

Determination of Cultural Adaptation Elements in the International Circulation of Tv Series Formats: The Case of The Good Doctor

Dizi Formatlarının Uluslararası Dolaşımında Kültürel Adaptasyon Unsurlarının Belirlenmesi: The Good Doctor Örneği

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ABSTRACT

Competition within the framework of globalization and neoliberal market conditions causes the contents published in mass media to declare similarities even if they are produced in different cultures and societies. It is often seen that TV series and movies broadcast on mass media platforms are re-staged or adapted and circulated across countries, cultures and geographies. Although globalization brings cultures closer together and audiences watch imported films and series with dubbing or subtitles, adaptation productions ensure cultural closeness and increase the success of the series. In this study, the Good Doctor series, one of the most adapted TV series, was taken as a case and analysed in terms of similarities and differences between the original Korean production and the Turkish and US adaptations. All three productions were examined with thematic analysis, so that, culturally different and similar themes were tried to be determined. As a result, when the original stories and adaptations were examined, themes such as autism, gender roles and characteristics, family relationships, details of food culture, and word patterns emerged. What is different is that the treatment of these themes varies according to cultures. The methodology and results were resented as differences and similarities.

Keywords: Television Culture, Adaptation, Cultural Proximity, Television Formats, The Good Doctor

ÖZ

Küreselleşme ve neoliberal piyasa koşulları çerçevesindeki rekabet, kitle iletişim araçlarında yayınlanan içeriklerin, farklı kültür ve toplumlarda üretilse bile benzerlikler göstermesine neden olmaktadır. Kitle iletişim platformlarında yayınlanan dizi ve filmlerin ülkeler, kültürler ve coğrafyalar arasında yeniden sahnelenerek veya uyarlanarak dolaşıma girdiği sıklıkla görülmektedir. Küreselleşme kültürleri birbirine yakınlaştırıp izleyicilerin ithal filmleri ve dizileri dublaj veya altyazılı olarak izleseler de uyarlama yapımlar kültürel yakınlığın sağlanmasını ve dizilerin başarısını arttırıyor. Bu çalışmada, söz konusu dizilerden en çok uyarlananlardan biri olan Good Doctor dizisi vaka olarak ele alınmış, böylelikle, orijinal Kore yapımı ile Türk ve ABD uyarlamaları arasındaki benzerlik ve farklılıklar açısından analiz edilmiştir. Her üç yapım da tematik analiz ile incelenerek kültürel olarak farklı ve benzer temalar belirlenmeye çalışılmıştır. Sonuç olarak orijinal hikâye ve uyarlamalar incelendiğinde otizm durumu, cinsiyet rolleri ve özellikleri, aile ilişkileri, yemek kültürünün detayları, kelime kalıpları gibi temalar ortaya çıkmıştır. Farklılık gösteren ise bu temaların işlenişinin kültürlere göre farklılıklar göstermesi olmuştur.

Anahtar Kelimeler: Televizyon Kültürü, Adaptasyon, Kültürel Yakınlık, Televizyon Formatları, Mucize Doktor



Introduction

The high costs of TV productions and the inability to predict foresee whether or not the content will attract the attention of the viewing audience are factors that orientate the producers to productions with certified recognition from the audience (Craig et al., 2005, p. 83; Esser et al., 2016, p. 4; Sinha et al., 2019, p. 2165). An American adaptation of a production which that was successful in the UK, and an Italian adaptation of a TV series that was successful in Spain can be considered as examples (Beeden and de Bruin, 2010, p. 16; Mikos and Perrotta, p. 84). Viewer's options have multiplied with the technological developments, satellite technology and opportunities provided by the Internet, the competitive conditions for broadcasting have become increasingly challenging (Kim and Jensen, 2014, p. 1362; Lorenzen, 2007, p. 351). Moreover, producing content with affordable costs that will be preferred by the viewers got more difficult with the increase in the number of TV channels. Tv shows, such as, "Who Wants to be a Millionaire?", "Survivor" and "Big Brother" have all been produced by Western format producers and became popular across the globe (Chalaby, 2015, p. 2).

Broadcasters and production companies started to buy these productions with certified and guaranteed viewer recognition and adapt them to their own countries (Sinha et al., 2019, p. 2165). Thus, a global flow of TV productions began to emerge between countries and cultures, and TV series started to take the lead in this global circulation as of 2000's (Kuipers, 2011, p. 553; Moran, 2009a, p.157).

TV has its own culture as mass media with its own content, commercial characteristics, viewer profile and flow (Katsikeas et al., 2016, p. 12; Samiee and Chirapanda, 2019, p. 28). TV channels have the goal to reach maximum number of viewers with minimum costs while in constant competition with their rivals in the market (Keinonen, 2017, p. 13; Mirrlees, 2013, p. 63). China also has a strong broadcasting background that is able to influence the neighboring countries. Therefore, South Korea

joined these countries in the last 20 years (Chen, 2016, p. 26). A global circulation, from the countries that produce TV formats to the countries that buy and adapt these formats to their cultures, brings into question the concept of adaptation.

Adaptations of TV shows as game shows and reality shows are easier to produce (Shirky, 2008, p. 57; Van Keulen and Krijnen, 2014, p. 281) when compared to TV series, which are scripted TV productions, i.e., scripted formats, require a longer process for adaptation as well as more knowledge and specific experience (Villegas-Simón and Soto-Sanfiel, 2020, p. 6).

