

Authors: Gunilla Jansson, Charlotta Plejert, Camilla Lindholm

Corresponding author: Gunilla Jansson

Affiliation (GJ): Stockholm University, Sweden

Full address: Stockholm University, 10691 Stockholm, Sweden

Tel: +46-8-164184

Email: [gunilla.jansson@su.se](mailto:gunilla.jansson@su.se), [charlotta.plejert@liu.se](mailto:charlotta.plejert@liu.se), [camilla.lindholm@helsinki.fi](mailto:camilla.lindholm@helsinki.fi)

Full title of article: The social organization of assistance in multilingual encounters in Swedish residential care

Word count (references and endnotes included): 10 837

Character count (spaces included): 67 418

Bio notes:

**Gunilla Jansson** is Professor of Swedish Language at the Department of Swedish Language and Multilingualism at Stockholm University, Sweden. Her research interests include care home communication, training of care workers and multilingual communication in dementia care and elderly care. She works within the theoretical and methodological frameworks of applied conversation analysis and ethnography. Recent projects include ‘Multilingual practices and pedagogical challenges in elderly care’ (Swedish Research Council 2014-2017).

Contact email and address: [gunilla.jansson@su.se](mailto:gunilla.jansson@su.se)

Department of Swedish Language and Multilingualism, Stockholm University, S-106 91 Stockholm, Sweden

**Charlotta Plejert** is an Associate Professor of Linguistics at the Department of Culture and Communication and a researcher at Center for Dementia Research (CEDER) at Linköping University, Sweden. Her main research interests are language and interaction involving children and adults with communication impairments, multilingualism and ethnicity in dementia, and first and second language acquisition over the lifespan. Plejert primarily works within the theoretical and methodological frameworks of applied conversation analysis and dialogism. She is Assistant Editor of *Journal of Interactional Research in Communication Disorders* (Equinox).

Contact email and address: [charlotta.plejert@liu.se](mailto:charlotta.plejert@liu.se)

Department of Culture and Communication, Linköping University, S-581 83 Linköping, Sweden

**Camilla Lindholm** is an Associate Professor of Scandinavian Languages at the University of Helsinki, Finland. Her main research areas are interaction in institutional settings, and asymmetric interaction involving participants with communication impairments. She has published within the areas of medical interaction, structures in spoken Swedish, and dementia and communication. Lindholm's methodological approaches are conversation analysis and interactional linguistics, and she takes an interest in applying her research findings and creating a dialogue with society. Recent projects include 'Interaction, social inclusion and mental illness' (Academy of Finland 2017-2021).

Contact email and address: [Camilla.lindholm@helsinki.fi](mailto:Camilla.lindholm@helsinki.fi)

Department of Finnish Language, Finno-Ugrian and Scandinavian Studies, P.O.Box 24, 00014 University of Helsinki, Finland

The social organization of assistance in multilingual interaction in Swedish residential care

Gunilla Jansson, Charlotta Plejert and Camilla Lindholm

## **Abstract**

In this article, we explore the organization of assistance in multilingual interaction in Swedish residential care. The data that forms the basis for the study covers care encounters involving three residents with a language background other than Swedish, totalling 13 hours and 14 minutes of video documentation. The empirical data consists of a collection of 134 instances where residents seek assistance with the realization of a practical action. For this article, three examples that involve the manipulation of an object have been selected for analysis. We use the concept of ‘recruitment’ (Kendrick and Drew 2016) to encompass the various methods by which assistance is sought in the care encounter. In the first example, the need for assistance concerns the transfer of an object that is recognizable and physically available for both participants. This, in combination with the resident’s gestural work that pinpoints the description of the action, facilitates its realization. In the second and third examples, the realization of the action becomes more difficult because the object involved is not recognizable for the caregiver. The article highlights the collaborative ways in which residents manage to support their talk through bodily practices, and the strong and empathetic engagement with which caregivers become involved in interpreting the meaning of these practices. Finally, we discuss the implications of our findings for care provision in multilingual circumstances.

Key words: assistance; care encounter; multilingual interaction; recruitment; residential home

The social organization of assistance in multilingual interaction in Swedish residential care

## **Abstract**

In this article, we explore the organization of assistance in multilingual interaction in Swedish residential care. The data that forms the basis for the study covers care encounters involving three residents with a language background other than Swedish, totalling 13 hours and 14 minutes of video documentation. The empirical data consists of a collection of 134 instances where residents seek assistance with the realization of a practical action. For this article, three examples that involve the manipulation of an object have been selected for analysis. We use the concept of ‘recruitment’ (Kendrick and Drew 2016) to encompass the various methods by which assistance is sought in the care encounter. In the first example, the need for assistance concerns the transfer of an object that is recognizable and physically available for both participants. This, in combination with the resident’s gestural work that pinpoints the description of the action, facilitates its realization. In the second and third examples, the realization of the action becomes more difficult because the object involved is not recognizable for the caregiver. The article highlights the collaborative ways in which residents manage to support their talk through bodily practices, and the strong and empathetic engagement with which caregivers become involved in interpreting the meaning of these practices. Finally, we discuss the implications of our findings for care provision in multilingual circumstances.

Key words: assistance; care encounter; multilingual interaction; recruitment; residential home

## **Introduction**

Whatever our age and position in a society, we rely on the assistance of others when doing or managing small things as well as large matters that are essential in our ordinary, daily social lives. In this article, we focus on the world of people for whom later in life for it may become a necessity to seek assistance with mundane tasks like watering pot plants, fetching a glass in the cupboard or making a bed; things that they would prefer to manage by themselves (Lindström 2005). We build on the concept of ‘recruitment’ (Kendrick and Drew 2016), which refers to the various ways in which a person can seek assistance from another, to examine the methods that participants use to resolve troubles in the realization of different practical actions. The setting is three multilingual residential care units in Sweden. Whereas the dominant language is Swedish, the language backgrounds of the residents and the staff are diverse. In Sweden, migration has led to an increase in older people with linguistically and ethnoculturally diverse backgrounds in need of long-term care in residential homes. Language matching residents and care providers is sometimes possible, and has been pointed out in previous research as positive for bilingual people with dementia (Ekman 1993). Nevertheless, many times, as in the current case, this is not achievable, leaving residents as well as caregivers with the challenging task of leading everyday life with limitations in their mutual, spoken language resources. As the empirical data in this article will illustrate, this linguistically complex caregiving setting has an impact on the ways assistance is sought and achieved.

The most common way in which we seek assistance is by explicitly asking for it, making a request. The act of requesting has been identified in previous research as one of the most basic and ubiquitous activities in social interaction (Drew and Couper-Kuhlen 2014: 1). To have

one's requests fulfilled is important for achieving and maintaining as high a quality of life as possible, perhaps particularly once an individual's life is suddenly dependent on the assistance of others to a significant degree. The central role of requests for the older person's possibilities to shape his/her immediate environment has been emphasised by Lindström (2005). Lindström demonstrates how the senior citizen gives detailed instructions to the home-help provider concerning how a particular task should be done. If one considers the significance of requesting for interactions and relationships, and how it inhabits and shapes our various social worlds, it is not surprising that it has attracted scholars across disciplines and methodological traditions. A substantial body of research has been concerned with the verbal conduct of requesting. These studies have revealed how the various syntactic structures that accomplish a request may be linked to contextual factors, e.g. entitlement and contingency (Heinemann 2006; Lindström 2005; Wootton 2005), grantability and contingency (Curl and Drew 2008) and epistemic stance (Vinkhuyzen and Szymanski 2005). Increasingly, however, and concurrent with a mounting interest in multimodality, scholars have considered the bodily aspects of requesting (e.g. Cekaite 2010; Fox and Heinemann 2015; M. H. Goodwin and Cekaite 2013; Mondada 2014a,b; Rossi 2014; Tulbert and M.H. Goodwin 2011).

Research on requests has largely focused on requests as actions that are the first pair part of an adjacency pair, with a granting response as the second pair part. However, recent research has shown that there are other ways besides making an explicit request in which we can solicit another's help (Drew and Couper-Kuhlen 2014; Kendrick and Drew 2016). This research has demonstrated how assistance may be organized as a sequentially developed phenomenon rather than just the adjacency pair structure. Kendrick and Drew (2016: 2) have developed the concept of 'recruitment' to encompass 'the various, linguistic and embodied ways in which assistance may be sought – requested or solicited – or in which we come to perceive another's need and offer or volunteer assistance'. These various ways include giving indirect and embodied indications of a need of assistance, as well as another's anticipation of someone's need for help by offering help without being asked. Highly relevant for the concerns in the present article is the fact that recruitment is restricted to quite material, practical here-and-now matters.

