Competence in everyday interaction: A conversation analytic approach to repetition, confusion and getting things done when living with dementia

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This work is for my dear brother, Michael John Gray, who has been responsible for so many people doing and seeing and pursuing interesting things.

Abstract

The World Health Organization (WHO, 2012) has identified dementia as a global health priority urging major improvements to awareness and understanding the needs of people with dementia and their caregivers. The growing prevalence of dementia (Alzheimer's Disease International, 2015) makes provision of care a pressing concern. A goal for people affected by dementia is to maintain independence by living well for longer, maintaining social interaction and contributing to the community (Department of Health, 2009). Since the majority of people diagnosed with dementia are living in their own homes (WHO, 2012), there is a need for research to improve understanding of good care and communication for community-dwelling people with informal caregivers. The findings of this study contribute to existing knowledge of how communication can support independence and well-being when living with dementia.

Adopting a competence-based model (Coupland, Coupland and Giles, 1991) of life with dementia, this unique investigation has revealed positive interactional practices to sustain social interaction and involvement in family and community life. Despite episodes of memory lapse, confusion and delusion, the person with dementia demonstrates authority, expertise and wisdom.

This study investigates the interactional practices of a woman diagnosed with dementia (7 years prior to participation in this project) in conversation with a variety of interlocutors including family caregivers, teenage grandchildren and community service providers. Drawing on a corpus of 15 hours of conversation, recorded in a range of naturally occurring settings, the interaction is explored primarily through applied conversation analysis and supported by caregiver interviews and extensive ethnographic observations.

The findings of this study demonstrated that a significant amount of repetition generated in interaction with a person with dementia is entirely typical in character. For example, repetition is pervasive in typical talk (interaction not involving persons with known cognitive impairment), where it is used in greetings, repair and humour as well as marking the boundaries of discourse, claiming authority and building social solidarity (Schegloff, 1996, 1997, 2011; Heritage and Raymond, 2005; Tovares, 2005;

Curl, Local and Walker, 2006; Tannen, 2007; Bolden, 2009). Furthermore, it is found that repetitious questions produced by the person with dementia can be self-scaffolding devices, helping to orient the person in the here-and-now.

The overwhelming character of the conversations in these data is that the person with dementia is competent and assertive. The study reveals how the social environment empowers the person with dementia to demonstrate her competence and expertise and that the practices of the conversational partners enable and support this. Where previous studies have focused on how conversational partners can collaborate in co-constructing competence, this study additionally demonstrates evidence that the person with dementia has the ability to negotiate epistemic authority and often re-orient herself following episodes of disorder.

Although the person with dementia at the centre of this case study is a 'very special lady' (in the words of her daughter-in-law), she represents countless people with dementia who wish to be taken seriously and to feel empowered to take an active part in their community (Department of Health, 2009; Sabat and Lee, 2011). This thesis makes an original contribution to understanding competence in everyday interaction when living with dementia.

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Abbreviations

ADI	Alzheimer's Disease International
CJD	Creutzfeldt-Jakob disease
DAT	Dementia of the Alzheimer type
DLB	Dementia with Lewy bodies
FTD	Frontotemporal dementia
HIV	Human immunodeficiency virus
MCI	Mild cognitive impairment
NHS	National Health Service
NIA	National Institute on Aging
NICE	National Institute for Health and Clinical Excellence
NINDS	National Institute of Neurological Disorders and Stroke
OCRI	Open class repair initiator
PAD	Probable Alzheimer's disease
pAD	Possible Alzheimer's disease
TCU	Turn constructional unit (see glossary)
TRP	Transition relevance place (see glossary)
WHO	World Health Organization

Glossary

<u>Adjacency pair</u>   A pair of turns at talk: a first pair-part (e.g. an invitation) makes a type-fitted second pair-part expectable (e.g. acceptance) (Schegloff, 2007).

<u>Atypical</u>   Of general reference to talk of persons with impaired communication skills

<u>Onset</u>:   In this thesis the term 'onset' is used in two different ways: in Chapter 2, 'onset' is used in the medical sense, meaning when symptoms are first noticed.

All mentions of 'onset' following Chapter 2, will refer specifically to the start-up of a person's turn at talk (e.g. 'the onset of her turn followed a pause of two seconds').

<u>Overlap</u>   When two (or more) participants are speaking simultaneously. The term overlapping talk is used in place of the more emotive description 'interruption'.

<u>Preference</u>   This term is explained in chapter 3 (§3.4). Briefly, 'preference' refers to the expectation of interlocutors, as expressed in their turn at talk.

<u>TCU</u>   Turn constructional units (TCU) are the building blocks of turns, consisting of a single word, phrase, sentence or even a non-lexical contribution such as 'huh'.

<u>TRP</u>   A Transition relevance place (TRP) is the point at which speaker change is relevant, e.g. following a TCU.

<u>Typical</u>   Of general reference to talk of persons with non-impaired communication skills

Chapter 1 **Doing dementia**

1.1. Introduction

Since the majority of people living with dementia are cared for in domestic settings (Quince, 2011; World Health Organization (WHO), 2012), it is important to build knowledge of interactional practices by persons with dementia at home and in everyday situations. Many of the problems reported by informal, family caregivers are related to communication and there is a need for improved understanding of practices relevant to their needs (Eggenberger, Heimerl and Bennett, 2012).

A strength of the design of this project is that a case study can explore, in great detail, the interactional practices of participants. The foci of the investigation, and areas of interest, are arrived at through detailed transcription of the recorded conversations. The actual practices of the interlocutors are driving the focus of the investigation. We do not go looking for practices which are imagined, or theorised, a priori; Conversation Analysis (CA) is based on the assumption of ethnomethodology that the organisational practices, systematically used by participants in interaction, are there to be discovered by analysts through 'repeated and detailed examination' (Heritage, 1984a: 238).

Using a conversation analytic approach (Ten Have, 2007), this thesis considers the competencies of a person with dementia interacting with a range of interlocutors in a variety of domestic and community settings. Dementia is known to affect cognition, language, thinking and executive function; language can be affected in many different ways from word-finding difficulties to articulation but, primarily, it is <u>through</u> language that the challenges of dementia become apparent (Orange, 2001; Müller and Schrauf, 2014), for example, expressing confusion and repetitiveness.

Dementia is a syndrome, a set of symptoms which are the outcome of a range of diseases and conditions, the most prevalent being Alzheimer's disease. Dementia is a heterogeneous condition which each individual will experience differently owing to the variations in the sub-type and progression of the condition, as well as to varying adaptability of the person with dementia and those who support them. The subtypes can co-occur and, owing to the fact that incidence of dementia increases with age, the

occurrence of co-morbidity also increases. In chapter 2, we describe the range of medical conditions which can bring about the symptoms of dementia since it is important to understand the progression of the condition and the diverse ways in which it can affect a person.

As the population grows and people are living longer, so the incidence of dementia is increasing and expected to increase massively in the coming decades (Alzheimer's Disease International (ADI), 2015). While investigations into medical and pharmacological interventions are ongoing, no cure is in sight (National Institute for Health and Care Excellence (NICE), 2016a), the importance of understanding communication in care, therefore, is paramount.

While it is important for medical practitioners to diagnose, as accurately as possible, the actual subtype of dementia to provide the most appropriate treatment for the underlying disease, the outward symptoms, in fact, are common to many of the different subtypes of dementia as are the challenges of living with the condition. For this reason the focus of this study is on the everyday abilities and challenges of a person with dementia and her family and community; to understand their interactions, conversations and how they collaboratively achieve daily tasks and keep family life as ordinary as possible.

From my personal experience of interacting with people with dementia, I have developed a belief in the importance of valuing the person, their wisdom and supporting their independence and competence. Nevertheless, when preparing to collect conversational data for this study, I had certain preconceptions as to the linguistic features and deficits I would be analysing, for example, word-finding difficulties and repetition (Orange, 2001), as well as diminished self-worth and potential social withdrawal (Sabat, 2001). While some of these features are present, the overwhelming nature of the conversations actually recorded was that of a capable, assertive woman who is treated with great respect by all those who interact with her; a heartening outcome, which has made the painstaking task of listening, transcribing and analysing these conversations, an absolute joy.

As a data-driven qualitative study, these naturally occurring conversations have provided a unique insight into the actual interactional competence of a person with dementia even in the event of extreme incongruity and confusion. The supplementary investigation, through caregiver interviews and ethnographic observations within a wider community of people living with dementia has afforded the project a robust, triangulation of sources underpinning the findings.

1.2. Organisation of the thesis

Throughout the chapters, sections are cross-referenced, where applicable, indicated by the symbol § and number of the section (e.g. §1.2). Fragments of conversation used to exemplify phenomena in the data are numbered, prefixed by the number of the chapter in which they appear (e.g. Fragment 7.7). On occasion fragments are presented in the analyses which are offered in supporting evidence of the examination of other fragments of transcript data. In this case, the related fragment will be indicated by a sub-label (e.g. Fragment 7.7a). Fragments from various sources are labeled as follows: extracts from the literature are titled with the original title or number and the source is referenced; the fragments from my own data from a person with dementia are titled with the prefix 'LML' and fragments used to illustrate phenomena in typical talk which are titled with the prefix 'MDS' are from my own corpus of multi-party talk recorded in 2010.

In the coming chapters, this thesis will set out details of the conditions relating to dementia and the current position of research into the communication skills and challenges of people affected by dementia (chapter 2). The primary research method of this study is applied Conversation Analysis (CA). The theories and empirical findings underpinning this approach are outlined in chapter 3. Following the methodological chapter (4), there will be four analytical chapters encompassing repetition, epistemics and conversational incongruity. Chapter 9 is a discussion of the findings and the closing chapter offers reflections on the research and potential future directions. The remainder of chapter 1 will provide an overview of the content of the forthcoming chapters.

1.3. Overview of chapters

Chapter 2

Chapter 2 considers key issues in dementia, setting out statistics of global prevalence as well as strategies and provision of services in the United Kingdom. We discuss the potential benefits of early diagnosis of dementia and how this may play a part in reducing stigma relating to the condition.

Details of the underlying causes of dementia are discussed, for example, Alzheimer's, cardiovascular and Parkinson diseases. The different underlying diseases which can produce the symptoms of dementia, and the unique progression of the illness contribute to the heterogeneity of dementia. This is an important factor in considering research into the lived experience of dementia since every individual will be affected differently by the underlying cause, co-morbidity, pre-morbid abilities and the support received from family and the community.

The current understanding of the field of language and communication in dementia is reviewed with particular reference to the areas of interaction that can be affected. Turn-taking ability, for example, is mostly found to be preserved while difficulty with lexical access is reportedly among the first language symptoms to be noticed (Bayles and Tomoeda, 1991). We also consider the advice on communication which is widely available to people with dementia and caregivers. Chapter 2 then goes on to critique current research in language and communication in dementia focusing on the relative merits of research on naturally occurring interaction and methods of investigation.

Chapter 3

Given that the primary research method of this study is CA, Chapter 3 summarises the fundamental findings of over forty years of CA research that will be applied to the naturally occurring conversational data in this thesis. The phenomena discussed include turn and sequence, topic management, preference organisation and the occurrence of simultaneous talk. The practice of repair, repetition and the negotiation of knowledge are important features of typical interaction and are often thought to be problematic for speakers with impairments. These concepts are explained in relation to typical talk and provide a framework for the analysis of interaction in dementia.

Chapter 4

Chapter 4 explains the methodological framework of the thesis. In exploring the lived experience of dementia for community-dwelling families, this study uses a multi-method qualitative approach. Everyday conversation is the primary data source, analysed through conversation analytic methods, which is supported by further data from demographic questionnaires, caregiver interviews and ethnographic observations.

The project design evolved through a process of consultation with a social group at the Alzheimer's Society, involving staff, volunteers, people with dementia and caregivers. The resulting project design is described, including data collection, storage and transcription. Details are provided of the 15 hours of recorded conversations, the conversational participants and a summary of the life history of the person with dementia.

Chapter 4 then describes the preliminary unmotivated analysis (Sacks, 1984a) of the data and the resulting broad themes that guided the collections of interactional phenomena, central to the detailed investigation of CA research.

Chapter 5

With an understanding of the practice of repetition in typical interaction, chapter 5 explores repetition in everyday talk of people with dementia. Driven by the features of talk that are apparent in the data, the analysis focuses on repetition of assessments, topics and questions. The repeated questions are then explored further to compare the actions they perform in dynamic and static contexts. We consider repetition of information seeking questions and aim to define the use of the interpretation often leveled at dementia talk: *excessive repetition*. §5.6 investigates conversational partners' responses to repetition and the practices they employ to maintain congruous interaction.

Chapter 6

Chapter 6 asks the central question of CA: 'Why that now?' (Schegloff and Sacks, 1973: 299), what is an interlocutor DOING with those words, in this place, right now? A collection of 56 questions was gathered which all relate to the same topic (age). This collection provided for an investigation of what a repeated question is <u>doing</u> for the participant. We examine factors of turn design and sequentiality and consider whether highly persistent questions are, in fact, relevant and purposeful.

Chapter 7

The person with dementia at the centre of this study presents as an authoritative, knowledgeable and assertive participant. Sequences of everyday conversations were explored, revealing certain environments in which authority and assertiveness are made relevant, including reminiscence and advice-giving. We consider how the person with dementia employs certain practices to present herself as authoritative, and even when confusion and delusion do arise, how she skillfully extricates herself from this and returns to reality in the here-and-now.

Chapter 8

Chapter 8 explores the practices of conversational partners in dealing with fluctuating competence and disordered reality. The practices revealed in the data are also compared to the general advice offered to caregivers about ways to communicate with people with dementia. It is noted that disorder takes many forms, from slight misunderstandings to matters of disordered reality – delusion. In acknowledging that disorder, on occasion, must be addressed, this chapter explores the interactional consequences of the practice of correcting. A brief addendum to chapter 8 considers one sequence of self-repair carried out by the person with dementia. This sequence had been puzzling since it was first transcribed; this is explicated following chapter 8.

Chapter 9

Chapter 9 summarises the findings of the analytic chapters, discussing implications and connections to the field. Recommendations, based on these findings, are proposed.

Chapter 10

Chapter 10 offers some reflection on the research undertaken, contemplating the processes carried out and decisions made that affect the outcome of the research. Phenomena are presented that were discovered within the study, but did not form part of the thesis, for example, a possible preference organisation for responding to repetition. Potential for future research is explored and the chapter concludes by specifying the original contribution of the thesis.

Chapter 2 **Dementia: current issues**

2.1. Introduction

This chapter will outline the prevalence of dementia worldwide and in the UK (§2.2) and discuss the challenges and potential benefits of diagnosis (§2.3). The underlying medical causes are discussed in §2.4, exploring how some of the diseases associated with dementia arise from similar, or mixed, pathologies. The typical progression of dementia is set out following the Alzheimer's Society (2016a) convention of the stages identified as *early*, *middle* and *late*. In §2.5, some issues of language, associated with dementia, are considered. §2.6 provides an overview of current advice on communication available to people with dementia and caregivers and §2.7 explores previous research into spontaneous interaction, with a particular focus on the benefits of studying talk in naturally occurring settings.

Dementia is a progressive syndrome 'characterised by a widespread impairment of mental function' (NICE, 2016b). The causes are associated with a number of neurodegenerative diseases including Alzheimer's and cerebrovascular diseases (National Health Service (NHS) Choices, 2015; NICE, 2016b). For a diagnosis of dementia to be given, symptoms are of a severity that interfere with daily living; the level of impairment represents a decline from previous abilities and other possible causes are eliminated, such as delirium caused by urine or chest infection (Royal College Psychiatrists, 2016). There may also be additional impairments of cognitive function affecting thinking, judgement, language and/or personality changes (Cheston and Bender, 1999; American Psychiatric Association, 2016).

The way dementia is perceived varies across different communities, from being a normal part of the ageing process to being considered as supernatural (WHO, 2012). The risk factors for dementia include lifestyle (smoking, diet, lack of exercise), traumatic brain injury and heritable risk. Other conditions such as diabetes, Parkinson's disease and Multiple Sclerosis can increase the risk of developing the symptoms of dementia (Alzheimer's Society, 2016b). People with Down's syndrome are also at increased risk of developing dementia and form the largest group of people under 50 years of age living with dementia (Ballard et al, 2016).

The greatest risk factor related to dementia is age; although dementia is 'not an inevitable consequence of ageing' (WHO, 2012: 84), most cases affect people over the age of 65 and the risk of developing dementia doubles with every six years over this age (ADI, 2015). An estimated one in six people over the age of 80 are living with dementia (Alzheimer's Society, 2016b).

The most common cause of dementia is Alzheimer's disease contributing to up to 70% of cases; vascular dementia, dementia with Lewy bodies and frontotemporal dementia are the other major contributors (WHO, 2012). However, it is difficult to attribute proportions accurately since 'the boundaries between subtypes are indistinct' (WHO, 2012: 7) and the rarer forms of dementia are often misdiagnosed as Alzheimer's disease. Also, mixed pathologies are frequently identified in individual patients, for example Alzheimer's disease can co-occur with vascular dementia (WHO, 2012).

Dementia is diagnosed on the basis of symptoms rather than pathology since patients presenting with similar impairments will not necessarily have the same pattern of cerebral atrophy. How the symptoms present in any individual will depend upon many factors. For example, a higher level of cognitive reserve or education may better equip people to manage the challenges of dementia, developing strategies to cope with memory loss and overcome communication difficulties (Kitwood, 1997; Snowdon, 2001).

Dementia tends to be viewed as occurring in three stages relating to a person's ability to cope independently. The stages are described as early, middle and late (WHO, 2012; Alzheimer's Society, 2016a) or alternatively: mild, moderate and severe (Kitwood, 1997; Cheston and Bender, 1999; ADI, 2015). The way dementia progresses is unique to each individual and some people may be at different stages for different functions (Alzheimer's Society, 2016a), for example, a person may suffer moderate to severe memory loss causing disorientation making it unsafe for them to go out alone, but be in a mild stage for personal tasks such as dressing and bathing.

2.2. The impact of dementia

This section will outline recent reports on the prevalence of dementia, globally as well as specific issues for the United Kingdom.

2.2.1. Global prevalence

Dementia is a growing medical, social and financial burden worldwide; in 2015 the global cost of dementia was estimated to be US$818 billion (ADI, 2015). In order to demonstrate this figure, ADI (2015) compared this cost to the finances of the world's largest companies, for example, Apple's annual revenue, at US$742 billion.

Prevalence of a disease is expressed as the proportion of the target population with the condition (WHO, 2012). Current estimates for the prevalence of dementia stand at 5.2% of people over the age of 60; that is, 46.8 million people living with dementia worldwide (ADI, 2015). This figure is rising and is expected to reach 131.5 million by 2050 (ADI, 2015). The increase in numbers of people with dementia is directly related to demographic aging, or 'greying' of the global population. However, it must also be understood that in part, the escalation of the figures will be due to earlier diagnosis and improved care which 'might reduce case mortality and increase prevalence' (Ferri et al, 2005: 2116).

In low and middle income countries the number of people with dementia is likely to rise more sharply as education and healthcare improves having a positive effect on life expectancy (ADI, 2009). The challenge for healthcare in these countries is not only in providing the services but also in identifying people with the disease; in many low and middle income countries the features of dementia are acknowledged but not recognised as a medical condition but rather as a 'normal, anticipated part of ageing' (ADI, 2009: 16). Diagnosis is thought to be as low as 10% of all those with the condition in some regions (ADI, 2011). The lack of awareness about the medical origins of dementia has a significant impact on people with dementia and their families, as they can face stigma and blame for their condition as it is often thought to be due to neglect and lack of love and care (ADI, 2009).

2.2.2. Concerns for the United Kingdom

There are currently 850,000 people living with dementia in the UK (Lancet Neurology, 2016) which represents 1.3% of the entire UK population (Office for National Statistics, 2015). The incidence of dementia doubles with every 6.3 year increase in age over 65 years: 1.3% of 65-69 year olds live with dementia in the UK rising to 32.5% over the age of 95. The numbers of people with dementia in the UK are expected to reach one million by 2025 (Lancet Neurology, 2016). In 2007, Dementia UK reported that 63.5% of people with dementia in the UK live in the community, looked after by family or informal caregivers (Alzheimer's Society, 2007).

Dementia, as a disability, has a 'disproportionate impact on capacity for independent living' (Alzheimer's Society, 2007: xv) compared with other debilitating illnesses. As dementia predominantly affects older people (two thirds of people with dementia are over 80) the condition often coexists with other chronic disorders resulting in a high demand for health and social care (Alzheimer's Society, 2007). Currently, the services in the UK do not meet the needs of this group and this can lead to early institutionalisation for individuals. Hospitals are not equipped to deal effectively with people with dementia resulting in longer stays even though admission may not be related to dementia (Alzheimer's Society, 2007). Improved planning and effectiveness of the use of resources for people with dementia is needed in order to support independence in the early stages and continue through what can be a long, declining illness (Alzheimer's Society, 2007; Dementia Action Alliance, 2010). Currently, health and social care systems are structured to respond to crisis and emergency rather than to support people with chronic, progressive conditions often associated with old age (Alzheimer's Society, 2007). There is an urgent need for improvement of home care, 'including low-level support' to facilitate independent living, as well as a more consistent service to all parts of the UK (Alzheimer's Society, 2007: xx).

Healthcare staff, including GPs, report that they do not have adequate training to support and recognise the symptoms of dementia (Mayne et al, 2014); one of the aims of the National Dementia Strategy was to raise awareness and understanding of dementia for professionals and the public (Department of Health (DH), 2009). Following the Prime Minister's challenge on dementia in 2012 (DH, 2012), there have been several developments in provision for training and awareness of dementia. These

include the availability of online and DVD training for nurses and homecare staff and the intention to install dementia nursing experts in all NHS organisations (Alzheimer's Society, 2013). While there have been improvements in services in recent years, the Alzheimer's Society (2012) has called for further development, focusing on quality of life for people with dementia and caregivers, to improve understanding of dementia and develop dementia-friendly communities. A recent initiative taken on by the Alzheimer's Society is 'Dementia Friends'. This project aims to create dementia-friendly communities across Britain through a network of volunteers who can help local services and businesses understand the everyday needs of people with dementia. This initiative has exceeded its aim to recruit a million Dementia Friends by 2015; the total number in England, Wales and Northern Ireland, as of March 2016, reached 1.5 million (Dementia Friends, 2016).

2.3. The benefits of an early diagnosis

> Everybody I have met has been absolutely amazed that I can still talk
> and still think, even though I have a diagnosis of dementia. They do not
> understand it. I think that is indicative of what the public is like.
> (Person with dementia, Department of Health, 2009: 44)

Lack of understanding about dementia is a major barrier to seeking help and diagnosis for the condition (ADI, 2009). In addition, the false assumptions that dementia is a normal part of aging and that there is no treatment available, prevents people with dementia or their caregivers from seeing their doctor. The ADI (2012) has called for early diagnoses to be available and sought by people with dementia symptoms; this is also a recommendation of the National Dementia Strategy for England (DH, 2009). An early diagnosis can help in a number of ways and can provide some certainty at a worrying time. The patient can receive medication, if this is appropriate, which may slow the progression of the disease, or be offered non-pharmacological interventions to relieve symptoms (NICE, 2016b). It seems there is a critical period for the effectiveness of interventions and this is in the earliest stages (ADI, 2011). The person with dementia can make plans and discuss their options with family, friends and caregivers so that they can develop strategies together.

Goffman (1968: 11) states that society categorises people by 'attributes felt to be ordinary and natural'. When a person behaves in extraordinary ways they are 'reduced in our minds from a whole and usual person to a tainted, discounted one. Such an attribute is a stigma' (Goffman, 1968: 12). A diagnosis in the early stages of dementia can mean, for some people, that they can carry on working, driving, making decisions and being an active member of the community whilst living with the condition. The longer a person lives independently with dementia and can be seen to be a 'usable participant' (Goffman, 1967: 45) in the community, the more positive effect this will have on the attitude of the public to all people with dementia. In this way the stigma of dementia felt by patients, families and caregivers may gradually diminish.

A virtuous circle of improvements in self-esteem and quality of life should follow for the community of people affected by dementia. This process of overcoming stigma has been compared to the awareness and acceptance which gradually developed in connection with HIV/AIDS at the end of the 20th century (ADI, 2012).

WHO (2012: 85) describes the stages of acceptance of dementia: the first stage being 'ignoring the problem', sadly, some countries are still at this stage; as awareness grows and understanding improves, the stigma and fear of the condition recedes; improved training and support for all caregivers and healthcare professionals should follow in order to help people with dementia maintain their independence and delay, or negate, the need for institutionalisation. The ultimate aim is full acceptance of the syndrome and the inclusion of people with dementia in society.

2.4. The heterogeneity of dementia

The symptoms of dementia are linked to a wide range of underlying neurodegenerative diseases. Individuals affected by dementia will each experience the progression of the condition differently. The pathology, area of the brain affected, pre-morbid abilities and care will all have an effect on the development of symptoms for the individual. The impact of symptoms of dementia is often 'compounded by personal circumstances such as changes in financial status and accommodation, or bereavement' (NICE, 2016b).

The four main causes of dementia are understood to be Alzheimer's disease, vascular dementia, dementia with Lewy bodies (DLB) and frontotemporal dementia (FTD). However, the WHO (2012) advises caution in attributing incidence of individual subtypes as the characteristics and pathology can overlap or co-occur. This section describes the sub-types of dementia and the treatments currently available. The first subsection (§2.3.1), describing Alzheimer's disease, is the most detailed. This reflects the fact that it is currently considered to be the most prevalent cause of dementia and many of the observations described for Alzheimer's disease are common to all types of dementia. Also, it is possible that Alzheimer's disease 'is an umbrella term in fact covering several different pathological processes that still remain to be differentiated' (Kitwood, 1997: 23). Due to the common occurrence of mixed pathologies, it is recommended that the condition is diagnosed and managed according to the predominant, likely cause (NICE, 2016b).

2.4.1. Alzheimer's disease

Alzheimer's disease is the most common cause of dementia, contributing to 50-75% of all cases of dementia (ADI, 2009). Diagnosis of Alzheimer's disease is usually achieved by elimination of other possible causes and is only confirmed at post mortem (National Institute on Aging, 2016).

Tests on cerebrospinal fluid can identify the presence of modified proteins associated with Alzheimer's disease but the procedure carries a high risk to patients so is not routinely recommended (NICE, 2016b). Neuroimaging specific to Alzheimer's disease is in the early stages of development (WHO, 2012) and research continues to find simple biomarkers of Alzheimer's disease such as could be identified through blood tests (McKhann et al, 2011; Casey, 2012).

Due to the lack of certainty in diagnosis, the condition is sometimes referred to as 'dementia of the Alzheimer type' (DAT), 'probable Alzheimer's disease' (PAD) or possible Alzheimer's disease (pAD) (McKhann et al, 2011). In everyday language, the term 'Alzheimer's' is often interchangeable with 'dementia' (Kitwood, 1997; Cheston and Bender, 1999; Banerjee, 2009).

Alzheimer's disease is associated with neurological changes in the brain in the form of amyloid plaques and neurofibrillary tangles (Cheston and Bender, 1999). What triggers these mutations is the focus of current international research. There is evidence to suggest that for some people the cause is genetic, though lifestyle is likely to be a contributory factor in any case. Amyloid protein is vital to healthy brains but abnormal versions of the protein build up into fibrils and plaques becoming toxic to the brain causing dysfunction and neuronal cell death. Tau protein is also a natural constituent of the brain that can accumulate to form neuro-fibrillary tangles, leading to the disruption of the structure and function of neurons. Apoliproprotein E and alpha-synuclein are further proteins which support the synaptic connections in the brain; abnormal variants of these proteins affect the plasticity of the brain, leading to memory impairment and loss of executive function (Casey, 2012; Alzheimer's Society, 2016c). While the presence of the harmful mutations is widely understood to be related to brain atrophy, the process and extent of this link is unclear (Eisenstein, 2011; Casey, 2012). Indeed, some variants of the protein appear to protect against the development of Alzheimer's disease (Gandy and DeKosky, 2013).

Kitwood (1997) points out that individuals with Alzheimer's disease and those of healthy ageing lie on a continuum where no specific cut-off point can be identified. The pathology associated with the disease can be found, at autopsy, in the brains of people who showed no evidence of Alzheimer's disease during life and, indeed, those who meet the criteria to be diagnosed with PAD can prove to have neuropathology normal for their age group (American Psychiatric Association, 2016). The symptoms and progress of Alzheimer's disease will vary depending upon the area of the brain affected and the rate of degeneration. In addition, each individual will react to the impairment and cope in different ways and experience varying support from family, friends and caregivers.

Alzheimer's disease tends to begin very gradually and progress quite slowly to begin with (Alzheimer's Society, 2016a). In the early stages, a person with Alzheimer's disease will experience minor changes in their personal abilities including loss of memory for recent conversations and events, difficulty finding the right words or names and losing or mislaying items. At first, the person with Alzheimer's disease or

their family members may explain these changes as normal ageing or as a result of bereavement or other major changes in their lifestyle (Alzheimer's Society, 2016a).

In the mid stage of Alzheimer's disease more severe symptoms will be experienced including confusion in time and place and more frequent episodes of forgetting words, names and recent events. At this stage the person will need more assistance with activities of daily living, for example, washing, dressing and taking meals (Alzheimer's Society, 2016a). Confusion can lead to sleep disturbance and wandering or wearing clothes unsuitable for the conditions. Some people also experience hallucinations or have difficulty with perception, making everyday objects seem confusing or frightening (Banerjee, 2009).

In the late stage of Alzheimer's disease, the person will eventually become totally dependent on others for support in all daily activities. Loss of memory deteriorates even further and the person may no longer recognise loved ones and familiar objects and surroundings, though this can fluctuate. People in the later stages of Alzheimer's disease may become agitated or aggressive for a time especially if their needs are not met and they have difficulty expressing their wishes (Alzheimer's Society, 2016a).

While there is currently no cure for Alzheimer's disease there are drugs which can stabilise the progression or sometimes even temporarily reverse the symptoms. The period of effectiveness of the drugs varies from person to person and is most effective in the early stages. Pharmaceutical treatment for people with Alzheimer's disease is assessed, in the first instance, by a specialist in the care of patients with dementia and treatment is regularly reviewed and only continued as long as it is considered to be effective (NICE, 2016b).

There are three similar drugs, known as acetylcholinesterase inhibitors, offered to people with Alzheimer's disease in the early to mid-stages of the disease. They are donepezil, galantamine and rivastigmine and all work in a similar way by enhancing the levels of acetylcholine in the brain to maintain brain function (NICE, 2016b; Alzheimer's Society, 2016d). The decision to prescribe these drugs is based on cost, side effects for the individual and ultimately whether the benefits of the treatment outweigh the potential harm or side effects.

A fourth drug, memantine, works in a different way by protecting brain cells from the harmful effects of excessive glutamate which is found to accumulate in the brains of people with Alzheimer's disease (Alzheimer's Society, 2016d). Memantine is recommended for mid stage Alzheimer's disease if the patient cannot tolerate the alternative drugs, it is also prescribed for people in the late stage of the disease. These drugs are usually effective for between six and twelve months but not all patients will benefit. In addition to pharmacological intervention, it is recommended that people in the early to mid-stage of Alzheimer's disease receive non-pharmacological programmes such as taking part in cognitive stimulation groups (NICE, 2016b).

2.4.2. Vascular dementia

Vascular dementia is associated with cardiovascular disease and most often found in people with an existing cardiovascular condition (American Psychiatric Association, 2016). A study reported by the WHO (2012) found that 'pure' vascular dementia is comparatively rare at around 7% of cases of dementia while the incidence of vascular dementia occurring in mixed pathologies, most commonly with Alzheimer's disease, was 26%. However, this analysis was conducted post mortem; during life it is more difficult to make a certain diagnosis of a single or mixed sub-type of dementia.

The underlying conditions that may lead to vascular dementia include high blood pressure, high cholesterol and diabetes. The failure of brain function in vascular dementia is caused by the loss or lowered supply of blood to parts of the brain, this can be through occlusion or damage to the blood vessels in and around the brain following a stroke (single infarct) or series of small strokes (multi-infarct dementia) (National Institute of Neurological Disorders and Stroke (NINDS), 2012). Strokes do not always result in dementia since the symptoms will be focal to the area of the brain affected, for example, if the hippocampus is involved memory impairment is likely. Cortical dementia is associated with language and social behaviour as well as memory impairment. Binswanger's disease and sub-cortical vascular disease affect the capillary blood vessels deeper in the brain. Sub-cortical dementia is characterised by changes in mood and movement, including facial expression in addition to memory loss (NINDS, 2012).

The proteins found to be associated with Alzheimer's disease are also linked to the physiology of other diseases including cardiovascular disease and diabetes. It is proposed that the combination of these factors makes a person more susceptible to dementia as the incidence of diabetes or stroke alone does not cause dementia but increases the likelihood of developing the symptoms of dementia in people carrying the mutated proteins (Eisenstein, 2011).

Onset of vascular dementia is typically quite sudden and may improve slightly or plateau before a further abrupt deterioration in symptoms (NINDS, 2012). The characteristics and progression of the disease are very similar to Alzheimer's disease though the stepwise progression of symptoms is the most apparent sign that sets apart vascular dementia. A diagnosis of vascular dementia can be supported by evidence of cerebrovascular lesions and brain atrophy identified through computed tomographic (CT) and magnetic resonance imaging (MRI) scans (NINDS, 2012).

There are no treatments which can reverse the brain damage caused by cerebrovascular disease but drugs and other preventative steps can be taken to reduce the risk factors. Medicines to control blood pressure, cholesterol and diabetes can prevent further damage as well as drugs such as aspirin and warfarin that reduce the risk of blood clots. Occlusion to blood vessels through clotting and atherosclerosis can sometimes be treated through surgical procedures such as stenting or angioplasty (NINDS, 2012). NICE (2016b) specifies that acetylcholinesterase inhibitors, which are prescribed for the treatment of Alzheimer's disease, should not be routinely used to treat vascular dementia .

2.4.3. Dementia with Lewy bodies and related disorders

Dementia with Lewy bodies (DLB) is the third most common sub-type of dementia but, in common with other types, is difficult to diagnose accurately since symptoms overlap with other conditions such as Alzheimer's disease and Parkinson's disease. Around 10% of cases of dementia in older people are attributed to DLB though it is likely it is under-diagnosed (Alzheimer's Society, 2016e).

Disruption to brain function in DLB is associated with the presence of Lewy bodies, the protein deposits found in nerve cells. The predominant protein in these microscopic spherical bodies is alpha-synuclein (Casey, 2012) which is also found in the plaques of Alzheimer's disease, hence DLB is occasionally referred to as the 'Lewy body variant' of Alzheimer's disease (Olichney et al, 2005: 1342).

There is also a strong link between DLB, Parkinson's disease and Parkinson's disease with dementia. This family of disorders, sometimes referred to as 'Lewy body spectrum disorder,' is 'unified by the presence of Lewy bodies' (Ash et al, 2012: 368). The spectrum exists from Parkinson's disease without dementia, through Parkinson's disease with dementia to DLB; diagnosis depends on the relative onset of symptoms. Parkinson's disease is characterised by a triad of symptoms: muscle stiffness, tremor and difficulty in initiating movement (Griffiths, Barnes, Britten and Wilkinson, 2011). Parkinson's disease with dementia is diagnosed when cognitive impairments present following the onset of these motor changes and DLB is diagnosed when cognitive impairment occurs before the onset of motor problems (Ash et al, 2012). An estimated 50% of people with DLB will develop the symptoms of Parkinson's disease and around 20% of those with Parkinson's disease are expected to go on to develop symptoms of dementia (Griffiths et al, 2011).

The main characteristic which separates DLB from Alzheimer's disease is that patients experience visual hallucinations and delusions, commonly accompanied by paranoia (Alzheimer's Society, 2016e). Also the severity of the symptoms in DLB can fluctuate at different times of the day, especially in the early stages.

The drugs used to treat Alzheimer's disease, acetylcholinesterase inhibitors, are not routinely recommended for use in DLB but may be considered to relieve challenging behaviour (NICE, 2016b). Antipsychotic drugs are used to treat challenging behaviour in dementia of all kinds, however, extreme caution is advised in prescribing such treatments to people with DLB as they can cause severe side effects, including worsening symptoms of Parkinson's disease and even sudden death (NICE, 2016b; Banerjee, 2009).

2.4.4. Other causes of dementia

Frontotemporal dementia (FTD) is a dementia that occurs when damage is located in the frontal and/or temporal lobes of the brain. Although FTD is a less common type of dementia in older people (around 3%) it is estimated to be the commonest cause of young onset dementia, that is dementia which affects people under the age of 65 years (WHO, 2012). The areas of the brain affected in FTD are responsible for behaviour, emotional responses and language and memory loss is not typically the major concern in the early stage of the condition. The first signs of changes in the person are likely to be alterations in personality and social conduct (Alzheimer's Society, 2016f); for example, a formerly reserved person may start to behave in a less inhibited manner. People with FTD are often said to appear selfish and rude as they lose the ability to consider the feelings of those around them, they may also become apathetic and require prompting to engage in routine tasks such as washing and dressing. It is these changes in personality that are pivotal to a diagnosis of FTD.

The condition known as semantic dementia is linked to FTD and is occasionally referred to as 'the temporal variant of frontotemporal dementia' (Cerebral Function Unit, 2016). Semantic dementia is characterised by impaired recognition of faces and objects and loss of word meaning.

Rare causes of dementia include Creutzfeldt-Jakob Disease (CJD), Human immunodeficiency virus (HIV) and Huntington's Disease (Alzheimer's Society, 2016g). CJD is caused by an infectious protein in the brain, this neurodegenerative disease develops rapidly once symptoms begin and there is currently no cure. HIV is caused by a virus that weakens the immune system and can eventually lead to cognitive decline. Since the introduction of antiretroviral drugs to treat HIV, cases of dementia have been greatly reduced to around 2% and, unlike most other sub-types of dementia, the cognitive damage caused by HIV can sometimes be reversed (Alzheimer's Society, 2016g). Huntington's disease is a hereditary disorder of the central nervous system. Dementia can occur at any time in the progression of the illness. In common with all dementias the course and pace of degeneration varies from person to person. (Huntington's Disease Association, 2013).

2.4.5. Conditions causing dementia-like symptoms

Pseudodementias are conditions which present similar symptoms to dementia but are, in fact, different and often reversible conditions (Cheston and Bender, 1999). Dementia is diagnosed when all other possible causes of impairment have been excluded. Some such causes are easily treated, for example, pneumonia or urinary tract infections that can cause acute delirium are typically treated with antibiotics. Chronic confusion can arise from conditions such as cancer or liver failure; toxins build up in the body leading to inefficient delivery of oxygen to the brain resulting in a gradual loss of function. The drugs used to treat serious illnesses can also cause side effects including cognitive problems and confusion (American Psychiatric Association, 2016).

Confusion and disorientation may occur when people do not have sufficient information about their surroundings (Cheston and Bender, 1999). If a person is admitted to hospital or nursing home and finds him or herself in unfamiliar surroundings it is natural that some confusion will arise. Showing people around and using clear signs for bathrooms, for example, can reduce this problem. Also it is important that patients can find and use their spectacles and hearing aids if required (Alzheimer's Society, 2016h).

Depression and dementia often share the same symptoms making a clear diagnosis very difficult. Depression is often associated with cognitive decline, change in personality and lack of interest and motivation for activities (Kitwood, 1997, Alzheimer's Society, 2016i). Depression and anxiety can be caused by life changing events, such as bereavement, retirement or moving into a care home. The decline in abilities found in dementia may cause anxiety and depression, it is not uncommon for dementia and depression to co-occur and this may escalate the progression of symptoms (NICE, 2016b).

The term Mild cognitive impairment (MCI) describes similar symptoms to dementia affecting abilities including memory and language but is not so severe as to interfere with activities of daily living (Alzheimer's Society, 2016j). The same underlying causes are responsible for the symptoms of MCI, that is, it could be a treatable condition such as an infection, or may be the early signs of a dementia-causing illness. People with MCI are at increased risk of developing dementia; it is estimated that 10-

15% of people found to have MCI, go on to develop dementia (Alzheimer's Society, 2016j).

2.5. Dementia and language

Since language is the primary means of communicating our needs and thoughts with those around us and of sharing social time, it is important to support and preserve this skill as far as possible for people with dementia. Communication impairment has been found to be even more problematic to caregivers than behavioural disturbance (Done and Thomas, 2001). There has been some debate over the causes of communication problems in dementia (Harley, 2001) with indications that impairment is associated with damage in the areas of the brain related to language or that loss of memory is responsible. However, a compelling argument for a combination of those factors as well as others including personal motivation and mood has been proposed (Verhaeghen, Martin and Sedek, 2012). Tyler and Marslen-Wilson (2008: 1037) state that 'no one region or sub-region holds the key to a specific language function; each requires the coordination of activity within a number of different regions'. Müller and Schrauf (2014: 13) advocate a discursivist perspective proposing that cognitive function is co-constructed *through* interaction and abilities should, therefore, be assessed 'in meaningful social contexts'. The principal concern for this thesis is that language and communication are affected by dementia and it is how this presents for the individual in quotidian life that must be considered.

Memory impairment is a key feature across all types of dementia. This has an effect on language in a number of ways, some of which are outlined below, but memory loss is also displayed *through* language (Müller and Guendouzi, 2005). A common feature of early dementia is a self-awareness of decline in memory function and this is often excused with light-hearted remarks. However, Jones (2012) has reported harsh self-deprecating remarks in mid and late stages of Alzheimer's disease when the memory problems were made apparent during telephone conversations with relatives; May, a woman with Alzheimer's disease, apologises for her forgetfulness and utters: "I'm sorry darling. I'm being so bloody stupid these days" (Jones,2012: 60). While self-awareness may help people to adopt strategies to cope in the early stages it also adds to the burden and decline in self-esteem. As increasing areas of the brain are affected by

dementia, self-awareness, or insight, subsides and such remarks become less frequent (Kennedy, 2006).

A lack of insight can also result in confabulation, that is the production of false beliefs 'without the conscious intention to deceive' (Lindholm, 2015: 177). Found to be common in FTD, a person may confabulate, believing that their former lifestyle, occupation and pastimes are still current (Mikesell, 2009). Plausible confabulations seem to be based on real, but distorted, memories (Metcalf, Langdon and Coltheart, 2007; Lindholm, 2015). However, more fantastic confabulations can occur, particularly relating to delusion and hallucinations which are experienced by some people with dementia. According to Metcalf et al (2007, citing Johnson et al, 1993) confabulation, delusion and hallucination are part of a continuum associated with lack of insight in uncritically accepting implausible propositions.

Although some sub-types of dementia relate to specific communication impairments, a range of atypical features are found to be common to many subtypes of dementia (Alzheimer's Society, 2016a). The following sections outline key areas of language and ways in which they may be affected by dementia.

2.5.1. Lexical access

Problems with lexical access (word-finding) is often one of the first symptoms a person with dementia will experience (Bayles and Tomoeda, 1991; Müller and Guendouzi, 2005). People may have difficulty recalling names of familiar people and places or everyday items and this appears to be related to how long the word has been known to the person and the frequency of the word-use in the language. The more common and frequently-used words in the language may have a stronger representation in the lexicon; the earlier in life a word appears in the individual's register, the longer it is likely to be accessible as dementia progresses (Harley, 2001; Jefferies and Lambon Ralph, 2006).

In the early stages, people with dementia may notice problems of lexical access themselves and develop coping strategies to overcome the difficulty. As these changes may be subtle to begin with it may take some time before others become aware of the decline. The strategies employed by people include using alternative words or phrases

to the target word (Hamilton, 1994; Harley, 2001). A substitution of a semantically related, near synonym can be used without causing noticeable disruption to the flow of communication. However, using a coordinate, such as *cat* for *dog* or a superordinate, for example, *animal* for *dog*, is more likely to disrupt communication (Harley, 2001). Other substitutions include semantically unrelated words, semantically empty words, such as *thing*, and neologisms. A further alternative is to describe the target word, such circumlocution could seem rather verbose to conversational partners but 'may not impede understanding' (Hamilton, 1994: 16). Ultimately, the person with dementia could abort the search for the lexical item, allowing the co-participant to take up the interactional work (Hamilton, 1994) or abandon the conversation altogether.

2.5.2. Syntax

Working memory is important for everyday competence in tasks and communication (Logie and Morris, 2015) and is vital for processing language. The term *working memory* 'refers to the relatively small amount of information that one can hold in mind, attend to, or technically speaking, maintain in a rapidly accessible state, at one time' (Cowan, 2005: 1). Working memory is increasingly compromised with age and is affected early in the progression of dementia (Nagel and Lindenberger 2015). Although production of syntax is preserved into the late stages of dementia (Hamilton, 1994; Perkins et al, 1998; Bright, Moss, Stamatakis and Tyler, 2008), syntactic comprehension can be more problematic since working memory is needed to hold the information about the subject throughout the course of the utterance. Bright et al (2008) describe how the interaction of working memory and semantic impairment combine to have an effect on syntax. In tests, people with dementia were given three pictures and asked to point out which one represented the sentence spoken to them. The test sentence, for example, *a girl pulls a boy*, is semantically reversible. The pictures will represent this sentence, a reverse role distractor, *a boy pulls a girl*, and a lexical distractor, *a girl paints a boy*. As dementia progresses, selection of incorrect pictures increases. This could be due to lack of understanding of the semantic contrast between the verbs *pull* and *paint* or to working memory failing to retain a representation of the agent of the action. In actual, everyday conversation, rather than clinical tests, people can negotiate such misunderstandings through repair or may be able to understand an utterance with the help of contextual information (Perkins et al, 1998).

2.5.3. Pronouns

People with dementia often demonstrate difficulty keeping track of a referent in conversation which is thought to be due to an impaired ability to 'maintain active representation in memory of information necessary for processing pronouns' (Almor et al, 1999: 221). Use of pronouns in conversation with a person with dementia can also be confusing for co-participants. The language of people with dementia is 'characterized by an abnormally frequent use of pronouns' (Almor et al 1999: 221) used in substitution for more specific terms for people, places and items. When these semantically empty words, for example, *he, there, it*, are substituted it can become difficult for conversational partners to trace the referent (Hamilton, 1994).

2.5.4. Turn-taking

Turn-taking in interaction is maintained even in the later stages of dementia (Hamilton, 1994; Müller and Guendouzi, 2005; Mikesell, 2009). Hamilton (1994: 63) describes how Elsie, a conversational participant with Alzheimer's disease, responds with perfectly timed turns and achieves actions in conversation even when her utterances are not in the form of words. Elsie can request clarification or initiate repair with rising intonation: 'Hmm?'; do agreement: 'Mhm'; or respond to a question with a non-vocalised response such as a smile.

In the study of frontotemporal dementia, Mikesell (2009) found that participants could sustain conversational turns that are grammatically appropriate and locally coherent. However, self-contradiction and interactional impairment become apparent over longer sequences of turns and this seemed to be related to a failure to 'respond to the conversational demands' (Fiske, 2010: 206) and a lack of understanding of interactional goals.

Although people with dementia seem to retain ability for turn-taking in interaction, problems do arise particularly in relation to time taken to produce a turn. A common complaint of people in the early stages of DLB, for instance, is that they have difficulty 'getting into conversations' (Griffiths et al, 2011: 498). This seems to stem from difficulties initiating movement, including the motor control needed for speech. Delays in initiating a turn at talk can be understood by conversational partners as non-response. Intraturn pauses, due to poor breathing control (in DLB), can also lead to

problems with turn-taking. This is compounded by the effects of motor impairment on intonation and, therefore, hinders the speaker's ability to signal that the turn is ongoing (Griffiths et al, 2011). The consequences of failing to sustain involvement in conversation can lead to 'anxiety and complete social withdrawal' (Griffiths et al, 2011: 498).

2.5.5. Topic management

Topic shifts in conversations with a person with dementia are widely reported as frequent and random. One explanation offered is that maintaining relevance involves suppression of irrelevant data which people with dementia can find increasingly difficult, allowing topics to switch to those which others do not see as relevant (Harley, 2001; Guendouzi and Pate, 2014). Through a conversation analytic study, Garcia and Joanette (1997) found, however, that topics introduced by people with dementia were not more abundant but were initiated abruptly rather than through stepwise topic shifts (Jefferson, 1984a). In addition, abrupt topic shifts were not initiated solely by the person with dementia but also by the conversational partner when a prior topic failed. Failure of topic maintenance was also described, by Mentis, Briggs-Whittaker and Gramigna (1995: 1063), as a contributing factor to abrupt topic shifts. They noted that new topics were initiated by co-participants following 'repetition of old information' by a person with dementia.

2.5.6. Repetition

Asking repeated questions about arrangements or forgetting details of planned events is a commonly reported early sign of dementia and frequently characterised as a defect (Orange, 2001; Müller and Mok, 2014). Verbal or physical repetition is often referred to as 'perseveration' and is described as automatic and inappropriate (Bayles et al, 1985) and, like echolalia (repetition of an interlocutor's prior utterance (Larner, 2006)), is often said to be meaningless. Although Bayles et al (1985) were chiefly concerned with perseveration in clinical testing, perseveration has also been the focus of research in naturally occurring interaction (Hamilton, 1994; Mikesell, 2010a; 2010b). Hamilton (1994: 153) noted the 'ideational perseveration' in conversation with a person with Alzheimer's disease which took the form of repeated topics and ideas in conversation. Perseveration of ideas and questions also causes conversational partners

to be involved in repetitive behaviour which is said to exhausting for caregivers (Savundranayagam, Hummert and Montgomery, 2005; Alzheimer's Society, 2016f).

An understanding of what conversational partners know, or need to know is vital for designing a coherent turn at talk (Sacks, Schegloff and Jefferson, 1974, see §3.9.2, turn design). A possible cause for perseveration of people with dementia is a lack of awareness of conversational partners' 'information state' (Schiffrin, 1987: 29) and this can result in repetition of ideas and questions. Repetition also occurs as a result of failing to keep track of the information state as it develops in the current conversation (see §3.9.1, discourse record), which can lead to repeated questions that are relevant to the current topic but display that the new information has not been retained. Despite the lack of retention of facts, Müller and Mok (2014) assert that repetitive questions are not random, but used as opening moves in conversation and information seeking.

Formulaic language is commonly associated with communication disorders including dementia (Wray, 2008). The repeated use of formulaic expressions, including 'ephemeral verbatim repetitions' (Wray and Perkins 2000: 17) of their own or others' prior turns is outlined in Wray's (2010) observation of a woman with Alzheimer's Disease. Formulaic language can be in the form of idiomatic expressions like *at the end of the day* that are culturally shared (Wray, 2011) or, alternatively, idiosyncratic phrases learned from one's own speech community, family or local dialect. The use of ready-made language allows a person with dementia to take a turn at talk in a timely manner, perfectly structured and fluently produced. However, the formulaic turn may, nevertheless, be sequentially inappropriate, revealing interactional incompetence on a pragmatic level (Hamilton, 1994). Amanzio, Geminiani, Leotta and Cappa (2008) found that while people with dementia can produce and comprehend idioms and conventional metaphors, they appear to have difficulty in comprehending novel metaphors and figurative speech.

It may be the case that repetition of self and other, as well as use of formulaic expressions, may be emphasised for talk in dementia – by conversational partners as well as researchers. Though many studies have investigated repetition in dementia interaction (Hamilton, 1994; Bourgeois et al, 1997; Müller and Guendouzi, 2005; Da Cruz, 2010; Mikesell, 2010a; 2010b; Guendouzi, 2013; Jones, 2013), rarely is

repetition characterised as relevant or meaningful (cf Da Cruz, 2010; Müller and Mok, 2014). Nor do studies take account of the practices of repetition which pervade typical talk (cf Mikesell, 2009; 2010a; 2010b. See §3.8 for overview of repetition in typical talk). In relation to repetition in other areas of communication disorder, Stribling, Rae and Dickerson (2009: 577), in their study of a boy with Autistic Spectrum Disorder, suggested that some repetition may be 'normal or appropriate' in relation to 'some novel or potentially amusing incident'.

2.6. Communication advice for people with dementia and caregivers

Resources for people affected by dementia include non-academic literature, such as diaries and narratives of caregivers and people with dementia (James, 2009; Talbot, 2011; Magnusson, 2014, Whitman, 2016), online forums (e.g. Alzheimer's Society's 'talking point'), and blogs by caregivers (e.g. Alzheimer's Reading Room.com) and people with dementia themselves (e.g. Sharing my life with Lewy body dementia). These are relatively accessible sources of information about real experiences, but are of course, anecdotal. Evidence based information sources such as NHS (2016), Alzheimer's Association (2016) and Alzheimer's Society (2016k) are available online and other organisations, such as AgeUK, provide written documentation as well as signposting to specialist information. There are common themes among the information provided on how to improve communication affected by dementia, provided for family and informal caregivers as well as health care professionals. Many sources (including NHS choices, 2015) refer to the Alzheimer's Society for expert guidance. The Alzheimer's Society advice on communication is regularly reviewed by language and dementia specialists as well as by people with dementia (Alzheimer's Society, 2016k) and focuses on areas of concern derived from research (Lakey, 2009). The principal points are summarised in table 2.1.