Enabling Adaptation Through Cultural Proximity

Understanding the elements that provide cultural proximity in TV series is important to understand what elements are used to create adaptations. The concept of adaptation differs from the ones found in other art forms when TV, high-cost productions and neoliberal market rules are in question (Moran, 2009b, p. 158; Perdikaki, 2017, p. 262).

The concept of cultural proximity refers to a context in which the viewer may establish an emotional bond with and feel affinity towards the production in line with their lifestyle. This includes many elements such as religious beliefs, physical similarities of the actors, and recognition and proximity of the settings (Aykol et al., 2021, p. 9; Katsikeas et al., 2006, p. 6; Lee, 2009, p. 241).

The interactions of viewers with the programs in TV productions depend on the cultural context they find themselves in. Therefore, reinterpretation of the work reveals itself as a necessity and adaptation is required to be constructed in the context of the new culture (Castelló, 2010, p. 213). The viewers will prefer contents produced in their own language, in close proximity to and association with the viewers and their culture. The elements to be used in the remake must resonate with the viewer and create a sense of depth (La Pastina and Straubhaar, 2005, p. 273).

Even though, language is a cultural proximity element in TV series; a production that gained success in Britain cannot attain the same success in USA. The reason is that each culture has a particular understanding of humour and drama. To illustrate 'The Office' broadcasted in US cannot achieve the success of its original broadcasted in Britain (Beeden and de Bruin, 2010, p.4). As the belief in the existence of a global TV culture, the effect of national identities and cultural values on productions should be taken into account with the elements such as clothing, ethnicity, gestures and facial expressions, religious factors, traditions and music (La Pastina and Straubhaar, 2005, p. 274).

Adaptations of TV series are also considered as "cultural negotiations" (Keinonen, 2016, p. 11). Productions that were made to be broadcasted constitute parts of a global culture as well. It is well known that TV formats originating from USA and Western Europe in particular are distributed across the world (Blakey, 2017, p. 321; Lee, 2008, p. 118; Moran, 1996, p. 6; Walls and McKenzie, 2012, p. 205). The adaptation of these TV commodities to local channels requires negotiation between the global and the local. This negotiation decides on the themes and aesthetic forms familiar to the viewers and on the combination of the elements that need to be adapted to the local context (Amendola and Tirino, 2019, p. 254; Kesirli Unur, 2015, p. 148; Mirrlees, 2013, p. 195; Straubhaar, 1991, p. 49).

Adaptation and formats

Format, the most important elements in commercialization of TV productions, is constituted by its qualities which separate it from other similar programs, which require copyright in case of copying, and which create the basis in relating to the viewer (Villegas-Simón and Soto-Sanfiel, 2020, p. 2). Formats facilitate trade and enable TV productions to become global trade commodities on the one hand while offering a variety of opportunities for researchers to think about differences and interactions between cultures on the other (Aykol et al., 2021, p. 9; Katsikeas et al., 2006, p. 882; Kim and Jensen, 2014, p. 1364; Walls and McKenzie, 2012, p. 200). As explained by

Chalaby (2016, p. 13), there are differences between scripted and unscripted formats in terms of providing cultural proximity are more complicated to adapt, more costly and fail more frequently.

Formats are copyrighted and delimited cultural commodities in which adaptations are made, with traits that differentiate them from others and that make them interesting for the viewers. TV products are constructs that require a certain engineering and architectural skill, emerging because of a creative process, based on a masterful combination of certain features and exclusion of others (Chalaby, 2015, 2016; Esser, 2016; Moran, 2009a). When a successful format treated in a new cultural context, some of its elements need to be changed in the construction process. The cultural product that results from this transformative process is termed as adaptation (Albaum and Tse, 2001, p. 61; Samiee and Chirapanda, 2019, p. 29; Sasaki et al., 2021, p. 250; Sinha et al., 2019, p. 2152; Wells-Lassagne, 2017, p. 31). What changed and what remained the same during this process are closely related to both cultural contexts and the traits of the cultural product itself.

Decision-makers can envisage the operating logic of TV and viewer behaviors since they have previously created projects for TV productions. Some universal principles for TV productions, on the other hand, facilitate the job of decision-makers. Antagonist and protagonist characters used as main elements of storytelling are adapted with some small changes in a way that preserves the essence of the story.

In general, adaptations consist of re-presenting a story in a different medium, in different dimensions and contexts. However, transnational TV adaptations consist of re-creation of a work in the same medium but in a different cultural environment rather than re-creating it in another medium (Wells-Lassagne, 2017, p. 41).

Synopsis of The Good Doctor

Main character in The Good Doctor is a young medical school graduate on the autism spectrum

which causes him to be different from what is 'normal' in terms of social and communication skills. He is a savant on the autism spectrum which gives him genius-level memory and causes him to remember everything he sees and reads. His different rules in communicating with people due to his autism cause people to stay away from him and not know how to communicate with him while his extraordinary knowledge and analysis skills evoke admiration.

The Good Doctor was first aired in 2013 in South Korea as a medical TV drama. The series caught the attention of American producers and adapted for American TVs in 2017 with the title of The Good Doctor. This was followed by its Japanese adaptation in 2018 again under the title of The Good Doctor. Finally adapted to Turkish TV viewers in 2019 under the name of Mucize Doktor (*Miracle Doctor*). The original version of the series, The Good Doctor, was on TV screens for one season in South Korea. American version has lasted 4 seasons while Turkish version featured for 3 seasons.

