

Sitting down on a chair: Directives and embodied organization of joint activities involving persons with dementia¹

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Abstract

This study deals with directive sequences in mobility practices when people with dementia are assisted to sit at the dinner table. By using multimodal analysis of interaction, we highlight how caregivers, often in encounter with more debilitated residents, may deconstruct the entire activity of sitting down on a chair into smaller practical projects and move from mitigated directives with indirect forms to more imperative formats which are shorter, clearer and more lucid in their turn design. In our data set, directives in both downgraded or upgraded forms are accompanied by embodied linguistic and haptic resources and are hardly ever used to claim authority over the residents, but as communicative resources to help people with dementia to perform an instructed action.

Keywords: assisted mobility – caregiving – conversation analysis – directives – embodiment – joint activities – multimodality – people with dementia.

German abstract

Die vorliegende Studie befasst sich mit direktiven Sequenzen innerhalb mobiler Aktivitäten, in denen Menschen mit Demenz dabei unterstützt werden, am Esstisch Platz zu nehmen. Durch den Einsatz multimodaler Interaktionsanalysen zeigen wir, wie Pflegende, oft mit stärker geschwächten Bewohner*innen, die gesamte Aktivität des Hinsetzens auf einen Stuhl in kleinere Projekte zerlegen und von abgeschwächten, indirekten Anweisungen zu mehr imperativen Formaten übergehen, die kürzer, klarer und deutlicher in ihrem Turn-Design sind. In unserem Datensatz werden sowohl abgeschwächtere als auch direktere Anweisungen von verkörperten sprachlichen und haptischen Ressourcen begleitet. Fast nie werden sie dazu verwendet, Autorität gegenüber den Bewohner*innen zu beanspruchen, sondern als kommunikative Ressourcen, um Menschen mit Demenz dabei zu helfen, eine angewiesene Handlung durchzuführen.

Keywords: assistierte Mobilität – Pflege – Konversationsanalyse – Direktive – Embodiment/Verkörperung – gemeinsame Aktivitäten – Multimodalität – Menschen mit Demenz.

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1. Introduction

This study is about a routine activity of assisted mobility in care homes for people living with dementia: a resident being guided by staff to sit down on a chair at the dinner table. By the video analysis of activities in a residential care in a large city in Sweden, we explore ways of guiding people with dementia in form of embodied directives which provide both instruction and support for people with dementia to be able to sit at a designated place at the table. Embodied directives refer to the use of both verbal and other embodied communicative resources in directive-response sequences in trajectories of actions to encourage or urge someone to perform (or to prevent them from performing) a proposed or requested action (see Goodwin/Cekaite 2018; Mondada 2017). As directive-response sequences are ubiquitous part of everyday activities in caregiving situations (Antaki/Kent 2012; Cekaite 2010; Goodwin/Cekaite 2018; Grainger 1995; Hydén 2014 among others), detailed understandings of such actions can indeed provide knowledge to improve caregiving activities involving people with dementia.

Embodied actions like walking around, getting up and sitting down are usually performed in everyday life as typical "in-order-to" actions (Schutz 1962 vol. I:22). That is, they are done as a preparation move to do something else; for instance, one sits down in order to have a cup of coffee, dinner, a conversation, etc. Thus, attention is not usually on the act of sitting down in itself, but rather on the wider context (the meal, the company, the ensuing dinner or conversation). Therefore, the body and its movements performing the action of sitting down or standing up are not much under focus unless the procedure of performing those actions are somehow hindered. It is at those occasions that the movements such as 'standing up' or 'sitting down' turns into a noticeable and reportable event. In our fieldwork in a dementia unit of an elderly care home, we have observed how sitting down becomes an observable and reportable event when people in the late-stage dementia, due to the progression of the disease and their frailty, display difficulties e.g., to move across places, to navigate the physical environment or to carry out the activity of sitting, and thus, require support and help to sit down on a chair. The support is often in form of a series of verbal directives accompanied by physical assistance for mobility. With this article, we focus on such occasions when people with dementia are provided directives both verbally and in embodied form in order to sit down at the table. We address the questions of how people at late-stage dementia with the help of assistance perform the activity of sitting down. To answer this question, we will focus on:

- (1) the temporal and sequential organization of the whole activity, that is moving the body from a standing position to a sitting position;
- (2) the details of directive-response sequences and their unfolding; and
- (3) the resources used by participants during the activity including talk, artifacts and bodies.

2. Directives and dementia

In general, directives are defined as using words to get somebody to do or not to do something, through a range of different verbal means, including producing explicit imperative forms, questions, statements, even hints or indirect requests (Ervin-Tripp 1976). These verbal formats of directives may serve to tailor an ongoing activity to a particular context usually relying on the recipient's knowledge of the relevant context to understand what is asked of them explicitly or hinted at in the given directives (Sorjonen et al. 2017). The person issuing a directive balances between the authority to use the directives and the expectation as regards the possibilities for the compliance with those directives (cf. Antaki/Kent 2012; Craven/Potter 2010). Responses to directives may also vary from compliance, to non-compliance or outright rejection. In some cases, the response may include verbal acknowledgement about, or preparatory steps toward, the requested actions but without actually performing them (e.g., in what is called incipient compliance in Kent 2012). Furthermore, the verbal formats in directives are often accompanied not only by extra linguistic resources, e.g., with varied pitch or loudness, but also by haptic resources, e.g., with the use of bodily assistance, to help the recipient to understand the directive and perform the requested action (see Cekaite 2010; Goodwin/Cekaite 2018 on parent-children's interactions; see also Mondada 2017 particularly for studying imperative forms in various settings).