The purpose of the present article is to describe the various methods by which assistance is sought and achieved in caregiving contexts where there are limitations in participants' shared spoken resources of the same language. The concept of recruitment offers a suitable framework to account for these methods. We describe the collaborative ways in which caregivers and residents manage to resolve difficulties in the progressive realization of a practical course of action. Apart from a few exceptions (Author 1 2014; Authors 2, 3 and other 2017), there is a dearth of research that explores social encounters where mutual language resources are not available yet care providers and care recipients nonetheless manage to establish cooperation and caring relationships. In this article, we account for the methods through which residents manage to indicate a need of assistance, and the actions by which caregivers perceive and respond to this need. As will be demonstrated, there are settings that involve great interactional efforts on the parts of both caregiver and resident.

The article is organised as follows. First, we describe the data on which this study is based. We then analyze three examples of care encounters involving three different residents, who seek assistance with some practical action. In the first example, the need for assistance concerns the transfer of an object that is recognizable and physically available for both participants. This, in combination with the resident's gestural work that pinpoints the description of the action,

facilitates its realization. In the second and third examples, the realization of the action is made more difficult because the object and what to do with the object involved is not recognizable for the caregiver. We demonstrate how the caregiver becomes involved in identifying the resident's need. Finally, we discuss the implications of our findings for care provision in multilingual circumstances, with a particular focus on the role of the caregiver's attentiveness to residents' needs – be the trouble ever so 'small' for the external viewer, but of great value for the quality of life of the single individual.

## Data

The data used in the present study was collected as a part of a larger project on multilingual practices in older people's care in Sweden. The overall aim of the larger project is to explore how caregivers and trainees in residential care are prepared in vocational education to meet the communicative challenges and complex demands of a multilingual workplace. Ethnographic fieldwork has been carried out in three long-term care facilities for older persons in Sweden by one of the authors and a doctoral student for several hours each week during day and evening shifts. The fieldwork commenced in May 2014 and is still in progress. A combination of participant observation and video-recordings has been used to generate a comprehensive insight into the overall routines of the setting.

The data that forms the basis for the present study covers a total of 13 hours and 14 minutes of video documentation of care encounters involving three residents with a language background other than Swedish (under the pseudonyms Ani, Samira and Alina) and 26 caregivers. The empirical data consists of a collection of 134 instances when residents recruit the caregivers' assistance with some practical action. There is a variation in the data collection concerning recognizability of the course of action. In many cases, the recruitment of assistance concerns a recognizable action and is easily achieved. There are also cases when the achievement of assistance entails lengthy hint-and-guess sequences (approximately 20 cases out of 134 instances). For this article, we have selected three examples that illustrate this variation in the data collection. The examples involve three caregivers (under the pseudonyms Ylva, Dora and Rafa). The selected episodes cover approximately four minutes of interaction.

Ani is in her eighties, her mother tongue is Armenian, and she speaks Azeri and Farsi as second languages. She has also some knowledge of Swedish, particularly in terms of comprehension, and sometimes uses single words in English. She mainly uses Farsi in her interaction with the caregivers in the unit, two of whom are native speakers of that language (but not part of the present study). Samira, who is an Arabic-speaking woman in her eighties, immigrated to Sweden from Syria during old age to connect with her son. She does not speak Swedish at all. When this study was carried out, Samira had lived seven years at the care unit. In interviews, the caregivers reported that Samira 'is skilled in body language'. Alina is a Russian-speaking woman in her eighties. She immigrated to Sweden with her family in her fifties. According to the caregivers in the unit, Alina's Swedish was fairly well-functioning at the time of her admittance to the care facility. They reported that during Alina's eight years of residence in the unit, her Swedish had gradually become worse. She speaks Russian with her relatives on a daily basis. With the caregivers, she speaks Swedish fragmentarily, with a strong Russian accent and

interferences from Russian. In care encounters, she often displays feelings of frustration for not being understood by the caregivers. All three residents have various degrees of mobility problems and require help with basic tasks. Whereas the units that hosted Samira and Ani had access to staff who spoke the residents' language, the unit that hosted Alina did not. The caregivers in the examples analyzed in this article have no or very limited knowledge of the resident's language. One of them (Rafa) is a native speaker of Kurdish, who speaks Swedish as a second/third language. The other two (Ylva and Dora), are native Swedes, who speak Swedish as their first language.

## **Transcriptions**

The data have been transcribed according to conversation analytical principles (Ochs et al. 1996). When deemed relevant, images of gestures and bodily conduct have been included in the transcripts. Embodied actions are transcribed according to conventions developed by Mondada (2014b). Conversational video-recorded data in Arabic and Farsi have been transcribed and then translated into Swedish by proficient speakers of these languages. Translations from Swedish into English were made by two of the researchers and proofread by a Swedish-speaking, English native speaker. Each Swedish utterance is given an English translation in italics beneath it. Translations of the Swedish spoken language into English have been made, with the attempt to make it comprehensible, albeit not always altogether idiomatic. When needed, two translation glosses are provided under each line in Arabic and Armenian/Farsi. The first gloss follows the word order of the transcribed talk word-by-word. The second gloss is an idiomatic English translation.

## **Ethical considerations**

The data have been collected in accordance with the ethical guidelines established by the Swedish Research Council, and the project has been approved by a Regional Committee for Research Ethics (Dnr 2013/2211-31). All caregivers and residents in the study gave their consent to participate. The staff, residents, and their relatives were informed by means of a letter – and in personal encounters with the researchers who conducted the data collection – about the aims of the study and about their rights as participants. The residents have received information about the project in their language. During the observations and recordings, the researchers were cautious, being on the alert for any signs of the residents' unwillingness to be observed or recorded. All names have been changed to pseudonyms in the transcripts.

## **Analysis**

We draw on conversation analysis, CA (e.g. Sidnell and Stivers, 2013), which we combine with the analytical framework of 'recruitment' (Kendrick and Drew 2016) to examine the various methods that caregivers and residents use to resolve a need in the realization of a practical action. Kendrick and Drew (2016) show how methods of recruitment can be organized along a continuum: from *requests*, which explicitly seek another's assistance, to indirect and embodied indications of a need that elicit offers of assistance (*reports of needs, trouble alerts and embodied displays*). At the far end of the continuum are *anticipated troubles*, i.e. recruitments

in which another person's assistance has not been solicited, but in which the trouble is anticipated by others in that the action has a recognizable and therefore projectable course.

The methods for recruitments used by the participants in the present study have much in common with those that Kendrick and Drew (2016) describe as organized along a continuum: from those that are largely verbal to those that merely display a trouble visually. However, in our data assistance is rarely sought merely through visual displays and bodily actions, what Kendrick and Drew term 'embodied displays'. Verbalizations in the resident's language, e.g. a request, are used in combination with embodied displays (pointing or other gestures) and audible signs of discomfort (e.g. prosodic cues and imprecations), what Kendrick and Drew term 'trouble alerts'.

We analyze three examples that involve the manipulation of an object. Although embodied displays and trouble alerts (in interplay with talk) are used in all three examples as methods for recruitment, they differ in how facilitative these embodied practices are for the caregiver's interpretation of the resident's need. In the first example, the fact that the object is a present and recognizable object for both participants facilitates the caregiver's interpretation of the caregiver's bodily actions, and hence the identification of what to do with the object. In the second and third examples by contrast, the object is not recognizable for the caregiver. Therefore, she has to rely on the resident's bodily and prosodic cues to figure out what to do with the object. As these cues do not explicitly denote the source of the trouble, they are difficult for the caregiver to interpret. This aggravates the realization of the action.

### **Resolving a need in the realization of a recognizable course of action**

Our first example involves the Farsi-speaking resident Ani and her caregiver Ylva. Ylva has no knowledge of Ani's mother-tongue apart from a single word or two. In this example, the resident requests assistance in throwing away two used napkins. Verbalizations in Farsi are combined with visible bodily actions. The recognizability of the action in progress (throwing away the used napkins) allows the caregiver to interpret the resident's bodily actions as a need for assistance, and eventually to resolve her trouble.

Prior to Excerpt 1, Ylva has come to Ani's room to guide her to the dining room for lunch. At the point where Excerpt 1 starts, Ani has managed to get to her feet once, but has had to sit down again due to some problem with one of her socks, which is eventually resolved with the assistance of Ylva. Before Ani makes another attempt to stand up, she pays attention to two used paper napkins on the walker, well in sight of the caregiver, who is standing at the walker right in front of the resident. The napkins are used, and placed on the walker in a way that would most likely make them fall off when Ani starts to walk.

Excerpt 1. A=Ani (resident); Y=Ylva (caregiver).