In this study, the Good Doctor case, one of the most successful and widely reached examples of adaptation TV series, will be examined and the following questions will be tried to be answered.

- ▶ How are adaptations made in TV series?
- ▶ How do themes change or take shape in adaptations?
- ▶ What are the common themes and changing themes in a TV series broadcasted in South Korea (Southeastern), Turkey (Middle Eastern) and USA (Western Hemisphere)?

Methodology

The study is based on research that has the purpose to understand the kind of changes made in the original version of TV series when they are adapted to different cultures and the elements used to establish cultural proximity function. The goal is to explain the differences in the invariable traits of the TV format which is an abstract notion

in the original and adapted versions in line with the data gathered during the study.

The study conducted accordingly uses thematic analysis technique. Thematic analysis which aims for the thematization of meanings provides a flexible ground for creation of themes. Thematic analysis is a method basically used to determine, analyse and report the patterns (themes) in the data. Thematic analysis was preferred for this study since it provides the ability to arrange the data set in the smallest dimensions possible and to describe these in depth. Data which constitute the patterns that answer the research question represent the theme. What determines the significance of the theme in the analysis and interpretation process is the answer it provides for the research question rather than its frequency. This is one of the most important points that differentiate thematic analysis from content analysis (Braun et al., 2022).

This study analyses drama series which gained viewers' recognition in their country of origin, which attracted attention from other countries' markets, and which were adapted to different cultures. The Good Doctor, a South Korean production, which was adapted to several different cultures, was chosen for this case study since it has been adapted to many other cultures (Japan, Turkey, USA, Korea) other than its original South Korean version and the series got ahead of the original version in terms of success. Since this study was examined using the thematic analysis technique, which is a qualitative research technique, there is no claim of generalization due to its nature. However, the Good Doctor example has been very long-lasting both in the country where it was created and, in the countries, where its adaptations were shot. For this reason, although generalizations cannot be made, it provides a good example of examining common and different cultural elements that are a research problem.

In line with this purpose, the study focuses on the story's narrative, traits of the main characters and stylistic properties of the productions in the

original version and in the two adaptations of The Good Doctor. Only the Japanese version of the series was not included in this study since that version has many similarities in terms of culture with the original South Korean series.

Since, the huge difference between episode numbers and episode durations of the original version and adaptations first six episodes of the South Korean, USA and Turkish versions of 'The Good Doctor' series were determined as sample of the study. Another factor for implementing this limitation is the fact that the construct and narration of the main story of the series as well as profiles of the characters are established in the first episodes or the foundations for the construct and the story to be told in the following episodes are laid in the first episodes. The reason for limiting the research to 6 episodes is that in the following episodes of the series, the relationships and crisis areas established in the first episodes of the series will be repeated. Similar events will take place throughout the episodes and the hero who wants to reach his goal will try to overcome the crises.

The first six episodes of the South Korean, Turkish and American adaptations of the 'The Good Doctor' series were viewed by three coders. First, each coder watched the first six episodes identified. Various elements focused on in this initial coding to create the themes, such as characters, stories, how the story is dealt with, profiles of the main characters, profiles of the supporting characters, daily lives, relationships of the main characters with each other. Coders compared the coding they did alone with the coding of the other two coders.

While they accepted the codes that were common and agreed upon by each of them, they conducted another follow-up to understand the validity of the codes that differed. According to the results of this, they edited the codes one last time. These coding's identified continuous trends, and the last themes were determined by 3 coders accordingly.

Analysis And Findings

Both the original and the two adaptations of The Good Doctor series include continuing stories throughout multiple episodes about the experiences of the main and supporting characters relating to each other and their inner struggles. In addition to this, the experiences of The Good Doctor in his relations with his patients and colleagues which are mostly problematic due to his noncompliant and rampant attitude in saving lives are storified in each episode as episodic themes.

The main character's being on the autism spectrum causes him to be subjected to prejudice since he cannot make sense of certain communication rules learned through socialization, and therefore, he does not take these into account. His direct attitude in uttering what he thinks without considering social aspects and doing what he is determined to do without abiding by the rules causes his superiors and peers to keep him at arm's length. On the other hand, he does not forget anything he sees, reads, and experiences due to his Savant syndrome. This enables him to be successful at genius-level in diagnosing and determining potential treatments as a medical doctor.

Table 1

Themes of Good Doctor and proximities and differences of three version.

COUNTRIES	TÜRKİYE	AMERICA	KOREA
Opening Episodes	Leaving hometown to be a doctor.	Leaving hometown to be a doctor.	Leaving hometown to be a doctor.
Family structures and relationship patterns	Father: Alcoholic and violent, ashamed of his son's autism. Mother: A passive subject. Mother: Passive and powerless as a spouse and mother Big brother: Protective and supportive.	Father: Humiliate son because of autism. Mother: a passive subject. Little brother: Protective and supportive.	Father: Alcoholic and violent Mother: A passive subject Big brother: Protective and supportive.

