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Interpretations of a Photographic Narrative by Viewers in Four Age Groups

INTERPRETATIONS OF A PHOTOGRAPHIC NARRATIVE BY VIEWERS IN FOUR AGE GROUPS

PAUL MESSARIS
LARRY GROSS

A storyteller must be able to take for granted a certain amount of prior knowledge on the part of his audience. This prior knowledge usually pertains, ostensibly, to the real world (and not to that of fictional precedents and conventions), even though in fact such knowledge may have been derived from fictional sources. Equally important, however, to the interpretation of a work of fiction is the ability of the reader, listener, or viewer to discern which aspects of his prior knowledge are no longer valid within the confines of the special world which the storyteller erects before him. Lacking this ability, the viewer (or reader or listener) must be oblivious to all novelty, all nuance, and all deviation from stereotype.

More generally, it appears possible to distinguish between interpretations which are governed by the audience-member's beliefs about the types of situations referred to in a fictional narrative and those interpretations which are grounded in the narrative's structure and aim to correspond to the presumed intentions of that structure's author. Following the terminology of Worth and Gross (1974), who originally proposed this distinction, we shall refer to these two types of interpretation as "attributional" and "inferential." According to this distinction, attribution involves the application of personal and social stereotypes to isolated events or series of events in a narrative. Textual context is not considered, nor are assumptions about the author's intentions taken into account. Conversely, inference deals with the relationships between textual elements and sees them as manifestations of the author's control and as vehicles of his intended meaning. Worth and Gross have suggested that inference presupposes attributional ability and that socialization entails a progression from the exclusive reliance on attribution to the capacity for complex inference.

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The situation described in this report is one in which a simple conflict is created between a pervasive social stereotype and the implications of a brief fictional narrative. The stereotype in question is that doctors are always concerned with the welfare of others. Its violation involves a specific fictional doctor who, in the course of a picture-story about the end of his work-day, fails to help an accident victim he encounters on his way home. Thus, the evidence built into the narrative by its authors contradicts the assumptions with which certain viewers might be expected to approach this narrative.

This report summarizes the results of a series of studies dealing with how viewers of various ages interpreted the narrative in question. The aims of these studies, and of this report, were: to provide data which would allow the description of apparent types of interpretational strategies; to compare these types with those proposed by Worth and Gross; and, finally, to obtain some evidence on the extent to which there are age-related differences in the ability to use each of these strategies.

The method used in these studies was to interview viewers, individually, on the meaning of a brief sequence of slides, which had been arranged into what the researchers considered to be story form. All the studies used the same sequence of 21 slides, as follows:

(1, 2) The first two slides portray a young man in a white coat examining a bottle of amber liquid. The white coat, together with the background and the fact that the man has a stethoscope around his neck, are meant to suggest that the man is a doctor.

(3, 4) Next, the man is seen conferring with a woman in nurse's uniform. In the second of this pair of slides, the man is putting on a sport coat, and the white doctor's coat is draped over the nurse's desk.

(5) Here, the man is seen walking down what may be identified as a hospital corridor.

(6, 7) In these two slides, the man is seen conferring with a woman seated at a typewriter. He has an angry expression on his face, and, in the second of the two slides, he is seen dashing a piece of paper to the floor. The intention here, of course, was to portray ill-treatment of a secretary, and this episode was considered important for the purposes of the study, for reasons to be explained.¹

(8) The man is now carrying a handbag (intended to represent a doctor's bag), and he is walking through an office area, presumably on his way home after having conferred with his secretary.

(9, 10) He emerges from a doorway, above which is a sign which reads, "University of Pennsylvania Medical Center."

(11) He is seen walking down a deserted street, next to a vacant lot.

(12) In the foreground of this shot, a few yards ahead of the approaching doctor, is a car, which was intended to look as if it had just been in an accident. The hood is up, the door is open, and a hand can be seen hanging limply below the door.

(13) A side view of the car reveals that a man is hanging out of the driver's seat. The doctor has stopped to examine the situation.

(14) The doctor is still poised next to the car, looking at the accident victim.

(15) The doctor is shown continuing his walk down the street, with the car now in the background.

(16, 17, 18) In a residential area now, the doctor is seen continuing his walk and arriving at an apartment building.

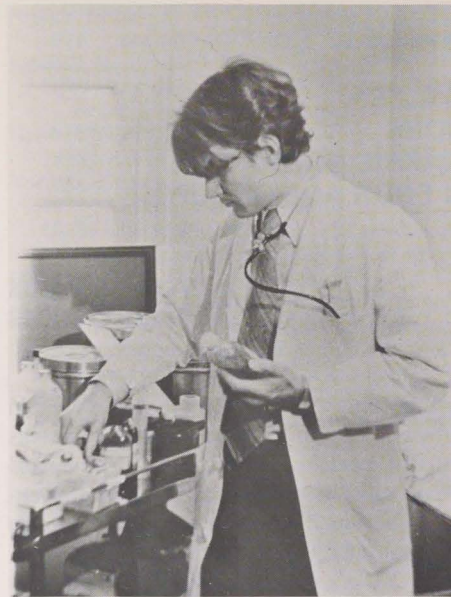
(19, 20) Inside the building, he walks down a corridor and into the door of an apartment.

(21) In the final slide of the series, the doctor is sitting on a couch with a young woman. They are both smiling broadly at each other, and she has a drink in her hands.

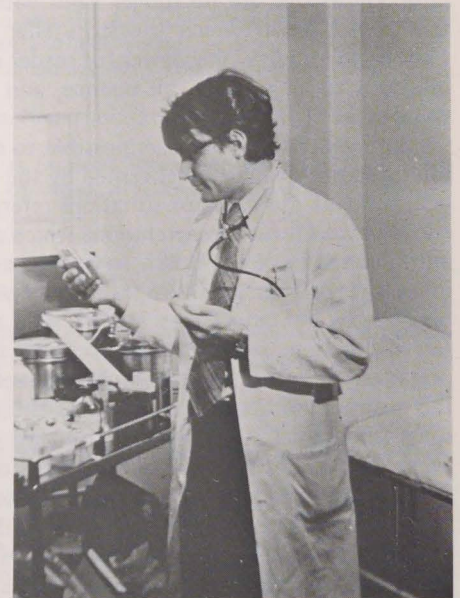
Viewers were shown this sequence of slides after a minimal introduction, in which it was explained that, following the presentation, they would be asked to talk about what they had seen. This discussion took the form of a tape-recorded, open-ended interview, arranged around the questions listed in Appendix A. Most of the questions were aimed at eliciting statements about what happened in the story, together with appraisals of its moral implications. In the following discussion of results, data will be drawn primarily from the following sources: (1) a study by Murphy (1973), comprising a sample of 12 children from each of 3 grades: grade 2 (approximate mean age 8 years), grade 5 (approximate mean age 11 years), and grade 8 (approximate mean age 14 years); (2) a study by Harlan (1972), from which the relevant sample contained 5 second-graders and 5 fifth-graders; and (3) a set of 16 interviews with college students (ages 17 and above) by Michael Pallenik. Additional material is drawn from interviews (some with younger children) by Gross and Messaris.