Table 2.1 Summary of communication advice
(adapted from Alzheimer's Society 2016h, 2016k)

1. Ensure you have the attention of the person with dementia
2. Minimise distractions and competing noises such as TV
3. Ensure the person has required communication aids (in working order) e.g. spectacles, hearing aids, dentures.
4. Try to maintain eye contact
5. Address the person by name
6. Be calm and unhurried
7. Be aware of your own and others' body language
8. Speak slowly and allow time for a response
9. Use simple short sentences making one point at a time
10. Avoid asking direct questions
11. Do not ask complex questions
12. Limit choices or ask yes/no questions
13. Avoid questions that might embarrass, like "don't you remember"
14. Avoid contradicting and arguing
15. Try to find ways around subjects which you know to be incorrect/untrue
16. Show respect and do not infantilise
17. Do not patronise or talk down to the person with dementia

Such advice seems clear, but putting this into practice may be more challenging. Take for example, the advice to avoid being *patronising* or *infantlising*. These actions, intuitively, seem unkind, but how can a caregiver know what kind of talk will be taken as patronising in real interaction? Chatwin (2014), in a conversation analytic study of care home interactions, noted that actions of *reassurance* by caregivers actually resulted in confusion, as these practices seemed to be interpreted as contextually misplaced by the person with dementia. Guidance and training aimed at improving communication in a range of settings, Stokoe (2013) noted, are rarely based on actual instances of talk but use hypothetical or simulated situations. Through the methods of conversation analysis, more can be revealed about how interactional aims can be met.

In this way, we can come to understand what constitutes *being patronising* in real interactions (§8.5, fragment 8.9).

2.7. Communication in real situations

In recent decades there has been a move towards research on more naturalistic conversational data. An early example is Hamilton (1994: 3) whose study explored 'open-ended, natural talks with an Alzheimer's patient'. However, as Hamilton notes, these conversations between the person with dementia and the researcher would not otherwise have taken place and were, therefore, 'less natural' than the conversations that took place between the person with dementia and other conversational partners at that time.

In a discussion on the authenticity of conversation as data, Potter (2002) debates the merits of interactions which are contrived, highly influenced by the researcher, and those which are deemed to be entirely spontaneous. Potter proposes the '(conceptual) dead social scientist's test' (2002: 541) as a way of determining interactions which would take place whether or not the researcher was present. However, Potter advises caution in over-stating spontaneity, since there will be some influence on the data by the very presence of a recording device (Speer and Hutchby, 2003; §4.5.2) and the process of obtaining informed consent. Potter (2002: 539) highlights 'the virtue of material where the researcher's active role is minimized' and recommends the use of the term 'naturalistic' (Potter, 2002: 540) to describe data which is as near natural as possible while still acknowledging the limitations inherent in research data.

Further studies which use conversational data where a researcher is present, include: Ramanthan-Abbot, (1994; 1995); Shakespeare (1998); Müller, (2003); Müller and Guendouzi, (2005); Örulv and Hydén, (2006); Wilson, Müller and Damico (2007); Müller and Wilson (2008); Hydén and Örulv (2009); Mok and Müller (2014) and Müller and Mok, (2014). This sort of data can bring rich observations by the researcher who is present and, in the case of Shakespeare (1998), provided data for comparison from a range of sources.

Shakespeare (1998: 30-41) used an array of interactional data from: (1) her own interviews with 'confused speakers and their caregivers'; (2) previously recorded interviews between researchers and 'people suffering from confusion'; and (3) domestic interactions of a husband and wife dyad, tape recorded by the husband who was caregiver for his wife, diagnosed with dementia.

Örulv and Hydén, (2006) and Hydén and Örulv (2009) use extensive video data of naturally occurring interaction which takes place in a care facility. The interactions involve a range of interlocutors and is one of the few data sets which explore conversations where people with dementia talk together. The presence of the researcher in this setting enables detailed ethnographic field notes to be taken in order to support and contextualise the natural data.

The presence of the researcher, however, does inevitably alter the interactional context. For example, in recordings elicited where the 'overt goal' is a friendly chat (Müller and Guendouzi, 2005: 395), there is clearly a disparity between the interactional goals of the person with dementia who is in conversation with relatively unfamiliar co-participants whose covert goal (Müller and Mok 2014) is to elicit conversational data. Several accounts are given that note the researchers' awareness of differing practices in these conversations; in data collected in Müller and Guendouzi's (2005) study, the conversational partners permitted longer than usual pauses in conversation, which was said to be due to their training in language and dementia. Ramanthan-Abbot (1994) observed that conversations between the person with dementia and her spouse differed from those with the researcher. These changes in interactional practice demonstrate that the presence of the researcher alters the process of the interaction, but nevertheless, provide genuine, observable mechanisms of conversation.

Mates, Mikesell and Smith (2010) and their colleagues at the University of California, Los Angeles FTD and Neurobehavior Clinic have used a range of data types providing a corpus of audio and video data, recorded with and without a researcher present, for their ongoing research into Frontotemporal dementia. Interactions with people with dementia which take place without being contrived for research were studies of clinical encounters (Avineri, 2010; Muntigl, Hödl and Ransmayr, 2014).

Very few studies have used naturally occurring, informal conversations; those that do, include Perkins, Whitworth and Lesser (1998); Kitzinger and Jones (2007); Jones (2013) and Kindell, Sage, Keady and Wilkinson (2013); Kindell, Sage, Wilkinson and Keady (2014). The studies of Kitzinger and Jones (2007) and Jones (2013) were based on spontaneous telephone calls between a woman with Alzheimer's and her family. The telephone calls were recorded over a number of years between the same participants providing a longitudinal profile. Perkins, Whitworth and Lesser (1998) audio recorded family conversations with people with dementia. Along with analysis of caregivers' reported difficulties, Perkins et al (1998) developed programmes of focused intervention, using conversation analysis, to help improve communication. Such individualised interventions are found to be effective in communication training, providing a focus on supporting the person with dementia's retained skills (Müller and Mok, 2014).

Studies using conversations from naturally occurring settings provide a genuine insight into the practices of people with dementia and their everyday caregivers and conversational partners, negotiating actual situations with real frustrations and emotional investment in the outcome. As Stokoe (2011) points out, the difference between actual interaction and that generated for research or training, is in the stake the participants hold in the encounter.

In terms of taking a competence approach to analysis of dementia conversations, Müller and Mok (2014: 82) noted that while people with dementia may have impaired ability with regard to previously held knowledge, they retain a drive to obtain information in the 'active negotiation of common ground' even if this may, in fact be fleeting. Müller and Mok (2014: 83) suggest that future research into the retained skills of people with dementia should include investigation into the questions asked in actual conversations, which will 'provide greater insight into how [people with dementia] make sense of their environment'; this study extends the investigation of questions in chapters 5 and 6.

2.8. Conclusion

Dementia is a worldwide social and personal burden. Incidence of dementia is directly related to ageing and the numbers double with every 6.3 years' increase in age (ADI, 2015). The ageing demographic globally means the number of those affected by the condition rise every year; numbers are expected to exceed 74 million by 2030 (Lancet, Neurology, 2016). It is a difficult and frightening illness to face for patients and caregivers, but services for people affected by dementia are improving and the aim of organisations, such as Alzheimer's Disease International, is to have the condition recognised and supported worldwide. Although there is currently no cure for dementia (NICE, 2016a), some sub-types can be stabilised temporarily with medication (NICE, 2016b).

Diagnosis of dementia is a difficult process since there are no simple tests to identify the condition. Changes to the structure of the brain do occur and can, in some cases, be identified on brain scans but there is no direct correlation between the extent and focus of atrophy and the symptoms of dementia. A diagnosis of the underlying causes in an individual can only be arrived at, with certainty, at post mortem (NIA, 2016). However, 'there can be substantial neuropathology without dementia – and there can be dementia without significant neuropathology' (Kitwood, 1997: 35; Snowdon, 2001; American Psychiatric Association, 2016).

Dementia is a heterogeneous condition owing to the multitude of variables which can affect the individual's lived experience (Perkins et al, 1998). There are many different illnesses that bring about the symptoms of dementia and some, such as acute infection or depression that cause dementia-like symptoms. The areas of the brain that are damaged, and the rate at which the degeneration occurs, will have an effect on the range and progression of symptoms for each individual. How the person with dementia copes with impairments also affects the apparent rate of decline. For example, acknowledging early in the illness that assistance is needed to organise and remember events and appointments can help to maintain independent living. Importantly, how those people closest to the person with dementia support and interact with them will be crucial for their self-esteem and longer term well-being (Müller and Schrauf, 2014).

Communication is a collaborative process and cognitive impairment has wide-ranging affects on understanding and intersubjectivity. Maintaining good communication between people with dementia and caregivers is vital to support well-being, in particular, scaffolding the retained skills of the person with dementia (Müller and Mok, 2014). Advice on improving and maintaining skills of communication are often aimed at caregivers. While it is important for conversational partners to have an understanding of the challenges in dementia, we need to recognise that people with dementia retain the drive to communicate and maintain social relationships (Sabat and Lee, 2011). There is much skill and competence to be found and care should be taken to validate this rather than assume that the diagnosis of dementia has left the person unable to seek understanding and sociability (Sabat and Lee, 2011). If we are to engage in 'looking for the skills amid the deficit' (Müller and Mok, 2014: 62), a natural place to find them is in real, purposeful interaction (Hamilton, 1994; Kitzinger and Jones, 2007; Sabat and Lee, 2011).

Chapter 3 **Key topics in Conversation Analysis**

3.1. **Aspects of conversation**

It is through conversation that we conduct the 'ordinary, and perhaps extraordinary, affairs of our lives' (Drew and Heritage, 2006: XXII). Talk is the means by which we build social action, that is, talking is how we get things done, for example, 'inviting', 'complaining', 'apologizing', 'getting to know each other', 'making plans' and so on (Drew, 2005: 74).

Conversation Analysis (CA) is the detailed study of the organisation of talk in the service of social action. Sociologist, Harvey Sacks, began exploring talk, enabled by the availability of relatively portable audio recording devices. This 'detailed capture of talk' (Antaki, 2011: 2) allowed repeated and close analysis of the minute details that interlocutors must evaluate on a moment by moment basis in conversation, but, which 'we couldn't, by imagination, assert were there' (Sacks, 1992: 420). Since Sacks began this procedure in the 1960s, along with colleagues, Schegloff, Jefferson and others, a vast accumulation of CA findings has been amassed. It is on this collection that we base the analysis of communicational practice in family encounters with dementia.

With its roots in ethnomethodology, the focus of analysis is on interlocutors' own 'production and interpretation' of talk (Levinson, 1983: 295). Schegloff (2000: 46) notes that it is sometimes tempting for analysts to interpret certain conversational devices as '"cautious hesitation" (e.g. sound stretches), or "nervousness" (e.g. cut-offs with repeat); pursuing such lines can lead to flights of interpretive and analytic fancy, and much waste of time'. For this reason, analysts employing CA as a research tool, must avoid 'unsubstantiated intuitions' of how talk works (Levinson, 1983: 295), but instead be driven by the data, in all its detail including breaths and pauses, perturbations and hitches, restarts and repairs. It is through such phenomena as repair (§3.7), that we can observe that interlocutors strive to design their turns at talk in very precise ways in order to present meaning and promote understanding.

This chapter will outline some of the key topics of CA, including turns, topic, the notion of preference, overlapping talk and repair. Critical to the analytic chapters of this thesis are the phenomena *repetition* and *epistemics*. Repetition will be discussed in §3.8 and the penultimate section of this chapter will describe how the, aforementioned, fundamental findings of CA are interrelated with the management of epistemics. §3.10 is a summary of chapter 3.

3.2. Turn and sequence

Turn-taking is a 'complex and intricately MONITORED human practice that is maximally sensitive to moment-by-moment input by all parties to a conversation' (Ford and Thompson, 1996: 134). In their seminal paper, central to any study in conversation analysis, Sacks, Schegloff and Jefferson (1974) set out a turn-taking model for conversation: a set of rules which govern *turn constructional units* (TCU), *transition relevance places* (TRP) and *adjacency pairs* (Schegloff and Sacks, 1973).

Turn-taking

TCUs are the building blocks of turns in conversation. A speaker is entitled to one TCU which can comprise of a single word, phrase, clause or sentence. However, speakers frequently do take turns built of multiple TCUs to achieve larger interactional projects such as stories, jokes or giving advice (Houtkoop and Mazeland, 1985). Recipients of talk are able to monitor the ongoing turn for 'possible directions and completion loci' (Sacks et al, 1974: 709) and thus project the turn completion with remarkable accuracy. The point of completion, where speaker transfer becomes relevant, has been termed the 'transition-relevance place' (TRP) by Sacks et al (1974: 703). Ford and Thompson (1996: 154) discuss the extent to which intonation and pragmatics combine with syntax to form 'Complex Transition Relevance Places' demonstrating how co-participants can, overwhelmingly, produce their next turn with great precision.

Adjacency pairs

An adjacency pair is the basic element of sequence described by Sacks et al (1974) as a two-stage sequence in which the second utterance is designed to display understanding of the prior turn. For example, a first pair-part constructed as a question

would be followed by a second pair-part expectably constructed as a response to that question. However, the second pair-part may not actually <u>answer</u> the question but will, normatively, be conditionally relevant (Schegloff, 1972a) to the first part by, perhaps, accounting for why the question cannot be answered. The second pair-part, therefore, is notable by its absence (Schegloff and Sacks, 1973) and the very fact that interlocutors orient to the missing part by accounting for the absence, demonstrates the fundamental importance of sequence in turn-taking. The following extract (3.1), demonstrates this practice.

(3.1) 144/6 (adapted from Levinson, 1983: 304)

```
1    Ben:    U:hm (.) what's the price now with
2            V.A.T. do you know eh
3    Ann:    Er I'll just work that out for you=
4    Ben:    =thanks
5            (10.0)
6    Ann:    Three pounds nineteen a tube sir
```

In lines 1 and 2, Ben asks for information about the price of paint, however, the information is not forthcoming until line 6. At line 3, Ann does not give the required information but produces a sequentially relevant turn which accounts for why she cannot provide the answer immediately. This turn also projects that a delay may be expected (10 seconds) while she calculates the price.

The adjacency pair outlined above (Ben's question in lines 1-2 is the first pair-part and the information answering that question in line 6 is the second pair-part) is an information request-and-response pair, though not adjacent due to the insertion sequence (Schegloff, 2007) attending to the calculation of the price. In talk in interaction, a single turn often carries out multiple functions. Sacks et al (1974: 722) explain that 'turns display gross organizational features that reflect their occurrence in a series'. Often three parts can be identified, one relating to the prior turn, one carrying the content of the current turn and a third part projects relevant actions for the next turn. In this way the focus of the conversation can change incrementally and 'topics flow from one to another' (Button and Casey, 1985: 3).

3.3. Topic

Very often in conversation topics naturally flow as described above, in a manner which Jefferson (1984a) refers to as stepwise topic shifts. Topics of conversation can, of course, be specifically nominated by interlocutors in a variety of ways outlined by Button and Casey (1985). A new topic nomination can occur at the start of a conversation or follow a closing of a prior topic. Current topic is achieved collaboratively by the participants through a process whereby one participant will nominate a topic and, if acceptable, will be topicalised by co-participants. The topical talk, or *mentionable* (Sacks, 1992), is presumed to be of interest to the participants.

On a specific topic relating to the speaker, a *news announcement* may be proffered or, alternatively, an *itemised news enquiry* aims to elicit news which relates to the recipient. In order for a news announcement to be topicalised, the contribution needs to be *newsworthy* (or *reportable* Svennevig, 1999) which would mean the speaker having fresh information on a topic of interest to the recipient (Button and Casey, 1985).

The progressivity of a topic (Svennevig, 1999) will be maintained as long as at least two participants continue to make substantial contributions to the conversation. Topic closure occurs when further talk becomes sequentially non-relevant (Button, 2006). Closing implicative moves (Schegloff and Sacks, 1973) include minimal contributions of at least one participant (Svennevig, 1999), repetition of closing remarks (Curl, Local and Walker, 2006) or summing up of the foregoing topic, notably through idiomatic expressions (Drew and Holt, 1998).

3.4. Preference

As we have already seen, turns are normatively linked in adjacency pairs through type-matched first and second pair-parts. So offers, for example, would project either an acceptance or refusal as a conditionally relevant next turn (Schegloff and Sacks, 1973).

The notion of preference refers to a bias that exists in the way that first pair-parts may be designed. That is, preference is not associated with the wishes and emotional stance of the speaker, but the <u>expected</u> outcome of the sequence.

Sacks (1987) noted that there exists a preference for agreement and contiguity in conversation, which means that the first speaker designs a turn with the expectation of agreement. The second turn, if in agreement will, overwhelmingly, be produced contiguously, without hesitation or elaboration, this is termed a preferred response.

A dispreferred turn, on the other hand, will be delayed and detailed, accounting for why the dispreferred response is forthcoming (Sacks, 1987; Pomerantz, 1984a). There are exceptions to the expectation of agreement in certain contexts, for example, 'compliment responses' (Pomerantz, 1978).

The following (3.2) is an example of a sequence in which the second part is a dispreferred response and the disagreeing element is 'pushed rather deep in to the turn' (Sacks, 1987: 131).

(3.2) From Sacks (1987: 131)

```
1   Ann:   Yuh comin down early?
2   Ben:   Well, I got a lot of things to do before gettin
3          cleared up tomorrow. I don't know. I w- probably
4          won't be too early.
```

Extract 3.2 is marked by the dispreference token *well* (Schiffrin, 1987; Gardner, 2001; Schegloff and Lerner, 2009). *Well* in turn-initial position is said to adumbrate disagreement and is, therefore, and indicator of dispreference (Pomerantz, 1984a; Schegloff and Lerner, 2009; Heritage, 2013a). Schegloff and Lerner (2009), however, broadened the designation of turn-initial *well*, describing it as an indicator that the forthcoming response is non-straightforward. In line 2, Ben then produces an account of why he will not be early and also distances the refusal further by using 'probably'. Ben does not explicitly say *no, I won't come down early*.

The slight delays (Kendrick and Torreira, 2015) and adjustments to prosody (Plug, 2009) that can signal dispreference are monitored by interlocutors who may alter the course of their turns to align their actions. The first speaker, on hearing the dispreference markers (including silence), can choose to modify or upgrade their original proposition in order to gain agreement. Extract 3.3 demonstrates such an

adjustment: in line 1, after the first TCU there is a TRP in which Cal might be expected to respond. However, there is a micropause (0.1 second) which, it seems is sufficient time to indicate to Ron that his invitation is to be rejected.

(3.3) 176B (adapted from Levinson, 1983: 335)

```
1    Ron:   What about coming here on the way (.) or doesn't
2           that give you enough time?
3    Cal:   Well no I'm supervising here
```

Following the pause, Ron revises his proposition to align with the projected non-acceptance of the invitation.

3.5. Silence

Silence is a significant feature of interaction and is oriented to by interlocutors as such (Schegloff and Sacks, 1973). Sacks et al (1974) discuss ways in which silence can be interpreted by conversationalists. They describe different silences as pauses (intra-turn), gaps (at transition places) and lapses (extended pauses). How these pauses are attributed in a transcript poses a dilemma since a pause may appear to be intra-turn but can be transformed in the progress of the talk (Sacks et al, 1974). Fragment 3.4 shows how continuation of a speaker's turn can transform a transitional gap into an intra-turn pause.

(3.4) MDS 19

```
1    LOU:   OOHH:: THAT POOR GIR:L
2           (0.3)
3    LOU:   shes got the worst scar. I'v sin
4           (1.2)
5    LOU:   in the longest ti:me.
```

When silence occurs at a TRP, it is a potential gap. The 1.2 second silence in line 4 follows a TRP but, in this case, the same speaker has elected to continue 'so the 'gap' is transformed into a 'pause' (being now intra-turn)' (Sacks et al, 1974: 715, note 26). In analysing silence in conversation it is important to consider the environment of the speakers. While silence may be an indicator of dispreference, there are also other factors which speakers must attend to (e.g. eating), which will be clear to those co-

present and, therefore, not interpreted by the interlocutors as non-alignment or disagreement. This is particularly important when analysing multi-party talk and meal time conversations.

3.6. Overlap

The apparent contradiction within the turn-taking model (Sacks et al, 1974: 700) between 'overwhelmingly, one party talks at a time' and 'occurrences of more than one speaker at a time are common, but brief', in fact, both orient to the same turn-taking rules. The projectability of TRPs, the aim of efficient transfer of turns, actually often results in slight gaps or overlaps between turns.

Jefferson (1984b: 11) showed that far from being chaotic, overlapping talk is organised through the 'fine-grained attention' of co-participants in conversation and she revealed categories and loci where overlap onset occurs.

Firstly, Jefferson (1984b: 12) considered the types of overlap onset which occur:

Transitional: Overlap onset occurs around a transition place when a recipient is monitoring the current turn for 'syntactic completeness'.

(3.5) [Her:01:2:2] (Jefferson, 1986: 157)

```
1    Jean:      So well they won't be here
2               Boxing [Day?
3    Doreen:           [Oh ↓well that doesn'mattuh
```

Extract 3.5 shows how the second speaker can begin their turn early when they hear the syntactic construction coming to completion.

Recognitional: Next speaker may start in overlap at a point where the meaning of the prior utterance has been adequately produced, though the utterance has not been completed.

(3.6) [Rah:B:1:(13):8:R] ((British telephone)) (From Jefferson, 1984b]

```
1    Jessie:   we go to ↓Wetherall's 'n they're alwiz very
2              chahr:ming en very [obli:]ging in ↓th*ah.
3    Ann:                         [Ye:s.]
```

In extract 3.6, Jessie is recommending a local shop giving the reason that the staff are *very charming and very obliging*. Following the first adjective *charming* Jessie says *and* which shows that the next item is related. She then utters *very*, the selection of this intensifier not only produces a repeated construction of the prior phrase, but strongly signals that the next item is another positive descriptor (Goodwin, 1996). Ann, is therefore able to acknowledge Jessie's positive assessments before completion of the turn.

Progressional: If a problem arises in the progressivity of a current turn, then next speaker can take up their turn even before a syntactic or adequate completion is reached in order to maintain the 'forward movement' of the conversation.

(3.7) [SCC:DCD:18] ((British face-to-face)) (Jefferson, 1984b: 34)

```
1    Bryant:   I think thet (.) in youh:r
2              (0.7)
3    Sokol:    Ah[('d say) i]t wss baou:t]
4    Bryant:     [(commen') ]t' th'  coh] :rt this wz said.
```

Extract (3.7) shows Bryant producing perturbations in the form of a micropause and an elongated *your* (line 1) then a pause of 0.7 seconds. Jefferson (1984b: 37) notes that hitches 'generate recipient activities, invariably onset of talk. Sokol begins to speak (line 3) after the long pause, despite the prior turn being syntactically incomplete. This move serves to maintain the progressivity of the conversation (Schegloff, 1979; Stivers and Robinson, 2006). However, Bryant resumes his turn, resulting in overlapping talk.

The transition relevance point is a very precise position at the end of one complete utterance where a next speaker might ideally take up their turn. Jefferson shows that such practices as audible in-breaths can be heard as 'pre-terminal gearing up' (1984b: 23) by the next speaker. Alternatively, next speaker will permit 'just a bit of space between the end of a prior utterance and the start of his own' (Jefferson, 1984b: 18) and these practices result in a more flexible 'transition space' where next speaker onset systematically occurs (Jefferson, 1984b: 23).

Jefferson (1984b) identifies three points within the <u>transition space</u> where next speaker onset occurs:

Terminal overlap: Next speaker, having accurately projected the termination of the prior's turn, starts up just before completion of the turn-final syllable

Latched onset: Next speaker starts up at the precise moment of completion (marked by /=/ in the transcript).

Unmarked next position: The next speaker follows on leaving that 'bit of space' referred to above (remains unmarked in the transcript).
In the course of turn-taking, when a next speaker's onset is found in these loci within the transition space it will be treated as unproblematic providing the prior speaker does indeed end their turn at the projected possible completion point. However, if it turns out that the first speaker extends the turn then there may be a longer stretch of simultaneous talk.

Jefferson (1986) extends her investigation into transition space onset and in particular the timing of the unmarked next position. The beat that occurs between turns, Jefferson describes, is a systematic 'latency' of onset. During this brief inter-turn space the next speaker is no longer 'in recipient orientation, but in a state of speakership, although he is not yet producing sounds' (Jefferson, 1986: 164).

(3.8) [Fr:USI:43:R:2:Simplified] (Jefferson, 1986: 161)

```
1    Mike:  Least'e c'd'v done wz c'm dah::n en letche know w't
2           happ'n hey [look yi] h gla:ss broke,
3    James:            [Tha:t- ]
```

Extract 3.8 shows a TRP in Mike's turn after *what happen* (line 2). He extends his turn with another TCU *hey look y'glass broke* during which James begins to speak. It seems odd that James' onset is not earlier in this TCU, but, Jefferson shows, this is due to the space allowed by the next speaker pushing the incoming onset further into the additional component of the turn in progress. Jefferson (1986: 158) described this overlap as 'interjacent' in preference to the more judgmental 'interruptive' as she has demonstrated that these places are systematically accountable. In a discussion of the impoliteness of interruption, Hutchby (2008) states that it is a moral orientation which makes talk interruptive and not overlapping talk.

3.7. Repair

Repair in conversation is not directly associated with error but with interlocutors' aims for precision and achievement of understanding. Schegloff, Jefferson and Sacks (1977) introduced the term 'repair' to move away from the notion of correction and error. Correction is seen as a subtype of repair which involves the modification or replacement of an error with a correct term (Schegloff et al, 1977). We will return to the process of correction in due course but first discuss the more general phenomenon of repair.

As noted above, *repair* and *error* are discreet phenomena; not all repairables (items which are the target of repair, also termed *trouble source*) are errors. For example, it is common for interlocutors to repair talk that has been obscured by extraneous noises and, conversely, 'the 'ripest' of repairables, i.e. 'errors', are not necessarily followed by repair' (Schegloff et al, 1977: 375).

In discussing repair we will consider three turns at talk: the trouble source, the next turn and the third position turn (Schegloff, 1992: 1302). This is termed the *repair initiation opportunity space* Schegloff et al (1977). These three positions deal with the repair as *self-* or *other*-initiated. The first position in which a repair can be dealt with is within the trouble source turn.

Speaker 1:	Trouble source	T_1
	Transition space	
Speaker 2:	Next turn	T_2
Speaker 1:	Third position	T_3

Devices for repair will be explicated in the order in which they normatively occur in the repair opportunity space.

Schegloff et al (1977: 376) note that there is a preference for <u>self</u>-correction and repair which is 'massively' carried out in the trouble source turn. Self-initiation of repair can be occasioned by perturbations, such as hesitations, cut-offs and sound stretches. The opportunity for self-repair in first turn (T_1) also extends into the transition space, and recipients (of trouble) are noted to withhold initiating repair on the speaker's turn (Schegloff et al, 1977) allowing an opportunity for unsolicited self-repair (Jefferson, 1972). Thus, a pause following turn completion projects difficulties in responding, and allows first speaker to inspect their completed turn for ways to repair the turn and provoke a response (Pomerantz, 1984b).

Repair can be <u>other</u>-initiated in next turn (T_2) by the recipient. However, the repair operation will still, overwhelmingly, be produced by the first speaker (self) in their next turn (T_3). *Repair initiators* identified by Schegloff et al (1977) range in specificity in locating the repairable:

The least specific is an *open class repair initiator* (OCRI) (Drew, 1997, further detail below). OCRIs are turn-constructional devices such as *what, pardon, sorry, huh*? They operate on the trouble source but do not locate the repairable specifically.

A little more specific are question words such as *when*, *where*, *who*. These locate the 'type of referent' in need of repair (Schegloff et al, 1977: 369, fn15), i.e. a time, a place, a person.

Another device is the use of a partial repetition of the trouble source turn, plus a question word.

(3.9) [SBL:2:1:8:5] from Schegloff et al (1977)

```
1    Bea:   Was last night the first time you met Missiz Kelly?
2           (1.0)
3    Marg: Met whom?
4    Bea:   Missiz Kelly
5    Marg: Yes.
```

Extract 3.9, shows a partial repeat plus question word in line 3. This repair initiation device demonstrates that Marge has understood the sense of the question but locates difficulty with the referent 'Missiz Kelly'.

A partial or full repeat of the trouble source turn can also initiate repair (Jefferson, 1972; Robinson and Kevoe-Feldman, 2010, Robinson, 2013).

(3.10) BUS, from Robinson (2013)

```
1    Bob   How's your heater been working these
2          last few w:eeks.
3    Moe   My heater?
4    Bob   Yeah=in your car.
```

Extract 3.10 shows Moe (line 3) repeating part of the prior turn and locating the referent *my heater* as the repairable. The next turn (line 4) proves this repeat to be understood as repair-initiating device as we see Bob elucidating the referent: the heater *in your car*.

Repeats as repair initiators as well as OCRIs operate upon the whole of the trouble source turn and do not specifically locate a repairable. While a repeat demonstrates that the trouble source turn has been heard, an OCRI does not. It has been found that interlocutors will try to resolve troubles by using the simplest, and least face threatening (Goffman, 1967), resolution first (Svennevig, 2008). So, for problems identified by an OCRI, a simple mishearing remedy might, at least in the first instance, be offered, by repeating the trouble source turn a little louder or with improved enunciation, for instance. The examples of repair operations discussed so far focus upon difficulties within the actual trouble source turn. However, repair is an important factor in managing the *fit* between turns, for example, topical coherence and appositeness.

Drew (1997) found that OCRIs systematically operate on matters of sequentiality, in particular, regarding matters of relevance and social appropriateness. Extract 3.11 demonstrates this kind of misalignment.

(3.11) [Holt: 2:9:2] from Drew, 1997;

```
1    Lesley:     Didju get my letter.
2                (0.5)
3    Mum:        Uh yes thank you, I've writ- (.) I've
4                answered it.=
5    Lesley:     =.TCH. Oh yes. Wey (.) Can you work it all out,
6    Mum:        Pardon?
7                (.)
8    Mum:        Oh yes. Ye:s yes 'v  course I could.
```

In lines 3 to 4, Mum not only acknowledges that she has received Lesley's letter, but states that she has answered it. This, seemingly, makes Lesley's next question superfluous since once might assume that having answered the letter, she had, indeed, understood it (Drew, 1997). When Lesley asks Mum if she could *work it all out*, Mum initiates repair on the turn with an OCRI. Clearly, Mum has not had difficulty in hearing the turn, since she goes on to respond without further contribution from Lesley. The OCRI, therefore, operates on the sequential fittedness of Lesley's question. An alternative explanation is that Mum is offended by Lesley's suggestion that she would have difficulty understanding the letter. Mum's turn in line 8 is built

with features which claim problems with the appositeness or relevance of the prior question: *Oh yes* (Heritage, 1998, see §3.9) and *of course* (Stivers, 2011).

According to Robinson and Kevoe-Feldman (2010), a full repeat of a trouble source turn locates troubles with the topical coherence of that turn. On the question of how the speaker of the repairable comes to understand the repeat (without question word) as a repair initiator, Robinson (2013) found that a partial repeat is understood through the management of epistemics. When such a repair initiator is produced, the speaker of the trouble source may inspect their prior turn in respect of the context and presumed knowledge of the interlocutor. If it is suspected that the interlocutor may lack certain knowledge then the repeat will be taken as a repair on the understanding of the trouble source turn. However, if it may be presumed that the interlocutor is knowledgeable on the subject, then the repair will be taken as a disagreement, or challenge to the accuracy or appropriateness of the turn Robinson (2013).

The final locus for repair is in the third position turn. Third position is, most often, also the third turn, but it is possible that additional sequences can take place before the third position. This, displaced, third position repair, nevertheless, operates on the trouble source turn (T_1).

(3.12) (FD, IV, 66) from Schegloff (1992)

```
1       Dispatch:  Now what was that house number you said=
2                  =[you were
3       Caller:    =[No phone. No
4       Dispatch:  Sir?
5       Caller:    No phone at all.
6       Dispatch:  No I mean the uh house number, [Y-
7       Caller:                                    [Thirdy eight
8                  oh one?
9       Dispatch:  Thirdy eight oh one.
```

Extract 3.12 is a transcript of a call to a fire rescue department. The question (trouble source), beginning in line 1, is an attempt from dispatch to obtain a house number. In Line 3, the caller responds, apparently taking the question to be referring to a telephone number. This misunderstanding takes four turns to resolve before the information is given by the caller in lines 8 to 9. The third position repair takes place in

line 6 when dispatch reformulates his original question, thus self-repairing the trouble source turn.

We now return to the notion of correction and consider some of the features which differentiate correction from repair. Correction is associated with the modification of talk, of replacing an incorrect term with the correct one. Commonly, self-correction is carried out in the trouble source turn or in the transition space (as for self-repair). Extract 3.13 demonstrates such a case.

(3.13) [AT:FN] from Schegloff et al (1977)

```
1     Ann: That sto:re, has terra cotta floors. ((pause))
2     Ann: Not terra cotta. Terrazzo.
```

Extract 3.13 is a transparent case of self-correction since Ann negates, after a pause (the transition space), the original term she used *terra cotta*. This is then replaced by the corrected term *terrazzo*. Self-correction is 'compacted into the repair-candidate' and is therefore not as 'visible' as the case above (Schegloff et al, 1977: 376).

Other-correction is considerably less common, the *preference* (§3.4) being for self-correction. However, it is more naturally found in interaction with participants who are not 'adequate self-monitors and self-correctors', most notably in pedagogic situations where individuals are 'not-yet-competent' (Schegloff et al, 1977: 381). The instances of other-correction gradually wane as the learner improves their competence to self-correct. This is in stark contrast to the self-monitoring abilities of people with dementia that are likely to decrease with the progression of their symptoms – increasing the occurrence of other-correction in interaction (Orange, 2001). It is important, therefore, to understand the normative practices of correction in talk.

Notable features of turns that do other-correction relate to turn design, sequentiality and outcome. The speaker frequently modulates the design of the turn, through, for example, the use of uncertainty markers, understanding checks or occasionally presenting the correction in a jocular manner.

(3.14) [JS:II:219-20] adapted from Schegloff et al (1977)

```
1      Ben: Lissena pigeons.
2      Bill: Quail, I think.
```

In extract 3.14, Ben notes the sound of the pigeons calling. Bill produces a correction (line 2) but appends his candidate item *quail* with the uncertainty marker *I think*. Other forms of modulation include *y'mean*, or partial repeats of the trouble source turn, which act as understanding checks. By modulating the other-correction, the candidate alternative is simply proffered rather than asserted (Schegloff et al, 1977). This process protects, both the speaker and the recipient, from face-threatening aspects of correction (Goffman, 1967). Outright correction risks exposing deficiencies of the interlocutor producing the trouble source turn (or the *other* if they turn out to be incorrect), whereas modulating the correction allows the trajectory of the repair sequence to be negotiated collaboratively by co-participants (Svennevig, 2008). *Non-hearing* or *misunderstanding* corrections are less 'emotionally laden' than potential, or actual, hostility (Pomerantz, 1984b: 162).

Jefferson (1987: 88) notes that corrections potentially expose 'lapses in competence' and one way to mitigate this is to offer accounting. The additional interactional work involved in accounting and modulating can result in a move away from the current talk so that the repair process, itself, becomes the 'interactional business' of the talk (Jefferson, 1987: 99). This is noted to occur regularly in talk with individuals with communication impairment, such that not only the *error* but the competence of the speaker is in question (Jefferson, 1987; Wilkinson et al, 1998; Wilkinson, Beeke and Maxim, 2003).

Unmodulated corrections are found only in limited cases: pedagogic situations (mentioned above) and in specific sequential environments, namely, following an attempted modulated correction. The organisation of correction, therefore, follows that of repair. The preference is to try the easiest solution first (Pomerantz, 1984b, Svennevig, 2008); 'easiest' meaning the least interactional effort, but more importantly, regarding social and emotional cost.

3.8. Repetition

Repeats can be in the form of *self-* or *other*-repetition. Each instance of repetition has an individual purpose, an action it performs in conversation and as such, repetition itself cannot be viewed as a 'unitary phenomenon' (Curl et al, 2006: 1723). Presented below are examples of s*elf-* and *other-* repeats and the actions they perform in the given sequences – to close a sequence (Curl et al, 2006) or deal with repair (Schegloff, 1997; Curl, 2005).

Self-repeats: As Curl et al (2006) described, the sequence-closing doubles are immediate self-repeats as in extract 3.15. Les aligns with Rob's complaint with *no* in line 4 then utters a closing implicative repetition of *no* in line 6. Following Rob's self-repeat *never mind* in line 9, there is no further substantial talk on topic. Les utters a terminal component and closes the sequence with *anyway I will let you go* (line 12).

(3.15) Holt.5.88.1.5.nevermind (telephone)

```
1    Rob:  you know she's very .hh sometimes she's quite
2          helpful and other times I feel you know I don't
3          know where I stand with her
4    Les:  no
5          (0.2)
6    Les:  no no
7    Rob:  never mind
8          (.)
9    Rob:  never m[ind
10   Les:         [no
11         (0.3)
12   Rob:  anyway (.) I will let you (0.2) [go
13   Les:                                  [oh yes
```

Self-repetition is also found in repair resolution where the speaker is repeating an earlier turn of their own, as shown in extract 3.16.

(3.16) BATHROOM 4431CHAm (from Curl 2005)

```
1    Ann:  you in the bathroom
2    Ben:  huh
3    Ann:  you in the bathroom
```

In 3.16 Ben utters an open class repair initiator *huh* (line 2) and Ann repeats her earlier turn, accomplishing the repair sequence.

Other-repeats: When an interlocutor repeats a co-participant's turn, or part of their turn, with a questioning, high rise-fall intonation (Benjamin and Walker, 2013) this acts as a repair initiator as shown in extract 3.17.

(3.17) York-NJC (Adapted from Benjamin and Walker, 2013)

```
1     Bel: who directed [it ]
2     Amy:               [was] naff
3          (0.3)
4     Bel: [is it-]
5     Amy: [Ja:mes] Cameron
6          (0.2)
7     Bel: James (.) James Cameron?
8     Amy: I think no it can't be he did Titanic didn't he
```

Bella and Amy are attempting to recall the name of a film director and Amy (line 5) offers *James Cameron* as the candidate answer. Following a pause, Bella repeats the name with question intonation which operates as a repair initiator.

Repetition is a common feature in typical (non-impaired) interaction. Repetition has been shown to be used in closing a sequence of talk (Curl et al, 2006), confirming understanding or clarifying misunderstandings and mis-hearings (Schegloff, 1997) or as a way to resist a question (Bolden, 2009). By repeating the question in turn initial position, the slot for doing an answer (Sacks, 1992) is taken up, allowing the speaker to divert the trajectory of the talk (Bolden, 2009).

Tannen (2007: 77) noted that repetitions are often found at the boundaries of discourse, for example, at the topic openings and also 'forming a kind of coda'. Curl et al (2006) defined identical lexical repeats as 'doubles' finding that, with distinct prosody, they act as a device for closing a sequence (see Extract 3.15 above). Further functions of repetition in typical conversation include emphasis, humour and as a device to stall or hold a turn (Tannen, 2007).

There has also been a great deal of attention given to formulaic language, repeated phrases which occur regularly in talk, such as idiosyncratic expressions, culturally familiar idioms (Wray and Perkins 2000; Wray, 2002) and even phrases from TV shows brought into everyday conversations, creating intertextuality in conversation (Tovares, 2005).

What is repetition? The types of utterances which actually constitute repetition have been defined in various ways. As mentioned above, Curl et al (2006) define 'doubles' as clausal repeats uttered with specific phonetic characteristics, following one after the other. Schegloff (1997: 525) classifies the repeats used in repair initiations as 'more or less strict…not paraphrase'. Tannen (2007), on the other hand, includes in her classification of repetition the re-wording of the sense of the utterance. The category of repetition used in this thesis is modelled on Tannen's definition, which seems to more closely relate to the potential for *perception* of repetition.

3.9. The negotiation of epistemics in social interaction

The negotiation of epistemics is central to how people conduct their social interaction. Robinson (2013: 262) describes epistemics, quite simply, as 'what interactants know about each other's knowledge'. How people share knowledge, and how they *know* what they share, has long been a question pondered by scholars interested in interaction (Goffman, 1983; Clark, 1996; Stivers, Mondada and Steensig, 2011a). However, the scope of epistemics does not (necessarily) involve the cognitive state of knowing or not knowing something, but rather, refers to an individual's authority to access 'bodies or types of knowledge' (Drew, 1991: 45). That is, epistemics relates to what each individual in conversation is entitled to know, share or assess. The example below reveals how interlocutors have differing epistemic rights to access knowledge and responsibilities relating to how they use or share that knowledge (Stivers et al, 2011b).

(3.18) [NB:IV:10:2] (From Heritage and Raymond 2005)

```
1     Lot:  h hJeeziz Chris' you sh'd see that house
2           E(h)mma yih'av ↓no idea.h[hmhh
3     Emm:                        [I bet it's a drea:m.
```

In extract 3.18, two women discuss the home of a mutual friend. Lottie has recently visited the house but Emma has not been there in person. Lottie's exclamation begins with 'oh jeeziz' which marks the forthcoming announcement as out of the ordinary. She continues to produce an assessment of the house as something *Emma should see*. This statement by Lottie firstly displays that the house is something special (in a positive way it turns out) and secondly that Lottie herself has first-hand experience of it. Emma affiliates with the assessment but since she has not seen the house for herself she has no direct access to information with which to assess it. Emma, therefore, modulates her assessment by prefacing her turn with 'I bet' (line 3) which shows that she is aware of the difference in entitlement between her own knowledge, perhaps based on hearsay, and that of Lottie who has recent, first-hand experience of the place. We will return to this extract as we build the argument for the way epistemics is oriented to by interlocutors in conversation.

We can begin to see in the extract above (3.18) that what interlocutors know in relation to one another, their authority (Heritage, 2012a) and the presuppositions (Van Dijk, 2014) they can make regarding mutual knowledge (common ground, §3.9.1), are managed in the design of each turn at talk. The practices of turn design (§3.9.2) relate to sequential placement in the overall discourse and to the lexical choice each interactant makes on a turn by turn basis. Robinson (2013) argues that it is the management of epistemics in conversation which underpins our understanding of what co-participants are doing with talk; what actions their turns are designed to fulfill, for example, repairs, challenges or disagreements (§3.7). It is epistemics that helps speakers to shape these actions and recipients to understand and recognise a particular action.

3.9.1. Common ground

The context in which a conversation takes place includes a wide range of factors including the physical surroundings, the roles of the interlocutors (who they are in relation to each other), the words uttered in the conversation and paralinguistic factors including intonation, facial expression and gesture. The notion of context is common across many disciplines but is, as Clark (1996: 92) points out, rarely defined, instead relying on 'our intuitions about the circumstances of each utterance'. Clark (1996: 93) offers a theory of common ground as a basis for understanding context which he defines thus: 'two people's common ground is, in effect, the sum of their mutual, common, or joint knowledge, beliefs, and suppositions'. Van Dijk (2014) shares this view of common ground and specifies a 'context model' based on shared experience, perceived in a common socio-cultural community. So for interlocutors to make sense of one another, they must produce and process their talk based on some common ground.

Common ground can range from communal to personal. In a broad sense, common ground is the mutual knowledge gained from being a member of a community. Clark (1996) states that football fans, for example, share a cultural community and members can assume knowledge relating to football is universal among them. This expectation is based not on the members knowing each other, but on individuals' experience of being a football fan.

Personal common ground, according to Clark (1996: 112), is 'based on joint personal experiences'. The crucial difference here lies in the fact that the individuals experience an event jointly. Unlike a community of football fans who may simultaneously, but individually, watch a game, a joint experience will be entered into collaboratively with awareness between participants that they are adding to their joint knowledge. That is, each individual is adding to their own knowledge and they are aware of the mutual experience and knowledge gained by their co-participant(s).

Discourse record: A factor in common ground is the awareness of co-participants' developing state of knowledge as new experiences build. In addition to knowledge of events, an ongoing record of spoken interaction also contributes to the context. As a sequence of talk progresses, typical participants maintain a record of the information

that has accumulated. Van Dijk (2014: 54) describes this process as a 'knowledge device' enabling participants to calculate the current state of knowledge, managing the information that has been given and received. Clark, similarly, describes how knowledge presupposed, expressed and acquired, is regulated on what he terms a 'discourse record' (1996: 54). Each subsequent turn at talk is designed on the basis of what has gone before and what a co-participant needs to know to understand the ongoing talk (Heritage, 1984a). The concept of *turn design* and the practices for negotiating epistemics will be discussed in more detail below (Drew, 2013; §3.9.2).

Contributing to the discourse record is an ongoing process in conversation and interlocutors monitor the sequence of talk, the utterances produced and received. But simply producing an utterance does not, in itself, guarantee that the co-participant has heard or understood. Without evidence of understanding, interactants cannot be sure of their common ground. This evidence is monitored in the subsequent turns at talk. If it appears that the co-participant has understood, then the contribution can be considered as *on record* and the interlocutors can continue on the assumption that the utterance is now 'grounded' in their discourse record (Clark and Schaefer, 1989). Clearly, individuals can never be sure of how the other has understood their intended meaning, but based on the evidence that subsequent turns deliver, interlocutors accept the evidence 'sufficient for current purposes' (Clark and Schaefer, 1989: 262) so that interaction can progress.

Levels of access: In the introduction to §3.9, we began to set out the concept of rights and responsibilities to knowledge which we now consider further. In section 3.9.1, we have discussed concept of common ground and how interlocutors can make assumptions of shared knowledge and keep track of developing shared knowledge by means of grounding a conversational contribution in the discourse record.

Common ground involves knowledge shared between interlocutors, however, each individual has differing rights to access particular knowledge. This is governed by their authority to know about events; as Heritage proposes, 'the thoughts, experiences, hopes, and expectations of individuals are treated as theirs to know and describe' (2012a: 6). We will now discuss in more detail how co-participants orient to their relative rights of access to information about events.

Pomerantz (1984a) noted that in order to produce an assessment of an event, a participant must have experiential access. Equally, those with an entitlement to a specific body of knowledge, for example medical professionals, have 'warrantable rights or entitlements over the possession and use of certain kinds of knowledge' (Drew, 1991: 45). Labov and Fanshel (1977) set out the relation between events and their participants in a set of possible 'epistemic constellations' (Koole, 2012: 1903). The three alternatives we are concerned with, taken from Labov and Fanshel (1977: 100) are:

A-events	Known to A, but not to B
B-events	Known to B, but not to A
AB-events	Known to both A and B

In terms of authority over the details of events, A has authority over A-events but not B-events whilst A and B have equal authority over AB-events since they have shared experience of such. In this case, it is clear to see who will have rights to make assertions or answer questions on a given event. However, knowledge distribution is more complex; A may have knowledge relating to a B-event but not 'first order' (Heritage and Raymond, 2005: 17) experience of it. This then, gives A limited rights to make assertions about the B-event, and such assertions will be presented in relation to the epistemic primacy of B (Stivers et al, 2011b). Heritage and Raymond (2005: 17) refer to this limited access as a 'second-order' event. Certain practices are employed in interaction to mark individuals' epistemic stance, that is, to display whether they have primary access through their own experience, or secondary access such as when one is told about an event. These practices are pervasive in the design of turns at talk (Drew, 2013). Accounting for epistemic access is a 'publicly observable social and interactional phenomena' (Koole, 2012: 1904) and is crucial to how we make sense of one another.

3.9.2. Turn design

Turn design is an 'immense and complex' phenomenon (Drew, 2013: 134) which is interrelated with the management of epistemics (Robinson, 2013). Drew describes turns as being designed for the position in which they occur in a sequence, to whom they are addressed and for what action they are to deliver. By action, conversation

analysts refer to events such as greeting, apologising or acknowledging. Each contribution creates a developing context in the conversation, which is then reflexively used to design subsequent turns. Heritage (1984a: 242) describes this feature of turn design as 'context shaped and context renewing'. Every turn at talk will be designed to fit coherently within the current sequence of conversation and interlocutors will ensure their conversational contribution is grounded in epistemics. As turns are fitted contiguously (Drew, 2013; Sacks, 1987), part of that knowledge is accumulated in the prior turns at talk within a sequence. The position of a turn in a sequence is crucial to how it is to be understood by the recipient. Practices for displaying epistemic stance are ubiquitous in conversation (Koole, 2012). The meaning of an utterance, the intended action, is provided by the turn design in relation to what the speaker knows about the recipient and the position of the turn in the sequence of talk (Heritage, 2013a).

Sequence: Utterances, with the exception of opening turns in a conversation, always follow some prior turn and are built and understood in relation to what has gone before (Drew, 2013). Evidence (for both speakers and analysts) of how a recipient has interpreted an utterance lies in how the prior turn is treated; what he or she does next. In extract 3.19, Sheila opens the telephone conversation with *hello*. In line 3, Sheila produces a single word turn *yah*. What is meant by *yah*, is presumably *yes, I'm Sheila* and is understood by Monty in relation to his prior turn (line 2), a question-intoned query as to her identity.

(3.19) [MDE:MTRAC:60-1:2:R:1-2]

```
1     Sheila:    hello:?
2     Monty:     Hi: Sheila?
3     Sheila:    ↑YA:H<
4     Monty:     How are you.
5     Sheila:    ↑FI:NE.
```

Sheila, in her turn (line 3) demonstrates that she has understood Monty's prior turn, not as an address term *Hi Sheila!* but as a question, *Hi, Sheila?* We as analysts, and more importantly, Monty as a conversationalist, can be reasonably sure that Sheila understood his turn (line 2) as a request for confirmation of her identity by the fact that she responded with *yah* (yes) in answer to his question and did not respond by

returning his greeting with, for example, *Hi!* Similarly, Sheila's utterance, in line 5, is a single word *fine*; it stands alone – the subject and verb phrase are elided. Monty understands this utterance as it is produced contiguously with his health enquiry (line 4). The projection of the meaning of Sheila's turn is, thus, contingent upon the prior turn design *how are you*.

So each utterance is designed to show how it relates to prior talk. Indeed, if it does not relate to what came before then that, too, will be displayed in the turn design. As we can see in extract 3.20, certain features are built into a turn when a sudden topic shift occurs in order to account for the epistemic position of the co-participants at that stage in the sequence.

(3.20) Field: X(C):1:1:1:4 (From Drew, 2013)

```
1      Les:  so he had a good innings
2            did[n't he
3      Mum:     [I should say so: yes
4            (0.2)
5      Mum:  Marvellous
6             (0.2)
7      Les:  .tkk .hhhh anyway we had a very good evening
8            on Saturday … we went to north Cadbury and
9            Gordon came too
```

In lines 1 to 5 Lesley and Mum are closing a sequence and after a pause of 0.2 seconds, Lesley begins a new topic in line 7. Lesley's turn is not fitted to, or contingent upon, the prior talk and this is marked in the way she produces her turn with a turn-initial click, long in-breath, the contrastive lexical item *anyway* and increased amplitude (shown in bold type). These features have been systematically shown to mark junctures of talk-in-interaction, for example, Wright (1985) found turn-initial clicks to indicate a new sequence of talk, while an increase in amplitude of turn-initial elements has been shown to display a change in topic (Levinson, 1983). By considering what a co-participant has experienced within the current conversation, through the contributions which have been grounded, such matters as a topic shift can be managed by displaying how the current turn is contingent upon or detached from its immediately prior turn (Drew, 2013).

Structure: In order to convey the precise meaning of a turn, interlocutors very carefully select the resources with which to build their turns. This aim for precision is revealed in repair operations (Jefferson 1974; Kitzinger, 2013) that interlocutors carry out on their own talk. They can (and do) make 'small but significant adjustments to alter the design of their turns' (Drew, 2013: 134).

A significant resource in the build of turns is the selection of lexical items (others include intonation, hesitation and gesture). From the first word of an utterance, the recipient can begin to project how a turn will develop. For example, a turn initial *well* (Heritage, 2013b) shows how the current turn links to the prior by indicating an upcoming disagreement or problematic stance towards what has just been said (Schiffrin, 1987; Schegloff and Lerner, 2009). Every turn will be built to display a relation to the prior talk, project how it may be receipted in the next turn and deliver the action of the utterance. Actions will be displayed and interpreted based on the 'epistemic stance encoded in a turn at talk' (Heritage, 2012a: 7).

We will now consider, in more detail, the earlier extract (3.18) re-produced below as extract 3.21. Now we can see that Lottie's turn-initial component *Jeeziz Chris'* is setting up Emma's expectation that what will follow will be, in some way, extraordinary.

