Sociolinguistic Implications of Narratology:

Focalization and 'Double Deixis' in Conversational Storytelling

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Introduction

Over the last few decades, narratology has branched out into a wide array of 'post-classical' narratologies (Herman 1999; Nünning & Nünning 2002) that have borrowed concepts from cognitive psychology, sociology, anthropology, history, linguistics, and so on. A question arises as to what extent 'classical' narratological concepts that have hitherto been mainly applied to literary narratives can also be successfully exported to other disciplines which have an interest in narrative. Timothy R. Austin, for example, contends for the relationship between discourse studies and literary studies that "[w]here insights from one field are drawn on the other, the direction of flow seems almost invariably to be from discourse theory into literary criticism rather than vice versa" (Austin 1998, 705). In a similar vein, David Herman addressed this question with regard to cognitive narratology in a response to two papers by Zunshine and Vermeule presented at the MLA conference in 2003, and he observed that "whereas (at least some) literary analysts have adopted ideas from cognitive science to rethink their methods and objects of research, cognitive scientists still need to be convinced that borrowing tools from literary study might likewise be advantageous to them" (Herman 2003, 1). The same could be said of many social scientists who, it seems, are largely oblivious to the kinds of research that are conducted in narratology.

Social science disciplines have developed their own specific methodological tools for narrative analysis over the last few decades, for example, content analysis. Content analysis involves "the generation of categories which can be reliably coded and imposed over the data for the purposes of hypothesis testing" (Potter & Wetherell

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1987, 41). The process of coding and the interpretation of coded narrative materials have been assisted and have even been made quantifiable by means of statistical tools such as N-Vivo or Q methodology. Q methodology, for example, is based on the assumption that "there will be a bounded set of propositions or concourse from which discourses are produced in order to make sense of the world at a given moment and place in history" (Dell & Korotana 2000, 290). Participants in a Q methodological study sort statements relating to a topic in question, which are drawn from various discursive sources such as interviews, social science literature, media, and so on, and they are also invited to comment on these statements and on their own ordering criteria. While such methodologies constitute valid instruments for counting and accounting for the contents of people's narratives, they do not answer the questions of how exactly these narratives are constructed and how, in discursive and narratological terms, they achieve the effects they may have on listeners.

I must add the caveat that more discourse-oriented social science disciplines have addressed exactly those points and have made attempts to permeate their disciplinary boundaries (Potter 1996; Van Peer & Chatman 2001). One example is discursive psychology where strong emphasis is laid on the sequential verbal interaction of speakers and where methodological tools are borrowed from conversation analysis. Sociolinguistics also pays close attention to linguistic features of talk-in-interaction and has investigated the work done in and through conversational storytelling for several decades now (Johnstone 1990; Labov & Waletzky 1967; Langellier & Peterson 2004; McConnell-Ginet & Eckert 1995; Norrick 2000; Polanyi 1985). However, these disciplines are hardly representative of a much wider range of social sciences which undertake narrative research in various contexts such as health care, gender studies, politics, historical and anthropological inquiries and so on without close consideration of linguistic aspects, let alone narratological ones. It is precisely at this point that I see a potential for narratology to offer its concepts and tools to other disciplines.

Through their common interest in narrative, sociologists, discourse analysts, psychologists, and many other social scientists could converge with narratologists and embark on joint scientific projects. However, the opposite appears to be the case: while literary scholars may consider narrative research conducted in the social sciences simplistic and may even question the use of the term *narrative* for oral stories of personal experience, sociologists, psychologists, and other social scientists look at the theoretical and terminological apparatus put forward by narratologists in disbelief and ask themselves: so what? How does that help us find out how narratives *work* in everyday life, what they mean to people, how people employ narrative and to what ends?

In this article, I will apply the concept of *focalization* as well as Herman's insights into *doubly-deictic 'you'* in second-person narratives (Herman 1994) to an interview narrative from my empirical sociolinguistic study on general practitioners' narrative discourse on domestic violence (Mildorf 2002 and forthcoming) in order to elucidate the ways in which narratological terms and approaches can be helpful for

a more systematic investigation into oral narratives of personal experience. More specifically, I will consider how the narrative positioning of the GP as storyteller and 'protagonist' of his story corresponds with his social and professional positioning with regard to his patients in the context of domestic violence cases and vis-à-vis the interviewer during the research interview. First, however, I will outline the terms *focalization* and *double deixis*.

Focalization

Focalization is a widely discussed and not entirely uncontroversial concept in narratology derived from photography and film. The term was first introduced by Gérard Genette (Genette 1980) to replace the even more troublesome concept of *point of view*. According to Genette, previous discussions of point of view or narrative perspective displayed "a confusion between the questions *who is the character whose point of view orients the narrative perspective?* and the very different question *who is the narrator?* – or, more simply, the question *who sees?* and the question *who speaks?*" (Genette 1980, 186; italics original). Focalization assumes the visual facet of these two key functions.

