

(Re)positioning and (Re)framing in '*The Moth*'s' Personal Narratives

A research paper by

Maha S. Zaghoul

Lecturer of linguistics

Helwan university

maha_zaghoul@arts.helwan.edu.eg

Amira I. Qabary

Lecturer of linguistics

Helwan university

amera_kabary@arts.helwan.edu.eg

Abstract:

People experience the world and share their experience of the world through 'narratives'. Somers and Gibson (1994), and Baker (2006) classify narratives into four types: ontological, public, conceptual, and meta-narratives. Ontological narratives refer to personal stories people tell about themselves, and these are the main focus of the present paper. The present study investigates the ways a person depicts himself/herself and his/her social identity in personal narratives. Baker's Narrative Account (2006) is tested in the data in order to investigate how the 'Self' is presented as the storyline goes on. In addition, Positioning Theory (1990), is incorporated in the analysis to show how narrators refer to themselves and shift roles throughout their stories. The data for the present study is a playlist of short narratives posted by '*The Moth*' – a non-profit group based in New York City dedicated to the art and craft of storytelling- under the title of '*Moth Playlist: Stories from the front Lines*' on April, 3, 2020. The playlist consists of six stories for first responders and helpers, and was posted as a tribute for front liners amidst the outbreak of Covid-19. The study demonstrates how the

‘Self’ (narrators) and ‘the other’ (key characters) are (re)positioned and (re)framed throughout the narratives reflecting different conditions and different social roles that mark the selective appropriation of the narrative themes. Moreover, the study shows that the moral behind the narratives transcends specific temporal and spatial frames identified in the narratives, revealing how the incidents or the people involved in these narratives gave the narrators new revelations in life.

Key words: ontological narratives, (re)framing, positioning theory, narrative theory

1. Introduction

Storytelling is one of the oldest and most universal forms of communication where people experience the world and share their experience of the world. Somers and Gibson (1994) state that a narrative is a way of perceiving and experiencing the world. Along the same lines, Baker (2006; 2012) states that narratives are stories that people tell about themselves and others. Somers and Gibson (1994), and Baker (2006) classify narratives into four types: ontological, public, conceptual and meta-narratives. The first category is the ontological narratives which refer to personal stories people tell about themselves, and these are the main focus of the present paper. Public narratives, on the other hand, arise from social constructions larger than the individual such as the family, religious or educational institutions, and political groups (Baker, 2006; Somers & Gibson, 1994). They are stories that ‘many people share’ and they often ‘arise out of a shared history’ <https://www.health.state.mn.us/communities/practice/healthymnpartnership/narratives/context.html>. The third type of stories, conceptual narratives, are those “concepts and

explanations that we construct as social researchers” (Somers & Gibson, 1994, p. 62). In Baker’s terms (2006), they are called ‘disciplinary narratives’ where scholars provide stories to explain and elaborate on their objects of investigation for themselves and others. Finally, meta-narratives are public narratives that are shared on a larger scale and over longer times in history. According to Somers & Gibson (1994), they are narratives in which people are embedded as contemporary actors in history. As Baker (2006) notes, they transcend spatial and temporal boundaries to be shared across countries and cultures. Similarly, Baker (2010) further elaborates that for a story to be considered as a meta-narrative it should have an enormous impact on the lives and minds of people all over the world regardless of how long it lasts; she gives the War on Terror as an example of meta-narratives.

In the present study, six personal narratives are analyzed; the narratives were posted on April 3, 2020, under the title of ‘*Moth Playlist: Stories from the Front Lines*’. The data is examined in the light of Baker’s Narrative Account (2006) to investigate how the ‘Self’ and ‘other’ are presented. In addition, Positioning Theory (Davies & Harré 1990; Harré, 2012; Harré & van Langenhove 1991; van Langenhove & Harré 1999; Harré et al. 2009) is incorporated in the analysis to show how narrators place themselves and other key characters throughout their stories about life changing experiences.

In the present paper, the different positioning(s) taken by narrators are traced throughout narratives recounted about challenging times of personal experience. It integrates Positioning Theory into Narrative theory with the aim of answering the following questions:

1. How are the ‘Self’ and ‘Other’ positioned and (re)positioned throughout personal narratives?

2. Which (re)framing techniques are employed to modify the narrator's 'Self' and 'Other' positioning(s)?
3. How useful is the integration of Positioning and Narrative Theories in identifying the number of 'Selves' presented in personal narratives?

The paper proceeds to discuss the selected data, followed by the review of the theories incorporated in the analysis and the methodology. The analysis and discussion come next, followed by concluding remarks.

1. Data

The data comprises six personal narratives posted by *'The Moth'* staff on April, 3, 2020 under the title of *'Moth Playlist: Stories from the front Lines'*. The playlist includes stories for first responders and helpers; it was posted as a tribute for front liners amidst the outbreak of Covid-19, in a world of total uncertainty and confusion. The playlist was posted to pay "...respect to the helpers", following the "...recent trend in New York City and around the world..." to take "...a collective pause to applaud the essential workers helping us get through this challenging time." <https://themoth.org/dispatches/stories-from-the-front-lines-playlist>. The researchers have transcribed the data into a written form to facilitate the analysis.¹ The stories are 'Living up to a Motto', 'Critical Crash', 'To Bravely Do or Bravely Die', 'This Keeps Me Up at Night', 'Opposing Forces' and 'A Phone Call'. The length of the stories ranges from five to fifteen minutes. The narrators are ordinary people recounting life-changing personal experiences as clear from the titles of

¹ Transcripts are available on the following link
https://drive.google.com/drive/folders/1-MW2wygCuD2xWxyIhyrTduMFsLI-TPvM?usp=share_link

the narratives; the narrators are not famous writers or novelists.

The Moth is a non-profit group based in New York City whose mission is “...to promote the art and craft of storytelling and to honor and celebrate the diversity and commonality of human experience” <https://themoth.org/about>. *The Moth* uses “...true, personal storytelling to illuminate the human experience, build empathy and drive social change” <https://www.facebook.com/TheMoth/>. It was founded in 1997 by the novelist George Dawes Green, who wanted to give New Yorkers the feelings he experienced in his native Georgia when gathering with friends to spin spellbinding tales in hot summer evenings “when moths were attracted to the light on the porch...The first New York Moth event was held in George’s living room and the story events quickly spread to larger venues throughout the city.” Since then, “[T]he Moth has presented thousands of stories told live and without notes.” <https://themoth.org/about>. In 2009, the organization launched *The Moth Radio Hour*, which “features [*the Moth’s*] most beloved tales and the stories behind the stories.” <https://themoth.org/radio-hour>. *The Moth* offers a weekly podcast, providing “...re-airings of all new episodes....” <https://themoth.org/podcast>.

The organization also hosts The Moth StorySLAM events, which are “...virtual open-mic storytelling experiences that invite up to eight tellers to share a true, personal story on a given theme. The SLAM ends with the audience voting for their favorite story, crowning the StorySLAM winner.” StorySLAM winners then compete in Grand StorySLAMs. <https://themoth.org/about-moth-events>.

2. Theoretical Framework

This section presents an overview of the theories integrated into the analysis; namely, The Positioning Theory (1990, 1991, 1994, 1999, 2009, 2012) and Baker's Narrative Account (2006).