The father figure character	Supportive both in Daily life and Professional life of the Good Doctor.	Supportive both in daily life and professional life of the Good Doctor.	Supportive both in daily life and Professional life of the Good Doctor.
The process of acceptance of the good doctor to the hospital	The board is biased towards hiring doctor with autism. Heroically saving the life of the child who had an accident, and its appearance in the media changed their minds.	The board is biased towards hiring doctor with autism. Heroically saving the life of the child who had an accident, and its appearance in the media changed their minds.	The board is biased towards hiring doctor with autism. Heroically saving the life of the child who had an accident, and its appearance in the media changed their minds.
Main characters	The Female Resident Doctor: Extremely emotional. The Doctor Father: Protective and possessive, most fatherly. The Specialist Doctor: Prejudiced and tougher against GD when compared to other characters.	The Female Resident Doctor: uncompromising and determined. The Doctor Father: Protective. The Specialist Doctor: Prejudiced and tougher against GD when compared to other characters.	The Female Resident Doctor: Not protective and emotional as much as Turkish nor strict as American The Doctor Father: Protective and possessive The Specialist Doctor: Prejudiced and tougher against GD when compared to other characters
Settings of the scenes	Initially GD starts to live with Father doctor then moves to the downstairs of the female resident doctor.	GD moves into his own apartment as soon as he arrives in the city.	GD settles in the hospital's lodgement where he meets the Female Resident Doctor for the first time.
Doctor-patient relations	General surgery department. Patient stories more in number and details.	General surgery department. Less detailed patient stories.	Paediatric clinic. Less detailed patient stories.
Woman-man relationships	FRD stands close to GD. FRD is in love with SD.	FRD interested in GD 'special' gifts; has a relation does not involve emotion and commitment.	FRD protective and didactic to the GD.
Cultural elements	Food (Doner Kebab, with tomato sauce, no pickles).	Food (Sandwich without pickles).	Food (Ribs).
Representation of authority	A private business with fewer seats in the executive board "Autism would prevent him from practicing medicine and that this may have a negative impact on the hospital's image"	A university hospital with fewer seats in the executive board "A surgeon must be able to form relationships."	A foundation hospital with many seats in the executive board "A person on the autism spectrum cannot practice medicine"
Repetitive objects	Rubik's cube and toy scalpel.	Rubik's cube and toy scalpel.	Rubik's cube and toy scalpel.
Repetitive sentences	"May the children grow and don't go to heaven before their time".	"May the children grow and have their own kids".	"Will they go to heaven?".
Repetitive memories	Death of brother in an abandoned shed.	Death of brother when felt from an abandoned bus.	Death of brother in an abandoned mine.
Representation of autism	Autism taken as a cause to create a negative image for the hospital.	Autism is not mentioned strongly, accepted more normal.	Autism stands out quite strongly in the behaviours of the character.

Opening episodes of the productions: The series starts with the same story in the original and adapted versions: the prospective doctor with autism completes his education, and leaving behind his little town, takes the road to the big city where the hospital for which he hopes to work is located. Here, there is an emphasis on The

Good Doctor's meticulousness in preparation, his punctuality, and his excitement even though he does not show emotions due to his condition. Then, in each of the original and adapted productions, an accident happens in the airport/train station when The Good Doctor is on the way for his job interview; a child is severely injured in the accident. However,

The Good Doctor saves the life of the boy at that moment thanks to his fast diagnosis and unusual first response method. Up to this point, the story evolves in the same manner in all productions. However, the conversations in the boardroom differ in terms of their content.

Family structures and relationship patterns: In terms of family relations, the emphasis is more on the main character's losing his brother/big brother and less on his family's rejection. First episodes which create the storyline of the series include frequent flashbacks to The Good Doctor's memories involving his family and his little brother/big brother to tell his story. The father is depicted as an alcoholic in the original and the Turkish version of the series. He is violent towards the mother and his children, and he is especially ashamed of his son's autism, thus rejecting him. The mother is depicted as a person subjected to these violent behaviors of the father and as a passive subject who does not show any resistance to this. Little brother/big brother, on the other hand, embraces The Good Doctor and does everything he can for him to survive within the family and social life. However, the breaking point of the events comes about with the death of the little brother/big brother and the father's rejection of him which makes the series a drama. The mother is passive in terms of being there for her children and standing behind her autistic child. She cannot protect her children from the outer world or from their father. The storyline is the same with the one in the South Korean version up to this point. In the US adaptation of the series, the father despises The Good Doctor for being kicked out of school. In the US version, there is a little brother instead of a big brother unlike the Turkish and South Korean productions. In Turkish and South Korean versions, the story about the big brother starts with his death in an accident. In the US version, on the other hand, The Good Doctor and his little brother run away from home and the little brother dies in an accident just as they made another life for themselves on the streets.

The father figure character: After the rejection of his family, The Good Doctor puts the chief doctor

(Doctor Father) in the place of father and such Doctor Father who has also lost his own family puts The Good Doctor in his family's place. Here, the idea that 'family is made with bonds of love, not with bonds of biology' is strong both in the original and the adapted versions. He pledges his job to get The Good Doctor the job in the hospital against all prejudices and doubts and promises to resign if The Good Doctor fails in any way.

The process of acceptance of the doctor to the hospital: In both the original and adapted versions, The Good Doctor's saving the kid's life and the attention of the public drawn by different media play an important role in the board members' being convinced to hire him. Although the organization of the hospitals varies such as private, university and state hospital, the role of this publicity in hiring the doctor remains the same.