(3.21) [NB:IV:10:2] (From Heritage and Raymond 2005)

```
1    Lot: h hJeeziz Chris' you sh'd see that house
2         E(h)mma yih'av ↓no idea.h[hmhh
3    Emm:                        [I bet it's a drea:m.
```

Lottie's turn (lines 1 and 2) delivers a positive assessment of the house she has visited. The assessment is built with the turn initial exclamation, and a directive that *Emma should see the house* and a declarative form, that *Emma you've no idea*. Lottie does not seem to intend that Emma actually visit the house but formulates the turn to be understood as a positive assessment. Seemingly minor differences, or granularity (Schegloff, 2000), in turn design can have a major impact on the way a speaker conveys their meaning, for example, the difference between *that house* and *the house*. Lottie's choice of the determiner *that* sets the house apart from other houses, and

together with the phrase *you have no idea*, the turn is built to convey that this is no ordinary house. Phrases such as *you should see it* and *you have no idea* are idiomatic and as such can be understood by recipients, not in their directive or declarative form but as a social action, in this case an assessment. Robinson (2013) suggests that recipients understand actions such as assessments based on epistemics, including common ground, general knowledge and the current sequence of talk.

We can take it that Emma understands this turn design to project a positive assessment by what she does next. In line 3, Emma produces an agreeing, positive assessment of the house. We will briefly discuss the work of Pomerantz (1984a) on assessments to understand how Emma's turn is sequentially fitted to the prior turn to show agreement. Pomerantz (1984a) investigated instances of pairs of assessments and found that in agreeing with a first, positive assessment, the next speaker would, commonly, produce a second assessment of equal or upgraded value. Extract 3.22 is from a conversation in which the interlocutors are physically co-present, an AB-event in Labov and Fanshel (1977) terms. The co-participants, Jan and Lil have joint and equal access to the event and, therefore, equivalent rights to assess.

(3.22) [JS.II.28] (From Pomerantz 1984)

```
1    Jan:   t's- tsuh beautiful day out isn't it?
2    Lil:   Yeh it's jus' gorgeous
```

To show strong agreement with the first assessment an upgraded evaluation is used as we can see in extract 3.22. Jan's assessment of a *beautiful* day is upgraded by Lil in her next turn as she constructs an assessment of the conditions as *gorgeous*. An assessment of equal value can display either weak agreement or may be used to preface a disagreement. Another important feature of turn design in extract 3.22 is the epistemic positioning done by Jan with the tag question *isn't it* in line 1. Through this turn design, Jan 'downgrade[s] the putatively primary rights to assess the referent that might attach to having gone first' (Heritage and Raymond, 2005: 22 note 7) and offers the sequential slot for Lil to respond in equal epistemic terms by confirming her agreement (line 2). Since Jan and Lil have equal access and equal authority to assess the event, through the addition of the tag question, Jan is mitigating her own epistemic authority in relation to Lil and achieves an epistemic balance between the two.

In Lottie and Emma's discussion of their friend's house (extract 3.21) Emma's assessment *I bet it's a dream* is in agreement with Lottie's positive assessment and is constructed to account for her epistemic access to the assessable. As stated earlier, Emma's use of the term *I bet* (extract 3.18) mitigates her entitlement to assess the house since she does not have direct knowledge of it. Pomerantz (1984a) noted that in order to be entitled to make an assessment, one must have participated or experienced the event. Indeed, in making an assessment, a participant is assumed to have primary access and epistemic authority over the event, the management of which is observable in participants' mitigations and 'declinations to assess' (Pomerantz, 1984a: 57) such as we have seen from Emma in extract (3.21), *I bet it's a dream*.

3.9.3. Managing epistemic authority

We have seen that turns are built to take account of their sequential position in a conversation. Heritage and Raymond (2005) propose that interlocutors work to maintain alignment of participants' mutual epistemic rights to produce statements. They refer to speakers' relative positions of epistemic authority being brought into alignment, that is, neither speaker will want to overstate or relinquish their rights. It has been shown that participants orient to first assessments in a sequence of talk as making greater claims on the authority of the speaker and that second assessments are routinely of lower authority (Heritage and Raymond, 2005). In some cases the sequential position of an utterance is not congruent with the actual access. As we saw in extract 3.22 above, when interlocutors discuss an experience in which they were co-present, one participant must necessarily produce the first turn. A state of imbalance will develop regarding the relative epistemic stance of the interlocutors in relation to their respective experiences, in which case they will take steps to achieve a balance.

Heritage and Raymond (2005) reveal that there is a range of practices available to participants to achieve epistemic congruence. Assessments are said to be a statement of experiential access, so only a participant with first-order experience can make a direct assessment (Pomerantz, 1984a). There are means by which a speaker may make an assessment of circumstances of which they have no direct experience, mediating their stance in relation to the experience with such terms as *I bet* or *I should think* but the person with primary access is entitled to confirm the other's assessment. By confirming, they maintain their epistemic authority as the person who has prior or

superior knowledge of the matter. Maintaining the congruence of epistemic authority can be achieved through downgrading a participant's rights through such practices as tag questions, or upgrading the status of participants who have primary rights by claiming epistemic independence as we will see in extract 3.23.

(3.23) JS:II:61 (From Heritage and Raymond 2005)

```
1     Jon:   We saw midnight cowboy Midnight Cowboy
2            yesterday- or [suh- Friday.
3     Eve:                 [Oh?
4     Lyn:   Didju s- you saw that, [it's really good.
5     Eve:                          [No I haven't seen it
6            Jo saw it a' she said it f- depressed her
7            ter[ribly
8     Jon:      [Oh it's [terribly depressing.
9     Lyn:               [Oh it's depressing.
```

We will briefly discuss some further practices which are available to manage epistemic authority by considering extract 3.23. Following Jon's statement about seeing Midnight Cowboy (lines 1-2), Lyn produces an assessment about the film, *it's really good.* In the next turn, lines 5-7, Eve states that she has not seen the film but has heard from a friend, Jo, that it had *depressed her terribly*. Eve has positioned her stance by carefully designing her turn to show that she does not have first-order access to the knowledge and accounts for her action by telling how she comes to have this information. In response to this both Lyn and Jon reclaim their authority relating to the fact that they have first-order access and, therefore, primary rights to knowledge about the film.

Firstly, Jon begins his turn, in line 8, with *Oh* which claims stronger rights (Heritage, 2002) and displays a 'change of state' (Heritage, 1984b) for the speaker. This change is in respect of re-positioning his authority over the event and the use of *Oh* is a 'systematic way of claiming that a speaker has independent access to, and already holds a position regarding, the referent' (Heritage and Raymond, 2005: 26). Secondly, in the same turn, Jon uses a partial repeat of Eve's prior turn *terribly depressing* which, according to Heritage and Raymond (2005), is another device for confirming that such an opinion was already held by the speaker. A repeat or partial repeat displays that the occasion of this sequence of talk has not brought about a new state of knowledge, but

this status was previously and independently held. In line 9, Lyn, too, employs the same practices of turn-initial *Oh* followed by a partial repeat of the prior turns in order to assert her independent epistemic status. Lyn's move positions her in primary authority relative to Eve in the matter of the film and also congruent with the epistemic status held by Jon.

3.10. Summary

This chapter has set out some of the key findings of CA that are central to the analysis of talk-in-interaction. We have also explored some ways in which repetition is used in typical (unimpaired) talk, including repair, intertextuality and in closing a sequence. A range of definitions of repetition in talk was identified, and an appropriate model selected for the foundations of analysis in chapters 5 and 6. This is based on Tannen's notion of ideational repetition that includes the rewording of the *sense* of the utterance (§3.8).

In §3.9 some fundamental concepts relating to epistemic management have been outlined. Epistemics does not relate simply to information, to knowing or not knowing certain facts, but to individuals' authority to access knowledge or bodies of knowledge relative to one another. The negotiation of epistemics, the rights and responsibilities regarding knowledge, is managed through conversational practices that regulate epistemic authority in relation to interlocutors' mutual experiences. This is observable in the design of each turn at talk, as epistemics underpins both the way we produce an utterance and how, as recipients, we understand what is said. Common ground is a facet of conversational context which is reflexively created in the shared knowledge of epistemic communities, personal joint experience and the state of a current sequence of talk. Each turn at talk is 'context shaped and context renewing' (Heritage, 1984a: 242).

Chapter 4 **Methodology**

4.1. Introduction

The approach taken in this thesis is applied Conversation Analysis (CA). The data-driven investigation employs the systematic, close looking of 'pure' CA (Ten Have, 2007: 174) and uses the accumulated findings of CA as a lens to understand the processes of this particular population: conversations with a person with dementia. Conversation Analysis (CA) is based on the assumption of ethnomethodology that the organisational practices, systematically used by participants in interaction, are there to be discovered by analysts through 'repeated and detailed examination' (Heritage, 1984a: 238).

In this chapter I will set out the methodological approach to the research design (§4.3), how the ethical considerations contributed to the research design and the reflexive process this took (Ten Have, 2007; Thompson and Chambers, 2012). Because the ethical considerations pervade the whole project, they are, therefore, referred to throughout this chapter since 'ethics' is not a discrete factor which can be considered in isolation from the ongoing research. The methods of data collection are discussed in §4.4, and §4.5 provides an overview of information pertaining to the conversational participants. §4.6 describes the process of transcribing the naturally occurring conversations and in §4.7 we examine the preliminary analyses and collections of phenomena that led to the subsequent focus and findings which are to be found in chapters five to eight. Firstly, we will consider why it is important to study the lived experience of dementia.

The challenge of dementia, in all its forms (see §2.4), is wide-ranging on both a global and personal scale. The increasing numbers of people diagnosed with dementia globally is critical (WHO, 2012) and while medical treatments and preventative measures progress it is important for those living with dementia to have access to the best advice on care and 'living well' (DH, 2009). It is vital that we extend the knowledge about caregiving and socialising with people with dementia through further research to have the greatest impact on the well-being of people affected by dementia now and in the future.

4.2. The lived experience of dementia

Owing to earlier diagnosis and better understanding of the condition, there has been a move toward recognising the importance of maintaining abilities, quality of life, and independence for people with dementia (Quince, 2011). This has led to an increased research focus on the competence of people with dementia, rather than on loss of faculties, for example the discursivist approach to dementia described by Müller and Schrauf (2014). Nevertheless, a deficit approach to the progression of dementia and findings of retained abilities are viewed as reinforcing 'a stereotypically based set of assumptions' relating to ultimate decrement (Coupland, Coupland and Giles, 1991: 3). This thesis, therefore, follows the approach of Coupland et al (1991), which they relate to healthy gerontology, and adopts a competence paradigm in relation to the talk-in-interaction of people with dementia. While I do, of course, acknowledge that cognitive decline is a characteristic of dementia, the analysis will take the approach of assuming competence and purpose in the production of talk by the person with dementia. Rather than describe features of her talk in terms of incompetence, we consider the 'pervasively relevant issue' which relates to typical (non-impaired) interaction: the question "why that now" (Schegloff and Sacks, 1973: 299, see §3.2), and apply this to the turn design of the person with dementia at the centre of this study. For example, repetition of questions by a person with dementia is often described as *excessive* (Hamilton, 1994), but this thesis challenges this view as being formed from the aspect of typical interlocutors; for the person with dementia, whose access to certain information may be impaired, a repeated question is, surely, <u>not</u> excessive.

In order to gain access to families' experiences of living with dementia it was necessary to develop a multi-method, qualitative approach. The primary intention was to capture the everyday interactional practices in 'naturally occurring situations' (Silverman, 2001: 159) rather than participants' perceptions or reflections of those practices. It was, therefore, decided that the primary data would be spontaneous interaction, recorded without the researcher present, in order to provide the most naturalistic data possible (see §2.8 for discussion relating to the 'virtue of material where the researcher's active role is minimized' (Potter, 2002: 539).

A further consideration for the type of data was that, ideally, recordings would be obtained from people living in the community, remaining in their family home, primarily with family or spousal caregivers. The majority of those living with the condition around the world are cared for in the family home (WHO, 2012) and in the UK it is hoped that increasing numbers of people will be able to maintain some independence and live at home for longer or even to the end of life (NHS Choices, 2015). In addition, findings from research with community and family-based participants may be applied to good practice for those cared for in institutional settings and dementia care wherever it takes place.

Secondary data was to be collected in support of the primary analysis to gain insight into the role of caregivers, facts pertaining to the family and provide possible foci for analysis. This was in the form of:

- demographic questionnaires with all conversational participants
- audio recorded, semi-structured interviews with caregivers
- ethnographic observations gained through my experience working and volunteering with people with dementia

The initial aim of the project was to collect recordings of naturally occurring conversations between dyads made up of a person with dementia and a regular caregiver. It was intended that up to six dyads would take part, each recording for 20-30 minutes per day over a week. Since the aim was to capture conversations in naturally occurring situations, the timing and frequency of recordings would not be specified in advance but would be controlled by the participants who would operate the recording devices at their convenience. The recruitment of participants would continue until data saturation was reached. Following feedback from members of the Alzheimer's Society (discussed in §4.3.2), the data actually collected for the project involved one person with dementia with multiple conversational partners in a range of settings (see §4.5.1 and table 4.2). In §4.3.2, I will set out how the feedback from members resulted in the adjustments to the proposal and the change in actual data collected.

4.3. Research design

The ethical considerations and the research design were arrived at through a cyclical and reflexive process (Ten Have, 2007; Thompson and Chambers, 2012). The stages of recruiting participants were planned in detail so that potential participants could be fully informed and supported in making a decision whether or not to take part in the research. The manager of the local Alzheimer's Society was consulted at an early stage of the research design to be sure that the project was suitable to be offered to their members. With written support from the Alzheimer's Society (appendix 1), I sought approval from the University Ethics Committee for the initial proposal. Following a query relating to data storage (see §4.3.3), ethical approval was obtained (REF UC/3/9/12/LL, appendix 2) and I was ready to take the project to the members of the Alzheimer's Society.

During the first six months when the project was being prepared and approved by the Ethics Committee, I gained experience of working with people with dementia. I volunteered each week at a reminiscence programme with a NHS memory clinic as well as at Alzheimer's Society 'dementia cafes' and singing groups. These volunteering commitments were time-consuming but very worthwhile. As Guendouzi and Müller (2006) point out, this period of preparation is time well spent in building relationships and gaining trust in the speech community under investigation. Saville-Troike (2003: 89) also explains that 'the researcher can develop a deeper understanding of the culture under study by adopting a functional role and becoming a participant' in the community. As I gained a deeper understanding of the lived experience of people with dementia and their families, the members of the group came to know that I had some understanding by my participation in these groups, not simply as an observer. When I obtained ethical approval to proceed with data collection, I felt I had become a trusted member of the group; I had got to know the individuals, they greeted me warmly and we would enjoy chatting during the coffee breaks.

4.3.1. Recruiting participants

Following discussions with staff at the Azheimer's Society, it was decided that a 'Singing for the Brain' group would be an ideal place to begin approaching potential participants since the members were mostly at the 'early to moderate stages of

dementia' (Alzheimer's Society, 2013: 108) and would be likely to retain capacity to make an informed decision. Also, the singing groups were attended by couples, very often a person with dementia and their primary caregiver, which was the target dyad. I was informed that most of the people attending the singing groups are 'self-referred' which meant that they would be suitable for inclusion in the project. Those referred through the NHS or receiving other, related NHS intervention[1], were excluded from the project since additional NHS ethical approval would have been required.

Whilst stringent safeguards must be in place to protect people being harmed by research, it is important that people with dementia are not unfairly excluded from research. The Nuffield Council on Bioethics (2009: 141) stated that procedures that make it difficult for people with dementia to participate in research are discriminatory; they can 'prevent people with dementia from acting altruistically when they have autonomously expressed a wish to do so, and would reduce the chance of better treatment and care both now and in the future'. One challenge of including people in research, who may have reduced capacity, is in assessing whether they have capacity to make an informed decision when gaining consent. The consent procedure I followed aimed to inform and support the person in a range of ways to make their own decision if at all possible. The Mental Capacity Act (MCA) (2005: 1, part 1) Principle 2 states that 'a person must be assumed to have capacity unless it is established that he lacks capacity', it should not be assumed that a person lacks capacity simply because they have a particular medical condition. Principle 3 goes on to state that all practicable steps must be taken to provide support for the person to make their own decision whether or not to participate in a research project. Written information was provided in an accessible format following the guidance of the Easy Read information (Department of Health (DH), 2010). Following this process helped to 'clarify the key points' and 'identify the simplest way to say it', making the message 'more accessible to everyone' (DH, 2010: 10).

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[1] Health interventions which did not relate to dementia did not constitute a criterion for exclusion from the research project.

The documents produced for this study are detailed below:

- Information sheet for Alzheimer's Society staff   (appendix 3)
- Information sheet for potential participants   (appendix 4)
- Demographic questionnaire   (appendix 5)
- Consent form   (appendix 6)

The first stage of recruitment was to inform the staff and volunteers of the Alzheimer's Society about the project so that they could help to identify suitable potential participants and support an informed process of recruitment. The information sheet for Alzheimer's Society staff (appendix 3) was distributed among all staff and volunteers at two singing groups as well as discussing the project with them verbally. Following this, the members were approached by me and information sheets (appendix 4) given to anyone who was provisionally interested in taking part. It was important that this process was not rushed. People with dementia and their caregivers were given the opportunity to ask questions about the project and their potential involvement and were given time to take the information sheet home to consider and discuss before the next (weekly) meeting. The information sheet also included contact information for me, as well as my supervisors, should any potential participant have any further queries. It was agreed with the Alzheimer's society that a member of staff would be available, if required, to assist with the recruitment process and a room would be made available where meetings could take place to discuss the project and obtain informed consent. This would provide a private, neutral venue for discussions rather than visiting the participant's home or asking them to meet at an unfamiliar site such as the university, which could, potentially, create difficulties or cause distress to the participants (Frith and Gleeson, 2012).

4.3.2. Feedback from potential participants

The response from those early meetings with Alzheimer's Society staff, volunteers and members was extremely positive. Everyone expressed the importance of such research and how it addressed concerns that they were experiencing. However, not one participant had agreed to take part in the project. Mindful of my assurance that participants would not be coerced into taking part and were free to decide whether or not to participate, I asked some of the members for feedback on the project. I requested

that some members would comment on aspects of the research design which they felt would affect the decision of future participants whether or not to take part. Boyce (Lancet news audio archive, 2013) states that research which aims to benefit people in the real world works well 'when you get the input of service users'. By involving the members of the Alzheimer's society in contributing to the design of this research project, I have gained valuable insight (DH, 2010) and offered a role to those who expressed interest in the project but, for various reasons, could not take part. Sabat (2003: 10) notes that involving people affected by dementia in our 'research endeavors' not only improves the quality of the research but can demonstrate that we value their opinions and this can also 'add to the person's sense of well-being [and] of self-worth'.

The following is a summary of the comments received from the members:

1   Poor hearing of either party or lack of conversation from the person with dementia was cited by a number of members

2   One couple cited health problems as a reason not to take part as it "took all their time and energy attending medical appointments"

3   Two couples who had expressed interest in the first instance declined due to the hospitalisation or death of their spouse

4   One couple explained that they were "very private people"

5   A member with dementia expressed interest in the project but his daughter felt that neither he or his wife (regular caregiver) would be able to operate the equipment

6   Members did not feel comfortable with the prospect of being recorded on video

7   Some members lived alone with no permanent caregiver

8   A number of people had recently been involved in a research project which had been very time-consuming. One couple also stated that they had been disappointed with the manner in which they were treated in a previous research project

In response to this feedback I considered how I might be able to adapt the design of the project:

1   The 'Information for Participants' sheet and my face-to-face discussion of the project needed to make clear that continuous verbal communication did not need to take place. The participants did not need to have lengthy conversations; mundane practices such as deciding whether to have a cup of tea, would be interesting. Equally, some hearing difficulty would not make the data invalid.

2   If members were coping with additional challenges to their health as well as caring for a person with dementia, I would not want to burden them further. Anyone with conditions known to the Alzheimer's staff had been filtered out of the process so had not been approached.

3   It is to be expected that natural attrition will affect this population.

4   Being a 'private person' may be a polite way simply to refuse to take part. Any potential participant has the right to decline participation.

5   For any members who did not feel comfortable operating the recording devices, I could have arranged to do this for them. This would have had an effect on the spontaneity of the data but was considered as one solution to obtaining data.

6   If video recording seemed too intrusive for the members then audio recording was offered as an alternative. Guendouzi and Müller (2006: 27) used a combination of video and audio recordings in their study of dementia, stating that for some participants, video 'can be perceived as more intrusive than audio recording.'

7   Although the casual conversation of a variety of callers would provide rich data, the practicalities of gaining informed consent from such participants would be prohibitive.

8   Participation in this project would not take up very much time at all. It needed to be made clear to potential participants that they would not have to spend any extra time on tasks for this study other than completing the consent forms. In regard to comments about negative experiences of taking part in research, this was a salutary reminder that participants are freely giving their time and effort to take part in research and they must be treated with dignity and integrity at all times.

Adjustments were made to the ethics proposal and the changes approved by York St John University Ethics committee. The most significant amendments were in regard to the data collection method:

- In response to the apparent perception of video recording as too intrusive, the data collection method was changed to offer either audio or video recording.

- Recognising that fewer dyads may be recruited than originally intended, the amount of data collected would be maximised by extending the amount of time that each dyad was willing to record.

- Through the information sheets for Alzheimer's Society staff and potential participants, as well as when talking to potential participants, I took further steps to make clear that any kind of everyday interaction would be suitable for the recordings. Participants could choose to record at any time of day while engaged in tasks or socialising and it would not matter if they were talking all the time or only a few words spoken.

- It was also stated that the researcher could attend the participant's home to operate the recording device if necessary.

While the drive for recruitment continued, I considered the prospect of compromising my aim of obtaining recordings of naturally occurring interaction and explored the possibility of engineering a 'naturalistic' scenario, such as a meeting or singing group, set up specifically for the research project. This option was not pursued as I soon recruited the first participants to the study: a mother (person with dementia) and son dyad who regularly attended one of the groups.

4.4. The participants

This section outlines particulars of the conversational participants in the study including information pertaining to demographics and relationship to the person with dementia (§4.4.1). §4.4.2 sets out a brief life history of the person with dementia (details which were obtained from the caregiver interviews) and §4.4.3 is a summary of her communicative profile.

4.4.1. Demographic information

The two participants who initially agreed to take part were a woman (referred to as 'Dana') who was 88 years of age and living in her own home, and her primary caregiver (her son, referred to as 'John'). The names of all participants have been anonymised. Following the initial meeting with the dyad, in which I obtained demographic information (appendix 5) and written consent (appendix 6), further conversational participants from the family and community agreed to take part. This provided the opportunity to gather a unique data set with the person with dementia in conversation with a wide range of conversational partners in a variety of settings.

Demographic information was collected from each of the participants (see questionnaire, appendix 5) this data is summarised in table 4.1. Additional information not shown in the table was collected: all participants identified themselves as white British and only Dana had received a diagnosis relating to memory problems (Alzheimer's disease). All participants consented to being recorded, and in the case of the two grandchildren who were under 18 years of age, their assent was obtained inline with guidance of the Medical Research Council (2016). In addition, a parent signed to give consent for the minors' participation in the study.

Table 4.1 Participants' demographic information

Participant pseudonym	Relationship to person with dementia	Role	Age at time of recording
Dana		Person with dementia	88
John	Son	Primary Caregiver	61
Maureen	Daughter-in-law	Caregiver	59
Emma	Granddaughter		33
Mick		Visiting chiropodist	51
Hal		Hairdresser	
George	Son	Caregiver	50
Trudy	Daughter-in-law	Caregiver	
Chloe	Granddaughter		15
Barney	Grandson		13

4.4.2. Dana's life history, in brief

It is necessary to provide some background information about Dana and her family to help understand some of the extracts of conversation that appear in the data analysis chapters (5 to 8).

Dana was born in Belfast, Northern Ireland in 1924, the eldest daughter of eight siblings. She has four sisters and two brothers, one now deceased. Dana met her husband (referred to by the pseudonym "Teddy") in Belfast when she was working in the Café Grande. He was a sailor and they married in England in 1943, when Dana was nineteen years of age. Teddy continued to serve in the Royal Navy and Dana worked in a munitions factory with other 'girls from Belfast'. Dana and Teddy had five sons, the eldest born in 1946 and the youngest in 1962. They were all brought up in a town in the north of England, in the same house where Dana was still living at the time of recording. Dana's two eldest sons died suddenly each aged 61, in 2007 and 2008. This was a difficult time for the family as Dana had been experiencing increasingly severe memory loss prior to 2007 so the news of the death of her sons needed to be repeatedly delivered and was received each time as a shock. In 2007 she received a diagnosis of Alzheimer's disease and continued to be assessed by the consultant regularly every six to nine months for approximately five years. She was prescribed medication in an attempt to moderate the progression of Alzheimer's disease.

The respect that the family and others hold for Dana is evident from the recorded conversations, the caregiver interviews and on the occasions I have met Dana with members of her family. This, I thought, was perfectly summed up by Dana's daughter-in-law who said "she is a special lady – always worked and helped all of us".

4.4.3. Dana's communicative profile

As may be expected in the mid stages of dementia (Hamilton, 1994; Jones, 2012), the basic tools of conversation remain intact for Dana. Hamilton (1994) showed in a longitudinal case study that the skills of turn-taking and initiation of repair were present well into the advanced stages of dementia. Jones (2012) also noted that, in the mid to late stages, although cognitive impairment was increasingly apparent, and short term memory was affected to the extent that the person with dementia could often not recall actions and conversation even for a minute or two, the routine conversational devices of greeting and turn-taking were found to be present. Even more sophisticated phenomena, such as marking conversational openings as urgent, were observed (Kitzinger and Jones, 2007). Both Hamilton and Jones found that skills were improved in situations where the interactant's motivation was strongest, when they were expressing their own needs and desires in connection with meals (Hamilton, 1994) and requesting to return home (Jones, 2012).

In the audio data collected, Dana's conversational skills are often found to be similar to those of a typical interactant. She demonstrates some sophisticated mechanisms for maintaining conversation, as discussed in chapter 7, and responds to subtle conversational practices. In common with other studies of dementia interaction (Mikesell, 2009; Davis and Maclagan, 2014), any casual observer of these data would not easily recognise that Dana has a diagnosis of dementia; it is generally over longer sequences of talk that her memory impairment becomes apparent as repetition and self-contradiction is revealed. Furthermore, there are instances where the common ground underpinning the talk is in conflict with the reality of the setting (Lindholm, 2015, §2.4). For example, Dana expressed surprise that her son did the cooking when he, in fact, cooks her meals daily as part of his caregiving role. However, this type of incongruence would not be apparent in the talk unless the conversational partners made it explicit, which they rarely do. In such cases, the analysis goes beyond the

boundaries of CA, and is informed by data collected from caregiver interviews and knowledge of Dana's routine through meeting with her and her family.

Many of the stereotypical characteristics of the language of a person with dementia are not noticeably present in Dana's conversation. For example, there were few problems of lexical access or instances of circumlocution. However, the atypical practices of 'excessive' repetition and confusion, which are common to many sub-types of dementia (Perkins et al, 1998; Shakespeare, 1998; Orange, 2001 and Banerjee, 2009), were observed throughout these naturally occurring, everyday conversations with Dana.

4.5. Data

The primary data for analysis in this study was to be recordings of naturally occurring, everyday conversations between a person with dementia and a conversational partner. Details of the actual conversational data collected are set out in §4.5.3 and table 4.2. In addition to this it was acknowledged that my experience of working and volunteering with people with dementia and caregivers would inform the focus and, to some extent, the procedures followed in the research. Notes relating to my ethnographic observations, therefore, form part of the data set. Permission was given by the Alzheimer's Society to record anonymised observations (see Appendix 7 and §4.5.4). Further data were collected in the form of semi-structured interviews with caregivers; details may be found in §4.5.5.

4.5.1. Data processing and storage

The aim for saturation of conversational data was maintained. In terms of CA projects, several hours' data would be a large corpus, for example, previous studies of dementia interaction have been based on recordings of two hours (Jones, 2012); four hours, 24 minutes (Hamilton, 1994) and seven hours (Mikesell, 2010b). Owing to the highly detailed analysis carried out in CA studies and the ability to observe and revisit the recorded interactions, even small amounts of data can provide abundant opportunities for investigation.

York St John University Ethics Committee raised queries regarding storage of data, in particular the length of time the recordings could be retained, following transcription.

Originally, the ethics committee had requested that only transcripts would be retained after transcription and that the audio would be destroyed. However, I was able to provide evidence from conversation analysts (Antaki, Gardner, Kindell, Speer, Stokoe and Wilkinson: personal email communication, 2012) in support of the retention of the audio data. It was argued that working copies of the data could be retained by the researcher for this and future projects. It is a common practice within conversation analytic research that recorded conversations are retained and revisited repeatedly for a range of purposes (Ten Have, 2007).

The working copies of the recordings have been retained in accordance with the consent given by the participants (appendix 6) and the principles of the Data Protection Act (1998). Sensitive information was removed from the audio recordings prior to storage, for example, private information relating to medical or financial matters or personal details of people mentioned in the talk (who may not be consenting participants). In CA research it is important to be able to re-visit the audio recorded data since analysts may wish to inspect such detail as intonation, overlapping talk and silence and not merely the content of the talk such as topics and themes (Ten Have, 2007). Not only was it important in the current project to be able to access the original recordings, but this rich form of data could provide a range of research foci in the future. I also highlighted the ethical stance that a researcher's duty to their participants includes maximising the utilisation of the material, which has been collected in good faith (Gardner, personal email communication, 2012).

4.5.2. Triangulation of data sources

Ten Have (2007: 77), in discussing the potential benefits of contextual information in support of conversational data, cites a particular study (Finkel, 1989) in which the conversational sequences made no sense without contextual information. The call-takers in this example were working through a call guide so that their questions were ordered to meet bureaucratic requirements. The analyst needed sight of this guide in order to make sense of the audio-recorded calls. On a number of occasions, I have been present at workshops and data sessions in which similar questions have arisen, what is it that the person in the video is pointing at / referring to? Have you a copy of the form they are completing? Is there another person in the room? I felt that such questions can leave the analysis incomplete or invalid and, in order to avoid this

happening in my own analysis, I would make notes of questions which arise from the audio recordings and consult the family at a later date. I visited Dana's house frequently, where I would meet Dana and her son to download the recordings. We would discuss how the recording had gone and if there were any issues, for example, problems with the device, non-consenting interlocutors being recorded or private, sensitive information being revealed which the participants would prefer to have deleted. These visits allowed me to communicate with Dana and John and I also carried out a semi-structured interview with the primary caregivers (John and Maureen) which helped to answer some specific queries. In addition, Dana and John allowed me to make notes about the layout of the ground-floor of the house (Appendix 11), details of which, became relevant in the talk. Triangulation of the data sources in this study, verifies claims arising from the conversational data and affords integrity to the findings (Spencer and Ritchie, 2012).

4.5.3. Quotidian conversations

The conversations were recorded on a portable audio recording device (Edirol R-09) using 16bit WAV format. This high-grade format allows the sound files to be manipulated to achieve improved clarity where necessary and, thereby, improve the accuracy of transcription. The device was relatively simple to operate and was demonstrated to the participants then left with them to record at their convenience. The recorder contained a memory card of 8GB capacity. I visited Dana and her son at home periodically to exchange the memory card. The device ran on rechargeable batteries allowing up to 200 minutes' of recording time, giving ample flexibility to the participants to carry the recording device with them on trips, or moving from room to room.

Since the aim of the data collection was to obtain as near possible natural conversations, it was explained to the participants that they could record any part of their daily life and interactions. I stressed that constant dialogue was not necessary and there was no need to do any special activities or discuss specific topics. The family recorded as they wished from November 2012 to January 2013, resulting in a total of 15 hours' audio data. Even though the audio recordings were naturalistic, it must be acknowledged that the participants were, of course, aware of the presence of the recording device and had control over when and where to record. On occasion, the

participants could be heard to refer to the recorder at the start of a session or even, on the Christmas day recording, to wish the researcher a Merry Christmas! On the subject of participant orientations to recording equipment, Speer and Hutchby (2003: 334) state that displays of 'awareness of the presence of recording technologies are not automatically a hindrance to interaction, but are bound up in creatively facilitating a range of activities relevant to the setting'. I remain convinced of the validity of this data as overwhelmingly natural in quality; as spontaneous as could be possible for the data collection methods ethically available.

I had heard on an early recording between Dana and John that Dana was preparing to visit the hairdresser and on another occasion John had recorded in the car on the way to and from the hairdresser's salon. It seemed fitting that I obtained a recording of her actual visit so I asked Dana and John about this and the hairdresser (and his assistant) duly consented to take part. The full corpus of recordings included mealtimes, watching television, car journeys, a visit from the chiropodist and a recording of one of Dana's weekly appointments at her hairdresser's salon. Table 4.2 sets out the details of each recording.

The entire data set is labelled 'LML' (researcher's initials) and each conversation is allocated a number relating to the chronological order of the download and each conversation within the download. So LML1-3 is the third conversation in the first download of the LML data set. The fragments that are referred to within the thesis will also be labelled with an additional number which locates the fragment in the complete transcript, for example 'LML7-4.15982' is the 15982nd line of the transcript taken from the fourth conversation in the seventh download.

Given that 15 hours of audio recording was provided by Dana and her conversational partners, it was decided that no further dyads would be recruited to the study. The data collected was rich in variety and represents the lived experience of a family living with dementia. Also, with the extremely detailed transcription method of conversation analysis about to be undertaken, this was a large data set to manage within this single project.

Table 4.2 Catalogue of audio data

Filename	Duration	Date	Time	Participants	Venue	Topic
LML1-1	00:07:45	22.11.12	12:00	Dana John Researcher	Dana's home	Consent
LML1-3	00:15:50	22.11.12	13:00	Dana John	Dana's home	Pre-hairdressers
LML1-4	00:06:32	22.11.12	13:20	Dana John	Car	Drive to hairdresser
LML1-5	00:09:50	22.11.12	14:45	Dana John	Car	Driving home
LML1-6	00:39:52	22.11.12	15:00	Dana John	Dana's home	Tea time
LML1-7	01:30:00	22.11.12	15:45	Dana John	Dana's home	Cooking tea
LML1-8	00:37:35	22.11.12	17:30	Dana John	Dana's home	Washing up
LML1-9	00:32:31	24.11.12	PM	Dana John Maureen	Dana's home	After football
LML1-10	00:07:25	23.11.12		Dana John	Dana's home	Family
LML1-11	01:08:41	22.11.12	16:00	Dana John	Dana's home	Pre teatime chat
LML2-1	01:02:06	26.11.12	Lunch time	Dana John Emma	Emma's house	Visiting granddaughter after 'singing for the brain'
LML2-3	01:02:06	29.11.12	Breakfast	Dana John	Dana's home	Getting ready
LML2-4	00:02:00	29.11.12		Dana John	Dana's home	About the recorder
LML2-5	00:34:00	29.11.12	11:00	Dana John	Dana's home	Mainly TV
LML3-1	00:13:00	29.11.12	13:00	Dana John	Dana's home	Before hairdressers
LML3-3	00:07:16	29.11.12	15:00	Dana John	Car	Driving home from hairdressers
LML3-4	00:42:00	29.22.12	Teatime	Dana John	Dana's home	Tea time
LML3-5	00:22:00	30.11.12	Teatime	Dana John Maureen	John's house	John/Maureen cooking salmon

Table 4.2 continued

Filename	Duration	Date	Time	Participants	Venue	Topic
LML3-6	00:41:19	30.11.12	Before bedtime	Dana John	Car/home	Cold night, driving home from John's house
LML3-7	00:56:10	1.12.12	15:00	Dana John Maureen	Dana's home	Racing on TV
LML4-2	00:33:00	04.12.12	13:45	Dana John	Dana's home	Belfast reminiscing, John arrives by bike
LML4-3	00:31:00	05.12.12	Breakfast	Dana John	Dana's home	Washing up
LML5-3	00:20:00	06.12.12	16:00	Dana John	Dana's home	Snooker on TV
LML5-4	00:18:27	07.12.12	Teatime	Dana John	Dana's home	Where's the fish from?
LML5-5	00:33:29	08.12.12	PM	Dana John Maureen		Snooker on TV
LML5-6	00:27:30	10.12.12	09:00	Dana John	Dana's home	Getting ready for singing group
LML6-1	01:02:06	13.12.12	AM	Dana John Chiropodist	Dana's home	Talk about Christmas
LML6-2	00:02:44	13.12.12	AM	John Chiropodist	Dana's home	Local area
LML6-3	00:07:27	13.12.12	13:30	Dana John	Car	Driving to hairdresser
LML6-4	00:00:04	13.12.12	13:30	Demo	John Explaining to Hal how to use recorder	
LML6-5	00:17:35	13.12.12	14:00	Dana Hal (hairdresser)	Hairdressers	Dana's hair
LML6-6	00:05:46	13.12.12	14:00	Dana Hal (hairdresser)	Hairdressers	Mutual acquaintances
LML7-1	00:42:53	25.12.12	13:00	Dana John Maureen	John's house	Christmas dinner
LML7-2	00:00:16	07.01.13		Demo	John explaining to George how to use recorder	
LML7-3	00:48:40	07.01.13	17:30	Dana George Trudy Chloe Barney	George's house Monday tea	Grandchildren, remembering when Chloe was born
LML7-4	00:30:35	09.01.13	18:00	Dana George Trudy Chloe Barney	George's house Wednesday tea	School and Advice on waitressing

4.5.4. Ethnographic observations

I have had a long-standing commitment to volunteering with support groups for people with dementia and their families and caregivers. I had previously volunteered at a NHS memory clinic, facilitating a trial measuring the effectiveness of couples' reminiscence therapy (see Woods et al, 2011). In addition I had supported the local Alzheimer's Society in a variety of roles including facilitating 'Singing for the Brain' and Carers' Support groups as well as accompanying the family support team on home visits. Following the start of my doctoral research, this volunteering would, inevitably, inform my study. Written permission was given by the Alzheimer's Society to allow me to use any anonymised observations drawn from my involvement with their members (Appendix 7). Notes from the meetings were recorded in private following the session. That is, I did not make notes in the presence of the members; during my time in the Alzheimer's Society sessions I gave my full attention to the activities.

The main outcome of these observations is my deep understanding of the challenges that people with dementia and their loved ones face on a daily basis. These challenges can range from embarrassment and exasperation to violence, accusations and behaviour that is dangerous to the person with dementia and/or others. Caregivers, in particular, find that the abilities of the person they care for fluctuate day by day and even minute by minute. While they seek solutions to their challenges, a prescriptive 'one size fits all' approach is not feasible. It is also noted that, despite much sadness and loss expressed in these groups, there is also a great deal of joy and fun to be had by the members.

4.5.5. Caregiver interviews

A semi-structured interview was carried out with Dana's two main caregivers (John and Maureen), following approval by York St John University ethics committee (Appendix 8). The interview was audio recorded and consent was obtained from the participants to do so (Appendix 9). The interviews took place after all the natural audio data was collected and much of the transcription completed. The interviews were primarily participant-led. However, there were specific questions to which I was seeking answers. For example, in several conversations Dana's (late) husband is referred to 'in the present'; I needed to be sure of the background to this relationship to ensure that I was not making unfounded claims about, for example, confabulation.

The interviews took place at John and Maureen's home and lasted one hour, forty minutes. I allowed plenty of time for the interviews to take place and did not restrict the topics since it was important to demonstrate to the participants that I valued their time and contribution. The queries I had which had arisen from the primary data were addressed and the caregivers also explained, in their own time, their daily routine and experiences of caring for a person with dementia. Detailed notes were taken from the recordings, salient facts relating to the family are set out, above, in § 4.4.1 and §4.4.2.

There was a feeling that allowing the opportunity for caregivers to narrate their experience seemed somewhat cathartic. In particular, I was given the impression that they appreciated sharing their burden in a non-judgmental environment; opening up about troubles that they may not otherwise speak of due to a deep respect for Dana and a firmly held conviction never to talk about Dana when she is present.

4.5.6. A complex case study

As noted in §2.3, the syndrome of dementia is characterised by a set of symptoms linked to a wide range of diseases and conditions. There may even be multiple causes, for example, Alzheimer's disease and vascular dementia commonly co-occur. Living well with dementia is not just (if at all) a matter of understanding the causal disease underlying the condition but dealing with the everyday challenges of the symptoms (Müller and Schrauf, 2014). This heterogeneity, combined with the differences that individuals experience in the progression of the condition, poses a problem for research which aims to explore and describe life with dementia. Hamilton (1994: 30) discusses the 'difficulties inherent in group studies of Alzheimer's patients' and furthermore, as an approach to the broader syndrome of dementia, even the most extensive group studies could not encompass this variability.

A case study design enables in-depth investigation (Spencer and Ritchie, 2012) of the real life challenges that a family living with dementia can face. The ethnographic observations gathered in this study ensure that the research is focused on elements that are common to many families living with dementia and this study focuses on phenomena that are not unique to Dana. The research design encompasses ethnographic observations and interviews with Dana's caregivers. These additional data, along with supporting literature, ensured that the phenomena studied would be of

interest to a wider population affected by dementia. For example, widely reported feature of talk with a person with dementia, which caregivers and other conversational partners find challenging, is repetition (Orange, 2001) which was a strong theme that emerged from the conversational data in this case study.

This study is described as a complex case study due to the number of conversational participants involved. There is just one person with dementia taking part but the range of settings and variety of interlocutors, including family caregivers, adult and teenage grandchildren and members of the community, afford this study a rich representation of what it is like 'getting things done when living with dementia'.

4.6. Transcription of primary data

Six hours and 58 minutes' of audio recording have been transcribed following CA, Jeffersonian conventions (Jefferson, 2004). Some data could not be transcribed due to: a) sensitive information being revealed; b) non-consenting interlocutors entering the conversation; and c) poor quality recording. However, all of the recordings were subjected to close and repeated listening to ensure that this material did not contradict findings of the transcribed data.

The ethical approval and consent from participants (see appendix 6) included the controlled use of the audio data for other research and teaching purposes. One section of the data (LML2-1) was transcribed by an undergraduate student for use in her dissertation in the final year of her degree in English Language and Linguistics at York St John University. In addition, some portions of data were transcribed by third year undergraduates as part of the assessment of the Advanced Conversation Analysis module of the Honours Degree in English Language and Linguistics.

All transcripts used in the analysis for this thesis have been thoroughly checked by me and corrected where necessary. However, transcripts, especially those prepared for conversation analysis, can never really be considered complete, as Jefferson (2004: 13) urges, we should simply 'do the best [we] can'. Repeated listening and sharing the audio records in data sessions allows an 'improving version' of the transcript to be developed (Silverman, 2001: 163). The opportunity to revisit the data is one reason it is important to retain the recordings even after transcripts have been made.

A specific addition to the usual CA transcription process was that each of the recordings was listened to 'in real time' before transcription began. Initially, the reason for doing this was so that I could familiarise myself with the content of the recordings before returning to the participants to download the following week's data and be aware of any problems with recording or issues with consent or confidentiality. After first doing this, I realised that there would be only one opportunity to hear the talk as the participants would have heard it since, once transcription begins, one becomes immersed in the data and the process of analysis has begun. I found this to be a valuable exercise and an approach which I would certainly take again in future transcription.

The transcript uses the Jeffersonian conventions, a key to which can be found in appendix 10. In addition to the conventional symbols for transcription I found it necessary to assign symbols for specific features of the talk. These are:

- whispering   /%/
- creaky voice   /#/
- trembling voice   /~/
- speaking while eating   /@/.
- enhanced prosody/stress   underlining

Representing the participants' regional dialects in the transcripts caused some difficulties in finding a balance between useful representation of the words, as spoken, and presenting a 'caricature' of the speaker (Jefferson, 1983: 3). I aimed to represent the words, as spoken, preserving the 'pronunciational particulars' (Jefferson, 1983: 1) while mindful of Labov's (1970) caution that dialectal variants should not be represented as defective language. Intonation, in particular, was an issue in the transcription process with Dana's Northern Irish accent. Dana uses a very steep pitch range, even in the briefest of utterances. For example, it was noted that rather than a gradual rise in pitch (typically denoted by /?/) which would normally be associated with a questioning pitch contour, Dana's rise in pitch would be sharp and maintained

over long stretches of talk. For this purpose, the Jeffersonian conventions provide notation for such pitch shifts: ↑for rise in pitch, ↓ drop in pitch.

Due to the quotidian nature of the audio data collected, there was often a great deal of background noise during the conversations. This included television, car engine, other conversation and sounds of tasks being carried out simultaneous to talk, such as washing-up or cooking. These diverse activities, of course, contribute to the unique and wide-ranging qualities of the data set but also led to some difficulties with transcription. Most could be overcome with careful listening and use of the facilities of the 'Audacity' audio editing software. However, three of the in-car recordings could not be transcribed owing to severe audio interference.

The aim of processing data for conversation analysis is to produce detailed transcripts suitable for investigation. The focus of the analysis is not decided a priori (Heritage, 1984a), but the detailed, close attention entailed in the transcription process allows foci to emerge from the data. Having 'noticed' a phenomenon the audio data and the transcripts were investigated further with more focused search criteria. As Sacks (1992, I: 28) pointed out, when these details are noticed, you can 'take these little pieces and you try to collect those that look alike' and so collections of phenomena are built.

4.7. Analysis

The transcription phase of the analysis allows for unmotivated looking (Sacks, 1984a) at the data and certain features emerge as phenomena for further, focused investigation. Features which initially became apparent were:

- Repetition
- Generalisation
- Repeated questions
- Repeated age related questions
- Disorder
- Assertiveness and authority of the person with dementia

Having noticed these general themes, specific instances were explored in detail. Collections of further examples of similar episodes were then made. Some collections were necessarily quite large, for example, Dana's questions (§4.7.1). Other collections, such as advice-giving sequences, were made up of fewer, long extracts of conversation. Additional collections were compiled which were not central to the analysis for this thesis but, rather, a by-product of honing the collections of phenomena. For example, a collection of open class repair initiators was produced due to the fact that they frequently occurred when Dana was confused or presented with a version of reality that seemed to be incongruous with her own.

The method of analysis for this study involves applying a 'set of analytical findings from typical (i.e., involving individuals without communication disorders) interactions' (Wilkinson 2013: 68) including sequencing, repetition and repair as well as minutiae such as overlapping talk, restarts and pauses. In addition, the practice of conducting data sessions allows an opportunity for others to check the transcripts and can bring about 'unanticipated noticings' (Sidnell, 2010: 22), opening up the analysis for future directions. As Sacks (1992, I: 723) explained, data sessions provide an opportunity for others to 'look at what I had studied, and make of it what they could, if they wanted to be able to disagree with me'. It is this openness and availability of the recordings and transcripts to others that provides reliability and validity to CA research (see Peräkylä, 2004 for discussion on objectivity). This study has benefited from the observations of experts in Conversation Analysis, academics from linguistics and dementia studies as well as some insightful input from undergraduate and postgraduate student researchers.

4.7.1. Collection of questions

A collection of 982 questions, asked by Dana was compiled. The inclusion criteria for questions included in this set followed those of Couper-Kuhlen (2012) in her study of question intonation, that is, questions were counted that were designed with interrogative syntax as well as those with declarative syntax or syntactically incomplete utterances. Questions constructed without interrogative syntax were identified by the next turn response in an adjacency pair. Further explanation and examples have been given in the analytical chapters, in particular, §5.5.

The major collection of questions was then sorted by syntax, and by the primary action the question performed. The statistics of these sub-collections can be found in tables 4.3 and 4.4. Through this process, patterns could be identified which tended towards typical, or atypical repetition in Dana's talk. For example, a repeated question which carries out a repair to an unheard, or unanswered, first production of a question is an entirely typical use of repetition.

Table 4.3 Questions sorted by syntax

Questions	Interrogative	Tag questions	Declarative
982	721	113	148

Table 4.4 Primary action performed in question

Action	Number
Advice	13
Assessment	49
Challenge	39
Change of state	70
Checking	83
Information request	104
Offer	43
Repair	146
Topic extension	261
Topic initiator	83

The two tables above do not contain the same number of items due to the fact that a number of questions did not fit into a (numerically) significant category of action. For example, a small number of questions performed actions such as joking, complimenting or deflecting a compliment. The analysis of repeated questions is explicated in chapters 5 and 6.

4.7.2. Collection of disordered episodes

A collection of 89 episodes of disorder was organised on a continuum from extreme, hallucination-like confusion, through confabulation, to minor misunderstandings or plausible 'errors' which were seemingly based on disordered knowledge and common ground. The continuum is based on the representation described by Metcalf et al (2007) in their work on confabulation, which they claim is closely linked to delusion

and hallucination. The overarching description of the range of incongruous episodes, here, will be generally referred to as disorder.

The transcripts were examined to locate episodes of disorder. I judged the sequences as disordered through a combination of evidence from the audio data as well as my knowledge gained from caregiver interviews, observations and general knowledge. There were sequences which <u>may</u> have been due to cognitive impairment and dementia, but which were not included if they could not be distinguished from routine 'confusions and ambiguities' of ordinary talk (Shakespeare, 1998: 5). However, plausible, but incongruous, episodes were included in this collection, for example, Dana's seemingly disproportionate (and repeated) belief that a tree or telegraph pole would fall onto the house.

The disordered episodes were analysed with a focus on the practices employed by the conversational partners in response to apparent problems. Chapter 8 considers the sequential outcomes of these responses and also considers these practices in the light of advice to caregivers about how to communicate with people with dementia.

4.8. A note on quantification

In chapter 2, table 2.1 set out several maxims of advice to caregivers for improving communication with a person with dementia. In the forthcoming analytic chapters, we will consider some of the items from that list which are present in these data and salient for these interlocutors. We cannot, however, comment on the usefulness of some of the advice, such as maintaining eye contact, since this information is not available in these data. As regards other items on the list such as simplification of syntax or slowing the pace of speech, these practices do not seem to be present but we do not have data from these interlocutors prior to diagnosis of dementia and, therefore, no comparison can be drawn.

The data-driven approach and the way in which the data is collected (naturally occurring conversations) entails that only features which occur naturally can, in fact, be studied. A potential limitation of this approach, therefore, is that if a practice does not occur naturally, it cannot be investigated whereas data which is generated

experimentally for example, can test certain phenomena which can be speculated in advance. However, such experiments fall short of demonstrating the real competencies of people with dementia in their daily lives.

During the transcription phase of preparing the data, phenomena were revealed which were of interest (detailed in §4.7) and which are the focus of analysis in chapters 5, 6, 7 and 8. When analysing practices which stand out as interesting, it is important to consider alternative practices which may also be available to interlocutors (Schegloff, 1993), and which on close looking might also be there. Those practices which seem mundane and which could go unnoticed are the systematic and 'accountable products' of talk in interaction (Heritage, 1984a: 241) and these form a large part of the collections under investigation. This is a strength of CA since these practices cannot be revealed simply by listening but are located through the detailed process of transcription and microanalysis.

In this predominantly qualitative research project, there will be occasions when it becomes warrantable to quantify certain phenomena (Schegloff, 1993). In order to explain, or defend, this approach which may be seen as a departure from CA's normative relationship with quantification, I will first describe a study of Jefferson's (1983: 17) in which she describes the quantification of a phenomenon and its 'counter-cases'. In Jefferson's investigation of the resolution of overlapping talk, she hypothesised that those turns with greater pitch and loudness would run to completion and the quieter, less forceful turn would drop out. When quantifying the cases it was found that a good deal (the quantification of which is too complex to re-tell here) of overlapping talk was not resolved in this way and in considering the counter-cases, Jefferson (1983: 18) noted that other, 'deeply 'context-bound' features' were operating and that the pitch and loudness differential may be just one device to achieve overlap resolution. Jefferson concludes that in noticing candidate phenomena for investigation, it is possible that 'a corpus of possible 'counter-cases' is never accumulated' (Jefferson, 1983: 17). Ochs (1979) also warned that transcripts can be prepared in a way that focuses more tightly on some phenomena than others and that it is important that researchers recognise, and go beyond, this if claims based on transcripts are to be robust. Below, are examples which explicate ways in which this was carried out in this thesis.

The lessons, for me, from Jefferson's (1983: 1) paper on her 'failed hypothesis' are that in building a collection of phenomena it is important to explore other practices that might be found in a given environment, and also, that sometimes, we might need to count things! I will now give examples from the thesis, the first being a brief explanation of some quantification of phenomena to be found in chapter 7, the second, a description of the process of categorising a collection of phenomena relating to interlocutors' responses to potentially disordered talk.