3.1. The Positioning Theory

Scholars in social psychology are interested in studying factors affecting human behavior; they proposed several theories in an attempt to explain human behavior in social contexts. Among such theories is Positioning Theory which is based on the notion that a person in any given community exists within a system of rights and duties, determining one's 'position'. The concept of positioning is a conversational practice which "reflects various relations such as power, competence, and moral standing" (Sherif, 2016, p. 48). Positioning contributes to the cognitive psychology of social action through its ability to unearth the explicit and implicit rationales regulating people's attitudes in dealing with each other (Harré et. al., 2009). According to Harré (2012), a position is a combination of short-term rights and duties. Wuthnow (1987) states that positioning is governed by local moral order, defined as "what is proper to do and reasonable to expect" (p.14). Furthermore, there are various moral orders in any society; some of which are more stable than others, being widespread norms, whereas others depend on local understanding and negotiation of rights and responsibilities (van Langenhove & Harré, 1994).

Harré and van Langenhove (1991), and van Langenhove and Harré (1999) suggest several levels, modes, and distinctions. However, in the present study, focus is on a few notions that are integrated into the Narrative Theory in the analysis. Harré and van Langenhove (1991, p.24) propose

four intentional positioning across all moral order contexts: 'Deliberate Self Positioning', 'Deliberate Positioning of Others', 'Forced Self Positioning', 'Forced Positioning of Others'. Deliberate Self Positioning occurs whenever a person articulates his/her personal identity through stressing one's unique opinion, one's agency and recounting personal events in any conversation or social interaction. Forced Self Positioning, on the other hand, involves someone other than the person involved. The third type, Deliberate Positioning of Others, can occur whether the person referred to is present or not. Interestingly enough, Harré and van Langenhove (1991), and van Langenhove and Harré (1999) provide 'gossiping' as an example of Deliberate Positioning of Others in their absence. However, when positioned in their presence, 'Others' are allowed to be present in 'Self' storylines. Forced positioning of Others is employed whenever another person is required to position others such as witnesses in law courts.

Along the same lines, Davies and Harré (1990) propose two important variants of positioning: 'interactive' and 'reflexive', where interactive positioning corresponds to positioning others and reflexive positioning corresponds to self-positioning. In addition, they elaborate several dimensions. They argue that the words selected and used by a speaker, including images and metaphors, reflect how a person views his/her own self. Furthermore, they recommend that people in the positioning process should pay attention to political and moral commitments, the person one aspires to be, one's attitudes towards others, and the existence of alternative storylines to replace the speaker's initial discourse or recount.

Harré and van Langenhove (1999) bring together biographical studies and discourse analysis into Positioning Theory. They believe that the focal point of reflexive positioning is personal identity which results from the diverse

discursive practices and multiplicity of selfhood, since people have various types of identities- social, cultural, and personal. Personal identity can be attained through positioning “by stressing one’s agency in claiming responsibility for some action; by indexing one’s statements with the point of view one has...; or by presenting a description/evaluation of some event or episode as a contribution to one’s biography” (Harré & van Langenhove, 1999, p. 62).

In this section, the main traits of Positioning Theory are discussed. Definitions related to personal stories/biographies and focal notions of Self-Positioning and reflexive positioning are presented. The following section presents an overview of Narrative Theory.

3.2. Narrative Theory

Baker’s Narrative Account (2006) is based on Somers and Gibson’s Narrative Theory (1994). Baker’s model (2006) was not originally developed to analyze various genres, themes, and forms of narratives. Her work attempts to explain how narratives, especially political ones, are changed and challenged through (re)framing techniques in the process of translation in times of conflict. Several studies employed her model to analyze translated data (Allawzi,et.al, 2022; Al-Maryani, 2017; Al-Shehari & Al-Sharafi, 2020; Ismail, 2019 and Jaber, 2016). However, the model “could be widened” as brilliantly suggested by Sherif (2016, p. 4). Sherif (2016) demonstrates in her work the applicability of Narrative Theory on autobiographical texts, their translations and cinematic adaptation. Before outlining the methodology employed in the present study which builds on Sherif’s work (2016) and further adds to it, Baker’s Narrative Theory (2006) is first reviewed.

A narrative is a way of experiencing and perceiving the world. Somers & Gibson (1994), and Baker (2006), classify

narratives into four types: Ontological, Public, Conceptual and Meta-narratives. The present study focuses on Ontological narratives only since the data consists of 6 personal narratives. According to Somers & Gibson (1994, p. 61), ontological narratives “can only exist interpersonally in the course of social and structural interactions over time.” Hence, events are presented as “episodes where the constructed self is never fixed” (Sherif, 2016, p. 34). Narratives give people

the reassuring sense that life is not just a series of events happening after one another without rhyme or reason. In terms of individuals’ sense of themselves, stories enable people to have a sense of coherence about who they are.

(Winslade & Monk, 2008, p. 4)

Baker (2005) argues that it is ‘Causal Emplotment’, rather than chronological order, that helps readers to get the moral behind events. “(I)t enables us to account for why things happened the way a given narrative suggests they happened” (p.8).

As for the features of narratives, Somers & Gibson (1994), and Baker (2006) propose four features that are almost identical in both models. The first feature is ‘Relationality’ which treats events as a chain not in isolation. The second feature, ‘Temporality’, is directly connected to ‘Relationality’, since we make sense of “any single event only in temporal and spatial relationship to other events” (Somers, 1997, p. 82). In other words, Relationality places events according to their significance in the storyline; whereas, Temporality relates them to each other in terms of time and space. Hence, a change in the order of events may

change the meaning of the original narrative. On the other hand, ‘Causal Emplotment’ – the third feature – is concerned with the interpretation of events rather than recounting what happened. As Baker (2006) elaborates, Causal Emplotment “allows us to weigh and explain events, rather than list them, to turn a set of propositions into an intelligible sequence about which we can form an opinion” (p. 67). Being interested in the process of translation and re-writing narratives in political texts, Baker (2006; 2012) advocates that causal relations can be disputed by conflicting narratives. The last feature in both models (Somers & Gibson, 1994; Baker, 2006) is ‘Selective Appropriation’. Like Causal Emplotment, Selective Appropriation is concerned with the interpretation of the events, rather than their sequence. Somers and Gibson (1994) state that Selective Appropriation is attained through the inclusion and removal of certain details in the experience. Baker (2010, p. 352) elaborates that “selective foregrounding and backgrounding of individuals, groups and features attributed to them is a part of the elaboration of particular roles in a larger narrative.”

Baker’s work (2006) focuses on how the narratives are changed in the process of translation and she proposes four components through which ‘Framing’ / (Re-)Framing is achieved. Temporal and Spatial (Re)Framing involve linking the narrative to a space and time that are relevant to recipients. The second technique is Selective Appropriation discussed above. The third technique is ‘Labeling’, where a “lexical item, term or phrase” is used to “identify a person, place, group, event or any key element” in the narrative. Labeling techniques include titles, counter-naming and rival systems of naming. Labels affect how a person or an object is perceived. The last (Re)Framing technique is (Re)Positioning of participants which is an aspect of Relationality. (Re)Positioning is attained through “the

linguistic management of time, space, deixis, dialect, register, use of epithets and various means of self- and other identification” (Baker, 2006, p. 132).

Having reviewed the theoretical framework in the present and the previous sections, methodology is tackled in the section below.