The sequence of questions in Appendix A was not always adhered to strictly in all the interviews. Rather, the interview schedule was used primarily as a check-list of points to be covered in each interview. Because of our interest in interpretational strategies, the more important questions for our purposes are the ones dealing with the reasoning behind an interviewee's response. These questions, which usually took the form of the "How do you know?" or "How can you tell?" indicated on the question-list, provided us with the information necessary to distinguish among the types of interpretational strategies used by the interviewees.

In this respect, the interviewees' handling of question 3



Slide 1



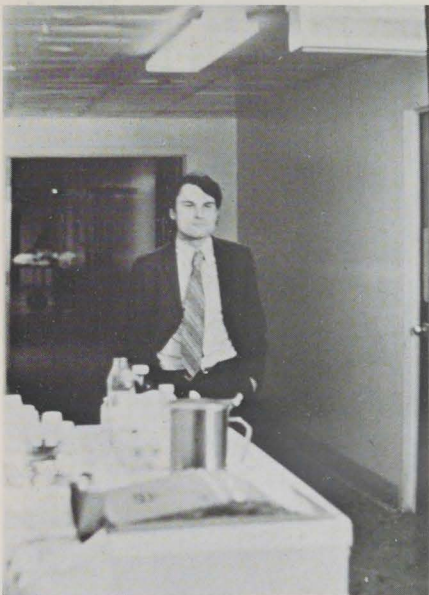
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Slide 3



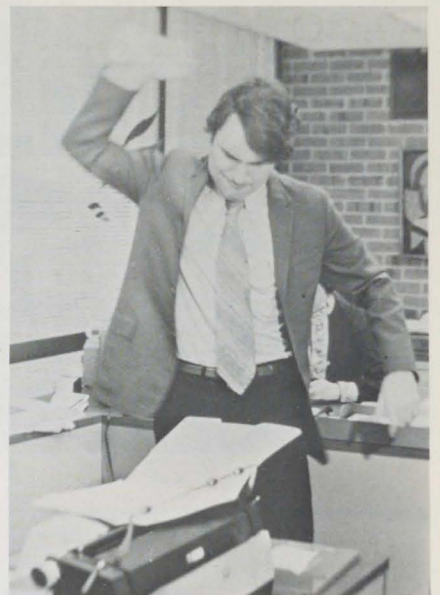
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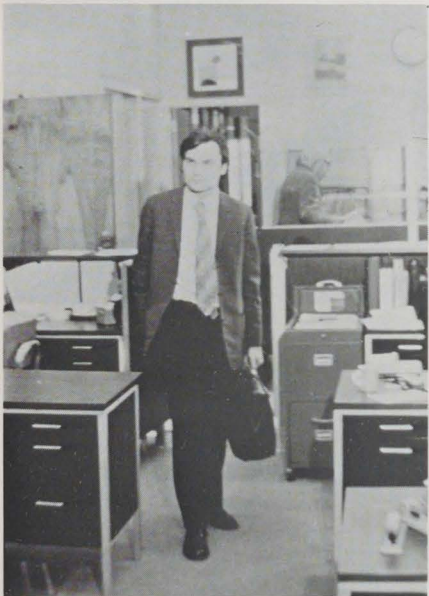
Slide 5



Slide 6



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Slide 9



Slide 10



Slide 11



Slide 12



Slide 13



Slide 14



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Slide 16



Slide 17



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("What do you know about the man in the story?" etc.) is most instructive. We will begin our discussion of the data with this question, which was intended, first of all, as a check on whether or not the viewer had indeed identified the story's protagonist as a doctor. This was, of course, a crucial aspect of the story's intended meaning. As it turned out, almost none of the viewers, regardless of age, had any trouble identifying the "doctor" as such. The sole exception was a

second-grader who said that the protagonist was either a doctor or a scientist. (A small number of the older viewers identified the man as a "medical student," a category which the younger children may not have yet.) For our purposes, then, the answers to the question on the protagonist's identity were practically uniform. Their explanations, however, for identifying the man as a doctor were varied.

Consider, for example, the difference between the first



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two and the third of the following three responses:

Q. What do you know about the man in the story?

A. That he was a doctor.

Q. How could you tell?

A. He had a thing that you check your heart—you make medicine—needles—and he wore a white suit like other doctors do. (2nd grade)

Q. What do you know about the man in the story?

A. I think that he was a doctor.

Q. How could you tell?

A. First of all, he was going to give someone a needle, and usually people who don't have a profession like that don't give people needles. And he was looking at records and things, and he came out of the medical center. (5th grade)

Q. OK, how do you know it's a physician?

A. Ah, obviously the work at the beginning, the doctor's coat, the stethoscope. . . the surroundings and of course the, ah, sign saying that it was a medical center. . . so it implies that it's medically related and he's in the medical field. (college student)

In the last of these three examples, a catalog of cues is held to "imply" that the protagonist is a "physician" or, more generally, "in the medical field." The crucial aspect of this response, which differentiates it from the other two, is precisely this explicit recognition of implication: of a purposeful concatenation of elements meant to convey a certain meaning. In the responses of the second- and fifth-graders, there is no such acknowledgment of intentionality. All three responses contain enumerations of relevant cues (e.g., the white coat, the stethoscope, the medical center, and the imagined needle), but both of the younger viewers identify these cues with *the typical behavior of doctors* ("usually people. . . don't give needles"; "like other doctors do"), rather than, as in the third case, *the deliberate choice by an author*.

This general difference between modes of interpretive reasoning is the core of what we have described as the attribution-inference distinction. Equally clear instances of this distinction arose in the viewers' responses to the other "identification" questions in the interviews. With respect to question 5, for example, regarding "the lady the man was



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talking to at work," compare the following responses.