Despite the pervasiveness of using directives in everyday life (see Goodwin/Cekaite 2018; Sorjonen et al. 2017) including also caregiving situations for older persons (Grainger 1995), there is a small number of studies of directives in older persons' care (for critical reviews, see Grainger 1995; Marsden/Holden 2014). In these settings, it seems that directives primarily are connected to what Grainger calls care-related discourse (1995); that is discourse that has to do with basic care activities like eating, washing, etc. Likewise, in research on dementia, although the use of directives in dementia care is reported to be ubiquitous (e.g., Heinemann 2011), studies on directives in care practices for persons living with dementia are infrequent (but see e.g., Majlesi/Ekström 2016; Mikesell 2016).

In her study, Mikesell (2016) shows that directives are used frequently in interaction with people with dementia, particularly in encounters with compulsive behaviors. In what are considered troublesome engagements or unsanctioned disengagements, directives are used as repairing devices resulting in either "temporally interrupting the compulsive engagements" or "alternative engagements", and their formats are issued as more responsive to the sensitivity of the progression of the activity rather than to the compliance or non-compliance with the directives (Mikesell 2016). Majlesi and Ekström (2016) have also shown that the directives are used as resources which actually enable the person with dementia to recognize the request and support him to accomplish the requested action. In a joint activity

of baking cinnamon buns, their data analyses show that directives are issued in a chain of sequences as the person issuing directives orients toward the accomplishment of actions and the progressivity as regards the entirety of the activity. The directives in their data are provided in tune with what a person with dementia is engaged with and what is remained to complete the action. In other words, the directives aimed for smaller and simpler tasks into which the activity was parsed (cf. Hydén 2014). Therefore, the directives are shown to be sensitive not only to the nature of the activity but also to the ongoing contribution of the person with dementia and his capability to accomplish every local project. The directives are thus adjusted in their forms to the demonstration of the ability of the person with dementia in understanding and performing the requested actions.

Parsing activities into smaller tasks or projects designed according to the knowledge or perceived ability of the recipient has been shown to be a useful resource in various types of institutional and mundane activities. Goodwin (2018) has shown how the decomposition of utterances provides resources to build co-operative actions. Breaking complex information into smaller constituents that Clark (1996) calls "installments" have also been observed as a practice to build intersubjectivity and to avoid potential problems of understanding in talk, e.g., in L1-L2 talk (Svennevig 2018). Parsing has also been argued to be a resource in instructional activities when a complex activity is divided into smaller tasks to be managed and followed by a novice (e.g., in sport coaching, Råman/Haddington 2018; in mobile instructions, Rauniomaa et al. 2018).

Concentrating on using directives in interaction with people with dementia, the current study contributes to the findings of the abovementioned studies and shows how directives and their deconstructions are considered to be communicative resources used in interactions. Directives are produced to coordinate joint activities, particularly in those activities that participants are in evident asymmetric positions that one instructs the other how to proceed with the activity, as in the case of staff supporting and guiding persons with dementia through the activity of sitting down (cf. Goodwin/Cekaite 2018 about parent-child relations). Moreover, in joint activities involving persons with dementia, we demonstrate how directives often go beyond verbal formats and involve other embodied resources in issuing and following the directives. This happens particularly in our data as the recipients of the directives may face challenges in both hearing and understanding verbal directives, or have cognitive or communicative problems in recognizing and accomplishing the requested action, something that might complicate the relation between verbal and non-verbal components in both the directives and the responses to the directives.

3. Data and method

The video data used in this study was collected by the authors who recorded the activities in a dementia unit at a residential care home in a large city in Sweden. The dementia unit accommodated seven people all primarily diagnosed with Alzheimer's disease. Five of these persons were in the later stages of dementia, two with Swedish as a second language and three with Swedish as their mother tongue. To avoid more complications in the data analysis regarding the language, in this study, we focus on the Swedish speaking residents. They are three female participants at 70, 89 and 95 years of age. Their various activities were video recorded,

including table-talks, eating events, walking tours, and other entertaining activities (e.g., watching TV, playing bingo, doing a choral activity, and participating in a physical fitness activity).

Out of approximately 10 hours of the video recordings, we found 48 incidents of people with dementia receiving directives while moving from one place to another within the facility. These cases also include the activity of totally 13 sequences of sitting activities involving the three residents in focus. The analysis builds on an ethnomethodological and multimodal conversation analytic approach (EMCA, see Mondada 2019) based on which, we provide the detailed analysis of the sequential and temporal organization of interaction (Mondada 2017, 2019), as to how directives are organized in a series of social actions. From an EMCA approach, social actions are considered by default to be embodied, multimodal and multisensorial (Goodwin 2018; Mondada 2019). We chose our examples out of the sequences containing directives, in which three people in the later stages of dementia in our dataset were directed to sit at a dinner table. Our initial observation focused both on the ways that directives were presented and also the ways that responses to the directives were provided. By response we mean the verbal acceptances such as acknowledgements (e.g., 'yes') which signal that the directive is going to be followed, and also/or only the bodily responses such as doing the movement toward the targeted space and place indexed in the directive.

Appropriate ethics approvals for the study were obtained from the Regional Board of Ethics (dnr. 2017/469-31).