In chapter 7, I claim that when the person with dementia is reminiscing in naturally occurring talk, she holds the conversational floor and takes a greater share of the interaction. This claim, I felt, required some evidence to show that she took more turns and/or longer turns than her interlocutor in such sequences and that this ratio was different in other conversations with the same interlocutor. Schegloff (1993) discusses some instances where it may be beneficial and warrantable to use quantification in CA; one such example is when drawing comparisons between sequences of talk. Schegloff (1993:114), however, warns that 'quantification is no substitute for analysis' and, indeed, the quantification presented in this thesis (§7.2.1) justifies the subsequent focus of rigorous analysis of the sequential environments under investigation.

An example, similar to Jefferson's process, occurred early on in the transcription phase of my audio recordings when a particular practice seemed to be recurring in conversational partners' responses to incongruous talk, or delusion. One practice, which was highlighted during transcription and stood out as a candidate phenomenon of how these interlocutors dealt with incongruity, was a side-stepping, or diverting, manoeuvre; a practice which fits with the advice for communication in table 2.1 (point 15): 'try to find ways round subjects which are known to be untrue'. As a strategy for dealing with sensitive issues or confabulation, this seems to be a neat and unproblematic move. The side-step is produced in the next turn in which an aligning response is relevant and having taken up this slot, an agreeing/disagreeing turn need not be produced and the conversation can be diverted away from a potentially sensitive issue (see fragment 8.5: talk about deceased spouse). However, when searching the data for instances in which this might occur – following moments of incongruity – this practice, which seemed to be a regular occurrence, was found to be rare. The practice used in the most part, was, in fact, contradiction. Point 14 of table 2.1 (chapter 2)

advises not to contradict a person with dementia, yet in these data, contradiction mostly seems to run off without causing interactional problems (see §8.5; §8.6).

In 89 episodes of incongruity that were investigated, only three cases of side-stepping were found, and of those only one was a clear case. As Schegloff (1987a: 101) has pointed out, 'one is also a number' and the fact that this one case is present, demonstrates that this practice is available to interlocutors as a means to divert the conversational trajectory away from potentially sensitive topics. The process of unmotivated transcribing (Jefferson, 1983) led me to notice this practice, but upon close examination, it was revealed that the most common practice was, in fact, ordinariness.

These examples demonstrate the benefit of quantification in certain cases, of rigour in the investigation of talk and the importance, when developing advice and training about communication, of using materials from real interaction rather than intuitive musings (Stokoe, 2013).

4.9. Summary

The methods outlined in this chapter have been selected to investigate the actual lived experience of those affected by dementia. A complex case study was designed with a person with dementia recorded in an array of naturally occurring situations with a range of interlocutors from her own family as well as members of the community. The primary research method is applied conversation analysis which is further informed by the use of ethnographic observations and caregiver interviews. The project was designed in consultation with staff and members of the Alzheimer's Society.

Fifteen hours of mundane conversation were captured on audio recording and subjected to close analysis and transcription in the CA convention. The participants, themselves, operated the recording device during their usual daily activities without the need for the researcher to be present, resulting in data which is as near natural as possible. All participants gave written consent to be recorded, including a person with dementia, her sons and daughters-in-law, adult and teenage grandchildren as well as two local service providers: a chiropodist and hairdresser.

This study aimed to investigate these data from an interactional aspect, considering the question 'why that now' (Schegloff and Sacks, 1973: 299) for the contributions of the person with dementia as well as the typical interlocutors taking part. While communicative impairment is inevitably observed within these data, one aim of the study is to explore those interactional practices that give purpose to, and maintain the authority of, the person with dementia.

Chapter 5 **Repetition: a comparison of ordinary and extra-ordinary practice**

5.1. Introduction

As one of the dominant features of interaction with a person with dementia is repetition (inter alia Hamilton, 1994; Perkins et al, 1998; Müller and Guendouzi, 2005; Mikesell, 2010a; 2010b), this chapter aims to answer the question:

<u>What is (or what is not) excessive repetition?</u>

After considerable observation of the entire data set, some particular features of the talk have become apparent, the most notable being that Dana produces a great deal of repetition. Repetition is present in all of the recorded conversations in the form of:

- Repeated assessments (overwhelmingly positive)
- Repeated stories and reminiscences
- Repeated themes or topics
- Repeated questions

In §5.2 we begin to consider possible differences between typical repetition, as discussed in §3.8, and excessive repetition often noted as characteristic of talk in dementia. Hamilton (1994) stated that the person in her case study was found to use excessive repetition in interaction. However, neither Hamilton, nor any other studies of dementia talk have specified how 'excessive' is to be judged. It is recognised that repetition is a regular characteristic of dementia (see §2.5), however, since it is also a feature of naturally occurring talk among typical interactants (inter alia Schegloff, 1996, 1997, 2011; Heritage and Raymond, 2005; Tovares, 2005; Curl, Local and Walker, 2006; Tannen, 2007; Bolden, 2009), this chapter aims to show that not all repetition in dementia talk is excessive and to define specific criteria (§5.5.2) for excessive repetition.

This thesis considers repetition to be a collaborative process between the person with dementia and the conversational partners, as observed by Body and Parker (2005) in relation to traumatic brain injury, repetition in conversation is a jointly constructed phenomenon. The phenomena scrutinised in this chapter include assessments (§5.2), themes and topics (§5.3) and questions (§5.4) before setting out the criteria to define extra-ordinary repetition of information seeking questions (§5.5). Finally, (§5.6) this chapter will explore some of the ways that conversational partners respond to extra-ordinary repetition.

5.2. Ordinary or extra-ordinary repetition

Repetition is a typical feature of interaction (§3.8). Tannen (2006) noted that repetitions are regularly found at the boundaries of discourse, for example, at topic openings or conversation closings. Schegloff (2011) noted that words used in a sequence are systematically repeated at the ends of units of talk. Further functions of repetition in typical conversation include repair initiation and resolution (Schegloff, 1997) as well as to create emphasis, humour, intertextuality, and as a device to stall or hold a turn (Tovares, 2005; Tannen, 2007).

There are instances of both typical and atypical repetition observed in the data. That is, some repetition goes beyond what analysts or interlocutors perceive as typical, as Sacks (1992, vol II: 21) noted: 'there's a major sort of norm against repeating the same thing to the same person'. One aim of the study is to examine where (or if) the line can be drawn between ordinary repetition and extra-ordinary repetition.

Dana uses repetition in ordinary ways and will mark her utterances as repetition when she recognises such an occurrence through self-monitoring. Fragment 5.1 shows Dana constructing a turn to mitigate the fact that she may have asked John this question on a previous occasion.

(5.1) LML5-4.10950

```
1   Dana:  I think you've told me before
2          you do the cooking at home don't you
3          (3.1)
4   John:  mo:st of it yeh.
```

A question frequently asked in the data is whether John, or his wife, Maureen likes to cook. In line 1, Dana begins a new topic, following a lapse in conversation of 25 seconds. Dana marks the topic initiator as something they have discussed before using an uncertainty marker *I think* and an acknowledgement of the repetition *you've told me before*. The question is constructed as a declarative statement with a tag question *don't you* which shows that Dana has a high degree of certainty (Heritage and Raymond, 2012) relating to this knowledge, though, it seems, not absolute certainty. Throughout the data, it is apparent that Dana is curious about John's ability to cook, finding it surprising that a man would either be able or want to prepare food. Fragment 5.1 demonstrates that when Dana is aware of repetition, she is competent at designing her turn to show this.

5.2.1. Assessment of dynamic experience

The first type of repetition noted, is repeated assessments. Throughout the fifteen hours of conversation Dana makes many positive assessments. This feature contributes to the impression of her as a positive and cheery person and many of the assessments show her appreciation of her surroundings or experiences. For example, during a meal that her son has prepared, Dana produces eight positive assessments about the meal (as well as direct compliments to him as the 'chef'). In the first three and a half minutes of this conversation, during which time they are eating their fish and chips, Dana repeats the word 'lovely' seven times (fragments 5.2 to 5.4). Quantifying such phenomena may not contribute to conversation analytic findings, but some quantifying data will be offered from time to time to illustrate the scale of these practices.

(5.2) LML5-4.10895

```
1          (2.3)
2    John:  °mmmm!°
3          (1.1)
4    Dana:  ts lovely
5          (1.5)
```

In 5.2, Dana's utterance *lovely* is an assessment of the experience (Pomerantz, 1984a) of eating the food. In addition, this is a second position assessment in response to John's appreciative *mmm* at the start of their meal.

(5.3) LML5-4.10904

```
1           (((12.1) sounds of eating))
2    Dana:  (that's) lovely
3           (0.7)
4    Dana:  eh you know what you're about don't you son (.)
5           thank go:d
6           (0.3)
7    John:  °°hhh°°
8           (0.4)
9    Dana:  you're not just a preddy fa:ce
10          (2.6) ((clattering on table))
11   Dana:  you've got tahlent
12          (((5.7) sounds of eating))
13   Dana:  it's lovely,
14          (2.1)
```

A few seconds later, Dana refers to the meal again *that's lovely*. John's only conversational contribution during this sequence (5.3) is a quiet outbreath in line 7. Since the two participants are engaged in the activity of eating their meal, it is quite possible that this contributes to some long pauses between turns; it would, therefore, be prudent not to attribute any interactional significance to these pauses. Dana continues with several complements about John's ability to cook, each time using a different lexical construction in lines 4-5, 9 and 11 then in line 13, returns to assessing the meal with *it's lovely*. In this short sequence, Dana has repeated the action of assessing twice, with the same lexical item, and complementing three times with differing lexical structure. As Curl et al (2006) point out, however, it is virtually impossible to count instances of conversational actions since we cannot always delineate a single action. For example, in fragment 5.3, the complimentary utterances by Dana in lines 4 to 11 could be counted as three discreet instances of a complimenting action or one action built incrementally. Since this chapter is attempting to define instances of repetition we will consider a combination of both repetition of identical words and phrases (see §3.8), such as *lovely*, and repetition of actions, such as assessments.

(5.4) LML5-4.10986 Approximately 3 minutes after fragment (5.3)

```
1          (((8.7) sounds of eating))
2   Dana:  (°mm°) lovely,
3          (7.3)
```

In fragment 5.4, Dana interpolates a long lapse in conversation with a further assessment of the meal, choosing for the seventh time, the adjective *lovely*. During the meal, Dana utters fourteen turns which positively assess features of the meal. The first positive assessment is uttered before she begins to eat. When John serves the food, Dana exclaims *looks good!* and during the meal one of her assessments is specifically about the smell of the food: *smells gorgeous*. All other assessments during the sequence appeared to be relating to the meal as a whole, for example, *delicious*, *very tasty*, *really good* and *lovely*.

Even though these positive assessments of the meal come in fairly quick succession this repetition is not oriented to explicitly by the conversational partner as extra-ordinary or excessive. However, for the purposes of understanding what these repeats might do in conversation, we cannot depend here on how the interlocutors react since Dana's caring conversational partners very rarely do expose communicative impairment, including repetition.

The repetition of positive assessments relating to this meal seems to build emphasis (Tannen, 2007, see §3.8) and suggests a continued enjoyment of the meal. Moreover, Dana could, potentially, change her assessment from positive to negative without self-contradiction. If, for example, there was something in the meal that was not to her liking she could produce a negative assessment. The fact that the experience being assessed is ongoing and, therefore, in a dynamic state of change, allows for repeated assessments to take place without seeming excessive.

5.2.2. Assessment of fixed experience

In this section we inspect a conversation in which Dana makes repeated assessments of an unchanging referent. Rather than building emphasis, this practice appears to be superfluous and, therefore, excessively repetitious. In a conversation between Dana and her son, John and granddaughter, Emma, Dana repeatedly admires features of the kitchen. In the following fragments (5.5 and 5.6), Dana is present in Emma's kitchen. It has been observed from other conversations that when present in her own, or John and Maureen's kitchen, Dana will frequently describe her surroundings in positive terms. The fact that Dana's interlocutors hear similar utterances across a number of conversations every day, week after week, may contribute to sensitivity towards noticing repetition[2].

(5.5) LML2-1.4606

```
1    Dana: this is a gorgeous kitchen isn't it
2          (0.3)
3    John: hh. a goo- a gor:geous! kitchen
4    Dana: mhm
```

In fragment 5.5, Dana positively assesses the kitchen with the descriptor *gorgeous*, this is the second time in this conversation that the same adjective is used by Dana to describe the kitchen. John's turn, in line 3, following a pause, in-breath and restart, is designed as an upgraded second assessment (Pomerantz 1984a) with enhanced intonation on the word *gorgeous*. However, the intonation is noticeably exaggerated, suggesting a mimicking tone from John, which hints at some frustration with the repetition.

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[2] In my interviews with John and Maureen, they explained that they try to take Dana for trips out whenever possible because it gives them a break from the repetition of the same topics that arise in more familiar environments.

(5.6) LML2-1.5329

```
1    Dana:  this is a gorgeous kitchen
2           (0.7)
3    Dana:  it's really (0.7) handy
4           (0.8)
5    Dana:  you're (0.6)
6    Emma:  yea everything's [se-]
7    Dana:                   [li]ke that
8           (0.5)
9    Emma:  I know
10          (0.4)
11   Dana:  yea
```

In fragment 5.6 Dana, again, uses the same construction as in 5.5: *this is a gorgeous kitchen*. After 0.7 seconds when no response is forthcoming from her interlocutors, Dana continues in line 3: *it's really* followed by another intra-turn pause of 0.7 seconds. Though this turn is syntactically incomplete, it is recognisable as a positive assessment through the use of the intensifier *really*. Onset of talk by an interlocutor at this pause is expectable through the recognitional completion of Dana's turn (Jefferson, 1984b; Sacks, 1992). However, it is Dana who then continues with *handy* and yet another pause of 0.8 seconds ensues. Dana self-selects to begin another turn in line 5 *you're* followed by a further pause of 0.6 seconds. Now (line 6), Emma aligns with Dana's extended assessment of the kitchen with *yeah* and continues with what seems to be a summing up of the positive features of the room. This turn is curtailed as Dana completes Emma's turn with the vague term *like that* which may have been accompanied by some disambiguating gesture. The observation that the kitchen has *everything at hand* (LML2-1.4885) seems to be a recurring theme of Dana's assessments of the room throughout this conversation. Emma's unwillingness to collaborate in this repeated assessment sequence (particularly in lines 3 and 4) is evident; Emma passes up several opportunities to contribute to this sequence when Dana allows long pauses in her turns and invites collaborative completion by pausing after the intensifier in line 3 (Lerner, 2004). It seems that while interlocutors can tolerate repetition from the person with dementia, it becomes more problematic when they are interactionally coerced into doing repetition themselves.

In fragments 5.5 and 5.6 (line 2) Dana utters positive assessments of Emma's kitchen. These turns do not include any lexical or prosodic marking on the repeats, such as *as I said* or *this is a gorgeous kitchen*, which could show that the speaker is aware that the utterance is repeated. As with most instances of repetition in this data, the conversational partners do not explicitly orient to the turns as repetitive. However, some features of co-participants' turn design are noted, such as John's mimicking and Emma's reluctance to respond. These features suggest that repetition, not just of specific lexical items, but of social action, appears to be troublesome to interlocutors. The repeated assessments relating to fixed referents do appear to be atypically repetitive.

Identifying repeated utterances as typical or atypical seems to depend, at least in part, on the dynamics of the situation. Commenting on a meal that is in the process of being eaten falls within typical parameters while assessing the same subject a number of times in an unchanging environment may not.

There are very few instances in the entire corpus where interlocutors expose Dana's repetitive practices as incompetence. The few instances where this does happen (for example, *I've just told you…*) are produced by Dana's sons. No other interlocutor in this data explicitly draws attention to Dana's repetition. However, in interviews with Dana's caregivers, repetition was highlighted as one of the most difficult features of talk to overcome for her interlocutors.

5.3. Repetition of themes and topics

Hamilton's (1994) study of conversations with a woman with Alzheimer's disease observed repetitive themes and topics which Hamilton described as ideational perseveration. Many discussions of perseveration in dementia suggest that it is talk which is 'expressed involuntarily, repeatedly and inappropriately' (Bayles et al, 1985: 108). Repetition of themes occurs in Dana's talk including children, health and exercise, food/serving food, church, age/life stage, and work/business. However, these themes are not initiated by Dana alone. Others rely on the common ground of what they know about Dana's life and interests to initiate favoured topics too. For example, in conversation with the chiropodist, Mick, the topics of church (5.7) and serving food

(5.8) are initiated by him. So the 'perseveration' observed in the topics of conversation is, in fact, jointly constructed between Dana and her conversational partners. Similar findings have been reported in conversations with people with traumatic brain injury (Body and Parker, 2005) and autism (Stribling, Rae and Dickerson, 2009). The identification of repetition as involuntary, inappropriate perseveration must, therefore, be carried out with caution.

(5.7) LML6-1.12535

```
1    Mick:  it was funny cuz (0.2) you know in the minster
2           it can be really co:ld
3    Dana:  yes
4    Mick:  an he's he came in and he sat (.) two (.)
5           rows in front of me so I got up and I tapped
6           him on't shoulder an said IT'S A BIT WARMER IN
7           YOUR CHURCH THAN IN 'ERE nchh
8    Dana:  hee hee haha
9           ((both laugh))
```

Prior to the start of fragment 5.7, Mick has introduced the referent, Father Damon (referred to as 'he' in line 4). This is the second of three instances of Mick introducing the topic of church; in lines 4 to 7 he shares an amusing story about Father Damon in the minster.

Another popular topic throughout the data is food and serving food (Dana worked as a waitress for over fifty years).

(5.8) LML6-1.12380

```
1            (((7.0) clipping sound))
2    Mick:  d'you like oysters
3    Dana:  not really
4    Mick:  no
5    Dana:  don't like shellfish: particularly
6    Mick:  no- not keen
7    Dana:  no
8           (1.9)
9    Mick:  I bet you've served a few in your days 'avn't you
10   Dana:  o:h yes yea
```

The fragment above (5.8) shows Mick introducing the topic of eating, or serving, oysters. This occurs after a lapse in conversation of seven seconds, during which time Mick is clipping Dana's nails. The focus of the topic is introduced by Mick with a question *do you like oysters* (line 2). After establishing that Dana is not fond of shellfish in general, there is a further lapse in conversation of 1.9 seconds and in line 9, Mick reformulates the topic to focus on Dana *serving* oysters. Oysters are quite a select item to discuss; they are not an everyday meal for most working people but would be considered the sort of dish that would be served in high-class establishments or on special occasions. But the topic of oysters, first introduced in line 2, adumbrates talk about Dana's working life as a waitress in some prestigious hotels and restaurants. By selecting this as a topic, Mick projects Dana's identity as an elite waitress and empowers her to talk on this subject.

This is the fourth time that Mick has introduced the topic of food. As it is mid-December, he has talked about food as a stepwise topic transition (Jefferson, 1984a) from talk about Christmas preparations. Each time, Mick has introduced the topic of food following a lapse in conversation:

1. 3 second lapse   turkey for Christmas dinner
2. 2 second lapse   salmon for starter at Christmas
3. 6 second lapse   smoked fish from Arbroath
4. 7 second lapse   oysters
5. 1.9 second lapse   serving oysters
6. 10 second lapse   the price of turkeys at Christmas

The table above shows the number of times that Mick introduced the topic of food following a lapse in conversation. The shorter pauses of 2 and 1.9 seconds are topic expansions or reformulations such as that discussed in fragment 5.8, above. It was noted by Müller and Guendouzi (2005) that people with dementia use repetitive topics as a way to sustain conversation, especially following a lapse in conversation. It is found in these data that repeated topics are often initiated by the co-participant of the person with dementia.

5.4. Questions and actions

A grossly apparent recurring phenomenon in the data is repetition of questions by Dana. Information seeking questions, in particular, are interesting as they can be more clearly analysed for repetition (discussed further in §5.5.2): if the information being sought has been elicited on a prior occasion, then the subsequent question should be superfluous. However, not all questions are purely information seeking; an utterance with interrogative syntax can perform a range of actions (see §3.9.2) such as inviting, offering or initiating a conversational repair (Drew, 2005).

5.4.1. Offers in a changing environment

In order to further investigate the possible relationship of repetition and the dynamics of the situation, we will consider cases of the action 'offering'. In the fragments below Dana is using a question formation to offer help to John and Maureen when clearing up after a meal. The offer is made on three occasions but this does not seem repetitive. A number of reasons are proposed as to why this repeated, questioning behaviour may not be perceived as extra-ordinary repetition. There are both exogenous and endogenous factors to consider which affect the interpretation of repetitiveness in the conversation. Firstly, during the twelve-minute sequence, Dana offers to help on ten occasions. This is a dynamic environment, both John and Maureen are carrying out various tasks to clear away and wash up during and after the meal. Secondly, the formulation of the offer varies in ways that account for the repetition. Dana offers help to each of her co-participants at different times as well as offering help to both/either of them when she does not specifically address an individual. On each subsequent occasion, the task Dana is orienting to may be changing: clearing the crockery, washing up, drying the pots and so on.

(5.9) LML3-5.6844

```
1    Dana:  can I: dry up John or somethin:
2           (((1.2) water running and banging))
3    John   wa:tch Mau:!
4    Dana:  ↓can I do something↓
5           (((0.9 water running))
6    Dana:  [°°can I°°]
7    Maur:  [dish:]washer,
8           (((0.5) water running))
9    Dana:  ↓oh:↓
10          (((1.3) water running and clattering))
```

In fragment 5.9, Dana begins by specifying the offer of drying up and this is addressed to John. There is no response from John, it seems something more urgent has taken his attention, exclaiming *watch Mau!* to his wife. Dana repeats her offer, in a simplified form; a general offer of doing *something* (line 4). This repetition is typical due to the simultaneous noises and actions going on around the interlocutors: Maureen and John are at some distance to Dana in the kitchen and there are sounds of running water which could mask Dana's talk. Also, Dana most probably witnesses the activity which results in John's warning to his wife in line 3 and must realise she needs to re-do her offer if she is to obtain a response. After almost a second, Dana appears to begin her offer for a third time in line 6 but in fact this utterance is in overlap with the onset of Maureen's response to her offer and Dana does not complete the turn. The single word answer, emphatically delivered by Maureen in line 7, does not explicitly reject Dana's offer but accounts for why her help is not required: they are using a *dishwasher*.

Fragment 5.10 occurs approximately 30 seconds later. John and Maureen are now busy in the kitchen, between courses; they are to have their dessert presently.

(5.10) LML3-5.6862

```
1          (((13.0) water running, clattering))
2   John:  hhh
3          (((3.7) footsteps and clattering))
4   Dana:  can I do: anything
5          (0.4)
6   John:  hh[h]
7   Maur:    [no] thank you:,
8          (.)
9   John:  just sit there and look go::rgeous
10         (0.5)
11  Dana:  ↓ahu h hu:↓ (.) hu hu ha ha: ha::?
```

In line 4 Dana makes a further offer of help. Note that on this occasion she selects the
word *anything* rather than *something*. The word *any* has been shown to have a negative
polarity in such formulations. This contrasts with *some* so that the question is
'designed for, and tilted towards, 'no' as the grammatically preferred response'
(Heritage and Robinson, 2011). The offer is not specifically addressed to either of the
interlocutors and it is, in fact, rejected by both: explicitly by Maureen in line 7 and
implicitly by John who offers an alternative, humorous suggestion of what Dana
should do, in line 9. Less than 20 seconds later Dana produces a further offer,
addressed to Maureen (fragment 5.11). On this occasion, she selects a different lexical
construction, but maintains the unspecified nature of the offer. Maureen declines the
offer in line 4.

(5.11) LML3-5.6900

```
1   Maur:  >is your mum's< is your mum cold
2   John:  no 'er 'ands are always cold.
3   Dana:  Maureen you want a ↑hand↑
4   Maur:  no thankye:w
```

One further offer of *can I do anything* follows (not shown) before the diners resume
their places at the table for their dessert. Addressed to Maureen, it is again declined
with a brief *no thank you*. After the meal is finished a similar sequence occurs with
three further offers of help with various formulations. The final offer is fragment 5.12,
below.

(5.12) LML3-5.7417

```
1            (((1.0) intermittent stirring of drink))
2    Dana:  ↑°are you finished Maureen can I do anything now°↑
3    Maur:  ↑no (.) thank you↑
4           (0.4)
5    Maur:  ↑all done↑
```

This is the fourth time that Dana has offered to *do anything* and it is interesting to note the addition of the temporal adverb *now*. Marking her utterance in this way 'provides a temporal index' (Schiffrin 1987: 229), differentiating the present offer as a second or subsequent action. This final offer comes after Dana suspects that Maureen has finished the chores, as stated in line 2. The formulation includes the negatively polarised lexical item *any* which, as noted above, projects a preference (Schegloff, 2007) for a negative answer. The sincerity of Dana's offers is not in question here, it is simply noted that Dana has designed her offer with the expectation (preference) of being rejected. This analysis aims to show that the repeated offers of help in this conversation may, in fact, be typical of conversational repetition and, therefore, would not be considered extra-ordinary.

 A further note about the lexical item *now*, which will recur in further fragments, is that its relative meaning changes depending on the sequence in which it is found. In the fragment above (5.12) *now* (line 2) relates to the prior offers of help that Dana has produced, which have been rejected by Maureen or John. In this case, the temporal range of the meaning of *now* relates to the current interaction which has taken place during this meal time. However, in other instances (see, for example, fragment 5.15) Dana uses *now* following certain questions about a relative's age. When relating to the age of a person the unit of measurement is usually years, so the addition of *now* relates to a longer time period. *How old is she now* shows that this information has previously been known by Dana but that sufficient time has passed that to ask again should elicit a different answer. What it does not do in this sequential placement is mark a repetition of the question within the same conversational unit. If the response to the question *how old is she now* is *fifteen*, the same answer will hold three minutes later or, indeed, three days later. Dana's use of *now* relating to the question of age will be discussed more fully in §6.2.1.

5.4.2. Repetitious offers

There is not a direct correlation between offers and an absence of repetitiveness. As noted in the analysis of repeated assessments (§5.2), offers relating to unchanging situations may well be oriented to differently to dynamic situations. One example of a repeated offer which is atypical is shown in fragment 5.13. In this instance, Dana exposes her memory impairment when she makes a second offer of coffee to Mick.

(5.13) LML6-1.12755

```
1    Dana: Mick would you(h) like a cuppa:?=
2    Mick: ='av got, one 'ere Dana.
3    Dana: (ha↑haHahaah)
4          ((∘∘filing noise∘∘(0.9)))
5    Dana: ice. co::l:d.
```

Dana makes multiple offers of beverages to Mick during his visit however, Dana's turn in line 1, is not designed as a repeat. The utterance could have been marked with the addition of lexical item such as: *Mick would you like another cuppa*. As we can see in 5.13, Mick rejects the offer without hesitation (= symbols denote the latching of turns 1 and 2). He does not explicitly say *no*, but his response of *I've got one here Dana* gives an account for why the offer is rejected. Dana laughs and adds a justification of why the offer was made: that the first drink would now be too cold. A few minutes later Dana, again, enquires whether Mick would like a drink and he explains that because his coffee is black *it stays pretty hot*. By extending the possibility that his coffee could be cold, which Dana gave as her reason for her superfluous offer in 5.13, Mick is justifying a further, repeated offer of a coffee by Dana.

This particular type of offer brings up a further consideration relating to repetition: the frequency, or time between repeats. As we discovered in §5.2, the repeats of assessments about the meal were produced frequently within a few minutes without seeming excessively repetitive. In 5.13, the offer of a *cuppa* has been repeated while Mick still has the first drink that was given to him. As Dana has suggested, in line 5, the repeat offer would be reasonable if the prior offer was sufficiently long ago that the first drink was now unusable (either because it is cold or if it was finished). Again, this relates to a dynamic state of affairs and a continuum seems to exist between an ongoing, changing referent and a static, unchanging referent.

In this section it has been demonstrated that various practices of repetition can be judged as typical or atypical in conversation. Each instance of repetition may be negotiated by co-participants depending on a number of variables including the dynamics of the situation, the time elapsed, and whether the utterance is marked lexically or prosodically. This is important to note in data involving a person with dementia since the analysis needs to differentiate between repetition which is being produced by the person with dementia for the effects which have been systematically shown to be typical (§3.7) and repetition which may occur as a result of interactional and cognitive impairments relating to dementia.

Since the perception of atypical repetition is realised by a combination of variables, the application of CA theories to these data seems fraught with problems. While it is accepted that a perception of 'excessive repetition' may exist among conversationalists, the methods of CA do not attempt to attribute meaning to what interlocutors may, or may not, perceive. Rather, CA relies on what can be shown in the talk through the 'next turn proof procedure' (Hutchby and Wooffitt, 2008:15). However, interlocutors are not forced to demonstrate their feelings or can overcome the need to bring this to the conversational surface[3]. The remainder of this chapter will focus on information seeking questions which can be systematically identified as repetitious. Section 5.5.2 will set out criteria which will define extra-ordinary repetition for the purposes of the forthcoming analysis.

5.5. Analysing questions

In order to assess the function of seemingly repetitive questions in the data, the entire corpus was searched for questions uttered by Dana. Using the same inclusion criteria as outlined by Couper-Kuhlen (2012) in her study of question intonation, the search included all TCUs which displayed questioning behaviour. Utterances with interrogative or declarative syntax, as well as questions which consisted of single words, for example *what* and non-lexical utterances such as *hmm?*, were all counted in

---

[3] In interviews with the caregivers, John specified that he tried to suppress his agitation regarding frequent repetition.

the initial stage. This included any turns treated by Dana's conversational partners as questions, that is, a question-answer adjacency pair (§3.2) is revealed in the data, regardless of syntax, as shown in fragment 5.14.

(5.14) LML2-1.3434

```
1    Dana: so he's got a nice clean job
2    Emma: yes an office job yes
```

Dana is visiting her granddaughter, Emma, and has asked about her husband's occupation. As a follow-up question to the information that Emma's husband works in insurance (not shown), Dana surmises that *he's got a nice clean job*. This is offered for confirmation (or disconfirmation) from Emma. In line 2, Emma answers the question function of Dana's utterance with *yes* and endorses the information with *an office job*. Fragment 5.14 then, was counted as a question-answer sequence even though it lacks interrogative syntax.

A collection of 976 questions, asked by Dana, was compiled. This revealed a huge number of repeated questions. Beginning by sorting the questions by syntax, groups of questions could be collected that were similar or identical in form. The next phase was to assess the primary action of each question; at this stage a pattern begins to emerge as to which questions may be ordinary repeats and which are extra-ordinary. One action type, 'offers', was explicated in §5.4. Another function, of questions that occur repeatedly throughout the conversations, is as a repair initiator, for example, *what?* or *what did you say?*. It may be the case that the number of repair questions is increased due to Dana's cognitive impairment, but the way in which they are systematically used is typical and not extra-ordinarily repetitious. Repair initiator questions, therefore, do not form part of the forthcoming analysis.

Questions which perform information requests occur repeatedly within individual conversations as well as conversations taking place on different occasions or among different interlocutors. It can only be speculated that if these questions occur so often across all the recorded data, there will have been many instances during the data collection period when the same question is asked of the conversational participants but not captured on the recorder. That is, the repetitiveness of questions which are the

subject of this analysis may be only a fraction of what the interlocutors are actually experiencing.

5.5.1. Repeated questions

In the naturally occurring conversations in these data, Dana uses repetition in ways which are recognisably *ordinary* but there is a point at which the repetition becomes *extra-ordinary*. The differences in repetition of certain actions have been discussed in §5.2 (assessments) and §5.4 (offers). One particular type of repeated action, information requests, is noted as seeming atypically repetitive. The practice of building and maintaining common ground in conversation is primarily done through questioning (Svennevig, 1999). In typical conversation, when information is grounded (Clark and Schaefer, 1989 §3.9), all participants can assume that this has now become shared knowledge and will design their subsequent turns accordingly. The same information is, therefore, not typically requested a second time, or if it is, the second (or subsequent) request will be marked as a repeat (as shown in fragment 5.1). On this basis a category of extra-ordinary repetition can be defined (§5.5.2).

5.5.2. Extra-ordinary repetition

In this section, three criteria are defined and exemplified that classify the repetition of information-seeking questions as extra-ordinary.

1. The repeated turn constructional unit (TCU) relates to the same referent

2. The question has been asked at least once before to the same interlocutors and the answer is interactionally grounded

3. The utterance is not marked as a repeat

Criterion 1: the repeat concerns the same referent

Fragment 5.15 shows Dana asking the age of her granddaughter, the referent *she* in line 1.

(5.15) LML7-3.14772

```
1    Dana: h'old is she now
2    Tru:  fiftee::n
3    Dana: ↑(oh she's) fiftee:n (n sh) she's
4          gonna take↑ (.) exam in next yea:r ↑yeah↑
```

Just three minutes later (5.16) Dana asks again about the age of Chloe, the same referent as *she* in fragment 5.15. The symbol: % denotes whispering.

(5.16) LML7-3.14827

```
1    Dana: n what age is Chlo
2    Trud: fiftee:n
3          (((0.8) tapping/footsteps))
4    Dana: °°%ohh nice figure%°°
```

Fragments 5.15 and 5.16 are from a mealtime conversation involving Dana and Trudy (shown in these fragments) as well as George, Chloe and Barney. The referent in each fragment is Chloe and the question relates to her age. 5.16 is, therefore, a repeat of the earlier request for the same information in 5.15.

Criterion 2: the information is grounded

Fragment 5.17 is from a conversation in which Dana enquires about the score of a football match her family had watched that morning (place names are pseudonyms).

(5.17) LML1-9.1465

```
1    Dana: hu- what was the score
2          (0.5)
3    Maur: fi:ve two
4          (0.3)
5    Dana: to Thir:sk
6    Maur: °mhm°
7    Dana: an >where was the< other team from
8          (0.2)
9    Maur: Glanford.
```

In fragment 5.17 Dana has asked the football score and Maureen gives the answer, *five two* in line 3. Dana receipts this with a sequentially relevant (Schegloff and Sacks, 1973; §3.2) follow-up question *to Thirsk* to clarify that Thirsk was the winning team. By producing the utterance in line 5, Dana demonstrates that the information was grounded (Clark and Schaefer, 1989). She has taken into account the information given in line 3 to design a sequentially relevant next turn. Further evidence for the grounding of this information at this moment is that Dana has passed up the opportunity (Clark and Schaefer, 1989) to show that she did not either understand, or hear, the answer to her question, that is, she has not initiated repair on the informative turn. All participants can proceed on the assumption that the information is grounded in their shared knowledge.

Criterion 3: marked repetition

When an interlocutor repeats an information request for some reason it is expectable that they would mark the repetition to show that they are aware that they have asked before. They may explicitly say 'I know you've just told me, but …' or the repeated phrase may be marked in a more subtle way: 'what was the score *again*' or even marked only with intonation, '<u>what</u> was the score'. Questions categorised as extra-ordinary repetition within these data are not identified as including any such features. The following fragments show questions designed by Dana in which repetition marking is absent (5.18) or present (5.19).

During a conversation with John (5.18), Dana is enquiring about the names of her great grandchildren. Each time in the data that Robert (Dana's grandson) is mentioned, Dana asks about his age, occupation and/or how many children he has. In line 1 Dana asks the names of Robert's three boys.

(5.18) LML1-6.1218

```
1    Dana: oh he's got three boys (.) what's their names
2    John: Ryan Evan and Jamie
3    Dana: that's right that's- I've heard this before
4    John: you have
```

John lists the names of the boys and Dana seems to realise that she has *heard this before* (line 3). So although Dana has received this information on a prior occasion, she has not, at the point of asking, designed her request (line 1) as a repeat. However, some weeks later, Dana again requests this information and this time she does mark the question as a repeat:

(5.19) LML5-4.11121

```
1    Dana: and what's ↓their↓ na:mes again
2          (0.4)
3    John: Ryan (.) Evan and Jamie=
4    Dana: =that's right! huh huh
```

In line 1, Dana appends the question with the temporal adverb *again*. Marking her question in this way demonstrates that although she may have forgotten the details of this information she is aware that it has been given on a previous occasion. Fragment 5.19, also demonstrates to the analyst that when Dana is aware of self-repetition, she is capable of marking it in her talk (also shown in 5.1). It is crucial to note the marking of repetition since this kind of self-monitoring occurs in typical talk when interlocutors produce repetitive utterances.

5.5.3. What is 'excessive' repetition?

Repetition in talk with a person with dementia is often described as being excessive (Hamilton, 1994) but, since repetition pervades typical conversation, the term excessive is difficult to define. Certainly, the identification of a turn as excessive may suit the typical interlocutor but for the person with dementia who is producing the repeated turn, the utterance is surely not excessive. If we are to view talk-in-interaction as a collaborative achievement and consider the contributions of all parties in interaction, then excessive is not an appropriate term.

We have examined repetitive questions, such as offers as well as repeated assessment sequences (§5.2), and there seems to be a continuum of situations from static to dynamic in which repetition may be judged more or less 'excessive'. For the purposes of this thesis, repetition which seems to go beyond the typical, or ordinary uses of repetition, will be referred to as extra-ordinary repetition – in this way we can acknowledge that the repetition may be atypical but also recognise the needs and purposes of the person with dementia. In §5.6 we examine some of the sequential consequences of extra-ordinary repetition by focusing on the actions of the typical interlocutor.

5.6. As if for the first time: responses to repetition

As discussed already in this chapter, repetition observed in this data is not restricted to questions, there are also frequent repeats of positive assessments, offers, compliments, jokes and expressions. Although these actions can be carried out through questioning, the focus here is on information requests because it is clear, as the above criteria demonstrate, when such a question is repeated beyond what can be considered ordinary. As we are also concerned with how co-participants treat these repeats, questions are most interesting due to the constraints of the question-answer adjacency pair (§3.2). That is, Dana's repetitive questions invite her conversational partners to construct repetitive answers. Chapter 6 will consider what the repeated questions may be DOING for the person with dementia.

When presented with a repetitious sequence, interlocutors have a choice whether to highlight the repetition or allow it to go (as if) unnoticed. Any form of 'you've told me before' would risk causing offence, or in Goffman's (1967) terms, could be face-threatening to the person uttering the repetition. While we have considered two examples of potentially dispreferred responses to repeated assessments in §5.2.2 (fragments 5.5 and 5.6), the overall impression from these data is that Dana's conversational partners rarely highlight instances of extra-ordinary repetition. Although dementia is ever-present for these interlocutors they do not explicitly foreground any impairment. That is to say they seem considerate of the conversational consequences of Dana's condition but it does not become the central focus of their interaction (Wilkinson et al, 1998; Wilkinson, 2011). Instead, the conversational partners often treat the extra-ordinary repetition as though the question had been asked for the first time (Jones, 2012). By building a topic from the repeated question or finding new ways to respond, interlocutors can render the extra-ordinary repetition ordinary. On occasion, Dana's conversational partners can be seen to go to great lengths to give an original answer to a frequently repeated question. A particularly interesting example is explicated in §5.6.2 (fragments 5.29, 5.30 and 5.31).

5.6.1. Topicaliser

The following two fragments (5.20 And 5.21) are extended sequences of those presented in §5.5.2 (fragments 5.15 and 5.16).

(5.20) LML7-3.14765

```
1    Dana: how are you doing at school Chlo
2    Chlo: err good thank you
3          (0.9)
4    Tru:  myeah she i:s:
5          (1.1)
6    Tru:  <she takes her exams le- next yea:r>
7          (0.6)
8    Dana: h'old is she now
9    Tru:  fiftee::n
10   Dana: ↑(oh she's)fiftee:n (n sh) she's gonna take↑ (.)
11         exam in [ next yea:r ↑yeah↑]
12   Tru:          [next year when sh's si]xtee:n
```

In fragment (5.20), line 8, Dana asks the age of her granddaughter. Trudy answers *fifteen*, with the second syllable elongated and emphasised. Dana receipts this information with a repeat, preceded by the change of state token 'oh' (Heritage 1984b), which further demonstrates that this is new information to Dana.

(5.21) LML7-3.14819

```
1    Dana:  ˚˚what age is he now˚˚
2           (0.8)
3    Geo:   THIRTEEN
4    ( )    (.)((!T)) (.)
5    Dana:  ˚isʼe [thirteen (x) go:d] love him˚
6    Trud:        [thirtee::n      ]
7    Trud:  I kno::w:
8           (((0.3) swishing sound))
9    Dana:  n what age is Chlo
10   Trud:  fiftee:n
11          (((0.8) tapping/footsteps))
12   Dana:  %˚˚ohh nice figure˚˚%
13   Trud:  ↑ah know↑ (0.4) seems like five minutes ago when
14          you came to visit her in Castleford dʼyou
15          rememb[er tha]t
16   Dana:        [go:d]
17          (0.7)
18   Dana:  ˚gohd bless us:˚
19   Trud:  you came to see me in the hospital
```

Following Dana's second query about the age of her grandson in line 1 (5.21), George answers loudly, with what seems like impatience and a 'tut' follows (line 4) by an unidentified speaker. Trudy also answers this question with her characteristic elongated second syllable giving the impression of a first time answer and certainly demonstrating that she is committed to this topic of conversation. Dana then repeats the request for information relating to Chloe's age (line 9). Without delay, Trudy answers the question a second time with the same answer, again emphasised and a little elongated. She does not highlight the fact that this is the second time of asking but instead uses the question to topicalise the passing of fifteen years in a reminiscence sequence. By maintaining the topic introduced by Dana's 'what age' questions, Trudy is influencing the trajectory of the topic (Svennevig, 1999) while supporting Dana's conversational competence. By topicalising the subject of Chloe's age, Trudy is collaborating with Dana to sustain the conversation. Through this interactional move,

Trudy has validated Dana's repetitive question. Rather than being foregrounded as a moment of incompetence, the question is retrospectively reformulated as a topic initiator.

5.6.2. Varied responses

In this section we consider collections of responses to two common themes of Dana's repeated questions: a person's age and the topic of food.

Beth's age

Fragments 5.22 to 5.25 all include questions relating to Beth's age. Beth is the wife of Dana's grandson and John does not seem certain of her exact age. These four question sequences occur within fifteen minutes, the first three within one minute. In 5.22, the first time in this recorded conversation, John answers the question beginning with *I think* marking the fact that he is distancing himself from a full claim on the accuracy of his knowledge. This is further marked with hesitancy as the word *five* is stretched substantially as John responds to the question with an estimate of Beth's age *thirty five thirty six*.

(5.22) LML1-6.1124

```
1    John: yeah Beth's at work and um Robert's working
2          from home
3    Dana: mm (0.8) what age is Beth now?
4    (X) : ((LS))
5    John: I think she's about thirty f:::::i:ve thirty six
6    Dana: oh (0.6) what does she do (0.4) for a living
```

The subsequent question about Beth's age can be seen in fragment 5.23 when Dana asks the question in the same syntactic form but this time substituting the name *Beth* for the pronoun *she* in line 1. John answers with an identical lexical construction, retaining the epistemic marker *I think* to show his uncertainty. This time however the response is uttered without the hesitancy over the age itself. *Thirty five, thirty six* is uttered in the same regular tempo as the other items in the turn.

(5.23) LML1-6.1146

```
1    Dana:  oh good so she'll be learning(/earning) a lot
2    John:  well yeah I would assume so yeah=
3    Dana:  =yeah oh that's good. what age is she now
4    John:  I think she's about thirty five thirty six
5    Dana:  oh she's getting on in years well sh-
```

On the third occasion of Dana asking Beth's age (5.24) it is interesting that John has chosen to give a direct and apparently precise answer. He has answered directly without any hesitation and given just one answer: *thirty five*, omitting the alternative, *thirty six*. John then goes on to include the marker of uncertainty by adding *I think she is*.

(5.24) LML1-6.1172

```
1    Dana:  what a:ge is Beth
2    John:  thirty five I think she is
```

After discussion about Beth and Robert's children (Dana's great grandchildren) the conversation comes round again to Beth. Approximately fifteen minutes later (after 5.24), Dana enquires, once more, about her age.

(5.25) LML1-6.1236

```
1    Dana:  um who's their mother Beth
2    John:  yeah
3    Dana:  Beth what age would she be there
4    John:  thirty six I think
5    Dana:  oh is she
6           (0.3)
7    Dana:  so there won't be any more children there
8    John:  yeah there's another one on the way
9    Dana:  oh flip
```

On this fourth occasion (5.25), John answers directly again but this time chooses the alternative age from his original two options: *thirty six*. There is nothing in the intervening conversation which can explain this change in his knowledge and he still qualifies the estimate with *I think*.

In fragments 5.22 to 5.25, John seems to be responding to his mother's questions fully and honestly. Advice to caregivers regarding communication often recommends keeping conversational turns short and simple (Orange, 2001; Alzheimer's Society, 2013; table 2.1: #9). It could be tempting to just give a brief answer when there is evidence that the information will not be retained by the interlocutor with dementia. However, John does invest in this conversation giving the most accurate information available to him at this time following the cooperative principle of conversation (Grice, 2006). He does not seem to over simplify on account of Dana's impairment. John is fulfilling his duty as a conversational partner by answering to the best of his ability and is also taking care to be honest by not overstating his claim on the knowledge he is sharing. Even though the question of a person's age would seem to have only one accurate answer, John has found a way to respond, each time, 'as if for the first time' (Jones, 2012: 194). Moreover, by varying the formulation of his answers, John perhaps satisfies his own need not to repeat himself.

Where are the burgers from?

As noted in §5.3, planning and serving meals is a very strong theme in Dana's conversations. As well as being a mother of five, she also spent most of her working life in the catering sector, working in quality establishments as a waitress. 'Presenting' food (as Dana would put it) and the provenance of that food seems very important to her.

In a conversation which begins in the car returning from a hairdresser's appointment, Dana suggests that they find somewhere to buy fillet steak for tea. John has already planned their evening meal, *some lovely beef burgers* (5.26).

(5.26) LML1-5.4.1062

```
1    John:  ((LS)) got some lovely beef burgers in the
2           fridge though
3    Dana:  ↑oh have we↑
4    John:  yea
5    Dana:  ↑oh goo:d↑
6           (0.6)
7    Dana:  >where did you get them<
8           (1.2)
9    John:  Don Leary's
10          (0.6)
11   Dana:  o:h that was good
12          (2.3)
13   Dana:  n how much were they
```

This (5.26) is the first recorded mention of the burgers on this day and Dana asks *where did you get them*. John answers with the name of a local butcher, *Don Leary's* with which Dana seems familiar, making a positive assessment of the source and further receipting this information with a sequentially relevant next question *how much were they*.

In fragment 5.27 the conversation is still taking place in the car and there are some long pauses between turns and on some occasions the indicator can be heard as they approach a junction. John is concentrating on his driving and this may well account for some of the longer pauses.

(5.27) LML1-5.1075

```
1           (((12.0)Car engine))
2    Dana:  what do you fancy eating
3           (1.5)
4    John:  we've got some burgers in the fridge
5           (0.3)
6    Dana:  oh where d'you get them from
7           (((1.6) sound of car indicator))
8    John:  Andy Leary's butchers on Cleatham Green
9           (0.3)
10   Dana:  ↑o:h that's good↑
11          (0.6)
12   Dana:  ↑whe:n did you↑ do that
```

On this occasion when Dana asks *oh where d'you get them from* (line 6) a long pause precedes John's response. Now a notable pause in typical conversation would be anything over 0.1 second and John waits 1.6 seconds before responding. As noted above, we must take account of the fact that he is driving but such a pause would typically signal a dispreferred response (Pomerantz, 1984a; §3.4) or some problematic aspect to the ongoing talk. The problem may well be that John knows that he has answered this question just two minutes earlier since repetition of established information is not a commonly accepted practice for a competent conversationalist (Sacks, 1992). When John answers *Andy Leary's on Cleatham Green* the response begins in a similar way to that in line 9 (5.26), that is, with the butcher's name. However, this time (5.27, line 8), there is some lexical variation referring to another *Leary* at the same butchers' shop (Andy rather than Don). John also goes on to add further detail about the location of the shop, changing the overall shape of the response.

The next example is taken from the conversation which resumes back at home about fifteen minutes after 5.27. Fragment 5.28 shows the pre-sequence of various offers of food as the potential aggravation builds and John utters an uncharacteristically blunt response.

(5.28) LML1-6.1088

```
1          (6.0)
2   Dana:  right (0.9) >I'm goin to go up an get ye a< nice
3          fillet steak for your tea
4   John   I don't want a fillet steak for me tea thankyou
5          (1.2)
6   Dana:  fish and chips
7   John:  no: I don't want fish and chips ↑ei↑ther
8          (1.4)
9   Dana:  fresh air
10         (1.0)
11  John:  n:o: I'll have more than fresh air (.) for tea
12         (0.4)
13  Dana:  what would you like
14         (0.6)
15  John:  w- I've to:ld you I've got some beef burgers
16         in the fridge
```

```
17          (0.6)
18  Dana:   ↑oh where'd↑ you get them from
19  John:   from Andy Leary's
20  Dana:   .hhh o::h s:o they should be good
21          (0.5)
22  John:   they are good
```

In fragment 5.28, the repeated question *where did you get them from* is answered by John in line 19. The turn design on this third occasion is slightly different again. In turn-initial position John repeats the preposition from Dana's question (*from*) and uses the name *Andy Leary's* as in 5.27 but omits the location of the butchers' shop. If we examine the sequence as a whole, we can see how John's retort in line 15 (one of very few occurrences of such explicit reference to repetition by any party in the entire data set) may have been locally occasioned. Interestingly, it does not focus on Dana's repetition of the subject, but his own: *I've told you*.

John's responses, in lines 4 and 7, seem abrupt. In lines 2 to 3 Dana offers *a nice fillet steak* in a turn which is designed to elicit a preferred response of acceptance. John rejects the offer but does not design his turn in a typical dispreferred way. The rejection is uttered without delay or hesitation. As explained in §3.4, dispreferred turns typically include accounts (Pomerantz, 1984a) but, although John does use the polite term *thank you* in turn-final position, no account is given for the rejection. Dana makes another offer in line 6 of *fish and chips*, which is, again, rejected. John's turn in line 7 is an explicit rejection and not designed as a dispreferred response; without delay, John utters a turn-initial *no* (§3.4) and gives no account for his rejection.

Before alluding to the need to repeat himself with *I've told you* in line 15, John has passed up three opportunities to use this approach. In lines 4, 7 and 11 his rejections are abrupt but he does not explicitly point out that they have already discussed plans for their evening meal. In line 9, Dana offers *fresh air*, a figurative extreme case formulation (Pomerantz, 1986) meaning *nothing for tea*. This mocking phrase (Drew, 1987; Haugh, 2010) has touched off a different, teasing tone in the interaction. Rather than view John's blunt response *I've told you I've got some beef burgers in the fridge* as foregrounding Dana's incompetence, it could be argued that John is responding to provocation in an entirely typical way, maintaining solidarity in their relationship (Haugh, 2010; Arundale, 2006). It is only when the term *I've told you* is viewed in

relation to Dana's known impairment that it appears to be excessively harsh. In this sequential environment, the comparison with typical teasing among family and friends (Labov, 1972; Drew, 1987; Haugh, 2010) would suggest that this can be an ordinary, unproblematic practice.

In response to the repeated question about the burgers in these three fragments (5.26, 5.27 and 5.28), John has varied his response each time while still indicating the same referent. In 5.26 and 5.27 he changes the name that he uses to refer to the butchers' shop from *Don Leary's* to *Andy Leary's* as well as adding detail of the location. In the third instance (5.29), John simplifies the response to *from Andy Leary's*. On each occasion, John answers the question apparently honestly and accurately. By doing this he assists Dana in understanding the current situation and together they sustain the conversation.

Where is the fish from?

In the fragments that follow, (5.29, 5.30 and 5.31), John has just prepared and served a meal of fish and chips, the participants are sitting at the table in the dining room. Additional transcription keys are used here: /@/ to denote speaking while eating and /~/ for trembling voice. There are some considerable pauses in these sequences which may be, at least partially, attributed to the activity of eating.

(5.29) LML5-4.10869 [time: 4:00:04]

```
1    Dana:  looks goo:d
2           (0.3)
3    Dana:  where did you get the ↑fish:↑
4           (0.6)
5    John:  Sai:nsbriz °mmhh°
6           (2.2)
7    Dana:  where did you coo:k it
8           (0.3)
9    John:  in your oven
10          (0.4)
11   John:  just now
```

On the first occasion of this question, (5.29) line 3 *where did you get the fish,* John responds (line 5) by giving the name of the supermarket where the product was purchased: *Sainsbury's.*

(5.30) LML5-4.10921 [time: 4:01:40]

```
1    Dana:  (°°uh s-°°) °it smells gorgeous does this°
2           (2.4)
3    Dana:  where's this from John
4           (((1.2) clinking of cutlery))
5    John:  @out your free:zer@
6           (1.3)
7    Dana:  °~what~°
8           (1.1) ((snap))
9    John:  @OUT OF'YA FRee:zer@
10          (1.1)
11   Dana:  these were in the freezer
12   John:  (.) yep °hhh°
```

Ninety six seconds after 5.29 Dana asks the same question again. The second
formulation has a slightly different lexical construction using the pro-term *this* when
referring to the fish (5.30, line 3). John utters a different response: *out your freezer*.
Dana initiates repair in line 7 (this repair sequence is discussed in §8.2) and John
repeats his answer. Schegloff (1972b) noted that in describing the location of an entity,
interlocutors take into account the context and sequential environment relative to the
co-participants. An example given in his paper was that an object could be said to be
"next to the telephone, on the desk" or "in Room 213" or "in New York City" and all
would be 'in some sense correct' when relevantly produced (Schegloff, 1972b: 81). In
fragment 5.30, John reformulates the answer to his mother's repeated question, while
maintaining a relevant, and seemingly correct, response. In the first instance he gave
her the name of the shop where the fish was purchased and on the second occasion
(line 5 and repeated, after repair initiator, in line 9) he cited the location where he had
taken it from on that day just prior to cooking: *out of your freezer*.

