

Interpersonal relationships in medical consultations. Comparing Sweden Swedish and Finland Swedish address practices



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Abstract

This article investigates how interpersonal relationships are expressed in medical consultations. In particular, we focus on how modes of address are used in the two national varieties of Swedish: Sweden Swedish and Finland Swedish, with the aim to compare the pragmatic routines in the two varieties. Thus the study contributes to the field of variational pragmatics, where national varieties of pluricentric languages are recognised as important research objects. Address practices are analysed in two comparable corpora of video recordings from Sweden and Finland using both a quantitative and a qualitative CA-inspired method. There are several differences between the data sets: the Sweden-Swedish data are characterised by exclusive use of the informal T pronoun (*du* 'you') and an overall higher frequency of direct address compared to the Finland-Swedish data. In some medical consultations in the Finland-Swedish data the formal V pronoun (*ni*) is used. The qualitative analysis confirms these differences and the tendency is that the Sweden-Swedish medical consultations are more informal than the Finland-Swedish ones, which are characterised by more formality and maintenance of social distance between the interlocutors. The different pragmatic orientations at the micro level of communication can also be related to socio-cultural preferences at the macro level in society – the development towards greater informality and intimate language is more pronounced in Sweden than in Finland.

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1. Introduction

This article focuses on how interpersonal relationships are expressed in a particular institutional context – medical consultations. In particular, we investigate how the modes of address used by doctors and patients reflect pragmatic differences between the two national varieties of Swedish: Sweden Swedish and Finland Swedish. Swedish is a

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pluricentric language, a language with more than one national centre (Clyne, 1992),⁴ and displays variation across the national varieties. Typical Finland-Swedish features in pronunciation, vocabulary and syntax have been well documented (see e.g. Reuter, 1992; Wide and Lyngfelt, 2009). The subtle differences in how pragmatic and interactional meanings are expressed in the two varieties of Swedish have however not been analysed systematically in a comparative dataset (but see Saari, 1995; Fremer, 1996 for some preliminary observations on pragmatic differences between Finland Swedish and Sweden Swedish). The interface between pragmatics and variational linguistics has received overall little attention to date. However, within the fairly recently established research paradigm *variational pragmatics*, Schneider and Barron (2008) emphasise that the concept of region in variational pragmatics not only deals with sub-national varieties of a language, as in traditional dialectology, but also considers languages as pluricentric entities (e.g. American English, English English, Irish English, etc.). The present article forms part of a comparative research programme on the two Swedish varieties which contributes to the body of work in pluricentric languages and variational pragmatics by comparing pragmatic patterns in institutional interactions in the domains of service, higher education and healthcare.⁵

Previous research on address has predominantly been based on reported address practices. For example, research by Clyne et al. (2009) suggests that Finland-Swedish and Sweden-Swedish speakers relate to and evaluate forms of address differently when asked about their own address behaviour. In the present study we shift the focus to actual address practices in authentic interactions between doctors and patients. How do the interlocutors use – or not use – various forms of address to manage interpersonal relations in the studied conversations? And can such micro-pragmatic variation be related to how the two national varieties differ on the macro level (see section 3) in the way they display social distance through the use, or non-use, of address forms?

There is a large body of research on medical consultations within an interactional framework with medical consultations arguably being one of the most frequently researched communicative activities (Linell, 2011:205). A reason for this interest could be the extensive interpersonal relational work, for example in question–answer sequences, that occurs in such interactions. Medical consultations are characterised by pre-defined institutional roles, involving doctor/nurse–patient, in contrast to a conversation between friends (see e.g. Drew and Heritage, 1992). The participants in such conversations have not necessarily chosen to interact with one another, or to enter into these roles, but do so because they must achieve certain goals. Address practices are an important resource for managing participant roles and asymmetries in interaction. Building social relations based on trust is especially important in medical consultations where potentially sensitive topics might be disclosed. In such a context frequent addressing might be a resource for achieving this. However, address in medical consultations has not been investigated to any great extent (see however Sorjonen et al., 2001).

The article is organised as follows: section 2 presents a brief overview of Swedish as a pluricentric language. Section 3 investigates interpersonal relationships and address forms. In section 4 we introduce the data and methods of analysis and section 5 outlines the results of the empirical analyses. In section 6 we discuss the results and offer some general conclusions.

2. Swedish as a pluricentric language

Swedish has official status in two countries. It is the main language in Sweden and one of the two national languages (alongside Finnish) in Finland. In Sweden, the vast majority of the population of close to 9.7 million (Statistics Sweden, 2015) has Swedish as their first language. Some 290,000 people in Finland have Swedish as their first language, whereas the majority of the country's population of approximately 5.5 million speaks Finnish. In other words, Swedish-speaking Finns constitute a linguistic minority of 5.3% in Finland (Statistics Finland, 2015). However, it is a minority with a relatively strong legal, economic and cultural position, as a result of historical circumstances (see e.g. Liebkind et al., 2007). Finland was part of the Swedish kingdom for some 600 years, until 1809. From then until 1917 Finland was an autonomous grand duchy of the Russian empire, but despite this Russian was not introduced as an official language, and Swedish remained the dominant language in the public sphere until Finnish slowly replaced it at the beginning of the 20th century (see Saari, 2012).

In relation to Sweden Swedish, Finland Swedish is clearly the non-dominant variety (Reuter, 1992; Norrby et al., 2012). The degree of difference between the varieties is greatest in informal spoken language and smallest in formal written language. Finnish has influenced Finland Swedish to various degrees across individual speakers and regions. Even though Finland Swedish is an exceptionally well documented non-dominant variety – through academic research and language planning – no systematic comparative study of contextualised communicative patterns across the two national

⁴ This definition of pluricentricity focuses on variation between national varieties. However, regional variation is sometimes also described within a pluricentric framework (see e.g. Auer, 2014).