3. Methodology

The present study employs Positioning Theory (1990, 1991, 1994, 1999, 2009, 2012) and Baker’s Narrative Theory (2006) in the analysis of the data. These models are selected because of their communicative and social aspects. Positioning traces changes taking place through the (re)assignment and (re)negotiation of rights and duties. However, Positioning Theory, being a model for social communication in sociology, does not provide clear linguistic tools of analysis. Hence, Narrative Theory is integrated in the analysis. Following Sheirf’s (2016) steps, the present study expands Baker’s model to analyze firsthand/original, rather than, translated narratives. It is argued that conflicting narratives in original narratives comprise the initial departing position of the narrator and other characters and his/her/their re-positioned/ re-framed self(ves) as the narrative unfolds.

Adopting Baker’s analytical toolkit, (re)framing is investigated through tracing labeling techniques, (i.e., lexical choices, referring expressions, and adjectives), selective appropriation (themes, events or characters that are foregrounded or backgrounded), temporal and spatial forms (expressions and structures marking time and place) and (Re)positioning of participants (self and other presentation). Since there are no original and re-told narratives to be compared, these linguistic features are investigated at the

beginning of the narrative as opposed to the rest of the narrative.

Analysis below is divided into two major sections. The first section, (re)positioning of participants, investigates how narrators and key characters are positioned and repositioned across the narrative. Labeling and selective appropriation related to participants are integrated in this section. The second section, temporal and spatial (re)framing, investigates temporal and spatial deixis, and the use of tense and aspect. It also integrates in the discussion labeling and selective appropriation connected to temporal and spatial forms.

4. Analysis & Discussion

As mentioned above, the data comprises six narratives that were presented live in some of *The Moth's* events. All audio tracks begin with the audience applause following the host's introduction of the speaker/narrator. All stories are personal ones narrated in the first person mode about real life experiences; the narrator is the main character in them all. The different stories were collected by *The Moth's* team and placed in one playlist as tribute to front liners and first respondents as a reaction to the Covid-19 pandemic. It was an attempt to praise those who are in the line of fire as well as to give hope to the audience at times of total uncertainty.

5.1 (Re)positioning of participants

Analyzing the data reveals that all stories involve “deliberate self positioning” when narrators refer to themselves and their actions and “deliberate positioning of others” in reference to the other characters involved in the narratives. Accordingly, the narratives involve both “reflexive” and “interactive” positioning. Tracing the

techniques of labeling and (re)positioning suggested by Baker (2016) should reflect the development of self and other positioning/representation in the investigated stories. This also highlights the selective appropriation throughout the development of initial and final positioning and repositioning of the speakers and main characters in the narratives.

5.1.1. Self (Re)positioning

Five out of the six narrators begin with introducing/positioning themselves in their professional roles; hence, positioning themselves deliberately within well-defined institutions with clear duties and rights. Each narrator employs reflexive positioning, where he/she places himself/herself within the boundaries of their careers:

1. “...I serve as a helicopter rescue swimmer in the US Coast Guard.”² (*Living up to a Motto* by Rob Simpson)³
2. “So I’m a physician, a surgeon actually.” (*Critical Crash* by T. Dixon)
3. “I’ve been a Detroit firefighter for 24 years now.” (*To Bravely Do or Bravely Die* by Sivad Johnson)
4. “So back when I was in medical school, I was on one of my surgery rotations.” (*This Keeps Me Up at Night* by Zeeshan Nayeemuddin)
5. “I was about to graduate from dental school when I told my mother that I had been assigned to do my residency at a hospital in a small town in Colombia, called Neiva.” (*Opposing Forces* by Martha Ruiz Perilla)

Such professions have a fixed set of duties stated by the codes and regulations clearly defined by the well-established institutions. Starting at this point, some of the

² All examples from the narratives are marked by italics and quotation marks.

³ Source of the example is only mentioned when examples are given from different narratives. Otherwise, the source of the example is marked in text.

narrators are keen to draw a clear picture of their jobs. Throughout the first three narratives, the narrator's view of his/her job is reinforced. Through 'Deliberate Self Positioning', each narrator focuses on his/her professional self.

Simpson- the helicopter rescue guard- starts by highlighting the distinction of his job by saying: "*It's a pretty tough job to get*", "*It's one of the harder training curricula in the US Armed Forces*", and "*it's a tough job to get, tough job to keep*". The repetition of 'tough' three times in relation to the nature of the job shows how distinguished the job is and how proud he is of himself. In the middle of the narrative, he comments on his positive feelings about rescuing someone: "*And it was, it was an awesome moment*", and "*So it was a very rewarding experience*". However, by the end of the narrative, he comments on realizing that his decisions on the job may endanger his family as "*a paralyzing moment*", which reflects conflicting emotions leading to repositioning of self by the end of the narrative from being a fearless proud rescue swimmer to a caring frightened husband and father.

In the second narrative, Dixon- the surgeon- mostly highlights the challenges and difficulties of the job, such as the long training, the long working hours, the mental and physical stresses dealing with the patients and their families. However, by the end of the narrative, she highlights the reward of this job: "*so, I realized that treating people like a human being, it does matter. It does make a difference*". The narrator's certainty about her job shifts from the beginning to the end. At the beginning, she was uncertain about keeping her job: "*I didn't know if I wanted to continue with my surgery training*". However, by the end, she states "*And for me, that's when I finally realized, that all that sacrifice and all that blood, sweat and tears, it was worth it*". The new position reflects the shift of perspective, where selective

appropriation is highlighted in the modification of the theme, where the surgeon stresses her new position. She used to be uncertain about the job because of its hardships, but now after Savannah survived, she is certain about it despite its difficulties. Her job turns out to be rewarding after she has seen its true value on the patients' lives.

In the third narrative, Johnson- the firefighter- starts by referring proudly to his job. *"I believe Detroit firefighters are some of the best in the world at what we do"*. With the development of the narrative, the job takes an emotional toll on him. When he arrives at the fire site and realizes that a mother is still inside the house, he says, *"My heart paused"*. However, there was no time for emotions, so he *"sped up the driveway with another firefighter to the back to see what we had "*. Later in the narrative, he refers to the dangers of his job: *"And at this point, my nervousness turned into fear. Because I knew firefighters die in situations like this. They get injured in situations like this."* Throughout the whole narrative, Johnson deliberately positions himself as a proud firefighter, frightened sometimes but acting promptly and bravely. He also stresses the duties and the hardships both physically and emotionally that accompany them. By the end of the narrative, he comments on the challenge of losing a life as a firefighter: *"(i)t's never easy, and it never feels right to lose a human life when you've been called to rescue them. But it comes with the job"*. Selective appropriation is stressed through the final comments of the speaker. He is a proud firefighter, but this does not mean that he is never terrified nor does it mean that he never loses a life. However, dealing with such pain comes with the duties of the job. He starts off with positioning himself as one of the best firefighters - Detroit ones - and coming from a family of firefighters - a legacy he is extremely proud of. By the end, with all the hardships and excitement he went through on the job, he

prefers simple joys of life when he retires. The narrator positions himself after retirement not professionally but as a normal human person avoiding any risky situations, especially related to fire. He says, in a humorous manner, *“And I don't know how much longer I'll be a Detroit firefighter, butwhen I retire, I only want to see fire on my stove, my outdoor grill, or the end of my cigar”*.