(5.31) LML5-4.10959 [time: 4:03:14]

```
1    Dana:  @whe:re was the fish from@
2           (((7.8) chewing))
3    John:  @@ROSS@@
4           (3.2)
5    John:  @I think it's ross@
6           (((1.1) TV))
7    Dana:  °hmm°
8           (((6.5) TV))
9    John:  °Birds eye° ((as if in distance))
10          (2.1)
11   John:  Birds eye. ↑ba↑ttered fish fillets mum
12          ((walking back))
```

Fragment 5.31 shows a third instance of the question *where was the fish from*. This extra-ordinary repeat is produced, just one minute and thirty-four seconds after the question in fragment 5.30, without any lexical or prosodic marking of repetition. The stressed item in the turn is the word *fish* which denotes this as relating to the required information in this interaction (Crytsal, 1997). John finds another original, and appropriate, way to respond. After a pause of 7.8 seconds, during which time John is eating, he answers the question and can still be heard to have quite a mouth full. So it seems that he has, regardless of the long pause, answered the question at the earliest opportunity physically possible. This time John formulates the answer as the manufacturer *Ross* as the source of the product in line 3. However, after a further pause he expresses his doubts and goes to the trouble of leaving the table to walk to the kitchen[4] and check the packaging. In the distance John self-corrects the name of the manufacturer *Birdseye*. As he can be heard walking back to the table (and nearer to the recording device) he utters the full name of the product in line 11.

In this collection of three fragments in which Dana is enquiring about the fish, John goes to a great deal of trouble to give an original answer each time. On the third occasion he even moves from the table while eating his meal to check the correct name of the product in order to answer his mother's question. This demonstrates one procedure that is available to interlocutors to respond to repeated questions. Varying the formulation of the answer performs a conditionally relevant second part to the

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[4] A plan of the ground floor of the house is attached in Appendix 1.

question-answer adjacency pair while allowing the conversational partner a means to avoid being repetitive in the interaction.

5.7. Discussion

This chapter has explored an array of examples of repetition. It has been shown that much of the repetition occurring in talk with a person with dementia is, in fact, produced in an ordinary way for the purposes found in typical talk-in-interaction. For example, repetition is a device to initiate, or carry out, repair operations. We have considered how actions, repeated in talk, can be categorised as typical especially in dynamic environments. It may also be the case that in unchanging situations the perception of excessive repetition may be intensified as in the fragments relating to positive assessments of Emma's kitchen (5.5 and 5.6)

The perception of repetition as excessive must, surely, be intensified for familiar conversational partners who hear the same phrases and questions used in both ordinary and extra-ordinary ways. In fragment 5.5 we saw an example of John expressing his possible aggravation at Dana's repetitious use of *gorgeous*. In a later conversation (some weeks later) John is on record urging an interlocutor not to take Dana's compliments too seriously since she 'tells everyone they are *beautiful* or *gorgeous*'.

Due to the many combinations of variables which contribute to repetition being perceived as typical or atypical, §5.5.2 set out criteria by which repeated sequences can be categorised. Information requests meeting those criteria were examined and some practices for responding to extra-ordinary repetition have been discussed in §5.6. An in-depth analysis of repeated questions will be carried out in chapter 6.

How the conversational partner responds to Dana's extra-ordinary repetition has an influence on the trajectory of the subsequent talk. The repetitious turn can be taken up as a topic initiator. By expanding their response, the conversational partner can make a greater contribution to the focus of the topic as it develops. Interlocutors can answer repetitious questions *as if for the first time* thus rendering the extra-ordinary repetition, ordinary and supporting the self-worth of the person with dementia (Jones, 2012). One way of doing this is to find different ways of presenting the same information, or

altering the formulation of the adjacency pair as demonstrated in the 'fish' examples (5.29, 5.30 and 5.31). In these data, many extra-ordinary repeats are, in fact, responded to with a typically preferred turn shape, without any marked orientation to the repetition as being excessive.

These are valuable findings in terms of advice to conversational partners and caregivers of people with dementia. To accept a repeated phrase or question as a topic initiator and to take this up with an extended topicaliser allows the person with dementia to influence the talk. In addition, this technique allows the conversational partner to adapt the trajectory of the conversation. While recognising that it is very trying for caregivers to be asked the same question multiple times in a conversation, caregivers might find it easier to come to terms with if they know that by answering each question 'as if for the first time' (Jones, 2012: 194), they are supporting, in-the-moment, the needs of the person with dementia to take part in meaningful social interaction. After all, if the person they care for needs physical help walking up the stairs they will help and support them on each stair and on each occasion they ascend, they would not just leave them to struggle on alone.

Chapter 6 **Why that now?**

6.1. Introduction

This chapter investigates a hypothesis that repetitive questions contribute to self-scaffolding for the person with dementia in interaction.

In chapter 2 we discussed the concept of perseveration (§2.5.6) and have explored the notion of ideational perseveration, or repeated topics, in §5.3 where we found that repetition of topics was collaboratively achieved in Dana's conversation with her interlocutors. Chapter 5 also investigated repetition of actions, including information requests, and a set of criteria was offered to categorise when information seeking questions might be seen as 'extra-ordinary repetition' (§5.5.2). Chapter 6 considers the concepts of perseveration and scaffolding in everyday conversations with a person with dementia and investigates whether repetitive questioning may, in fact, be a purposeful and potentially self-scaffolding device.

We now investigate a specific collection of 56 questions asked by Dana relating to the age of a person. This particular question most often took the form:

[what age] + [BE] + [name/pronoun]

Many sequences in which Dana asks this question are extra-ordinarily repetitive (see §5.3), that is, the question is asked of the same interlocutor, about the same referent within one conversation, often within just a few minutes. However, this accounts for just a fraction of the repetition actually experienced by interlocutors: further repetition, no doubt, takes place outside of the conversations on record and, crucially, any action or utterance can be perceived by interlocutors as repetitive, not only those which we can define as extra-ordinary repetition. The question *what age* occurs frequently throughout the majority of the recorded conversations (a notable exception being during a reminiscence sequence which will be discussed in chapter 7). This *what age* question was asked by Dana of every interlocutor in the conversational data and is asked about every participant (as well as many other referents) throughout the corpus. However, this may not necessarily mean that the question *what age* is a perseverant

form. Dana is aware, for example, that it is not a socially polite question to ask of certain people (this is demonstrated in fragment 6.17, below). Also, Dana displays an awareness of the epistemic access of her interlocutors in relation to the question and will design her question with appropriate epistemic expressions, which can be seen throughout many of the forthcoming fragments.

6.2. Turn design

As discussed in §3.9.2 conversational participants select the way they intend their utterance to be delivered. The lexical structure, pitch, loudness and intonation are produced to project meaning to be interpreted by interlocutors (Sidnell, 2013). Investigations into self-repair (Jefferson, 1972; Schegloff et al, 1977) have revealed the practices of interlocutors to select or adjust their production in order to 'convey what one means to convey or to accomplish the action a speaker means to perform' (Drew, 2005: 95). A person with dementia is no exception; they too, make choices when they speak. They may be impeded in ways that make the "ideal" utterance less accessible. For example, problems with lexical access may result in circumlocution or lexical substitution (§2.5) or memory impairment may contribute to difficulties in designing a turn appropriately for the recipient to comprehend (Müller and Mok, 2014). However, the underlying structures to construct the target form remain (Hamilton, 1994; Kitzinger & Jones, 2007).

48 out of 56 age-related questions were designed:

[what age] + [BE] + [name/pronoun]

Only eight age-related questions did not conform to this pattern; these are:

- *how old is/are* (see fragments 6.1 and 6.4)
- *what age group is he* (see 6.9)
- *are they all her age group* (see 6.8)
- *is he very old or is he a middle age fella* (see 6.10)
- *is he older or younger than you*
- *is that the age she is* (see 6.18)
- *I don't know what age Hal* [*is*][5] (see 6.17)

The form of these questions covers a range of enquiries about a person's age, life stage or relative age compared to another person. This variation of form, even though it occurs in only a small number of cases, demonstrates that Dana selects the lexical and syntactic construction and recipient design of these turns. §6.2.1 explores the turn design of a set of cases relating to a single referent.

6.2.1. A collection of cases pertaining to a single referent

In exploring the recipient design of Dana's questions we will consider a specific selection of cases relating to Chloe's age. In this set we see some variation in the form of the question as well as repairs to the utterance (6.6 and 6.7). Some instances of the question occur in very close succession. The set of fragments below (6.1 to 6.7) is presented in the order in which they occur in the conversations. The responses to the repetitive questions in fragments 6.1 and 6.2 were explored in §5.6. Conversation LML7-4 takes place three days after conversation LML7-3.

---

[5] This is not syntactically a question but as the sequence develops it is clear that the interlocutors are searching for the information to 'answer' this age-related query.

The first fragment (6.1) is one of only two instances, in the entire data set, in which Dana produces the formulation *how old* rather than *what age* when asking about a person's age.

(6.1) LML7-3.14763

```
1   ((Another conversation continues in background))
2   Dana:  how are you doing at school Chlo
3   Chlo:  err good thank you
4          (0.9)
5   Trud:  myeah she i:s:
6          (1.1)
7   Trud:  <she takes her exams le- next yea:r>
8          (0.6)
9   Dana:  h'old is she now
10  Trud:  fiftee::n
```

In fragment 6.1, Dana asks Chloe *how are you doing at school* and she responds in line 3 but does not topicalise the subject (Button and Casey, 1985; §3.3). Dana does not produce a further turn at this point but, following a pause of 0.9 seconds, Trudy takes up the topic and after a further pause of 1.1 seconds expands further with information about school: *she takes her exams next year*. Dana then addresses Trudy asking *how old is she now*. A question relating to the teenager's age seems relevant to introduce at this point since the life stage of a student taking exams is directly linked to their age. This is the first of two occasions, out of the 56 questions relating to age, when Dana selects the form *how old* rather than *what age* in designing her information request. The second instance also refers to Chloe's age (see fragment 6.4) and occurs in a conversation in the same setting a few days later. There are no other occasions in the data when Dana uses the formulation *how old* in relation to Chloe, or any other referent. The two occurrences of the form *how old* suggest that Dana is designing her question 'in-the-moment' rather than producing *what age* as a formulaic utterance.

Fragment 6.2 takes place in the same setting just three minutes later. Dana and Trudy are talking about Barney (Trudy's son), and Trudy informs Dana that he is thirteen. The topic of age is, therefore, current when Dana asks the age of his sister, Chloe. Dana's question in line 5 is prefaced with *and*, demonstrating the continuation of the current activity (Heritage and Sorjonen, 1994).

(6.2) LML7-3.14823

```
1   Dana:   °is'e [thirteen (x) go:d] love him°
2   Trud:         [thirtee::n        ]
3   Trud:   I kno::w:
4           (((0.3) swishing sound))
5   Dana:   n what age is Chlo.
6   Trud:   fiftee:n
```

Fragment 6.3 is from conversation LML7-4, which takes place three days after
LML7-3, in the same meal-time setting with the same conversational participants.
During the meal, Dana asks Chloe *what age* she is, Chloe sighs and waits two seconds
before answering her grandmother. This may be because she is eating since, in line 6,
when Chloe tells Dana her age, Chloe can still be heard to be eating. An alternative
interpretation may be that it signals Chloe's irritation with Dana's repetitive question.
Note the quiet reprimand from Trudy in line 4; it is unclear whether this is relating to
Chloe's behaviour towards Dana (the extended outbreath) or may be related to a prior
disagreement between Chloe and Trudy (not shown) over Chloe's dislike of eating
meat. Whatever the intention behind these actions, the question initiates a new
sequence between Dana and Chloe. The sequence may even have been initiated by
Dana in order to divert the conversation away from the discord between Chloe and her
mother. Chloe subsequently responds to the question (line 6) thus creating an
opportunity for Dana to sustain the conversation further through an age related
assessment, in line 10, *young lady*.

(6.3) LML7-4.15258

```
1   Dana:   what age are you now=
2   Chlo:   =>hhhhh<
3           (((1.3) eating))
4   Trud:   °°>stop being cheeky<°°
5           (((0.4) eating))
6   Chlo:   @am (.) fifteen@
7           (((0.6) eating))
8   Dana:   mmm
9           (((0.4)eating))
10  Dana:   #young lady#
```

Dana's turn in line 1 (6.3) is designed with the most frequently used syntax:
[*what age*] + [BE] + [pronoun]. On this occasion the turn is appended with the
temporal adverb, *now*. Dana uses *now* only in reference to familiar persons; 28 out of
56 age related questions are appended with the term. It is not used in turns designed
with broader epistemic aspect, such as, *what age group is he,* nor is it used in questions
that refer to more than one person, for example, *what age are they, the children*. Most
significantly, Dana does not append the *what age* question with *now* when referring to
unfamiliar people. We can see in a later fragment (6.12), when Dana and John are
talking about John's business partner, *now* is <u>not</u> used and also in conversation with
the chiropodist, the item *now* is absent when Dana asks the age of his brother. Dana
systematically designs her questions to include *now* in relation to previously held
knowledge. That is, she has, at some time, known the age of the referent, but cannot
recall it at this moment. The use of *now* is a device used by Dana (and, no doubt, other
English speakers) which demonstrates that she is aware of a relationship with the
referent which makes relevant her knowing their age even if she cannot retrieve this
information. That *now* is not used in reference to less familiar acquaintances, or when
talking about a person she has perhaps never met, such as the chiropodist's brother,
adds weight to the evidence that Dana designs the question in-the-moment and does
not produce it purely as a perseverant or automatic expression.

(6.4) LML7-4.15544

```
1   Trud:  pour that on to dad's plate
2          ((2.0) cutlery on plates))
3   Dana:  °how=ol'uh you (xx)°
4          (0.5)
5   Chlo:  fift[een]
6   Geor:     >[sh'jus]< been messing with it all ((to Trudy))
7   Dana:  ah you're ready to come out aren't you
8   Chlo:  NO:: (.) YOU GO TIL YOU'RE:: (.) EIGHTEEN NOW
9          (((0.7) cutlery on plates))
10  Dana:  oh you can go till you're @eighteen@
```

Fragment 6.4 is the second example of Dana designing the question with the
formulation *how old*. However, the transcription of this sequence was unclear due to a
combination of a lack of clarity in Dana's speech and the background noise at this
meal time conversation. Prior to this sequence, Dana has been talking to Barney on the

subject of school and has just ascertained that Chloe is attending the same school. There is a lull in conversation of two seconds following an interjection by Trudy on the subject of the meal they are eating. Dana's question in line 3 (6.4) resumes talk about Chloe and projects further talk on the topic of school. Chloe responds after a pause of 0.5 seconds and in line 7, Dana receipts the age information with *ah* and utters an assessment of Chloe's life stage *you're ready to come out aren't you*. The term *come out* seems an unusual choice when talking about school. Often one would talk about *leaving* school rather than *coming out* which could mean that Dana is using an expression reminiscent of the tradition of young women (debutants) *coming out* in their late teens – a practice mostly relating to aristocracy which may well have been more common in Dana's youth. However, Chloe takes this to mean coming out of school and the topic continues with details of the school leaving age. The *what age* question has successfully projected an opportune sequence of talk between Dana and Chloe relating to the topic of age and school life.

The next fragment (6.5), again, shows Dana using the formulation [what age]+[BE]+[pronoun]. This turn is arrived at through a stepwise topic shift from talk about Chloe's height. The immediately prior turn is inaudible due to a number of simultaneous conversations.

(6.5) LML7-4.15680

```
1   Dana:  ↓not going into twentyone or↓ two what age is she?
2   Trud:  @she's only fifteen@
3   Dana:  she's only fift-uh-oh ↓but that is (.) lovely↓
4   Trud:  mmm
5   Dana:  ↓because that is a very important time↓
6   Trud:  ye:s:
7   Dana:  ↓between now and alesence↓
8   Trud:  YEs: yes I know what you mean
```

Dana seems to be placing Chloe at about the age of twenty – *not going into twenty one or two* – and Trudy answers the question, correcting this assumption by using the term *only fifteen*. Dana repeats the item *only*, plus the perturbations and use of *oh* in her receipt suggest she is quite surprised by this news despite having been informed of Chloe's age only two and a half minutes earlier. Once again Dana takes the opportunity to produce an assessment of Chloe's life stage and the extended turn in

lines 5 and 7 also serves as a form of parental advice to Trudy about the importance of this stage. Although Dana has now asked the question about Chloe's age three times in only eight minutes, it is clear that the information is new to her on each occasion on this day.

(6.6) LML7-4.15697

```
1  Dana: what age ish- what wi- what height is she
2        (1.7) ((clank, swallow))
3  Trud: five seven I thin:k about
4  Dana: aw[w well she'll be a]
5  Trud:   [maybe a bit more n]ow
6        (0.4)
7  Dana: will she be as ↑o- as: whigh as that?↑
8  Trud: ↑mmmm!↑
9  Dana: ~°five seven°~
10 Trud: mmmm.
11 Dana: oh yes >sta- oh a fia-< ↓oh she is tall.↓
```

Fragment 6.6 is interesting since Dana begins to ask the question *what age* but self-corrects to ask *what height is she* (Chloe). This fragment is included in the collection of *what age* questions because those words are uttered in line 1. This sequence does suggest that the theme of age may be perseverant with Dana since she receipts the information in line 7 with a turn that also appears to start out as age related, that is, the projected turn may be: *will she be as old as that*. This is what Hamilton (1994: 24) has referred to as 'ideational perseveration' when a theme in talk occurs repeatedly. However, this does not happen here since in line 1, and potentially in line 7, the age related theme is sequentially deleted through self-repair; Dana appears to have successfully suppressed the theme of age and substituted a new topic: height.

In the final fragment in this collection (6.7), Trudy and Dana have been discussing Chloe's height and they have diverted from that sequence to share a song, "Walk Tall". After they finish singing Dana resumes the topic of talking about Chloe in line 3. The symbol % denotes whispering.

(6.7) LML7-4.15783

```
1          ((Trudy and Dana sing "Walk Tall"))
2    Trud:  >hm↑hmhmhm↑<  .hhh
3    Dana:  ˚wha=age [is she n]˚
4    Trud:           [good so]n:g
5           (0.2)
6    Dana:  <what age is she now>
7           (.)
8    Trud:  @fiftee:n@
9    Dana:  ↓o:h well she's a young woman now↓
10          (0.2)
11   Dana:  yeah
12   Trud:  she's getting that way isn't she:
13   Dana:  %%has she got a boyfriend%%
```

Following the song, Dana speaks quietly in line 4 and Trudy begins to speak in overlap with Dana's question. As discussed above, interjacent onset can occur when speaker 2 (Trudy) has already geared up to speak when speaker 1 (Dana) starts up. We can see that Trudy, after laughing, in line 2, takes a long in-breath which indicates she may be about to speak. In this case, Dana does not complete her utterance even though she was already in turn, allowing Trudy to finish her turn in the clear. After a short pause Dana re-produces her turn in its entirety, *what age is she now*. This is a typical instance of repetition since line 6 is an ordinary repeat which carries out a repair operation of the cut-off, unanswered turn in line 3. But taking the conversational structure as a whole, the question of Chloe's age has been asked on three prior occasions in 20 minutes, therefore, the question in line 6 is atypically repetitive in that respect.

Fragment 6.7 demonstrates that, despite the extra-ordinary repetition in this sequence, the *what age* question is produced by Dana in a sequentially relevant place in the local organisation of the conversation. Chloe was the focus of the topic (in song) and when Dana's turn was overlapped by Trudy's talk, Dana curtailed her turn to allow Trudy to complete, demonstrating Dana's attention to her interlocutor's actions. Dana then reproduced her question and obtained the answer *fifteen*. In line 9, Dana receipts the information with turn-initial *oh* and utters an age-relevant assessment. She then develops the topic about Chloe as she whispers a further age-relevant question *has she got a boyfriend*. Dana's question has served to resume the topic of talk about Chloe and contributed to the projection of a sociable meal-time conversation with her family.

This set of age related questions (6.1 to 6.7) have demonstrated fine grained attention by Dana in her turn design; including self-repair and sensitivity to the actions of her interlocutors. The variation in turn design in this set, as well as the sequential relevance of the question, suggests this is not merely an involuntary or formulaic utterance but an intentional request for information, albeit, information that is requested repeatedly.

6.2.2. Broadening the epistemic scope of the age question

The second set of what age questions (6.8 to 6.10) includes instances in which Dana uses a more general term relating to the life stage or age group of the referent. The first example is from a conversation between Dana and her granddaughter, Emma, in which Dana is enquiring about the age group of the children living locally (fragment 6.8). The question is asked in relation to the age of Emma's daughter, Molly.

(6.8) LML2-1.3385

```
1  Dana:  all the all her age group are they
2  Emma:  similar age [yea so its]
3  Dana:              [and what age is she]
4         (.)
5  Emma:  she's eight
6         (.)
7  Dana:  is she (.) oh so they're all wee girls together
```

Dana has selected this more general term which can more easily cover the ages of a range of children. By designing her question in this way, Dana allows for the fact that she is referring to multiple referents. Later in the same conversation (6.9), Dana asks about a neighbour of Emma's. On this occasion the use of the term *age group* takes account of the epistemic access that Emma might be expected to have regarding her neighbour's age.

(6.9) LML2-1.4337

```
1  Dana:  what age group is he
2         (1.1)
3  Emma:  must be in his fifties
4         (0.6)
5  Dana:  ach he's a granddad
```

It seems, from evidence in fragment 6.9, that Dana has correctly designed her question to take account of Emma's epistemic access since Emma does not give the exact age of the neighbour but provides an age range: *in his fifties*. Moreover, this carefully formulated turn (line 1) demonstrates that the question uttered is intentional and apposite. The *what age* question–answer adjacency pair enables Dana to contribute a further turn to the sequence, an assessment about the age of the neighbour *ach, he's a granddad*. Dana's use of assessments as a conversation maintenance device is explored further in §6.3.2

Fragment 6.10 occurs in a conversation that took place over a meal time at Maureen and John's home. Dana asks about the life stage of the *fish man* who delivers to their house.

(6.10) LML3-5.7141

```
1          (((14.3) sounds of eating))
2   Dana:  so ↑Maureen↑ where does your fish
3          ma:n come from
4          (1.7)
5   Maur:  from Grimsby.
6          (((2.2) sounds of eating))
7   Dana:  and has he- he ↑must have a good
8          tra:de round here has he=
9   Maur:  =he must do.
10         (0.4)
11  Maur:  [its along way to come isn [it]
12  Dana:  [mmhmm                     [mmh]mm
13         (((21.8) sounds of eating))
14  Dana:  is he very o:ld or is he middle age fella
15         (1.2)
16  Maur:  well (0.8) the man who delivers it's:
17         >middle aged<
18         (0.9)
19  Dana:  mmm
20         (1.2)
21  Maur:  mm
22         (2.7)
```

```
23          ((sound of knife hitting plate))
24 Dana: (oh they duh de.) an they wei:gh id up
25          when it ↑comes↑.
26          (1.2)
27 Maur: yeah they >ring me up< the week before
28          and ask me what a'd like.
29 Dana: ah::
```

In this case (6.10), Dana structures her question by stating two alternative candidate answers in line 14. In doing this Dana demonstrates that a life stage, *old* or *middle aged*, is as specific as she could expect Maureen's knowledge of the fish man to be. As in fragment 6.9, Dana has designed her turn specifically for the presumed level of epistemic access that the recipient is likely to have on the subject.

However, although Dana has demonstrated competence in designing the question for the recipient's supposed epistemic access, we cannot see evidence, in this sequence, that Dana uses this information in her subsequent turns. In a series of questions relating to the fish trade, in lines 2 to 3, 7 to 8 and 24 to 25, the information request relating to age (line 14) holds little discernable relevance to the surrounding talk, which could result in an impression of perseverance. Dana's initial receipt of the age information, a minimal *mmm*, is followed by a further question about the fish delivery arrangements (line 24 to 25), which seems not to make relevant the prior age related question.

6.3. Sequential relevance

As noted above, in fragment 6.10, it is not always easy to see (as analyst or participant) why the *what age* question is being asked. Schegloff and Sacks (1973: 299) suggested that interlocutors constantly monitor interaction, seeking to answer the question "why that now" in order to understand what conversational partners mean. More specifically, relating to question design, Pomerantz (1988) stated that in seeking information, interlocutors ask questions that they assume recipients will be able to answer. In addition, recipients (of questions) expect information seeking to be purposeful; they try to understand why an interlocutor is asking the question so that they can design their own response appropriately, giving sufficient information for that (supposed) purpose (Pomerantz, 1988).

In the collection of 56 *what age* questions, when Dana receives a response to her question, her next turn is produced as a sequentially relevant receipt (with one exception when Dana's attention is drawn to an unfamiliar object in her room). The majority of receipt turns (of the *what age* question) include the token *oh*. 26 out of 55 receipt turns are built with turn-initial *oh* (plus one *ah*) and a further 9 turns have *oh* later in the turn, for example:

- *twelve oh*

- *is she, oh*

- *am I, oh*.

As discussed in §3.9, *oh* is a token expressing a change of epistemic state (Heritage, 1984b); Dana is requesting information and in receiving the response has altered her epistemic position. The information appears to be new to Dana despite often having requested the same information in recent conversations.

The sequence following the response is where evidence may be found of how Dana is using the new knowledge elicited by the *what age* question. In this section we will consider the receipt (third position[6]) turn and the subsequent trajectory of the talk following the *what age* question–answer adjacency pair. §6.3.1 explores sequences in which the subsequent talk seems not to be contingent upon the knowledge obtained from the *what age* question. These sequences range from seemingly inapposite sequential positioning of the *what age* question to a series of related questions which appear to build a profile of information relating to the referent. §6.3.2 considers a collection of instances in which the third position turn contains a generalised response to the information elicited by the *what age* question, such as an assessment relating to the life stage of the referent, for example, *oh just a young man*.

---

[6] This refers to the third position turn in relation to the question being the first turn (see Schegloff, 1992).

6.3.1. Information gathering

In this section we explore a set of what age sequences (6.11 to 6.14) to find how, or whether, the age information elicited by the question may contribute to Dana's interaction. The relationship between the acquired information (age of the referent) and the subsequent turns is often unclear and this can lead to an assumption by interlocutors and others that the question is not purposeful. Fragment 6.11 shows one of the many occasions that Dana asks about the age of her grandson, Robert. The sequence begins as Dana is asking about Robert's occupation ('it' in line 1).

(6.11) LML1-11.2045

```
1    Dana: you know is he happy with it
2    John: yeah but he- he's studying he's doing a
3          Master's degree
4    Dana: oh
5    John: erm:
6          (0.4)
7    John: and he wants to get on [to]
8    Dana:                        [good] (.) what age is he now
9    John: thirty seven
10   Dana: thirty seven
11   John: yes
12   Dana: oh well (.) he shoul- he- he's bright enough isn't
13         he (0.3) for to get a Master's degree
```

In line 2 (6.11), John mentions that his son, Robert, is studying for a Master's degree. In the next turn, Dana asks Robert's age and John answers directly *thirty seven*. Following a repeat, seeking clarification (Schegloff et al, 1977), Dana's turn, in lines 12 to 13, is designed as fitted with the prior turn; she receipts the new information with an oh-prefaced assessment about Robert (Heritage, 1984b). The token *well* projects upcoming talk which may be non-straightforward (Schegloff and Lerner, 2009). Sequentially, the observation that Robert is *bright enough* seems disjunctive from the announcement of his age. Indeed, in line 12, Dana repairs her first statement following the receipt of the information. It seems the trajectory of the turn was going to be *he should (get his Master's degree)*. But perhaps Dana, herself, realised that this was not sequentially relevant to Robert's age and repaired her assessment to be more fitted to achieving a Master's degree, that is being *bright enough*. We cannot know an interlocutor's intentions behind repair or any other action, but certainly, a self-repair in

this sequential position demonstrates that Dana is self-monitoring her output even if the resulting utterance still seems to lack relevance.

Fragment 6.12 shows Dana producing the *what age* question in a manner which could appear to be perseverant. John and Dana are talking about John's former business partner, Steve, who is continuing the business now that John has retired.

(6.12) LML1-11.2299

```
1    John:  =yeah he does it on his own now
2    Dana:  an what age is he
3    John:  he's about f::orty eight something like that
4    Dana:  oh (.) an did he fall out with you
5    John:  no
6    Dana:  oh (0.2) well why did you not do it
7    John:  well I (.) well I had other commitments so::
8           I wasn't [really (0.2)   mm]
9    Dana:           [you just (.) didn't] go
10   John:  I just [didn't really]
11   Dana:         [but he's still] doing it
12   John:  oh yeah he's only a young man mam
13          he's got [a big]
14   Dana:           [what age] is he=
15   John:  =he's got a big mortgage (.) about forty eight
16   Dana:  oh
17          (.)
18   Dana:  oh well an- an how does he get his trade, by mouth
19          (.)
20   Dana:  people tellin' people
```

The sequence in 6.12 is arrived at through a stepwise topic shift (Jefferson, 1984a) from talk about John's van that Dana noticed parked outside. As talk about Steve progresses, Dana asks for the first time *what age is he*. John answers Dana, estimating Steve's age in line 3 and Dana receipts this information with the change of state token *oh* (Heritage, 1984). Following a micropause, Dana continues her turn by conjoining her next question with *and*, showing that this question is related to the prior (Heritage and Sorjonen, 1994). However, the question in line 4 does not appear to be contingent upon the new information provided in the prior turn. It is one in a series of questions as Dana appears to be gathering information about Steve, John and the joinery business. It is possible that the vital information, which is not forthcoming, is that John has

retired to care for his mother, but since she seems not to recognise that she requires care, he avoids saying this[7]. The questions continue in lines 6 and 11, then, in line 14, Dana asks, for a second time, *what age is he*. This time the question is delivered in overlap with John's current turn and the response is, again, receipted with a turn-initial change of state token *oh* (Heritage, 1984b), prefacing a further, apparently unrelated (to the subject of age) question.

There are several features in the second question relating to Steve's age (line 14), which may be construed as perseverance, in that it could be described as 1) involuntary, 2) repetitive and 3) inapposite[8]. In terms of the definition of perseverance given by Bayles et al (1985 see §2.5.6), the potentially interruptive manner in which Dana's repeated question is delivered contributes to the impression of the turn being involuntary. In addition, we question how the information request relating to Steve's age can be apposite in this sequential position, as we see no evidence that Dana heeds the knowledge elicited in either instance (line 2 or 14).

We will briefly explore these three aspects of the sequence in fragment 6.12.

Repeated: The question certainly fits the criteria set out in chapter 5 for excessive repetition. Within a matter of seconds, the same question has been asked of the same conversational partner and about the same referent. The initial response was also receipted by Dana with *oh* in line 4 which shows that the contribution has been grounded in the current conversation (Clark and Schaefer, 1989; §3.9)

---

[7] Ethnographic interviews with John and his wife Maureen discussed in depth John's role and the difficulties they encountered when Dana would not accept help or recognise that she required care or assistance.

[8] Applying the term 'inapposite' to a turn at talk is described by Heritage (2013b:333) as difficulties relating to 'relevance, appropriateness, or presuppositions' inherent in the utterance.

Involuntary: One feature of a turn that could be categorised as involuntary, is that the onset of the utterance 'interrupts' an interlocutor's turn in progress. However, this may be explained by Jefferson's (1986) characterisation of interjacent onset in the transition space. If we consider Dana's onset in line 14, it follows a TRP (§3.2) in John's prior turn after: *he's only a young man mam* (line 12). John elects to extend his turn *he's got a big* but at the same time Dana may be, as Jefferson (1986:164) puts it, 'in a state of speakership although [s]he is not yet producing sounds'. The seemingly interruptive nature could give the impression of a random, ill-planned, turn as it results in simultaneous talk by John and Dana, but this is systematically accountable and, therefore, would not be classed as interruptive (Jefferson, 1986, Hutchby, 2008; See §3.6). There are no other features of this turn which lead me to suspect that it is involuntary, indeed, from a CA perspective, we would make the assumption that all utterances are voluntary and the intention behind them can only be surmised based on the evidence in the talk.

Inapposite: The third feature to consider in relation to the possible perseverance of Dana's question (line 14) is the conditional relevance (appropriateness) of the turn in the sequence. I use the term (in)apposite here to refer to the position of the turn in the sequence of talk rather than the possible broader interpretation of 'inappropriate' which could also suggest <u>socially</u> inappropriate utterances[9]. The question of age comes directly after John's TCU in which he describes Steve as a young man, thus the topic of age is sequentially relevant at this point. Dana's next turn (line 18) after receipting the information is sequentially relevant in that it relates to the ongoing topic and is designed as connected to the prior talk with the use of *and*. It does not, however, display how (or whether) she is using the information.

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[9] Bayles et al (1985) refer to 'inappropriateness' in sequential terms rather than in a social context. Socially inappropriate talk can be a feature of interaction in dementia, but does not form part of the current investigation.

Dana's use of the question *what age is he* in line 14 (6.12) can certainly be classified as atypical repetition. However, that it is produced involuntarily or inappropriately cannot be assumed. I propose that Dana's use of the question is intentional and appropriate, in-the-moment helping to sustain, and self-scaffold, her interaction.

The set of what age sequences considered in this section (6.11 and 6.12) are those in which the third position turn is related to the topic but not contingent upon the response to the question *what age*. In several cases, receipt turns continue with the same referent without evidence in the talk that the sequence is contingent upon the information elicited by the *what age* question. So to the conversational partners and to the analyst, a reason for the question is never established.

6.3.2. Age-appropriate topic extension

Topic extension turns which appear to be gathering information about the referent, including age information, may be influencing Dana's subsequent turns, for example, by producing a subsequent question contingent upon the age information.

Examples from the data include:

- *Where does she live*
- *Are they married*
- *Are you his father or his grandfather*
- *Has she got a boyfriend*
- *What does she do… for a living*

(6.13) LML1-6.1126

```
1   Dana: what age is Beth now?
2   (X):  ((LS))
3   John: I think she's about thirty f:::::i:ve thirty six
4   Dana: oh (0.6) what does she do (0.4) for a living
5   John: she was a staff nurse in A & E
```

The topic extension turns do not necessarily display a sequential relevance to the information relating to the exact age of the person but many have a relationship, at the

very least, to the life stage of the referent. For example, *what does she do for a living* (6.13, line 4) is a relevant question of a woman in her thirties; *has she got a boyfriend* is relevant to Chloe being a teenager and even the question *where does she live* presupposes that the referent is of an age where she may no longer live with her parents. Dana reveals her memory impairment through these questions as they are repeated or in asking for information already given to her in recent conversations but the series of questions that she asks are sequentially fitted in the current conversation. There are no instances of Dana asking *what does she do for a living* or *where does she live* in relation to her eight year old great granddaughter, for example. Moreover, the fragment below (6.14) demonstrates, through a repair sequence initiated by Dana, that she is making connections between the response to the *what age* question and the overall topic. Fragment 6.14 occurs during a conversation about a football match that John and Maureen have been watching that morning. The footballer is Maureen and John's grandson, Ryan who is thirteen, Dana has asked his age two minutes earlier.

(6.14) LML1-9.1543

```
1    Dana:  what age is Robert now
2           (0.9)
3    Maur:  Robert's thirty seven
4           (0.8)
5    Dana:  no:
6           (0.4)
7    Dana:  the one tht- that (.) which=
8    Maur:  =Ryan
9           (0.2)
10   Dana:  [Ryan]
11   Maur:  [he's] nearly thirteen
```

Dana has asked Robert's age and, in line 3, receives the answer, *thirty seven*. In line 5, Dana rejects the information and in line 7 repairs the referent of the *what age* question. However, this is done through circumlocution rather than referring to her great grandson by name. This demonstrates that Dana heeds the answer to the question as Dana surely realises that the topic of conversation is a child's football match and Robert's age *thirty seven* does not fit with the expected answer. This further supports the proposition that Dana deliberately asks the question and is expecting an answer of a certain type and that the information is meaningful to her.

Section 6.3.1 has questioned the sequential relevance of the *what age* question in a collection of fragments (6.11 to 6.14). We cannot always see the connection but we have considered some features that suggest that Dana's utterance is not involuntary and that the information is useful and used by her in the interaction, perhaps in building a profile of the person being talked about; supporting her interactional competence.

6.4. Generalised responses

We now consider examples in which the third position turn contains a generalised response to the information elicited by the *what age* question, such as an assessment relating to the life stage of the referent. Fragment 6.15 represents a set of instances in which Dana provides a generalised assessment of the referent following receipt of the age-related information.

(6.15) LML2-1.4312

```
1    Dana: oh he's on his own
2    Emma: yeah
3          (0.7)
4    Emma: he-
5    Dana: ehpur a man on his own
6    Emma: mhm his wife left him a few years a go
7    Dana: oh god help him
8    Emma: it was their family home
9          (0.3)
10   Dana: oh [my god]
11   Emma:    [but then shes] left
12         (0.7)
13   Emma: [but]=
14   Dana: [god]
15   Emma: =he's he's selling it now
16         (0.5)
17   Dana: he's selling it
18   Emma: mhm
19         (0.7)
20   Emma: but he's going to move in with his girlfriend
21         so he's found [somebody else]
22   Dana:               [oh he's got] another
23         girl[friend]
24   Emma:     [yeah] he's got another girl
```

```
25          (0.4)
26   Dana: what age group is he
27          (1.1)
28   Emma: must be in his fifties
29          (0.6)
30   Dana: ach he's a granddad
31          (0.6)
32   Dana: huhuhuh he'll have a hard job getting anybody
33          to take him on
```

In fragment 6.15 (extended sequence of fragment 6.9), Dana has asked about the *age group* of her granddaughter's neighbour. Emma has already contributed to the common ground of the conversational participants (including Dana), a number of facts about the man: he is separated (line 6); has a family (line 8); is selling his house (line 15) and has a girlfriend (line 20). Each of these details has been acknowledged by Dana. Dana asks what *age group* he is (line 26), as noted earlier, Dana uses a specific turn design which accounts for the likelihood of Emma knowing the precise age of her neighbour. Emma replies with an estimate that he is in his fifties and Dana uses this information to construct her next turn, a repackaging of the information about his life stage (line 30): *ach he's a granddad*. She follows up with a general observation about his chances of finding a new partner. Although these turns (lines 30 to 33) are based on the age information, they are generalisations from Dana's life experience and knowledge about the world, not specific to the referent, as evidenced in the fact that she overlooked the news about him moving in with his girlfriend.

There are many more examples in which Dana's turns, following the *what age* question, are constructed as general summaries about life stage, based on her own experience and world knowledge, these include:

- *Still a young man*
- *Oh there's a twelve year old that's good so he can be a help*
- *Oh is she, so there won't be any more children there*
- *Oh god oh that funny age*
- *Young lady* (6.3)
- *Oh well she's a young woman now* (6.7)

These examples show how the knowledge elicited by the *what age* questions allows Dana to make further, relevant contributions to the interaction. The use of the *what age* question supports Dana's competence as a 'useable participant' (Goffman, 1967:45) and sustains the interaction through the question–answer adjacency pair and further sequence that develops as Dana competently assesses the response. Dana makes age-appropriate assessments about the referent by using her world knowledge and wisdom but does not need to rely on specific knowledge relating to that person.

6.5. What age as a disambiguation device

Before exploring, in detail, two sequences in which the age information appears to be used specifically to aid Dana's understanding of the here and now, we consider an example which demonstrates Dana's confusion relating to temporal matters. We can see from fragment 6.16 that Dana expresses sound knowledge of her own date of birth, but it seems, she does not know how that relates to the current time; she does not know her own age. In fragment 6.16, Dana and John are talking about doing handstands, a paraphrase of line 1 would be *I used to do handstands, but I don't now*.

(6.16) LML3-1.6657

```
1            ((TV in background throughout))
2    Dana:   I ↑used↑ tuh but ah don't now (.) 'm too old now
3            (0.9)
4    Dana    I wouldn'teh- I could do it but I wouldn't
5    John:   >I remember you< doing 'andstands against the wa:ll
6    Dana:   oh aye (0.2) huaye it was only yesterday dear it
7            wasn't y- a lon:g time ago
8    John:   I'm going back about thirty years
9    Dana:   oh no
10   John:   you did it l- you did it [later]
11   Dana:                            [no]
12   John:   in life [than that]
13   Dana:           [I wasn't  ] born thirty years ago I
14           wasn't here (0.5) thank you
15           (1.2)
16   Dana:   ((laughs)) you've #got# me all wrong haven't chu (.)
17           I was born the fourteenth of October nineteen
18           twenty four
19   John:   ↓<right>↓
20   Dana:   tha:nk you: huhe
21   John:   >so 'ow old< are you then
```

```
22   Dana:  #I don't know# (0.4) what age am I?
23   John:  eig[hty eigh]t
24   Dana:     °[thirty fo]ur°
25   Dana:  what!
26   John:  EIghty eight
27   Dana:  am I (.) oh huhoo
28   John:  huhoo
29          ((laughter))
30   Dana:  time marches on doesn't it (.) doesn't go
31          backwards it goes forward
32   John:  it does mam it flies by
33   Dana:  yeah
```

Fragment 6.16 is interesting since it may illuminate what these questions are doing for Dana's understanding in conversation. John is recalling that his mother used to do handstands until approximately 30 years ago. Dana contradicts the time frame in line 9 and denies the suggestion again in line 11. John interprets the contradiction as meaning Dana has done handstands more recently. It transpires that Dana believes that she was not born 30 years ago. In lines 17-18 Dana accurately states her date of birth, clearly it is the current year she is unsure of – the time passed since 1924. Dana's response to the answer to *what age am I* is initially an OCRI (Drew, 1997), uttered in line 25. This type of repair initiator is selected to repair problems with her apparent disorientation to the given information that she is 88 years of age. However, when John repeats this, more emphatically (line 26), Dana accepts the fact, uttering *am I oh* and produces a brief laugh which is echoed by John. The expansion of the *age* topic in this instance is related to time as we see when Dana moves to close this sequence with the idiomatic phrase *time marches on*. Drew and Holt (1998) state that idiomatic expressions are systematically used to close sequences and manage topic transitions. Dana selects a highly appropriate idiom here *time marches on* (line 30) and John's response is also idiomatic *it flies by*, and the sequence closes with Dana's agreement token *yeah*.

From fragment 6.16 it is clear that Dana has difficulty processing the relative facts about her age, date of birth and phases of time passing. Although she knows her date of birth, it seems she estimates her age at thirty four (line 24), so she clearly is not able to take into account other factors such as the current date and the fact that she is talking to her son, John, who is aged sixty one. It is this inability to consider and process a range of information which leads to problems of executive function

(Buckner, 2004). We will examine further extracts from the data which reveal how Dana may be able to negotiate this sort of epistemic deficit through questions.

6.5.1. Evidence of how the age information is used

The final set of fragments consists of those instances where Dana uses the age-specific information directly rather than summing up or producing life stage generalisations. In these two fragments, Dana can be seen to compare two reference points which in turn informs her positioning in reality in the here-and-now.

This example, fragment 6.17, is taken from a conversation between Dana and John at home, in the morning before her hairdressing appointment. As the sequence unfolds, we can see how Dana and her son jointly attempt to estimate Hal's age relative to his own and his brother's age; facts to which they do (jointly) have access.

(6.17) LML1-3.704

```
1            (4.2)
2    Dana:  >I don't know wha'age< Hal I think he'd be
3            about your age
4            (2.1)
5    Dana:  what age are you
6            (0.8)
7    John:  ((LS)) sixty one hhhm
8    Dana:  oh I don't think he's that o:ld
9            (0.9)
10   Dana:  ↑(well) cu- could↑ be
11           (0.4)
12   Dana:  .hhh he could ↓be↓
13   John:  hmm[mm]
14   Dana:     [you d]on't look sixty one
15   John:  I think he'll be a >bit younger than that< mam
16           (0.7)
17   John:  I think he'll be about fift- uy- he'd bi-
18           >.hfhf< OUR SIMON'S Age I think
19           (0.8)
20   John:  or he could be a bit olde[r than'at]
21   Dana:                          [↓ < aa:h ] I think he's a
22           bit older th'n Sim'n>↓ I think he's about your age
23            [t-]
24   John:  >[w']ll you'll 'afto ask him this afternoon<=
25   Dana:   [(°°huhu°°)]
26   John:  =[say ay H]al how o:ld are y'
```

```
27   Dana: ↑WHHA HAA: hui↑ he'd say ((clunk))(0.7)
28   John: a he [he hahahahahahaha]ha[haha ]
29   Dana:      [ GET LO:S:T ]        [go'n fi]nd
30         another hairdresser
```

The interactional focus of this sequence (6.17) is Hal, the hairdresser but the question *what age are you* in line 5 is addressed to John about his own age, embedded as a reference point to begin the negotiation of Hal's age. Now in this case, Dana formulates the question of Hal's age implicitly, she does not ask John *what age is Hal*, but begins with an estimate that he might be the same age as John (line 2-3). Following the information about John's age in line 7, Dana repositions her assumption based on this knowledge *oh I don't think he'd be that old*. John expands the talk about Hal's age further, suggesting he is nearer his brother's (Simon) age. After further negotiation, John suggests a way to resolve the matter. Dana displays awareness of the appropriacy of the *age* question in certain social situations, while she felt able to ask her son his age, when John suggests (in lines 24 and 26) that she should ask Hal, Dana and John laugh and Dana enacts Hal's response: *he'd say GET LOST go and find another hairdresser*! This demonstrates that Dana is aware of social constraints relating to this question. Indeed, in the recording of Dana and Hal at the hairdressers, she does not ask him even though the topic of age becomes relevant in their talk (see fragment 6.18).

The second, and only other, example identified where the 3rd position turn is constructed specifically based on the age information, takes place during a conversation with Hal the hairdresser.

(6.18) LML6-6.13659

```
1    Dana: does Linda ever come over
2    Hal:  NO: she's house bound
3          (0.3)
4    Dana: <oh hell: bells>
5    Hal:  she had a stroke when:
6          she was about seventy FI:ve
7          (0.2)
8    Dana: °oh°
9          (0.9)
10   Dana: ↑is that the age she is↑=
11   Hal:  =NO: sh's a'bout seventy eight no:w
12          (0.2)
```

```
13   Dana:  ↑wl what age↑ am I
14          (0.7)
15   Hal:   eighty eight
16          (0.4)
17   Dana:  ↑oh flip↑
18          (0.9)
19   Dana:  >what year was I born<
20          (0.2)
21   Hal:   nineteen twenty FOU:R ↑four:↑teenth of October
22          same day as me
```

Dana asks about a mutual acquaintance, Linda, and Hal tells her she no longer comes over to the hairdressing salon since she had a stroke at age 75. Dana seems surprised at the age of Linda, the questioning syntax and high pitch throughout her delivery of line 10 serves the dual role of expressing incredulity and requesting confirmation. Hal deals with the questioning level of the utterance in his answer, *NO*, and elaborates, *she's about seventy eight now*. Line 13 is Dana's 3rd position turn in relation to the age related question about Linda; this is where there is evidence of what Dana is <u>doing</u> with this information. Firstly, the production of the utterance in line 13 is, again, high pitched. Secondly, the turn begins with the item *well*, this suggests that Dana is linking her subsequent query, *what age am I*, to the prior discourse (Schiffrin, 1987) and that she is challenging rather than accepting the fact presented in line 11. For example, the alternative: <u>*oh*</u> *what age am I* would show a change in epistemic state, suggesting that Dana had readily accepted the news of Linda's age. The surprise Dana expresses at hearing Linda's age along with the *well*-prefaced question suggest that Dana is linking her own age to Linda's and, indeed, is equally shocked when Hal tells her in line 15 that she (Dana) is 88.

The two fragments, 6.17 and 6.18, are the only instances which show Dana actively using the age information in this specific way. This seems to inform and support a framework of relative ages of the referents in conversation. The transparency of these sequences in presenting Dana's reality, at that moment in time, demonstrates what the repeated *what age* questions can do for Dana. In these conversations, Dana begins from a point of understanding the relative ages of two referents and by choosing to ask this seemingly repetitive question, elicits information which disambiguates her reality and scaffolds her understanding in-the-moment.

6.6. Conclusion

For the person with dementia, asking questions supports the ongoing conversation. It appears to contribute to processes of disambiguation, improve understanding and help the person with dementia to make relevant conversational contributions in the here and now. This chapter has investigated 56 instances when Dana has asked about the age of a person. We have seen evidence of turn design which is formulated specifically for the current context and interactional recipient. Although 48 of the 56 of the questions had identical syntax: [what age] + [BE] + [name/pronoun], the variation in the use around alternative turn designs demonstrated a purposeful construction of the question. For example, we discussed the design of turns including the token *now* in fragments 6.1, 6.3 and 6.7 and in fragments 6.9 and 6.10 Dana's appropriate use of the term *age group* when referring to a number of people or accounting for the recipients' epistemic access; each of these factors is evidence of careful recipient design.

We questioned those instances that seemed to demonstrate an almost involuntary use of the repeated question. Adopting a 'why that now?' (Schegloff and Sacks, 1973: 299) approach to analysis highlighted a lack of demonstrable sequential relevance of the *what age* question within some sequences (6.11 and 6.12). However, detailed explication of the sequence in (6.12) revealed topical and systematic onset of the question – even in instances of overlapping talk. Instances of repair were explored which demonstrated Dana's monitoring of the output of herself and others. Fragment 6.6 is an example of self-repair in which Dana began to utter the question *what age is she*, but this was self-corrected and replaced with a question about Chloe's height, furthermore, in fragment 6.14 the interlocutor's response to the *what age* question is checked by Dana when, it seems, the information did not fit with her expectations.

Finally, a set of sequences were explored in which Dana can be seen to be using the information relating to age by collaboratively referencing other temporal facts such as her date of birth (6.16), the age of a mutual acquaintance, Linda (6.18) or comparing the age of her sons, John and Simon, with the possible age of Hal. Acknowledging how Dana uses this information in these few, transparent cases, illuminates Dana's possible use of the age related information in those earlier cases which appeared to be less apposite. The *what age* question allows Dana, at the very least, to contribute to

conversation as well as sustain interaction through creating an opportunity to take a further turn, such as assessing the response. Moreover, we have seen evidence that the information elicited by the question enables Dana to understand the current situation and interaction when her actual memory of these facts would, otherwise, fail her.

Chapter 7 **Doing remembering: Claiming epistemic authority**

7.1. Introduction

As stated in §4.8, a noticeable feature of these data is that Dana, the person with dementia at the centre of the study, presents herself as an authoritative and competent social participant much of the time. In general, people with dementia can become marginalised in conversation and become increasingly withdrawn from social interaction (McCarthy, 2011) which can create a downward spiral of incompetence associated with diminished self-worth (as discussed in Hummert, Wiemann and Nussbaum, 1994). However, many studies of the conversations of people with dementia have revealed competence in the underlying structures of conversation including turn-taking, syntax, local coherence and topic management (Hamilton, 1994; Guendouzi and Müller, 2002; Kitzinger and Jones, 2007; Mikesell, 2009; Jones, 2013).

This chapter investigates some of the more sophisticated conversational practices which sustain Dana's competence and authority in conversation. As set out in §3.9, being understood as authoritative is based on a participant's epistemic access and the knowledge they are expected to hold on a given subject, and is achieved through conversational sequence and structure (§3.9). As Jones (2012) pointed out, one of the subjects that people are expected to have primary access to is details about their own recent activities and this can lead to difficulties in interaction for people with dementia as access to this information diminishes. Jones (2012) described how interlocutors would position their own knowledge relating to the person with dementia (May, see example 7.1) by modulating their utterances with phrases such as 'I think…' when they were informing May about her recent activities. May could gather, from the conversational sequence, enough information to answer the question though not necessarily answer by accessing episodic memory.