⁵ The bi-national research programme *Interaction and Variation in Pluricentric Languages – Communicative Patterns in Sweden Swedish and Finland Swedish* is financed by Riksbankens jubileumsfond 2013–2020 (M12-0137:1). The programme is coordinated by Stockholm University and the other participating institutions are University of Helsinki, University of Turku and the Institute for Language and Folklore, Gothenburg (see <http://www.su.se/svefler/ivip/in-english>).

varieties has been carried out to date, with the exception of a few small-scale studies such as Saari (1995) on politeness, address and greeting practices, and Fremer (1996) on address and personal reference. Clyne et al. (2009), Clyne and Norrby (2011), Norrby and Kretzenbacher (2014), and Norrby et al. (2007) offer more extensive comparisons between the Swedish varieties, but they are based on reported address. Thus, there is a clear research gap on Swedish as a pluricentric language at the pragmatic level of language.

3. Interpersonal relationships

A useful distinction when investigating pluricentric languages, and pragmatic variation in particular, can be made between macropragmatics and micropragmatics. The former concept refers to socio-historical developments within and between nations, languages and cultures; the latter concerns language use and interaction in concrete situations (Muhr, 2008:212). Our empirical research examines the variation of micropragmatic features in the two national varieties of Swedish, as borne out in naturally occurring interactions. We also take into account the interaction – the dialogical relationship – between the macro and micro levels. As discussed by Linell (1998:58) “actions, meanings and contexts are situationally constructed, but they are filtered through socioculturally sedimented meaning potentials and social representations”. In other words, the variant of social constructionism that we adhere to acknowledges also sociohistorical aspects in human action and communication (Linell, 1998:63). The macropragmatic dimension provides a basis for explaining differences in e.g. the societies in Sweden and Finland, while knowledge of communicative patterns at the micro level may help to determine the particulars of sociopragmatic variation across cultures and national varieties of languages. The management of interpersonal relationships, e.g. through address practices, is one dimension of the micro-pragmatic level of language where the national varieties of Swedish can differ. Earlier studies have demonstrated that common ground and social distance are important concepts for analysing variation in address behaviour, for example in pluricentric languages. In the following two sections we discuss these notions.

3.1. Common ground and social distance

Common ground is a useful notion for investigating the role of shared knowledge and assumptions in social encounters (Clark, 1996; Svennevig, 1999), as it helps us to understand and describe how interpersonal relationships are managed in interaction. Shared commonalities among individuals have been referred to as ‘likemindedness or similar behaviour dispositions’ by Brown and Gilman in their seminal work on address (1960:258). For example, in initial encounters between strangers it is important for the interlocutors to establish whether the other party is the ‘same’ or ‘different’ (see Clyne et al., 2009:69; Norrby and Warren, 2012). This is achieved by using and interpreting verbal cues (what is said and how) as well as non-verbal cues (physical appearance, actions, body language, etc.). The focus in this article is on verbal cues, and in particular, address practices.

Similarity/difference can also be discussed in terms of ‘social distance’. Previous research suggests that initial encounters, or fleeting contacts, display great social distance initially (Clyne et al., 2009). In medical consultations a high degree of social distance may be manifested by minimal responses from the doctor to problematic accounts made by the patient, where the doctor takes a distancing footing (Linell, 2011:364–367). This is also the case in some of our empirical data. However, there are also several cases where joint interpersonal work towards establishing common ground and lowering of social distance is salient. Medical consultations are result-oriented encounters performed within clear time constraints – it is not unusual that a consultation is limited to 15 min – involving an expert and a layperson who might be complete strangers as in initial visits. Both parties can be expected to work towards achieving “successful” completion of the medical consultation within the allotted time. This is accomplished largely through attention to interpersonal relationships. However, whether they are formed through maintenance of social distance and formality, or through lowering of social distance and informality might differ between individual consultations, but also between consultations that take place in different sociocultural settings, for example in Sweden and Finland. The former strategy is an example of smooth communication achieved through restraint (negative politeness in the terminology introduced by Brown and Levinson, 1987), while the latter is an example of smooth communication achieved through directness and informality (positive politeness). These strategies are simply different ways of managing interpersonal relationships and should not be interpreted as being inherently negative or positive.

Address practices, which we now turn to, are crucial means for expressing and maintaining interpersonal relationships.

3.2. Address in Swedish

Similar to many languages, Swedish distinguishes between an informal and a formal pronoun of address in the singular, often referred to as T and V pronouns after Latin *tu* and *vos* (Brown and Gilman, 1960). Superficially, the Swedish

address system looks like the French: in both languages it is the second person plural pronoun which can function also as a formal pronoun of address to one person. However, use of formal V address (*ni*) is rare in contemporary Swedish, leaving the informal T address (*du*) as the default choice in most contexts and to most interlocutors. *Du* and *ni* are the subject forms with *dig* and *er* as the respective object forms. There are also possessive pronouns, inflected to agree with the gender and number of the head noun: *din*, *ditt*, *dina* (T forms) and *er*, *ert*, *era* (V forms).

In functional terms, the Swedish pronominal address system is more like the English system where there is only one pronoun of address (*you*). However, the high level of informality regarding terms of address is a fairly recent development. In the past 50–60 years the Swedish address system has undergone a radical shift from a high level of formality characterised by the ubiquitous use of titles and avoidance of direct address altogether, e.g. by the use of passive constructions (*Vad önskas?*, 'What is desired?'), the indefinite pronoun *man* ('one') and other impersonal constructions and third person reference (*Kan jag hjälpa damen?* 'Can I help the lady?', *Vad tror doktorn det kan vara?* 'What does the doctor think it could be?'). (For an overview of the development of address in Swedish see e.g. Clyne et al., 2009.)

