Assisting Independent Seniors with Morning Care

How care workers and seniors negotiate physical cooperation through multimodal interaction

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KWATRIJN

Mijn beter ik en ik
streden erop of eronder.
Mijn beter ik bezweek,
nu ben ik, goddank, zonder.

J. GOUDSBLOM

Chapter 1

Introduction

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1.0 General Introduction

This dissertation is about communication in a specific setting: morning care interactions between care workers and seniors in institutional long-term care for seniors. The analysis of real-time interactions leads to a comparison with current prevailing ideas in the care discipline on the treatment of seniors.

In the Netherlands, there is a widely shared vision of senior care to be oriented to the autonomy of the senior. The notion *autonomy* touches on issues related to self-determination and self-control; directing one's own life. In the setting of morning care with seniors who are less mobile, control and agency in the organization and progression of the activities is part of the care worker's job. Such institutionally assigned agency, usually worded in policy documents, is not a given at the micro level of care interactions. Moreover, enactment of these responsibilities in the conduct of the care worker may compromise an approach that aims to encourage the senior's self-determination.
The setting of morning care, in particular washing and dressing activities, concerns interactions that are mainly structured by corporeal actions all designated for 'getting ready for the day'; talk usually goes along with these actions. Talk in this setting is not solely targeted at the progression of the physical activities, but is also deployed for more 'unbound' conversational activities. The complex intertwining of different talk activities with the course of physical activities constitutes the backdrop for the analysis of the interactional conduct of care worker and senior during these care routines.
The main purpose of this research project is to investigate how both the care worker and the senior orient to each other during the course of morning care. Such a study may provide insight into issues related to—the promotion of—the autonomy of the senior.

The simultaneous use of multiple communication resources to support the progression of the care activities, above all with minimal hindrances, may seem a straightforward matter. Yet, in reality, this relies upon various interactional *practices* as employed by the care worker and the senior. These practices are attuned to smoothly interlock the organizational structures of the multiple activity types and concurrently they operate as 'caretakers' for relational issues. Such practices in morning care, displayed in language and other conduct, embody how the care worker and the senior are oriented to each other. Particularly, the way these practices are used may reveal more on how both participants relate to matters associated with the senior's self-determination.
My research approach is therewith informed from within the care workers' and seniors'

own orientations during actual care interactions and is not so much characterized by an external perspective on the relationship between senior and care worker in the care process.
The analysis of natural data is conducted with the method of *Conversation Analysis* (CA), a micro-analytical research method in the wider field of interaction analysis. Micro analysis of interactional behavior as a domain of study builds on research from multiple academic fields, ranging from linguistics, ethnomethodology, and discursive psychology to anthropology and philosophy.

The outcomes of the study are of interest to the care profession, in particular with regard to current ideas on how the accomplishment of autonomy in actual care work is viewed. Therefore, a second area of interest in this project is the wording of conduct guidelines in care documents that touch on autonomy-related issues in care interactions. To this end, a discourse analysis is carried out based on *Membership Categorization Analysis* of a number of policy and training documents to unravel the meanings activated in the formulations on this matter.
The results of the latter analysis are compared with the outcomes of the analysis of actual care interactions, thus leading to a discussion whether these daily interactions unfold in line with the ideas articulated in the examined policy documents. Finally, this culminates in considerations on how the care discipline can benefit from this research project.
Before continuing with an introduction of the concepts of care, care work and autonomy, I present a brief chapter layout of the entire study.

Chapter 1 outlines developments and conceptions on care and care work in residential care for seniors. Perspectives on the emancipation of seniors and related concepts such as autonomy and self-determination are discussed.
Chapter 2 reviews studies on age and language use in social interaction, in particular with regard to the issues under investigation.
Chapter 3 addresses the methodological principles of *Conversation Analysis* and clarifies the use of two key notions *Situated Activity System* and *Multimodality*. It further describes the collection and (nature of) the data corpus and ends up with the research questions that underlie the analytical chapters.

The next three chapters concern three CA studies of the collected interactional data. These studies share an analytical focus on interactional phenomena during transitions between the successive care activities.

Chapter 4 discusses request practices of care workers in morning care targeted at advancement of the activities: *progression requests.* The use of different linguistic formats during these transitions is explored with respect to simultaneously occurring interactional phenomena of bodily nature. This chapter discusses the so-called *assisted-performance practices* that frequently emerge in an environment of close corporeal proximity: verbless phrases, imperatives+particle and 'mag u' [may you] constructions.