Seymour Chatman refines the distinction between *seeing* and *speaking* by proposing the alternative terms "filter" and "slant". "Filter" refers to narrative instances where the narrator "can elect to tell a part or the whole of a story neutrally or "from" or "through" one or another character's consciousness" (Chatman 1986, 196). "Slant", by contrast, encompasses the attitudes narrators may share with characters about people or events in the storyworld and which manifest themselves in narrators' comments, judgements, and the like.[1] Focalization or Chatman's "filter" thus allows for both the perceptual facet including space and time, and the psychological facet including cognitive and emotive components (Rimmon-Kenan 2002, 78–82). This can be illustrated by the following passage from Katherine Mansfield's short story *Bliss*:

> It was dusky in the dining-room and quite chilly. But all the same Bertha threw off her coat; she could not bear the tight clasp of it another moment, and the cold air fell on her arms.
>
> But in her bosom there was still that bright glowing place – that shower of little sparks coming from it. It was almost unbearable. She hardly dared to breathe for fear of fanning it higher, and yet she breathed deeply, deeply. She hardly dared to look into the cold mirror – but she did look, and it gave her back a woman, radiant, with smiling, trembling lips, with big, dark eyes and an air of listening, waiting for something…divine to happen…that she knew must happen…infallibly (Mansfield 1983, 129).

1 Chatman adamantly denies narrators the possibility to see the storyworld literally. They can only *relate* what they perceive imaginatively or from memory. As Jahn (1996) points out, this insistence on the distinction of literal and non-literal perception is counterproductive since in actual practice to see something in one's mind's eye is an experience not essentially different from 'really' seeing something.

While there is a narrator telling us about Bertha, we do not look at her from a distance or from a bird's eye perspective but the perspective adopted here is Bertha's own. She experiences the chilliness of the room and she regards herself in the mirror, perceiving her own radiance, the trembling of her lips, and so on. In other words, whatever is observed in the room is focalized through Bertha, and we as readers are invited to look at the same things as if we were looking through Bertha's own eyes. Moreover, we have access to Bertha's state of mind and emotions: "she could not bear" the tight clasp of the coat; she felt a "bright glowing" in her bosom, and she "hardly dared to breathe" because of her overpowering sense of bliss.

In Manfred Jahn's scalar model of focalization (Jahn 1996; 1999), Bertha occupies the position *focus-1*; she offers the lens or 'burning point' through which parts of the storyworld are perceived. The room, Bertha's reflection in the mirror, and so on consecutively occupy *focus-2*, or the areas of attention Bertha's eyes focus on. Narratologists further distinguish between *external* and *internal* focalization, where external focalization lies with an "anonymous agent" (Bal 1985, 105) outside the storyworld (commonly referred to as *narrator*[2]), and internal focalization with a character in the storyworld. In the example above we have a case of internal focalization.

Although I used a literary example to illustrate the concept of focalization it would be wrong to assume that focalization only occurs in literary texts. On the contrary, one can contend that any text, whether fictional or factual, whether written or conveyed through other media, inevitably assumes a certain perspective on its given subject or topic. Jonathan Potter, for example, draws upon the concept of focalization to explain ways in which storytellers can invite listeners to adopt the position of the perceiver (Potter 1996). At the same time, storytellers come across as "entitled to provide an authoritative description of a scene or event because he or she is a *witness*" (Potter 1996, 165; italics original). In other words, focalization in conversational storytelling can contribute to a specific form of category entitlement, which allows speakers to achieve their conversational goals. In that sense focalization becomes, as Mieke Bal argues, "the most important, most penetrating, and most subtle means of manipulation" (Bal 1985, 116).[3]

Even in spoken personal narratives it would be therefore naïve to assume that the perspective adopted in a story is automatically that of the person telling the story. In fact storytelling itself needs to be approached with caution. Erving Goffman points out in his *Forms of Talk* (1981, 144 ff.) that, when people talk about 'speakers', they usually have various things in mind: first, the notion of 'speaker' involves the technical or physical function of *animator*, that is, the fact that one uses

2 I should mention here that, although the narrator and focalizer functions are separate, they can be combined in narrative texts. For an overview, see Phelan (2001).

3 This point is debated among narratologists. Genette's original classification also allows for the possibility of what he calls "zero focalization", which is an instance where the storyworld is not focalized through anyone in particular and the narrative thus remains 'neutral'. I would agree with Bal that neutrality is impossible and that arguing in favour of such a notion mystifies the ideological thrust of a text (see also Bal 2002, 42).

articulatory organs to produce sounds and that one thus functions as a 'talking machine'. Secondly, 'speaker' also involves the idea of an *author*, someone who has selected the words spoken and the sentiments expressed therein. Thirdly, there is also the role of *principal*, which refers to the assumption that someone's position or someone's belief is established by the words that are spoken. Goffman cautions against a simplistic use of the term 'speaker', which implies a unity of these three functional roles. One can, for example, imagine someone reciting or reading out a text that was authored by someone else, or one can talk in someone else's words and thus express some other principal's opinions. I would go even further by arguing that very often we may not be aware of the fact that we are merely recycling someone else's phrases or that we express views of which we do not really consciously know where they originally came from. Mikhail Bakhtin calls this process *double-voiced discourse*, and he maintains that the struggle with others' discourse is important for "an individual's coming to ideological consciousness" (Bakhtin 1981, 348). All this implies that even immediate oral narratives are more complex than they may appear at first glance and that they consequently deserve more detailed linguistic analyses.