(7.1) ALZ01 Jones 2013:9

```
1    Nat:  I think maybe the Brears came to get
2          you.=[Did they,]
3    May:       [They di]d Natalie. You're quite
4          right. I'm sorry.
```

The effects of Alzheimer's disease have an enormous impact on the episodic and personal memory (Müller and Schrauf, 2014) and this, in turn, can lead to an imbalance in epistemic authority (Jones, 2012) relating to what co-participants have access to and authority over (see §3.9). Example 7.1, above, shows how conversational partners can modulate their utterances to account for the epistemic position of a person with dementia and work towards aligning their respective stance relating to knowledge about the individual's personal experiences. This chapter will now consider some practices that the person with dementia, herself, can employ in asserting authority in conversation even in conversational sequences where memory lapse and confusion occur.

The following will investigate sequences in which Dana can assert her primacy (§7.2) over knowledge about her own life events as well as how she manages the interaction to reclaim authority in conversation when problems arise (§7.3). Finally, in §7.4 we will consider instances in which Dana can 'do remembering' in order to sustain reminiscence sequences initiated by her co-participants – whether or not she actually retains access to these memories.

7.2. Epistemic primacy – being an expert

A feature of Dana's talk which became apparent early on in the transcription process was that when reminiscing, Dana seemed to be at her most authoritative as her stories flowed and she dominated the conversation. However, if her interlocutors interjected with questions about the details of her stories or offered related memories of their own, the progressivity of the conversation was compromised. This led to an investigation of the levels of authority that Dana achieved and how they related to different sequences in conversation. We begin by considering sequences in which Dana asserts primacy over events, including reminiscence about her life and other subjects in which she might claim to be expert including opinions and advice on parenting, food and working life.

7.2.1. Reminiscence: dominating the conversation

Firstly, to substantiate the claim that Dana dominates the conversation during sequences of self-initiated reminiscence, I will provide quantitative evidence (see §4.8) that makes a comparison between a reminiscence sequence and a sequence from another conversation between the same two interlocutors. Transcripts of the two sequences, of the same length, were compared for number of turns and content of the turns uttered by each interlocutor. The claim is that Dana's talk in reminiscence is more flowing and continuous, dominating the conversation during these sequences. For this reason, the number of lines of transcript was used as a comparative measure of the two sequences, rather than measuring, for instance, duration of time. Since a six-minute sample could include several longer lapses in talk (up to 25.2 seconds in one case), the comparison of numbers of turns could be skewed making the 'control' sample of words uttered, invalid. The reminiscence sequence was 258 lines in length; an alternative conversation was selected between the same two interlocutors which did not include reminiscence talk. An extract of 258 lines was analysed for number, and content of turns.

In the reminiscence sequence (LML1-3), Dana contributed 79 turns compared to John's 46 turns at a rate of 7.19 words per turn for Dana and 5.46 for John. In a different conversation (LML5-4), in which Dana and John are discussing grandchildren and plans for Christmas, the turn distribution is much more evenly matched: Dana uttered 86 turns and John, 84, at rates of 4.29 and 4.19 words per turn, respectively. While it is a common feature of everyday interaction that certain episodes of talk, such as jokes or stories, necessarily involve asymmetrical turn sizes (§3.2; Houtkoop and Mazeland, 1985), these statistics are provided in support of the observation that during sequences of reminiscence, Dana is more dominant in conversation as this was the starting point for a deeper investigation into Dana's authority in conversation.

7.2.2. Reminiscence in naturally occurring conversation

Reminiscence is a practice which occurs a great deal throughout this data set. We
begin by investigating the initiation of a single sequence of reminiscence which
continues for just over six minutes. This sequence (fragment 7.2) takes place in a
conversation when Dana and her son, John, are having a cup of tea before going out to
the hairdressers.

The reminiscence seems to begin following a lapse in conversation. However, detailed
inspection will show that a stepwise topic transition (Jefferson, 1984a; Sacks, 1992)
has taken place from the prior topic in which the co-participants had been talking about
the children walking past the house as they go to and from school.

(7.2) LML1-3.300

```
1          (5.1)
2    John: ((sniff)).hh can't beat a bit of exercise mum
3          (0.2)
4    Dana: n they say its u-n- ↓oh yer can't beat e#xercise#↓
5          (.)
6    Dana: ↓definitely leg exercise especially↓
7          (1.0)
8    John: u:se em or lo:se em
9          (0.5)
10   Dana: that's correct
11         (0.9)
12   Dana: well I've been using them since I was a wee girl
13         (0.7)
14   Dana: .hhh I've used em all my life:: café grande,
15         (0.3).hh mount royal, huhu huunmm: (0.2)
16         .hh Belfast,
17         (0.3) .hhh my legs have always been on the move
18         (0.7)
19   Dana: ↑n- th- the' have↑ .hhh
20   John: y[eah]
21   Dana:  [I shoul]d be very very thankful fe- for my legs
22         because .hh I have worked in places where I've had
23         to run like he:ll
```

As we see in line 1, there has been a considerable pause of 5.1 seconds following the
prior topic about children walking to school (not shown). John's utterance in line 2
acts as a summing up of the prior topic. Drew and Holt (1998) have shown that

interlocutors commonly move to terminate a topic through the use of figurative expressions, in particular with an assessment of the foregoing discussion. In this case, John uses the idiomatic framework of *you can't beat [...]*. He positively assesses the benefits of walking to school with *can't beat a bit of exercise* and through this device moves from the prior discussion of facts relating to the children walking to school, to an assessment of those facts. This turn, in fact, has a dual function of closing the prior topic and touching off the new topic which is developed by Dana, starting at line 4.

The beginning of Dana's turn, in line 4, seems as though it would have been heading towards a continuation of the prior topic or was, at least, not a direct response to John's prior turn. The topic juncture and onset of Dana's actual response to John is marked by a contrast, mid-turn, as she topicalises the subject of exercise; the contrast is achieved through prosody and lexical choice. There is a significant downward pitch shift as the new TCU is delivered with the initial token *oh* which marks Dana's altered stance in the current sequence. The lexical item *oh*, according to Heritage (1984b), is used to mark a change of state, but in particular, following an assessment, *oh* signals that the recipient is confirming the validity of the prior assessment and thus claims primary authority over the subject (Heritage, 2002). The final word of the TCU is delivered with emphasis in a creaky voice (denoted by # in the transcript) and the whole of this unit, *oh you can't beat exercise*, is a repeat, though not verbatim, of John's prior turn. A repeat in this sequential environment, that is, following a first assessment, is used to confirm the assertion made by the prior speaker (Heritage and Raymond, 2005) and thus claims, along with the unit-initial *oh*, epistemic primacy over the assertion. From line 12 onwards Dana begins to tell about how important exercise has been in her working life, from being a *wee girl* and then working as a waitress in the *Café Grande*. Dana helped in her mother's shop as a child and later she worked as a waitress, which she continued to do into her seventies, this formative aspect of her active life explains her primacy in this subject and, indeed, this is made relevant in the subsequent talk.

So we can see from the analysis of this sequence that Dana's reminiscence was a fitted, stepwise topic transition from talk about children walking to school, through exercise to running about at work. What seemed to be a topic closure by John (line 2), in fact, touched off the subsequent sequence of reminiscence by Dana and provided her

with an environment to display her primacy in this subject. Dana should, of course, be expert in facts relating to her own life history and being allowed the opportunity to demonstrate this can contribute hugely to her feeling of self-worth (Fivush, Haden and Reese, 1999).

This reminiscence sequence continues for a total of six minutes during which Dana recounts memories of her youth in Belfast and details of local landmarks as well as memories of the places she worked and the people with whom she worked. While Dana demonstrates primacy over these events, not all of the sequences progress without interactional trouble. We will consider further examples from this conversation in §7.3 to investigate how Dana reclaims her authority in conversation when things go wrong. In the following section we see how Dana presents as authoritative through advice-giving sequences.

7.2.3. Advice

In other sequences Dana engages in advice-giving as the interactional vehicle for her expertise. Giving advice to a co-participant in conversation is a way to position the advice-giver as holding greater authority on a subject than the advice recipient (Vehviläinen, 2001). The following fragment (7.3) is taken from a dinnertime conversation between Dana, and her son's (George) family. Trudy is Dana's daughter-in-law and Chloe and Barney are teenage grandchildren. Following a similar mealtime conversation a few days earlier, a point of query and, perhaps, confusion for Dana is the work/school habit of Chloe who is fifteen. Dana frequently asks about Chloe's occupation and is reminded that she is still at school but has a part-time job as a waitress.

(7.3) LML7-4.15922

```
1     Dana: .hh I didn't- I thought she worked there period
2     Trud: .hh NO: n no she just on a Sunda:y cz sh'still at
3           schoo:l
4           (0.4)
5     Dana: oh,
6           (0.3)
7     Dana: u- bwell (0.3) u yu learning anything
8           (1.1)
9     Chlo: ↑yes:↑
10    Dana: ye:s:
11          (0.3)
12    Trud: how to wash up (0.3) hu [hahe]
13    Chlo:                        [ss hss]
14    Dana: oh wll [she knows that already]
15    Trud:        [I think its all good c]ustomer service
16           isn't it
```

In line 5 of fragment 7.3, Dana utters the change of state token *oh* (Heritage, 1984b) which signals that details of Chloe's part-time work and school arrangements is news to Dana. After some perturbation, Dana asks the question *are you learning anything* which could be related to either school or work. This is affirmed, after quite a delay of 1.1 seconds, by Chloe in line 9 but it is not until Trudy's utterance in line 12 that the topic is secured as referring to work rather than school. This humorous response from Trudy, with laughter particles from both Trudy and Chloe, is responded to by Dana with further, serious, talk (line14). It seems that Trudy and Chloe's shared laughter was an attempt at topic termination (Holt, 2010) which was declined (Jefferson, 1979) by Dana in order to continue the current topic of restaurant work. Trudy aligns with the serious, on-topic talk with *I think it's all good customer service, isn't it* (lines 15 to 16) in an utterance which seems to be summing up the prior talk about work and learning rather than being sequentially relevant only to the immediately prior turn. The 'summing up' quality of this turn, again, suggests that Trudy may have been attempting a topic closure (Drew and Holt 1998), which would be understandable since we know that this topic has been discussed with the same participants in recent days (not to mention other possible occasions not recorded in the data).

This sequence continues on topic (fragment 7.4) as Dana draws on her many decades working as a waitress herself to offer advice to Chloe.

(7.4) LML7-4.15946

```
1      ((George on the telephone in the background))
2      Dana: ah yeah but then and then you have
3            [to be able] to say to a customer
4      Chlo: [ah ha ha]
5      Barn: [(°                           °)]
6      Dana: [is it- can I get you something el:se]
7      Chlo: £yea:h£
8            ((1.0) Trudy and Barney talking quietly))
9      Dana: you know if theh if they're playing about with
10           their menu:
11     Chlo: y- [yea::h]
12     Dana:    [n they don't kn]ow what they're talkin'
13           about .hhh they say
14           (((0.4) George talking))
15     Dana: but you say w- (.) would you like me to get
16            something else for you
17     Chlo: yea:
```

The structure of this sequence (7.4) follows the framework described by Jefferson (1978: 220) for sequencing in storytelling, that is, the reminiscence is 'locally occasioned' and fitted to the ongoing topic. The overall sequence is delivered as advice to Chloe but is simultaneously a reminiscence for Dana. This sequence is topically coherent as it follows news of Chloe's waitressing job, and after a shaky start, Dana gains her authority and delivers the advice. What I refer to as a shaky start involves some circumlocution and hitches by Dana, not shown here, which will be discussed in §7.3.1. There are four co-participants in this conversation, Chloe is the chief recipient and Trudy and Barney intermittently participate in this interaction or continue their own two-party conversation simultaneously. Such intermittent schism in multi-party talk is a systematically achieved without impeding the ongoing conversation (Sacks et al, 1974) and though Dana seems to be directing the advice to Chloe, Trudy also maintains a supporting role in this conversation.

In line 2 (fragment 7.4) Dana addresses Chloe directly *ah yeah but then and then you have to be able to say to a customer*, the use of *you* in this utterance appears to be both directed at Chloe, as recipient, and be a general use of *you* (Sacks 1992) as in *waitresses in general*. Indeed, Dana is not advising that Chloe says *can I get you something else*, but that she should *be able* to make such an offer. By being able to do this she could fulfill the complex, dual role of a waitress in serving her customers and increasing sales on behalf of her employer. Dana now has Chloe's attention as we can see from the minimal response in line 7. The delivery of Chloe's utterance has the quality of a smile-voice, denoted by the £ symbol, which appears to be following the laughter from Chloe and Barney earlier in the sequence which may well have been as a result of Dana's circumlocution (see §7.3.1).

Following a one second pause, Dana initiates a more detailed advice sequence. This is prefaced in lines 9 to 13 with the setting up of a scenario in which the customers are *playing about* and *don't know what they're talking about*. Dana aligns with Chloe by saying *you know* which sets apart the waitresses (Dana and Chloe) and the customers - who are in need of guidance. Chloe acknowledges this scenario with a minimal token in line 11, which projects that Dana can continue with the advice sequence. This time Dana delivers the advice by directing Chloe with *you say* and then performing a courteous offer to the customer *would you like me to get something else for you*. The performance quality of this utterance can be heard in a switch in register, towards a more Standard English than the Northern Irish accent that Dana regularly uses in family conversation. In addition Dana has now made the same offer as in line 6 but with a more formal lexical structure *would you like me to get* rather than *can I get*. This demonstration, again receives a minimal, aligning response from Chloe (line 17).

Fragment 7.5 (below) is a continuation of the same sequence and Trudy has now re-entered the conversation. Trudy uses the same formulation as in fragment 7.3 (line 15) *its all good […] isn't it*, but this time she refers to *good learning* which was adumbrated at the start of the sequence with talk about school and Dana's question *are you learning anything*. Although this chapter is not primarily concerned with repetition (for which, see chapters 5 and 6), it is interesting to note here that repeated formulations and ideas are being produced by Trudy (see also §5.3), a participant with no known cognitive impairment. This occurs within an overall sequence which is

found to be repeated regularly across the entire data set: talk about food, service and working life. Typical interlocutors, contribute to, and are coerced into producing, repetition in conversation as familiar topics arise.

(7.5) LML7-4.15966

```
1    Trud: yea:s: [s'all] good lear[ning int it]
2    Dana:        [yeah]             [uh- u- o- ]
3    Dana: or if you r if you: read the menu an you YOU:
4          understand the menu .hh you can say that's very: .h
5          (.) that- if youw if you were thinking about
6          something that's very nice [we do that]=
7    Trud:                            [mmm]
8    Dana: =nice .hh you don't have to go into a rig'morole
9          (((1.0) George on phone))
10   Chlo: [yea]
11   Dana: [you j]ust say:
12         (((0.8) George on phone))
13   Dana: er- oh- ahw- we'd we do tha:t n it's very nic:e=
14   Trud: =↑ye[a↑::h]
15   Dana:     >[its veh-]<
16   Chlo:     [yeah ]
17   Dana: its very populah
18   Chlo: mmm
19   Trud: gramndma gu's >good at this< she's that was your
20         job wasn't it from: how ol w'from your age Chloe
21   Dana: ↓from being a wee gir:l↓
22         (0.2)
23   Dana: defi[nitely]
24   Trud:     [ye[a::h]]
25   Chlo:       [(yea)]
26         (0.2)
27   Dana: .hhh
28   Trud: yv'always been a [waitress haven't yer]
29   Dana:                  [yea:h          al]ways but or-
30         you've a:lways got to be r:eady
31         (0.3)
32   Chlo: mm[mmm]
33   Dana:   [for] people
34         (0.5)
35   Geor: RI:GHT COME [ON THEN MOTHER AV GOT TO GO:]
36   Dana:             [(                          )]
```

In lines 3 to 17, Dana continues with her advice. She demonstrates to Chloe how to deal with customers: *that's very nice*, *we do that nice*, *we do that and it's very nice* and finally *it's very popular*. These turns are, again delivered with the Standard English accent. After having repeated the adjective *nice* three times, it seems as though nothing new is forthcoming in this sequence, then the final demonstration given by Dana, on line 17, is delivered with an almost triumphant Received Pronunciation `populah` which is then acknowledged by both Chloe and Trudy. Chloe receipts these recommendations with a minimal token *mmm* but Trudy validates the advice and Dana's authority to deliver it (lines 19 to 20). Dana has achieved this sequence in conversation by accessing her autobiographical memories. It is delivered in an appropriate manner as advice to a novice waitress and Dana has now received recognition for her authority and expertise in this role.

As Dana continues with her advice (line 30), Chloe shows her participation in the conversation with a minimal token *mmmmm* expressing her alignment with Dana's continuation. The sequence ends abruptly as George completes his telephone call and has to leave urgently, taking Dana with him. Although Chloe's lexical contribution to this sequence is minimal, her participation in the interaction has offered Dana an opportunity to advise, remember, and be validated as a 'usable participant' (Goffman1967) and, indeed, an expert in her working life.

7.3. Re-claiming epistemic authority

We have seen, above, how Dana can skillfully maintain conversation, access memories of the past, and deliver authoritative sequences in conversation through reminiscence and advising. However, this is always in the shadow of her memory impairment which results in repetitions, occasional circumlocutions and failure to accurately assess a co-participant's knowledge state. The memory impairment is revealed in the turn design of Dana's talk but the supportive environment of family talk means that it is rare for problems to be exposed by her interlocutors and she is, therefore, given the opportunity to express her authority in conversation. In §7.2, few interactional difficulties were highlighted but we will now consider a selection from the numerous conversational sequences in which disorder occurs and reveal how, even in the event of confusion, Dana can re-claim her authority in conversation.

7.3.1. Circumlocution

Circumlocution is a common language characteristic of people with dementia (§2.5). A device used when lexical access is problematic, circumlocution is not a feature that presents itself a great deal in Dana's interaction. An extensive vocabulary will provide a person with resources to overcome word-finding difficulties and this, along with interlocutors who share an understanding of the person's background, can create an interactional environment where co-participants understand one another so that the circumlocution is not exposed as a problem. Fragment 7.6 is from the same conversation previously discussed (fragments 7.3, 7.4, and 7.5) in which Dana is having a mealtime conversation with her daughter-in-law and two teenage grandchildren.

(7.6) LML7-4.15928

```
1    Dana: u- bwell (0.3) u yu learning anything
2          (1.1)
3    Chlo: ↑yes:↑
4    Dana: ye:s:
5          (0.3)
6    Trud: how to wash up (0.3) hu [hahe]
7    Chlo:                         [ss hss]
8    Dana: oh wll [she knows that already]
9    Trud:        [I think its all good c]ustomer
10         ser[vice         isn't it]
11   Dana:    [it- it- ] yea it- are you learning how to say
12         hello: and bye [bye]
13   Trud:                [ eh] [heheh]
14   Barn:                      [tchuuc][ghuu]
15   Dana:                                [or is it]
16   Chlo: >I learnt that when< I
17         [was a little girl £ actually: huhu £]
18   Trud: [ ah ha ha ha ha ] ha ha ha=
19   Dana: =ah yeah but then and then you have
20         [to be able] to say to a customer
21   Chlo: [ah ha ha]
22   Barn: [(°                           °)]
23   Dana: [is it- can I get you something el:se]
24   Chlo: £ yea:h £
```

In the opening to this sequence (see fragment 7.3) Dana has learned that Chloe is still at school and has a weekend job as a waitress. Dana's response to this news is the question in line 1 (fragment 7.6), *are you learning anything* which could be in connection with school or work. Taking up the meaning as work-related, Trudy utters a laughable followed by laugh particles in line 6 and Chloe joins her mother by producing laugh particles in overlap. Glenn describes 'laughables' as 'those items in reference to which people laugh' (1989: 136). Dana, however, does not laugh but utters further serious talk.

At line 11, Dana has some difficulty formulating her utterance, as shown by the turn-initial perturbations, she then goes on to expand on her earlier question (line 1) saying *are you learning how to say hello and bye bye*. This utterance surely has a meaning for Dana which we might characterise as something along the lines of *are you learning how to greet and take care of the diners*. However, the circumlocution in lines 11 to 12 is heard as a (perhaps, unintentional) laughable and each of Dana's co-participants produce laughter in the following turns. Dana's utterance may seem somewhat belittling to Chloe who responds with a defense of her position (lines 16 and 17) *I learnt that when I was a little girl actually*, the turn-final elements being delivered with smile voice and followed by laughter.

Laughter itself has no semantic quality but the sequential environment in which it occurs reveals the affiliative or non-affiliative characteristics of the sequence (Glenn, 2003). The work of Jefferson (1984c) suggests that laughter is often produced by a troubles teller to show 'troubles-resistance' in conversation, that is, to make light of a situation that could be problematic. Wilkinson (1995) extends this observation to include laughter as a way of coping with non-competence in people with communication disabilities. In these cases it is the troubles teller, or person producing the error, who laughs and only in specific sequential environments do co-participants laugh along (Wilkinson, 2007). In fragment 7.6, the first laugh relating to the circumlocution is produced by Trudy. I had noted in my ethnographic observations,

that in multi-party settings a caregiver or companion will produce laughter in relation to a hearable error by a person with dementia[10]. It may be possible that, in multi-party talk, an interlocutor can affiliate with the troubled participant by offering troubles-resistant laughter on his or her behalf as a means to negotiate a 'socially difficult moment' (Glenn, 2003: 30). Trudy may have been producing laughter for this purpose. Alternatively, Glenn (2003) has distinguished between the practices of *laughing at* and *laughing with* co-participants. An interlocutor producing a first laugh at their co-participant's troubles or producing an antagonistic laughable towards an interlocutor would be said to be laughing *at*. The 'butt' of the laughter (Glenn, 2003: 64) can then join the laughter and attempt affiliation or decline and continue with serious talk.

Dana's interlocutors laugh together (lines 13-21) but Dana continues with serious talk on-topic. The laughter produced by Dana's co-participants has the characteristics of 'laughing at' since the first laugh, in response to Dana's circumlocution, was produced by Trudy and overlapped by equivocal laugh particles from Barney (lines 13-14). An extension of the laughable was then produced by Chloe in lines 16-17, delivered with smile-voice and turn-final laughter. Continuing with on-topic serious talk without any hint of laughter or smiling voice, suggests that Dana has not aligned with the laughable nature of the topic and has treated the laughter as *at* her expense.

Dana nevertheless reclaims her authority in this sequence by using devices which demonstrate both the sequential relevance of her next turn and its contrast to the prior talk. Dana aligns with her interlocutors with *ah yeah* (line 19) in turn-initial position which shows her agreement with Chloe's stance that she has known how to say *hello and bye bye* since she *was a little girl*. Dana then produces the conjunction *but* which projects her upcoming utterance as contrasting with the prior talk. She goes on to reclaim her authority to advise Chloe (as discussed more fully in section §7.2.3) and is

---

[10] The routine at the singing group is that each member chooses a song, in turn, from a book containing the words of approximately 50 songs. A common occurrence is that when a person with dementia is asked to make a selection, they may choose the same song as the previous member, presumably because it is displayed in the book on the current page. This is usually met with polite explanations by the leader of the group and others but at this point the caregiver (often spouse) will produce laughter. On the other hand, on occasions when a companion (member who does not have dementia) chooses a song which has been previously selected or from the current page, the assembled group will laugh together, teasing "can't you be bothered to turn the page!"

ultimately validated as an expert when Trudy says *you've always been a waitress haven't you* (fragment 7.5, line 28). Although this turn is addressed to Dana, it is also designed for the other co-present participants to hear which further upholds Dana's authority and self-worth in this matter. What is particularly noticeable about the construction of Trudy's turn is the present perfect continuous tense: have [always] been, which imbues Dana's occupation with a sense of continuing professionalism. It is all too easy when speaking to an elderly person to design one's turn with a sense of what *had been*. As De Beauvoir (1972: 294) observed in her study of old age, there is a feeling of being 'flung from the active into the inactive category'. Trudy has validated, not only the sense of what Dana once was, but her authority to advise Chloe in the *here and now*.

7.3.2. Executive function

In this section we will, again, inspect the transition from uncertainty to authority and how that is managed by Dana and her co-participants. Firstly, some background to the following fragments needs to be outlined. The Fortes referred to in the conversations are the family who became famous for a large, multinational chain of hotels and restaurants. The name 'Forte' has, therefore, not been anonymised so as to preserve the sense of what is being discussed and because the name is publically known. For the same reason, the city of Belfast and the main street 'Royal Avenue' is retained but all other names of people and private addresses are pseudonyms.

The uncertainty in this sequence (7.7) arises from John questioning some details relating to Dana's reminiscence about working in the Café Grande in Belfast. Dana mentions her employers, the Finleys and the Fortes and John is trying to understand the relationship between the two.

(7.7) LML1-3.380

```
1     Dana: that was Belfast .hhh
2           [(nea:r the)]
3     John: [so that wasn't the] f- Fortes then
4           (0.6)
5     Dana: Fortes:sh yes it was the Fortes yeah
6     John: >cz yu said mister and missus Finley
7     Dana: oh- yeah, mister and missus Fin:ley (0.2) yeah=
```

```
8    John: =yeah
9          (0.2)
10   Dana: yeah
11         (1.3)
12   Dana: an:d uhm
13   John: w'l'oo were mister and missis Finley then
14   Dana: .hhhh their parents
15         (1.5)
16   John: parents of:
17         (0.2)
18   Dana: Ba:rney
19         (1.8)
20   Dana: uug ↑>mhmhmm<↑
21         (0.7)
22   Dana: .pt you're m(h)ixing me up £now£
23         (1.3)
24   Dana: .hhh[hhh]
25   John:     >[you're on a]bout< mister Sykes now ar'yuh
26   Dana: <~mister Sykes:~>
27         (1.3)
28   John: at the exchange club o:r no- >we're talking about
29         Belfast [aren't we]<
30   Dana:         <°[Bel]fast°>
31         (1.4)
32   Dana: .hh who ws- u- who was there
33         (0.3)
34   John: cz I always thought you said it w- the café grande
35         was owned by: u- (0.5) Fortes
36   Dana: Fortes
37   John: yeah y'knowu- (.) ended up m:massive in this
38         cun-b-m-b- Fortes restaurants
39         (0.2)
40   John: on the mo:torways n stuff
41         (1.8)
42   John: no:
43         (0.5)
44   Dana: I don't know: no:
45         (1.5)
46   Dana: but I worked in the café gra:nde
```

Lines 3 to 16 involve a side sequence (Jefferson, 1972), which means there has been a break in the ongoing activity (reminiscing) to deal with some other interactional issue. In this case John is probing for information about the relationship of the two families, the Finleys and the Fortes. Dana does not seem to understand what he is asking (further evidence for this below in fragments 7a, 7b and 7c), or perhaps considers that the question has been satisfactorily answered. After a pause in line 11, Dana produces

a turn *and uhm* which suggests she is projecting a resumption of her earlier topic. Local (2004) explored many instances of turn-initial 'and uhm' and found this to be a device to signal that the upcoming turn would not be sequentially relevant to the immediate prior, but a move to resume earlier talk. Dana, however, does not complete the turn and John continues with his questioning about the Fortes and the Finleys, which leads to Dana becoming confused, as evidenced in line 22. As we can see from fragments 7a and 7b (below), Dana is consistent in the fact that the Finleys are parents of the Fortes, but what John wishes to clarify (as evidenced in fragment 7c) is how they come to have different names. While Dana repeatedly offers the same information, answering John's questions with sequentially relevant and consistent facts, she does not seem to understand the complexities of the overall project that John is proposing. The skills of executive function (Buckner, 2004) involved in manipulating the ideas and information relating to this puzzle (that the Finley's son would ordinarily take the same surname as his parents) seem to be beyond Dana's grasp.

The following three fragments are numbered with the suffix 'a', 'b' or 'c' as they provide evidence in support of the analysis of fragment 7.7, rather than being the focus of the current analysis.

(7.7a) LML1-3.460

```
1     Dana: in- in: (.) that Royal avenue in Bel~fast~ .hhh we
2           were always runnin hh (.) .hh and mister and missis
3           Finley was .hh
4           (1.8)
5     Dana: Frank Forte (0.5) ((LS)) an:d his wife's .hhhh
6           mother (.) in law
```

(7.7b) LML1-3.529

```
1     Dana: the Finleys: mister and missus Finley >.hhh< that
2           was <Frank F:orte's mother and father>
```

(7.7c) LML1-3.547

```
1      John: i- must o' been mister and missus Finley must o'
2            been (0.6) <ffFrank Forte's> (0.3) inlaws
3            (1.0)
4      Dana: hhhhh
5      John: because the've got Finley as the surname if: if
6            they wer:e (0.5)
7      Dana: .hh they had a shop called Finleys
```

Fragment 7.7 shows how John's probing for information leads to uncertainty. In line 16 John invites a collaborative completion (Lerner, 2004) from Dana to try to elicit the information. Dana answers *Barney* with intonation that has an abrupt quality, the start of the single word being of increased amplitude. This is followed by perturbations from Dana and, in line 22 she actually states *you're mixing me up now*, delivered with laugh particles and smile voice. The indication of laughter signals a light-hearted recognition of her incompetence (Jefferson, 1984c; Wilkinson, 1995; 2007) and John continues with a serious account of whom she may be referring to in line 25. Further questioning from John (fragment 7.7) on the matter does not elicit an answer. In lines 26, 30 and 36 Dana simply repeats parts of John's prior turns. In line 37 John begins another side-sequence to elaborate on the Forte question. He uses the phrase *you know* which is a marker of knowledge management in conversation (Schiffrin, 1987). *You know* refers to knowledge which is either generally known or which is expectedly shared between the co-participants. John incrementally delivers the information with no response from Dana. After a pause of 1.8 seconds in line 41, he modifies his assumption that Dana should know about this and utters *no* which seems to signify an abandonment of the side sequence. At line 44, Dana responds *I don't know no*.

This is the point at which Dana achieves the transition from uncertainty back to authority. By clearly stating that she *does not know*, the sequence is closed and nothing further is added by John as a 1.5 second pause ensues. The subsequent turn in line 46, is constructed as an action in contrast to *not knowing*. The turn initial *but* indicates the referential contrast (Schiffrin, 1987) between the referent that Dana does not know about (the Fortes dilemma) and the proposition *I worked at the Café Grande* which Dana delivers with declarative syntax, claiming ownership of the knowledge. Her

lexical choice *but* simultaneously manages various features of the ongoing talk. 1) It connects her statement to the prior talk, showing that it is sequentially relevant. 2) *But* projects the contrast of the actions *not knowing* to *knowing*. 3) It signals the speaker's pursuit of an earlier action (Schiffrin, 1987) – a return to the topic last referenced in line 1 (fragment 7.7). The latter feature is crucial for Dana, it seems, since she returns to talk about autobiographical events over which she has primary authority and can confidently hold the floor.

7.3.3. Confusion

Many of the sequences considered so far have revealed some minor disorder, which Dana and her interlocutors have managed to overcome with minimal exposure of her cognitive impairment. In the conversation we are going to explore below, Dana repeatedly becomes confused about her relationships, current state of affairs and experiences hallucinatory-like episodes relating to the people depicted in the photographs in her room. Fragment 7.8 is an extract from a sequence in which Dana refers to the family photographs as though the subjects may be joining them for a meal. The reality in this sequence seems to fluctuate as Dana suggests the people will come to eat but she also states that they are *hanging on the wall*. A repeated theme during these episodes of talking to/about pictures is that of breaking the photo to release the people as in lines 17 and 18 below.

(7.8) LML1-11.3011

```
1      Dana  .hh so. are you gonna eat your tea with thim
2      John: with you
3      Dana: at the table
4      John: with you!
5      Dana: b-y-bd=↑what↑ about them two
6           (3.2)
7      Dana: you're not gonna give them anything=
8      John: =↑no↑: its [justaf:
9      Dana:           [thi gonna]hang on the wall
10     John: shjust a ↑pho:↑tograph]
11     Dana: ha:hahaha[hahaha]
12     John:          [£they can't] come down and ea:t£
13     Dana: hu ha ha ↑ho:::↑  hhmm hm ↑hm hm↑
14           (0.3)
15     Dana: .hhh £they can't come down and eat?£
16     John: no:
```

```
17    Dana: £I'll jump on ih£
18    Dana: £I'll take it down and jump on it .hh an'
19          you'll have your m-mother, your sisters,your
20          brother, and all of them=
21    John: =I haven't go' any <sisters>
22          (0.8)
23    Dana: >pardon<
24    John: I haven't go' any sisters
25          (0.4)
26    Dana: what d'you mean what d'ye think I am
27          (0.2)
28    John: YOU'RE MY mother
29    Dana: yea,
30    John: I'm not your brother from: Ireland
31    Dana: oh (.) oh aren'chu where are you from
```

Following the suggestion of jumping on the photograph, Dana lists the members of the family who would be released in the process. The picture is a wedding photograph showing Dana and her brothers and sisters. It seems that she imagines that her son, John, is among them and he corrects this assumption by telling his mother *I haven't got any sisters*. Dana's response to this, in line 26 confirms that, at this moment, she assumes that John is her brother. This confabulation (lines 19-20) is produced by Dana owing to her mistaken beliefs regarding her relationships and John explicitly corrects her assumptions. Lindholm (2015: 184) found that explicit corrections, or 'open challenges' are scarce in response to confabulation and noted that by carrying out such corrections, the person with dementia is treated as fully competent. A similar episode of confusion over relationships had arisen a few minutes earlier in connection with her grandchildren (Fragment 7.9). Dana seems to believe, from time to time, that Chloe and Barney are her children, her responsibility. The symbol '~' is used to signify a quavering quality to the voice, this regularly occurs in Dana's speech in moments of uncertainty.

(7.9) LML1-11.2943

```
1     John: George and Trudy are Chloe and Barney's mum and dad
2     Dana: ~o:h~ I didn't know that (.) that's news to me huh
3           huhuhu £I didn't know they were their °mam and dad°£
```

One practice by which Dana returns to 'reality' after such episodes is by introducing a topic shift to the here and now. Often the topic shift also projects a physical change of

state, a suggestion of initiating a new action or going to another place or room. Each of the following fragments (7.10, 7.11 and 7.12) follows an episode of confusion. The new action, of competence and capability, contrasts with the incompetence of the prior sequence.

(7.10) LML1-11.2546

```
Dana: now would you like another cup of tea before you go
```

(7.11) LML1-11.2820

```
     (2.0)
Dana: right I shall get up and make the tea
```

(7.12) LML1-11.2889

```
Dana: right. (0.2) its' a quarter to five
John: yea
Dana: what am I doing at that cooker
```

In each of the fragments above, a turn-initial marker denotes the juncture of the new action. In fragment 7.10 (which follows an earlier episode in which Dana expresses a belief that Chloe and Barney are her children), Dana uses the temporal adverb *now* which, both sets the discourse in the present, and projects a cataphoric shift in activity, or talk (Schiffrin, 1987). Fragment 7.11 follows a further episode of relationship confusion, and 7.12 follows talk directed at family photographs (similar to that in 7.8). Dana and John are in the sitting room at Dana's house and the phrase *what am I doing at that cooker*, proposes the action of offering – that Dana will go to the kitchen to prepare a meal. Although she does not explicitly mention food, the turn is treated as an offer of a meal, by John as they go on to discuss that *the lasagne* is already *in the oven*. Fragments 7.11 and 7.12 use a turn-initial token *right*. According to Gardner (2007: 336), one of the uses of *right* is that it 'proposes moving out of the current activity into another', which is precisely the effect achieved here.

There is a theme that exists across these fragments (7.10, 7.11 and 7.12): that of offering food or drink. This is no coincidence since this is a strong theme across many conversations with Dana. In my experience of working and volunteering with people

with dementia, a bias to the topic of providing food is common among many women, especially mothers and grandmothers who have provided for a busy family. As De Beauvoir (1972) noted, caring for the home and family is very much embedded in the identity of a woman of Dana's age. In Dana's case, this is compounded by a lifetime of serving food as an occupation. Unfortunately, Dana can no longer cook for herself or others, but the practice of offering food and drink is a reliable device to present herself as capable, particularly during episodes of confusion and in situations she seems not to understand.

Fragment 7.13 follows sequence 7.8, above, in which Dana has been confused about her relationship to John. Dana moves to close that sequence with a humorous figurative expression *Timbuktu* followed by a stream of laughter (line 5). John acknowledges the humour (line 6) by repeating *Timbuktu* with smile voice (Haakana, 2010) and Dana's laughter continues.

(7.13) LML1-11.3041

```
1     Dana: oh (.) oh aren'chu [whe]re are you from
2     John:                    [no]
3           (0.8)
4     John: ↑I'm fro[m Thirsk]↑
5     Dana:         [.hhh Tim]buktu hahahahahaha
6     John: £Timbuktu£
7     Dana: hahahaha hahahaha hahaha hahaha °hahahahahahaha° .hh
8           £↑↑that's right, (.) .hhh where do you come from (.)
9           <Timbuktu:↑↑£>
10    John: who says that=
11    Dana: =yeou:
12    John: °I don't say that°
13    Dana: ahhahahahahahahaa: .hhh £↑o:h hells bells and more
14          bells↑£
15          (.)
16    Dana: hh right. are we mo:ving
17    John: no cz it's not ready yet
18    Dana: I'm not even hungry. I'm full of laughter. I've
            never laughed so much in mi bloody life
```

Still laughing, Dana finally closes the sequence with a formulaic expression *oh hells bells and more bells*. Dana then switches to serious talk, marking the start of a new activity with the token *right* (Gardner, 2007) and asks *are we moving*. Fragment 7.13 is

slightly different to those in 7.10 to 7.12, in that it does not specify the alternative action to which the co-participants might be *moving* (line 16). However, it is, in fact, treated by John as referring to their meal (line 17) and this is confirmed by Dana's turn in line 18.

7.4. Doing remembering

The final section of this chapter will explore a sequence in which Dana responds to memories, reminiscences and assertions produced by interlocutors. Whereas we saw in §7.2 that Dana's self-initiated reminiscence was fluent and assertive, reminiscence initiated by others is not treated by Dana with the same authority. She can, however, design her turns as sequentially relevant to come off as *doing remembering*.

As part of the analysis of the following sequence (fragment 7.14, §7.4.1), we briefly discuss the validity of the advice to interlocutors (discussed in §2.6.) to avoid using the question *do you remember?* (Alzheimer's Association, 2016). This question is thought to challenge a person with dementia, cause distress and have a negative effect on their self-esteem by exposing memory impairment. Fragment 7.14 represents a number of instances in the data, between Dana and a range of interlocutors, which demonstrate this not to be the case. Dana aligns with the projected preference of the question (Pomerantz, 1984a) by affirming or, at the very least, not disconfirming that she remembers. Dana is thus ratified as a participant in the shared reminiscence.

7.4.1. Shared reminiscence

We have considered some reminiscence sequences which involved Dana's autobiographical memories about life in Belfast and her work as a waitress in Ireland and England. Fragments 7.4 and 7.5 were packaged as advice to Chloe, the young waitress, but all involved Dana's primary access to knowledge about her own experiences, told by her to others who have only secondary access to the stories. The following differs from those earlier examples in that fragment 7.14 is a reminiscence of shared experiences between George, Trudy and Dana; they each have equal epistemic authority (Heritage and Raymond, 2005) relating to a joint experience. A further difference in this example, from earlier ones, is that the reminiscence sequence is initiated by a person other than Dana; she has not 'found' this memory for herself.

7.14 LML7-3.14834

```
1     Trud: seems like five minutes ago when you came to visit
2           her in Castleford d'you rememb[er tha]t
3     Dana:                              [go:d]
4           (0.7)
5     Dana: °gohd bless us:°
6     Trud: you came to see me in the hospit[al    ]
7     Dana:                                  ↑[yea]:h↑
8           (0.5)
9     Trud: >>↑↑hmemem↑↑<<
10    Geor: hggh[gghh  ] ((possible cough))
11    Dana:     [>hu hi] hu<
12    Dana: <°ghod    [love her]°>
13    Trud: she had a [shock of] black hair d'you 'member=
14    Dana: =£yeah [oh ho ho huh £]
15    Geor:        [(>y'right<)she had black hair]
16          [when she w born di'nt she [Chloe]]
17    Dana: [hi hi hi              [hi  hi] hi]
18    Trud:                        [[ye::]a::h]
19    Dana: .hhh £yeah£
20          (0.6)
21    Dana: god love her e'she was £gorgeous£ ah heh
22    Trud: I kno:w: >at least Teddy< got to see her
23          (.)
24    Trud: di[dn't he]=he was still alive then wasn't he
25    Dana:   [yeah ]
26    Dana: yeah=
27    Trud: =you and Teddy came throu:gh in y
28          li[ttle white] Hond[a]
29    Dana:   [°yeah° ]         [he] he he he
```

Just prior to the start of fragment 7.14, Dana has asked the age of her granddaughter, Chloe (see fragment 5.21, §5.6.1). Trudy has answered the question, telling Dana she is fifteen and follows up the informing with an assessment of the intervening years having passed so quickly: *seems like five minutes ago*. This is the start of the reminiscence sequence, initiated by Trudy and she goes on to provide some details of the event: Dana *came to visit her in Castleford* in line 2, *came to see me in hospital* line 6 and *she* [Chloe] *had a shock of black hair* in line 13. Dana aligns with Trudy's telling with fitted contributions including *god bless us* line 5, *yeah* in lines 7 and 14 and laughter throughout. At line 12, Dana utters the phrase *God love her*. Using the female pronoun, it seems that Dana is on track in terms of the referent of the conversation: Chloe. However, it may not be clear to Dana at this stage that they are

speaking about the Chloe of fifteen years ago. There is no explicit mention of the baby or birth until lines 15 and 16 when George brings together the implicit facts given in the sequence so far and states: *she had black hair when she was born didn't she, Chloe*. Dana laughs (line 17) in overlap with George's utterance. Following Trudy's response *yeah* in line 18, Dana also responds to George's assertion by uttering the word *yeah* which is delivered with a smile voice. This quality in Dana's voice may be attributed to having just completed a stream of laughter, but it also appears to lend an element of grandmotherly nostalgia to the utterance.

George and Trudy have, collaboratively, provided Dana with an assessable referent. They have described the baby *she had a shock of black hair* and some of the events occurring at the time of her birth *you came to visit her in Castleford* and *you came to see me in hospital* but they have not, themselves, made an assessment of the baby's characteristics. For example, they did not say she had *lovely* black hair. Chloe's parents have 'seeded the ground' (Goodwin, 2003:157) for Dana to make the first assessment, which she does in line 21: *God love her she was gorgeous*. As Pomerantz (1984a) noted, making assessments is related to rights of experiential access to an event or referent. In addition, Heritage and Raymond (2005) state that by uttering the first assessment, an interlocutor is claiming epistemic rights over the assessable. In this case (fragment 7.14), it has been put to Dana that she was present at the hospital and that she saw the baby. Dana has the right to assess, and by doing so, demonstrates that she has personal access to details of the event.

We cannot know whether Dana actually remembers this event for herself. Given that she is a fluent speaker and her talk is rich with description of events in her self-initiated reminiscence sequences, there seems to be a marked deficit of detail in her contribution in this example. Indeed, any mother, grandmother or total stranger, could make such an assessment of a baby, as *she was gorgeous*, whether or not they had access to that experience. Positive assessments of babies, and grandchildren in particular, are culturally relevant and expectable owing to Dana's status as a grandmother (Raymond and Heritage, 2006). Dana's interlocutors have, incrementally, created an interactional environment in which Dana can share in a joint reminiscence sequence. Even the phrase *do you remember* (lines 2 and 13) has provided the sequentially relevant slot for Dana to affirm that she does remember. This question has

not exposed Dana's memory impairment or caused upset or interactional problems. On the contrary, by exploiting the subtle processes of 'sequential implicativeness' (Schegloff and Sacks, 1973: 296), Dana has demonstrated that she is an authoritative interactant in conversation and can do remembering.

7.5. Conclusion

In this chapter we have explored situations in which Dana can present herself as authoritative. We began with an observation that Dana often dominates the conversation during reminiscence sequences (§7.2.1). Her reminiscence stories are not merely formulaic perseverant monologues, but are entered into as sequentially relevant, topic transitions and sustained through her epistemic primacy relating to the memories.

We have seen how Dana uses advice-giving (§7.2.3) as a way to demonstrate her epistemic authority in certain situations. By advising Chloe, who is working as a part-time waitress, Dana presents herself as an expert waitress. She even uses this authority to recover from a lapse in interactional competence (§7.3.1) when her verbal fluency momentarily fails and a circumlocution seems to prompt laughter from her interlocutors. Dana did not affiliate with the laughable nature of the sequence but by aligning with Chloe's proposition and then contrasting her following turn she created an environment in which further advice was sequentially relevant. During the advice-giving, Chloe utters little more than minimal tokens. However, Chloe's sustained attention and her very presence at the family dinner table have provided the relevant opportunity for Dana to advise and be validated as expert.

Dana's diminished executive function (discussed in §7.3.2) was exposed as she could not answer John's complex questions about the names and relationships of the families she had worked for in Belfast. Eventually, after a great deal of uncertainty, Dana took control of her epistemic status by stating that she did *not know* about that subject but by contrast returned to a topic over which she could claim primacy.

In §7.3.3 we considered one of the practices that Dana employs to extricate herself from episodes of extreme confusion and disordered reality. Dana achieved this by

closing the trouble sequence, often through humour or figurative expressions and immediately situating the conversational topic in the *here and now*. In the fragments shown this was with the offer of food or drink or suggestion of a new activity, such as cooking. Through these practices Dana manages to move on with the interaction from a place of uncertainty and confusion to actions in which she has expertise and primary authority.

Dana's competence has been compromised through linguistic deficit (circumlocution), cognitive deficit and confusion. Nevertheless, by marking a contrast with the incompetent episodes she has gone on to reclaim her authority in the interaction.

Finally, in §7.4, we examined a sequence from a family mealtime conversation in which participants talked about a shared reminiscence of the birth of Dana's granddaughter, fifteen years earlier. During this sequence, Trudy repeatedly used the phrase *do you remember* as a tag question to the incrementally declared details of the event. Contrary to advice to avoid this question, this practice actually supported the sequential flow and overall project of the interaction, aiding Dana to align with the <u>action</u> of the current talk. The words 'do you remember', it seems, do not cause interactional breakdown. It is the action underlying the utterance which could have this effect. As evidenced in fragment 7.7, in which John continues to probe Dana for information about the Finleys and the Fortes, we can see that actions such as probing, testing and asking the person with dementia to prove that they remember may result in a breakdown of interaction and lead to feelings of diminished self-worth. Though it seems likely that Dana did not, at first (if at all), remember the details of the shared memory of Chloe's birth, she was able to sustain the conversation. Her co-participants incrementally and collaboratively supplied details about the event and Dana demonstrated, by assessing the 'gorgeous baby', that she could competently do remembering.

Chapter 8 **Practices of correcting a person with dementia without exposing cognitive impairment**

8.1. Introduction

This chapter considers the problem of how conversational partners design their responses for recipients with dementia in the context of fluctuating competence and disordered reality. The conversations between Dana and her interlocutors will be analysed focusing on episodes of disorder. We investigate the consequences of certain practices initiated by the conversational partners in response to disorder and consider these consequences against practices for communication that are advised for caregivers of people with dementia. Below is a summary of the maxims, salient to the data, derived from advice offered by the Alzheimer's Society (2016h; 2016k) and other sources (inter alia: Pointon, 2001; James, 2008; Heerema, 2015; Dementia Today, 2016) set out in chapter 2, table 2.1.

1. Treat people in an ordinary way
2. Meet the person with dementia in their reality
3. Don't contradict / Don't argue
4. Agree with everything
5. Don't patronise

Steeman et al (2007), in their investigation into quality of life, sum up such advice saying: 'caregivers should be skilled companions […] who guide the person with dementia in their search for equilibrium between loss and maintenance'. This chapter aims to answer the question 'how do we ACTUALLY achieve this?'

8.1.1. Analysing disordered reality

The incidents of disorder considered in this chapter range from factual errors which are, nevertheless, plausible, to episodes of hallucination in which Dana perceives people in photographs as living people co-present in the interactional setting. In addition, Dana presents her, somewhat irrational, fears of events such as trees or telegraph poles falling onto the house. While there seems to be some logic to the view that a telegraph pole might be unstable, a typical participant can rationalise such

concerns through their experience of the world. These perceptions are not entirely improbable and the related fears are, most certainly, real.

In the forthcoming analysis, we will see that caregiving and everyday interaction with people with dementia requires a finely balanced negotiation of a range of approaches. There are long-standing philosophical debates regarding what constitutes reality and 'what sorts of things exist' (Potter, 1996: 6). However, as Potter (1996) explains in a brief overview of such disputes, those arguments have no place in the current analysis which will be based on realities which are constructed, as congruous or incongruous, as presented through everyday talk.

For the purposes of this analysis, we proceed on the basis that disordered reality is defined as a perception of events (Potter,1996), which is incongruous with the typical lived experience. The judgment regarding this is underpinned by facts relating to Dana's life, which have been verified through caregiver interviews and/or become apparent as incongruous in the data itself.

In the early stage of this analysis, a collection was assembled of sequences in which some sort of incongruous reality occurred. These range on a continuum (§4.7.2) as follows:

1. Plausible propositions based on disordered knowledge (fragments 8.4, 8.16 and 8.19). E.g. that Dana's sons were born in Belfast.
2. Disproportionate fears of improbable occurrences (fragments 8.17 and 8.18). E.g. that trees or telegraph poles will fall onto the house.
3. Disordered reality (fragments 8.3 and 8.10). E.g. confusion over family relationships.
4. Hallucinatory episodes (fragment 8.3). E.g. talking to photographs.

The collections were then examined in detail and the practices employed by co-participants in response to incongruous reality are reported.

8.2. Doing being ordinary

Despite episodes of confusion and delusion, much of the talk in these data runs off in a
seemingly trouble-free way. Trouble occurs in ordinary talk and there is a range of
practices for dealing with it and as Sacks (1984b) points out, *being ordinary* is an
achievement which is negotiated in everyday talk. As explained in § 3.7, sequences of
repair pervade typical conversation and there are systematically preferred ways of
repairing troubles in conversation which Pomerantz (1984b: 156) claimed was based
on speakers' attempts to 'try the least complicated and costly remedy first'. This
chapter suggests that dealing with dementia-related repairables within the same
systematic preference structure will allow interactional problems to be resolved in
ways that do not place the trouble solely in the domain of the person with dementia.
This practice would be one way to 'treat people with dementia in an ordinary way' the
first from the list of advice (#1) in §8.1. We begin by examining a repair sequence in
which Dana's conversational partner tries the easiest solution first. The @ symbol used
here denotes talking while eating, the ~ denotes a quavering voice.

(8.1) LML5-4.10923

```
1     Dana: ↑where's↑ this from John
2           (((1.2) chinking of cutlery))
3     John: @ou' your free:zer@
4           (1.3)
5     Dana: ~°wha:t°~
6           (((0.6)chinking of cutlery))
7     John: OUT OF YA @FRee:zer@
8           (1.1)
9     Dana: ↑these↑ were in the freezer
10    John: (.) yep °hhh°
11    Dana: >what were they doing in< the freezer
```

Dana and John are eating a lunch of fish and chips which John has prepared. Dana asks
(for the second time) where the food is from. John answers in line 3 that it is from
Dana's freezer and after a considerable pause, Dana utters the open class repair
initiator (OCRI) *what* in line 5. As described by Drew (1997), OCRIs are associated
with problems of sequence in conversation, that is, they do not locate the specific
problem in the trouble source turn but often refer to the appropriacy of the entire turn.

From the evidence of fragment 8.1, in responding to Dana's repair initiation, John conforms to the schema set out by Pomerantz (1984b) and Svennevig (2008) of trying the easiest solution first. John first tries a simple repetition of the trouble source turn in line 7, but Dana pursues the repair, specifying that she is having difficulty with the proposition that fish and chips would be kept in the freezer. The raised pitch of the turn-initial item *these* in line 9 suggests she is surprised and then she asks a further question in line 11 to clarify why they were in the freezer. I should, perhaps, point out here that the British tradition of buying fish and chips ready cooked and hot from a 'fish and chip' shop may have contributed to Dana's confusion. She may have been expecting the answer to her question *where's this from* in line 1 to be the name or location of a local shop. However, as Pomerantz (1984b, later developed by Svennevig, 2008) showed, conversational partners respond to repair initiators by trying the simplest, least complicated solution first. This is precisely what John elects to do. In line 7, he repeats his answer, this time a little louder and more clearly enunciated. In his first response (line 3), he did not complete the 't' of 'out' and the preposition 'of' was elided and, indeed, the whole turn was obscured by the fact that John was still eating his food. In the repeated response in line 7 John completes the word 'out', includes the preposition, increases amplitude and the turn is less affected by his eating. Dana confirms, in line 9, that she has heard the response but finds the information does not clearly, or fully, answer what she asked and so pursues (Pomerantz, 1984b) a more detailed response (line 11).