Such avoidance of direct address was closely linked to the fact that the formal pronoun, *ni*, had attracted negative connotations in Sweden due to its asymmetrical use. A person in an inferior social position – i.e. somebody who lacked a title – could be addressed by *ni*, but would have to respond by using his or her interlocutor's title (Ahlgren, 1978). The social stigma attached to *ni* led to a rather cumbersome social situation where strangers tended to avoid address altogether in order to not offend the other. While this was the case in Sweden, the situation was more straightforward in Finland Swedish where *ni* had not attracted equally negative connotations and could be used more widely as a polite form of address between strangers (Mara and Huldén, 2000). A major contributing factor to the rapid shift to almost universal *du* in Sweden in just a few decades was the awkward social situation described above, but it was as much a result of the political ideals that gained ground in the 1960s and paved the way for a no-nonsense, egalitarian and democratic form of address (Clyne et al., 2009:8; Paulston, 1976). A similar societal development has taken place in Finland, but it has not had quite so far-reaching consequences for address practices as in Sweden (cf. Saari, 1995). However, Swedish research from the 1980s suggested that *ni* was being re-introduced to some extent in service encounters to express polite respect for an unacquainted, older customer (Mårtensson, 1986). This new *ni* has attracted a lot of attention, and it is often assumed that it has spread widely. However, research has shown that the new *ni* is in fact restricted to very few settings, such as upmarket restaurants and shops, where *ni* is "a thin social veneer, which disappears as soon as the participant roles change ever so slightly" (Clyne et al., 2009:112). In newly recorded interactional data we have only found one single unambiguous instance of *ni* in over 20 h of service encounter data from Sweden (Norrby et al., forthcoming).

In their study on reported address Clyne et al. (2009) found striking differences in reported use of and attitudes to the formal V pronoun (*ni*) in their focus group and interview data, with their Sweden-Swedish participants displaying more negative views on V and also reporting using it in fewer contexts than their Finland-Swedish counterparts (2009:132–139). Their results on reported address usage also suggest that Finland Swedes are more likely to choose V address with somebody much older, in the written medium and, in particular, with a person of authority.

4. Data and methods

The data of this study consist of two comparable corpora of video-recorded medical consultations in Swedish in Finland and Sweden respectively, originally collected for two doctoral projects. The Sweden Swedish corpus (LOP = Läkare-och patientsamtal 'Conversations between doctors and patients') was collected at Uppsala University in 1988–1992 and includes 15 conversations between 9 doctors and 15 patients with rheumatism (Melander Marttala, 1995). The total size of the corpus is 7 h with the consultations ranging from 10 to 50 min with an average of 28 min. The Finland-Swedish corpus (INK = Interaktion i en institutionell kontext, 'Interaction in an institutional context') was collected at the University of Helsinki in 1996–2000 and consists of 20 consultations between 5 doctors and 20 patients with fibromyalgia (Lindholm, 2003). The total size of the corpus is 12 h and 41 min with the consultations ranging from 22 to 52 min with an average of 38 min. Both corpora include initial as well as follow-up consultations. The datasets are highly comparable, but given that they were collected for different research projects, there is no exact match between them in terms of participant background data.⁶

We combine a qualitative and a quantitative approach. Both types of analyses are carried out from a comparative perspective with the aim to distinguish differences, but also similarities, between the two national varieties of Swedish in how interpersonal relationships are established and maintained. The qualitative analysis is based on extracts from authentic interactions, and illustrates the variation and recurrent patterns of address. We use Conversation Analysis (see e.g. Sidnell, 2010) to the level of detail needed for an investigation of grammatical resources used to convey socio-pragmatic meaning. In a further step, however, the qualitative results are discussed in relation to the social setting, i.e. whether the interlocutors

⁶ These are the most recent and directly comparable corpora of recorded and transcribed doctor-patient interactions in Swedish from Sweden and Finland.

have met before or not prior to the recorded medical consultation. The purpose of the quantitative analysis is to explore further one aspect of address, namely the distribution of the T (*du*) and V (*ni*) pronouns of address in the two corpora.

5. Analysis

The analysis of the data is structured as follows. In section 5.1 we present and discuss major recurrent patterns of address from a comparative and qualitative perspective: formal address (section 5.1.1), informal address (section 5.1.2), inclusive address (section 5.1.3) and zero address (section 5.1.4). In section 5.2 we turn to a quantitative analysis of the frequency and distribution of pronouns of address in the data.

5.1. Qualitative analysis: modes of address

In the following we discuss authentic examples of the different modes of address found in our data. Even though the patterns of address are not radically different in the two national varieties of Swedish, some interesting variation in address preferences can be found. The analysis focuses on the doctors' address practices. As shown in the quantitative overview (section 5.2) the doctors produce by far the most address tokens.

5.1.1. Formal address

In the Finland-Swedish data there are six (of 20) consultations in which the doctor addresses the patient with the formal V pronoun, *ni* ('you, pl.'). None of the 15 consultations in the Sweden-Swedish data include any occurrences of the formal *ni* pronoun. Example (1) shows an instance from the very beginning of a Finland-Swedish consultation; the doctor (D2) uses *ni* in his first turn in the conditionally formulated directive *om ni sätter er på den där röda stolen där* 'if you (V) sit down on the red chair there' (for conditionals in directives, see Laury et al., 2013); for transcription conventions see Appendix A.

(1) INK 8. Conversation between doctor (D2) and patient (P8) recorded in 1998.

- 01 D2: om **ni** sätter **er** på den där röda sto[**l**en där
if you.V sit you.V on that there red the chair there
'if you sit down on that red chair there'
- 02 P8: [TACK
thanks
'thanks'

The doctor in (1) who participates in five of the Finland-Swedish recordings, addresses his patients systematically with the formal pronoun *ni*. It is worth pointing out that all the recordings in which doctor D2 participates are initial consultations.

One other doctor (D5) in the Finland-Swedish corpus uses the formal *ni* pronoun. This doctor participates in two of the consultations and uses the V form in one of them. Example (2) illustrates this practice (see lines 6 and 9; note that *er* is the reflexive form of *ni*).

(2) INK 19. Conversation between doctor (D5) and patient (P19) recorded in 2000.