Q. How did you know that that woman was a nurse?

A. Well, the things that she wore. Nurses always wear those bands around their head. (2nd grade)

Q. Who was the lady at the beginning of the series of pictures?

A. Looked like some kind of nurse.

Q. How do you know?

A. Well. . . she was in the hospital, she was wearing a white uniform. . . that would sort of imply that she was a nurse. (college student)

Once again, the distinction here is between the explicit reference to implication in the latter example and the subsumption under the typical ("nurses always wear. . .") in the former. Note that the responses which we have put forth here as examples of inference all appear to *share* with the attributional responses a sense of the existence of a stereotype. In this regard, the difference between them consists only in the fact that the inferential responses posit an authorial, implicational use of the stereotype in question. Thus, as Worth and Gross have assumed, it can be said that inference "builds upon" attribution.

One thing which is not made clear in these examples, however, is whether there is any difference between the type of stereotype referred to. It is possible, but not necessary, to assume that attributional responses refer to stereotypes thought to hold for the "real" world, whereas inferential responses refer to fictional stereotypes. Lacking specific evidence, neither assumption is safe, because a "real-fictional" distinction may not exist for "attributional" respondents, and it is quite plausible that an inferential response may assume the deliberate use of a "real-life" stereotype. On the other hand, there *are* instances in our data when it is quite clear that an attributional response is referring to an aspect of the informant's real-life experience. This was particularly true of viewers with parents in the medical professions, as in the following case:

- A. She must have been a nurse.
 Q. How could you tell that?
 A. Because doctors always go to see nurses when they see something. . . . I know, because my daddy's a doctor, and so is my mommy—she's a nurse. (2nd grade)

This example points to another aspect typical of many of the attributional responses, especially among the younger viewers: The request to justify a statement seems to be taken as a call to establish one's credentials as a real-life familiar of the type of situation at hand. These responses, in other words, appear to be attempts to establish the respondent's competence to identify the stereotype under consideration; the respondent must establish that he/she has had the real-life experience necessary to recognize a particular stereotype. Another example of this occurs in the following case, in which the respondent took question 5 to be a reference to the secretary, rather than the nurse.

- Q. Who was the lady the man was talking to at work?
 A. I think it was a secretary.
 Q. How could you tell that?
 A. 'Cause she was typing and she had a big cabinet with papers in it. 'Cause I went to my friend's father's doctor's office and I went to see the secretary and the secretary had a typewriter and she had a cabinet full of papers. (2nd grade)

The inferential respondent, on the other hand, is more concerned with establishing that he has properly accounted for all the cues in the story *itself*.

I'm not even sure he was a doctor. . . . now I'm making all these assumptions. . . . just what I could tell by the pictures. (college student)

I have very little idea what type of person he is. . . . we're just, I mean you're inferring, I'm inferring from these pictures. (college student)

Naturally, not all responses can be clearly labeled as attributional or inferential, nor is it always the case that a response is uniformly consistent with one or the other of these hypothetical strategies. One of Murphy's fifth-graders, for example, says at one point: "He was supposed to be a doctor, I guess, because he went to the 'terian' (Presbyterian) Medical Center at the University of Pennsylvania." This initial, apparently inferential response is followed, however, by a fairly extended consideration of the probability that a person of a certain age would be a doctor.

He looked like he was about 23 or so, and when you go to college, you graduate from your four years of college, and then you'll be twenty-one, and then you have to take as many years—sometimes

seven, sometimes three. . . . it depends what kind of doctor you want to be. And it would be kind of young to be a doctor. I think he was an intern or a student or something.

Because this segment of the viewer's response is concerned exclusively with the real-life contingencies of a medical student's attaining doctorhood by a certain age, we would classify it as attributional. It is possible, of course, to imagine an "inferential" respondent thinking in these terms, but it seems to us unlikely that an inferential respondent would actually expect, from the storyteller, such an extreme degree of adherence to the dictates of realism. In other words, it seems likely that an experienced viewer would overlook the relative youth of the "doctor," ascribing it to the lack of an older actor. (Instead of assuming that the storyteller must have *meant* to represent a medical student because of the actor's youth.)

The attributional respondent's inability to identify those aspects of the story for which the storyteller is not accountable is typical of a more general tendency observed among our "attributional" respondents: the tendency to concern oneself with events outside the narration, things about the characters and their lives which the storyteller has purposely omitted to create, since they were not essential to his story. This tendency was very much in evidence in some viewers' responses to the first part of question 6, concerning the identity of the woman at the end of the story. Here many viewers were unclear as to whether this woman was the doctor's wife or girlfriend. In most cases, the tentative response to this question was that the woman was the doctor's wife. In the following inferential response, for example, a deliberately-created (but vague) aura of domesticity is credited with this impression.

- A. It was. . . his wife.
 Q. How do you know?
 A. Just. . . he looked like a married man. . . . Don't ask me what a married man looks like.
 Q. All right, what does a married man look like?
 A. No. . . it just looks like, ah, the typical story of a man going walking home from work to house. . . and I expected the kids and the dog to come running in afterward. . . it just seemed. . . it was posed that way. (college student)

The most typical reason for claiming that the woman was the doctor's wife was that he seemed to have his own key for the apartment.

- Q. How do you know that was his wife?
 A. You could tell because he was going into his house. He just opened the door. . . . He didn't knock or anything. (fifth grade)

However, there were also many responses in which elaborate conjectures were made about the plausible range of relationships between the doctor and the woman, as in the following example, in which—admittedly after some leading questioning—the respondent gives a rather complex set of reasons for his initial statement that the woman could be the wife of a sick friend.

- Q. And how about the lady at the end of the story?
 A. The one he was at the house with?
 Q. Who do you think she was?
 A. A friend. Maybe he was calling to talk to her about her husband or something. You know, he might be in the hospital.
 Q. What would indicate that she was probably a friend of his?
 A. Well they were laughing. . . she had a drink in her hand, I think. . . .
 Q. Is it possible she could have been somebody else?

- A. Yes.
 Q. Who?
 A. Maybe his sister, or an aunt or a cousin. Not an aunt—a cousin: they looked kind of like the same age.
 Q. Is it possible that that could have been his wife?
 A. Yes, maybe he doesn't wear a wedding ring. Some people don't do that.
 Q. Is it possible that could have been his girlfriend?
 A. Yes. If she's that kind of woman. . . .
 Q. Was she married?
 A. Yes.
 Q. Oh.
 A. That's why I say, if she's that kind of woman. . . .
 Q. I see. (eighth grade)

The important characteristic of this response is that the respondent is creating for the doctor a background over and above anything specifically mentioned in the story or which the story might reasonably be expected to call for. In a similar vein, the respondent who argues that "she should have been in old jeans or something, but maybe the wife had to go out shopping or something" (fifth grade) is inventing a reality for these characters which goes beyond that explicitly demanded by the story. The same goes for the respondent who speculates on whether the couple had dinner after the story was over:

- Q. How could you tell that was his wife?
 A. Because she was in probably his house, and she probably got something for him to eat, and things like that. (second grade)

The critical "error," in all these cases, is not so much the assumption that the characters in the story lead lives beyond what the storyteller has explicitly presented. Indeed, it can be argued that the storyteller depends, for his effect, on the viewer's assuming that the characters have a past, which will, in turn, influence the effects of the story's events on their future. What is inappropriate, however, is the implicit assumption that it is valid to speculate seriously on the *particulars* of this background. Admittedly, this speculation was in all cases initiated by the interviewer's question. Still, the interviewee could always have responded, as in the following example, that: "whether it's his wife or his girlfriend or whatever is irrelevant. . . I guess to the main theme." (college student) As we shall see below, this whole issue is of critical importance to our viewers' interpretations of the doctor's behavior at the accident-site.