Main characters: As the vehicles of dramatic constructs, the characters manage the crises to be carried to resolution throughout the story and they strengthen the belief of the viewer that they are going to resolve the crisis. In this sense, traits and relationship patterns depicted for the characters are important from the perspective of the viewers and they are also instructive as adaptation elements. It is possible to talk about three main characters in the series, other than The Good Doctor: The Female Resident Doctor, the Doctor Father and the Specialist Doctor. The Specialist Doctor is a paediatric surgeon in the South Korean original while this is modified as general surgeon in the US and Turkish adaptations. In all of the version of the Good Doctor, he put him into his brother's place. On the other hand, he is so prejudicial against GD. The Turkish adaptation of The Good Doctor series involves a Female Resident Doctor who is extremely emotional and who makes decisions primarily based on emotions and intuitions. In the US adaptation, the Female Resident Doctor is shown as an uncompromising and determined character. In the South Korean production, the Female Resident Doctor is displayed as an emotional character, she is not as protective as the character in the Turkish adaptation, neither she is

as strict nor uncompromising as the character in the US version. She does not involve her emotions not only in her professional life, but also in her private life. The Father Doctor treats The Good Doctor as a son in the Turkish adaptation; he is protective in the same manner in the US version even though the father-son relationship is not that dominant. He is protective and possessive in the South Korean version. Although he is not depicted as fatherly as in the Turkish version, he is depicted as a more self-sacrificing character compared to the US version.

Settings of the scenes in the series: The settings may be analysed in two different manners: 1. Private setting-home; 2. Professional setting, hospital. Regarding the home setting changes are observed in the original and adapted versions not only in terms of physical spaces, but also in the terms of the story created around the setting itself. In the Turkish version, although the Father Doctor has prepared a room in his house that is the same with the previous room of the Miracle Doctor, the Miracle Doctor wants to move out to his own apartment and settles in an apartment one floor below the Female Resident Doctor's apartment. In the American version, he moves into his own apartment as soon as he arrives in the city. In the Korean version, he settles in the hospital's lodgement where he meets the Female Resident Doctor for the first time.

Doctor-patient relations: Although the episodic stories show similarities in general, there are some differences in the patient stories treated in every episode; since, departments of the hospital in the original and adapted versions differentiate. In the Korean version, the setting for events is a paediatric clinic; therefore, the events are centred on paediatric patients. In the American and Turkish adaptations, the setting for the events is the general surgery department. Although there is an emphasis on the paediatric patients in the general surgery department, stories of adult patients are also treated to a high degree. In the Korean and American versions, details regarding patients' stories are fewer while the Turkish version treats

patients and patients' stories in more detail. The number of episodic patient stories is higher in the Turkish version compared to the original and other adapted version.

Woman-man relationships: Woman-man relationships offer valuable clues in terms of characteristics of the cultures. By looking at the differences in the depictions of woman-man relationships between the productions, suitable conditions may have been provided in terms of emergence of adaptation forms. In the Turkish version of the series, the Female Resident Doctor stands close to The Good Doctor due to her emotional/compassionate nature and the Father Doctor's appeal to her to help The Good Doctor. However, this is so conspicuous that it draws even the attention of The Good Doctor and he asks "Why are you constantly treating me differently?" The Female Resident Doctor is in love with a male surgeon in the department. An important relationship axis of the story of the series circles around these two. In the US adaptation of the series, the Female Resident Doctor finds the condition of The Good Doctor interesting. Although she doesn't have a concern to protect The Good Doctor, she does not treat him in a negative way as other resident doctors do, and she tries to understand him and see what he is capable of. The Female Resident Doctor has a relationship with another resident that does not involve emotions or commitment. In the South Korean production, the Female Resident Doctor is neighbour to The Good Doctor in the hospital's lodgement. This situation creates a ground for them to spend time outside work and to develop affinity. The Female Resident Doctor occasionally scolds The Good Doctor and advises him not to act on his emotions and instincts that much and not to get involved in trouble.

Cultural elements: Cultural elements are the most transparent in the food scenes. The Good Doctor has some food sensibilities. He is very fond of certain foods; however, he strictly stays away from certain others. In the Turkish adaptation of The Good Doctor, his favourite dish is doner kebab

with tomato sauce, but he doesn't want pickles. Although there isn't a similar food scene in the US version, The Good Doctor here specifically indicates that he doesn't want pickles in a sandwich eating scene. In the South Korean version, The Good Doctor likes to eat ribs.

Representation of authority: From Boardroom scenes, give the clues to representation of authority for different cultures. Big businesses are structures for profit, operating in scope of free market relations through rational management processes. In this sense, it is probable to think right off the bat that cultural differences are reduced to a minimum in the management approaches and that a global business management approach is dominant. However, human relations are in question in all circumstances and expectations would include that these relations would find a place in management processes as well. As such, in the Turkish adaptation of The Good Doctor, the hospital is a private business and there are fewer seats in the executive board compared to the other two versions. The board does not want an autistic doctor in the hospital. They justify this with the assertion that his autism would prevent him from practicing medicine and that this may have a negative impact on the hospital's image. However, when the Miracle Doctor saves a boy's life on the way to the hospital and when this attracts attention on social media, the situation turns in the Miracle Doctor's favour. In the US version of the series, the department head of surgery opposes this recruitment by saying that "A surgeon must be able to form relationships." However, the father figure of 'The Good Doctor' points out the discrimination by stating, "We were not hiring women and African doctors as well in this hospital."