- 01           (3.2) ((A picks up two napkins one-by-one from the walker with her  
              right hand, and puts them in her left hand))
- 02    A: +points towards the bathroom+
- 03    A: °ashghal°  
          *trash*
- 04           (0.3) ((A crumples the napkins with both hands in her knee))



05 A: (benaz) ashghal.  
(throw-2SG-NEUT) trash  
(*throw*) *trash*  
+.....points----0.5+

06 A: tevalet in.  
toilet in  
*in the toilet*  
+.....holds out the napkins to Y+

07 (1.0) ((A makes an iconic gesture of throwing something down with a twist of her wrist))  
#fig.1



Fig.1<sup>1</sup>

08 Y: m↑  
*m*  
\*holds out her palm\*

09 (0.2) ((A puts the napkins in Y's palm))  
#Fig. 2



Fig.2

10 A: m:..  
*m:..*  
+points towards the bathroom+

11 Y: papperskøorgen.  
*the trash bin*  
\*.....moves towards the bathroom\*-->>  
.gaze at Ani---.

a: +.....stands up at her walker+

In this excerpt, the request is managed with only minimal linguistic materials in Farsi, combined with bodily resources, such as a pointing gesture (lines 02, 05, 10). In line 01, Ani picks up two used napkins one-by-one from the walker with her right hand, and puts them in her left hand. She then points towards the bathroom and issues a directive in Farsi, formatted as a free-standing noun, ‘°ashgal°’ (*trash*), subsequent to which she crumples the napkins in both of her hands. The manipulating of the napkins and the pointing gesture project a particular course of action, namely one in which the napkins are to be thrown away into something in the direction of the bathroom. Requests targeting object transfers and other manual tasks concerning immediate actions are typically managed with only minimal linguistic materials, such as directives privileging brevity, or entirely without a word (Mondada 2014; Rossi 2014; Sorjonen and Raevaara 2014). In the current example, a request, which initially has a compact shape (one word), is successively expanded by Ani (lines 04-07). In line 04, Ani expands ‘°ashgal°’ (*trash*), with a verb in Farsi, ‘(benaz) ashgal.’ (*throw trash*), resulting in a directive. This turn is expanded further by a locative (line 06) ‘tevalet in.’ (*in the toilet*), and in line 07, emphasized by a twisting hand gesture (Fig. 1). These expansions pinpoint the description of the course of action, verbally as well as in an embodied way.

In line 09, the caregiver holds out her right palm with an information receipt, ‘m↑’, and takes hold of the napkins that Ani puts in her outstretched palm (Fig. 2). Ani responds with a minimal closing-third token, ‘m:.’ while pointing with her index finger towards the bathroom (line 10). While moving towards the bathroom, the caregiver requests for confirmation in Swedish about where to throw the napkins; ‘papperskorgen.’ (*the trash bin*). This initiative is, however, not explicitly confirmed by Ani. Ylva leaves to throw the napkins in the bathroom, and Ani gets to her feet (line 11). They then go to the dining room, where Ani is to have her lunch.

In this example, the request concerns a recognizable course of action, i.e. the transfer of a visually and physically present object from one place to another. This, in combination with the resident’s gestural work, facilitates the realization of the action. The iconic gesture of throwing the napkins into something (Fig. 1) supports the caregiver’s understanding of the resident’s need, as does, naturally, the handing over of the napkins, subsequent to which Ylva throws them away (lines 9-11). Ylva, who is waiting for a suitable moment to help Ani get to her feet, focuses attentively on Ani’s actions. Further, the caregiver’s attempt to ascertain the resident’s wishes is demonstrated in her request for confirmation about the exact place to throw the napkins, despite the fact that Ani may not understand what Ylva is saying in spoken Swedish.

### **Resolving a need in the realization of a non-recognizable course of action**

Examples 2 and 3 illustrate cases in our data-set when the realization of a practical course of action is aggravated due to the fact that the object and what to do with the object are not immediately/easily recognizable for the caregiver. We demonstrate how the resident performs actions to display a difficulty, and how the caregiver initiates hint-and-guess sequences (Laakso and Klippi 1999) to figure out what action is being requested. In Example 2, the resident uses gestures and other bodily practices in interplay with Arabic speech as methods for recruitments. In Example 3, the resident seeks the caregiver’s assistance through semantic cues in Swedish combined with pointing gestures.

### *Using embodied resources to generate a resolution to an indication of trouble*

In Example 2 (Excerpts 2a, 2b, 2c, 2d), the resident produces multimodal gestalts (Mondada 2014b) of verbal and bodily actions as she encounters a trouble in the realization of a practical course of action. The example is drawn from a video documentation of the interaction with the Arabic-speaking resident Samira. The trouble arises as someone, probably a staff member, has put a large IKEA-shopping bag, containing a duvet, on the upper shelf in the resident's linen cupboard, where it does not properly fit. The resident signals discomfort through embodied practices, but these practices do not explicitly depict her discomfort, nor do they present a resolution to the trouble. Since Samira, due to mobility problems, cannot reach the upper shelf, she needs assistance with replacing the bag on the top of the cupboard where there is more space. We describe the actions through which the resident supports the resolution of her difficulty, and how the caregiver eventually comes to recognize the source of the resident's discomfort. The recruitment of assistance starts in the lounge outside of Samira's apartment. Samira alerts the caregivers, who are in the kitchen region, that she has encountered a trouble. One of the caregivers, Rafa, comes along to her apartment, where Samira, through shrieks and gestural work, indexes a piece of trouble, which draws the caregiver's attention to the upper region of Samira's linen cupboard. Excerpt 2a starts from this point. The example is divided into four excerpts, each of which illustrates a course of action that steers the activity of the caregiver.

In Excerpt 2a, the caregiver is recruited to fetch a chair, get up on it, and take out an IKEA-shopping bag from the upper shelf. The realization of this practical course of action is facilitated by Samira's gestural work, which accompanies her verbal directives and the caregiver's candidate proposals (Kurhila 2006). In addition, the word 'kursi' (*chair*) is common for Arabic and Kurdish, and makes the resident's actions recognizable for Rafa, who is Kurdish-speaking.

Excerpt 2a S=Samira (resident), R=Rafa (caregiver)

```
01  R:  *raises arm and reaches out towards the upper shelf->
02  S:  djibi (.) [kursi
      bring-2SG-FEM(.)  chair
      bring (.) a chair
      +points----- ->
03  R:           [vill du ha en kudd?e
      do you want a pillow
                        *leans forward to S*
04  S:  djibi kursi.
      bring-2SG-FEM chair
      bring a chair
      r:  *bends down to S--->1.1
      #fig.3
```

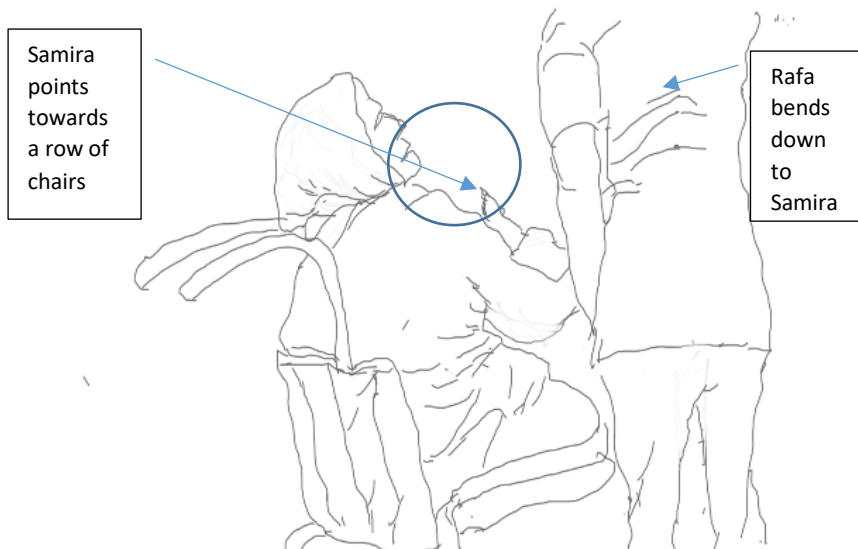


Fig. 3

05 R: ku↑rsi.

*chair*

s: ----->+

06 S: ja:. (.) itla'i e::: (.) aleyha o, (0.3) hittiha fok.

*yes (.) go-2SG-FEM e::: (.) on-it and (.) put-2SG-FEM-it up*

*yes (.) get up on it and put it up there*

*+raises arm up and down+*

*+pushes with raised arm+*

*#fig.4*

07 (0.8) ((R turns to the cupboard and gazes towards the upper shelf))