John, in this instance, has tried the easiest solution first, thus dealing with the repair sequence in a way that conforms to typical conversational practice. Dana has already asked the question at least once before (there may have been other occasions prior to recording), thus displaying some conversational incompetence, plus John is aware that Dana may not always remember the arrangements of her own kitchen. Nevertheless, he does not base his repair practices on the assumption that it is Dana's cognitive impairment that has caused the interactional problem. Instead he deals with the repair based on the joint interactional problem of speaking and hearing. By adopting this practice, John has demonstrated one way of *doing being ordinary* (Sacks, 1984b).

8.3. Meeting in a disordered reality

Dementia is characterised by a progressive decline in abilities (Royal College of Psychiatrists, 2016). However, the real, lived experience is more complex. Caregivers, whose close contact with people with dementia gives them direct experience of the complexities of the condition, report that the abilities of the person vary day to day (Kitwood, 1990). In the conversations under analysis for this study, it is evident that Dana's memory and competence fluctuates, not only day to day, but from morning to night, minute to minute. The challenge for conversational partners, then, is not only how to respond to confusion and declining competence but how to sensitively measure the response to a fluctuating competence. Fragment 8.2 is taken from the closing minutes of an hour-long conversation in which several delusional episodes have occurred regarding the photos on the wall. Dana has addressed the characters in the photo and spoken about them as though they were actually in the room with her to eat their evening meal. This fragment (8.2) considers the second of the maxims of advice (#2) set out in §8.1; it begins as John meets Dana *in her reality* in talking to the photos.

(8.2) LML1-11.2980

```
1    John: NO YE CAN'T HAVE ANY 'am afraid
2    Dana: no 'am not taking it down no
3    John: tell'em! tell'em they can't have any
4    Dana: no don't tell them anything! (.)they're in
5          picture an' the're staying there
6    John: oh right
```

John has told Dana there is only enough dinner for two and he raises his voice a little in line 1 and addresses the photo at the other side of the room[11]. In line 3 John suggests Dana should *tell them they can't have any*. This is a rare occasion in the data when an interlocutor colludes with Dana's disordered reality. The interactional consequences of this are that Dana is the one to state the reality of the situation in lines 4 and 5 with an injunction against John's suggestion and warranting her injunction with *they're in a picture an' they're staying there*.

---

[11] Appendix 11 shows a plan of the ground floor of Dana's house.

The result of John's colluding in Dana's reality at the start of this fragment is that Dana is restored to a state where she is no longer confused; the picture remains a picture and the characters cannot join them for a meal. While it may be a positive outcome that Dana has, in this moment, recognised the reality of the situation, there is also a sense of John's falsehood being exposed by this interactional move. If this type of sequence were to become a regular occurrence the trust between conversational partners could potentially be eroded (Day, James, Meyer and Lee, 2011; Tucket, 2012; Antaki and Finlay, 2013).

Some minutes later Dana returns to the idea that the people in the photo should have tea with them, *at the table*. On this occasion John states that it is *just a photograph*, and adds (line 12), with a smiling voice, that *they can't come down and eat*.

(8.3) LML1-11.3011

```
1    Dana   .hh so. are you gonna eat your tea with thim
2    John:  with you
3    Dana:  at the table
4    John:  with you!
5    Dana:  b-y-bd=↑what↑ about them two
6           (3.2)
7    Dana:  you're not gonna give them anything=
8    John:  =↑no↑: its [justaf:]
9    Dana:            [thi gonna]hang on the wall
10   John:  shjust a ↑pho:↑tograph
11   Dana:  ha:hahahaha[hahaha]
12   John:             [£they can't] come down and ea:t£
13   Dana:  hu ha ha ↑ho:::↑  hhmm hm ↑hm hm↑
14          (0.3)
15   Dana:  .hhh £they can't come down and eat£
16   John:  no:
17   Dana:  £I'll jump on ih£ (.)
18           £I'll take it down and jump on it .hh an' you'll
19          have your m:other, your sisters, your brother, and
20          all of them£=
```

At line 11, Dana begins to laugh and moves to close the sequence with a non-serious turn (Holt, 2010) from line 17. This turn simultaneously acknowledges that the people are actually images in a photograph and at the same time suggests the ludic idea that jumping on the picture would release the characters. The utterance in lines 17 to 20 is delivered in a smiling voice by Dana which may suggest she is joking but the design of

the extended turn does not account for John (her son) as recipient, since he does not have any sisters and in fact has four brothers, not a singular brother, as stated by Dana. As the conversation develops (transcript shown in fragment 7.8) it seems that Dana imagines that John is in fact her brother, which would make sense of the design of this turn: multiple sisters and singular brother.

Fragment 8.3 has occurred after several similar episodes over the previous hour relating to the photographs. This sequence serves to demonstrate the fluctuating disorder, and even simultaneous order and disorder that conversational partners must constantly negotiate.

8.4. Repair and correction in conversation with people with dementia

Observing the practices of Dana's interlocutors in responding to episodes of disorder and confusion, a number of general categories of response became apparent:

- Align with the disordered turn
  - o   Minimal tokens
  - o   Generalised response
  - o   Colluding with delusion
- No response or significant delay
- Initiate repair
- Carry out correction

The range of possible responses observed are similar to those investigated by Lindholm (2015). In her study of responses to confabulation, Lindholm found the practices to range on a continuum from noncommitment to acquiescence. The analysis that follows considers the responses to disorder in terms of the sequential position in the repair initiation opportunity space (Schegloff et al, 1977). As discussed in §3.7 the repair initiation opportunity space spans three turns at talk including the space immediately following the trouble source turn which may be extended in order to allow further opportunity for self-repair:

- Trouble source turn –   speaker A
- Transition space following trouble source –   speaker A
- Next turn –   speaker B
- Third turn –   speaker A

First we consider the range of practices which do not attempt to correct disorder, but instead, align with Dana's state of reality. While these practices do not, necessarily, meet the person with dementia in their reality (§ 8.1, #2), they do, more or less, follow the advice to agree with everything (§8.1, #4) and not to contradict (§8.1, #3). A recipient of a perceived error need not initiate or carry out repair; as Schegloff et al (1977:375) noted, 'even the 'ripest' of repairables […] are not necessarily followed by repair'.

8.4.1. Minimal response

Regardless of whether the conversation involves a person with cognitive impairment, interlocutors can make the choice not to repair, but instead, to produce a relevant next turn, which could be a minimal token. Fragment 8.4 is from a conversation between Dana and her thirteen year old grandson, Barney. They have been talking about school and Barney has asked Dana where she went to school. We pick up the conversation as Dana answers this.

(8.4) LML7-4.14930

```
1     Dana: oh I was born an reared in Belfast ah had all mi
2           children in Belfast
3     Barn: £uhh ri(h)ght£
4     Dana: yea
5           (0.5)
6     Dana: and your dad
7     Barn: yeah
```

Dana is confabulating about the birth-place of her children when she states that all her children were born in Belfast, Northern Ireland, and specifies (line 6) *and your dad*, addressing Barney. Her sons, in fact, were born in the North of England, Barney's dad being the youngest of the five. Barney does not correct or query this in any way but, with minimal tokens, *right* and *yeah* simply aligns with Dana's story. Of course, there

are relational constraints on the interlocutors as to what it would be appropriate to question in conversation; a thirteen year old boy is not necessarily in a position to correct his grandmother (Wardaugh and Fuller, 2015). But the machinery is available to him if he wishes to pursue the spurious fact, and he chooses not to.

8.4.2. Generalised response

A further example of an aligning turn, which does not attempt a repair initiation, is a generalised response. In fragment 8.5, Dana is talking about her late husband.

(8.5) LML1-9.1656

```
1     Dana: your dad has no trouble with sleeping
2          (.)
3     John: humm
4     Dana: he'd sleep from now to doomsday
5          (0.4)
6     Dana: hehe hehehu °haha° hohoho hehe god help'm
7          (5.6)
8     Dana: he would
9          (1.8)
10    Dana: if he could but
11         [he can't]
12    Maur: [theres lots] of people like that
13    Dana: yea huhu
```

Dana mentions her late husband, referring to him in the present tense in line 1. John aligns with the turn in line 3 with a minimal token and passes up the opportunity to repair or correct Dana's statement. Lines 8 to 11 are built as a formulaic phrase: *he would if he could but he can't* and it is ambiguous as to whether Dana is speaking about him in the present or whether she has recognised that he is no longer living. The data set includes many instances of Dana talking about her late husband as though he were still alive and the unpredictability of Dana's state of reality is a challenge for her interlocutors. In line 12, Maureen responds to Dana with a generalised, aligning turn. Maureen's turn is constructed as a fitted next turn but instead of Dana's husband being the subject of the utterance, Maureen refers, more generally, to *lots of people like that*. Potter (1996:168) states that 'vague propositions' and 'broad categorizations' are robust in conversation since they are not attached to individual perceptions or emotions and are not easily contradicted. Potter's observation is inverted in this

example in that the generalisation allows Maureen to align with the talk without contradicting Dana's perception of reality relating to the individual referent – her husband. By adopting this practice Maureen is sustaining the social interaction but avoiding any potential upset which might occur by stating that Dana's husband is dead. This also avoids the dilemma of whether to collude with the delusional state of the person with dementia, a practice which many caregivers struggle with and see as deceitful (Blum, 1994; Day et al, 2011; Tuckett, 2012).

8.4.3. Colluding response

The third practice of aligning with the disordered claims of the person with dementia is to collude with the perceived reality of the person with dementia (§8.1, #2). By this we mean that the interlocutor explicitly takes a stance that is contrary to what they know to be real or true. For example, if a person with dementia says she is waiting for her husband to come home, the interlocutor might collude by saying "I'm sure he won't be long". This is similar to Lindholm's (2015: 194) categorisation of 'elaborate confirming responses' to confabulation in which the interlocutor explicitly aligns with a view they know not to be true. This thesis does not consider the ethics of such practices but the actual outcomes of various ways of responding to delusion. A colluding response In fragment 8.2, above, we found that the outcome of John's colluding in Dana's delusion relating to the family photographs was that Dana contradicted him, recognising for herself, in-the-moment, the disorder of talking to photographs. However, it also exposed John's falsehood and when Dana returned to the delusion some minutes later (fragment 8.3) he found himself taking the opposite stance, telling his mother *it's just a photograph*. Colluding with disorder is a very rare practice in these data and fragments 8.2 and 8.3, demonstrate the interactional problems that interlocutors can face when a person with dementia's perception of reality alters. The conversational partner's deception can be exposed and they find themselves 'stranded' in a disordered reality.

8.5. Self- and other-initiated repair

As has been documented in other conversation analytic investigations of communication disorders (inter alia Hamilton 1994; Perkins et al, 1998; Müller and Guendouzi, 2005; Guendouzi and Müller, 2006; Mikesell, 2009), people with

dementia retain the ability to initiate repair on their own and others' talk. Even in the later stages of dementia, when verbal skills are severely impaired, Hamilton (1994: 61) showed that a person with dementia can initiate other-repair through the use of intonation and non-lexical utterances such as *Huh* or *Hmm*.

8.5.1. Self-repair

As evidenced throughout the data, Dana is a highly skilled conversationalist. The practice of self-repair is to be found in all conversations, and initiated and carried out by all interlocutors. Fragment 8.6 shows Dana carrying out a series of self-repairs within her turn at talk.

(8.6) LML1-3.272

```
1    Dana: ♯no:♯ the children: the children I mean the
2          school's packed with kids .hhh but- n they all
3          come up n down the stree:t,
```

Dana is talking about the children who walk past her house on their way to and from school. In line 1, she begins, *the children*, elongating the final phoneme. The same noun phrase is then repeated followed by an explicit repair marker *I mean*. Dana then re-designs the turn making the school the subject of the utterance and the sheer number of children, forms the description of the school *packed with kids*. A further self-repair follows, in line 2, as Dana extends her turn using the conjunction *but*. This is cut off and replaced with *and* which is a more fitted conjunction for the assertion that follows since the children *coming up and down the street* is additional information and not in opposition to the *school being packed with kids*.

This example demonstrates how fine-tuning of turn design, through self-repair, is important to people with dementia, as it is to typical interlocutors in attempting to make themselves understood.

8.5.2. Self-repair following a delayed response

The space immediately after the trouble source turn, the transition space, forms part of the repair initiation opportunity space (Schegloff et al, 1977). By delaying, the second speaker is signaling that they are having some difficulty in responding. The first

speaker, in this space, can inspect their own, just completed turn for potential problems
and carry out repairs (Pomerantz, 1984b). As we have seen, Dana can carry out self-
initiated, self-repair within her own turn (fragment 8.6). When an interlocutor holds off
their turn, allowing space for Dana to self-repair, Dana can attend to this very subtle
signal. Fragment 8.7 shows Dana self-repairing, by elaborating her utterance,
following a delayed response from her interlocutor.

(8.7) LML1-11.3003

```
1          ((30 second lapse))
2    Dana:  so what are you gonna eat
3          (3.8)
4    Dana:  what are you gonna eat (.) fooyur tea
5          (0.7)
6    John:  ↓<lasagne>↓
7          (0.3)
8    Dana:  lasagne
```

Dana asks John what he is going to eat and John delays his response, extending the
transition space to a considerable 3.8 seconds. This is the fourth time in 40 minutes
that Dana has queried the arrangements for their evening meal, and providing the same
answer for a fourth time, no doubt, has an effect on the design, timing and delivery of
John's response[12]. Dana pursues a response, repeating the question but eliding the,
now superfluous, *so* (Schegloff, 1987b) and when there is no immediate response from
John in the micropause in line 4, Dana adds the clarifying phrase *for your tea*. This
does prompt a response from John which is delivered, after a further pause of 0.7
seconds, in a low, slow, monotone voice.

Although we have many examples of Dana attending to repair in the transition space,
as in fragment 8.7, there are none where she carries out a self-repair on a delusional
utterance. It seems that while Dana's conversational competence is such that she can

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[12] Although this thesis does not investigate, in detail, the dispreferred turn-shape of responses to
repeated questions, it is noticed that a significant delay often occurs in such sequences. However, in
some sequences, a rapid onset is noted in responses to repeated questions, in a way which suggests there
may be an expectation on the part of the interlocutor for a particular sequentially projected repetitious
utterance.

easily recognise these subtle practices of repair, delayed response is not sufficient to prompt a self-repair on disorder.

8.5.3. Other initiation of repair

A range of repair initiators were discussed in §3.8. Any of these practices are available to interlocutors who perceive an error or, as we have seen, they can choose not to initiate repair. In these data, when repair is initiated following an occurrence of disordered reality, a significant number of cases operate through a repeat or partial repeat of the trouble source turn. Fragment 8.8 is a short extract from a sequence in which Dana refers to her late husband in the present.

(8.8) LML1-11.2450

```
1    Dana:  your dah's still in be:d j'know
2           (0.4)
3    John:  me dad
4           (1.1)
5    Dana:  your dad's dea:d
6           (0.2)
7    John:  yea.
8    Dana:  HA HA ha hahaha
9    John:  £I wuz gonna say if he's still in bed,
10          (.) good on 'im£
```

Following Dana's turn in line 1, John repeats (mutatis mutandis) the referent of Dana's utterance *me dad*. By producing a repeat, the trouble source is located but no specific error is identified. In line 5, Dana recognises that her husband (John's father) is dead. If, in fact, Dana had not self-repaired John would have had the option to move on with the conversation without any further attempt at repair. One of the typical uses of a repeated turn is as an understanding check. The repeat is a candidate understanding, which is 'proffered' for the trouble-source speaker to accept or reject (Schegloff et al, 1977: 379). John's repeat, therefore, could have been taken as an understanding check, repeated for Dana to confirm. For example, she might say *yes, your dad*.

Since there is no explicit contradiction to the disorder in fragment 8.8, no blame is attached to the speaker of the trouble-source turn. If the repair initiation fails to prompt the recipient to revise the disordered reality, then the repair initiator can be retracted or

sequentially deleted. John's repeat, as repair initiator, has deflected the need for him to deal with the disorder in the next turn. The slot for a fitted response is taken up by the repair initiator without the need of either colluding or contradicting. Sacks (1992: 7) describes repair initiators as an 'occasional device' for 'skipping a move' in conversation. That is, the primary function of a repair initiator is to initiate repair. But it also serves to take up the slot for the next fitted turn – in this case (example 8) when John would be expected to deal with Dana's disordered reality concerning her late husband

Since Dana did take up the repair initiator as a prompt to revise her state of reality, (line 5, fragment 8.8) her lapse in competence has been exposed. This is modulated by laughter in line 8. This laughter can be characterised as troubles-resistant laughter. The troubles are two-fold in this sequence: firstly, Dana's husband is dead and, secondly, she has displayed a lapse in competence. Jefferson (1984c) showed that laughter in troubles-telling shows that the speaker is resilient to the trouble and Wilkinson (1995) noted similar practices of laughter relating to displays of non-competence in people with aphasia. In line 9 John produces a humorous utterance, which he delivers with a smile voice thus modulating this sequence of repair. Schegloff et al (1977:378) noted that corrections are often modulated in this way as sequences that 'turn out to be jokes'.

There are several advantages to the practice of repeating to initiate repair in sensitive situations. For a person with dementia, who may have difficulty keeping track of what has been said in earlier turns, the repeat repair initiator keeps the trouble source in focus by re-presenting the utterance. Since no explicit contradiction has been uttered, no blame is attached to the speaker of the trouble-source turn at the point when the repair initiator is produced. If it is not recognised as a repair initiator then it can be retracted without exposing the incongruous reality. Furthermore, by producing the repair initiator, the interlocutor has used the conversational slot (Schegloff et al, 1977) where he might be expected to align with the disorder. Whatever the outcome of the repair initiation, he has, thereby, avoided aligning or disaligning with the disorder. This practice shows that contradicting (§8.1, #3) a person's reality (§8.1, #2) can be carried out in delicate ways that avoid agreeing with everything (§8.1, #4) while restoring the person with dementia to a congruous reality.

8.5.4. Abandoning a repair sequence

After several tries at repairing or further elaborating an explanation, interlocutors may elect to abandon the attempt altogether. In the following fragment Dana has asked the location of a local store and her interlocutors have made several attempts to describe the location relative to other notable landmarks. Fragment 8.9 begins after 14 prior turns of this explanation. The names of the shops have not been anonymised since they are national, publically accessible names, other place names are pseudonyms.

(8.9) LML7-3.15166

```
1    Geor: @it was called Safeway when you used to shop
2          its called Morrisons now@
3    Dana: and where is it
4    Trud: in Horcombe!
5          (((1.0) eating))
6    Trud: just past the li'l- all the shops
7          (((3.6) eating))
8    Trud: you used to drive me <sometimes when you used
9          to dri:ve>
10   Geor: @just off Blunt Street where Horcombe working
11         mens club is,@
12         (((5.6) eating))
13   Dana: °°(ah dunno:)°°=
14   Geor: =>i' dunt matter if you< can't remember
15         (.)
16   Geor: dunt matter
17   Trud: @it was a long time ago now@(.) since
18         [you've been dri:ving]
19   Dana: [w'l- WHICH roa:d i]s it o:n that would be more
20         functional=
21   Geor: =@uv just told yu Blunt street@
22         (.)
23   Dana: Blunt street in Ho:rcombe
24   Geor: mmm
25         (((1.7) eating))
```

First of all, note George's utterance in line 21. There are few instances in these data when an interlocutor tells Dana *I've just told you* or *you just asked that*. This sequence has carried on for some time without, it seems, any success in explaining to Dana the location of the store. George shows his exasperation in line 21 saying *I've just told you, Blunt street.* While this seems like an uncharacteristic outburst, it is, in fact, a defense by George in response to his mother's challenge in lines 19 and 20 *well which*

road is it on, that would be more functional. Dana's utterance blames her lack of understanding on her interlocutors' lack of specificity. This is, undoubtedly, one of the challenges for caregivers and conversational partners of people with dementia that they are expected to overcome the understandable urge to defend themselves when troubles arise. That aside, we note that this argument is touched off earlier when George is demonstrating to Dana that her memory lapse *doesn't matter* (lines 14 and 16).

Though most probably well-intentioned, George's evaluative stance towards his mother not remembering, presupposes that she is responsible for the failure of the sequence and that George is in a position to absolve her of blame. In addition, Trudy has pointed out that it is a long time since Dana could drive (lines 8 to 9 and 17 to 18), highlighting her failing capabilities and dependence on others. This kind of demeaning or patronising talk, according to Coupland, Coupland and Giles (1991: 31), can result in 'irritation and dissatisfaction – ultimately for both [all] parties involved'. This is indeed what has occurred here as Dana expresses her irritation in lines 19 to 20 which leads to George's retort in line 21 *I've just told you, Blunt street*.

The advice set out in §8.1 included 'don't patronise' (#6). Although this seems very sound advice, it is unclear what patronising behaviour would look like in real interaction. We propose that 8.9 is one example of patronising talk, brought about through well-intentioned actions of 'forgiving' and 'evaluating' Dana's lapse in memory.

George's claim that *it doesn't matter* (lines 14 and 16) is a device to abandon the failing repair sequence (Schegloff et al, 1977). However, repair is a collaborative project between co-participants and Dana clearly wishes to pursue the outcome. After several more turns, Dana declares *I know where you mean, them wee streets there* (transcript not shown) which does close the extended repair sequence.

8.6. Correction

Correction is understood to be a sub-type of the phenomenon repair and is 'commonly understood to refer to the replacement of an 'error' or 'mistake' by what is 'correct'' (Schegloff et al, 1977: 363). In the cases considered below, the error may not be explicit in the lexical production but related to the presuppositions on which the utterance is based.

In ordinary conversation, it was observed by Schegloff et al (1977) that the incidence of 'correction' is rare, and when it does occur, there are particular practices relating to the design and sequential placing of these cases. For example, corrections in typical talk are invariably modulated. Methods of modulating may include humour, accountings or proffering of a correction with uncertainty markers. When unmodulated corrections do occur, they are overwhelmingly found to be following a prior attempt at modulated correction or an understanding check. An exception to this systematic marking and sequential placement of other corrections is that unmodulated corrections may be found in parent-child conversations and interaction with the 'not-yet-competent' (Schegloff et al, 1977: 381). It may, of course, be the case that unmodulated correction occurs in interaction with the 'no-longer-competent', exposing the lapse in competence and holding the speaker responsible for the error.

Jones (2012) stated that troubles in telephone conversations between a woman with dementia and her daughter were interactionally generated when the daughter did not modulate turns which responded to her mother's requests to return home from her care facility. These sequences frequently resulted in the person with dementia becoming distressed, as evidenced by producing self-deprecating remarks. The advice based on Jones' findings was that responses to repeated requests should be constructed 'as if for the first time' (2012: 194) and, therefore, refusals should typically be modulated and include accountings.

The aim of §8.6 is to discover some of the practices which lead to positive outcomes when a co-participant chooses to correct Dana's state of reality. In some instances they may feel correction is their only reasonable course of action. As we have noted throughout, Dana's conversational partners do, overwhelmingly, deal with dementia

related problems without exposing the disorder and, therefore, avoid causing her distress. This is, surely, in no small part, owing to Dana's resilience and interactional competence as well as a lack of self-awareness of her diagnosis. However, there are instances in which distress is displayed in the interaction. We begin by considering one such example.

8.6.1. The consequences of unmodulated correction

Fragment 8.10 is from a conversation in which Dana has repeatedly become confused about her relationship with her grandchildren, Chloe and Barney. Evidence throughout the conversation suggests that Dana considers the children to be her own (see fragment 8.10a) and constantly expresses worries over their whereabouts.

(8.10) LML1-11.2694

```
1    Dana:  I hope Trudy's got Chloe and Barney in the house
2           I don't like annoying her
3    John:  why would you annoy her
4    Dana:  ↑cuz the' there all the time! the' not here!↑
5    John:  yea but course the' there the' with their
6           mam and dad!
7    Dana:  who
8    John:  Chloe and Barney
9           (2.6)
10   Dana:  <pahdon>
11   John:  the' with their mum and dad
12   Dana:  .hh
13           (2.1)
14   John:  why d-
15   Dana:  who's their mam and dad
16   John:  George and Trudy!
17   Dana:  what am I what am ah thinking about
18           (.) Christ I don't know what thi- uh
19   John:  wl you think they're you're the' your children
20           but the' not
21           (2.3)
22   John:  the're your grandchildren
23           (1.8)
24   Dana:  I'm having a fit of some description
25   Dana:  they are my grandchildren that's correct
26   John:  yea
27   Dana:  Chloe and Barney
28   John:  they're your grandchildren yea
29   Dana:  that's right that's the end of story
```

As we join the conversation in fragment 8.10, Dana is *hoping* that the children are safe as it is getting dark. While Dana makes the relational connection that Trudy will be looking after them. She also expresses concerns that this will be *annoying* Trudy (line 2). John's initial response, in line 3, is a challenge to Dana to explain why Trudy would be annoyed. This challenge is carried out as a straightforward question to Dana with no modulation or explanation of why John is asking this question. Pomerantz (1988: 360) proposed that a speaker may design a question to 'guide, direct, or assist' the recipient in supplying a relevant response. This practice would be most pertinent when asking questions of a person with dementia, but on this occasion, John's question contains no such assistance. Dana's answer, in line 4, reveals that she believes that the children are her responsibility.

John continues to contradict Dana's state of reality, beginning at line 5, with *yeah but [of] course they're there*. The component *of course* marks the expectation by John that Dana should have epistemic access to this knowledge (Stivers, 2011). He states that they are *with their mam and dad* and although this is offering Dana a little more information, the kin-terms *mam* and *dad* do not specify exactly who is being referred to.

Dana initiates an extended repair sequence; it seems John's assertion is incongruous to her state of reality. Dana's use of the OCRI (Drew, 1997; see §3.7 and §8.2) in line 10 suggests she does not recognise the alignment of the propositions *where are the [her] children* and *they're with their mam and dad*. A systematic pattern throughout the data is that Dana marks the onset of a sequence of confusion with an OCRI – the point at which she notices an incongruity between her own state of reality and facts being presented to her. Fragment 8.10a, below, occurred just a few minutes earlier in the conversation, evidencing Dana's occasional belief that Chloe and Barney are her own children (lines 6 and 7). This sequence is also marked with an OCRI, in line 4, at the juncture of the two differing states of reality.

(8.10a) LML1-11.2582

```
1    Dana:  oh she loves them (.) Trudy loves them
2    John:  yea wl the're 'er children
3           (0.8)
4    Dana:  ↓pardon↓
5           (0.8)
6    Dana:  they're not her children
7           they're my chil'ren
```

In fragment 8.10, following the incongruity marked by the OCRI in line 10, Dana goes on to try to clarify her understanding by asking a further question *who's their mam and dad* in line 15. John's answer is brief and exclamatory. He appears to be exasperated and this is leads to Dana's self-doubt in lines 17 to 18 *what am I what am ah thinking about, Christ I don't know what thi-*. John now explains to his mother what she was *thinking* which makes explicit Dana's confusion and disorder; resulting in her expressing further self-doubt *I'm having a fit of some description* (line 24). Instances of Dana's self-awareness of her dementia are rare in these data. Indeed, her apparent surprise at this breach in competence suggests she remains unaware of the long-term effects of her condition.

Considering the maxim: don't contradict or argue (§8.1, #3) with a person with dementia, fragment 8.10 would seem to corroborate this advice. However, we will argue that it is not the action of correcting, but the manner in which this correction is carried out which generates distress in this sequence.

8.6.2. Correcting

In the current analysis we are investigating contradictions and corrections of disordered reality and also considering the advice aimed at caregivers, set out in §8.1, to 'enter the person's perceived reality' (#2); 'not to contradict' (#3) and to 'agree with everything' (#4). There are, of course, consequences for not contradicting, or for ignoring disorder.

Investigation of these actual, quotidian conversations suggests that it is not always safe or reassuring to the person with dementia to simply agree or go along with their perceptions. If the person with dementia is worried about trees or telegraph poles

falling onto their house it may be best to try to explain and reassure them that this is unlikely. If they are suggesting that they might hop on a bus to go to the hairdresser, a caregiver may feel that this may lead to problems of personal safety or becoming lost. These real concerns need to be addressed every day in the role of caring for a person with dementia.

In these data, when other-initiated other-corrections do occur, they are overwhelmingly carried out as modulated repairs. That is, they include accounting or an address term or may be presented as light hearted and humorous.

A simple modulation, found in all conversations in the data, is the appending of the contradiction with an address term, for example, *mum*, *nana*, *Dana* as can be seen in the following fragments: 8.11 to 8.14.

In 8.11 Dana is being offered lunch while visiting her granddaughter, Emma. Dana is rejecting the offer and passing on the meal to another guest. Emma interjects this action and modulates the utterance with an address term *nana*.

(8.11) LML2-1.3630

```
Emma:   no that's for you nana
```

At the same visit (8.12) Dana has noticed the refuse collectors in the street near Emma's house. Some slight confusion has arisen about this and Dana, Emma and John are discussing what happens to the refuse. Dana remembers that there was a 'tip' near to her own home. In contradicting, Emma again uses the kin-term *nana*.

(8.12) LML2-1.4221

```
Emma:   it's closed now nana that one at the top of your street
```

At the end of a visit to the hairdresser, Dana is collecting her belongings and has picked up Hal's (the hairdresser) spectacles. In this case the injunction is not against a prior utterance by Dana but the action of placing the spectacles in her bag. Hal appends his turn with Dana's name. This practice both designates the addressee and modulates

the contradiction. Clayman (2010) noted that in conversations between just two parties (news interviews), the use of address terms should be redundant. The address term, then, is doing some other action in the conversation which Clayman (2010: 176) found was related to disagreement or 'doing *speaking from the heart*' (original emphasis). Clayman's (2010) work investigated the use of address terms in news interviews but his findings are related to the use of address terms by interlocutors in these data; the address terms used in contradicting Dana seem to be invoking a respect for the recipient and thereby reducing the emotional sting of contradiction.

(8.13) LML6-6.13553

```
Hal:  oh they're my glasses Dana
```

In 8.14, John is talking about the electric fire in Dana's sitting room. A similar discussion took place three days earlier. Dana believes it is a coal fire and on this occasion has thrown a tissue onto the fire expecting it to burn (since Dana has lived in the same house for seventy years, no doubt, the original fire was coal). John issues an injunction against this action, appended with the kin-term *mam*.

(8.14) LML1-11.2081

```
John:  >it's never gonna< catch fire on there mam
```

Even in the case of reported speech, John uses the modulated form, as in fragment 8.15. John and Dana have had a disagreement about the number of telephone lines attached to a telegraph pole outside of Dana's house (we develop this sequence below, 8.18). They count them regularly and John is retelling the outcome of a previous counting.

(8.15) LML4-3.10347

```
John:  and then £I sa:y no:h mam there's£=
Dana:  =.h.h hahaha [.h˚hahaha˚
John:              [one two three ↓fou:r↓ ˚five six seven
       eight nine ten eleven.˚
```

Note in 8.15 that the onset of Dana's laughter follows John's smile-voice delivery of his reported contradiction (Haakana, 2010). The two interlocutors continue to argue

about the number of cables running from the pole for several more minutes, interjected with laughter from both parties throughout and no evidence of distress from Dana regarding the dispute. In fact the episode seems to be rather invigorating.

Many of the corrections which take place also include accounting; an explanation of why the co-participant's stance should be adopted or believed. Fragment 8.16 shows an extract from another of Dana's frequent topics, whether John has *any jobs on*. John had been self-employed as a carpenter so the question of whether he had 'any jobs on' was crucial to his income. As his caregiving responsibilities increased, he gave up his business to care for his mother. This is, therefore, a sensitive subject and he does not reveal to his mother the true reason why he gave up work.

8.16 LML4-3.9792

```
1    Dana:  ye any jobs on today
2           (0.4)
3    John:  ((LS)) no [not] today mam
4    Dana:           [˚no˚]
5           (3.8)
6    John:  h #I don't# work anymore mum I've retired
7           (0.6)
8    Dana:  oh you don't (.) oh you don't want to ↓work↓
9           that's ag-lazyitis
10   John:  lazyitis
11   Dana:  hum hmhmhm heh
12   John:  well yeah you could say that yeah
```

In fragment 8.16, line 3, John designs his response in a way that seems to suggest that 'not working' is transient *not today*. In other instances when Dana hears that he has *no jobs on* she becomes irritated or worried, for example on another occasion she responds: *well how d'ya earn money if you don't bloody work*. After a long pause of 3.8 seconds, John elaborates his answer (line 6), telling Dana that he has retired. This contradicts the presupposition encoded in her question that she expects him to be working and the turn is constructed with an address term and accounting. However, the explanation is for why he has no *jobs on* and not for why he retired. John avoids saying *I have retired to look after you*. Dana interprets this as not wanting to work and suggests with the light hearted, but nevertheless evaluative, term lazyitis (a slang term for being lazy), that he is idle. We can see from this short extract that there are many

factors that a co-participant may need to negotiate. For John, several (somewhat contradictory) matters have arisen: Dana supposes he is working; she worries if he has no work; he has given up work to care for his mother but she is not aware of this; John may be accused of being lazy if he admits to no work. This exemplifies the struggle that John, and probably all caregivers at some time, must face when dealing with these complex inter-related matters.

The extract, 8.16, above, has demonstrated that the practice of modulating corrections may shield the person with dementia from exposing their incompetence. However, in this instance it has resulted in John being the recipient of accusations which he has accepted equivocally *well yeah you could say that yeah*.

As we have seen in fragment 8.16, Dana may have worries or concerns which need to be addressed in conversation. As noted at the start of §8.5, some concerns involve Dana's personal safety. There are personal worries which Dana experiences involving large trees and telegraph poles, which she can see from her sitting room. 8.17 and 8.18 show how Dana's interlocutor deals with contradicting her perceptions and allaying her concerns.

(8.17) LML5-6.12026

```
1    Dana:  an h- ho:w Elsie's gonna get rid of tha' tree
2           I do not know
3           (0.3)
4    John:  ((LS)) (0.3) big innit
5           (.)
6    Dana:  she's letting it get big[ger an bigger] an ↑big↑ger=
7    John:                          [(( cough))]
8    Dana:  =an it's gonna fall an kill somebody
9           (0.6)
10   John:  (h.) a don't think it'll fall over that tree mam
11          (.)
12   Dana:  don't you think so?
13   John:  it's got a nice big trunk to it (h) (0.4)
```

Dana is at home with her son, John and comments on a large tree that she can see in her neighbour's garden. In line 8 (8.17), Dana expresses fears that it will *fall and kill somebody*. John contradicts this perception with a turn-initial uncertainty marker *I don't think* and turn final address term *mam*. This turn is formulated to accept that

'falling trees' is a real-life possibility, by using the uncertainty marker, but states that *that tree* will not fall over. John goes on to qualify this stance in line 13 with *it's got a nice big trunk to it*, evidence that this tree is stable. By contradicting Dana's perception on this subject, John is both validating that her fear is real and reassuring her that the tree will not fall.

Coupland, Coupland and Giles, in their review of discourse with elderly patients, note that it is important to acknowledge the real distress that patients express. To deflect or deny they are experiencing problems or fears is to deny those people the 'health- and identity-bolstering of supportive discourse' (1991:190). That is, in this instance, if John were to present a version of reality that removed all possibility of the tree falling, this would refute Dana's perception completely, casting her worry as absurd. By formulating the contradicting turn to accept the possibility of trees falling and associated fears, John is giving a credible account of his perception of reality, that this tree will not fall, and supporting his mother's identity as a rational person.

Fragment 8.18 is an extension of the conversation referred to above (8.15) in which Dana and John are discussing the telegraph pole and cables which can be seen from her window. Dana expresses concerns that the pole could fall. As discussed in §8.1.1, Dana's cognitive impairment seems to inhibit her rationalising such fears by calling upon her life experience and knowledge. For example, a significant proportion of the pole is unseen, underground, giving it stability.

(8.18) LML4-3.10484

```
1    Dana:  (°right°) I don't like it there (.) because if
2           the bloody thing fell it would wreck ↓this↓ joint
3           (2.7)
4    Dana:  it would >it would< wreck this house,
5           (2.2)
6    John:  (w-) it ↑can'↑ fa:ll °mam° (.) >even if- even if< it
7           was (0.4) broken ↑off↑ at the bottom.
8           (1.4)
9    John:  it couldn' fall one way or the >other
10          be[cause of the< cables]
11   Dana:    [oh: is it] is it ↑stee:l↑ inside.
12   John:  ↑no↑ because of the cables attached to it 'ud
13          (.) they'd hold it in position ↓more or↓
14          less [it'd]=
15   Dana:       [oh:]
16   John:  =it' tilt ↑over↑ one way but (0.4) it wouldn' go far
```

Dana expresses her fears about the pole falling onto her house in lines 1 to 2 (8.18). When John fails to respond for a considerable 2.7 seconds, Dana repeats her concern *it would, it would wreck this house*. In line 5 there is a further pause of 2.2 seconds before John responds. John's turn is formulated as a certainty *it can't fall* and is again appended with the kin-term *mam*. So although John has not modulated this assertion with certainty markers he goes on to give a detailed account of why he thinks the pole is stable: that the cables would *hold it in position* so that it *wouldn't go far*. As in the previous fragment (8.17), John has formulated his contradiction as a balance between acknowledging the possibility that a pole could get broken, and disputing that it would fall onto her house. He seems to have achieved alignment between validating her fears as real, and assuaging them.

In the following fragment, 8.19, Dana supposes that she could go to her hairdressing appointment by bus, which is what she did habitually for many years before the progression of dementia prevented this. Some of Dana's regular activities have been able to continue due to the support of her family and, indeed, members of the local community including her hairdresser.

(8.19) LML1-3.58

```
1    John:  'am taking you to the hairdressers
2           (0.3)
3    Dana:  >why<
4           (0.5)
5    Dana:  I get'n on the bus
6    John:  y' can't get on the bus mam
7           (.)
8    Dana:  why.
9           (.)
10   John:  because they don't run up here anymore
```

John drives his mother to her regular weekly appointment, but Dana is surprised by this and insists she can go by bus (line 5). John immediately corrects this assumption in line 6 appended with the familiar address term, *mam*. The ambiguity of the modal verb *can* produces alternative possible meanings for John's turn, relating to ability or permission (Levinson, 1983). It could be that John is forbidding his mother to get on the bus or stating that she is not able to. He does not, however offer an account for this until Dana asks *why*. The brevity and falling intonation of this turn (line 8) gives it a quality of indignation. John's response in line 10, resolves the ambiguity of *can*. It relates to circumstances of ability to get on the bus. But, as is revealed in John's utterance, not to Dana's personal ability but to the ability of any local traveller, because the busses *don't run up here anymore*.

Fragment 8.19, has again demonstrated circumstances where Dana's interlocutor was compelled to correct her disordered assumptions. On this occasion, Dana's personal safety may be at risk if John allowed her to believe she could take the bus to the hairdressing salon[13]. In fragments 8.17 and 8.18, it was Dana's emotional well-being that was being protected as she expressed concerns about her own safety. John's account of why Dana cannot get on the bus is, perhaps, serendipitous since it would not be safe for Dana to travel without assistance. John has exploited the recent changes in local bus routes to truthfully avoid telling Dana that she is no longer competent to travel alone. As we found in earlier examples (§8.2), Dana's interlocutors frequently

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[13] In a later conversation, John voices concerns about other older people who are waiting in sub-zero temperatures at bus stops nearby. The bus service has ceased but many locals were unaware of the changes.

repair, or correct, misunderstandings based on trying 'the least complicated and costly remedy first' (Pomerantz, 1984b: 156); in doing so they can correct the conversational disorder without exposing her medical disorder.

8.7. Conclusion

This chapter demonstrates that repair initiation carried out in the 'least costly and complicated' (Pomerantz, 1984b: 156) manner can manage the interaction without exposing the disorder. 'Least costly' can relate to the emotional burden associated with having one's incompetence exposed. Disordered sequences in these data often occur as plausible utterances from Dana which are based on incongruous reality, causing interactional difficulties for conversational partners.

The findings of this chapter will now be summarised in relation to the advice for effective communication which we have considered throughout this chapter.

1. Treat people in an ordinary way
2. Meet the person with dementia in their reality
3. Don't contradict / Don't argue
4. Agree with everything
5. Don't patronise

The first item on the list of advice is to treat people in ordinary ways (#1). In §8.2 we considered what the *ordinary way* is of carrying out repair and how that might relate to dementia-related disorder. A preference for self-repair (Schegloff et al, 1977) and trying the easiest solution first (Pomerantz, 1984b; Svennevig, 2008) are procedures which neutralise any blame for interactional troubles in typical talk, and naturally also applies to talk with people with dementia. Repairables which are resulting from cognitive impairment can also be resolved in this way without exposing the trouble as being in the domain of the person with dementia.

The advantages of treating people in an ordinary way when correcting interactional trouble are two-fold:

1. By taking the <u>ordinary</u> approach, the trouble is resolved in the least costly way, minimising the potential for face threats (Goffman, 1967; Brown and Levinson, 2006)

2. By taking the <u>ordinary</u> approach, conversational partners are treating the person with dementia as fully competent participants (Goffman, 1968)

The second maxim is to meet the person with dementia in their reality (#2). The debate goes on about how far caregivers are prepared to / should go to support a person with dementia in their reality. Tuckett (2012) found that deceit in dementia care was commonplace, but is seen as compassionate, serving to support the person with dementia. However, there is further work to be done to ensure that this approach is used only in situations that best serve the interests of the person with dementia (Tuckett, 2012). Also, as dementia progresses, caregivers' attitudes towards validating an alternative reality might change, it is not necessarily a fixed ethical choice.[14] This thesis does not attempt to address the ethical stance toward this but from evidence of these data (see fragment 8.2) we can see that the person with dementia's reality fluctuates. If interlocutors explicitly *meet them in their reality*, the person with dementia's position may alter and the conversational partner may be stranded in a disordered reality and this, no doubt, risks eroding the trust between the caregiver and the person with dementia (Day et al, 2011; Tuckett, 2012; Antaki and Finlay, 2013).

The third item on the list is *not to contradict or argue* (#3) with the person with dementia. The fourth item, to *agree with everything* (#4), appears, with this wording, in only one source, the popular book *Contented Dementia* (James, 2008), though this would seem to be an equivalent approach to #3. As broad maxims of advice, #3 and #4 seem to offer a kindly approach. However, in actual, everyday interaction, situations

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[14] In the interviews with caregivers, John and Maureen told how, in the early stages of dementia, they would attempt to explain and reorient Dana each time disordered reality occurred. Over time they began to go along with it. However, lying, they felt was still not acceptable.

arise which DO need addressing, for example, worries and fears or potentially harmful occurrences. In such cases in the data, the conversational partners validated the anxiety or intention (e.g. to get on a bus) but then contradicted the proposition entailed in the turn. This correction was overwhelmingly carried out with the use of a name or kin-term, with accounting and often with humour, the very characteristics that Schegloff et al (1977) noted in ordinary talk when interlocutors do other correction. Contradicting and even argument did not, in these data, cause interactional breakdown or emotional stress when carried out in systematically typical ways. However, it was noted, in support of Jones' (2012) findings, that unmodulated correction did result in self-deprecating remarks by the person with dementia and lead to further interactional troubles (fragment 8.10)

The final maxim considered in this chapter was *don't patronise* (#5). This is, intuitively, sound advice. But knowing what patronising behaviour looks like in actual conversation is more difficult. The best intentions, it seems, can, in fact, be treated by the recipient as problematic and potentially patronising. Fragment 8.9 showed a sequence in which George absolves his mother of blame for not remembering *dun't matter*. This action presupposes there is something to forgive and attempts to abandon the sequence that Dana is pursuing to understand the location of the supermarket. The consequences of George's action (though kindly meant) seems to be to cast Dana as incompetent for not remembering and either not capable or not worth (or both) the interactional effort of resolving the trouble. This results in a challenge by Dana and a subsequent defense by George with an uncharacteristic *I just told you*.

This thesis does, indeed, support the advice *not to patronise* (#5) and more importantly, has demonstrated what *patronising* actually looks like.

8.8. Addendum to Chapter 8, Doing being ordinary

A short fragment from a conversation between Dana, Maureen and John had puzzled me from the time I first transcribed it. I discussed it with others at a data session held in 2013 and we could not see what could have alerted Dana to change, or question, her stance when complimenting Maureen's cooking.

(8.20) LML3-5.6718

```
1    Dana:  <@That salmon's lovely: Mauree:n@>=
2    Maur:  =@mmm:: tis isn't it@
3           (( (2.1) eating))
4    John:  ((sniff)) sh cooked it well mam 'an't shi
5           (0.6)
6    Maur:  ah:::
7    Dana:  pardon:
8    John:  <she's cooked it well!>
9           (0.5)
10   Dana:  @did ↑yo:u cook it Mau↑@
11   John:  ha hu:!
12          (((1.6)sounds of eating))
13   Maur:  @n:o @(0.5) John did it
14          (0.5)
15   Dana:  °@well sh she would uv done it just as
16          goo::d°@
```

Fragment 8.20 shows Dana offering the positive assessment *that salmon's lovely Maureen* in line 1. As the utterance is addressed to Maureen, it could be described as a compliment, but since Maureen, in fact, did not cook the meal she does not respond in a typical way as if the utterance had been a compliment (Pomerantz, 1978), but offers an equivocal alignment of the positive assessment. When John joins the sequence with an ostensible compliment to Maureen's cooking in line 4, Dana responds with the OCRI (Drew, 1997) *pardon*. It has been observed throughout this chapter that Dana marks the onset of incongruent sequences with OCRIs. Following John's repetition of his assertion *she's cooked it well* in line 8, Dana queries her earlier assumption *did you cook it Maur*. Maureen reveals that it was, in fact, John who cooked the salmon and something in the prior sequence has alerted Dana to her error.

My puzzle when I first transcribed this sequence was 'what features are present in John's turn (line 4) to make Dana question her presupposition that Maureen had

cooked the salmon?' I can now offer this explanation: the systematic use of address terms in contradiction and informings is a reciprocal system. The use of the term *mam* may be to modulate the contradiction but it also signals to the recipient that the turn is doing a contradiction. So even though John's utterance does not contain any explicit contradiction or any reorienting of the facts, Dana nevertheless recognises that this is the underlying action of John's turn. Once again this appears to be an example of 'doing being ordinary' in conversation. Dana's interlocutors regularly do contradicting and reorienting but they do it in ordinary ways that do not expose Dana's cognitive impairment but act on the conversational level of typical disagreement or correcting ordinary talk.

Chapter 9 **Discussion**

9.1. Introduction

As numbers of cases of dementia increase globally, and people are living longer with dementia (§2.2), it is increasingly important to understand how to maintain and improve communication for people with dementia, caregivers and communities. While clinical testing and assessment of patients may be of value medically, it is important to complement this approach with studies of natural interaction (Wilkinson, 2008; Lindholm and Wray 2011) in order to understand the competencies of participants in real situations.

The data collected in this study is from conversations with a person with dementia (Dana) in a range of settings with family members aged between thirteen and sixty one as well as service providers in the community (hairdresser and chiropodist). The conversational partners, for the most part, acted in supportive and respectful ways and this seemed to help create an environment in which Dana was able to present herself as an assertive, authoritative and competent participant. In addition to natural conversational audio data, I consider my own observations from working with people with dementia and information gathered in caregiver interviews. The analysis of the data has revealed that, despite difficulties with repetition, confusion and irrational fears, much of the interaction plays out in a typical manner and even contradicting and arguing can be seen to be empowering and validating of Dana as a robust and capable participant.

In §9.2 we review the pervasive nature of repetition both in typical interaction, and in conversation with a person with dementia and §9.3 considers the outcome of what repetitive questions might be DOING for the person with dementia. In §9.4 we discuss the findings of the exploration into epistemic authority relating to dementia and in §9.5 we consider the outcome of repair and correction on a range of repairables from mis-hearings to extreme disorder. Finally, in §9.6 we set out some recommendations arising from the findings.

9.2. Repetition

Repetition is a process which pervades social life, in both typical and atypical interactions. It is used to great effect in literature and oratory, for example, creating emphasis, intertextuality and humour (Tannen, 2006; 2007). However, verbal repetition of various forms, phonemes, words, phrases and longer recitals of stories and anecdotes, as well as behavioural repetition is frequently cited as a characteristic of dementia (inter alia Bayles et al, 1985; Hamilton, 1994; Müller and Guendouzi, 2005; Mikesell, 2009, 2010a, 2010b; Jones, 2012; Da Cruz, 2010 and Müller and Mok, 2014). In addition, excessive repetition by persons with dementia is the focus of many complaints by caregivers as a source of stress and aggravation (Savundranayagam et al, 2005; Mates et al, 2010; Wray, 2013). Dana's caregivers, John and Maureen, mentioned that the same comments and conversations occur whenever they are with Dana in a particular setting; for example, at Dana's home she observes the telegraph pole outside her window, at John and Maureen's home there are frequent comments about their furnishings and kitchen floor and even when in the car, Dana will make the same assessment each time: *the roads are nice and clean*. Caregivers have reported being exhausted by the constant repetition of questions (Savundranayagam et al, 2005) and this certainly seems to be a problem in interaction with persons with dementia that conversational partners find difficult to deal with. However, investigations of repetition in dementia interactions are rarely studied in the light of typical repetition in naturally occurring language. (cf Mikesell, 2009; 2010a; 2010b; see also Stribling et al (2007; 2009) for repetition in talk with a person with autistic spectrum disorder). Therefore, despite repetition being a regular part of ordinary everyday talk, when it occurs with people with dementia, it seems to be perceived as different, as problematic and as <u>excessive</u> (Hamilton, 1994; Savundranayagam et al, 2005; Mates et al, 2010).

One of the aims of chapter 5 was to show that much repetition in dementia is carried out in ways that are recognisably typical. For example, acknowledging that repetition is occurring by marking the utterance *I think you told me before* is a typical practice which interlocutors use to show that they are competent participants, capable of monitoring their own and others' actions (Schegloff et al, 1977). We have seen examples of Dana employing this practice in her talk (fragment 5.1), however, what these individual cases cannot account for is the accumulated repetition of such

questions. While Dana appears to have a recollection of discussing a given topic before, she remains unaware that such repetition occurs for her conversational partners on a daily basis and even many times within just a few minutes. This marking of a repeated utterance does not mitigate the overwhelming repetitiveness that a conversational partner may experience.

The investigation delved deeper into the situations in which repetition may be perceived as excessive. One variable which seems to affect the outcome is the dynamics of the situation, that is, whether the referent is changing or static. To assess, repeatedly, an experience which is in a state of change, seems much less likely to be observed as repetitive than an unchanging situation. We considered examples from a sequence in which Dana and John are in the process of eating a meal and Dana makes several positive assessments. This dynamic situation is compared to a conversation which took place at Dana's granddaughter, Emma's house when Dana repeatedly assessed (positively) features of the kitchen, which were, of course, unchanging. The same observation holds for other actions such as offers. In fragments 5.9 to 5.13, we compared offers in different situations. Dana offered to help in the multi-stage (dynamic) task of clearing the table and washing up. She also repeatedly offered a hot drink to her visiting chiropodist when the first cup of coffee he had been given was still unfinished (static). These multi-faceted variables contribute to the evolving context of the situation and how these actions are perceived. In addition, the problem of perceived repetition must be compounded for the conversational partners when repeated offers are made which, though perfectly justifiable, are not now within Dana's capabilities to carry out. For example, on various occasions Dana offers to wash the car, cook steak and chips or run up to the corner for some fish and chips; these task are, sadly, no longer within her capability.

Teasing apart the interactional milieu that contributes to the perception of problems in communication is impossible given that we cannot know every nuance that interlocutors will consider. However, by delving into these possibilities we can raise awareness of the differences between typical and atypical repetition and, in particular, show that much of what a person with dementia does in conversation is no different to typical interlocutors. A further repetitious practice, the production of repeated themes or topics, was shown to be initiated by the typical interlocutor following lapses in

conversation. In interaction with the chiropodist, repeated topics of food or church were brought up. This shows that although dementia conversations can be repetitive, this repetition is collaboratively achieved and often initiated by the typical conversational partner, quite possibly from good intentions to support the person with dementia by talking about familiar topics. This finding has parallels in the work of Stribling et al (2009) who noted that the re-occurrence of topics in conversation with a boy with Autistic Spectrum Disorder was interactionally achieved. In addition, they note that some repetition may be 'normal or appropriate' in relation to 'some novel or potentially amusing incident' (Stribling et al, 2009: 577).

Since repetition seems to be perceived on a continuum relating to many variables, the investigation was taken further in order to define 'excessive' repetition through the study of information requests. Three criteria were found which could be used to categorise a repeated question as extra-ordinary repetition. This is a useful categorisation for information-seeking questions and a collection of such sequences was examined to explore the practices employed by conversational partners to respond to extra-ordinary repetition. Most notably, for the interlocutors in this study, repetition is rarely highlighted. Jones (2012) studied family telephone calls in which a person with dementia repeatedly rang to request to return home from the care facility where she lived. Jones found that co-participants often exposed the person's cognitive impairment though their interactional practices and the outcome of Jones' (2012) study recommended that interlocutors respond to repeated requests as if they were being asked for the first time and in particular to avoid saying *you've just asked that*. In the current study of conversations with Dana, despite thousands of repetitions, there were only three occasions when an interlocutor explicitly draws attention to repetition, each time by one of Dana's sons and never by any other interlocutor.

