
00:00:38:03-00:00:41:02	ALEX: Oh, right, right. [pause] I'm a customer.	

Alex's answer (Table 10) implies that he does not really think that he is the one who sets the rules. By adding that he is a customer, he also tempts to define their relationship (customer-service provider) which implies inequality and lack of sincerity. Probably, Alex sounds ironic because of the attitude "the customer is always right" which may not be a desirable or expected type of relationship in psychotherapy. This utterance could be interpreted as a FTA because this slogan was probably not what Paul meant by

his answer. Alex's words could be classified as negative politeness, establishing a distance between the participants. In terms of relationship development, we see a constant shift. Alex is both trying to gain and give away control of the conversation. We also see a quite clearly expressed distant attitude from the part of the patient, both verbally and kinesthetically.

So far, it is interesting to notice that Alex's utterances are not personalized, and he seemed to avoid addressing questions directly (e.g., he could have asked "Do *you* have any rules?"). However, the choice to use a personal deixis "we" (Table 8) could have been seen as a sign of a slight shift towards positive politeness and seeing them as a pair of people working towards the same goal.

At first, Paul does not express any dissatisfaction towards Alex's proposed customer-service provider relationship (Table 11), but his following phrase (Table 12) clearly states that this relationship model will not work since in psychotherapy "the customer is always wrong". Paul utters this in a serious and confident tone. He could be implying "I want to surprise you" and "I want to break any stereotypes you have about therapy." It could be interpreted as an FTA for Paul, since he could offense the patient by completely denying his point of view, or as an FSA since he is choosing to be honest (which could be appreciated). Also, this indicates the doctor's capability to tell the truth and not necessarily agree or try to please the customer. Such honesty early in the relationship could help to establish more trust in it.

Table 6. Paul's sincere smile

Timecode	Text	Screen shot
00:00:41:03-00:00:42:04	PAUL: Yeah.	

Table 7. Paul talks seriously

Timecode	Text	Screen shot
00:00:43:02-00:00:46:13	PAUL: Though in my profession, we say that the customer is always wrong.	

       Alex does not answer this remark verbally. Instead, he suddenly turns around from the bookshelf and looks at Paul with confusion on his face (Table 13). This implies he is surprised and did not expect to hear that, and he most probably is not sure what it should mean. Until this utterance, Paul used mostly FSAs towards Alex, threatening his own face instead, both verbally and non-verbally.

Table 8. Alex's confused look

Timecode	Text	Screen shot
00:00:47:00-00:00:48:13	[no utterances]	

       Paul notices the patient's reaction (Table 14) and for making the conversation work, applies Grice's quantity maxim. He explains it was a joke which implies "Do not take this too seriously" but equally "I am revealing you something only therapists talk about" which works as positive politeness and could help to establish a closer relationship.

Table 9. Paul reacts to patient's confusion

Timecode	Text	Screen shot
00:00:48:13-00:00:52:00	PAUL: It's a... It's a therapist's joke.	

At this point, the intro of the TV series starts. After it, a silent scene follows. Here non-verbal communication plays an important part. Firstly, Paul invites Alex to sit down without any verbal communication and only by a deictic hand gesture (Table 15) pointing at the object, a couch, in the surrounding environment. Alex does not use any verbal cues either, he evaluates the invitation and watches what Paul is doing (Table 16).

Table 10. Paul's deictic invitation to sit down

Timecode	Text	Screen shot
00:00:52:00-00:01:23:00	[no utterances]	

Table 11. Alex watches Paul

Timecode	Text	Screen shot
00:00:52:00-00:01:23:00	[no utterances]	

However, based on McNeill's idea that gesture might reveal something that the speaker thinks is hidden (1992, p. 115), this confident smile and silent suggestion to sit down might be perceived as an imperative and the smile may indicate doctor's superiority. This is also an invitation to take certain places, positions physically and emotionally. As the doctor's chair and the couch are placed right in front of each other, sitting down could mean accepting to start more face-to-face communication and include more eye contact. By inviting Alex, Paul performs a FTA (in regards of his own face) because Alex may refuse since until now, he seems to be more interested in the environment and he keeps using negative politeness. Sitting down would also leave the patient fewer opportunities to get distracted or physically distance himself. Also, this could symbolize the real beginning of the therapy session, so the invitation to sit down also invites to get to the point.