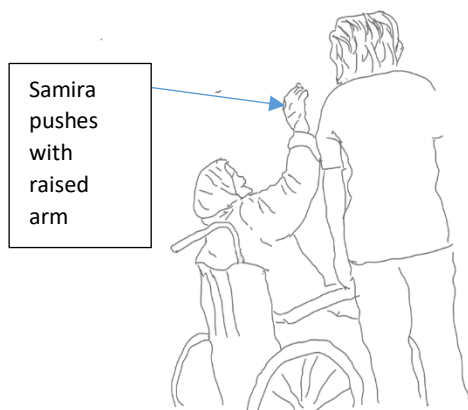


Fig. 4

08 S: aha::: (.) åkej.

*aha (.) okay*

09 (1.5) ((R steps across to a chair at the window))

10 R: hon vill ha en kursi.

*she wants a chair*

11 S: ejva (kursi)

*yes-right (chair)*

- yes that's right a chair*
- 12 (1.3) ((R gets hold of a chair at the window; S follows R with gaze))
- 13 S: ejv↑a [kursi  
yes-right chair  
*yes that's right a chair*
- 14 R: [ja: (.) ja s-  
yes (.) yes s-
- 15 (9.9) ((R carries the chair forward to the cupboard; gets up on it and takes out a plastic bag))

In line 02, Samira produces a directive in Arabic, while pointing towards a row of chairs at the window, ‘djibi (.) kursi’ (*bring (.) a chair*). In overlap, Rafa proposes a pillow as a possible asked-for object (line 03). In the absence of a granting action (i.e. fetching a chair), Samira re-issues the directive, this time with a stress on the focal object ‘kursi’ (line 04), while pointing towards the chairs (Fig. 3), ‘djibi kursi.’ (*bring a chair*). Here, Rafa recycles the Arabic word for ‘chair’ from Samira’s prior turn with rising intonation, ‘ku↑rsi.’ (*a chair*). Samira confirms this candidate as correct with an affirmative in Swedish, ‘ja’ (*yes*).

While issuing the directive ‘itla’i e::: (.) aleyha o,’ (*get up on it*), Samira drops and raises her right arm, and the directive ‘hittija fok.’ (*put it up there*) is accompanied by a pushing hand gesture (Fig. 4). Rafa looks up towards the upper shelf in the cupboard and responds with an acknowledgement token (line 08), ‘aha:::’, followed by an action-accepting compliance token (Stevanovic and Peräkylä 2012), ‘åkej’ (*okay*). She then steps across to a chair at the window and gets hold of it (line 09), announcing in Swedish that Samira wants a chair (line 10), ‘hon vill ha en kursi.’ (*she wants a chair*). Rafa’s use of the Arabic word ‘kursi’ (*chair*) is worth noticing. By explicitly announcing what Samira wishes and simultaneously granting the request, as well as using Arabic for the asked-for object, Rafa demonstrates her understanding. Samira confirms this granting action as correct (lines 11, 13), ‘ejva (kursi)’ (*yes that’s right a chair*). The establishment of participants’ common understanding about the requested action (fetching a chair) is thus confirmed. Rafa climbs up on the chair and pulls out a big blue-coloured Ikea-shopping bag from the upper shelf (line 15).

In Excerpt 2b, the resident tries to get the caregiver to do something with the bag. Although the resident’s hand gestures describe the direction for the manipulation of the object, they do not make deictic reference to the precise location of the object (on the top of the cupboard) visible. The caregiver proposes with bodily actions the upper shelf as a possible place. This proposal is rejected by the resident.

#### Excerpt 2b

- 16 (0.8) ((R inspects the upper shelf with her gaze))
- 17 R: men de f↑inns ingenting.  
*but there is nothing*  
\*holds out the bag in front of S->
- 18 S: [ei. (.) hitt↑iha hek.  
yea (.) put-2SG-FEM-it so  
*yea (.) put it like this*

+raises both hands+

#fig.5

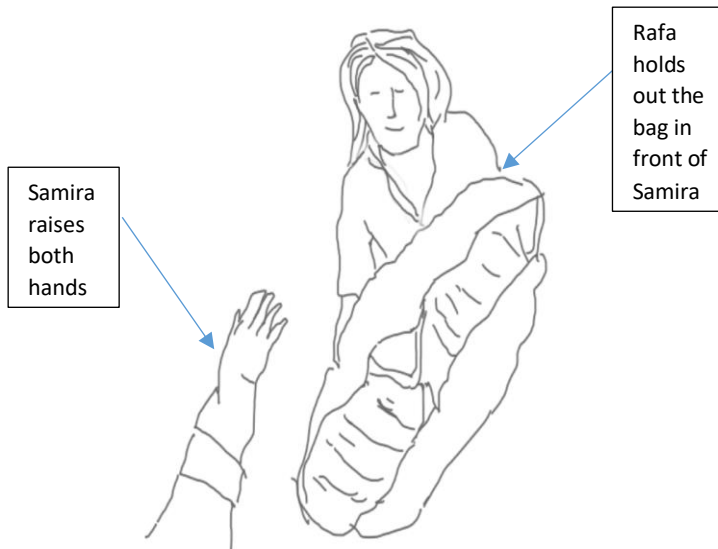


Fig. 5

19 R: ja åkej (0.2) å,  
yea okay(0.2) o  
->\* \*lifts bag\*

20 (2.2) ((R lifts up the bag))

21 S: fok, (.) f↑ok  
up (.) up

22 (1.0) ((R holds the bag in front of the upper shelf))

23 R: så hä?:r.  
\*holds bag in front of the upper shelf->  
.gazes at S----->

24 S: fok he↑:k  
up like this  
r: ----\*  
----.

25 (0.8) ((R pushes the bag into the upper shelf))

26 S: AAm↑A: (0.2) mish heke.  
blindness (0.2) not so  
damn it (0.2) not like that

27 (2.4) ((R proceeds with pushing the bag into the shelf))

28 S: mishE::: heke.  
not so

not like that  
 r: \*halts\*  
 .gazes at S->>  
 29 S: heke urmihā.  
 so throw--2SG-FEM-it  
*push it up like this*  
 +pushes raised hands---->0.6  
 #fig.6

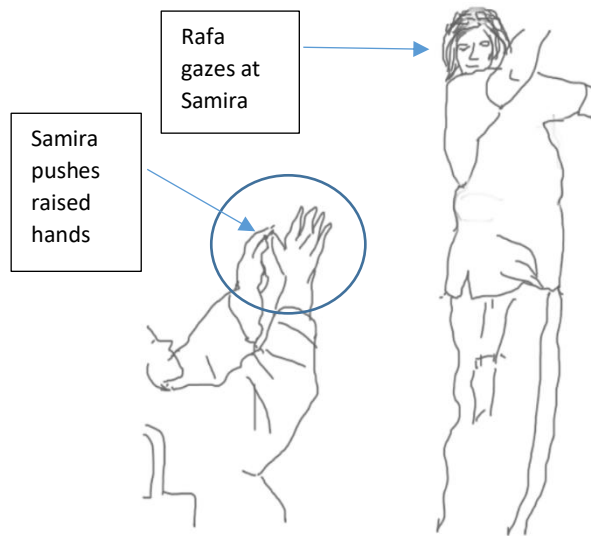


Fig. 6

In this excerpt, the resident employs trouble-indicating bodily practices as a method to recruit the caregiver's assistance. The recycling of the directive 'fok' (*up*) in Arabic (line 21) and the response cries (Goffman 1981) in lines 26, 28 draw the caregiver's attention, as do of course the raised arms and pushing hand gestures (lines 18, 29). However, what these practices exactly denote is not immediately understandable for the caregiver. This aggravates the diagnosis of the resident's trouble, and hence the realization of the action in progress. Finding out that the shelf is empty, Rafa announces this and holds out the bag in front of Samira. The resident's raised arms (Fig. 5) draw the caregiver's attention to the upper region of the cupboard. In line 19, Rafa lifts up the bag to the upper shelf. When Samira recycles 'fok, (*up*) (.) f↑ok' (*up* (.) *up*), she halts and turns her gaze to Samira. She holds the bag in front of the shelf and offers assistance with a proposal in Swedish (line 23), 'så hä?:r.' (*like this*), to which Samira responds by re-issuing 'fok' (*up*) in Arabic (line 24). Rafa then starts pushing the bag into the shelf, which she does with some effort, since the bag is bulky and the shelf is narrow. Samira objects to this action with an imprecation in Arabic (line 26), produced as a shriek, 'AAm↑A: (0.2) mish heke.' (*damn it (0.2) not like that*), and repeated with even greater intensity when Rafa proceeds pushing the bag into the shelf. This draws the attention of Rafa, who halts and turns her gaze to Samira (line 28). Samira now issues a directive in Arabic (line 29), 'heke urmihā.' (*throw it up like this*), assisted by pushing hand movements with raised arms (Fig. 6), a movement which continues for 0.6 seconds (line 29).