Representation of autism: The representation of autism appears as one of the important themes of the series in all three versions. How would autism and a doctor with autism be accepted in a hospital circle, how would the main character carry this difference and how would the series represent this condition are among the most sensitive themes in

the series. In the Turkish adaptation of The Good Doctor, the Doctor's difference from others is apparent from his behaviours, attitudes, emotional reactions or non-reactions. On the other hand, the negative impact an autistic doctor would create on the image of the hospital is the most discussed topic in the executive board of the hospital during the process of his acceptance. In the US version, the emphasis on the autism condition of the character is weaker compared to other two versions. Autism is displayed and represented as a difference in the hospital board during the doctor's recruitment process. During the discussions, the emphasis is on discrimination against an individual on the autism spectrum and the prejudicial nature of this discrimination. In the South Korean version of the series, autism stands out quite strongly in the behaviours of the character. His walk, talk, gestures and facial expressions are quite different from those of other characters.

Conclusion

The result of this study showed that there are increased, decreased, added, and removed narrative elements in the original story when it goes through an adaptation process in different cultures. Adaptations abridge distances between different cultures and replace the local patterns of the source culture with those of the target culture. Viewers encounter an end-product which is closer to them and for which they can feel affinity. Couple's relationships, the sense of community or desire for individualization, religion and belief phenomena, food culture, and the concept of the other, etc. vary depending on the geography and culture in which the TV production is broadcasted. Adaptations attune these values found in the TV production to the viewers' culture.

In her work on series adaptations Ayşegül Keserli Unur, using Albert Moran's tripartite scheme emphasizes the power of the national against the global. Analysis of the 'Kuzey Güney' series and the American original Rich Men, Poor Men, the product turns into the national in its most 'vulgar form' with style and codes (Kesirli Unur, 2015). Similarly, the American and Italian adaptations of

the Spanish production 'Los Misterios de Laura' are examined through context analysis to find cultural commonalities (Villegas-Simón and Soto-Sanfiel, 2020). With the data obtained in this study, it is revealed that the classical storytelling, techniques and structures are used by TV in the same way and that they are included in the same way in every market and that the internal concerns cause the contents to be homogenized. Examining the dramaturgy, narrative similarities and affinities of the original and adaptations of 'Yo soy Betty, la fea', Mikos and Perrotta (Mikos and Perrotta, 2012) argue that the hybrid characteristics of the format increase its flexibility against local harmony dynamics and its power to attract diverse audiences.

In this study, the similarities and differences were tried to be revealed between the original and adaptation versions of a TV series in terms of cultural proximity. Cultural approaches to autism, a medical condition disorder, are observed most explicitly in the boardroom scenes. The boardrooms in the hospitals for the acceptance of a prospective doctor who has autism are determined in a more objective and rational manner in the US and South Korean versions while the Turkish version is indicative of leading nature of social codes.

The emphasis on the autism is to a minimum degree in the US version while it is to a maximum degree in the Turkish version. In the South Korean version, on the other hand, the manners of the character reflect his autism condition more than the other productions. The differences on perception of autism result from whether it is considered as a disability in a culture.

Family is important for every culture. The loyalty and care of the brothers to each other is one of the main elements of the story. The leading role in the American production is not the smaller sibling; it is the big brother. The fact that the younger brother is the one who is taken care of in other productions is due to the cultural and social responsibility between the brothers over the older ones; on the other hand, the age difference does not care about

being big and small in terms of responsibility in the American production. The common point in terms of family roles is, the father is ashamed to have an autistic child in the South Korean and Turkish; on the other hand, the US version avoids representing autism as a problem which clues that in different culture autism is considered differently. In all versions, 'The Father Doctor' who stands as the father role in the series takes care of The Good Doctor, which stresses the point that 'we have two families: one is biological and the other one is who we choose.'

The relationships between the main characters are closer in the Turkish version compared to other versions. The original South Korean production depicts closer relationships than the US version, although not as close as the ones in the Turkish version. In the US version, the relationships are observed to be established on rational grounds while emotional reactions and relationship patterns are found in the South Korean and particularly the Turkish versions.

Individual space is more private and stricter for the versions of South Korea and USA. In the Turkish version, even though everyone has their own living space, they spend more time in the other characters' houses. In the South Korea and USA, female characters are independent and free from the pressures of their families and the society while this is quite the opposite in the Turkish version.

One of the most concrete clues of representing cultural differences is the food culture and it can be observed from the food choices of The Good Doctor in all versions. Similarly, the repetitive words change in all three versions of the series; mainly because the religious references are significant in this matter. Similarities are observed in the theme of repetitive memories, despite some little differences in plots with no cultural background.

However, these differences between productions shed light on how the social structure and cultural dynamics are read about that cultural market and the "Gate Keepers" of those specific markets,

rather than the specific cultural sensitivities of the viewers themselves. The main definitions and theories about the adaptation of a scripted television format take the basic idea of deciding which elements are immutable and which are not. Typically, immutable elements appear in documents negotiated between the owner of the format rights and the adaptation team (Moran and Malbon, 2006).