The most striking aspect of the data was the viewers' handling of the accident in their initial account of the story (question 1) and in the course of subsequent probing (especially questions 7, 8, and 9). The younger the viewer in our overall sample, the greater was the probability that he/she would *not* report that the doctor had ignored the accident victim. Among the college students (N = 16), only one failed to make such a statement at any point in the interview. The corresponding figure for the eighth-graders (N = 12) was, again, only one. However, 35% of the fifth-graders (N = 17) and the majority, i.e., 65%, of the second-graders (N = 17) failed, in one way or another, to confirm what had been intended as *the* crucial event in the story, i.e., the doctor's failure to help an injured man.

How, then, did the younger children deal with that segment of the story in which the accident was portrayed? Responses ranged from claims that the doctor actually *had* helped the accident victim to denials that there had been an accident or that the victim was present in the car. In the

following case, for example, the informant, a second-grader, has just said that the most important thing in the whole story is "to go to the doctor":

- Q. So, what part of the story made you think that?
 A. When the man got hurt and he needed a doctor.
 Q. What did the doctor do then?
 A. Helped him.
 Q. He did?
 A. Yes.
 Q. How do you know that he helped him?
 A. I saw him.
 Q. What did he do?
 A. I don't remember.

The emphatic tone of the above respondent, both in his assertion that he saw the doctor help and in his claim of lack of memory on the details, is actually rather atypical of this kind of answer. Much more frequently, respondents who did not report that the doctor had ignored the accident victim were either somewhat vague about what he *had* done, as in the example below, or, even more frequently, offered rather elaborate alternative versions of the story, as in the example following that.

- A. He helped the guy that was hurt in the car.
 Q. He did? I see. What did he do to help him?
 A. Um. He I think gave him bandages.
 Q. Gave him bandages.
 A. Yeah.
 Q. Anything else?
 A. No. (second grade)
 Q. Why did he act the way he did at the accident?
 A. Well, cause he kinda had an expression that he really felt sorry for the person and he knew that he was very lucky to be alive 'cause he looked as though he was thinking about the person that was in it.
 Q. Do you think he did the right thing?
 A. Yes.
 Q. Why do you think so?
 A. 'Cause he thought about other people not himself, and some nonthoughtful people would say, "Oh, poor guy," and just walk off, but the expression on his face looked as if he was saying, thinking that he was lucky to be alive and not be hurt or anything.
 Q. What did he do after he saw that?
 A. He crossed the street.
 Q. Did he do anything about the accident?
 A. No, he had an expression on his face, but there wasn't much to do about it, 'cause he couldn't have done anything 'cause if the person was in it he would have probably called an ambulance.
 Q. There wasn't anybody in the car?
 A. No. (fifth grade)

Thus, not only is the doctor exculpated, but the whole incident is actually transformed into a demonstration of his compassion. What could account for instances such as these, in which the viewers appear so obtusely to misinterpret the central event of the story? As we have suggested in the introduction to this report, the explanation, we believe, lies in the kind of belief expressed in the penultimate statement of the viewer in the above example ("he would have probably called an ambulance"). There is every reason to believe that the viewers—especially, perhaps, the younger ones—had strong expectations that the doctor would help the accident victim in the story. Aside from the generally very positive image of doctors on which, as the reader will see, many viewers insisted, there is concrete evidence on this point in some supplementary data in Murphy's (1973) study: Eight "control subjects," who were given a verbal description of the

accident scene and asked to predict the doctor's response, all predicted that he would help; and a poll of 38 college students on the relative likelihood that people of a variety of occupations would help an accident victim had doctors in the "most likely" category, together with policemen and clergymen (Murphy 1973:44). A plausible explanation, then, for the frequent assertions that the doctor did help the accident victim or that no help was needed is that the viewers in question were reconciling their interpretations of the story with their prior beliefs about doctors.

Because in this case authorial implication is so contrary to the evidently prevalent social stereotype, the respondents who were swayed by the stereotype offer us some of the clearest possible examples of the nature of what we have called attributional reasoning. One aspect of this, as pointed out above, is the assumption of a reality independent of the way in which the storyteller has structured it, so that the narrative becomes subject to the addition of details absent from the text. In our data, cases of this sort involved claims that events had occurred "between shots" or that other circumstances, not present in the pictures, accounted for the doctor's behavior.

Q. What was the most important thing in the story?

A. When he called the ambulance about the killed man.

Q. . . . What did you see that showed you that he called the ambulance when he came to the accident?

A. Well, after one picture the man was not in the car any more. He must have been in the hospital. (fifth grade)

A. While he was walking down the road, he saw this guy in the car—I didn't know really what he was doing. The guy was laying in his car with the door open, and the trunk was open.

Q. What could possibly be going on—or what could have been going on—in that situation?

A. Well, that guy in the car—he could have had to stop to do something to his engine or something, and then he walked up there to do something, and he needed a screwdriver, and he went back in his car and he was getting it—and he was real tired and he fell asleep in the seat. (fifth grade)

Q. Was the man who took these pictures a good storyteller?

A. No.

Q. Why not?

A. Because that guy could have helped the man in the car and he didn't show it. (eighth grade)

You know, they didn't show everything—all the parts to it. Like what he did. . . if he just walked away from the guy, or if they missed it. . . missed a shot. . . . (eighth grade)

Other cases of this sort are summarized by Murphy as follows:

No help was needed because the doctor saw that the man was repairing his car—there had not been an accident. . . . Doctor took the victim back to the hospital in between shots. . . . The doctor went home to the nurse to tell her about the accident so that help could be called. . . . The doctor was blind so that he couldn't see the accident victim. . . . The doctor's help was not needed because an ambulance had already been called. . . . The story was about two men who looked alike (first man was a doctor, second was not). Existence of second man postulated because respondent could not believe that a doctor would ignore an accident victim as shown. . . . [Murphy 1973:58; all respondents second graders]

These statements may be contrasted with the following examples (all from interviews with college students), in which the assumption that one's interpretation is bounded by the authorially-chosen sequence is clearly spelled out.