In Excerpt 2c, which follows immediately upon Excerpt 2b, the caregiver proposes possible solutions through verbal and bodily actions, manifested as offers of assistance.

### Excerpt 2c

- 30 R: hä?:r. ((R takes out the bag; gazes at S))  
    *here*  
    *\*takes out the bag\**  
    *.gazes at S-->*
- 31 (1.6) ((R holds the bag with bottom downwards))
- 32 S: ei.  
    *yes*  
    r: ---->.
- 33 R: åke¿j  
    *okay*
- 34 (0.8) ((R bends down with the bag in her arms))
- 35 R: ja vä, (.) man ska vä?nda eller, ((R holds out the bag to S))  
    *yes tu- (.) one should turn or*  
    *\*hands over the bag to S-----\**
- 36 R: visa mej.  
    *show me*  
    s: +takes holds of the bag+
- 37 (0.7) ((S manipulates the bag in her arms))
- 38 S: ei (0.3) a  
    *yes (0.3) a*  
    +manipulates the bag->0.9+
- 39 S: hek huttiha hek.  
    so put-2SG-FEM-it so  
    *like this put it like this*  
    +turns the bag and grips the bottom+



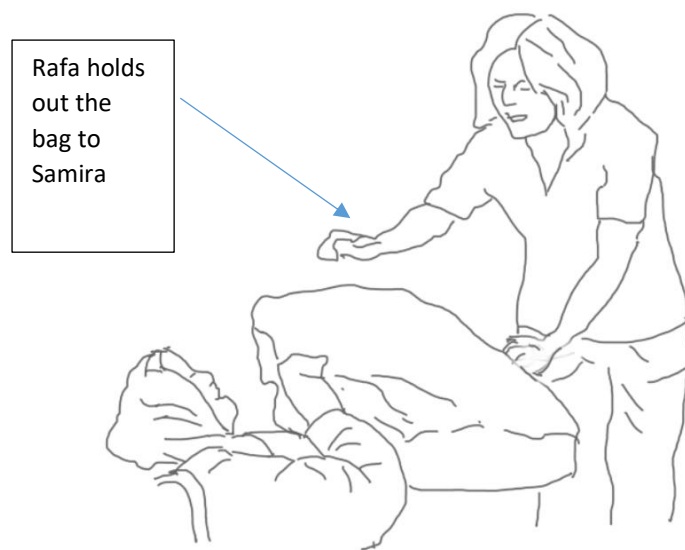


Fig. 7

- 40 S: +holds out the bag to R->0.5+  
#fig.7
- 41 R: upp,  
up  
\*takes hold of the bag\*
- 42 R: å jaʕ:, ja:.  
oh yes yes  
\*lifts the bag\*
- 43 R: pushes the bag into the shelf->3.2

In line 30, Rafa takes out the bag from the upper shelf and utters a locative, ‘hä?:r.’ (*here*), pronounced with a rise-fall intonation, thus proposing a possible manipulation of the bag. She holds the bag in her arms with her gaze at Samira for 1.6 seconds. After having received Samira’s response (the affirmative ‘ei’ (*yes*) in Arabic is uttered with a calm voice in contrast to the response cries in Excerpt 2b, which in this context might be an indexical cue for acceptance), she bends down and holds out the bag to Samira, proposing a possible solution, namely that of turning the bag, ‘ja vä, (.) man ska vä?nda eller,’ (*yes tu- (.) one should turn or*). The *or*-construction allows for the potentiality of a non-aligning response (cf. Lindström 1999: 77). Rafa then hands over the bag to Samira, a facilitative action that helps Samira to manipulate the bag herself and thereby present a solution through visual, bodily resources. Samira turns the bag so that the top side faces the cupboard, issues an indexical directive in Arabic, and hands it back to Rafa, ‘hek huttihä hek.’ (*like this put it like this*) (lines 37-40). This physical action (the manipulation and transfer of the bag) is not explicit enough as regards a possible solution to the

trouble. It does not indicate the precise location of the bag, and is therefore not understood by the caregiver. This is manifested by the fact that she again lifts up the bag to the upper shelf and tries to push it into the shelf (lines 42-43).

In Excerpt 2d, Rafa finally comes to recognize the trouble. This trouble becomes noticeable for Rafa by Samira's bodily conduct and audible signs of discomfort, when she, with renewed efforts, tries to push the bulky bag into the narrow shelf.

#### Excerpt 2d.

44 S: fO::k.

*up*

45 R: \*turns gaze to S-->

46 S: fok fok.

*up up*

+pushes upraised hand+

----->\*

47 R: h h (.) ovap?å

*h h (.) on the top*

\*pushes the bag on the top of the cupboard\*

.gazes at S-->

Øsmiles--->

48 S: ejv↑a, a:. (.) [a:.

*yes that's right a: (.) a:*

49 R: [hä:r.

*here*

\*pushes the bag on the top-->0.4\*

-->.

-->Ø

50 R: ja::::.

*yea:::*

51 S: ejva::::.

*yes that's right*

52 R: men den så pass:ar inte å dä:rför.

*but it so doesn't fit and therefore*

\*taps on the upper shelf\*

53 S: hutti hunih ((stretches out hand to R))

*put-2SG-FEM there*

*let it lie there*

+stretches out hand to S-->

Δsmiles----->>

54 R: Ohhhh ((audible aspiration))

\*takes S's hand-->>

øsmiles-->>  
 s: Δ----->>  
 #fig.8

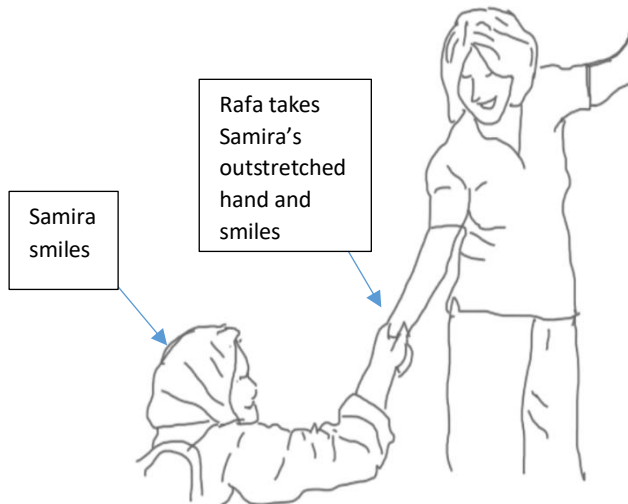


Fig. 8

When Rafa makes renewed efforts to push the bag into the upper shelf, Samira shows increasing signs of being upset. In line 44, she objects by issuing ‘fO::k.’ (*up*) in Arabic with a loud voice. This draws the attention of Rafa, who turns her gaze to Samira (line 45). The resident recycles ‘fok fok.’ while making pushing movements with a raised hand (line 46). Rafa now evidently seems to have noticed the top of the cupboard as a candidate place for the bag as she throws up the bag and emits two laugh tokens (line 47), ‘h h (.) ovanp?å’ (*h h (.) on the top*). She then halts and turns her gaze to Samira, thus inviting the resident to confirm or disconfirm the proposal. Having received Samira’s acceptance, ‘ejv↑a,’ (*yes that’s right*), Rafa proceeds with placing the bag on the top of the cupboard as she simultaneously denotes this place verbally with an indexical pronoun in Swedish (line 49), ‘[hã::r.’ (*here*). The participants then confirm the progressing course of action that has been impeded as brought to completion, using their different languages: Rafa with the Swedish affirmative ‘ja::::.’ (*yea*) and Samira with the Arabic response token ejvã::.’ (*yes that’s right*). The fact that Rafa at this point has come to recognize the source of the resident’s trouble is manifested verbally as well as bodily. In line 52, she taps on the upper shelf while formulating the trouble verbally in Swedish, ‘men den så pass:ar inte å dã:rfor.’ (*but it so doesn’t fit and therefore*). Samira stretches out her hand to Rafa, who gives off a sound of relief (an audible aspiration) and takes Samira’s hand (line 54). They hold hands while smiling (Fig. 8). The two can thus be viewed as celebrating their joint realization of a practical course of action after having faced difficulties.

In the analyzed example, the visual bodily resources and the audible signs of discomfort, play a crucial role for the cooperative generation of a solution to a trouble that has arisen in the realization of a course of practical action. Although we cannot know how much of the spoken materials in utterances are understood, the intelligibility provided by the manipulation of a present, visible object and prosodic cues is central to the processes of actions through which the caregiver comes to diagnose the source of the resident’s discomfort. The participants tie

their embodied conduct, not to something the other person has said, but to a physical action that the other person has performed (cf. Goodwin 1995: 236).