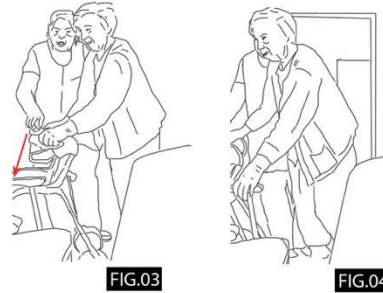
4. Results

In what follows, we present three sequences regarding assisted mobility and the provision of embodied directives when residents are sitting down at a table. All residents are primarily diagnosed with Alzheimer's disease, they are at the different stages of dementia (with different side-effects on their physical and cognitive abilities). We begin with two cases of compliant residents, followed by a case of a non-compliant resident.

4.1. Example 1

The first example involves Brigitte, 89, who is diagnosed with severe Alzheimer's and vascular dementia. She is still capable of walking around but only with a walker. Apart from her memory problems, she shows no sign of difficulties in interaction, comprehending any requested actions when verbally responding to them. The example below starts when, after a short nap, she comes to the dining room to have breakfast. As she enters the room, she is immediately offered a chair to sit on (1.01-02) by Sylvia, a caregiving staff member, who had also helped Brigitte out of her room. Our excerpt starts right at the moment when Brigitte is offered to sit. After receiving the offer, she first initiates to greet everyone in the room (omitted from the transcript), and then, she gets back to the activity of sitting down on the chair (1.05):

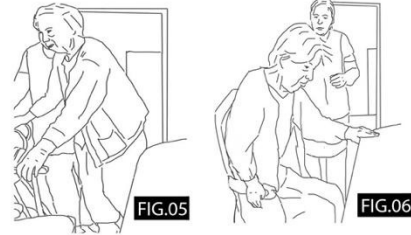
- 14 (*0.5)
 15 S ->* softly directs the walker and B toward the chair-->
 16 S: så går du hitåt
 then you go this way
 17 (1.0)
 18 sen tar vi släpp den * sen kan du hålla i stolen,*
 then we take let go of that then you can hold on to the chair,
 19 S ->*...points at the chair's handles *,,, FIG.03
- 20 B: kan ja de tror du,
 can I do this you think
 21 S: jadå ja ha (den idén) också
 sure I have (that idea) as well
 22 T: hihihhi
 23 (^0.4)
 24 B ^parks the walker and holds on the chair; moves it a bit FIG.04 -->
 25 B: ja då blir de lugnt
 yeah then it is cool
 26 S: ja:=
 yeah:=



In the continuation of the interaction, Brigitte is supported through a haptic framework which overlays the verbal instruction to do things step by step: *så går du hitåt* ('then you go this way', l.16), *släpp den* ('let go of that') and *sen kan du hålla i stolen* ('then you can hold on to the chair') (l.18). Although Sylvia has framed the activity of sitting as a joint project (see l.11), she deconstructs and parses the activity into smaller practical projects for Brigitte to follow (cf. Rauniomaa et al. 2018). However, to go to the next task depends on the accomplishment of the preceding one. As shown in line 18, Sylvia begins with the next directive as a joint action, *sen tar vi* ('then we take', l.18) but she realizes that the previous requested action has not yet been accomplished. She, therefore, provides a concrete imperative for Brigitte to follow, *släpp then* ('let go of that', l.18). To facilitate understanding and following the directives, Sylvia also uses her own body to direct the walker toward the chair (l.15), and she points at the chair handles when she asks Brigitte to let go of the walker (l.19; fig. 03). These embodied and verbal instructions help Brigitte understand how the joint activity is unfolding. The instructions also facilitate understanding of the trajectory of the actions as to how to sit on the chair step by step. The subsequent turns show that such instructions help Brigitte at the end to do the sitting by herself. The instructional directives shown in lines 15 and 19 seem to be given to the service of such a purpose that Brigitte be able to sit on the chair on her own. The instructions are in the form of listed sequential order: you do this, then you do that (l. 16 and 18) reflecting also how Sylvia is breaking down the whole activity into smaller, doable projects. When asked if she can sit down (*kan ja de tror du*, 'can I do this you think', l.20), Brigitte is also encouraged by Sylvia by a reassurance that she can (l.21). Sylvia, however, positions herself right behind Brigitte in case Brigitte needs physical support to sit down. Brigitte finally parks the walker next to

the chair and uses the chair as a support to move between the walker and the table to sit on the chair (1.24; fig. 04). These actions add to the list of the local projects that Sylvia directs Brigitte to accomplish in order to sit.

- 27 T: =vi har full tillit på dej (.) hehehehe
=we have complete trust in you (.) hehehehe
- 28 B: får ja sätta mig här då
can I sit here then
- 29 S: ^ja gör de varsågod ^
yes do that please
- 30 B ->^leaves the walker; puts one hand on the table and one on the chair FIG.05 ^
- 31 B: tack så mycke
thanks very much
- 32 T: a:
yeah:
- 33 (^1.0)
- 34 B ^sits on the chair FIG.06 -->>



At the end, even if Brigitte is not very sure that she can sit without receiving help, with a little bit of instruction and encouragement (e.g., 1.27), she actually does so. She leaves the walker and puts one hand on the table and the other on the chair (1.30; fig. 05), at the same time that she also receives another directive with insistency that she should sit (1.29). On the whole, apart from the imperative form in line 29 which is also marked by "please" at the end, Sylvia's directives often include more offers and instructions than orders, e.g., *varsågod* ('here you go', 1.02), *så går du hitåt* ('then you go this way', 1.16), *sen tar vi släpp den* ('then we take let go of that', 1.18). The instructional forms of directives which indicate the frame for every local project seem to be sensitive to the ability of the person with dementia to perform the requested action. In cases that the transition from one step to another requires more instruction, Sylvia provides them sequentially in response to inactions or hesitations, and by doing so she even makes a new local project that is more feasible for Brigitte.