Double Deixis

The second narratological feature I consider in this paper is the concept of *double deixis*. Before I explain this concept, however, let me take a short detour by first defining second-person narratives, out of the context of which Herman's notion emerged. Monika Fludernik provides the following criteria for second-person narrative:

> For a text to be considered as a second-person narrative there has to exist a (usually fictional) protagonist who is referred to by an address pronoun. Situations that lend themselves to initiating such a state of affairs include the invocation of the character and his story in a kind of extended apostrophe […]; the projection of the current addressee as the actant in a projected story […]; or the modulation of generalized *you* and the function of address to the "real" reader who thus participates within the fictional action (Fludernik 1994, 302).

For an illustration of this peculiar narrative phenomenon, consider the following example quoted in Phelan (1994, 356). It is the beginning of Lorrie Moore's short story "How":

> Begin by meeting him in a class, a bar, at a rummage sale. Maybe he teaches sixth grade. Manages a hardware store. Foreman at a carton factory. He will be a good dancer. He will have perfectly cut hair. He will laugh at your jokes.
>
> A week, a month, a year. Feel discovered, comforted, needed, loved, and start sometimes, somehow, to feel bored. When sad or confused, walk uptown to the movies. Buy popcorn. These things come and go. A week, a month, a year.

This kind of narrative raises a number of questions. To whom is the story addressed: the unnamed protagonist, the narratee, the reader? What effect does this form of address have on the communicative situation and on us as participants in this communication? Phelan contends that:

> [s]ome of "what happens to us" when we read "How" depends upon our dual perspective inside the fiction, on the way that we step into and out of the enunciatee position, while we remain in the observer position and discover what the narrator assumes about our knowledge and beliefs in the enunciatee role. Furthermore, moving into the enunciatee role means that we move into the ideal narrative audience – the narrator tells us what we believe, think, feel, do – while in the observer role we evaluate our position in the ideal narrative audience (Phelan 1994, 356).

In other words, second-person narratives draw us into the story as we inevitably identify to a certain extent with the 'you' addressed in the narrative. A paradox is thus created: while we can keep a distance by observing how the text implicitly creates an audience for itself, we already also become members of that audience and are lured into participating in the storyworld.[4] In complex second-person narratives, 'you' can be dilated to such a degree that it is no longer possible to ascribe it to a specific referent, whether intradiegetic or extradiegetic. Herman (1994) discusses this problem in Edna O'Brien's *A Pagan Place*. He draws up a list of five discourse functions of 'you':

1. generalized you
2. fictional reference
3. fictionalized (= horizontal) address
4. apostrophic (= vertical) address
5. doubly deictic you

Generally speaking, these functions can be further categorized according to whether there is agreement between the morphosyntactic form of 'you' and its textual functions or not. Thus, instances where the 'you' encodes the participant role of addressee display full agreement, for example, in narratives where an intradiegetic narratee (horizontal address) or the reader (vertical address) is invoked. Complete disagreement of 'you' and its deictic functions results in what Herman, following Margolin (1984), calls *deictic transfers*, for example, from 'I' to 'you' as when a first-person protagonist refers to him/herself as 'you' in the narrative, or when 'you' comes to stand in for an impersonal, generalized 'you' equivalent to 'one' in English (as in: 'One should wash oneself regularly', DCE). Cases of doubly-deictic 'you', by contrast, show neither full agreement nor disagreement or, put differently, they make use of all possible functions to a lesser or greater extent. Thus doubly-deictic 'you' renders the referential framework within which 'you' is employed ambiguous.

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4 The same is more or less true of any narrative, especially if it is written in a captivating manner. However, in second-person narratives the role(s) of the recipients are foregrounded more strongly through the direct address.

One of Herman's examples is the following text passage from *A Pagan Place* where the actions of a masturbator in a hotel room next to the one of the protagonist are described: "you heard panting from the next room, the amateur actor's room. It was like something you had heard before, distantly, a footprint on your mind, you didn't know from where" (*A Pagan Place*, 169–170; quoted in Herman 1994, 398). In this passage, Herman argues, the audience finds itself conflated with the fictional self addressed by 'you', as the readers' own experiential memories of similar events may be actualized by the description. Herman then concludes by saying that the "deictic force of *you* is double; or to put it another way, the scope of the discourse context embedding the description is indeterminate, as is the domain of participants in principle specified or picked out by *you*" (Herman 1994, 399).