Chapter 5 analyzes the use of *recipient-performance practices*, comprising declaratives and interrogatives, arising at transitions of less corporeal proximity between the care worker and the senior. The chapter further considers the implications of the different progression request types for the orientation of both the care worker and the senior to the senior's autonomy.

Chapter 6 highlights interactional phenomena that arise when the shower tap is turned off. This transition is frequently accompanied with a specific use of the discourse marker *nou*. The function of the *nou* practice is analyzed from its structuring qualities. In addition is discussed how its deployment affects the distribution of interactional rights (who assists whom) and therewith how the autonomy of the senior is treated during its use.

Chapter 7 concerns the analysis of a different corpus: policy and educational documents in senior care. The chapter explores from a *Membership Categorization Analysis* perspective how the rhetorical use of language in these texts activates meanings with regard to interactional issues in morning care. The interactional particularities implicated in the specific constructions of care settings are considered as constituents of the *Stocks of Interactional Knowledge* (SIKs) of the care profession. The analysis culminates in a discussion on how autonomy related issues are understood in these texts from the various references to the care worker's and the senior's conduct in care interactions.

Chapter 8 presents all conclusions and then compares the findings on actual care interactions in chapter 4, 5, and 6 with the thoughts and ideas about care taking as they emerge from the policy documents in chapter 7. The discussion focuses in particular on how the interactional practices as embodiments of an orientation to the autonomy of the senior, relate to the articulated ideas on self-determination and self-control in the policy documents. Finally, this comparison leads to several considerations on how—the education of—care professionals can benefit from the outcome of this research project.

1.1 Care and Care Work

This section sets out major changes in the conception on care and care work, perceived from developments in society and sciences in the last two centuries. It serves a wider understanding of the complicated notions associated with the concepts of care and care work.
The concepts of autonomy, self-determination, self-reliance, preservation of independence or control over one's own life, are all closely related and constitute an emerging theme of interest in the public debate on health care facilities due to the generation of 'baby boomers' (Van den Berg Jeths, 2014). In the coming years, an appeal of this generation to available care services is imminent. A challenging question arises: are current care services and policies prepared and equipped to meet the possibly different needs and desires of this generation with respect to—the support of—maintaining control over their own lives?

In the 18th and 19th century, care as a concept and as a practice was mainly taken up by Christianity (Rosen, 1958). Church communities organized and conducted care activities driven by a conviction that doing 'good' for the sick and the poor is at the heart of Christianity. The philosophical and social sciences had paid no attention to the concept yet, although a change already occurred from religiously oriented care to a more secular approach to care (De Swaan, 1989, p. 259; Luckmann, 1967).
At the same time, the socialist movement did not focus on care practices although solidarity was a core concept within socialism. Socialism mainly aimed at changing power structures in society and was therefore more focused on analyzing societal relations (autonomy of the people) than on care practices. This neglect of caring practices reinforced a philanthropic and paternalistic vision on care.
Compassion as a key notion gained attention in an altruistic view on care and was picked up and elaborated by Auguste Comte from a social science perspective (Manschot, 1997, p. 51). As Pickering (1996) states: "Comte celebrated the so-called feminine qualities of nurturing, love and empathy as essential to the construction of a new, more compassionate and harmonious society" (p. 21).

Florence Nightingale with a dying soldier at Scutari, from: Alexis Soyer. Soyer's culinary campaign. London: G. Routledge & Co, 1857 [Early Science Collection UC720 SOY]

Care provision driven by one's own interest versus care provision in the interest of the ones cared for has been summarized over the years in philosophical theories as a tense relationship with the poles of self-interest on one end and compassion on the other end. Compassion is a complicated concept and often used in one breath with the term 'benevolence' (the will to 'do good'), both pointing to the human capacity of empathizing and of meeting the needs of others through caring acts.
In the paternalistic view, the care worker had a central position of control and the care recipient was seen as dependent and less valuable and could only be grateful. Verkerk (1997) argues that compassion is a moral attitude and not directed at creating asymmetry in the relationship between care worker and care recipient. Care with compassion is care provision aimed at creating an equal relationship with a care recipient; a compassionate care worker listens and takes the needs and desires of the care recipient as the basis for care acts (p. 99).
Downie and Calman (1994) emphasize the active element of compassion and benevolence contrary to the term empathy, which they consider more as a technique of the care worker, less targeting towards an active response of the care recipient. Being autonomous as a human being in the sense of being self-determining and self-reliant in matters that concern one directly, is a central notion in this compassion-driven vision on care (p. 55).