In the fourth and the fifth narratives, Nayeemuddin & Perilla comment by the end of their narratives on the value and purpose of their jobs:

6. *“I've never met a single physician, nurse, social worker who gives a fuck what your immigration status is, I've never had it become a point of contention because all we do is we want to make you better.” (This Keeps Me Up at Night by Zeeshan Nayeemuddin)*
7. *“And if you're gifted with the opportunity of helping another human being, especially in times of war, you do it. Because that's how you serve not a faction, not a party, not a cause, but the people.” (Opposing Forces by Martha Ruiz Perilla)*

For both of them, helping those who are in need - regardless of their ethnic or ideological backgrounds- to get better is the utmost goal of their job. Their position does not change from the beginning to the end, but focus shifts from hardships of the job to the humane duty it entails.

The last story ‘A Phone Call’, however, presents a different perspective from the other five stories. The narrator - Auburn Sandstrom- reflexively and deliberately positions herself during a very difficult time in her life and proceeds to show how a phone call helped her go through such a tough time. Hence, the initial departure point is not devoted to the

professional aspect of her life; rather, to the personal aspect: *“The year was 1992... I'm curled up in a fetal position on a filthy carpet in a very cluttered apartment. And I'm in horrible withdrawal from a drug that I've been addicted to for several years now.”*. The adjectives she uses add to the effect of how incapable she was to take care of herself then. The metaphor she uses *“...curled up in fetal position”* shows how vulnerable and helpless she felt. Then, she clarifies the reason behind such a terrible fate- she was a drug addict. All the adjectives aggravate the difficult situation she was in.

Through the narration, after deciding to seek help over the phone, she positions herself in a better condition. *“And I was feeling calm. I was feeling okay, I was feeling you know, I, I can do, I can splash my face with water today. And I can probably do this day”*. *“And I can't tell you that I got my life totally together that day. But it became possible”*. Selective appropriation is reflected here in the shift of her position from being helpless to seeking help and being willing to change her life. Although her life did not magically change that night, it marked the beginning of her willingness to take serious action to save herself and her son.

Data analysis has also shown that the narrators position themselves in different social roles throughout the narratives, marking sometimes a significant emotional shift. The first narrator, the rescue swimmer, positions himself as boyfriend & a husband, a son, and a father. When he was assigned to go to serve in Alaska, he deliberately positioned himself as a boyfriend:

“And I felt I owed it to her to give her a little bit of lead time to either find a new roommate or wrap her head around picking everything up and moving to Alaska. And she told me I needed to wrap my head around becoming a married dude.”

The negotiation and renegotiation of roles and duties are clear in the example above. Instead of her wrapping her head around breaking up with him or moving to Alaska, he had to wrap his head around being a committed husband. Of course, this is achieved through deliberate positioning of himself and of his girlfriend since she is not present in the narrative except through his words and his retelling of the conversation.

As a son, at the beginning of the story, he does not understand his mother's somber tone and lack of excitement when he told her he was stationed in Alaska- a move that means a lot to his career. However, when he becomes a father, he understands her feelings-as explained below. Also, he positions himself as a son in need of his father's help. After a difficult rescue case, he had conflicting emotions between his 'professional self' as a dedicated rescue swimmer who takes risks so that others may live and his personal 'social self' of being a husband and a father-to-be whose decisions on the job might affect his family's well-being. At that moment, he felt the need to call his father to ask for advice: *"And I, at that moment, was a little lost. So, I called my dad, he's a trauma surgeon and I trust his advice more than anybody"*.

As a father, he expresses happiness knowing that he will be a father: *"I'm going to be a father, have a baby girl. So you can imagine it got really heavy, really quick for me. But it was amazing. I was very happy, overjoyed."* When the nurse handed him his daughter for the first time he was completely overwhelmed: *"And I'm overcome by all these emotions I've never felt before. And then they all turned into this one giant new emotion that I've never felt before. I couldn't hold her tight enough. I couldn't tell her I loved her enough and I couldn't protect her enough all the same time"*. Only then, he called his mother to apologize to her after he realized how hard it is to be a parent: *"And then, I understood*

my mom's somber tone. You know .. to her .. I'm not a 2,64..210-pound rescue swimmer, I'm her baby boy”.

The third narrator, the fire fighter, at one point positions himself as a father. The image of his five-year old girl hugging him tightly when he returns home, the voice of her laughter when he tickles her gave him the will and stamina to rescue himself: *“She expected me to come home from work tomorrow. And I expect to go home to work. So, I decided to get up and I lurched forward”.*

The fifth narrator, the training dentist, positions herself as a daughter and a potential victim of violence in an unstable country. When summoned by a man with a gun, she immediately positions herself as a daughter and thinks of her parents: *“I began to think of my parents. And in the stories, I had heard of doctors and nurses being kidnapped and taken away”.* While doing her job to help the little boy, and even after finishing the mission, she expressed her fear of getting killed in different ways:

8. *“I was terrified”,*
9. *“But when I approached and tried to touch the child, I felt the pressure of the rifle on my back”*
10. *“And in the back of my head, I also knew that if the army had been notified that the readers were in the hospital, they could burst in at any moment, and there would be a crossfire. And I would become collateral damage by the end of the morning. and with every scream the barrel of that rifle shook on my back”.*
11. *“I felt the pressure of the rifle off my back. And I close my eyes, and I pray to God that he wouldn't shoot me right there.”*

The sixth narrator, the drug addict, positions herself as a mother who fails in her duty towards her son and even herself. *‘...I wasn't going to get the Mother of the Year award*

in 1992. In fact, at the age of 29, I was failing at a lot of things'. In the light of local moral order which is defined by Wuthnow (1987) as "what is proper to do and reasonable to expect", she failed to do what is proper on so many levels and she admits it (p.14). It is actually her fear as a mother to lose her child that motivated her to take some action to help herself: "So, underneath my withdrawal and terrible anxiety was assuring knowledge that I was leading the life that was going to lead to me losing the most precious thing I'd ever had in my life. I was so desperate at that moment that I became willing to punch the numbers into the phone,". She also positions herself as a member of a privileged class. "I was raised in comfort and privilege. I was that girl who had the opera lessons who spoke fluent French, who had her expensive undergraduate college paid". However, when she realizes the poverty and injustice in the world, she rebels against her own social class: "And I came to the faulty conclusion that the thing I needed to do with my privilege, and all the comfort that I'd had all my life was to destroy it, rip it in half, spit on it, and set it on fire". Finally, she also positions herself as a loving wife despite the fact that her husband hurts her and their son: "And I really, really love my husband. And I wouldn't want you to say anything bad about him. But he has hit me a few times and, and there was a time when he pushed my child and me out into the cold and slammed the door behind us".

Narrators sometimes use the first person plural pronoun "we", positioning themselves as members of a certain social group. Four of the narrators use 'we' to refer to themselves with (a) family member(s). The first and the sixth narrators use it referring to a husband and a wife. The first narrator also uses it to include his daughter as well. The Third narrator refers to himself and his brother as "*second*

generation” fire fighters. The fifth narrator uses it to refer to herself, her father, and her mother.

Furthermore, the first four narrators use the plural pronoun ‘we’ to place themselves among their work groups. The second and the fifth narrators, who were both physicians, grouped themselves with the patient they were treating respectively: *“I guess we kind of both were at that point in time”*, and *“We were both sweating profusely”*. In a similar way, the sixth narrator grouped herself with the person who offered her help. Interestingly enough, the fifth narrator also groups herself with her attackers while referring to all the actions she was forced to do with them. Finally, the fifth narrator also uses the pronoun ‘we’ to refer to all the citizens of Colombia including herself: *“We were all just people caught in this war”*.