All this is well for the study of literary narratives, I can hear sceptical readers say, but so what? How can the concept of *double deixis* be operationalized for the study of oral narratives? Again, linguists have already proposed dialogical accounts of multiply deictic pronouns. Anne Salazar Orvig, for example, challenges a univocal identification of personal pronouns by demonstrating their context-dependent dynamic shifting in medical interviews (Salazar Orvig 1999, 119–153). Salazar Orvig observes that the displacement ("déplacement") or gliding ("glissement") of the referential meanings of personal pronouns frequently correlates with changes in time or types of discourse, and that speakers 'play' with multiple deixis in order to achieve specific discursive effects (Salazar Orvig 1999, 144). How can the identificatory and referential shifts indexed by people's pronoun usage be correlated with shifts in perspective or mode of focalization? Before I move on to the analysis of double deixis and focalization in the narrative I have selected, let me provide some background information concerning the study from which the sample narrative is taken.

The Data

The narrative is one of 36 narratives elicited in in-depth interviews with twenty general practitioners in the City of Aberdeen, Scotland, which I conducted between April and July 2000 (Mildorf 2002 and forthcoming). In the interviews I discussed with the doctors their experiences with cases of intimate partner violence with a view to identifying the narrative constructions of their attitudes, perceptions and knowledge concerning the problem. The interviews were between 14 and 34 minutes long, with most interviews lasting for about half an hour. I taped and transcribed all interviews and selected the narratives according to predefined criteria derived from Robinson & Hawpe (1986), who define a prototypical story as a story that "identifies a protagonist, a predicament, attempts to resolve the predicament, the outcomes of such attempts, and the reactions of the protagonists to the situation. Causal relationships among each of the story elements are also explicitly identified in the prototype" (Robinson & Hawpe 1986, 112). Talk from the interviewer has been cleaned up and transcription conventions are kept to a minimum in order to

enhance readability. The focus is on the narrative as such, rather than on its embeddedness within a stretch of conversation, where my responses as the interviewer consist primarily of supportive back-channels such as 'mhm' and 'yeah'. Line breaks follow the typology of narrative clauses proposed by Labov & Waletzky (1967).

Questions in the interviews were freely worded around the following topics: reasons, backgrounds, definitions, signs, consultation, time, training, status in the health care setting, measures, doctors' role. Some narratives were elicited, they were told in response to questions such as 'Can you tell me about your experiences?' or 'Is there any case that's particularly vivid in your memory?'. Most narratives, however, were spontaneous in that they were related in contexts where I had not explicitly asked for a story. The narrative that I selected for this essay was related by a middle-aged male GP in a suburban practice in response to the question 'How do you feel when you encounter domestic violence in a patient?', and it illustrates many GPs' frustration with a situation where they 'cannot do much':

Narrative

1. we've got, uhm, one couple in the practice who are both, uhm, alcoholics
2. and she's the victim of, uhm, violence, uhm,
3. and *you*, ach, I don't know,
4. and it always seems to happen when they're on a bender
5. but, uhm, but, er, he hits her,
6. he punches her
7. and kicks her and [pause]
8. and *you* still, *I*, *I* think *you* still feel sympathy for, for what's happened
9. but, uhm, *I* think it's frustration as much as anything,
10. *you* think, 'Well, why do *they* do that? Why stay on? Why keep drinking?'
11. but, you know, it's, it's, it's, it's *their* life really.
12. That's the way it's always been,
13. and it isn't something that can be changed usually.

Focalization, Perceptual Windows and Category Entitlement

As the narrator of this story, the GP opens a "perceptual window" (Jahn 1996; Ryan 1987) for me, the listener, and invites me to 'look at' the storyworld from the same perspective. In narratological terms, the GP assumes two functional positions in this story: on the one hand, he is the narrator who relates his patients' story. At the same time, in his role as family doctor, he is also a participant or actor in this story, albeit 'invisible' throughout most of the narrative. As character in the story, the doctor functions as the focalizer, since the events described are viewed from his perspective. From his position as narrator he also takes himself into focus. In Jahn's terms, the GP inhabits both *focus-1* and *focus-2*.

The actors in this narrative are introduced to the listener, namely as 'one couple'. What strikes one in the first introductory line is the fact that victim and perpetrator

are presented as one entity, 'one couple', who 'both' belong to the same category of people, 'alcoholics'. It is only in line 2 and later in lines 5 to 6 ('he hits her', 'he punches her') that the partners are discussed individually. In line 2, the GP states that the woman is 'the victim of violence'. By using the definite article 'the', the GP clearly specifies the victim's role whereas the perpetrator is completely left out. There is no mention yet as to who perpetrates the violence. In other words: salient information about the storyworld is withheld from the listener for reasons of discomfort about a topic which is still a taboo for many people, or simply to create suspense in the 'plot line' of the narrative.