After the Second World War, the perspective on the position of the care worker and the care recipient in the broad area of health care services has changed considerably. In particular the last fifty years care work has developed from a view on care as 'doing-good'

and 'healing' service—delivered by care workers who's concern with care was considered as fulfillment of a vocation—to a view in which care work became increasingly informed by the free market system and expert driven care delivery (Colliere, 1986; Nussbaum, 2011). This change reflected societal and political views in the public debate on care; modern citizenship was not so much concerned with caring for others.
Over the past two decades, the Dutch idea of how the state and its citizens are to relate to one another has shifted from a state that cares for you, the so-called welfare state to a participatory society. Care policy has developed in line with this vision; nowadays self-determination and self-reliance are leading values in Dutch care policy, in particular for older people. The motto is that the government withdraws; the emancipated citizen demands the right to influence policy (Brink, 2013, p. 4).
In addition, the Dutch National Institute for Public Health (RIVM) promotes autonomy and self-determination by indicating that the role of citizens in need of care changes; people increasingly want to decide for themselves what they need (Melse, 2011, p. 28). In recent years, many care facilities have been closed because of a policy that encourages seniors to become more self-reliant by calling on relatives and other available informal care takers. A growing aging population in the Netherlands accompanies these developments whereas fewer care professionals are available in the coming years. In this broader context, it is highly desirable for a society that older citizens are self-sufficient up to old age.

As mentioned, concrete caring practices were predominantly low estimated for a long time and neglected as resources for structural societal analysis. This is related to the nature of nursing and caring work with the sick and with older people as consisting for a large part of providing physical care. According to Twigg (2004), the bodily nature of care work is strongly related to how care work is valued and this is still the case, despite all developments round the professionalization of care work. She mentions that care work is viewed as "inestimable" in a double sense "beyond price, and of no real price" (p. 69).
In general, (institutional) long-term care work for seniors is not ascribed a specific skilled character and is often regarded a natural trait, in particular residing in the character and bodies of women. The pay and prestige of the work of care workers still echoes this view (Colliere, 1986). At the same time however, bodywork is considered a fundamental part of social care in the work of care assistants during personal care (Twigg et al., 2011, p. 171).
Tronto (1993) notes to this vision on care—as a natural female quality—that this

has inhibited and complicated an increase in the liberation of the caring profession. Throughout history, many (mainly female) care workers involved in care activities were excluded from the debate on care in the public realm. In spite of the initial merits for women of developing a voice in public life through their professional societal participation (Henderson & Allen, 1991; Pickering, 1996), their work was still not regarded as a valuable resource for contributing to political and societal development in the concept of care (Tronto, 1993, p. 54).
In several countries, the former view on care work still resonates in educational programs despite developments towards a more expert-driven approach of the care profession (cf. Chapter 8).

Developments in research in medical sciences and practices in the past century, in particular during the sixties and the seventies, form a major account for an emerging and powerful biomedical vision on human life. This vision also affected views on professional care work. For many decades, care provision was predominantly focused on cure and concerned with (supporting) healing activities. Care work was scarcely directed at accepting the idea that healing or improving (functional capacities of) the body might not be entirely realistic as the only goal.
According to Nussbaum (2011), a society that strives for righteous healthcare must pay equal attention to prevention, cure and care. She pleads for promoting health capabilities as policy, wherein the lifestyle choices of a person are honored (2011, p. 26). Nussbaum premises the complexity of human relationships and the many forms that reciprocity can take. She regards a human being not merely as a rational and a moral being, but considers corporeality equally a core aspect of human existence. Care for the body is referred to as 'righteous' care, rather than arising out of mercy or charity; her ideas put the notion of dependency in another light (2011).
Looking at care in old age from a cure perspective can also be regarded as a neglect of other things in life as valuable experiences. In addition, a cure view may prevent considerations about the association of declining body functions with the natural process of aging (Van Hees et al., 2015). As Horstman (2013) argues, the rationalistic language used within medical research nowadays, accounts for a vision on care in which health and illness become manageable entities with risks we often can master if monitored in time. Within this powerful emphasis on cure, more attention for investigating concrete bodily caring practices is not self-evident. At the same time however, the autonomy of the senior has become a basic moral value, both for the care worker and the senior.