5.1.2. Other (Re)positioning

In addition to the narrators, the narratives included references to some key characters that were deliberately positioned and sometimes repositioned by the narrators throughout the narratives.

In the first story, the narrator positions his mother as a very loving and supporting mother, but she cannot reciprocate his excitement and *“there was a somber tone when I told her we’d be leaving to go up to Alaska”*. He maintains this representation of his mother: *“And she was always very loving and very supportive, very excited. But there was always a somber tone”*. He explains her somber tone as a sign of her being sad for missing him. However, by the end of the narrative, he understands the real reason: she is simply a protective mother who loves her son and is always afraid for his safety; yet, at the same time she is supportive and does not hold him back. Thus, he apologizes to his mother after becoming a father himself.

The key character in the second narrative is the 16-year-old girl patient who was admitted to the hospital after a severe car accident. The narrator gives a detailed description of the serious condition of this patient: *“And she has a head injury that is horrific that could have killed her. She had bilateral lung contusions that could kill her still. And she had a grade for liver fracture that could kill her. She had a grade five splenic fracture that could kill her and a grade five pelvis fracture that could kill her. I mean, this girl was broken.”*. Throughout the narrative, this unhealthy image of the “random patient” is maintained: *“She's real critical”, “this girl is still dying”, and “She's unconscious”*. Even when considering the rare chances of her survival, she is still unhealthy. *“If one day she's going to, you know, wake up at all, and if she does, you know, with that brain injury, will she be catatonic? Will she be in a regressed state? Will she just have some deficits”*. All descriptions add to the hopelessness of her medical condition. However, by the end of the narration, this patient is repositioned as a healthy girl: *“she looked great. She was healthy. And she was talking to me, and she only had one class to make up so she could graduate with her fellow, you know, high schoolers, and she was so excited”*. This dramatic shift in the health conditions of the patient triggers the dramatic change of the narrator’s certainty about her job.

In the firefighter’s narrative, it initially feels that there is no other clear major character. However, examining the narrative thoroughly reveals that his fellow firefighters are the second major character. He deliberately positions his colleagues at the workplace from different perspectives. As pointed out above, he frequently positions himself as one of them using the first-person plural pronoun ‘we’. In addition, he clearly states that they are like a family: *“I've met a lot of great men and women on the job and through some of the*

things we've been through and shared, we've grown close, like a family". The adjective "great" indicates how the narrator respects his colleagues: a position that deliberately entails mutual respect as both a right and a duty among fellow colleagues. He also describes them as "*the best in the world*". He portrays them at their leisure time when there are no fire calls: "*A few of us were helping to cook out in the kitchen. And a couple of guys were watching something on TV*". Such actions are simply interrupted by a report of a fire. This leisure image is portrayed again after finishing a mission: "*A few hours later, we're back at the station, we're cleaned up and sitting around*" as if nothing has happened. Such vivid images show how close they are, giving a sense of belonging and shared experiences. In addition, he portrays firefighters' exhaustion after a long night fighting fires collectively as either trying to get home to get some rest or sleeping in bed at the station out of exhaustion. When facing danger while putting off a fire, the narrator positions firefighters as victims themselves; their duty towards others sometimes turns them into victims at impossible situations:

12. "*I thought about a buddy of mine who lost part of his leg when a wall collapsed on him and crushed it.*"
13. "*I pictured a video of a fellow firefighter who had to literally chop through the roof of a building because his tank ran out of air, and he couldn't find another way to get out.*"
14. "*I thought about a brother we had to bury because part of a building collapsed on him and buried him alive on the scene.*"

Finally, the narrator recounts an example of his fellow firefighters' bitter joke after difficult moments: "*And in true firefighter humor, one of my buddies says, 'I'm glad you made it out .. because if you didn't, I was going to eat your portion*

of lamb chops at dinner tonight'. That was his way of saying 'I love you'.

In the fourth story, the main character in the narrative is positioned as a patient. His age and gender are mentioned - *"a guy who just came in -19 years old"* - which reflects a doctor's main focus when dealing with patients. Then, his medical complaint is stated: *"I was working the other day, and couldn't really walk that well. And then this morning, I couldn't really see that well, and my boss kind of made me come in"*. Clear roles are represented in the form of doctor - patient relationship. Only when the extremely bad condition is realized, does the narrator repositions her patient based on his ethnic background since it is the reason that led him to such a terrible fate. Believing that going to a hospital would lead to his parents getting deported, he ignores his difficulty in walking and the lump on his testicle: *"(H)e this guy was- he's a Mexican American. He was born in America. He's a citizen. But both of his parents are illegal immigrants...but this guy was just so scared for his parents that he waited "*. Shifting to a different role, the narrator repositions the patient as a kid with high potentials in a very famous successful restaurant: *"(B)ut he was an amazing chef...this kid had started there at 16. He's a 19. Now he was a sous-chef, which is insane"*. However, his fear and his waiting led eventually to his premature death and wasting his great potential. Finally, the narrator repositions this patient as an example or a representative of many patients who can be victims of their fear of being reported: *"I keep thinking about this 19-year-old kid, like, how many other people like that are there who just don't want to go see a doctor or don't want to see a lawyer or whatever, because they're so scared"*.

The narration of the training dentist, Martha Ruiz Perilla, is full of characters that are significant for the narrative. Firstly, there are Martha's parents, especially her

father. The mother is only positioned through her fear for her daughter when she learned about the dangerous area where she will be training: *“My mother was really upset”*. Her father is positioned throughout the narrative as an important source of inspiration for his daughter. He himself is working in difficult conditions: *“you know me how, you know how I live here in Ghana, you know how dangerous it is. You know how violent it is”*. The narrator positions her father as the one encouraging her to do her job and not to be scared: *“Because if the good people don't stay and serve, then the bad people take over. So, you go where you're being called to serve. And you help those who need you the most”*. By the end of the narrative, the narrator refers again to the words of her father *“And I thought about my father's words about serving the people”*. His words seem to be the source of setting her on the right path.

Another significant character in this narrative is the patient. She refers to him as a patient only once when asking *“who's the patient”*. Realizing that he is a child who is *“about 15 years old”*, she refers to him once as a *“child”* and then only as a *“kid”*. Through describing his condition and his response to the medical measures, the narrator positions him as a kid in pain, tears, and fear.

15. *“He was burning in fever.”*

16. *“He looked up at me and his little eyes filled with tears”*

17. *“This kid was in so much pain. And he was terrified.”*

18. *“The kid was screaming and twitching in that chair.”*

19. *“the kid's tear began to roll”*

20. *“with every piece of tooth that I pulled, his scream came along”*

Finally, when she finishes her job, she positions him as relieved: *“I saw how the relief came on the Kid's face”*.