Table 12. Paul sits down and looks at Alex

Timecode	Text	Screen shot
00:00:52:00-00:01:23:00	[no utterances]	

Table 13. Alex approaches the couch

Timecode	Text	Screen shot
00:01:23:11-00:01:25:08	ALEX: So, do you recognize me?	

Finally, Alex slowly starts moving towards the couch, shoulders down, looking down. As he approaches the couch, he poses a direct question, using personal deixis "you" (Table 18). Also, using the adverb "so" could mean that this was the question that bothered Alex since he came in, and only now he was ready to ask. By the way Alex smiles and looks Paul in the eyes after the question, we could guess that he expected to be recognized. Given the context so far, such a direct question could be interpreted as a sign of positive politeness already. The maxim of quantity is violated here as no explanation why he should be recognized is given. Paul honestly answers "No" and performs a FTA, because if the patient was expecting to be recognized, he might feel uncomfortable by not being recognized. His idea about his popularity could be destroyed and he could feel humiliated for even asking such questions and making assumption that everybody should know him when reality differs. This question could relate to the moment when Alex turns his back to Paul (Table 8) and let us assume that Alex was expecting Paul to admit his recognition towards Alex. We can still identify that Alex is more in control of the conversation as he has been the one asking questions so far (except Table 5).

From here on, conversation develops faster, and the utterances gain more importance than body language. Implicatures played a significant role in establishing some initial relationship between Alex and Paul. Especially in a completely new relationship, it might take some time and trust to become able to communicate by saying things directly. In the piece of the analyzed episode, Alex is given authority to be in charge of the conversation but Paul, using implicatures, such as indicating the structure of the session (greeting, inviting to sit down, trying to build trust and show honesty) shows that he would be able to be in charge. Here, voluntarily giving control to the patient may be one of the strategies used in psychotherapy. However, the interpersonal relationship is being worked out constantly during interactions (Yule, 1996, p. 59) and so it does in the remaining episode and the following episodes. Paul and Alex are continually shifting the degrees of being in charge and power of the conversation, balancing between FTAs and

FSAs, trying to cooperate and adjust, augmenting and diminishing distance when necessary. In the case of psychotherapy, such dynamics of the relationship could also be a useful material for psychological analysis since doctor-patient relationships reflect other relationships in life.

5. Conclusion

Our chosen episode illustrated that the first interaction between the patient and the doctor of only 1 minute can offer rich dynamics in switching between negative and positive politeness. The participants of the conversation juggled between FTAs and FSAs. Notably, FTAs and FSAs were performed both verbally and non-verbally. These switches were inseparable from the dynamics of changing relationship, especially in terms of being in control of the conversation and establishing authority. Analysis shows that verbal utterances left more space for implicatures, therefore, misunderstandings. Body language, in contrast, seemed to be less misleading, e.g., invitation to sit down. Cases of violating the maxims of quantity were found and were interpreted as attempts to imply things that were difficult to express directly. Implicatures were used when the participants were trying to identify who is in charge and establish the authority in the relationship. The doctor seemed to be able to get in charge if necessary, however, most of the times, he was willingly giving the lead of the conversation to the patient which could be a consciously chosen psychotherapy strategy.

To draw the final conclusion, we could say that both verbal and non-verbal implicatures are vital in a conversation for communicating things that are too subtle to express directly and for creating interpersonal relationship. The analysis shows that the relationships are fluctuating and the shifts of the person in charge are natural, even necessary, in order to show that both participants are equally able to lead the conversation, none is superior, and they can cooperate to reach a common goal.

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