Q. How do you know that he didn't go and get help?

A. Well this. . . I'm presuming that the pictures you showed me show a continuous story. . . and that nothing important was left out. . . that would have been important. . . specially since they spent so much detail showing him walking home.

Q. What else could he have done?

A. Well the main thing. . . first of all he could've. . . I think he could've. . . tried to. . . some sort of help. . . for the person. . . or called the police or something. I'm assuming though that this is what he did and that these are sequential pictures.

Q. How do you know? (after question about the story)

A. . . . the sequence of pictures is such that there's no shot of him calling, no shot of him calling for any help.

Q. And how do you know he did what you say he did?

A. That he did. . . ah, I mean the series of shots: he saw the accident, took a look at the victim hanging out the door. . . and the following sequence, just leaving the scene.

A distinction critical to the Worth-Gross model of interpretational competence and useful in the present context is that between sequence and structure. "Sequence" may be thought of as the relationship between contiguous story-elements; structure as the set of interrelationships among all the elements of a story. For Worth and Gross, the ability to base an interpretation on aspects of a story's structure (i.e., on the relationship among non-contiguous story-elements) marks the highest level of interpretational competence, to be distinguished from the level of sequence-based interpretation.

Two portions of the doctor story were explicitly designed to test the ability of viewers to handle structure: slide 6 and 7, in which the doctor is shown in a fit of anger, and slide 21, which concludes the story with a picture of the doctor cheerfully chatting with a young woman. Both of these story-elements were meant to corroborate the implications of the doctor's behavior at the accident scene. Thus, the doctor's explosive uncouthness with his secretary could be seen as a harbinger of his even more egregious behavior at the accident scene (and, at the same time, as a possible reason for this behavior: he had had a rough day at the office and was in a foul mood); while the absence of any sign of remorse amid the frivolity of the final scene could be taken as the ultimate confirmation of the doctor's callousness. (One could assume, too, at the end, that the doctor had just told the woman about the accident and that this was the source of their merriment; but none of our viewers appeared inclined to ascribe such a degree of perverseness to either character.)

The instances, in the data, of cases in which either of the above structural relationships was cited are very few. Furthermore, in no case did a respondent explicitly refer to these structural relationships as manifestations of an authorial design. Thus, the doctor's wrath at his secretary was taken not as a deliberate hint, by the author, at what was to come, but only as a possible explanation of the doctor's unwillingness to be bothered with the accident victim. The following two examples of such interpretations are by a fifth-grader and a college student, respectively.

Q. Why do you think the man in the story acted the way he did?

A. Well maybe he had a lot of patients that day and was tired and his secretary did something wrong and got him madder so when he was walking by the car he didn't want any more work that one day so he just walked by.

Q. Why do you think the man acted the way he did?

A. Ah. . . he probably was angry at work because of the picture right before that where he threw something down, because something wasn't right. When he left the hospital he was prob-

ably angry or upset or disgruntled or something... and that probably took over his logical reasoning so he probably walked by the guy and probably said well I'm not in the mood.

Mention of authorial intentions is similarly absent from the next two examples, in which the doctor's mirth at the end of the story is taken as confirmation of his callousness. Note that in both cases the concluding episode is judged to be the second most important thing in the story (after the accident). The first quotation is from a fifth-grade interview; the second from that of an eighth-grader.

Q. What else was important in the story?

A. That he didn't tell anybody about it.

Q. How could you tell that?

A. Because, well, his wife or girlfriend would act a bit different. Like if she heard it... her smile—she was smiling all the time when she was talking to him—and I think when she would have heard it her smile would have left her face, or some other expression would have come on it.

Q. What else was important in the story?

A. Well, he didn't even think that much about it. He went home and had fun.

It should be mentioned here that the viewer from whose interview the above quotation came did subsequently talk about the storyteller's intentions regarding the final scene. However, this happened only after the interview had moved to its last stage, in which the issues of ficticity and intentionality were introduced into the questions. Thus, the informant having said that the man who took the pictures was a good storyteller, the interviewer then asked him what the story would have been like if told by a bad storyteller:

A. Well, he might not have shown the man having a friendly evening... so you wouldn't know if he'd ignored it.

Q. Having what?

A. You wouldn't know if he'd ignored it like he did, or if he was still thinking about it.

This is also one of the very few instances in the data in which a viewer gives evidence of having considered the options available to the storyteller (in this case, whether to include the final scene or not). The ability to empathize with an author's decision-making can be considered a prerequisite for sophisticated interpretation; and, in this regard, it is significant that no informant raised this issue before the last part of the interview.

In concluding this discussion of how viewers treated the relationship between the story's ending and the accident scene, we should also mention the use, by some of the respondents, of the final scene as an *explanation* of the doctor's behavior. These viewers suggested that the doctor might have been in a hurry to get home to his wife/girlfriend, either because of a special occasion, or for some other reason. As the following example indicates, such an interpretation is not necessarily even an *implicit* structural inference.

Q. Why do you think the man in the story acted the way he did?

A. Cause he liked her and he didn't want her to worry. He didn't want her to call the police cause they would come and get him and well... .

Q. What?

A. She would get worried and she would send out the police and he didn't want them to do that.

Q. I see. How do you know that?

A. That almost happened to me. (fifth grade)

The only instance in our data in which a viewer took the aftermath of the accident scene as a comment, by the author,

on the doctor's emotional reaction dealt not with the closing slide but with a previous shot (19) of the doctor in a hallway inside his apartment building.

and then he got home and the one picture showed him... (incomprehensible)... getting out of the elevator thing, or walking down the hall. Looks like it's sort of blurred... so maybe... trying to show... caution, maybe he's questioning what he did or didn't do. (college student)

This example is of particular interest because it shows the dependence of inferential reasoning on a prior attribution of skill to the author. In other words, the use of any aspect of a narrative as evidence for an interpretation must depend on an implicit or explicit assumption that the author was in fact in control of that aspect of the story and was capable of making it serve his intentions. The shot referred to by the respondent above is in fact somewhat blurred. But the soft focus is due entirely to poor lighting, which the photographer could not control (and which forced the use of a large lens-opening). However, in basing an inference on this shot, the viewer in the above example is obviously taking the lack of focus to be deliberate and crediting the photographer with the ability to control it. (Incidentally, this example also illustrates the possibility that accurate interpretation may occasionally require technical expertise. The difficulty of getting sharp color slides in dimly-lit hallways would probably not have escaped the attention of a skilled photographer.)