The final significant character in this narrative is the commander of the attackers. He is initially introduced as “*a man holding a rifle*” and then as “*the man holding me*”. These labels indicate that he is initially portrayed as a source of danger to the narrator. Then she realizes that he is the attackers’ “*commander*”; a label which makes him more dangerous. Later throughout the narrative, the commander’s position as a source of threat is maintained. This is marked by the narrator’s repetitive reference to feeling “*the pressure of the rifle*” on her back. In contrast to his being a source of danger, his own sense of insecurity is portrayed through his warning to the doctor to tell him about every move she will make- “*...he told me to warn him about every move that I would make*”. He does not trust even a female doctor. Also, when the narrator realizes that the kid is the commander’s son, she repositions him as a caring father, taking risk to help his kid: “*And yet this father had risked his life that day for his son like my own father would*”. Finally, this good side of the commander’s character is reinforced by repositioning him as someone who really didn’t want to harm her:

21. “*I hope so, Doctora, because I don't want to come back. And you don't want to come where we're going.*”
22. “*He said that "if I didn't move or speak for at least a half an hour, I would be okay."*
23. “*It's said, "The pilau is okay, Doctora. No need to come back, gracious."*
24. “*he had respected my life.*”

The repositioning of the commander’s character in the narrative is very significant in supporting the narrator’s point that in time of war, it is not easy to distinguish the bad people from the good ones: “*There were just people with mothers and fathers and toothaches capable of hating, and loving and gratitude amidst all this violence, capable of killing and hurting and kidnapping*”.

The sixth narration includes a number of significant characters who are repositioned throughout the narrative. The first key character is the narrator's son, he is initially represented as a backgrounded figure: "*But right behind me in the room, sleeping was my baby boy*", and then as a neglected child: "*The baby's in a car seat covered. It's probably not a regulation car seat, is covered in candy and chocolate*". This image does not reflect parental love or even spoiling; it reflects negligence and selfishness as they need to keep him "*entertained*" to get "*relief*" getting their drug dose. Later in the narrative, this boy is repositioned positively as "*the most precious thing*" the narrator had ever had. This repositioning of the baby offers the trigger that the narrator seeks some help in order not to lose him. Finally, by the end of the narrative, "*that sticky chocolate covered baby boy*" is raised up "*into a young honors scholar athlete who graduated from Princeton University in 2013 with honors*". This representation of the narrator's son is figurative of the shift in her life from a drug addict to a successful mother.

Another key character in this narrative is the husband. He is initially represented as an unsupportive husband. He would not share the drugs they both need: "*I knew if he succeeded, he was not going to share*". He is also represented as dangerous to her and her child: "*And then there was a time when we were going 60 miles an hour down the highway. And he tried to push us out of the moving vehicle*". He is also to be blamed for her becoming a drug addict: "*until he introduced me to one of his old activist friends who introduced us to the drug I was now addicted to*". What is interesting is that this negative representation is paradoxical with the narrator's feelings towards her husband; she loves him, and she refuses that anyone thinks bad of him. He is represented positively only when she refers to the beginning of their relationship: "*man who was beautiful, 40 years old*".

and a radical revolutionary, fine ass poet from Detroit” and “it was so exciting, who he was, how he talked the way he looked at the world. And it was beautiful for a while”.

The final key character in this narrative is the man whom she called. He is initially identified as “*a Christian counselor*” whom she can call since she is not talking to her family or old friends. Later in the narrative, the narrator gives a detailed description of how she interrupts this man’s sleep. Still, he responds positively; “*And he just became very present. And he said, “Yes, yes, yes. What’s going on?”* The term “*very present*” reflects how the narrator appreciates his attention. This representation is reinforced when the narrator lists the good things this man offered her: “*And this man didn’t judge me. He just sat with me and was present and listened and had such a kindness and such a gentleness... ‘Tell me more’ ‘Oh, that must hurt. Oh.’ And you know, I’d made that call probably two in the morning. And he stayed with me the whole night until the sun rose*”. So far, the man is still positioned as a Christian counselor who is supporting a fellow Christian. However, he is repositioned as a random stranger as he announces that she had called a wrong number. Reconsidering the actions of this man in light of his new identity gave the narrator a glimpse of hope: “*I had experienced that there was random love in the universe. And that some of it was unconditional. And that some of it was for me*”.

Having discussed Self and Other positioning, temporal and spatial (re)framing is analyzed below.

5.2. Temporal and Spatial (Re)framing

Time and place are two important components of any narrative. That is why temporal and spatial framing and reframing of the events are very crucial.

5.2.1. Temporal (Re)framing

One of the key tools of reflecting temporal (re)framing is the narrators' use of tenses. Throughout the narratives, the speakers use different tenses that mark their temporal focus. In introducing themselves to the audience, the first and the second narrators- Rob Simpson and T. Dixon- use the present simple tense to talk about their current profession, reflecting their professional focus on the present moment. The firefighter- Johnson- uses the present perfect tense to stress his long years in service. He also uses the same tense when focusing on the experiences he acquired from the job: "***I've met** a lot of great men and women on the job and through some of the things **we've been** through and shared, **we've grown** close*", and "*All in all, most of my times **have been** good. A few **have been** bad, and **I've had** some wild situations as well*". The three other narrators- Zeeshan Nayeemuddin, Martha Ruiz Perilla, and Auburn Sandstrom- use the past tense to set the scene of the narrative as occurring in a particular stage of their professional or personal life.

For retelling the events of the story, speakers also use different tenses. In the first and fifth stories, Simpson and Perilla generally use the past simple or past continuous tenses in the narratives. This marks their keenness to represent the narrative as a group of incidents from the past. The present tense appears occasionally in their narratives achieving specific goals. Simpson shifts to the present simple when giving facts or opinions about his parents: "*...**She's** very supporting, she is very loving...*" and "*...**he's** a trauma surgeon and I, I trust his advice more than anybody*". Perilla shifts to the present tense in giving a description of the patient's medical condition: "*...**child** is about 15 years old, wearing these dirty t-shirt and broken pants and soiled boots. And he's spaced completely the form by an exacerbated apses that made the left side of his face look like a water balloon*

about to burst". She uses the present simple to give the audience a more live image of the kid's horrible medical condition. She uses it once more in giving her general reflection on the narration: "...*in times of war it is very hard to tell who the good people and the bad people are. And if you're gifted with the opportunity of helping another human being, especially in times of war, you do it. Because that's how you serve not a faction, not a party, not a cause, but the people*". Moreover, she uses present and present continuous tenses when referring to her nation's attempt to stop the war: "*as you know we're trying to stop*" marking through the use of this tense the continuation of the horrible conditions she is referring to in her narrative.