- 01 D5: stig in bara [men snubbla int på de där
step in just but trip not on that there
'step inside but do not trip on that'
- 02 P19: [.jå
yes
'yes'
- 03 (p)
- 04 P19: näi
no
'no'
- 05 (p) ((steps))

- 06 D5: nåjo (slå nu ner **er**) ja sir att vi ha träffats
well+yes hit now down you.V I see that we have met
'well please have a seat I can see that we have met'
- 07 D5: tidigare [(också)
earlier too
'before also'
- 08 P19: [vi ha träffats tidigare j[o
we have met earlier yes
'yes we have met before'
- 09 D5: [(-) dels har **ni** de här
partly have you.V that here
'on the one hand you have'
- 10 bre[ve som ja skicka då [å de va
letter that I sent then and it was
'the letter that I sent and that was'
- 11 P19: [(-) [*jå*
yes
'yes'
- 12 D5: sommarn nittisex [(-)
the summer ninety-six
'in the summer of ninety-six'

As illustrated by example (2), the doctor and the patient have met earlier (see lines 6–8). Nonetheless, the formal address *ni* is used.

5.1.2. Informal address

Although there are some examples of the formal address pronoun *ni* in the Finland-Swedish data the most common pattern is to use the T form (*du*). Example (3) illustrates this. The doctor in (3) is the same as in example (2) where formal address was used with another patient. As examples (1) and (2), example (3) is also from the beginning of the consultation.

(3) INK 20. Conversation between doctor (D5) and patient (P20) recorded in 2000.

- 01 D5: men att dedär (p) de va så att ja träffa **dej** då
but that PRT it was so that I met you.T then
'but that eh it was the case that I met you then'
- 02 här för ett par tri veckor sen, då va de nu blir
here for a pair three weeks then then what it now becomes
'here about two or three weeks ago or however long ago it was'
- 03 (p)
- 04 P20: jå+å
yes
'yes'
- 06 (p)
- 07 D5: de va då ja så att de va på min mottagning i (h)
it was then I saw that it was on my practice
'It was then that I saw that it was at my practice in'

- 08 i Karis då (p) [andra mars som **du** va där då (p)
 in Karis then second March that you.T were there then
'in Karis then on the second of March that you were there then'
- 09 P20: [jå
 yes
'yes'
- 10 D5: (.h) å **du** berätta nu s- ö:: om de där (p) (mt)
 and you.T told PRT s- eh:: about that there
'and you told me about that'
- 11 **du** kom egentligen för att **du** hade värk på olika
 you.T came basically for that you.T had ache on different
'you basically came because you felt pain in various'
- 12 ställen å
 places and
'places and'
- 13 (p)
 14 P20: jå=
 yes
'yes'

In example (3) the doctor refers to the patient with *du* no less than five times (*dej* in line 1 is the object form of *du*). The variation in address practices evident in this doctor's use of the T and V pronouns respectively might be age-related: the patient (P19) in example 2 is in her sixties whereas the patient (P20) in example (3) is in her twenties. With the exception of doctors D2 and D5 all other doctors in the Finland-Swedish dataset use the T pronoun only.

As pointed out earlier, in the Sweden-Swedish data only T address is used. Example (4) illustrates this where an informal tone is set at the very beginning of the consultation: the patient, a woman in her early twenties,⁷ is addressed by her first name (*Louise*) in line 1 and with the T pronoun *du* in lines 2 and 7.

- (4) LOP 15. Conversation between doctor (D9) and patient (P15) recorded in 1992.

- 01 D9: pt ja: **Louise** då ska vi se här
 yes Louise then will we see here
'okay Louise let us see'
- 02 **du** kommer från Dokto:r (p) Bengt Gustavsson
 you.T come from doctor Bengt Gustavsson
'you are coming from doctor Bengt Gustavsson'
- 03 P15: mm
 mm
'mm'
- 04 D9: eh å han finns i Stockholm i Solna
 eh and he is in Stockholm in Solna
'eh and he is in Stockholm in Solna'
- 05 P15: mm mm
 mm mm
'mm mm'
- 06 D9: och han vill ha en reumatologbedömning
 and he wants have a rheumatology evaluation
'and he wants you to undergo a rheumatology evaluation'

⁷ P20 in the Finland-Swedish data and P15 in the Sweden-Swedish data are two of the very few young patients in the datasets.

- 10 D9: ses vi då
see each other we then
'so we'll meet then'
- 11 P15: ja
yes
'yes'
- 12 D9: då hörs vi på telefon
then hear each other we on telephone
'so we will be in touch on the phone'
- 13 P15: mm
mm
'mm'

Examples (4) and (5) show clear orientations towards reducing the social distance between the interlocutors. The patient is addressed directly with *du* several times: *du kommer från doktor Bengt Gustavsson* 'you are coming from doctor Bengt Gustavsson', *att du kommer när du har mycke besvär* 'that you come here when you have a lot of trouble'. In addition, address with the patient's first name is used both in the initial and final phases of the consultation: *ja Louise då ska vi se här* 'okay Louise let us see'; *men då skriver vi så Louise* 'but then we'll write that Louise'.

5.1.3. Inclusive address

In addition to second person pronouns (*du/ni*) the doctors also use the first person plural pronoun *vi* 'we' during the consultations. The reference of *vi* is sometimes ambiguous. Firstly, the pronoun can refer to the doctor and patient collectively, like in the utterance *ja sir att vi ha träffats tidigare* 'I can see that we have met before' in example (2). Secondly, the pronoun *vi* can refer to the medical institution, or to the doctor as a representative of the institution, like in the utterances *annars kan vi sätta upp dej på ett besök* 'or else we can schedule you for an appointment' and *men då skriver vi så Louise* 'but then we'll write that Louise' in example (5). Thirdly, there are cases where *vi* refers to the patient only. This is illustrated in example (6) from a Sweden-Swedish consultation. After an initial collective *vi* in *så vi gör så va* 'so we'll do that, right', the doctor continues using *vi* when turning to the medication the patient should take. However, he halts here and makes a restart with the second person singular *du* which signals clearly that it is, of course, the patient herself, not the doctor, who should continue to take the medicine in question.