1. John: w- I've told you   (fragment 5.28, line 15)
2. George: uv just told yu   (fragment 7.9, line 20)
3. John: what 'av I just said (from transcript LML1-9 line 1722)

These data, then, provided a very different profile, showing how positive interactional practices might actually look in real, face-to-face encounters. Jones' (2012: 193) recommendation of responding 'as if for the first time' was based on a lack of

accounting and willingness on the part of the conversational partners. Dana's interlocutors, on the other hand, included a number of practices which seemed to support positive outcomes in interaction. These included examples of Trudy answering repeated questions with intensified intonation, thereby demonstrating her deep attention to Dana's contribution and also validating her question and sustaining the conversation. Rather than highlight the repetition as excessive, we saw examples of an interlocutor casting a repeated question as a topic initiator, touching off a shared reminiscence sequence. By taking up the repeat in this way, the conversational partner can influence the trajectory of the talk, perhaps moving away from the repetitive theme or at least elaborating it to make the interaction more fulfilling for all concerned. This has parallels in the observations of Body and Parker's (2005) study of repetitive conversation with a person with traumatic brain injury. They found that close familiar conversational partners were able to use strong redirecting devices in conversation which could result (temporarily) in topic shift. However, it was also noted that possible politeness constraints prevented less familiar conversational partners from pursuing this interactional strategy.

Another practice, which was seen in response to Dana's extra-ordinary repetition, was for the conversational partner to reformulate their response to the same question. By interpreting the question in different ways the interlocutor was able to respond with a novel construction each time.

Treating repetition as ordinary helps the person with dementia to contribute to the topic and sustain interaction as a 'useable participant' (Goffman, 1967: 45). Responding to repetition may be tiresome but, perhaps by understanding the positive interactional practices revealed in this study, conversational partners and caregivers might be able to move toward more tolerance of repetition and thereby enhance communication with persons with dementia.

9.3. What is repetition DOING for the person with dementia?

Many CA studies of dementia have moved towards a more collaborative model of interaction; rather than placing the communication impairment entirely in the domain of the person with dementia, interaction has been assessed from a point of view of enduring competence. By sharing the burden of interactional tasks (Milroy and Perkins, 1992; Hamilton, 1994; Merrison, 1998), interlocutors can achieve improved intersubjectivity. However, the repetition associated with dementia is often said to be 'excessive' (Hamilton, 1994) or socially 'inappropriate' (Mikesell, 2010b: 87). This surely does not take a collaborative stance, but views atypical repetition as a 'transgression' (Mikesell, 2010b: 90) to be corrected or overcome by the typical interlocutor. As has been found in conversations of young people with autism (Stribling et al, 2007: 442), repetition can perform 'interactionally relevant' turns, resulting in more meaningful communication. In chapter 6, we took the view that repetition could be purposeful and serve as a self-scaffolding practice, orienting the person with dementia in the current interaction and in reality 'in-the-moment'. We investigated a collection of repeated questions uttered by Dana and rather than assume that the repetition was excessive, we look at what the repeated question might be DOING for the person with dementia; thus, we consider that for her, it is not excessive.

From the entire collection of questions asked by Dana, a set of 56 questions were studied, which all related to *age*. It could not be ignored that this question could be considered as perseverant since it was found in every conversation and asked of each of the nine interlocutors. An approach one would take in typical conversation is that these questions are produced with purpose. These sequences, then, were analysed on the basis of that assumption. Pomerantz (1988) noted that recipients of questions search for the purpose of a question in order to respond appropriately, we have provided evidence that a person with dementia is also purposeful when asking questions.

In examining these *age* questions, it was apparent that this was not merely produced as a perseverant, or 'ready made' utterance. A range of features showed that each instance was recipient designed in the unique sequential environment in which it

occurred. Examples include the age questions being designed to fit with current topic, designed to account for the recipient's epistemic access and, indeed, to demonstrate Dana's own epistemic stance as in the case of appending the question about close relatives' age with the term *now* (§6.2.1, fragment 6.3), showing an awareness of having been in prior possession of this information. Even in a case where Dana's question could have been characterised as 'interruptive', by applying the findings of CA in typical talk relating to overlapping turns (Jefferson, 1986; §3.6), we see that the onset of Dana's question in the sequence was systematic and appropriate. It is also interesting to note that despite abundant use of the *what age* question, Dana did not ask this question inappropriately, for example, in relation to passers-by in the street, or people appearing on television programmes.

The opportunity to explore a large number of instances of a question with a common theme enabled some comparisons to be drawn and a picture to be formed as to how Dana might be using the information elicited from the question. The comparison of how the question was designed for different referents showed that Dana was not producing the question as an involuntary expression. A case of repair (fragment 6.14), initiated by Dana showed that she was seeking the information with purpose, since when the response seemingly did not fit with her expectation she pursued the question further.

In many cases the *age* question uttered by Dana provided a means to extend the current topic and obtaining a response to the question created a sequential environment in which Dana could produce assessments of the referent by drawing on her life experience and knowledge. This process allowed Dana to competently interact, for example by making general, life stage observations rather than having to access memories of specific information relating to the referent. Repeated questions as a conversation sustaining device in talk with a person with dementia was noted by Müller and Mok (2014), the findings of this study are in line with this view as a basic purpose of repeated questions.

Participants in interaction rely on their knowledge, common ground and the context of the current conversation to make meaning in conversation (Clark, 1996). Much of what might be assumed by interlocutors may be implicit. As analysts, we can never

discover a participant's intentions or inner thoughts, but occasionally it may be revealed in the conversation how a person is working through their understanding of a situation. The sequences explored in chapter 6 demonstrated that Dana, from time to time, has difficulty situating her reality in the here and now. Fragment 6.16 showed that although Dana knew her own date of birth she did not have a grasp of the passage of time, stating that she *was not born thirty years ago* and, hence, seemed not to know her own age. That this puzzle exists for Dana, and further, that she has difficulty manipulating the information relating to her own age, those around her and the general passage of time, led us to consider further instances where Dana probes this information. Two sequences were explored in which Dana seemed to be asking the age of various people and using this information to elucidate her understanding in the here-and-now. Having knowledge of her own and others' ages helped Dana to understand the current reality, in-the-moment, when her access to memories of such information seemed to elude her.

This analysis has shown that there can be purpose to a person's repeated and seemingly superfluous questions. While it is acknowledged that excessive repetition can contribute to the stress of caregivers (Wray, 2013; Mikesell, 2010b), we can see that repeated questions can provide opportunities for the person with dementia to sustain conversation and even help to support their orientation in reality. Opportunities for social interaction such as these, contribute to the person's feelings of self-worth so if interlocutors can overcome their aggravation towards repetition (as John suggested he tries to do[15]) and understand that additional information is needed by the person with dementia at that moment, positive interaction can be maintained and perhaps caregiver stress may be minimised.

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[15] Interview with caregivers

9.4. Back to reality

Chapter 7 explored how Dana uses practices of 'sequential implicativeness' (Schegloff and Sacks, 1973: 296) to ground herself in reality. Dana remains assertive and authoritative claiming epistemic authority over matters in which she is expert. She can use typical devices of epistemic authority to extricate herself from situations in which she has revealed memory problems and incompetence returning to the here-and-now.

A grossly apparent feature of the conversations with Dana, a feature seldom noted in dementia interaction, is that Dana presents as assertive and authoritative. Given that her social interaction is also blighted by confusion and delusion, chapter 7 investigated some of the ways that Dana achieves this.

We have discussed the role of epistemic access in relation to authority and competence (§3.9; §7.2; §7.3) and note that earlier investigations of epistemics in dementia have focused on how conversational partners can negotiate epistemic authority when it becomes clear, through talk, that the person with dementia has failed to retrieve details of their own experiences (Jones, 2012; Mikesell. 2009). As episodic and personal memory erodes (Müller and Schrauf, 2013), people with dementia may be compromised in how they can demonstrate authority relating to their own experiences. Chapter 7 explored sequences in which Dana asserts her primacy in certain topics as well as practices she employs to reclaim her interactional authority following episodes of disorder.

It was noted that Dana expresses authority over spontaneous reminiscence sequences that occur naturally in conversation. Although it is quite possible that her son, John, touched off a reminiscence deliberately with the phrase *you can't beat a bit of exercise* (fragment 7.2, line 2), the reminiscence sequence, in which Dana dominated the conversation, was arrived at through a sequentially relevant topic transition. Dana went on to demonstrate primacy over her reminiscences relating to her childhood in Belfast and her working life. However, this was in contrast to sequences in which she was questioned or probed about certain facts; these sequences were characterised by perturbations and even explicitly stating *you're mixing me up now* (fragment 7.7, line 22).

It seems that when reminiscence occurs naturally in conversation the person with dementia is in a stronger position to assert her authority relating to these personal memories. When the person is probed or coerced into searching for particular memories, interaction can break down as the person is restricted in their interactional options as they try to respond to questioning (Heritage and Raymond, 2012). This observation seems to support the notion that asking direct questions should be avoided in conversation with people with dementia (#10, #11, table 2.1). However, I would argue that it is not the question, but the underlying action, which poses a difficulty. In fragment 7.15, Trudy twice uttered the question *do you remember* (lines 2 and 13). This question was placed in tag-position following some information relating to an experience that Trudy and Dana had shared some years before. So, rather than challenging Dana with this question (#13, table 2.1), it allowed her to join in the reminiscence by aligning with the preference of the question design, regardless of whether she could, in fact, access the shared memories that Trudy was describing for her. This same question, uttered in a sequential environment that characterised the action as challenging or probing could well produce a different outcome similar to the breakdown observed in fragment 7.7, when John urged Dana to consider the complexities of the relationship of her former employers, the Finleys and the Fortes.

One of the ways in which Dana demonstrated her authority was through advice-giving. Key to advice-giving is that the adviser takes a position of expertise in relation to the advisee (Heritage and Sefi, 1992). Advice sequences are generated when made relevant by the context of the conversation (Jefferson and Lee, 1981; Kinnell and Maynard, 1996). The context includes the conversation sequence, the setting and, crucially, that at least one conversational participant is a target recipient of advice. In the cases considered in chapter 7 (fragments 7.4, 7.5 and 7.6) advice was offered by Dana to her granddaughter (Chloe) the novice waitress in comparison to Dana's expertise gained in over fifty years working in this service industry. Though Chloe's contribution to these sequences was relatively minimal, the fact that she was present and sufficiently attentive, allowed Dana to present her authority in this family meal-time situation. Importantly, the teenager did nothing to downgrade the advice and other interlocutors, particularly Trudy, helped to validate Dana's position as expert. One feature that was striking was that Trudy used the present tense when referring to Dana's work (fragment 7.5, line 28) *you've always been a waitress haven't you* rather

than saying, for example, *you used to be a waitress*; which would, by contrast, have suggested that in the present, the expertise relating to her many years of hard work, was no longer attributable to Dana (De Beauvoir, 1972).

Chapter 7 has demonstrated several unique findings relating to how authority and self-worth, can be attributed to the person with dementia. Dana has initiated sequences of reminiscing and advising in which she demonstrates her authority as an expert. These sequences were found to be sequentially fitted to the current talk and appropriate for the situation. The long reminiscence she shared with John was over a cup of tea while they were waiting to go out to an appointment, and the advice sequence we explored took place at a family mealtime where one of the conversational participants was Dana's granddaughter who had recently taken up a weekend job as a waitress. The displays of authority were spontaneous and opportunistic in ordinary, mundane, everyday interaction. In each of these sequences, seemingly dementia-related interactional troubles did occur (circumlocution and confusion), but Dana used her authority to extricate herself from the trouble and move back to a position where she could confidently hold the floor.

An important aspect of these interactional situations was that there were present suitable interlocutors to share reminiscing as well as recipients for advice. In interviews with Dana's caregivers, I was told that they like to visit different places so that they get different things to talk about with Dana. This, surely, is of benefit to Dana too, as she varies the participants she interacts with and the importance of the young grandchildren in that dynamic cannot be underestimated. Fortunately, Dana is physically fit so outings and visits are still activities that the family can do together. For many people, dementia co-occurs with other ailments which may cause them to be housebound or, of course, be institutionalised (WHO, 2012). However, lessons can be learned of the importance of having a variety of opportunities to share stories and advice. As autobiographical memories erode, it could be more important to seek opinions and advice from people with dementia. Relating the conversation to more general, life knowledge may bring about more successful outcomes than focusing on specific events.

We also found in the family mealtime conversation that George and Trudy incrementally informed Dana about details of a shared event from fifteen years earlier. It was not clear whether or not Dana did, in fact, remember the event, but her interlocutors created an environment in which Dana was able to assess matters (*ah she was gorgeous*) and also to agree with the tag-positioned question *do you remember* by aligning with the preference of the question design.

9.5. Is this the right room for an argument?

In chapter 8, we considered a number of ways that conversational partners might choose to respond to disorder in conversation:

- Align with the disordered turn

    o Minimal tokens

    o Generalised response

    o Colluding with delusion

- Produce no response or with significant delay

- Initiate repair

- Carry out correction

A minimal response is a resource which can be used to align with the current talk without having to take a stance, either agreeing or disagreeing, relating to the prior turn (Lindholm, 2015). However, this practice would not sustain a conversation and could lead to a breakdown in interaction if this was the only response. The practice of responding with a broader, generalisation was used to good effect by Maureen when she was responding to Dana's allusion to her late husband
(fragment 8.5, reproduced below, 9.1).

(9.1) LML1-9.1656

```
1     Dana: your dad has no trouble with sleeping
2           (.)
3     John: humm
4     Dana: he'd sleep from now to doomsday
5           (0.4)
6     Dana: hehe hehehu °haha° hohoho hehe god help'm
7           (5.6)
8     Dana: he would
9           (1.8)
10    Dana: if he could but
11              [he can't]
12    Maur:   [theres lots] of people like that
13    Dana: yea huhu
```

Maureen's utterance in line 12 aligned with the prior talk but did not expose Dana's confabulation regarding her late husband. This is a neat way to deal with confabulation when the sequential environment allows, but one of the challenges that faces conversational partners is that conversation is not predictable and these matters must be dealt with in real time as the interaction unfolds. A conversational partner might, therefore, elect to join the person with dementia 'in their reality'.

Problems were revealed when an interlocutor joined Dana in her disordered belief that the people in the photographs hanging on her wall could join them for a meal. Although this type of delusion is common in the conversations with Dana, we have also witnessed a fluctuation in her grasp on reality. When John, himself, joined this reality and talked to the photographs, this seemed to trigger a realisation with Dana that *they're in a photo and they're staying there*. This finding, along with the ongoing debate that some caregivers find such practices deceitful (Blum, 1994; Day et al, 2011; Tuckett, 2012), must be considered when advising caregivers. Furthermore, Lindholm (2015) found that it is not necessary for caregivers to explicitly enter the person's reality in order to support the interaction. It is important that people with dementia and their conversational partners can maintain trust in their interaction and that caregivers are aware of potential consequences of being exposed as unreliable.

Another practice which was employed by the conversational partners was to repeat, or partially repeat the disordered turn. Again, the subject of Dana's late husband was

considered. When Dana told John that his dad was *still in bed*, John's partial repeat *my dad* served to trigger a self-repair by Dana. The way in which this repair was initiated by John was very effective (and ordinary) since it did not expose, outright, Dana's incompetence. If she had not realised for herself that her turn had been a confabulation, then the sequence could have continued without explicitly stating her mistake and could have been simply taken for a mishearing on John's part. John had achieved a way to gently correct Dana's belief without explicitly contradicting her.

It was noted in chapter 8 that there are circumstances in which it may be necessary to contradict a person with dementia. If they are stating an intention to do something which might be a danger to themselves or others, or they may be expressing fears about certain things they don't fully understand. We noted that Dana's interlocutors often mitigated their contradictions with accountings and/or address terms such as her name or kin-term. The practice of mitigating disagreements and dispreferred actions occurs in typical conversation (Schegloff et al, 1977). By using these typical devices, Dana's interlocutors make these disagreements ordinary, working on the level of the interactional processes rather than casting the conversational troubles as being caused by dementia-related failings. One occasion was explicated in which George, no doubt with the kindest of intentions, absolves his mother's failure to remember by saying *it doesn't matter if you can't remember*. The blame attached to *not remembering* could be seen, sequentially, to cause a breakdown in the conversation as harsh words are exchanged and George utters an uncharacteristic phrase *I've just told you*.

The empirical findings of chapter 8, through the exploration of real family conversations, addressed certain advice to caregivers regarding communication in dementia. Taking the CA approach of how interlocutors can DO these things in conversation we demonstrated, for example, what patronising talk might actually look like in conversation and that, however well intentioned, it can lead to breakdown in communication. Furthermore, advice to caregivers to agree and not to contradict, did not, in these data, prove to be sound; rather, it was the manner in which the correction was carried out that projected the subsequent outcome. Contradicting was found to be an important part of valuing the person with dementia (Shakespeare, 1998; Lindholm, 2015). In particular, when addressing Dana's fears regarding falling trees and telegraph poles, the contradiction demonstrated that her fears were real, and by

accounting for the opposing point of view could contribute to calming Dana's fears. By modulating the contradiction, Dana's interlocutors do not cast misunderstandings as a problem of dementia, but as ordinary repairables which can be dealt with through ordinary interactional practices.

9.6. Recommendations

Owing to the individual social situations (Goffman, 1964) in which interaction takes place and the unique sequential environments of the production of a turn at talk (Schegloff, 2007), it is not possible to specify in advance how one should respond to individual instances of disorder relating to confusion, confabulation or repetitive talk. However, it is clear that there are implications to be drawn from the findings of this study on how to maintain competence and get things done when living with dementia. In order to present these recommendations I will first describe a scenario taken from a visit to the home of a couple living with dementia and I will draw on this narrative to exemplify my recommendations. This visit took place when I was accompanying a support worker from the Alzheimer's Society on a home visit to a man with dementia, "Bernard", and his wife, "Laura" who was his primary caregiver (names given are pseudonyms). The conversation was not audio recorded, but recalled from field notes following the visit.

As we arrived at Bernard and Laura's home Laura came out to greet us. Clearly, our arrival was eagerly awaited; Laura had a tea tray prepared and she was ready with questions and keen to talk. The Alzheimer's Society support worker needed to attend to practical matters with Laura so I spent time with Bernard. Laura introduced me to Bernard and, as she left the room, asked me "how are we going to get him to talk?" Bernard had been diagnosed with vascular dementia, Laura was worried about him leaving the house as he was becoming increasingly disorientated and could not find his way home. Also, Bernard experienced word-finding difficulties.

Bernard chatted with me about cricket and horse racing and asked me where I was from. It transpired that Bernard had worked as a lorry driver for most of his working life, so, to my surprise, he knew the small, rural village that I named. What's more, he was full of advice about driving on the highways of Britain. Bernard was a capable,

though hesitant, interlocutor. I was not doing anything unusual to "get him to talk" but I was present, and I was listening.

Now, it seems quite possible that Laura either was not interested in these topics, or she felt they have been exhausted, or both. But given the interactional opportunity and a co-present interlocutor, Bernard was a sociable conversational partner and an expert on lorry driving. Before I set out implications from the findings of this study, exemplified through Dana and Bernard's interactional practices, I want to make clear that I am not criticising Laura's care and devotion to Bernard. She was, clearly, working very hard in difficult circumstances and being a magnificent caregiver.

The following are recommendations on approaches to interaction with people with dementia:

1. Conversational partners should approach interaction with a person with dementia on the assumption of competence and the expectation of achieving understanding. Misunderstandings and interactional troubles can be repaired and negotiated, as they are in typical interaction. To assume non-competence, takes away the person's opportunities for meaningful interaction.

2. Consider topics of interest in which the person with dementia can demonstrate their knowledge and opinions. In Bernard and Laura's case, it seemed that communication had broken down, in part, due to a lack of common interests which can make it difficult to maintain personal connections (cf. Kindell et al, 2014). Dana and her conversational partners, on the other hand, covered a range of topics in which Dana was able to express her opinions and assert her authority.

3. If repetitive topics or questions occur, a conversational partner can influence the trajectory of the talk by the way they respond. In fragment 7.15, we saw how Trudy took up the question of Chloe's age as a topic initiator to share a memory of when Dana visited Trudy at the time of Chloe's birth. Interlocutors can, if they choose, attempt to divert a topic away from the repetitive theme, even if only temporarily (Body and Parker, 2005), but if they do not contribute

to the talk, or do so only minimally, their influence on the talk is diminished accordingly.

4. Recognise the expertise of the person with dementia. Based on Wray's (2010) observations of an opera singer, we can see that ordinary people who have put in decades of hard work are also experts in their field. We have seen examples of Dana's expertise in waitressing and Bernard also demonstrated his expertise as a lorry driver with his vast knowledge of transport routes. For some this may be from sources other than a paid occupation, such as knitting, carpentry or first aid.

5. Ask the person with dementia for their advice and provide opportunities to demonstrate their wisdom. A person may not remember a specific episode in their life but they may retain the knowledge imbued by a life's work. Tap in to this wisdom, 'listen sensitively' and overlook confusion in time frames or relationships (Lindholm, 2015: 196).

6. When asking questions, be aware of what ACTION you are performing. This is key to sustaining conversation or risking interactional breakdown. Challenging and probing seem to be problematic, as demonstrated in fragment 7.7, when John's questions led to interactional troubles evidenced by Dana's utterance *you're mixing me up now*. By contrast, a question eliciting a person's opinion can be unproblematic for example, when Mick asked *do you like oysters* which led to a discussion about seafood in general (fragment 5.8).

7. Repetition, it seems, is aggravating and yet it is all around, we expect it and enjoy it in many of our daily tasks: mealtimes, ceremonies, greetings, poetry, TV programmes and so on. Repetition is one of the most commonly reported characteristics of dementia. Consider ways to embrace it, mindful of the fact that people with dementia are purposeful interlocutors who strive to understand and be understood (Sabat and Lee, 2011).

9.6.1. Concluding remarks

Dana and her family have been living with dementia for over seven years. In this chapter we have brought together the results of our investigation into their everyday talk-in-interaction. Dana and her family, and other conversational partners, have shown us how to get things done with purpose, authority and competence when living with dementia: to be present and believe in the competence of people with dementia to engage in social interaction, in-the-moment and everyday.

Chapter 10 **Reflection and contribution**

10.1. Introduction

This chapter offers some reflection on the procedures and outcomes of this research project. Firstly, in §10.2 we consider aspects of the methodology and then in §10.3 we discuss the strengths, limitations of this research project. Next we contemplate some discoveries that this study uncovered but which, for various reasons, were not investigated in the current research. We, therefore, offer suggestions for future projects to develop knowledge further. We will conclude in §10.4 by specifying the contributions to knowledge made by this study.

10.2. Reflection on methodology

This project takes a robust approach to the investigation of family and community interactions with a person with dementia through a combination of Conversation Analysis (CA), ethnographic observations and caregiver interviews. The primary data are conversations in naturally occurring settings which were obtained without the researcher present. According to Perkins et al (1998: 36), 'sampling conversation between familiar conversational partners is the most ecologically valid and least artificial' and to capture these data without the researcher present allows exploration of collaborative interactional practices achieved by the conversational partners. The naturally occurring conversations, recorded and transcribed, were subject to rigorous Conversation Analysis. With the benefit of a vast accumulation of findings in the field of CA, accessed through a review of the literature, the conversations between a woman with dementia and nine of her conversational partners could be compared to practices of typical populations.

The supporting data of interviews and ethnographic observations gave the study strength and credibility that comes with triangulation of data sources and added vital contextual information often neglected in a CA approach (chapter 4, §4.5.2). Prior to starting the PhD and during my doctoral studies, I gained experience of volunteering in a variety of roles with people with dementia and I, therefore, formally acknowledged this by gaining permission to use my observations to inform this study.

10.2.1. Audio or video?

In chapter 4, I described the process of recruiting participants and explained that, after gaining feedback from members of the Alzheimer's Society group, I made refinements to my research design. Originally, I had asked for video recording of any routine or social interaction that took place between the person with dementia and a conversational partner of approximately 30 minutes per day for one week. Several points were raised, including: video recording being too intrusive; the dyad did not talk very much; and/or would not know what to talk about. Two broad observations about potential participants' expectations about the research arose from this: that they would be given a task to complete for the research and that when investigating talk, the researcher would be interested in what the dyads 'talked about'. In the aim to obtain spontaneous talk in natural settings for the purposes of CA, neither of these objectives was expected. Refinements to the recruitment information were made so that either audio or video data could be obtained and it was made clear that any conversation was interesting to the research regardless of topic, coherence of the conversation or quantity of talk. In addition, I made several suggestions as to the sort of interaction that the participants might record but also retained the flexibility of the task. The information for participants sheet (Appendix 4) suggested recording while 'doing routine pastimes or tasks together, perhaps while you prepare a meal, or do a puzzle or whatever suits you best'. In future I would recommend being more specific with requirements for recording, at least in the first instance, and negotiating a more flexible, free-style approach as the opportunity arises, which it did with the data obtained from Dana and her multiple conversational partners.

In addition, I could not have imagined that a family would become so involved in the data collection and be prepared to record in different settings, involving three generations as well as community service providers. But they did, and if they did, so might others. Snowdon (2001) explained that when designing the extensive Nun Study, he and his colleagues had to make the brave decision to ask all of the participants who took part to agree to donate their brains for research. I did not require anything so extreme so, in future research projects I would be braver in what I asked for, with confidence in my project and a belief in the altruistic nature of others to be involved and contribute to the development of knowledge.

I am not disappointed that I obtained audio rather than video data. I often find that video recording is more static and restrictive and it would certainly have prevented the flexible approach to recording carried out here. However, I would recommend a combination of the two; a static video in a busy room, perhaps, and a portable recorder for flexibility. I would continue to uphold my preference for recording without the researcher present where possible.

10.2.2. Triangulation of data sources

In § 4.5, I explained my reasoning for obtaining additional, supporting information in the form of ethnographic observations, field notes and caregiver interviews. I did not want the analysis of the primary data to be compromised by not having a thorough understanding of the family's routine and Dana's life history. In particular, when making claims relating to confabulation, I needed to be sure of some facts, such as, when Dana's husband had died. As I described in chapter 4, I have experience of occasions when researchers have failed to obtain such information, and also, out of respect for Dana's abilities, I did not want to automatically assume that Dana's implausible claims were incorrect.

Field notes from Dana's house illuminated my understanding of the conversations relating to the family photographs, for example. I have indicated, at appropriate points in the analysis, the plan of the ground floor of Dana's house (Appendix 11) showing the location of the photographs and other features of the layout of Dana's home.

The consent obtained, prior to recording, included the current and future use of the audio data for research, teaching and dissemination. In support of this generous agreement, I assured the participants that their identity would remain anonymous and that they could choose to delete any parts of the recording that they felt uncomfortable with. As I was visiting Dana's home frequently (usually weekly) to download the data, I was able to discuss these matters with Dana and her caregiver. Prior to each visit, I listened to the previous week's data so that I could respond to queries or know if there had been any issues with recording or privacy. As I listened, I made notes and recorded any queries that arose. These formed the basis of the questions for the semi-structured interview with Dana's caregivers. An outcome of this was that, before transcription began, I listened to the recordings in real time (see §4.6), hearing the talk,

as close as possible, to how the interlocutors would have heard it. This identified specific features of the talk which would have been lost in the immersive process of CA transcription. I found this to be a very useful exercise which I will always do in future and would recommend as a practice for other CA researchers.

10.3. Strengths, limitations and future directions

Few studies of interaction with a person with dementia have used recordings of conversation in naturally occurring settings without a researcher present (cf Perkins et al, 1998; Kitzinger and Jones, 2007; Jones, 2012, 2013 and Kindell et al, 2013). This, combined with the highly detailed approach of applied CA and supporting secondary observations, provides a robust triangulation in the research design. However, a limitation of the study is that the detailed transcripts, following the Jeffersonian (2004) conventions, do reveal a great deal more detail than could be followed up in this study.

10.3.1. Collections of data not fully investigated in this study

In some cases, as a by-product of forming the collections of phenomena for this study, I have built additional collections which could be developed further. Some have been noted within the analysis, for example Dana's use of the discourse marker *now* (chapter 6). A collection of OCRIs has been amassed which occur at the juncture of disordered episodes (see chapter 8, fragment 8.10, line 10) as well as a small collection of Dana's slightly diminished amplitude around disordered sequences and confusion. Further investigation of these features could bring about a greater understanding of the communicative practices of people with dementia. Exploring the paralinguistic features of the utterances of persons with dementia, such as reduced amplitude in specific sequential environments, could enhance communication and understanding even in the later stages of dementia.

In chapter 8 it was noticed that many of the contradictions and corrections carried out by Dana's interlocutors were modulated by the use of address terms (Clayman, 2010), however, it is also noticed that, in these data, there is an absence of any endearments other than address terms. That is, not one interlocutor uses terms such as *love*, *dear* or *darling*, only names or kin terms are used including Hal (hairdresser) and Mick (chiropodist) who both address Dana by her first name. The absence of endearments

may well be a contributing factor to the conversations in this data rarely seeming patronising. The use of endearments is one of the practices highlighted as potentially patronising, though most probably kindly meant (Hummert, 1994). The use of address terms, rather than endearments, in these conversations with Dana support Hummert's findings.

Another phenomenon which was noticed during analysis was a possible dispreference for responding to repeats. It was noticed that a response to a repeated question was often designed with features of a dispreferred turn, most notably, delay. It has been well documented (Lerner, 1996; Svennevig, 2008) that preference organisation is connected with aspects of face-work (Goffman, 1967), as demonstrated in the patterns associated with dispreferred turn shapes being employed as a means to protect face issues. For example, a dispreferred turn design can include delay, perturbations and accounting, what we might describe as a gentle declination rather blunt rejection. When I began to explore the possible pattern of dispreference associated with responding to repetition, there were many counter cases in which the response was produced rapidly. For example, in a single conversation, Dana twice asked Mick *what day is it*. The first was answered with delay and elaboration, including use of an address term, and the later utterance was answered directly, without hesitation or address term. If preference organisation was relevant in this environment, it seems it had been reversed in the second response. This possible dispreference for repeated responses along with the common finding that repetition, particularly in talk with a person with dementia, is aggravating, exhausting and stressful (Savundranayagam, 2005; Mates et al, 2010; Wray, 2013 and caregiver interviews), makes repetition a worthwhile field for further study. The methods of the current study do not cast wide enough to fully investigate the perception and responses to repetition but there is much work to be done to achieve a greater understanding of repetition in typical and atypical interaction.

10.3.2. Potential for generalisability

Through my experience of working (volunteering) with people with dementia as well as reports in the literature, we can see that there are features that are common to the experience of many people with dementia and this thesis focuses on phenomena that are not unique to Dana. The research design encompasses ethnographic observations and interviews with Dana's caregivers. These additional data, along with supporting literature, ensured that the phenomena studied would be of interest to a wider population involved in the lived experience of dementia. A widely reported feature of talk with a person with dementia, which caregivers and other conversational partners find challenging, is repetition (Hamilton, 1994; Orange, 2001; Jones, 2012, 2013 and Muller and Mok, 2014). Repetition was a strong theme that emerged from the conversational data in this case study, which was investigated in chapters 5 and 6, and the findings relating to repetition may well be representative of other people with dementia who are said to produce repetitive talk.

A further theme that emerged from these data was the assertiveness and authority demonstrated by the person with dementia, herself. In terms of a focus in the literature, assertiveness is not a common theme to be studied in the social interaction of a person with dementia. This theme, then, may seem to be more idiosyncratic to Dana and the social environment in which she acts. However, from my own experience and a limited range of literature (Sabat and Lee, 2012; Mok and Müller, 2014; DH, 2009) it is clear that Dana is not alone in being a person with dementia who demonstrates expertise, authority and wishes to be taken seriously in her everyday interaction. Moreover, it seems that the interactional environments explored in this study enable and provide opportunities for the person with dementia to demonstrate her competence and this is surely a finding that should be extended to a wider population.

An aspect of the data explored in this study is that the person with dementia is recorded in conversation with her sons, daughters-in-law, teenage grandchildren as well as the community service providers. While in some respects this makes this data unique to this individual with dementia, it does demonstrate that many of the features investigated occur with a range of interlocutors. So, for example, practices of contradicting the person with dementia are carried out by the chiropodist and the hairdresser in unproblematic ways, it is not only the primary caregiver, for example,

who achieves this. This range of interlocutors, therefore, provides robust evidence for the generalisability of these findings.

10.4. Contribution to knowledge

Previous research has shown that the underlying structures of conversation remain intact often into the latest stages of dementia (Hamilton, 1994; Perkins et al, 1998; Müller and Guendouzi, 2005; Mikesell, 2009). This thesis has extended the finding of competence in dementia interaction through empirical exploration of everyday talk in family and community interactions. Original contributions to the field include:

1. A worthwhile and novel addition to the method of preparing transcripts for CA investigation was to listen to each recorded conversation in real time before beginning to transcribe. Through this method, I familiarised myself with the content of the recordings and, most importantly, heard the talk in the way that the interlocutors would have heard it.

2. When considering repetition in chapter 5, a broad range of repeated material was considered: repeated themes, topics, questions, offers and assessments. It was noted that the perception of repetition as excessive is the product of a range of variables. We offered a hypothesis that a significant influence on this perception is the context of the action (for example, offering) and whether it is judged to be in a static or dynamic state. In addition, to focus the understanding of repetition, we identified three criteria to define 'extra-ordinary' repetition of information-seeking questions.

   a. The repeated turn constructional unit (TCU) relates to the same referent
   b. The question has been asked at least once before to the same interlocutors and the answer is interactionally grounded
   c. The utterance is not marked as a repeat

3. The practices of repetition in talk with a person with dementia have been investigated in comparison to repetition in typical interaction. Despite repetition being pervasive in talk and communication of all modalities (Tannen, 2007), these practices are not considered in the previous literature pertaining to persons with dementia (with the exception of Mikesell, 2010a). By extending a competence-based approach to interaction with a person with dementia, it was demonstrated that much repetition in talk with people with dementia is not atypical.

4. It has been demonstrated that the repetition of a person with dementia can be useful and purposeful. Rather than assume that a repetitive question is superfluous, empty, involuntary or perseverant, we revealed evidence, that the repetition was produced as an apt, sequentially relevant turn. In support of the findings of Müller and Mok (2014), who showed repeated questions to act as opening moves and information seeking, the repeated questions in these, naturally occurring, conversations were found to be used as a topic maintenance device or information gathering and self-scaffolding strategy. Moreover, despite characteristics of the question design what age [BE] noun/pronoun seeming formulaic, it was shown that this question, nevertheless, was produced with purpose as a disambiguating device in orienting the person with dementia in the here-and-now. Studying this particular collection of 56 what age questions, served to show a connection between a massively pervasive repetitive occurrence and an underlying purpose for the person with dementia.

5. The originality of the approach to interaction in dementia, through the lens of a competence model, has enabled this study to reveal that a person with dementia can employ some highly sophisticated practices of demonstrating epistemic authority and even of reclaiming authority following episodes of confusion and disorder.

6. This study has shown that given a suitable social environment, a person with dementia can be assertive, authoritative and demonstrate expertise. This original finding, in a CA investigation of the ordinary life of a person with dementia, has parallels with Wray's (2010) observation of a woman with Alzheimer's disease, who was able to employ practices and formulaic language from a lifetime of expertise as an opera singer, to successfully conduct a workshop in a supportive, enabling environment.

7. Several salient maxims of advice on communicating with people with dementia (Alzheimer's Society, 2016h; 2016k) have been tested against the features observed in the conversational data in this study; for example, whether asking questions or contradicting is appropriate in conversation with a person with dementia. The findings of this study show that the practice of asking questions is not problematic in itself, it is the ACTION projected by the talk which may generate interactional difficulties. Questions that carry out actions such as probing (fragment 7.7), challenging (fragment 8.10) or forgiving (fragment 8.9) can create difficulties, whereas even a question such as *do you remember?* (often cast as a taboo question), produced in particular sequential environments, can do supporting or validating or, for example, sharing of memories as seen in fragment 7.14.

8. Despite the advice to caregivers not to argue or contradict people with dementia, this study found positive outcomes in such practices. We discussed the importance of correcting or contradicting a person with dementia if she was potentially in danger or anxious. A finding of this study was that correction and contradiction, carried out in ordinary ways, did not draw attention to Dana's cognitive impairment as a possible reason for disorder in interaction. By following the typical interactional organisation for a preference for self-correction (Sacks et al, 1977) and trying the easiest repair solution first (Pomerantz, 1984b; Svennevig, 2008), Dana and her interlocutors seem to achieve understanding without causing interactional breakdown.

10.5. Conclusion

A goal for people affected by dementia is to maintain independence by living well for longer, maintaining social interaction and contributing to the community (Department of Health, 2009). Since the majority of people diagnosed with dementia are living in their own homes (WHO, 2012), there is a need for research to improve understanding of good care and communication for community-dwelling people with informal caregivers.

Through this conversation analytic investigation of competence in everyday interaction, we can see that, despite extra-ordinary repetition and episodes of confusion, there is plenty of wisdom, fun and things to be done when living with dementia.

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Appendices

Appendix 1   Letter from Alzheimer's Society

13 July 2012

Dear Lyndsay

Signed authority, 'The discourse of dementia'

Following our meeting of 17 May, I give the following authority for your project

1.   For you to recruit potential research participants through the Alzheimer's Society at York and Selby.

2.   To allow you to use a room at the Alzheimer's Society premises (York or Selby) to discuss the project with potential participants. In Selby thre could eb a small charge of £5 per room.

3.   To provide a member of staff from the Alzheimer's Society to assist participants in going over the informed consent procedure.

4.   That ethical consent for the research project 'The Discourse of Dementia' will be sought through York St John University.

With every good wish for the success of the project.

Yours sincerely

Gill Myers.

Gill Myers
Support Services Manager

Appendix 2   York St John Ethics Committee approval

Lyndsay M. Lindley
PhD Student
Faculty of Health & Life Sciences/Business School

York St John
University

Dr Simon Rouse
Chair of Research Ethics
Direct Line 876901
e-mail s.rouse@yorksj.ac.uk

3rd September 2012

Dear Lyndsay

RE: Analysing the Discourse of Dementia: the interface between language use, social identities and social action within everyday occupational engagement.

REF UC/3/9/12/LL

The research ethics committee has approved the above research ethics submission of the 14th July 2012. We note your reply of the 30th August 2012 clarifying the storage and consent issues raised originally. It is important to notify us if there are any alterations in the research as it progresses.

Best wishes

Cc Dr. Alison Laver-Fawcett and Dr. Andrew John Merrison

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York St John University

INFORMATION FOR ALZHEIMER'S SOCIETY STAFF

<u>Investigation into language and communication involving people with memory problems.</u>

Thank you for agreeing to assist with this research project.
We would like to invite people who are accessing Alzheimer's Society community services to participate in this project which is to explore how people with memory problems and their conversational partners understand each other in every-day conversations.

This information sheet tells you the purpose of the study and criteria to help you identify potential research participants.

Why is this study being done?

This research is being carried out by Lyndsay Lindley as part of her PhD studies. The research supervisors are Dr Alison Laver-Fawcett and Dr Andrew Merrison. The researchers are based at York St John University in York. We believe this study may be important to people with memory problems in understanding the challenges in every-day conversation and working towards ways to improve communication.

Who will participate in this study?

We are looking for people who are attending Alzheimer's Society community services through a self-referral route.

We CANNOT include people who have been referred to the Alzheimer's Society through the NHS.

We would like to recruit up to 15 pairs of participants: a person with memory problems and their companion, who either live at the same home or visit daily.

Inclusion criteria for people with dementia:

- People who are experiencing the early stages of dementia.

- People who are attending Alzheimer's Society community services.

- People who are able to give consent and have the capacity to do so (as assessed following the guidance of the Mental Capacity Act (MCA) 2005).

- People who have self-referred to the Alzheimer's Society community services.

Exclusion criteria for people with dementia:

- People who are in the later stage of dementia

- People who do not have the capacity to consider whether to engage in this research project (as assessed following the guidance of the MCA 2005).

- People who have been referred to the Alzheimer's Society by the NHS.

Inclusion criteria for conversational partners:

- Conversational partners must be able to give consent for him/herself to engage in the research project.

- Conversational partners must be willing and able to operate the recording equipment during the project (see details below).

What will the participants be asked to do?

In this research study the participants will not be required to do any special tasks, we simply ask that we can record naturally occurring conversations at home for approximately half an hour a day over seven days.

The researcher will visit the participants at home to set up a video recording device in a room of their choice. The participant who is the conversational partner of the person with memory problems will be shown how to operate the video recorder (and back-up audio recorder). They will be asked to switch on the recorder for about half an hour each day when they are in that room, perhaps while preparing a meal, or doing an activity together. After one week we will remove the equipment.

CONFIDENTIALITY

How will the information be kept confidential?

The consent form is the only document which will have the participant's actual name on it, and this will be kept secure at the University. On the video recording, any private information such as telephone numbers or financial details will be deleted. The

conversations will also be transcribed and all people and place names will be made anonymous. If there are any sections of the video recordings that the participants would prefer to be deleted this will be carried out before transcription begins.

How will the information be used?

The video recordings and anonymised transcriptions will form the basis of the study into language and communication. The conversations are to be analysed on the basis of timings and sequencing of talk. The researcher will not judge the language and views expressed in the course of the conversations. The information will be shared with the researcher's supervisors. It is also possible that the data will be shared in research articles and conference presentations. However, this will not include confidential or sensitive information and all reasonable steps will be taken to maintain anonymity.

Contact for further information:

Lyndsay M. Lindley (Doctoral student)
York St John University,
Lord Mayor's Walk,
York.   YO31 7EX

Supervisors:

Dr. Alison J. Laver-Fawcett

Senior Lecturer in Occupational Therapy

De Grey Room 309

Faculty of Health and Life Sciences

York St John University

Dr Andrew John Merrison

Senior Lecturer in Linguistics

York St John University

Lord Mayor's Walk

York YO31 7EX

Appendix 4 Information sheet for potential participants

INFORMATION FOR POTENTIAL PARTICIPANTS

<u>Investigation into language and communication involving people with memory problems.</u>

We would like to invite you to take part in our research study to explore how people with memory problems and their conversational partners understand each other in every-day conversations. Before you decide, we would like you to understand why the research is being done and what it would involve for you. The researcher or a member of the Alzheimer's Society will go through the information sheet with you and answer any questions you have. You will be given time to consider whether or not you wish to take part.

In this research study you will not be required to do any special tasks, we simply ask that we can record normal conversations at your home for approximately an hour a day over seven days.

This information sheet tells you the purpose of this study and what will happen if you decide to participate and your rights as a research participant. Please feel free to talk to others about the study if you wish.

WHAT YOU SHOULD KNOW ABOUT THIS STUDY

Why is this study being done?

You are being invited to take part in the study because you have expressed concerns about your memory. We believe this study may be important to people with memory problems in understanding the challenges in every-day conversation and working towards ways to improve communication.

Do you have to take part?

No. It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form.

Can you stop participating in the study?

Yes, you can withdraw from the study at any time before or while the recordings are taking place.

Who will conduct the research?

This research is being carried out by Lyndsay Lindley as part of her PhD studies. The research supervisors are Dr. Alison Laver-Fawcett and Dr. Andrew Merrison. The researchers are based at York St John University in York.

WHAT WILL HAPPEN IF YOU TAKE PART IN THIS STUDY

The researcher will provide you with a recording device to record some conversations at home. The recorder is easy to use and you or the person you are talking with will switch it on for about an hour each day when you are doing routine pastimes or tasks together, perhaps while you prepare a meal, or do a puzzle or whatever suits you best. It does not matter if you talk a lot or only say a few words! If you prefer, the researcher can come to your home to switch the recorder on and off on each occasion

CONFIDENTIALITY

How will the information be kept confidential?

Your consent form is the only document which will have your own name on it, and this will be kept secure at the University. On the recording, any private information such as telephone numbers or financial details will be deleted. The conversations will also be transcribed and all people and place names will be made anonymous. If there are any sections of the recordings you would like to be deleted this will be carried out before transcription begins.

How will the information be used?

The recordings and anonymised transcriptions will form the basis of the study into language and communication. The conversations are to be analysed on the basis of timings and sequencing of talk. The researcher will not judge the language and views expressed in the course of the conversations. The information will be shared with the researcher's supervisors. It is also possible that the data will be shared in research articles and conference presentations. However, this will not include confidential or sensitive information and all reasonable steps will be taken to maintain anonymity.

Contact for further information:

Lyndsay M. Lindley (Doctoral student)

York St John University,

Lord Mayor's Walk,

York.   YO31 7EX

Appendix 5 Demographic questionnaire

Investigation into language and communication involving people with memory problems.

Please indicate your gender ☐ Male ☐ Female

What is your age?

What is your ethnic group?

Choose ONE section from A to E, then ✔the appropriate box to indicate your ethnic group.

A White

☐ British

☐ Any Other White background, *please write in*

—————————————————————

B Mixed

☐ White and Black Caribbean

☐ White and Black African

☐ White and Asian

☐ Any Other Mixed background, *please write in*

—————————————————————

C Asian or Asian British

☐ Indian

☐ Pakistani

☐ Bangladeshi

☐ Any Other Asian background, *please write in*

—————————————————————

D Black or Black British

☐ Caribbean

☐ African

☐ Any Other Black background, *please write in*

_____

E Chinese or other ethnic group

☐ Chinese

☐ Any Other, *please write in*

_____

Have you received a diagnosis related to memory problems?

☐ Yes   ☐ No

If yes, what is your diagnosis?

Approximately how long ago was the diagnosis made?

Are there any specific challenges you would like to discuss relating
to language and communication?

Appendix 6 Consent for conversation participants

York St John University

RESEARCH CONSENT FORM

As part of this project we will make audio and/or video recordings of you while you participate in the research.

I consent to audio and/or video recordings being made to collect information for this research project.

Please initial _____

We would like you to indicate below what uses of these records you are willing to consent to. This is completely up to you. We will only use the records in ways that you agree to. In any use of these records, your name will not be identified.

The records can be studied by the research team for use in the research project.

Please initial _____

The records can be used for academic publications and presentations (for example conference presentations and academic journal articles).

Please initial _____

The anonymised records can be used in public presentations to non-scientific groups for example, the Alzheimer's Society.

Please initial _____

The anonymised written transcript can be kept in an archive for other researchers.

Please initial _____

The anonymised recordings can be shared with other researchers.

Please initial _____

The anonymised records can be used in teaching and training sessions.

Please initial _____

I have had the research satisfactorily explained to me in verbal and/or written form and give my consent for the use of the records as indicated above.

Signature _____

Print name _____

Date   _____

Witnessed by:

Signature _____

Print name _____

If consent has been audio or video recorded tick here [   ]

Contact Details:

Lyndsay M. Lindley (Doctoral student)
York St John University
Lord Mayor's Walk
York
YO31 7EX

Dr. Alison Laver-Fawcett
York St John University

Dr. Andrew Merrison
York St John University

Appendix 7   Permission for inclusion of anonymised observations

Alzheimer's Society
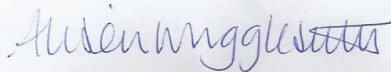
Leading the fight against dementia

FAO Lyndsay Lindley

Dear Lyndsay

Thank you for you email dated 21 November 2014. I have read the attached documentation regarding your research as part of your studies. I am happy for you to include observations you have made in your work with the society as long as the following conditions are met:

- any observations cited in your study will be entirely anonymised
- you will respect the privacy and confidentiality of the members of the group you attend at all times
- the information will only be used in accordance with York St John University's ethical approval

I would also like to take the opprotunity to thank you for your volunteer work with the society.

With every good wish

Appendix 8   Approval from York St John University Ethics Committee for secondary study

Lyndsay M. Lindley
PhD Student
Faculty of Health & Life Sciences/Business School

York St John University

6 December 2012

Dr Simon Rouse
Chair of Research Ethics
Direct Line 876901
e-mail s.rouse@yorksj.ac.uk

Dear Lyndsay

RE: Analysing the Discourse of Dementia: the interface between language use, social identities and social action within everyday occupational engagement.

This proposal is for a secondary study into caregivers' views and experiences of communicating with a person with dementia. Using semi-structured interviews, the data will support and inform the primary study 'Analysing the Discourse of Dementia' which was granted ethical approval on 3rd September 2012 Ref: UC/3/9/12/LL.

REF UC/6/12/12/LL

The research ethics committee has approved the above research ethics submission of the 6th December 2012 without any alterations.

Best wishes

Cc Dr. Alison Laver-Fawcett and Dr. Andrew John Merrison

A Church of England Foundation 1841 Registered Charity No. 529589

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Appendix 9   Consent for audio recording caregiver interviews

Name of Researcher(s)

Lyndsay M. Lindley (Research Student)

Dr. Alison Laver-Fawcett (Research Supervisor)

Dr. Andrew John Merrison (Research Supervisor)

Title of study:
Investigation into language and communication involving people with memory problems.

Please read and complete this form carefully. If you are willing to participate in this study, sign and date the declaration at the end. If you would like more information, please ask.

- I have had the research satisfactorily explained to me by the researcher.
- I understand that I may withdraw from this study at any time during data collection without having to give an explanation. I also understand that I do not have to answer all the questions and can skip questions if I wish.
- I understand that all information about me and the person I care for will be treated in strict confidence.
- I understand that I will not be named in any written work or presentation related to this study.
- I understand that any audio taped material will be transcribed and the transcript will not have my name on it. This transcript will be used solely for research purposes.

I freely give my consent to participate in this research study and have been given a copy of this consent form for my own information.

Signature: _____

Print name: _____

Date: _____

Signature of researcher: _____

Appendix 10 Transcript conventions

Additional symbols allocated for features of talk in LML corpus:

@   Speaking while eating

%   Whispering, this differs in quality from quiet talk

~   A quavering voice

Creaky voice

Jeffersonian (Jefferson, 2004) transcription symbols adapted from Bloomer, Griffiths and Merrison (2005: 43-48)

Overlapping turns

[When there is already someone speaking, a single left bracket [marks the onset of overlapped talk. The transcripts are formatted so that when overlaps occur, the overlapping contribution is arranged on the page directly below the relevant part of the already ongoing contribution.

]   The offset of overlapped contributions is shown by a right bracket at the appropriate points in the turns of both participants.

[[When there is no current speaker, onset of simultaneous contributions from both participants is marked using double left brackets.

Latched contributions

=   An utterance that immediately follows the preceding utterance without any gap

Pauses

(.)   A micro pause of less than 0.2 seconds.

(0.0)   Longer pauses are timed to the nearest tenth of a second and are put within parenthesis. (3.1) therefore represents a silence of 3.1 seconds.

Characteristics of delivery

><   Talk delivered at a faster rate than surrounding talk is transcribed within angled brackets pointing inwards (or>><< for *much* faster talk).

<>   Talk delivered at a slower rate than surrounding talk is transcribed within angled brackets pointing outwards (or<<>> for *much* slower talk).

-       Indicates the utterance is cut off mid-flow.

:   Elongation of the preceding sound. The more colons, the longer the sound.

?   Gradual rising intonation.

.   Gradual falling intonation.

,   Fall-rise intonation, often signalling an unfinished turn-in-progress.

!   More animated intonation (often rise-fall).

...   Utterance 'trails off'.

Volume and pitch

° °   Text surrounded by degree signs is quieter than the surrounding talk.

CAPITALS   Louder than surrounding talk.

↑ ↑   Notably higher shift in pitch for the text between the upward pointing arrows.

↓ ↓   Notably lower shift in pitch from the surrounding talk.

Underlining   Other emphasis/**stress**.

Underlining   Enhanced prosody/stress

Non-verbal activity

h   audible outbreath (number of hs corresponds to length of breath

.h   audible inbreath

.Tch   Alveolar click on in-breath (may be represented by closest sounding phoneme, e.g. **.k**

ha/heh   Syllable of laughter.). h within words, represents laughter particles in speech. For example, 't(h)rap(h) n(h)erve(h)'

((cough))   Representations of non-verbal behaviour are transcribed with double parentheses

((LS))   'Lip Smack' represents the noise that lips make as they open at the beginning of an utterance

Transcription doubt

(   )   Parentheses indicate talk that cannot be accurately transcribed. Any transcription within the parentheses indicates merely a *possible* hearing.

(An X within the parentheses can be used to represent a syllable)

<u>Other conventions</u>

odd spelling   Non-conventional spelling is often used to more closely r
epresent the actual pronunciation of words.

anonymity   Personal details (such as names, addresses,
telephone numbers, bank account details, etc) are anonymised
with alternative words of a similar syllable structure.

line numbers   Transcript lines are numbered in the left hand margin.

Appendix 11 Plan of the ground floor of Dana's home