However, the listener in this situation adopts the role of what Graesser et al. (2001) call a "multiagent reader",[5] that is, a recipient who is sensitive to the knowledge propagation of a narrative by keeping track of the narrative agents and of their knowledge states. I as the interviewer could of course infer who the perpetrator of the violence was since I had knowledge of the interview topic and expected the GP as the narrator to present relevant agents. Nevertheless, since the GP does not focus on the violent husband in the field of vision (or *focus-2*) he presents to me, he indirectly not only conveys a biased and incomplete picture but also invites me to view this part of the storyworld from the same perspective.

Another interesting feature in the first two lines is the GP's cautiousness in introducing this story, which indicates a high degree of self-consciousness and awareness of the interview situation. Thus, the hesitation marker 'uhm' occurs several times. Significantly enough, it is placed right before the nouns 'alcoholics' and 'violence', which can be interpreted as the GP's reluctance to speak about such problematic issues with the interviewer. One must always bear in mind that the GP might have felt inhibited by the fact that he spoke to a young female researcher and thus perhaps considered certain issues 'inappropriate' or 'unsuitable' topics. The nouns are phonetically separated from the remaining discourse and thus appear to be more stigmatized lexical items. Line 3 contains the interjection 'ach', which linguistically encodes a sigh, and is immediately followed by the hedge 'I don't know', which can almost be regarded as a disclaimer to the evaluation the GP wants to make at this point but then elides.

The narrator is not sure about the exact background of the violent incidents occurring between his patients: 'it always seems to happen when they're on a bender' (line 4). The verb 'seems' qualifies the perceived actions as not entirely certain because they are subject to the restricted field of vision of the doctor. Here one can see a significant difference between fictional and conversational stories: while fictional narrators can technically make up any aspect of the storyworld they relate, narrators of stories of personal experience are expected to meet the "criteria of truthfulness", as Genette puts it, that is, "to report only what you know for a fact, to report only what is pertinent, and to say how it is that you know these

5 The term 'reader' obviously needs to be interpreted broadly here to include conversational story recipients.

things" (Genette 1990, 763). The verb 'seems' attests to the GPs' lack of first-hand knowledge of the violent incidents and also continues the theme of uncertainty started in the previous line ('ach, I don't know'). In other words: the GP as narrator does not have full access to all parts of the storyworld and can only tentatively conjure up the conditions under which violence occurs. At the same time, however, the GP asserts through the intensifying adverb 'always' that violence is intricately related to the alcohol problem that both partners have. Moreover, the partners are again viewed as one entity, which can be seen in the third person plural pronoun 'they'. Thus violence is indirectly attributed equally to both partners and agency is blurred, which is later used by the GP to justify his own inactivity in this case.

The narrative gains speed in lines 5 to 7 through the narrator's use of three extremely short main clauses: 'but, uhm, but, er, he hits her, he punches her and kicks her and [pause]'. This section is introduced with the co-ordinating conjunction 'but', which normally indicates an opposite or adversative sense expressed in the co-ordinated clause. As Deborah Schiffrin points out, "*but* marks an upcoming unit as a *contrasting* action" (Schiffrin 1987, 152; original emphasis). This does not apply here, though. Instead, the discourse co-ordinator 'but' is combined twice with the hesitation markers 'uhm' and 'er' and thereby seems to delay the telling of the actual violent incidents in lines 5 to 7. The violent action as such is emphasised through a number of rhetorical devices which contrast sharply with the GP's initial hesitation. First of all, the verbs expressing violence are ordered in what I would perceive as a climax from the fairly unmarked term 'hit' through the more marked expression 'punch' to the most marked verb in terms of degree of violence, 'kick'. These action verbs form the nucleus of three minimally-sized main clauses that are presented through syntactic parallelism. The structural presentation of these clauses enacts the action expressed in them, namely, a violent and quick lashing out. Agency is not blurred anymore: there are no passive constructions and the perpetrator is explicitly mentioned.

Narratologically speaking, this sequence is very interesting as it calls into question Genette's "criteria of truthfulness", which I mentioned above. While the GP concedes his lack of first-hand knowledge through his tentative presentation of the patients' violent life in the preceding lines, he now relates the events as though he had direct perceptual access to a violent scene. As with a close-up, the presented events gain in clarity and concreteness, and the narrative window opened onto the scene allows the listener to 'visualize' (albeit only imaginatively) the events almost like an eye witness. One should note that the events described here need not refer to a specific episode but may also stand in as summarized examples of numerous similar and repetitive occurrences. The present tense of the verbs, which is usually used to express common or iterative action, points towards this interpretation. However, the conception of the sequence as a 'report' rather than a 'narrative' hardly diminishes the vividness of the actions. And it is this vivid presentation which seems to be at odds with the fact that the GP cannot possibly have 'seen' those events. At best, they may have been related to him by his patient

during the consultation, but this part of the story is left out. In other words, the narrator in this case is hardly different from a fictional narrator, who also creates a mental image of a storyworld for readers/listeners through storytelling.