- (6) LOP 5. Conversation between doctor (D4) and patient (P8) recorded in 1989.
- 01 D4: så vi gör så va (p) i eh att vi fortsätter du fortsätter
so we do so PRT in eh that we keep you.T keep
'so we'll do that, right, we'll keep you on'
- 02 med eh (p) mt Imurel kortison ja tror inte att
with eh Imurel cortisone I think not that
'the Imurel cortisone, I don't think that'
- 03 kortis- Prednisolon fem milligram om
cortis- Prednisolon five milligram about
'five milligrams of Prednisolone a'
- 04 dan ger dej några biverkningar (p) du e fortfarande
day gives you.T any side effects you.T are still
'day will give you any side effects, you are still'
- 05 lite nå för ung för de
little no too young for that
'a bit too young'
- 06 P8: jaha
yes
'okay'

The doctor's second instance of *vi* in line 1 in example (6) could be explained by the fact that the medical treatment is a joint project which involves both the doctor and the patient, although the patient is in focus and clearly the person who is to take the medication. The fine-tuned variation between 'we' and 'you' also shows an orientation to a collective negotiating mode which includes the patient in a professional decision-making process which in principle is the doctor's authority. In addition, by refraining from addressing the patient with 'you', the doctor does not burden the patient with all responsibility for taking the medication, but signals a shared responsibility. This practice of using inclusive we is more prevalent in the Sweden-Swedish data.

In contrast to the Sweden Swedish usage in (6), we find inclusive *vi* in the Finland- Swedish data in cases where direct personal address seems to be avoided. In example (7) it is the patient who points out to the doctor that a prescription should be renewed. Instead of addressing the doctor directly the patient uses inclusive *vi* in lines 1 and 7.

(7) INK 16. Conversation between doctor (D4) and patient (P16) recorded in 1999.

- 01 P16: sen tror ja också vi ska kolla opp di här (p)om
 then think I also we shall look up those there if
'then I think we should also check these, whether'
- 02 di ska förnyas
 they shall be renewed
'they should be renewed'
- 03 (p)
- 04 L4: mm+m
 mm+m
'mm'
- 05 (p)
- 06 P16: den där la väl si- (p) ska väl no förny- förnyas
 that there laid PRT ? will PRT PRT be rene- be renewed
'that one should probably be renewed'
- 07 tyckte visst (p) vi sa
 thought PRT we said
'thought we said'
- 08 (p) ((doctor looks at the prescription))
- 09 L4: mm+m
 mm
'mm'

Alternatively, *vi* in example (7) could be seen as a strategy of avoiding self-reference: the patient clearly has her own agenda – she is keen to have the prescription renewed – but she refrains from placing herself in focus as an active agent by not using a first person singular pronoun. In the following section 5.1.4 we investigate various cases where no direct address can be found in the two datasets.

5.1.4. Zero address

The inclination to use direct address in the data varies: some consultations are characterised by a remarkably frequent use of direct address whereas others stand out for their low degree of direct address (see section 5.2). In other words, direct address is not used in some of the interactions; in particular this is the case in some of the Finland-Swedish consultations. Example (8) illustrates how direct address is absent in a context where it would be completely possible. It is taken from the final part of a Finland-Swedish consultation where the doctor (D2) is summarising the fibromyalgia patient's (P8) current situation of support.

(8) INK 8. Conversation between doctor (D2) and patient (P8) recorded in 1998.

- 01 D2: vänja sej vi och kanske påverka i den
 accustom oneself to and maybe influence in the
'get used to it and maybe have an impact on it to the'

- 02 mån de går
 extent it goes
'extent that it is possible'
- 03 (1.4)
- 04 D2: men att eh de+e ju viktigt i alla fall
 but that eh it is PRT important in all cases
'but it is important however'
- 05 att att att att de bli- sker en viss
 that that that that it beco- happens a certain
'that there will be some sort of'
- 06 **uppföljning** å då tycker ja de+e bra som
 follow-up and then think I it is good like
'follow-up and then I think it is good'
- 07 de ha kommit fram °att att att° de finns
 it has come forth that that that it exists
'the way it has turned out to be that there is'
- 08 **en en en läkarkontakt?** å
 a a a doctor+contact and
'a doctor's contact'
- 09 [(-) (nu) å den här
 now and that here
'now and this'
- 10 P8: [mm
 mm
 'mm']
- 11 D2: föreningskontakten? å
 association contact and
'with the association and'
- 12 [också arbets]kamraters [kontakt]
 also colleagues' contact
'also contact with colleagues'
- 13 P8: [mm] [mm]
 mm mm
 'mm' 'mm'
- 14 D2: som gör att man nu kommer (.hh) kan
 that does that one now will can
'which means that one now'
- 15 **kan fundera tillsammans** på di här be°svären
 can think together on these here problems
'can think about these problems together'
- 16 å de+e de+e ju (-) nog°
 and it is it is PRT PRT
'and that's that's probably'
- 17 (0.5)

The doctor in (8) is talking about the patient's situation without once addressing the patient directly. Instead, he uses a variety of impersonal constructions: *det sker en uppföljning* 'there will be some sort of follow-up' (lines 5–6), *det finns en*

läkarkontakt ‘there is a doctor’s contact’ (lines 7–8), and *att man (...) kan fundera tillsammans på di här besvären* ‘that one can think about these problems together’ (lines 14–15). Impersonal constructions such as these are highly generic and a useful resource for referring to the agent and addressee without using direct address.