The mechanisms and factors of cultural identity production can affect the number and type of elements to be modified when adapting a scripted television format. As a result, authors such as Adriaens and Biltereyst (Adriaens and Biltereyst, 2012) and Moran (2009) argue that the process is linked to nations as imagined communities because they use national and cultural identities and discourses to make these TV products look recognizable, authentic, and accurate.

Even the analysis in the example of The Good Doctor series alone reveals the cultural predictions that the audiences in their specific areas may feel intimacy. Rather than whether these predictions are incompatible with the cultural realities of the viewers, adaptation mirrors the internal world of the market, which provides a cultural repetition of preferences. Albert Moran (2009a; p. 120) mentions a trilateral scheme to understand the levels of activity related to literary or written work, which should consider translation. Explains that this schema is full of linguistic codes, cross-text codes, and cultural codes. The show works in form and style, which includes "to give a recognizable 'look' when it comes to domestic viewers. Intertext codes "appear simultaneously with certain bodies of information, including sections of both local production teams and home audiences." These codes include both routines and practices that are traditional for a local television industry, as well as other intertext information intertwined with national historical facts or meanings. The cultural codes, which Moran (2009a; p. 121) refers to as the third level of harmony, are "a combination of factors of creation for social and national differences. In general, they include social issues such as

language, ethnicity, history, religion, geography and culture."

To sum it up, when the original story and adaptations were examined, it was observed that the basic elements were kept the same, although the approach to a medical condition, such as autism, gender roles and their characteristics, family relationships, details of the food culture, the word patterns integrated with the series were adapted according to each culture. The adaptation of these issues ensured the adaptation series to establish an affinity towards their own cultures. The internal cultural premise of recognition and familiarity was maintained in all three versions.

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Genişletilmiş Özet

Küreselleşme ve neoliberal piyasa koşulları çerçevesindeki rekabet, kitle iletişim araçlarında yayınlanan içeriklerin, farklı kültür ve toplumlarda üretilse bile benzerlikler göstermesine neden olmaktadır. Kitle iletişim platformlarında yayınlanan dizi ve filmlerin ülkeler, kültürler ve coğrafyalar arasında yeniden sahnelenerek veya uyarlanarak dolaşıma girdiği sıklıkla görülmektedir. Küreselleşme kültürleri birbirine yakınlaştırıp izleyicilerin ithal filmleri ve dizileri dublaj veya altyazılı olarak izleseler de uyarlama yapımlar kültürel yakınlığın sağlanmasını ve dizilerin başarısını arttırmaktadır. Bu çalışmada, söz konusu dizilerden en çok uyarlananlardan biri olan Good Doctor dizisi vaka olarak ele alınmış, böylelikle, orijinal Kore yapımı ile Türk ve ABD uyarlamaları arasındaki benzerlik ve farklılıklar açısından analiz edilmiştir. Her üç yapım da tematik analiz ile incelenerek kültürel olarak farklı ve benzer temalar belirlenmeye çalışılmıştır. Sonuç olarak orijinal hikâye ve uyarlamalar incelendiğinde otizm durumu, cinsiyet rolleri ve özellikleri, aile ilişkileri, yemek kültürünün detayları, kelime kalıpları gibi temalar ortaya çıkmıştır. Farklılık gösteren ise bu temaların işlenişinin kültürlere göre farklılıklar göstermesi olmuştur.

Televizyon yapımlarının maliyetlerinin yüksek olması ve sunulan hikayenin izleyicinin ilgisini çekeceğinin tahmin edilememesi, yapımcıları izleyiciler tarafından beğenisi tescil edilmiş yapımlara yöneltmektedir. İngiltere’de başarılı olan bir yapımın ABD uyarlaması, İspanya’da başarılı olmuş bir televizyon dizisinin İtalya uyarlaması hayata geçirilmektedir. Teknolojinin gelişmesi, uydu teknolojisi ve sonrasında internetin

sunduğu imkanların ortaya çıkmasıyla izleyicinin seçenekleri çoğalmış, televizyon yayıncılığı için rekabet koşulları giderek zorlaşmıştır. Bunun yanı sıra, televizyon kanallarının artmasıyla birlikte, izleyicinin tercih edeceği içerikleri uygun maliyetle üretmek güçleşmiştir.

Televizyon dizilerinde kültürel yakınlığı sağlayan unsurların neler olduğunu anlamak adaptasyonun hangi unsurlar üzerinden gerçekleştiğini anlamak için önemlidir. Söz konusu televizyon, yüksek maliyetli yapımlar ve neoliberal piyasa kuralları olduğunda adaptasyon kavramı diğer sanat türlerine göre farklılık göstermektedir. Özellikle edebi türlerin adaptasyonunda karar vericiler dilin kuralları ve uzman kişiler olurken yüksek maliyetli bir televizyon yapımında karar verici izleyicilerdir. İzleyicilerin beğenmeyip izlemediği bir yapımın zararı çoğu yapım şirketi için can yakıcı olmaktadır. Bu bakımdan televizyon dizilerinde kültürel yakınlığın sağlanması amacıyla gerçekleşen adaptasyon sürecinin temel dinamiklerini ortaya çıkarmak gerekmektedir.