Those rather smaller projects as part of the larger sequence, facilitate for Brigitte to perform and accomplish the activity step by step. For instance, in line 16, Sylvia shows the way to Brigitte as she says, *så går du hitåt* ('then you go this way'), but the instruction seems not to be an adequate one to be followed by Brigitte. As Brigitte is not following the instruction shown in one second of pause without any substantial movement toward the chair (1.17), Sylvia provides a new instruction: *sen tar vi* ('then we take') which is a syntactically incomplete utterance that is immediately revised with a restart which provides even more decomposed steps in the instruction. It seems that by "then we take", she was referring to the fact that Brigitte should hold on to the chair. Sylvia, nonetheless, revises her instruction to introduce another thing that should be done before that, and that is to let go of the walker: *släpp den* ('let go of that') (in which she refers to the handle of the walker) and asks Brigitte to put her hand on the chair: *sen kan du hålla i stolen* ('then you can hold on to the chair', 1.18). So, on demand, the deconstructed activity can be deconstructed again and parsed into even smaller pieces of actions, as the staff member monitors how the person with dementia is performing and where in the instructed action, she has difficulties, or needs further assistance. This constant monitoring of

the instructed actions and the online (re)calibration of the directives (cf. Mondada 2017) lead to the adjustment of the instruction to be more recipient designed (Sacks 1995: 384), which often tally with the capability of the person with dementia and the level of difficulty at which the person with dementia can perform the requested task. In this way Brigitte received enough support to sit down on the chair (1.34; fig. 06).

4.2. Example 2

The second example is about Emma, 95, with Alzheimer's disease, who is also too frail to move on her own, and in addition to that, she cannot communicate verbally. The excerpt begins at the moment when Tina, a caregiver, helps Emma out of her room with the help of a walker and guides her to the dinner table. Since Emma cannot keep her balance without assistance, Tina keeps her hand on Emma's back during the time Emma is walking with her walker toward the table. Unlike Example 1, the staff member does not provide any verbal directive until they walk straight toward the chair that Emma is going to sit on. Even if Tina does not provide Emma with any announcement as where she should sit, Tina helps Emma to move toward a particular place in the room and a particular chair at the table. Tina's embodied directives include holding Emma's back, orienting Emma's body toward the chair and gently pushing her to walk toward it (cf. shepherding in Cekaite 2010). As they get to the place where Emma and her walker stand close to the chair, Tina needs to readjust the position of Emma to be able to pull the chair out away from the table. The routine of having Emma seated in various occasions is observed as this: Emma is assisted to get close to a chair, a caregiver helps her to get past the chair so that the chair can be repositioned right behind Emma, then Emma is provided with physical help and softly pulled down to sit on the chair. At the end, the caregiver pushes the chair, on which Emma sits, back to the table (the chairs in the care home are all equipped with wheels in the front legs). This routine is exactly what Tina tries to achieve in Excerpt 2 (next page).

As shown in Excerpt 2 (1.02), Tina helps Emma to walk toward a chair at the dinner table. Like Example 1, here, too, the sitting activity is decomposed into smaller projects, something that the staff member seems to indicate here by the variation of different resources. In Example 1, it was mainly the verbal directives that were used by the staff member to show how every little practical project in a step-by-step fashion in the whole activity of sitting may look like. Here, the first project is walking toward the chair and the end of this project is signaled by two verbal resources as well as an embodied one. Tina first uses the term *så* ('so'), which is a discourse marker signaling the transition between two events in a sequence of different activities (e.g., Müller 2005). She also uses an appraisal assessing that Emma has done well so far: *så emma (.) jättebra* ('so emma (.) very good', 1.01). The assessment also signals that the first project has come to an end as Tina also simultaneously holds Emma's body in place to remain still for the next move.

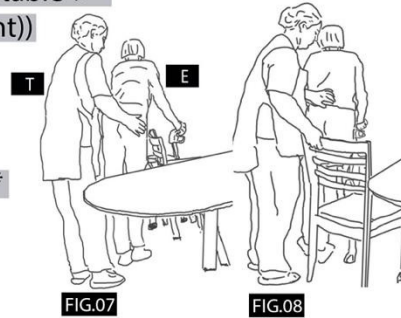
Example 02: Emma is seated

Person with dementia: Emma (E)

Staff members: Tina (T), Nora (N)

Visitor: Ali Reza (A)