The last instance in the series above (see line 14) illustrates a use of the generic third person pronoun *man* (‘one, you’) which can refer to a generic person, to the speaker, to the interlocutor, or even more vaguely to ‘we’ or ‘the others’ (see Linell and Norén, 2004). While some of the other constructions without direct address are more salient in the Finland-Swedish data, use of generic *man* occurs in both national varieties of Swedish. Example (9) from a Sweden-Swedish consultation illustrates this: the doctor uses *man* with three different types of reference in the same turn.

(9) LOP 6. Conversation between doctor (D6) and patient (P9) recorded in 1989.

- 01 D6: om ja tar dom här Duroferon (p)
if I take them here Duroferon
‘if I take those Duroferon’
- 02 och eh om **man** ska fylla på (p)
and eh if one shall fill on
‘and eh if you want to top up’
- 03 så bör **man** nog ta åtminstone två om dagen
so should one PRT take at least two about the day
‘you should probably take at least two a day’
- 04 P9: jaha
okay
‘okay’
- 05 D6: eh **man** kan ta (p) fyra också va men (p)
eh one can take four also what but
‘eh you could take four as well but’
- 06 då vet **man** ju int- kanske hur magen blir
then know one not maybe how stomach becomes
‘then it is hard to say how your stomach would react’

The first instance of *man* in example (9) (see line 2) refers to the doctor himself (cf. the doctor’s use of *ja* (‘I’) in line 1). The next two instances, in lines 3 and 5, reasonably refer to the patient who is the person who should take the medicine in question. The last *man* in line 6 is best understood as a generic reference to the accumulated medical expertise in the field, thus including the doctor as well.

There are also other conventionalised constructions used in situations without direct address in the data. One is the interrogative construction *hur är det med x?* ‘how about x?’, e.g. *hur e de me fysisk aktivitet?* ‘how about physical activity?’. When using this construction, the doctor does not have to address the patient directly, which is the case in e.g. *är du fysiskt aktiv?* ‘are you physically active?’. This type of construction appears in both datasets, but is more typical of the Finland-Swedish medical consultations.

Constructions without direct address of the kinds discussed above contributes to maintaining social distance between the interlocutors. For example, such constructions may enable the doctor to show respect for the patient’s personal integrity by keeping a certain distance (negative politeness, see section 3.1). This is a more common practice in the Finland-Swedish data. However, direct address is also frequently used in the Finland-Swedish consultations. In the following section we turn to the quantitative distribution of second person address pronouns in the respective datasets.

5.2. Quantitative analysis: frequency and distribution of T/V pronouns

The results of our quantitative examination of the Sweden-Swedish and Finland-Swedish datasets are shown in Table 1. Direct address is overall much more common in the data from Sweden (LOP).⁸ The frequency is higher in half (7 out of 14)⁹ of the consultations (marked in dark grey) than in any consultation in the Finland-Swedish data (INK) where over half

⁸ The calculations are based on all tokens of the informal T pronoun (*du*) and the formal V pronoun (*ni*), as well as all inflected forms (see section 3.2).

⁹ We have omitted LOP 2 from our analyses as the participants had some restrictions for the use of the data.

Table 1
Relative frequency of address (*du/ni*) in LOP and INK in ascending order.

LOP <i>du</i> (T)		INK <i>du</i> (T)		INK <i>ni</i> (V)	
Consultation:	Relative frequency:	Consultation:	Relative frequency:	Consultation:	Relative frequency:
4-D5 (FV)	1.58	17-D4(FV)	1.00	7-D2 (IV)	0.34
12-D7 (FV)	1.60	13-D3 (IV)	1.09	8-D2 (IV)	0.42
9-D3 (IV)	1.64	2-D1 (FV)	1.13	14-D1 (IV)	0.78
8-D6 (FV)	1.75	4-D1 (FV)	1.34	5-D2 (IV)	1.11
7-D6 (FV)	1.77	18-D4 (FV)	1.34	6-D2 (IV)	1.24
10-D3 (IV)	2.27	9-D1 (FV)	1.41	19-D5 (FV)	2.45
6-D6 (FV)	2.35	11-D1 (FV)	1.50		
13-D8 (IV)	2.51	12-D1 (FV)	1.74		
3-D4 (FV)	2.89	10-D1 (FV)	1.76		
5-D4 (FV)	2.98	16-D4 (FV)	1.85		
15-D9 (IV)	3.59	15-D4 (FV)	2.13		
11-D2 (IV)	3.65	1-D1 (FV)	2.15		
1-D1 (IV)	3.88	3-D1 (FV)	2.47		
14-D9 (IV)	4.22	20-D5 (FV)	2.47		
Median:	2.43		1.63		0.95
Mean:	2.62		1.67		1.06

The first digit is the consultation number followed by the doctor identification. IV stands for 'initial visit' and FV for 'follow-up visit'.

(12 out of 20) of the consultations show a lower frequency than any consultation in the Sweden-Swedish data (marked in light grey). This is also supported by the median and mean values. In the Sweden-Swedish data the mean value is 2.62 tokens of address per 1000 words, whereas the Finland-Swedish data has a mean of 1.06.

The high frequency of direct address in the Sweden-Swedish consultations suggests that the participants generally orient towards informality, while the overall low frequency in the Finland-Swedish consultations could be a sign of relative respect for the interlocutors' integrity and personal space. Further, a general tendency is that the formal V pronoun *ni* is never used in the Sweden-Swedish data, while it is consistently used in six of the Finland-Swedish consultations. In addition, there is a correlation between the use of the formal V pronoun and an overall low frequency of address. There is only one exception to this pattern: INK 19, where the doctor uses *ni* frequently, with a mean of 2.45. (This is the doctor discussed in sections 5.1.1 and 5.1.2 who uses the T pronouns with a younger and the V pronouns with an older patient.) The general tendencies in the participants' use of address observed in the frequency calculations presented in Table 1 are visualised in Fig. 1. The vertical axis shows the total frequency of address per thousand words. The horizontal axis shows the consultations according to the frequency order presented in Table 1.