So what is the mode of focalization in this sequence of narrative clauses and what are its functions? Do we want to say that the events are either externally focalized or non-focalized, that they are perceived by an omniscient third-person narrator? This would not make sense as the overall narrative is cast as a first-person narrative of personal experience. Likewise, to assume internal focalization through some unnamed witness would be misguided as the GP as a real-life narrator could not have access to events at which he was not present. And yet, the narrative presents the events as though these types of focalization were possible and thus displays the same narratorial "infractions" that Edmiston (1989) has identified for fictional first-person narratives. Such infractions allow conversational storytellers to create involvement by bringing events and people in the storyworld 'closer' to the listener, much as focalization in fictional narratives arguably establishes a vicinity between reader and character(s).

In this particular example, the mode of focalization can be said to present the violence in a more dramatic and perhaps more shocking way,[6] thereby not only expressing some of the helplessness and lack of comprehension of the GP himself but also aiming at evoking similar feelings in the listener. This pattern, however, is discontinued in the following resolution where the fast, violent action is brought to a stop. After a lengthy pause, which is the culmination point of the narrative and which at the same time offers the GP time to contemplate the case, he starts evaluating the narrative with regard to the question in response to which the story was told: 'How do you feel when you encounter domestic violence?'. 'You still feel sympathy' is the answer this GP offers. Here one can see the mechanisms of category entitlement I mentioned above. The use of focalization also confers on the GP the authority of a witness (although his perceptions as witness are limited to 'second-order' information which he presumably received through the patient's own narrative). This authority allows him to justify to the listener his evaluation of the case (along the lines of 'I know what I am talking about: it's really bad') and his resulting feelings of helplessness and sympathy as well as, ultimately, his inactivity.

Deictic Shifts, Distancing and Listener Involvement

The most striking feature in the narrative as far as deixis is concerned is the shift from the first person pronoun 'I' to the generic pronoun 'you', which can both be said to refer to the narrator (*I* think *you* feel sympathy…). On this interpretation, the narrative offers an example of Margolin's and Herman's "deictic transfers" because

6 To gauge the effectiveness of these clauses, compare them to the following conceivable variation on the narrative: 'The patient told me that her husband regularly abused her physically'.

'you' is no longer used solely in its proper deictic function as address form. The generic 'you' is used whenever the GP talks about himself as a character inside the narrative's storyworld. Thus it is the GP himself who, in his role as family doctor, feels 'sympathy for what's happened'. As a character-focalizer in his narrative of this specific case the GP feels sympathy, but he also reflects on his feelings from his current perspective as the doctor who is telling the story. In other words, the current perspective of the narrator, from which the story is evaluated, is expressed in the personal pronoun 'I' whereby the GP also locates himself within the interview frame. This can be seen again in the difference between 'I think' in line 9 and 'you think' in line 10. In line 9, the GP evaluates the narrative from his current perspective as the narrator who is outside the story ('I think you still feel sympathy'), whereas in line 10, he evaluates the case from within the story in his role as family doctor ('you think, 'Well, why do they do that?...'). In Chatman's terminology, the GP as narrator has a particular "slant" on the events he narrates, while the life of his patients is also "filtered" through him as an actor or character in the storyworld. However, the referential function of 'you' in this case is not entirely clear.

As I discussed above, the referential function of 'you' normally excludes the speaker and either addresses one person or a group of two or more people. In English, 'you' can also express a non-specific group of people comparable to that comprised in French '*on*' and German '*man*'. Here, the generic pronoun 'you' generalizes the GP's feelings and thereby implies that other people would probably feel the same. Thus one could argue that 'you' may equally refer to any person, that means it is used in the sense of the generalized pronoun 'one'. If the pronoun retains even a small residue of its original semantic value it can also be regarded as a means of self-address. Understood in this sense, the doctor, by using 'you', seems to implicitly distance himself from himself and from the whole situation and immerses himself in an unspecified group of people. Put differently, he signals linguistically that the feelings he has are universal and do not solely apply to this couple.

At the same time, the GP justifies his distancing by presenting it as generally acceptable behaviour. The GP in fact reinforced that notion later in the interview when he stated that feeling sorry for victims of any description was part of 'human nature'. The fact that the GP answered the question about his own *personal* feelings in a situation where he encounters intimate partner violence in patients in general and indeed generic terms, can be interpreted in two ways: first, it might indicate the GP's reluctance to speak openly about his emotions in the formal context of the interview; secondly, the GP offers a general statement because he assumes that sympathy for victims is an emotion generally expected of people and perhaps even more of doctors, and thus needs to be addressed in the interview.