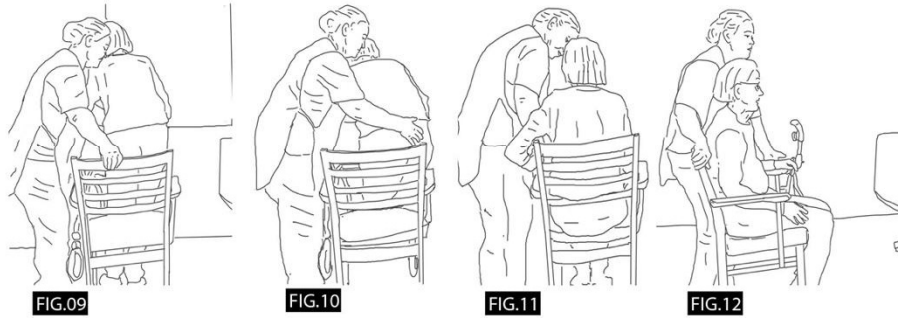
- 01 T: så emma (.) jättebra
so emma (.) very good
- 02 T *->>helps E to walk toward the chair at the table->
- 03 N: emma eller ((N talks to another resident))
emma or
- 04 (1)
- 05 T: vänta* ((talks to E)) (0.5) håll du (1.5) *
wait you hold on
- 06 T ->*holds E FIG.07; pulls the chair out*
- 07 T: *gå lite till fram *
go a bit forward
- 08 T *gently pushes E forward*
- 09 *(4.0)
- 10 T *tries to pull out the chair but the walker blocks the way-->
- 11 T: lite till fram
a little more
- 12 (0.2) + * (1.3) *
- 13 T ->*pulls the chair away from the table FIG.08 *
- 14 å:ja *emma mycke bra (0.8) *
o:h yes emma really good
- 15 T *draws the chair and places it right behind emma*



After a short interruption in the activity when another member of the staff was talking with another resident, Tina resumes the activity of having Emma seated by preventing her from moving forward as she says: *vänta* (0.5) *håll du* ('wait (0.5) you hold on', 1.05) and holds Emma by putting her left hand on her chest and right hand on her back (fig. 07). Then she tries to pull out the chair away from the table (1.06), but Emma is actually standing behind the chair. So, the preparation for putting the chair behind Emma is now suspended until Emma moves forward again. Tina then asks Emma to *gå lite till fram* ('go a bit forward', 1.07) and she gently pushes Emma forward (1.08), but the walker is still in the way (1.10). Tina makes a verbal request again to have Emma walk forward (1.11) as she holds her hand on Emma's back, softly pushing her. The timely embedded directive within the ongoing haptic framework (cf. Goodwin and Cekaite 2018; Mondada 2017), at the end, is responded to by Emma who further walks forward and provides the opportunity for Tina to take the chair away from the table (1.13; fig. 08). Tina then marks her success first with an interjection of 'oh yes' and then with the use of another assessment that shows again that the current local project has now been completed (1.14).

With the chair positioned right behind Emma (1.15), the action of sitting may now get to a close:

- 16 T: mycke fint *å nu kan du emma sitta^
very nice 'n now you can sit down emma
 17 T *puts her left hand on E's chest; adjusts the chair FIG.09 -->
 18 E ^lowers her back to sit-->
 19 (* 1.2 *)+ (^ 1.3 ^)
 20 T, E ->*T puts her hand on E's back; moves her to the left FIG.10 *; ^E sits FIG.11 ^



- 21 T: JA:: *fi::nt tack tack tack °tack° (0.4) du vet vem vi har här (0.5)*
YEAH:: ni::ce thanks thanks thanks thanks (0.4) you know who we have here
 22 T *leans and looks into E's eyes; places E's hands on the arms of the chair*
 23 T: *vi har ali reza här titta (1)*
we have ali reza here look (1)
 24 T *puts her hand on the chair; turns the chair toward the table FIG.12 *
 25 T: *°(ser du honom)° (0.8) kom (.) titta
do you see him (0.8) come (.) look
 26 T *pushes E's chair toward the table-->
 27 ♦∞(0.3)
 28 A,E ♦E looks up-->>; ∞A approaches the table; raises his hand-->
 29 A: ∞‡@H^E:J ‡ emma hejhh@ ^
 @H:l emma hihh @
 30 A ->∞‡waves to E‡
 31 E ^FIG.13 E smiles and raises her hand^; mutual gaze between E & A-->>
 32 T: he::j
 hi::
 33 (0.5)
 34 A: kul å se dej*
nice to see you
 T ->*leaves the chair and emma at the table-->>



After putting the chair in the right position which is behind Emma, so that she can sit down, Tina again expresses a new assessment (l.16) displaying the closure of the previous local project that is rearranging the spatial environment for the person with dementia to be able to sit. In the same turn (l.16), she announces a new directive, expressing the readiness of the situation for Emma to sit. Tina now puts her left hand on Emma's chest and her right hand on the chair and readjusts it to make

sure that it is in the right place (1.17, fig. 09). Tina's readjustment of the chair cooccurs with the directive *nu kan du emma sitta* ('now you can sit down emma', 1.16). The directive is receipted by Emma by lowering her back to sit (1.18). Tina then moves her right hand to the lower back of Emma and guides her so that she can sit down right on the chair (1.20, fig. 10), and she keeps her hand on Emma's back until Emma sits down (1.20, fig. 11). Tina then marks the success of the event by a loud response cry and a positive assessment *JA:: fi::int* ('YEAH:: nice'), and thanking Emma repeatedly (1.21). At the same time, she readjusts Emma's hands and places them on the arm of the chair (1.22), and turns the chair toward the table (1.24; fig. 12). The last phase of the activity is to push the chair back to the table and Tina does that successfully while she has also been drawing Emma's attention to the presence of a visitor in the setting (l. 24-35). The sequence finishes when Emma faces the visitor and happily greets him (fig. 13).