Another instance, in the doctor story, in which inference was fairly obviously predicated on an assumption of adequate authorial control is the accident sequence itself. Those viewers who cited the *sequence* as evidence for the inference that the doctor didn't help must also have assumed that the sequence was an adequate reflection of the author's intentions (i.e., that it had not been botched in production or tampered with after the fact).

I'm assuming that the photographs follow a logical sequence of events. (college students)

I'm presuming that the pictures you showed me show a continuous story... and that nothing really important was left out. (college student)

You could have left out a whole sequence of pictures where he went over and tried to help the person in the car, but I didn't see that so I didn't have that impression. (college student)

To the paucity of "structural" inferences in our data we may contrast the abundance of attributional responses based on apparently quite commonplace social stereotypes. This was particularly true of the viewers' handling of three questions designed to test the presence of inferential reasoning, namely, questions 7 ("Why do you think the man in the story acted the way he did?"), 4 ("Do you like the man in the story?"), and 2 ("What was the most important thing in the story?"). We have already explained the structural ramifications of question 7: the earlier scene with the secretary and the final scene with the wife/girlfriend could both be taken as intentional clues to the doctor's personality. The other two questions, which we will discuss presently, are clearly ways of finding out about a viewer's ability to deal with structure as a whole: this is required not only in order to be able to select the most important feature of a structure but also in order to be able to extract an overall meaning from it (i.e., is the doctor, on the whole, likeable?).

Before discussing questions 2 and 4, a further note should

be added on question 7. As we have already indicated and as we shall see further below, many of the age-related differences in our data conform to a scheme of increasing interpretational sophistication such as that proposed by Worth and Gross: namely, a movement from reliance on social stereotypes to consideration of authorial design. The answers to question 7, however, are a striking instance of a different pattern. Here, the movement in our sample is not from attribution to inference but from one social stereotype to another, and the overall trend can be seen as one of increasing cynicism with age rather than an increase in interpretational competence. Thus, the younger viewers' faith in the benevolence of doctors is supplanted not by a realization that this stereotype was being intentionally exploited in the story, but by a different, less cheerful, stereotype. The following two examples are both from interviews with eighth-graders and are typical of many responses in this age-group.

Q. Why do you think the man in the story acted the way he did?
 A. Scared he would be sued. It's happened before, like when a couple of years ago we were talking about this in sixth grade, some guy was beat up and thrown down the stairs and was killed. People just walked right by him and didn't care. Maybe somebody could've helped him and they did something wrong—like put a tourniquet on his arm—and he could have to have it amputated, he could sue the person.

Q. Why do you think the man in the story acted the way he did?
 A. Well, if you're a doctor and you stop to help somebody—if they die or lose. . . have something amputated or something, they can sue you. So a lot of doctors don't stop for an accident because they might get sued.

The respondent in the example below was a college student.

Q. Why do you think he acted the way he did?
 A. Well, you're sorta taught not to get involved. Doctors specifically. . . I don't think. . . would get involved with an accident, you know, where they weren't given charge.

Q. Why?
 A. Well, he can get sued.

Unlike question 7, questions 2 and 4 gave rise to trends which appear to us to be clearly related to increasing interpretational competence. Question 4 ("Did you like the man?") may be examined in relationship to what we have already said about the interpretations of the accident sequence. We have suggested that the younger children failed to report the doctor's "undoctorly" accident-site behavior because of an inability to relinquish belief in a positive image of doctors. The answers to question 4 confirm the previous evidence that it is only after the fifth grade that this positive image can confidently be expected to succumb to the implications of the slide sequence. Of the second-graders (N = 17), 94% said that they did like the doctor. The corresponding figure was 53% for the fifth-graders (N = 17), 8% for the eighth-graders (N = 12), and 12% for the college students (N = 16). This trend is even more dramatic than the one observed on the issue of whether the doctor did help or not.

Characteristic of the attributional responses of the younger children is the fact that the number of children who said they liked the doctor is greater than the number who did not say he had ignored the accident victim. In other words, liking was not necessarily predicated on his behavior at the accident. This is precisely what one would expect of an attributional response, in which prior beliefs, and not the

internal structure of a narrative, determine interpretation. The following examples are arranged by age, the youngest being that of a preschooler, and the oldest that of a fifth-grader.

Q. How can you tell he's a nice man?
 A. Because he helps people to get well.
 Q. How do you know he helps people to get well?
 A. Because he's a doctor.
 Q. And that's what doctors do? Did you see him help people get well in the pictures?

A. I just know.
 Q. I see.
 A. We went to the doctor when. . . my mommy. . . we went up to the lake, and she went waterskiing, she let go and she hurt her legs. . . you should have seen it.

Q. And the doctor helped her? I see. That's fine.

Q. Did you like the man?

A. Yes.

Q. Why?

A. He takes after my father. (Her father is a doctor.)

Q. Do you like the man in the story?

A. Yes.

Q. Why?

A. Well, he seemed like a person that was friendly, he had a good occupation. . .

Q. Well, was there anything that made you dislike him?

A. No.

As the figures for the two older age groups indicate, their evaluations of the doctor were overwhelmingly negative, in conformance with the intended meaning of the story. This is not to say, however, that intentionality was explicitly mentioned in these responses.

Q. Do you like the man in the story?

A. No, not really.

Q. Why not?

A. Because he didn't like help that guy like in the car, he just stared at him for a while and then he just went right by. . . he didn't do anything. (eighth-grader)

Unlike the questions we have discussed thus far, question 2 ("What was the most important thing in the story?") can be seen as an implicit, although weak, reference to the presence of a central design behind the story. As such, it serves as a bridge for the brief discussion, below, of questions 11 and 12, in which the issue was broached directly. Because of its implicitness, however, question 2 is more interesting than the other two.

The viewers' responses to question 2 exhibited an age-related trend similar to the one we have presented on question 4 and on the issue of whether the doctor ignored the victim or not. 71% of the second-graders (N = 17) did not cite the accident as the most important part of the story. For the fifth-graders (N = 17), the corresponding figure was 29%, and it was 17% and 12% for the eighth-graders (N = 12) and college students (N = 16), respectively. This trend can be explained, in part, by referring to the younger children's failure to report that the doctor had not helped at the accident. For those youngsters who did not see the accident as such, or did not think there had been a victim, a response such as the following, by a second-grader, is perhaps predictable.

Q. What do you think was the most important thing in the story?
 A. I think he was gonna give a needle to somebody or cause they were sick or something.
 Q. How could you tell that?

- A. Cause I saw him. He had a needle in his hand, and he had this little jar that he was going to stick the needle in.
 Q. OK, is there anything else that's important in the story?
 A. I don't know.