The other four speakers use a mixture of tenses in their stories. They all start by locating their narration at a particular point in their past; however, they frequently switch to other tenses. Below are some examples reflecting these tense shifts:

25. "*And she **took** a curve a little too fast. And she **goes flying** off this curve, which **was** on a hill.*" (Critical Crash by T. Dixon)
26. "*This girl **approaches** me and **she's** like, "Hey!" and I lik"Hey." and I **don't know** who she **is**. And she **lowers** her shirt a little bit in the front to show me a tracheotomy scar. And just about the time I **realized** who she **is**, she **says**, "It's me, Savannah." And I **was** like, 'Oh my gosh', you know, she **looked** great. She **was** healthy"* (Critical Crash by T. Dixon)
27. "*The first engine **will be** stretching, which **is bringing** the fire hose as we **pulled up and parked** across the street from a two-story building. With lots of black flames and smoke coming out the back. I **hopped out** with another firefighter"* (To Bravely Do or Bravely Die by Sivad Johnson)

28. *“And the thing is, like, he -this guy- was.. he's a Mexican American. He **was born** in America. He's a citizen. But both of his parents **are** illegal immigrants. And his whole life, he **was brought up** to think that if you **go** to a hospital, if you **go** anywhere where the system **is**, you **may get deported**. And so, about a year and a half ago, he **started** having some difficulty in walking. And he **started** noticing the bump on his testicle.”* (This Keeps Me Up at Night by Zeeshan Nayeemuddin)
29. *“I've **practiced** for a decent amount of time now. And from the most expensive richest hospitals in the country to the poorest, from Ivy League hospitals to State University Hospitals. I've **never met** a single physician, nurse, social worker who **gives** a fuck what your immigration status **is**, I've **never had** it become a point of contention because all we **do is** we **want** to make you better.”* (This Keeps Me Up at Night by Zeeshan Nayeemuddin)
30. *“The year **was** 1992, in Ann Arbor, Michigan, I'm **curled up** in a fetal position on a filthy carpet in a very cluttered apartment. And **I'm** in horrible withdrawal from a drug that **I've been addicted** to for several years now.”* (A Phone Call by Auburn Sandstrom)
31. *“In my hand, I **have** a little dilapidated piece of paper, I've **been folding** it and unfolding it, there's a phone number on it. And if you've ever had an anxiety attack, that's what this felt like, I'd **been having** like a nonstop anxiety attack for the last five years. And I'd **never been** in a more dark or desperate place as that night....”* (A Phone Call by Auburn Sandstrom)

The narrators' mixture of tenses reflects a natural phenomenon considering their being unprofessional narrators who are performing in public for the first time. Their use of past tenses reflects their awareness that they are narrating

particular incidents from the past. However, their occasional switch to other tenses, especially simple present and present continuous, reflects their attempt to give their audience a more dramatic live image of some of the details in the narrative. It is also noted that narrators use present and past perfect tenses to stress the continuation of a particular state for a long time connecting it to a particular point in the past or to the present moment of narration as in examples 29 to 31 above.

Tense examination also reflects that all speakers switch to a variety of tenses when using direct quotations depending on what they are quoting. This is done by narrators to give some dramatic effect to their stories and to give voice to some of the characters involved in the narrative as in the examples below:

32. *“So I told her ‘we’ll be back, don’t worry, you’ll see us. It’s going to be okay.’” (Living up to a Motto by Rob Simpson)*
33. *“So now, when my daughter, who’s 5 now 5, tells me, ‘Dad, am I gonna go across the street to the neighbors and play?’ I’ll grit my teeth, and in a somber tone I’ll say, ‘Okay.’” (Living up to a Motto by Rob Simpson)*
34. *“and it’s like everything calmed down, and the mama says, ‘She’s gonna be okay.’ And I said, ‘Ma’am, what, what?’ And she said, ‘She’s gonna be okay. Her name is Savannah, and she kind of points at me, your patient DOE is Savannah.’” (Critical Crash by T. Dixon)*
35. *“But I can hear voices, quite clearly coming from outside saying, ‘He’s still in there.’” (To Bravely Do or Bravely Die by Sivad Johnson)*
36. *So, I called my resident, I was like, ‘Chris, we got to go to the bar. Like, we got to take this thing out.’ And he’s like, ‘Okay, sure. Let’s get some imaging and get the car*

prepped, get going.’”(This Keeps Me Up at Night by Zeeshan Nayeemuddin).

37. “And that’s when he *said*, ‘I *hope* so, Doctora, because I *don’t want* to come back. And you *don’t want* to come where *we’re going*.’” (Opposing Forces by Martha Ruiz Perilla).

38. “And he *laughed*, and he *said*, ‘Well, I’m glad this was helpful to you.’” (A Phone Call by Auburn Sandstrom)

5.2.2. Spatial (Re)Framing

A key element in any narrative is its setting- the location of events. In all the stories, narrators are keen to identify and describe specific places that are significant for the events or the themes of the narrative.

In the first narrative, the rescue guard does not refer to his home state. Instead, he foregrounds his work destination, Alaska. He frames it as a very distinguished place for rescuers by comparing it to the big leagues: “*In my line of work to get a chance to go and do the job in Alaska. It’s like, I get called up to the big leagues*”. Throughout the narrative, he foregrounds three more places: Banff, Sitka, and Skagway. The first is where they spent their honeymoon, and it is described as “*incredible*” and “*beautiful*”. The second place is Sitka, his work destination, which is described as a beautiful place, full of mountains and trees, and can be reached only by plane or boat. These features represent it as an isolated beautiful place, but more significantly, it is the only place where he can practice all that he had learnt: “*So anything that I would want to do as a rescue swimmer, I got to do up there*”. The narrator gives a list of rescue missions that can be done at Sitka and examples of cases he has saved to foreground the significance of this work destination. The third location mentioned in the narrative, Sagway, is the destination of an extremely difficult rescue mission. The speaker draws a vivid image of trying to reach this place:

“And you can imagine, climbing to a helicopter in the middle of the night, it's pitch black outside ,and it's snowing sideways,...the snow hit the windscreen like a 90s window screensaver”. Such details of the setting foreground the difficult conditions facing rescuers. However, the narrator prefers such rough conditions: *“I don't make sense at the bank, I make sense cold, wet, and stuffed into the back of a helicopter, that's where I exist”*.

In the second narrative, the general setting of the events is marked by *“here”* which is shared knowledge between the audience and the narrator; however, it is not clear from the playlist where the location is. Throughout the narrative, the narrator specifies some hospital names, reflecting that in her job she would move from one hospital to another: *“I rotated out to a different hospital in that same town”*. She mentions *“Hopkins in Baltimore”* as an example of worst cases, and *“Savannah, Georgia”* which her patient’s parents took as a sign of hope that their daughter, Savannah, would get well. In addition, the narrator specifies the intensive care unit as the specific location of her work as a trauma surgeon. She is by Savannah’s *“bed side”* taking several measures to save her life. By the end of the narrative, listeners are brought back to the same location: *“I was back in that same Intensive Care Unit again”* to foreground the dramatic positive switch in Savannah’s health. In addition, reference is made to the *“consultation room”* in the hospital, specifying that in her job, they also need to take care of the patient’s family.

In the third narrative, the general location of events is Detroit, whose firefighters are identified by the narrator as the best in the world. Throughout the narrative, there are two general locations that are identified. The station where a calm

scene of watching TV or cooking is drawn. The second location is fire scenes. The narrator refers to such scenes using different expressions: “*a dwelling on fire*”, “*the scene*”, and “*this house*”. Through the narrative, the speaker refers to more specific parts of the house, such as windows, rooms, stairs, front door and back door. These places are intermingled in the narrative to give a vivid image of a specific difficult and dangerous situation in which the narrator was trapped. Another significant reference to location elaborates the trial to save an elderly lady trapped in her house which caught fire: “*we opted not to take her out the front door because the son was still out front. And probably some neighbors. So, we took her out the back door*”. Selecting to get the victim out of the “*back door*” foregrounds the prompt human decisions firefighters have to take on the spot to keep the dignity of their victims and respect the emotions/ feelings of their family.