Televizyon yapımlarında izleyicilerin programlarla etkileşimleri içinde buldukları kültürel bağlama göre değişmektedir. Özellikle uzak bir kültürden gelen formatın, izleyicileri tarafından alınırken, programın inşa edildiği bağlam içerisinde alınması zordur. Bu bakımdan eserin yeniden yorumlanması zorunluluk olarak ortaya çıkmakta, adaptasyonun yeni kültürün bağlamında inşa edilmesi gerekmektedir. İzleyici kendi dilinde, kendisiyle ve kültürüyle en yakın ve ilişkili biçimde hazırlanmış içerikleri tercih edeceklerdir. Yeniden yapımda kullanılacak öğeler izleyicide kendisine ait çağrışımlar yapmalı, derinlik duygusu oluşturmalıdır.

Formatlar televizyon yapımlarının ticarileşebilmelerinin en önemli unsurlarıdır. Yazılı ya da yazısız bir programı benzerlerinden ayıran, taklit edilmesi durumunda telif hakkı gerektiren, izleyici ile bağ kurmasında esası oluşturan nitelikler bir programın formatını oluşturmaktadır. Format bir yandan ticareti

kolaylaştırıp televizyon yapımları küresel bir ticaret metasına dönüşmesine kolaylık sağlarken diğer yandan araştırmacılar için kültürler arası farklılıklar ve etkileşim üzerine geniş bir zihinsel pratik yapma imkanı sunmaktadır. Televizyonculuk dünyasında format adaptasyonları televizyonculuk, izleyici ve adaptasyona taraf olan kültürleri tanıyan uzmanlar tarafından yapılmaktadır.

Formatlar adaptasyonların gerçekleştiği, sınırları belirlenmiş, kendisini benzerlerinden ayıran ve izleyici karşısında ilgi çekici kılan özellikleri bulunan, telif yasalarıyla korunan kültürel ticari ürünlerdir. Televizyon ürünleri belli bir mühendislik ve mimarlık becerisi gerektiren, bir yaratım süreci sonunda ortaya çıkan, belli özelliklerin ustaca bir araya getirilmesine ve bazılarının dışlanmasına dayanan yapılardır. Bir format bir kere başarılı olduktan sonra üretildiği kültür bağlamının dışında da değerlendirilmeye aday hale gelmektedir. Yeni bir kültür bağlamında ele alınırken söz konusu inşa sürecinde bazı unsurların değiştirilmesi gerekmektedir. Bu değişim sürecinin sonunda çıkan kültürel ürün adaptasyon olarak nitelendirilmektedir. Süreç boyunca nelerin değiştirilip nelerin aynı kaldığı, hem kültürel bağlamlarla hem de kültür ürünün özellikleriyle yakından ilgilidir. Bu karmaşık ve çok boyutlu, ticari tartışmalara konu olabilecek soyut tartışma, içerisinde entelektüel bir mülk olarak ortaya çıkan format kavramını ve onun aktif bir dolaşıma girmesine imkan ve ona esneklik sağlayan adaptasyon kavramını aynı anda barındırmaktadır.

Adaptasyonların doğasını anlamayı amaçlayan bu araştırma sonucunda, orijinal hikayenin farklı bir kültür ortamlarında adaptasyon sürecinden geçerken anlatımda artan, azalan, eklenen ve çıkarılan anlatım unsurları olduğu görülmüştür. Adaptasyonlar farklı kültür arasındaki mesafeyi azaltmakta, kaynak kültürün yerel motiflerini hedef kültüründekilerle değiştirmektedir. İzleyiciler kendilerine daha yakın, duygusal bağ kurabilecekleri nihai bir ürünle karşılaşmaktadır. Kadın erkek ilişkileri, cemaat duygusu ya da bireyselleşme arzusu, din ve inanç olgusu,

yemek kültürü, öteki kavrayışı televizyon yapımlarının yayınlanacağı coğrafyaya, kültüre göre değişmektedir. Adaptasyonlar televizyon yapımında yer alan bu değerleri izleyici kültürü ile uyumlu hale getirmektedir.

The Good Doctor'ın Güney Kore, Türkiye ve ABD yapımları izleyicilerin kültürleriyle uyumlu karakteristik özellikler göstermişlerdir.

Yapımlar benzer şekilde başlamakta, olay ve karakterler tanıtılmaktadır. Olaylar arasında ilk önemli farklılık otistik bir doktor adayının kabul edilme aşamasında ortaya çıkmaktadır. Güney Kore ve ABD yapımlarında doktor adayının doktorluk özellikleri sorgulanmaktadır. Türkiye adaptasyonunda doktorun hasta olması, olumsuz bir imaj doğuracağı gerekçesiyle işe alınması önüne engel olarak çıkmaktadır. ABD ve Güney Kore yapımlarında sebepler daha nesnel ve rasyonel biçimde belirirken Türkiye uyarlamasında toplumsal kodların yönlendiriciliği gözlenmektedir.

Kültürel farklılıklar televizyon yapımlarında kendilerini göstermektedir. Bu çerçevede hikayede yer alan temaların yoğunlukları artmakta ya da azalmakta, temalar aynı kalmakta, çıkarılmakta ya da eklenmektedir. Her kültürel bağlam kendi dinamiklerini ekonomik sebeplerle, izleyicilerin sosyal ağlar üzerinden gösterdikleri tepkilerle göstermektedir. Yapımlar kendi özgünlüklerini korumak ile izleyici beğenisini kazanmak arasındaki çizgide bir denge halinde adaptasyon süreçlerini yaşamaktadır.

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