In this example, we can observe that without verbally articulating anything in response to Tina's directives, Emma seems to comply with the directives as she is bodily guided to the target place. In interaction with her, the staff member, while deconstructing the whole activity into smaller practical projects (see also interactional parsing in Rauniomaa et al. 2018), seems also to have complete entitlement to use intense haptic contact with Emma to guide her to sit on the chair. These bodily engagements of the caregiver and the person with dementia turn the event into a joint activity with an intense intercorporeal collaboration. Moreover, in her directives, the staff member also seems to have a complete entitlement to use directives in the form of imperatives: wait, hold on, go a bit forward, etc. As a matter of fact, directives used in interaction with Emma are heavily skewed toward orders, however the tone of the caregiver is far from oppressive or unfriendly (this is comparable with the results of the study by Antaki/Kent 2012). In fact, by using interjection, response cry, assessment and positive stance toward the actions that residents would make and careful embodied engagement with the resident, the staff member mitigates the way that they give directives to the residents. This is observable throughout our data (see Example 3 below).

4.3. Example 3

Example 3 is from lunch time when Mariana, 70, a person with Alzheimer's disease, is asked to sit down at the table where her food plate was placed. Mariana is a completely mobile resident, who also wanders around and often needs to be redirected to find her way. To avoid distracting the other residents during the serving of the meal, the staff member, Pauline, asks Mariana to sit on her chair as she shows Mariana where her chair (and her food on the table) is placed as she also pulls the chair out for her.

The excerpt (next page) begins when a staff member in the care home, Pauline, is serving the residents lunch. She goes around with the food on a cart and lays the plates on the tables in front of each individual. Mariana is wandering around the room and it is at that time that Pauline calls out Mariana's name as she gently grasps her hand (fig. 14) and asks her to sit at the table where she has her food (1.01). However, Mariana sits on another empty chair which is opposite to the chair she was asked to sit on (1.04; fig. 15). The chair that Mariana sits on is also placed close

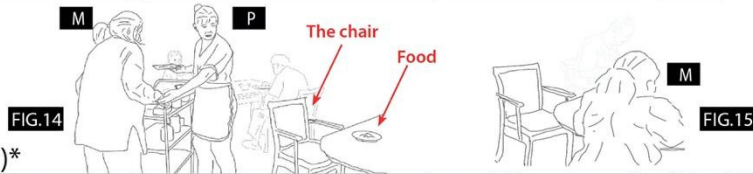
to another resident, Emma, who needs to be fed because of her frailty and inability to properly grasp the cutlery.

Example 03: Mariana is seated

Person with dementia: Mariana (M)

Staff member: Pauline (P)

- 01 P: mari*ana (0.4) °kom här° du *kan sätta dej här * ja kommer (0.5)*
 mariana (0.4) come here you can sit down here I'm coming (0.5)
- 02 P *P gently grabs M's hand * FIG.14 *pulls a chair for M*
- 03 M: ^ (3.0) ^
- 04 M ^sits on a chair opposite to the chair P had pulled out for her^ FIG.15
- 05 *(1:45)*
- 06 P *goes around and serves food to everybody and then turns back to M*
- 07 P: mariana↑
- 08 M: ha
 yeah
- 09 P: kom å *sätta dej här på din plats så ja kan hjälpa lite emma *
 come 'n sit here on your place so I can help emma a bit
- 10 P *pulls the chair toward M; puts her right hand on M's back* FIG.16
- 11 ∞(0.5)
- 12 P ∞bends over and looks at M-->
- 13 M: ja:
 yeah:
- 14 P: mm, * du kan si*tta här
 mm, you can sit here
- 15 P *points at the chair*



After about 2 minutes during which Pauline was serving food to other residents, she comes back to help Emma (1.06), but the seat is occupied by Mariana. She hence asks Mariana to sit on the designated chair (1.09) to have her food, which was placed on the table for her. Pauline uses the imperative form, *kom å sätta dej här på din plats* ('come 'n sit here on your place') and gives an account for such a request: *så ja kan hjälpa lite emma* ('so I can help emma a bit', 1.09). As she asks Mariana to come and sit on the chair, she pulls out the chair again and puts her right hand on Mariana's back and her left hand on the chair's arm (1.10, fig. 16). By doing this, the staff member rearranges the spatial configuration of the environment and also uses a haptic format to facilitate the accomplishment of the activity for the person with dementia.

Mariana's response is, however, delayed with half a second (1.11). To make sure that Mariana has received the directive, Pauline bends over Mariana's chair and looks at her in the pursuit of the response (1.12). Mariana's response to the request is minimal with an acknowledgement token *ja*: ('yeah:' 1.13), but she does not comply with the response by actually changing her seat. Her minimal positive response without actual bodily compliance can be seen throughout the sequence after each request to change her seat.