Interestingly enough, however, the sympathy mentioned in the narrative is not directed towards the victim but instead towards 'what's happened', the incident in general. Similarly, agency is attributed to both parties when the doctor asks himself: 'Why do they do that?', thereby implicitly making the victim partially responsible for the situation. The underlying question 'why do they stay?', which is

indirectly repeated and thus emphasised, points towards the GP's puzzlement, and it also underlines his 'frustration' (line 9) with an unsatisfactory situation, unsatisfactory because the GP cannot do anything. The final clause in line 13 ('and it isn't something that can be changed usually') avoids any attribution of agency by employing a passive construction, thereby evading the potentially threatening question: 'changed by whom?'.

Since the communicative situation was an interview, which is commonly based on the linguistic interaction of (at least) two participants, 'you' might even be interpreted in its proper function as address pronoun. On this interpretation, 'you' refers to me as the interviewer, and the implication is that the feelings and thoughts depicted in the narrative could potentially also apply to me. In other words, I would probably also feel sympathy and think 'Why do they do that?' if I were placed in a similar situation. The fact that feelings of sympathy and disbelief about other people's seemingly irrational behaviour are shared by many people and thus may well belong to my experiential repertoire as well, supports the inclusive interpretation of 'you' = interviewer/listener. This additional facet to the semantic range of the second person pronoun in the narrative demonstrates that the *a priori* values attributed to pronouns need not be in opposition to one another but can be conceived of as flexible points on a continuum. These points may converge or diverge, thereby assuming new values depending on the context in which they are used. As Salazar Orvig succinctly puts it: "Les glissements, les déplacements, les alternances entre JE et ON / VOUS se construisent à partir des potentialités sémantico-référentielles de ces unités et en même temps, ces déplacements et ces alternances leur confèrent de nouvelles valeurs"[7] (Salazar Orvig 1999, 151).

The ambiguity of doubly-deictic 'you' makes it possible for speakers to use the pronoun strategically. Thus, the facet of generalized 'you' implies the GP's position vis-à-vis himself and other people. The GP can distance himself from his own, more personal self and move towards a more generalized, and perhaps more professional, self. The facet of vertical address including the listener allows a displacement or 'gliding' towards the interlocutor. This creates involvement and can function as a bonding device, whereby the listener is invited to identify with the predicaments of the speaker. The GP indirectly addresses me, the interviewer, in order to signal to me that I may feel the same under similar circumstances. This strategy may also be used to circumvent possible threats to one's face wants posed, for example, through criticism.

The GP's linguistic behaviour towards the end of the narrative supports the assumption that he might have suspected, and consequently tried to deflect, potential criticism on my part. The emphatic adverb 'really', together with the discourse marker 'you know', for example, is used here in its phatic function to create involvement with the listener. It is a bonding device by which the narrator tries to gain the

7 "The gliding movements, the displacements, the alternations between JE and ON/VOUS emerge from the semantic-referential potentialities of these [discourse] units and at the same time they confer on them new values" (my translation).

interviewer's approval of his point of view. The GP wants to make a point about the fact that distancing is the only solution since he cannot change the violent situation as such: 'it's always been' like this (line 12) and 'it isn't something that can be changed usually' (line 13). By using the generalising adverbs 'always' and 'usually', the doctor reconstructs the violence in his patients' life as something irremediable and as an almost 'normal' factor in their more or less deviant circumstances, and thus he justifies his own reluctance to intervene.

Let us turn to other materials from the interviews and see how *doubly-deictic 'you'* is used there. Consider the following examples:

1. Uhm, but mostly it's, it's the, the scenario that things aren't, that the patients have said things aren't going well and they'll tell *you* that the, their partner sometimes hits them, say, when they're drunk or, or that sort of thing. Sometimes they'll tell *you* in retrospect, you know, that they've left him because obviously he was just 'lifting the hand', that's always what they say up here. 'He was lifting his hand and, uhm, that's why I left.' And, uhm, that's quite common as well that they sometimes don't want to tell *you* actually at the time. Sometimes they do.
2. Now, it's, it makes a point, that story. A very big point. *You* can't make outright assumptions that men are bad, right?
3. Well, it was quite, och, I think, the problem was that we never knew what happened. You know, *you* never know how, how things turned out in the long term.
4. *I* do a lot of onward referral. Because my own particular skills in domestic violence, [I wouldn't say, are] brilliant. Having said that, you know, that the other issues surrounding domestic violence [as] a GP, [issues of] depressive illness *you* can deal with because that, that, that's *your* job. But any other particular issues, *you*'ve got to move on. So, no, *I* would nae-, I think *we* should always [have] our awareness increased just as *we* should have our awareness increased for any condition. But *you* can't be formally trained on every condition.
5. *You* can be aware all your life but, you know, unless there is some sign that, that will prompt *you* to ask a question then, you know, *I*'m not gonna ask every woman that comes in, you know, uhm: "By the way [laughs] how are things at home?", you know. Er, "any bruises under your clothes that you want us to have a look at?" – no, *you* can't do that. *You* can't do that. I mean, you know, that, that becomes almost abusive in its intrusiveness. And *I* don't think *we* have that mandate.