*Using verbal resources to generate a resolution to an indication of a trouble*

In our third example (Excerpts 3a, 3b, 3c), the resources used to generate a resolution to a trouble are primarily verbal in the sense that the resident uses lexical cues in Swedish combined with pointing gestures to indicate what she wants. The resident is lying in her bed, which restricts the possibility to use her body as a resource to recruit assistance. The example is drawn from interaction involving the Russian-speaking resident, Alina. In this example, the resident encounters a difficulty with turning up the heat of a heating pad. Due to mobility problems, she needs assistance with realizing this course of action. The identification of this need, and the act of resolving it become difficult due to a combination of factors. First, the object is hidden under the bedclothes at the foot of her bed. Second, the heating pad has been brought to Alina by a relative, and is not part of the standard equipment of the care facility. Third, the lexical cues provided by the resident to refer to the hidden object pose interpretative problems for the caregiver. The identification of this object is a necessary step in the course of action that has been impeded. We describe the co-operative actions through which this step is fulfilled.

Goodwin (1995) has shown how others frame choices for a person with aphasia, who has a vocabulary limited to ‘yes’ and ‘no’. Something similar takes place in the current example. The rejection of a candidate proposal leads to another round with a new guess. These expansions of sequences continue until a possibility proposed by the caregiver, Dora, has been accepted by Alina.

Excerpt 3a begins with Dora entering the room, and engaging in Alina’s trouble. Alina is in her bed and has rung the bell.

Excerpt 3a A=Alina (resident); D=Dora (caregiver)

01 D: hallå Alin?a  
hi Alina

02 A: Dor?a  
Dora

03 D: ja:↑a  
yes

04 A: gjo:rde den (0.4) min (1.3)varma,  
did it (0.4) my (1.3)warm

05 \*D walks towards the bed-----\*

06 A: [(xxxxx)]

07 D: [jaha e're kudd?en  
oh is it the pillow

08 A: nej nej  
no no

09 D: \*lets go of the pillow\*  
a: ↑points towards the foot of the bed-->>

After a short greeting sequence, Alina tries to formulate in Swedish what she wants (line 04). The modifiers ‘min varma’ (*my warm*) project that a noun of some kind is expected as head of the phrase. As becomes clear further on, the targeted head is ‘värmedyna’ (*heating pad*). The candidate object that Dora proposes, a pillow, is in resemblance with a heating pad, something that can be used for warmth. Dora gets hold of the pillow under Alina’s head, proposing it as a solution for her search, ‘[jaha e’re kudd?en’ (*oh is it the pillow*). Alina objects to this action with a duplicated negative particle (line 07), ‘nej nej’ (*no no*), while pointing toward the foot of her bed, which from now on becomes a focus of shared attention, and a locus for a co-operative search. The caregiver lets go of the pillow and turns her gaze in the direction of the resident’s pointing (line 09).

### Excerpt 3b

10 A: på, (0.3) där (.) varma, e e  
 on (0.3) there warm e e  
 +points-----+  
 #fig.9

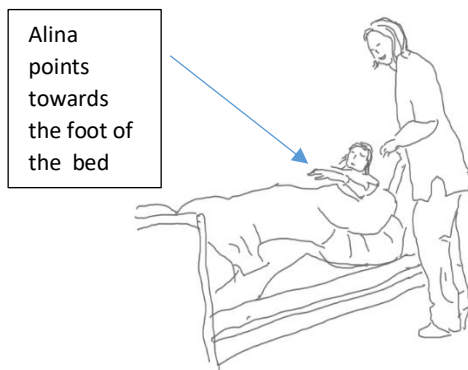


Fig. 9

11 (2.0) ((D takes a few steps towards the foot of the bed))  
 12 A: hittar den (.) ja vet inte ja visste[(xxx)  
 find it (.) I don't know I knew (xxx)  
 13 D: [ e're en sån här, (.)  
 is it one like this (.)  
 14 du har en, (.) [sån här  
 you have one (.) like this  
 15 A: [nej  
 no  
 16 D: nej. (.) en liten kudde ha'ru.  
 no (.) a small pillow have you  
 no (.) a small pillow you've got  
 17 A: nej (.) [(s)täng,  
 no (.) [(c)lose

- 18 D: [ha'ru en varm f?ilt  
do you have a warm blanket
- 19 A: tänga dörren (.) den  
[c]lose the door (.) that  
+points----->
- 20 D: stänga den ja.  
close it yes  
\*closes the door\*
- 21 A: ja↑a  
yea
- 22 (0.3)
- 23 A: den, (0.4) varma  
that (0.4) warm  
-----+
- 24 (1.3) ((D takes a few steps towards the foot of the bed))
- 25 D: d?en  
that one  
\*points at a pillow\*
- 26 A: [nej].  
no  
+raises hand+
- 27 D: [n?ej].  
no
- 28 A: snälla.  
please  
+waves her hand+

In Excerpt 3b, the caregiver makes another round of guesses, this time proposing two objects lying in the area pointed towards by Alina - a small pillow and a blanket. The pillow is first mentioned as a possibility (lines 13-16), and later on referred to with a deictic pronoun and accompanied by a pointing gesture (line 25). In both instances, the candidate proposal is rejected by Alina (lines 15, 17, 27) with a 'nej' (no) and a dismissing hand gesture (line 28). Dora takes a few steps in the direction of the area pointed out by Alina (lines 10-11). Alina's request turns, formatted as directives and deictic phrases, index a trouble but do not formulate explicitly what she wants. For instance, the request turn in line 12, 'hittar den' (*find it*) refers to a particular object through the anaphoric pronoun 'den' (*it*). The same can be said about the deictic phrases in line 10, 'där varma' (*there warm*) and in line 23, 'den, (0.4) varma' (*that (0.4) warm*), which both are accompanied by a pointing gesture. Because the object is hidden, it is not possible for Dora to identify the referent of the pronouns and the points. To fulfil this step is necessary in order to complete the projected course of action that has been impeded, turning up the heat of the resident's heating pad. In Excerpt 3c, the resident's verbal description of the location of the object finally leads to a fulfillment of this step.

Excerpt 3c

29 (4.0) ((D moves from the foot of the bed towards A))  
 30 A: (syll) (.) kabel. (0.3) kabel. (.) där. (0.3) hittar (.) den,  
 (xxx) (.) cable (0.3) cable (.) there (0.3) find (.) it  
 +points towards the foot of the bed-----+

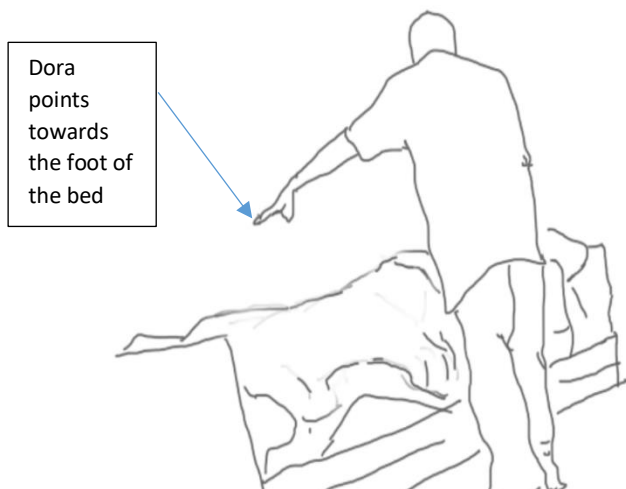


Fig. 10

31 D: >>jaha du menar vi ska<<, (.) kabel. (.) vi ska, (0.3) e:: [e:|en.  
 oh you mean we will (.) cable (.) we will (0.3) e:: the electricity  
 \*points towards the foot of the bed----->  
 #fig.10

32 A: [jo

33 D: ska in i'ren där  
 shall into that one  
 ----->

34 A: i, (0.3) ja vet [inte  
 i, (0.3) I don't know

35 D: [den ska (.) den ska ladd†as  
 it shall (.) it shall be charged  
 it needs charging

36 (1.3)

37 A: °v?a°  
 what

38 D: e're de den ska göra.  
 is it that it shall do  
 is that what is needed to do?

39 (0.6) ((D takes a step closer to the foot of the bed))

40 D: s'att den,

so that it  
in order to

41 (1.0) ((D moves towards the cable))

42 D: den ska laddas de e de'ru menjar  
it shall be charged it is that you mean  
it needs charging that's what you mean

43 (0.4) ((D out of camera))