The consultations take place in different social contexts, as some are initial visits and others follow-up visits. Considering how interpersonal relationships are established in interaction, it can be assumed that there is a difference between initial and follow-up visits. In an initial visit, where the interlocutors have not met before, the social distance is arguably greater than in a follow-up visit, where both parties have had the chance to negotiate their mutual relationship during a previous consultation. Previous studies (e.g. Clyne et al., 2009) have found that perceived greater social distance plays an important role when choosing a more formal form of address and/or not using direct address altogether. Hence, it seems likely that the formal V-pronoun and/or a low address frequency are more common in initial consultations.

This is confirmed by the analysis of the Finland-Swedish data: the five consultations with a low address frequency and use of the formal V pronoun are all initial consultations. In the Sweden-Swedish consultations however, the results point in the opposite direction: five of the seven consultations with the highest address frequency are actually initial visits. This result indicates that different micro-pragmatic routines could be at work in Sweden Swedish and Finland Swedish: in the Sweden-Swedish data, frequent use of the T pronoun during initial visits seems to be a strategy for lowering social distance between formerly unacquainted participants while in the Finland-Swedish consultations social distance is maintained by the use of the V pronoun and a low frequency of direct address generally.

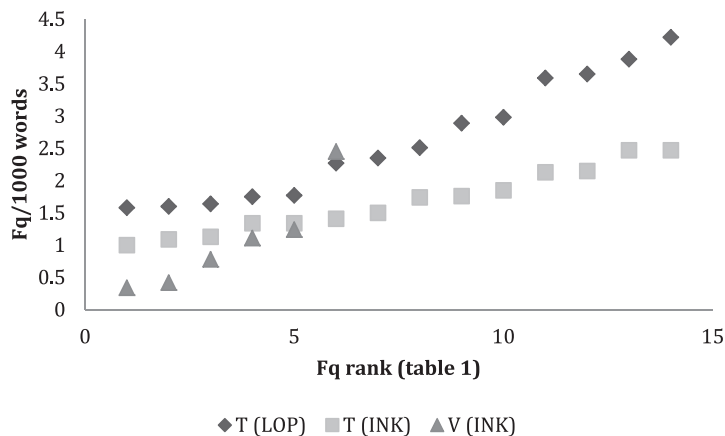


Fig. 1. Distribution of the frequency counts presented in Table 1: T address in the LOP and INK corpora, V address in INK.

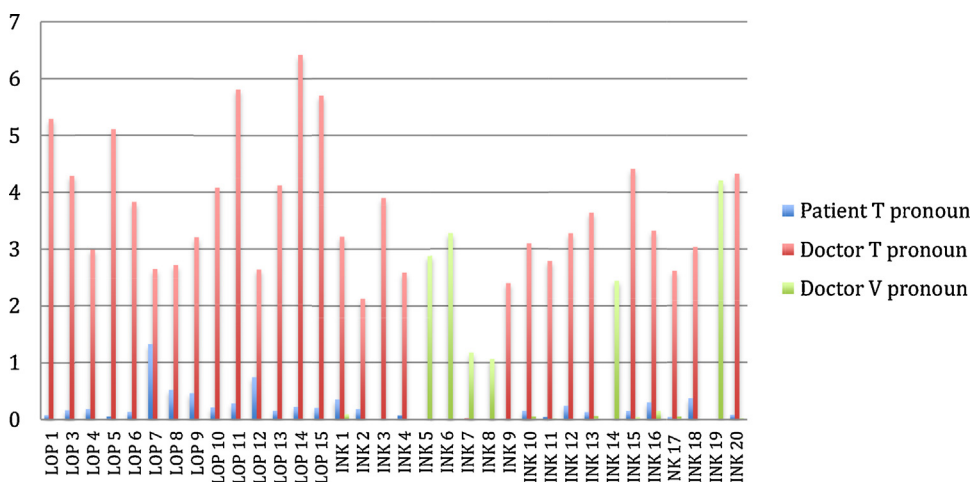


Fig. 2. Distribution of T/V address as a proportion of the total number of words produced by the doctors and patients in the LOP (Sweden) and INK (Finland) corpora.

Table 1 shows the total relative frequency of the address pronouns T (*du*) and V (*ni*) in each consultation, but does not account for who the speaker is. Fig. 2 illustrates the distribution of the address forms T and V as a proportion of the total number of words produced by the doctor and patient respectively in each of the consultations. The general tendency is that the doctor produces considerably more address tokens than the patient in all consultations. As pointed out above, V is only used by the doctor in a few (6/20) of the Finland-Swedish consultations. In these consultations the patient does not address the doctor directly at all – neither by V nor T. The patients clearly have fewer address tokens generally in the data, but the consultations where the patient have the highest frequency of address pronouns are found in the Sweden-Swedish data (LOP 7, 12).

In other words, the quantitative analysis of the use of T/V pronouns in the respective datasets points in the same direction as the qualitative analysis. In the Sweden-Swedish consultations there is a clear tendency towards informality and lowering of social distance whereas the opposite tendency can be found in some of the Finland-Swedish consultations. In the next section we discuss the results.

6. Discussion and conclusions

Our comparative investigation of medical consultations demonstrates that there are some remarkable differences in how interpersonal relationships are expressed in the two national varieties of Swedish. The analyses show that the Sweden-Swedish consultations are characterised by an exclusive use of the informal T pronoun (*du*) as well as an overall higher frequency of direct address, where half (7/14) of the consultations have higher levels of address than any of the

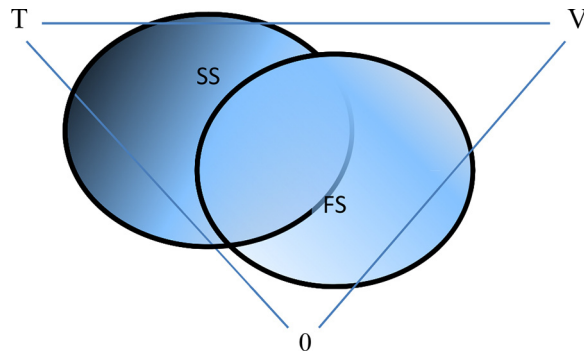


Fig. 3. Sweden-Swedish (SS) and Finland-Swedish (FS) address practices as related to T address, V address and no direct address (0).