These interview excerpts are interesting as they illuminate the various ways that 'you' can be employed. In the first example, 'you' first and foremost refers to the GP herself because it is her own personal work experiences she talks about. However, by using 'you' rather than the first person pronoun, the GP creates a distance between herself as the narrator of these experiences and herself as the person having these experiences. At the same time, her account is depersonalized and generalized. This corresponds with other discursive features which make this account sound like a general description, for example, the quantifying adverbs 'mostly', 'sometimes', 'always' and the predicate 'quite common', which suggest that the related events are not unusual. By using generic 'you', the GP implies that other

doctors may well have similar experiences with intimate partner violence in their practices. In example (3), the same strategy is employed to suggest that GPs in general have the problem of the unfinished story, that is, that they rarely know the outcome of such cases.

Examples (4) and (5) are particularly interesting as they not only display the switch from first to second-person pronouns but also from the first-person singular to first-person plural pronoun. In (4), the GP first talks about what he usually does when faced with a domestic violence case, but he switches to 'you' as soon as he starts to make comments about medical practitioners in general. Thus the phrases 'issues of depressive illness you can deal with', 'that's your job' and 'you've got to move on' can be paraphrased by adding 'as a GP'. A sense of community is thus evoked, which is reinforced through the first-person plural pronoun 'we'. Here the GP clearly signals group identity by using the collective but also exclusive person marker. At the same time, he demonstrates his entitlement to speak on behalf of his professional group. As Margolin points out:

> the question immediately arises whether or not the speaker(s) are empowered to speak on behalf of the reference class as a whole, thus conveying a joint/common communicative intent. If they do, they are speaking *for* the group, not only *about* it, and their utterances possess the status of group or collective speech acts (Margolin 2001, 243; italics original).

Interestingly enough, however, the GP then gives up this exclusive pronoun in favour of 'you' again: 'you can't be formally trained on every condition'. Bearing in mind what I said above about the inherent address function of 'you', I would interpret the GP's use of 'you' here as a move towards greater inclusiveness and thus as an attempt at convincing me as the interviewer of his predicament, namely lack of training due to a heavy workload.

Example (5) shows the same mechanism. Again, 'you' is used whenever the GP makes generalizing statements which supposedly not only refer to other GPs but also try to involve me in the general group of people evoked by 'you'. Thus the GP implies that no-one has the right to be intrusive by asking delicate personal questions. The pronoun 'we' at the end shifts attention from the linguistically underspecified, general group of people to the very clearly demarcated professional group of general practitioners. As in the previous examples, the pronouns thus allow the GP more or less well-defined positionings, depending on, for example, how sensitive the discussed issues are or how strong a statement he wants to make.

Conclusion

The close analysis of focalization and deictic shifts of pronouns, in particular the use of 'double deixis', in the narrative and other interview materials reveals that these features are employed as strategies to fulfill (at least) the following two functions

on various levels of the narrative: distancing and bonding. The use of the personal pronoun 'you', in particular, is shown to add complex layers of interpretation to the narrative and to the GPs' statements, which may go unnoticed in a mere 'common sense' analytical approach. While in a general content analysis 'you' would at best be recognised as generic 'you', its reconsideration against the background of narratological discussions of similar forms in literary narratives demonstrates that 'you' in fact becomes part of a narrative strategy whereby:

1. the narrator distances himself from his own personal self on the level of the story-world of the presented narrative and thus shifts towards a more generalized, professional self, and
2. at the same time tries to align the interviewer with his viewpoint through involvement and discursive inclusion on the level of the interview during which the narrative was told.

The discussion of the narrative and non-narrative materials shows that narratological terms can be useful if one wishes to conduct a more in-depth linguistic analysis of oral narratives in order to substantiate claims that might otherwise remain impressionistic. If one considers the narrative from my sample through a narratological lens, the story becomes more complicated and reveals semantic nuances which are interesting for the overall interpretation of the narrative. Thus, the notion of social positioning, for example, can be traced in instances of focalization and in the complex referential frameworks of personal pronouns. However, as with any narratological analysis, the resulting findings have to be considered within the larger context of surrounding materials, in this case, the remainder of the interview, to avoid the pitfall of making random claims about a narrative or other discourse units. But then again, this kind of triangulation of data ought to be common practice anyway, as social scientists will confirm.

My analysis of one conversational narrative as an example and further interview material can of course only be a starting point for what I hope will be a fruitful cross-over among narratology, sociolinguistics, and other social science disciplines. More work needs to be done to address problems and possibilities of such a cross-over. For example, I have pointed towards possible difficulties concerning the differentiation between written, fictional discourse and non-fictional forms of narrative in everyday conversation. Conversational stories are also 'messier' than written narratives and may therefore require modified versions of narratological concepts. Furthermore, one can envisage discussions around a narrative/non-narrative analytic divide. However, what I hope to have demonstrated with my paper is that more communication among scholars across disciplinary boundaries is needed in order to enhance the study of narratives and to avoid that the import of methodological tools becomes a one-way process.

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