- 33 P: *kom*
come
- 34 P *stretches her arm, spreads out her hand, bends her wrist to gesture 'come'*
- 35 (0.6) + *(0.6)
- 36 P *grabs M's hand-->
- 37 P: kan vi (0.7) *komma tillsammans så här
can we (0.7) come together like this
- 38 P -> *pulls M's hand gently toward herself FIG.18-->
- 39 ^*(2.0) ^
- 40 M ^M rises and steps toward the chair^
- 41 P: *bra *varsågod å sätt dej *här
good please sit down here
- 42 P *pulls out the chair* -> *lets M's hand go; puts her hand on M's back--> FIG.19
- 43 ^*(3.0) ^
- 44 M ^sits down^ FIG.20
- 45 P ->*
- 46 P: *(1.0) °varsågod°
(1.0) here you go *
- 47 P *pushes M's chair toward the table*

FIG.18

FIG.20

FIG.19

After many attempts, Pauline changes her strategy. As she uses an upgraded and unmitigated imperative form, *kom* ('come', 1.33), she also gestures to come with her hand (1.34). After a delay in response, she then grabs Mariana's hand and turns the activity of Mariana's changing the seat into a joint project of moving together. She says, *kan vi (0.7) komma tillsammans så här* ('can we (0.7) come together like this', 1.37). After saying "can we", she gently pulls Mariana's hand up toward herself (1.38; fig. 18). The offer for assisting Mariana, together with holding her hand and pushing gently up, makes the action of getting up and moving toward the assigned chair a local project as part of the activity of moving and sitting on the chair. After this embodied assistance, Mariana begins to move (1.40). The move is then positively assessed by Pauline as she changes her directive from an unmitigated to a mitigated, 'please'-initiated request: *bra varsågod å sätt dig här* ('good please sit down here', 1.41). She then pulls out the chair for Mariana, signaling the next move that is how Mariana should orient to the chair and moves toward it. Pauline then lets Mariana's hand go as Mariana uses the table as a support to move toward the chair. As the transition is in progress, Pauline puts her hand on Mariana's back (fig. 19) and remains at her position behind Mariana until Mariana positions herself in a right place to sit down, and eventually completes the action of sitting down (1.44; fig. 20). As this step of the action is finished, Pauline then pushes the chair forward to the table so that Mariana is positioned close to her plate of food (1.47).

As the previous examples, the whole sequence is organized in a series of shorter projects carried out through directive-response sequences. Up until the time that Pauline bodily engages with Mariana to instruct and help her to move to the designated chair, the sequences are constituted by three types of directives, but one type of response: an acknowledgement token of "yeah". The various types of directives include imperative forms "come here", "come and sit here", "come" (1. 01, 09, 22,

33), the indicative forms such as "you can sit here" (l. 01, 14), a question, "would you come and sit here" (l.26), and also two hints, "here is your food" (l.18), "this is your place" (l.29). However, these directives are always accompanied by embodied actions, including gestures, body orientations and movements, haptic contacts, etc.

As the whole activity of having Mariana seated develops, Pauline makes her request more intelligible and visible by her bodily movements. She makes her request more tangible by pulling out the chair, putting her hand on Mariana's back, pointing to the chair, moving toward the chair, leaning on it, touching the surface of the seat, etc. At the end, she also gets bodily engaged with Mariana. As Mariana's positive responses can be considered as an agreement to move, when she does not actually move her body, then Pauline offers a hand to help Mariana to move in series of haptic practices: she holds Mariana's hand and helps her up, then pulling out the chair for her, she gently pushes Mariana to move, and holds and pushes her body to sit, and eventually pushes the chair toward the table (see l. 36 onwards). Similar to previous examples (Ex.#01, Ex. #02), the embodied assistance provided by the staff member in every step of the way in the activity of sitting turns the event into a joint activity, something that is also reflected in Pauline's literally asking Mariana to move together with her (l.37).

5. Discussion

For many persons living with dementia, particularly in the later stages of the disease, what is often a simple everyday action like sitting down becomes very complicated to perform. This is often due to the cognitive and physical challenges that make people with dementia face various difficulties, including e.g.,

- (a) understanding the sequence of actions leading to know if one should sit down at all (to sit vs. to continue to walk or to keep standing – e.g., Ex.#01 and Ex.#03); or
- (b) navigating the physical setting leading to find somewhere to sit down (which chair to choose) or to find the right chair (identifying the assigned chair – e.g., Ex.#01). Moreover,
- (c) the physical debilities make it even harder to keep the balance, or move and coordinate the body trunk with legs and arms (e.g., Ex.#01 and Ex.#02).

The challenges may even be further if the person finds it difficult to verbally communicate with others (e.g., Ex.#02). Therefore, providing assisted mobility for people in the later stages of dementia seem to be inevitable.

In theoretical terms, and also as evidenced by our empirical data, providing assisted mobility implies that the individual act of sitting down becomes transformed into a collaborative joint activity involving (at least) two participants: the one who guides the other and offers instructions about how the activity is done ('staff' in our data) and the one who is guided but shows active participation in the activity (here 'the person with dementia'). The staff takes the lead of the activity and helps scaffolding the activity through guiding and supporting the person with dementia in all necessary steps from standing to sitting down.

The scaffolding of sitting down for people with dementia becomes possible through:

(i) A "deconstructing" or "parsing" of the act of sitting down into a number of smaller practical projects, such as moving toward a chair, holding the chair, adjusting the chair, orienting the body in a position suitable for lowering it on the chair and so on (cf. Majlesi/Ekström 2016 on similar deconstructions in another context; see also Rauniomaa et al. 2018). Each project is performed timely, in a safe way, and then is linked to the next step of the activity as a new project (cf. Bangerter/Clark 2003; Clark 1996).

(ii) Organizing every part as a collaborative local project; that is, the staff members help each part of the activity to be recognizable and achievable for the person with dementia to build the next action. Moreover,

(iii) Providing assistance for mobility that is communicatively coordinated through various available resources including the use of talk, gestures, haptic contacts, change in the physical environment, etc.