Finland-Swedish consultations. These quantitative results point at a high level of informality in the Sweden-Swedish medical consultations, confirmed also by the qualitative analyses of interactional sequences. In addition to the frequent use of *du*, the doctor sometimes uses the patient's first name to reduce the social distance. Furthermore, the use of inclusive *vi* 'we' contributes to reducing the distance between the interlocutors. In such instances the doctor sometimes uses *vi* to refer to activities performed by the doctor only, or by the patient only (see section 5.1.3). Our results point in the same direction as those presented by Aronsson and Rindstedt (2011) who discuss various ways of addressing in medical consultations involving children in Sweden.

In contrast, the Finland-Swedish consultations are characterised by an overall lower frequency of direct address and by the fact that the formal V pronoun (*ni*) is used in some of the consultations (6/20). In those consultations it is also noteworthy that the overall frequency of address is low (with one exception, INK 19). Furthermore, the qualitative analyses reveal that impersonal and generic constructions – e.g. the generic *man* pronoun and existential verb phrases – are more salient in the Finland-Swedish data. Such constructions without direct address contribute to the maintenance of a certain level of formality and social distance between the interlocutors (see section 5.1.4).

Contextual aspects also play an important role in how interpersonal relationships are treated and maintained. In the five Finland-Swedish consultations with the lowest frequency of address, the doctor and patient have not met before. By not addressing the patient directly the doctor shows respect for the patient's personal integrity by maintaining the social distance. However, in the Sweden-Swedish data the tendency is the opposite: five of the seven consultations with the highest frequency of direct address are initial visits. In other words, there are opposite tendencies in the respective datasets for how interpersonal relationships are expressed in initial visits. A further contextual factor that might come into play is age. In the Finland-Swedish data there is one doctor (D5) who is present in two consultations, but who uses different pronouns of address depending on the patient's age; see examples (2) and (3) above.¹⁰ Such speaker conduct is in line with what Finland-Swedish interviewees have reported about their address preferences (Clyne et al., 2009). In other words, contextual factors, such as age and level of acquaintance, impact on address practices in medical consultations. Such factors need to be explored further in a larger and broader sample of interactions sourced from both national varieties of Swedish.

In sum, our results show that the speakers of Swedish in Sweden and Finland have the same resources at their disposal but make slightly different use of them. Sweden-Swedish speakers, in this study represented by doctors and patients, favour informal T address, but in some instances they do not use direct address at all, which leaves the level of formality somewhat ambiguous and negotiable. In light of our data, Finland-Swedish speakers use T address frequently, but other strategies are also present in a salient way. The formal V address occurs to some degree as a marker of polite address and social distance, but not using address at all may have an even more significant role in the data. This enables the interlocutors to speak about events and procedures taking place without referring to the individuals involved in them, thus respecting the personal space of the other. These tendencies are illustrated in Fig. 3 which places Sweden-Swedish (SS) address practices closer to a T address culture whereas Finland-Swedish (FS) is tilted somewhat more towards use of no direct address (0) and to some degree towards V address.

The different ways of managing interpersonal relationships in the Finland-Swedish and Sweden-Swedish medical consultations thus illustrate partly different pragmatic orientations. In the Sweden-Swedish data, lowering of social distance and creating common ground is a way of emphasising greater informality and similarity between the interlocutors (positive politeness). In the Finland-Swedish data, maintenance of social distance is a way of emphasising greater

¹⁰ Due to the limitations of the data we have only been able to make qualitative remarks such as these on the role of age.

formality and/or respect for the other person's integrity (negative politeness). The latter interactional pattern has a counterpart in Finnish conversations in similar contexts (cf. Wide, 2014). As discussed by Yli-Vakkuri (2005), evasiveness is a typical feature of Finnish address practices (see also Hakulinen, 1987).

In the end, the different pragmatic orientations demonstrated at the micro level of communication can be linked not only to the local interpersonal relationships and contextual factors (e.g. participant framework, initial and follow-up visits and age differences), but can also be related to socio-cultural preferences at the macro level of the respective society (cf. Muhr, 2008). The development towards greater informality and intimate language in public discourse as well as in private settings is a characteristic feature of the Nordic countries including Finland (Mårtensson, 1988; Svensson, 1993). However, this development has been more pronounced in Sweden than in Finland where formality and respect for authority as well as respect for individual space, still plays a certain role in society (Saari, 1995; Pettersson and Nurmela, 2007:4–10). The World Values Survey shows that Swedes are among the most critical towards authority and non-democratic government (Pettersson and Nurmela, 2007:6). The results concerning address practices in our study of medical consultations thus underscore and conform to the sociocultural macro trends observable in the two different speech communities. In other words, the study confirms the importance of variational pragmatics in research on pluricentric languages.

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Appendix A. Transcription symbols.

[Point when overlapping talk begins
]	Point when overlapping talk stops
=	Single continuous utterance or two “latching” utterances
,	Continuing intonation contour
?	Rising intonation contour
word	Emphasis
wo + ord	Legato pronunciation
wo:rd	Lengthening of the sound
°word°	Quiet or soft voice
word	Pronounced with laughing voice
WORD	Produced with louder voice
>word<	Produced with faster pace
.word	Word pronounced with an audible inhalation
(word)	Uncertain transcription
((word))	Meta comment
(-)	Talk not discernible
wo-	Audible cut-off
(mt)	Click (e.g. From smacking one's lips)
(h)	Audible exhalation
(.h)	Audible inhalation
(p)	Unmeasured pause
(0.5)	Silence measured in tenths of a second
PRT	Discourse particle

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