The more interesting aspect of the data, however, and, in our opinion, the more convincing reason for the observed trend, is what these data reveal about the viewers' understanding of the word "important." For the older viewers, importance appears to rest on centrality to the story *itself*, i.e., an important part is one that is crucial to the story's main point. For the younger viewers, however, importance appears to be measured not in terms of the story but in terms of "life" in general. Thus, an important event is one of deep human significance, rather than one which contributes much to the story's message.

- Q. What was the most important thing in the story?
 A. He was helping somebody by giving that person a shot, so that he can't get sick. He can work and get enough money so that he can support a family.
 Q. Why was that the most important thing?
 A. Because he had a wife and people have to buy food to live.
 Q. What else is important?
 A. He liked helping people so they can't get sick. (second grade)
 Q. OK, what was the most important thing in the story?
 A. I think it was those chemicals.
 Q. Why was that the most important thing?
 A. I don't know, but it would make medicine.
 Q. What else was important in the story?
 A. I don't know. (second grade)
 Q. What was the most important thing in the story?
 A. . . . I guess to make the medicine to make people well.
 Q. Why was that the most important thing in the story?
 A. That more people would live.
 Q. What else was important in the story?
 A. I guess the nurse showed him the paper to make more medicine.
 Q. Why was that important?
 A. To make more people well. (second grade)²

We should point out, incidentally, that this notion of "importance" is not inconsistent with claiming that the accident was the most important part of the story. In the example below, such a response is justified by reference to the potential seriousness of an accident's results.

- Q. What was the most important thing that happened in the story?
 A. I think it was when that car crashed.
 Q. Why?
 A. Because it was more dangerous, you can get hurt in a car, or it can blow up or turn over, it could be on fire, and you couldn't get anyone to get you out. (second grade)

To these cases may be contrasted the following example of an eighth-grade response, in which it is clear that contribution to the story-line, rather than general social significance, is the criterion of importance, and the example after that, from a college student's interview, in which the accident is seen as the explicit focal point of an entire implicational structure.

- Q. What was the most important thing in the story?
 A. I guess it was walking home.
 Q. Why would that be? I mean what happened?
 A. He came across the guy in the car—the guy was just laying there.
 Q. Why was that important?
 A. Well, it showed that he didn't want to get involved.
 Q. What's the most important thing in the story?
 A. The accident.
 Q. Why?
 A. Because that's what most of the pictures are on and. . . it's also

the only thing that seems to hold the thing together.

- Q. How do you mean?
 A. It's the—it's what everybody should focus on because obviously his work at the office isn't that important. . . well, the whole point of it would be that he saw this accident and he passed it by. . . and he. . . your reactions to that.
 Q. Why isn't his work in the office that important?
 A. Ahm. . . because nothing is really shown.

The final two clusters of questions will concern us only briefly, because, by asking openly about intentionality, meaning, etc., they raise a different order of issues from the one discussed thus far. With respect to question 12, regarding the quality of the storyteller, we will confine ourselves to noting that, aside from considerations of technical expertise, clarity of presentation, and interest of subject matter, an additional criterion which occurred with some frequency among the responses of the younger viewers was that of importance or morality of subject matter.

- Q. Was the man who took these pictures a good storyteller?
 A. Yes.
 Q. Why would you say so?
 A. Cause he put in important things that were good.
 Q. Any other reasons?
 A. No. (second grade)

As for the second part of this question, on the author's intentions, we should note only that there was a predictable tendency on the part of the younger viewers to cite a moralistic message ("That you should help other people"—second grade) as the author's intention, whereas older viewers were more inclined to either cynicism or a statement such as: "That the doctor wasn't such a nice guy." (fifth grade)

Finally, we come to question 11, concerning the "reality" of the pictures. Considering the type of analytic scheme which we have applied to our data, the importance of this question should be evident. It was meant as the ultimate probe of the viewer's awareness of the intentionality behind the story. However, because the term "real" was left open to the viewer's definition, the criteria of reality were not always the same. Specifically, a large proportion of the second- and fifth-graders took "real" to mean "not a drawing," at least initially. More interestingly, it was found that, when informants *were* uniformly thinking in terms of stages vs. candid events, the criterion for making the determination was also age-related. The youngest viewers (second grade) were overwhelmingly inclined to consider *plausibility* as the criterion of candidness, as in the following examples, the first of which refers to the doctor's outburst of anger.

- Q. What about these pictures? Do you think they're real?
 A. No.
 Q. Why do you think that?
 A. Because a man wouldn't do that to a book. (second grade)
 Q. OK, what about these pictures, do you think they're real?
 A. Sometimes.
 Q. Which ones do you think are real?
 A. When the doctor gets the medicine and talks to the nurse and when the doctor walks home.
 Q. Why do you think they are real?
 A. Because the doctor does walk home.
 Q. How do you know that?
 A. Cause my uncle is a doctor and he does it himself.
 Q. . . . How can you tell where there is a fake picture?
 A. A fake picture would be when the doctor would not care for anything. (second grade)

It appears from these examples that these viewers are not troubled by the question of how the pictures could have been obtained if the events had been real. Only one of the 34 second- or fifth-grade viewers raised this issue. On the other hand, this was the most frequent criterion of reality for the older viewer. It is important to note, also, that for these viewers it was primarily the unlikelihood of a candid *series* that determined their judgment.

Q. Any other indications that they were or were not real?

A. Well, a guy's going to think there's something wrong when every minute a guy pops in front of him and takes a picture. Like he was never looking down when they took the pictures; he was looking straight. (eighth grade)

A. Each one of these pictures separately. . . mmm, not so much the ones with the guy in the car, but, the other pictures separately, could possibly be candid shots, but taken as a whole, as a series. . . I don't think they could possibly be. (college student)

This age-related difference in criteria of reality may be taken as a capsule illustration of the central distinction between attributional and inferential interpretational strategies, to which distinction we now return, in order to summarize briefly the most important points made thus far. According to Worth and Gross, the governing difference between attribution and inference lies in the type of reasoning which is used to support interpretations in each case. Attributional interpretations treat the events in a fictional narrative as though they were subject to the rules of the real world. Consequently, attributional interpretations of these events are justified by appeal to the interpreter's beliefs about reality. Inferential interpretations, on the other hand, are grounded in the interpreter's assumptions concerning the author's intentions, since inference entails a presupposition that the narrative is a deliberately implicational construction. In the data presented in this report, clear cases of this aspect of the attribution-inference distinction occur in connection with questions 3 ("What do you know about the man in the story?") and 5 ("Who was the lady the man was talking to at work?"). In both instances, attributional responses were supported by reference to the characteristic appearance, behavior, or working environment of real-life doctors, nurses, or secretaries. Moreover, such responses were occasionally further justified by explicit accounts of the sources of the viewers' information on these aspects of reality (e.g., "I know, because my daddy's a doctor, and so is my mommy—she's a nurse."). In both instances, again, the accuracy of inferential responses was taken by viewers to depend on an adequate decipherment of the author's intentions; and, in a small number of cases, the obligation to confine one's evidence to the "text" was made explicit (e.g., "I'm making all these assumptions. . . just what I could tell by the pictures").