In the fourth story, there are some significant places marked by the narrator. Firstly, she foregrounds that the patient is “a Mexican American”, “*born in America. He's a citizen*”. On the other hand, the narrator chooses to refer to his parents just as “*illegal immigrants*” though it can be easily inferred that they are Mexicans. Selecting not to mention the home country or citizenship of the patient’s parents is intended to generalize the message which applies to all illegal immigrants regardless of their home country. In addition, a hospital is identified as the immediate setting of events. Again, the hospital’s name is not mentioned for confidentiality on the one hand and also for generalization.

This point is highlighted in a different strategy later when the speaker gives examples of the “*many hospitals*” she has practiced in: “*from the most expensive richest hospitals in the country to the poorest, from Ivy League hospitals to State*”. The narrator also magnifies the high potential of the patient by referring to his being a sous chef in a famous restaurant. Though the restaurant is anonymously referred to as “*restaurant X*”, its success is marked by “*like three Michelin stars, James Beard winners everywhere*”.

Spatial references are very significant in the fifth story. The risky setting of the events sets the scene for the dangerous challenging situation the narrator is about to recount. It is “*a hospital in a small town in Colombia, called Neiva*”. Colombia is described as “*the Colombia of Pablo Escobar of government corruption and assassinations of daily kidnappings and bombings of paramilitary groups in massacres*”, “*the Colombia of the FARC, the oldest guerrilla movement in modern history*” and “*Colombia, where these wars between opposing forces became normal to us*”. Another town, Granada, is introduced and it is described as “*dangerous*”. These spatial references and the attributions given to them set the scene for the extremely hazardous general setting of events in Columbia during the eighties and nineties.

The more specific location of the events is the hospital in Neiva. It is described as “*overcrowded and underfunded*”, but there were “*plenty of people helping it stay afloat*”, setting the difficult situation with a glimpse of hope. The narrator also refers to her room in the hospital. It is hot and it faces a terrorist roof. In addition, the roof is “*inhabited by*

hundreds of bats". The presence of bats is foregrounded at the beginning of the narrative: "I woke up one hot night to the horror of a baby bat sleeping comfortably next to me on my pillow. And another one bathing in the glass of water that I had left on top of my night table". Note that the word "horror" reflects how the narrator feared the presence of bats at the beginning. However, after she goes through a life-threatening experience, the room setting is reintroduced, but bats are backgrounded: "I could hear the bats flapping their wings in the air. I didn't care." They are the least of her concerns; the narrator focuses more on her negative feelings towards what has happened to her and her keenness to get rid of the fear that accompanied her for the last two weeks: "I brought the note in matches with me. And I pulled it out, and I burnt it. And I burnt it because it reminded me of how scared I had been that night of how frightened I had been for the last two weeks." The "horror" of bats turned out to be nothing compared to the terror of being afraid about her personal safety.

In the sixth narrative, the setting does not seem to be significant for the narration. It is set in "Ann Arbor, Michigan" and Ann Arbor is mentioned a few times through the narrative in giving details about some of the dangerous situations the narrator has been facing because of her husband and their drug addiction. Her exact location on the night she decided to change her life was: "on a filthy carpet in a very cluttered apartment" - a description highlighting her terrible condition. By the end of the narrative, the narrator experiences receiving help from a perfect stranger that she refers to as "random love in the universe". The narrator moves from her dark reality to the wide openness of "the

universe”, marking a turning point that gave her a chance to overcome her difficulties. Moreover, the story ends in New Jersey with her son’s graduation from Princeton University - an ivy league one- in 2013 with honors. The spatial shift, here, does not represent a mere movement of place; rather it represents movement away from being a helpless drug addict who turned into a selfish negligent mother to a strong cured caring mother who is proud of her son’s achievement.

It is worth noting at this point that in all narratives the specific time and place of the events lead to a wider more universal temporal and spatial dimensions. Locally, the first story takes place in Alaska from beginning to end within a span of almost six years. However, by the end of the story, Simpson’s revelation transcends the specific time and place to apply to any caring parent regardless how old his/her child is. Similarly, in the second, fourth, and fifth narratives, the three physicians- Dixon, Nayeemuddin and Perilla- move beyond the mentioned hospitals, cities, medical logistics, patients’ medical, social, ethnic, or political conditions to the wider sphere of the value of the profession. The firefighter- Johnson - spends his whole life in Detroit, since he states that he is a second-generation firefighter in his family. Several events and rescue cases take place in different parts of the city, but finally he stresses the value of the job, the bitterness of the possibility of losing a life, and the importance of passing down knowledge to new generations of firefighters. Finally, the sixth story revolves around a random act of human care and compassion from a complete stranger. The moral of the story transcends the ‘here’ and ‘now’ of the story to give the message that general human help can cause a significant change in someone’s life.

6. Conclusion

The present paper investigates how narrators deliberately present themselves and others in the playlist ‘Stories from the Front Lines’ chosen by the Moth team on April 3, 2020, during Covid-19 outbreak as “...a collective pause to applaud the essential workers helping us get through this challenging time.” <https://themoth.org/dispatches/stories-from-the-front-lines-playlist>. Though posted during the Covid-19 outbreak, none of the stories directly discussed the Covid-19 pandemic or the medical staff sacrifices during the crisis. The playlist presents examples of personal narratives recounted by first responders providing invaluable services in all types of emergencies in addition to one story providing an account of receiving help. Though personal in nature, most stories (5 out of 6) start with professional positioning. A position within a well-defined institution that entails certain duties that the narrators accept willingly. As the stories proceed, several characters are also positioned deliberately by the narrators. None of them are present to refute or retell the events. As listeners, we are shown the events through the eyes of the narrators. In some cases, of course, the position of others is presented through the dialogue the speaker recounts. Analysis has revealed that narrators and key characters are (re)positioned and (re)framed throughout the narratives reflecting different conditions and different social roles that mark the selective appropriation of the narrative themes.

All first five narrators foreground details related to their jobs such as details of a patient’s medical condition or processes of treatment or rescue, and details of negative working conditions. Such detailed accounts reflect how narrators foreground the challenges of their jobs. However,

they all foreground their jobs' value in helping and rescuing other human beings in need of help. The last narrative presents a different perspective, where the story is recounted by the party receiving help. It reflects the value of help from the receiver's perspective. The collection of stories is chosen from different Moth Events; however, they all served one purpose- giving hope in times of crisis. Assuring the audience that no matter how hard it is or how dark it gets, there are people who are willing to offer others help whether out of professional duty or even human random love.

Although all narrations are located in specific temporal and spatial frames, all narrators stress the moral behind their narrative, transcending the time and space limits and revealing how the incidents or the people they interacted with gave them a new revelation in life. The rescue guard and the firefighter highlight the rewarding value of rescuing a life even with the potential dangers that come with their jobs. They also highlight the value of their families. The rescue guard reshapes the value of parenthood for their children. The firefighter also foregrounds the need to accept the pain that comes with the possibility of losing a life and to pass experiences to younger generations to deal with it. The surgeon, on the other hand, foregrounds that all what she does for her patients is significant and all the difficulties and sacrifices are worth it. Similarly, the medical student and training dentist highlight that the focus for physicians is to treat their patients regardless of their social status, ethnic backgrounds, or political ideologies. Finally, the sixth narrator foregrounds that random unconditional love and compassion shown to a person in real distress can keep a person going.

Finally, it is worth noting that Baker's Narrative Account can be expanded to discuss (re)positioning and (re)framing in personal narratives even if they are not translated.

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Data

<https://themoth.org/dispatches/stories-from-the-front-lines-playlist>

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