As the joint activity is co-constructed by achieving smaller local projects, the participants need to be assisted in every step of the way to accomplish each small project and get ready to proceed to the next one. Therefore, every project as a complete sequence of actions requires particular practices for initiating, providing directives, responding to directives (performing the instructed action), closing the project and moving to the next one.

Providing directives, in our data, as also shown elsewhere (see also Goodwin/Cekaite 2018; cf. Mondada 2017) has less to do with the issue of authority and entitlement, but has a much more fundamental function as the constitutive part in coordinating collaborative activities (cf. also Bangerter/Clark 2003; Mikesell 2016) and thus are fitted into a progress of basic actions of, for instance, a staff member guiding and navigating the body of a person with dementia from standing to sitting on a chair. This, in turn, results in a structure of the activity comprising of a number of small projects, all small incremental steps in the direction of the aim. Thus, all participants treat the projects as part of a joint activity.

Following this reasoning, the alterations in the formulation of directives in interaction with people with dementia, when upgraded or downgraded, should not be analyzed only based on the issues of contingency and entitlement (see Craven/Potter 2010; Curl/Drew 2008). Nor should the use of upgraded directives such as outright imperatives be considered as only enforcing authority and thus construed perhaps as impolite (see the discussion about imperatives and politeness in Sorjonen et al. 2017, introduction). They should rather be considered as part of the course of actions and in response to the ongoing activity (cf. Kent/Kendrick 2016). Thus, using imperatives in our data set may be justified by how interaction unfolds and how they are used in the temporal organization of the activity. Due to the form of imperatives that are often short, to the point, easy to comprehend (see also Mondada 2017), their use may be considered particularly relevant in interaction with people with cognitive and communicative difficulties. So, another implication of our study is that the formulations of directives could be expected to be understood (and should be analyzed) under the condition of participants' ability or inability to grant the requests rather than *just* to show compliance or non-compliance with the directives.

Furthermore, directives consist not only of verbal but also embodied resources (see also Goodwin/Cekaite 2018). Softening or raising the voice (or uttering words with stress or changing the pitch in the utterance, see e.g., Goodwin/Cekaite 2018),

embellishing the directives with endearment terms (see Jansson/Plejert 2014) or/and building a haptic framework when using directives, can downgrade or upgrade the linguistic form of the directives. For instance, touching in form of holding hands, gently pulling or pushing the resident's arm or back, or giving physical support when lending a hand to someone, can impact how a directive is understood – and responded to – by the recipient. In our examples, overlaying the verbal directive with embodied act, the caregivers may lower the contingency as they physically guide the persons with dementia to move toward the assigned place to sit down.

From a recipient's point of view, as discussed above, when it comes to people with severe dementia, the performance of the requested actions is often accomplished through the physical support. In our data set, the more advanced people with dementia are in their course of the disease, and the longer the activity proceeds, the higher is the chance that forms of intense haptic contacts are provided by the caregivers to enable people with dementia to accomplish the activity of sitting. This is indeed expectable as people with dementia become more debilitated as the disease progresses (see Example 2).

6. Conclusion

This study underscores the fact that providing mobility assistance is fundamentally co-operative and is only succeeded when both the receivers of the care and the care staff collaborate with each other. Such a collaboration is accomplished in haptic frameworks. The haptic frameworks make it possible to combine directives with physical support through which the body is used as an instrument to perform the action by the person with dementia and also as a resource for caregivers to show how directives should be understood and performed. The caregiver's body is thus used for both tactile and visual access to the trajectory of action. Caregivers, as well as people with dementia, also demonstrate sensitivity toward action-designs and responses in directive sequences that constitute haptic formats. Embodied directives are recipient-designed for people with dementia and are often used in a rich supportive interchange (Goffman 1971), where both parties show their understanding of each other's embodied actions. To follow a directive as a joint embodied activity, both parties also coordinate their bodily movements in a temporally and sequentially organized way, i. e. action completions, with timely or delayed responses, are reflexively achieved through participants' constant monitoring, and showing understanding of each other's embodied actions. Moreover, as our study shows, despite their medical symptoms even in an advanced level of their pathological conditions, people with dementia are capable of getting engaged in various forms of tactile actions, they rely on available resources including the caregiver's embodied assistance to complete their course of actions and accomplish the activity of sitting.

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8. Appendix: Transcript conventions

.hh	In-breath.
◦ ◦	Quieter than surrounding speech.
Capital letters	Louder than surrounding speech.
< >	Slower than surrounding speech.
> <	Faster than surrounding speech.
()	Unheard or unclear utterance.
[]	Overlapping speech.
(.)	Pause in seconds.
(())	Transcriber's comments or descriptions.
@ @	Smiley voice or face.
=	No discernible silence between utterances.
:	Prolonged speech.
↑ / ↓	Sharp rising/falling intonation.
,	Slight rise of intonation in the last syllable
?	Rise of intonation at the end of a turn.
Grey marked lines	Non-verbal action.
<i>Lines in italics</i>	English translation of the original turn.
* *, ∞ ∞ Or ^ ^	Delimit descriptions of an action.
#	Specifies the exact moment of an action (particularly with illustrations).
+	Shows divisions in pauses.
*--->	Action described continues across subsequent lines.
---->*	Action described continues until the same symbol is reached.
>>--	Action described begins before the beginning of the excerpt.

-->>	Action described continues even after the excerpt ends.
.....	Action's preparation.
''''''	Action's retraction.

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