The responses to questions 3 and 5 also serve to illustrate another aspect of the relationship between attribution and inference. Worth and Gross assume that inferential reasoning presupposes attributional "fluency," i.e., that inference makes use of part of the apparatus of attribution. This dependence of inference on attribution is characteristic of the strategies used by viewers to identify the "man in the story" and the "lady the man was talking to at work." Attributional and inferential responses alike made use of sets of stereotypical properties of doctors, nurses, or secretaries; but, in the inferential responses, these properties were

treated as deliberate fabrications. In this sense, then, inference is a more complex interpretational strategy than attribution. (Inference is also the more complex strategy by virtue of its ability to handle structural relationships in a narrative, rather than assigning stereotypical interpretations independently of sequence or structure. However, the data in this report contain almost no instances of "structural" inferences and only a small number of cases of inferences based on sequence.)

A corollary aspect of the attribution-inference relationship, according to Worth and Gross, is that inferential skills are learned later than attributional ones. The point is demonstrated most clearly, in this report, by the viewers' interpretations of the doctor's behavior at the scene of the accident. The large percentages of younger viewers (65% of the second-graders and 35% of the fifth-graders) who did not report that the doctor had ignored the accident victim are indicative of the primacy of the "good doctor" stereotype, in the interpretational reasoning of these viewers, and of the concomitant lack of a sense of obligation to conform to an authorial implication. No such tendency was found among the older viewers, who, almost without exception, did not fail to report that the doctor had not helped. These findings are strengthened by similar age-related trends in the viewers' responses to questions 4 ("Do you like the man in the story?") and 2 ("What was the most important thing in the story?"). In both instances, attributional reasoning on the part of the younger viewers appears to have exaggerated the applicability of the positive doctor-stereotype to this particular doctor, so that the majority of these viewers said that they liked the doctor and that the initial hospital sequence, rather than the episode at the accident site, was the most important thing in the story. Once again, no such tendency was observed among the older viewers.

The findings summarized above have implications in a number of areas. With regard to the nature of the interpretation itself (as distinct from its mode of justification), we would expect the results of the interpretation to be relatively independent of the type of interpretational strategy used, if the narrative belongs to one of the more convention-bound forms, such as television drama. We would expect considerable differences in interpretation between attribution and inference, together with considerable "incomprehension" on the part of attributional viewers, in the presence of narratives with a relative absence of strongly conventional components. And, as in the case of the narrative dealt with in this report, we would expect contradictory interpretations in cases involving the juxtaposition of a familiar stereotype and an authorial "comment" thereon. Among the viewers who used to object to television programs like "All in the Family," for example, were those who were responding to a stereotype, rather than to its ostensibly ironical treatment by the writer or the producer.

With regard to the aesthetic aspects of the experience of viewing (or listening to, or reading) a story, the attribution-inference distinction would lead us to expect the following. On the part of an "inferential" viewer, we would expect an awareness of the author's control during the course of the narration and, as a result of this awareness, a potential response to whatever skill is manifested in that control. We would argue—as Gross (1973) has argued elsewhere—that this

vicarious participation in the skillful performance of another is precisely what constitutes an aesthetic experience. Unlike the hypothetical "inferential" viewer, a "pure attributional" viewer would not be expected to be aware of the author's implied presence, and such a viewer should therefore be uninvolved with the author's display of skill. (Instead, we would expect the "attributional" viewer to be a vicarious participant in the events depicted in the narrative.) Consequently, we would claim that a "pure attributional" viewer cannot, by definition, have an aesthetic experience (as a member of the audience of a fictional narrative). It is possible that this accounts for the considerable number of cases in our data in which younger viewers, when asked to evaluate the storyteller (question 12), did so in terms of morality rather than of skill.

Finally, a brief word of caution should be added on the issue of whether and how a storytelling medium such as television may contribute to its audience's beliefs about the real world. Since "attributional" respondents operate on an implicit assumption of continuity between the world of a fictional narrative and the real world, it may seem reasonable to speculate that such respondents are more susceptible to having their notions about the real world shaped by fiction. Conversely, an inferential viewer's awareness of authorial control should, perhaps, create a resistance to such influence. Furthermore, extrapolating from the findings of the present report, it could be argued that attributional viewers are much more susceptible to the reinforcement of stereotype than to the assimilation of novelty. Because, as this report has indicated, younger viewers tend to be attributional in their approach to fiction, such speculation becomes particularly intriguing. Therefore, it must be pointed out that there is no evidence for any of these three points in the data.

NOTES

¹In an alternative version of this pair of slides, the conference with the secretary is conducted without the angry exchange. The use of this version with some of Murphy's interviewees did not generate any discernible differences in viewers' responses to the remainder of the story.

²The fact that the hospital scenes mentioned in these responses occur at the very beginning of the story raises the possibility that there is also a "primacy effect" operating here, for the younger viewers.

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APPENDIX A THE INTERVIEW SCHEDULE

- (1) What was the story told in the pictures? How do you know?
- (2) What was the most important thing in the story? Why? What else was important in the story?
- (3) What do you know about the man in the story? How can you tell? What else do you know about the man in the story? How can you tell?
- (4) Do you like the man in the story? Why? What made you like him? Why? What made you dislike him? Why?
- (5) Who was the lady the man was talking to at work? How do you know? What were they talking about? Who was to blame for the mistake? How do you know?
- (6) Who was the lady at the end of the story? How do you know? Did you like the lady? What made you like her? Did you dislike the lady? What made you dislike her?
- (7) Why do you think the man in the story acted the way he did? Why do you think so?
- (8) Do you think that was the right thing? Why was that the right (wrong) thing to do?
- (9) What else could he have done? What would you have done? What would another person have done in that situation? How do you know?
- (10) Is there anything else about the story that you remember which we did not discuss?
- (11) What about these pictures? Do you think they are real? How do you know? How do you think they got these pictures? How do you know?
- (12) Would you say that the person who took these pictures was a good storyteller? What was he trying to make you think? How do you know? What was the meaning of the story?