44 A: inte den. (.) snälla  
not that one (.) please

45 D: inte d?en.  
not that one

46 A: (syll), (0.3) varma. (.) varma. (.) som ligger på p foten. (.)  
[syll] (0.3) warm (.) warm (.) that lies on o the foot (.)  
+raises hand----->

47 min foten  
my the foot  
----->+

48 A: jaså dä:::r. (.) ja värmedyna.  
oh there (.) yes heating pad  
\*lifts up a pillow-----\*

49 A: jo.  
yea

50 (5.0) ((D lifts blankets))

51 D: >ska vi<, (1.5) ta på den varmare ell?er,  
shall we (1.5) turn it up warmer or  
\*lifts sheet-----\*

52 ((Negotiation continues; A accepts D's offer and requests D to turn up the heating pad to number three))

Alina's rejection of a small pillow as a possibility leads to an expansion of the search sequence. In line 29, Dora moves close to Alina so as to share her vision (Goodwin 2000). Simultaneous to Alina issuing the request 'kabel. (0.3) kabel. (.) där. (0.3) hittar (.) den' (*cable (0.3) cable (.) there (0.3) find (.) it*), she points towards the foot of the bed, the locus of shared attention. This request turn refers to the hidden object with an explicit denotation, 'kabel' (cable), which is a partial component of a heating pad, used to plug into an electricity socket. The point and the semantic cue draw Dora's attention to an electrical cable on the resident's adjustable mattress (located within the trajectory of Alina's point). Dora points in the direction of the cable and offers the possibility to plug the cable into the socket (line 31; Fig. 10), and charge the battery (line 35). When Alina displays a problem of hearing (or understanding), Dora takes a step closer to the foot of the bed and repeats her offer (lines 37-42). The resident finally rejects Dora's offers (line 44), 'inte den. (.) snälla.' (*not that one please*).

What finally helps the participants find what they are searching for is Alina's denotation of the precise location of the object (line 46-47), 'varma. (.) varma. (.) som ligger på p foten. (.) min



foten.’ (*warm (.) warm (.) that lies on o the foot (.) my the foot*). This reference zooms in on a specific area within the locus of shared attention. Dora now evidently comes to recognize Alina’s trouble. She mentions the searched-for-object with the news-receipt token *jasâ* (Author 3, 2016), while simultaneously lifting pillows and blankets in the bed to get hold of the heating pad (lines 48-50). Now that Dora has identified the source of the resident’s trouble alert, Dora generates a solution by offering assistance in the form of increasing the heat of the pad (line 51).

In example 3, the production of trouble alerts and the identification of the resident’s trouble rely primarily on verbal resources, and to a lesser extent on bodily actions. Although Alina’s pointing towards the foot of her bed creates a shared focus of attention, it does not help the caregiver to easily identify the object that is hidden under the bedclothes. What finally enables the caregiver to recognize the object is the resident’s spoken denotation of the place where it is located.

### **Concluding discussion**

In this article, we have explored the social organization of assistance in settings in which participants have limited access to shared spoken resources of the same language. Three examples of multilingual care encounters involving three different residents, who seek assistance with some practical action, have been analyzed. We have demonstrated how the resident indexes a trouble through talk and visible bodily practices, and how the caregiver comes to recognize the resident’s difficulty or need, and acts to resolve it. The concept of ‘recruitment’ (Kendrick and Drew 2016) has been used to encompass the various methods by which assistance is sought in the care encounter. In the first example, the need for assistance concerns the transfer of an object that is recognizable and physically available for both participants. This, in combination with the crumpled structure of the object and the resident’s iconic gesture that pinpoints the description of the action, facilitate its realization. In the second and third examples, the realization of the action becomes difficult because the object and what to do with the object involved is not immediately recognizable for the caregiver. In the second example, the object is not physically available, and in the third example the object is not visible. The fact that the object in both examples has been brought to the resident’s apartment by a relative, and is not part of the standard equipment of the care facility, might have had an impact on its recognizability for the caregiver. The role played by the availability and visibility of the object is clearly shown in these examples. The handing over of the bag to Samira, thereby enabling her to manipulate the object, is used by the caregiver in Example 2 as a method to diagnose the resident’s wish. Once the hidden object is identified in Example 3, the caregiver understands what to do with it.

Our analysis reveals a social organization of assistance in which a multiplicity of embodied resources are mobilized in the generation of a solution to a difficulty or need. The analyzed examples provide evidence for how assistance is sought and achieved through the fine interplay between talk, prosody, gesture and the manipulation of an object. In addition, it was observed how caregivers drew not only upon their mother tongue, but also utilized words that were related between different languages (e.g. ‘kursi’ in Arabic and Kurdish, Example 2), a strategy that has been observed as facilitative in prior research (e.g. Author 1 2014; Author 1, Other and Author 2 2017). Our analyses attest that there are cases when the resident’s gestures and

prosodic cues are not transparent enough to help the caregiver understand what to do with an object. For instance, the exact meaning of Samira's trouble alerts (imprecations and response cries) in Example 2, and Alina's pointing towards the foot of her bed in Example 3, is difficult for the caregiver to interpret. We show how the participants in such cases cooperate in the realization of the action. The caregiver mobilizes extensive work to figure out what the resident is trying to tell her. The resident, in turn, makes renewed efforts to describe and/or formulate her need. The structure of the sequences through which understanding is accomplished by residents and caregivers is similar to that described by Goodwin (1995) concerning how a man with aphasia and his caretakers collaboratively establish what he attempts to say. In both settings, meaning is constituted through 'distributed structures that span the utterances of different participants' (p. 253). For instance, Alina builds her utterances on the linguistic structures provided by her caregiver to perform different kinds of actions with limited semantic resources in Swedish (Example 3). Had she only been able to say the Swedish word for the-searched-for-object, 'värmedyna' (*heating pad*), all the extensive work examined here had been unnecessary. In a similar vein, Samira operates on the caregiver's body to make herself understood (Example 2). Through the ways she produces talk (audible signs of discomfort displayed by prosody, voice quality and repetition of central words) and through organizing her body (gesture and object manipulation), the resident takes stances towards what the caregiver is doing and thus steers the activity into the directions she wants to pursue. In this fashion, the residents change their participation within the unfolding activity. In so doing, they shape the further trajectory of the practical action in progress. For example, Rafa in Excerpt 2b halts her efforts to get the bulky bag into the upper shelf in response to Samira's increasing signs of discomfort. Likewise, Alina's pointing and semantic cues make Dora scrutinize the visual field of the foot of the bed and eventually shift her attention to the space under the bed clothes.

The altruism with which the caregivers in the present study perceive and respond to the needs of the residents demonstrates in a vivid fashion how recruitment of assistance 'lies at the very heart of cooperation and collaboration in our social lives' (Kendrick and Drew 2016: 2). An observation that permeates the three examples presented in this article (and is representative for the entire data set) is the strong and empathetic engagement with which caregivers become involved in identifying the source of the resident's trouble alerts and proposing possible solutions, despite the sometimes severe difficulties in understanding the precise nature of the resident's need (particularly Examples 2 and 3). Clearly, the recruitment of assistance, when there are limitations in shared spoken resources of the same language, is often quite challenging. Our study demonstrates that there are settings in which a specific trouble cannot be foreseen or anticipated by the caregiver (cf. 'projectable troubles' and 'anticipatory assistance' in Kendrick and Drew 2016: 9), due to a combination of difficult circumstances that frame the encounter. The trouble is nonetheless of great importance for the resident.

What has been demonstrated in the present article are the subtle means by which caregivers and residents go to great lengths to reach a level of mutual understanding that is satisfactory for them to continue with their tasks as part of mundane life. The caregivers deal with the residents' talk and gesture as an effort to say something meaningful. This is specifically worth acknowledging. On the one hand, caregivers who work in multilingual environments on a daily basis attest how a lack of a common spoken language is often very stressful, causing anxiety and a sense of not being able to do a good job (Author 1 2014). On the other hand, our observations, from two different residential homes, contribute with examples of caregivers' great efforts to attend to residents' trouble alerts, performed by and large in quite empathetic

ways. This is rather contradictory to the largely negative picture of older people's care and mistreatments, as outlined in prior research (e.g. Grainger 1993; Grainger et al. 1990; Heinemann 2009) and communicated by the Swedish media (Karlsson and Nikolaidou 2011). An important outcome of our work is thus to highlight for the sake of caregiving staff how they in many respects could not do much better, and that the resources that they do draw upon - such as their attentiveness, gestures, prosody, and whatever available verbal resources - are valuable rather than a lack, or disadvantage. Further, the way the residents support their talk through audible signs and visible, bodily actions, and how they thereby facilitate the resolution of their discomfort, illustrate the importance of viewing recruitment of assistance in its multimodal environment. Our analysis highlights the interactive role of objects, gesture, and prosody, which have been investigated in very few prior studies on interaction in multilingual residential care settings (see Small et al. 2017; Yazdanpanah and Author 2 2017). The acknowledgment of non-verbal practices and semiotic resources other than spoken language will be of increased importance in most countries worldwide, due to globalization, migration, and people simply living longer, which means that more individuals will be affected by age-related cognitive decline that may restrict their access to certain interactional resources.

### **Acknowledgements**

We are grateful to PhD student Maziar Yazdanpanah and speech and language pathologist Sabina Al Kass Yousef for their assistance in transcribing and translating into Swedish the Farsi and Arabic talk in our data.

### **Funding**

The current study was supported by the Swedish Research Council (Grant no: 2013-2020), Riksbankens Jubileumsfond – The Swedish Foundation for Humanities and Social Sciences (Grant no: M10-0187:1), and The Academy of Finland (project no. 256792). We are thankful also for support from the Faculty of Humanities at Stockholm University (SU FV-5.1.2-0757-15) and the Faculty of Arts at the University of Helsinki.

### **References**

- Cekaite, A (2010) Shepherding the child: Embodied directive sequences in parent-child interaction. *Text and Talk* 30(1): 1-25.
- Curl, T S and Drew, P (2008) Contingency and action: A comparison of two forms of requesting. *Research on Language and Social Interaction* 41(2): 129-153.
- Drew, P and Couper-Kuhlen, E (2014) Requesting – from speech act to recruitment. In Drew, P and Couper-Kuhlen E (eds) *Requesting in social interaction*. Amsterdam: John Benjamins, pp. 1-34.
- Ekman, S-L (1993) *Monolingual and Bilingual Communication between Patients with Dementia Diseases and their Caregivers*. Umeå University Medical Dissertations. New Series 370. Umeå.

- Fox, B and Heinemann, T (2015) The alignment of manual and verbal displays in requests for the repair of an object. *Research on Language and Social Interaction* 48(3): 342-362.
- Goffman, E (1978) Response cries. *Language* 54: 787-815.
- Goodwin, C (1994) Professional vision. *American Anthropologist* 96: 606-633.
- Goodwin, C (1995) Co-constructing meaning in conversations with an aphasic man. *Research on Language and Social Interaction* 28(3): 233-260.
- Goodwin, C (2003) Pointing as situated practice. In Kita S (ed) *Pointing: Where language, culture and cognition meet*. Mahwah, NJ: Lawrence Erlbaum Associates, pp. 217-241.
- Goodwin, MH and Cekaite, A (2013) Calibration in directive/response sequences in family interaction. *Journal of Pragmatics* 46: 122-138.
- Grainger, K (1993) That's a lovely bath dear: Reality construction in the discourse of elderly care. *Journal of Aging Studies* 7(3): 247-262.
- Grainger, K, Atkinson, K and Coupland, N (1990) Responding to the elderly: troubles-talk in the caring context. In Giles, H, Coupland, N and Wiemann, J (eds), *Communication, health and the elderly*. Manchester: Manchester University Press, pp. 192-212.
- Guendouzi, J and Müller, N (2006) *Approaches to Discourse in Dementia*. Mahwah, NJ: Lawrence Erlbaum Associates.
- Heinemann, T (2009) Participation and exclusion in third party complaints. *Journal of Pragmatics* 41, 2435-2451.
- Author 1 (2014) Bridging language barriers in multilingual care encounters. *Multilingua* 33(1-2): 201-232.
- Author 1, Other and Author 2 (2017) Managing complaints in multilingual care encounters. *Multilingua*. Doi 10.1515/MULTI-2016-0043.
- Karlsson, A-M and Nikolaidou, Z (2011). Writing about caring: Discourses, genres and remediation in elder care. *Journal of Applied Linguistics and Professional Practice* 8(2): 123-143.
- Kendrick, R H and Drew, P (2014) The putative preference for offers over requests. In Drew, P and Couper-Kuhlen E (eds) *Requesting in social interaction*. Amsterdam: John Benjamins, pp. 87-113.
- Kendrick, R H and Drew, P (2016) Recruitment: Offers, requests and the organization of assistance in interaction. *Research on Language and Social Interaction* 49(1): 1-19.
- Laakso, M. & Klippi, A. (1999) A closer look at the 'hint and guess' sequences in aphasic conversation. *Aphasiology* 13(4-5), 345-363.
- Author 3 (2016) Boundaries of participation in care home settings: Use of the Swedish token 'jaså' by a person with dementia. *Clinical Linguistics and Phonetics* 30(10): 832-848.
- Lindström, A (1999) Language as social action. Grammar, prosody, and interaction in Swedish conversation. (Skrifter utgivna av Institutionen för nordiska språk vid Uppsala universitet 46.) Institutionen för nordiska språk vid Uppsala universitet: Textgruppen i Uppsala AB.
- Lindström, A (2005) Language as social action. A study of how senior citizens request assistance with practical tasks in the Swedish home help service. In Hakulinen, A and Selting, M (eds) *Syntax and lexis in conversation*. Amsterdam: John Benjamins, pp. 209-230.
- Mondada, L (2014a) Requesting immediate action in the surgical operating room: Time, embodied resources and praxeological embeddedness. In Drew, P and Couper-Kuhlen E (eds) *Requesting in social interaction*. Amsterdam: John Benjamins, pp. 269-302.

- Mondada, L. (2014b) *Conventions for multimodal transcriptions*. Retrieved from [https://franz.unibas.ch/fileadmin/franz/user\\_upload/redaktion/Mondada\\_conv\\_multimodality.pdf](https://franz.unibas.ch/fileadmin/franz/user_upload/redaktion/Mondada_conv_multimodality.pdf)
- Author 2, 3 and other (2017) *Multilingual Interaction and Dementia*. Bristol: Multilingual Matters.
- Rossi, G (2014) When do people not use language to make requests? In Drew, P and Couper-Kuhlen E (eds) *Requesting in social interaction*. Amsterdam: John Benjamins, pp. 303-334.
- Sidnell, J and Stivers, T (2013) *The Handbook of Conversation Analysis*. West Sussex: Wiley-Blackwell.
- Small, J, Chan, S-M, Drance, E, Globerman, J, Ho, L, Hulko, W, O'Connor, D, Perry, J, and Stern, L. (2017). Verbal and non-verbal turn-taking actions of care staff and residents in linguistically diverse long-term care settings. In Author 2, 3, and other (eds) *Multilingual Interaction and Dementia*. Bristol: Multilingual Matters, pp.133-147.
- Sorjonen, M-L and Raevaara, L (2014) On the grammatical form of requests at the convenience store: Requesting as embodied action. In Drew, P and Couper-Kuhlen E (eds) *Requesting in social interaction*. Amsterdam: John Benjamins, pp. 243-268.
- Stevanovic, M and Peräkylä, A (2012) Deontic authority in interaction: The right to announce, propose and decide. *Research on Language and Social Interaction* 45(3): 297-321.
- Tulbert, E and Goodwin, MH (2011) Choreographies of attention. Multimodality in a routine family activity. In: Streck, J, Goodwin, C and LeBaron, C (eds) *Embodied interaction*. Cambridge: Cambridge University Press, pp. 79-92.
- Vinkhuyzen, E and Szymanski, MH (2005) 'Would you like to do it yourself?' Service requests and their non-granting responses. In Richards, K and Seedhouse, P (eds) *Applying conversation analysis*. Chippenham: Palgrave Macmillan, pp. 91-106.
- Wootton, A J (1997) *Interaction and the development of mind*. Cambridge: Cambridge University Press.
- Yazdanpanah, M and Author 2 (2017) Accommodation practices in multilingual encounters in residential care in Sweden. In Author 2, 3 and other (eds) *Multilingual Interaction and Dementia*. Bristol: Multilingual Matters, pp.148-174.

## Notes

---

<sup>1</sup>Figure 1 and figure 2 are arranged photos (based on the videorecordings) that represent the twisting movement of Ani's wrist and the handing over of the napkins to Ylva.

## Appendix

Conventions for multimodal transcription. Embodied actions are transcribed according to the following conventions developed by Mondada (2014b).

- + + Gestures and descriptions of embodied actions are delimited between ++ two identical
- \* \* symbols (one symbol per participants) and are synchronized with correspondent stretches of talk.

- 
- $\Delta +$  Different symbols are used for different embodied actions done by one participant at the same time
- \*--> The action described continues across subsequent lines until the same symbol is reached.
- >\* reached.
- >> The action described continues after the excerpt's end.
- d Participant doing the embodied action is identified when she is not the speaker.
- fig The exact moment at which a screen shot has been taken is indicated with a specific sign showing its position.