The next section further elaborates the notion of autonomy in relation to (long-term) institutional care for seniors. It ends up with an account of the rationale of this study.

1.2 Rationale: Autonomy in Morning Care

Many studies are concerned with the philosophical, political and social meaning of the term autonomy (Agich, 2003; Downie & Calman, 1994; Van Delden, 1999; Verkerk, 1997). In medical ethics autonomy is mainly understood in a legal sense, related to (the threat of) illness and themes like privacy, consent approval and codes of conduct.
In care work, on the other hand, the notion of autonomy is akin to other current views on care provision as self-determination, self-reliance, client-centeredness, empowerment and care delivery tailored in line with patient's needs. In this conception, fostering autonomy or self-determination of the patient—or client—has become a primary care goal (cf. Chapter 7). Next, I elaborate on the latter conception of autonomy.

The baby boom generation was born within 10 years after World War II and matured in an era where traditional values were questioned. Authority was no longer self-evident and liberation movements voiced the call for more democracy (Tonkens, 1999). In the slipstream of these movements, a search for another perspective on health care and a call for liberation from a paternalistic treatment of the (aging) patient emerged. Dutch governmental elderly policy formulated in 2005 as key values: sovereignty and full citizenship for older people in circumstances of less control over an independent existence (Ministerie van VWS, 2005).
Together with the shifting societal ideas on care and aging, autonomy or self-determination arose as a significant principle and value to orient to in care provision. Values such as equality and solidarity were compromised (De Brabander, 2014, p. 22). An increased educational and welfare level allowed the baby boom generation growing up with new opportunities to self-direct the organization of their lives.
In December 2017, 14% of the Dutch population was above the age of 65 and according to prognoses within 30 years, the number of elder people will be 5 million on 18.2 million inhabitants (CBS, 2017). Of these 5 million seniors, one third will be highly educated (college or university) and 40% has at least completed secondary education, which is above the European average (Maslowski, 2018).
The risk of disease and limitations increases from 75 years on. In 2030, 12.5% of the Dutch population will rely more or less on institutional care (Zantinge et al., 2011).

The vast majority of this group will be highly or secondary educated. Their acquired independence resonates in a governmental care and educational policy that advocates maintaining control over one's own life for as long as possible.

The outlined 'macro'-developments, together with the lived experiences of older adults, inevitably affect the attitude of the older generation with regard to care assistance delivery. Today's senior is, unlike his parents, less accustomed to surrendering to the authority of a care professional and prefers determining himself to what extent his body defines his (in)dependence. Care workers are expected to being equipped to meet the needs and wishes of these relatively independent seniors.
In line with this, attending to autonomy related aspects as self-determination and self-control as caring principles have a direct bearing upon the conduct of the care worker and the senior at the 'micro' level of—corporeal—caring practices.
In institutional senior care, washing and getting dressed account for the most intensive interaction events. The communication between the care worker and the senior during (the progression of) such activities is frequently focused on some form of physical cooperation.
This background underlies the onset of this research project to exploring the communication between care worker and senior during complex compound interactions:

How do the care worker and the senior organize their communication during—physical—cooperation in morning care?

A main challenge in this study of natural data is identifying certain practices with which the care worker and the senior commonly organize progression of their morning care interactions. These practices may reveal phenomena associated with an orientation to aspects of the senior's self-determination.
Equally, it is meaningful to compare the findings with the way care conduct towards the autonomy of the senior is described in policy documents on senior care. This comparison allows suggestions to be made regarding the merits of this study for—training—care professionals in working with seniors.
Care trainees are educated to encourage and support self-determination of the senior from current thoughts and ideas on care. Yet, their training programs are seldom fueled with research outcomes drawing on actual interactions. The phenomena under issue are investigated from the perspective of care workers and seniors as to how they treat each other in the reality of their daily work and life.

To combine the outcomes of the *conversation-analytic* approach with how care scenes are worded in policy documents on care makes sense. In particular as a starting point for reflecting on knowledge (premises) about communication and interaction processes as identified in these texts. Additionally, such reflection may lead to an integrated approach to care and communication skills in the training of care assistants. More generally, the outcomes may contribute to the modification of some existing recommendations for the treatment of seniors in need of care.
Often, workers at the workplace challenge the thoughts and ideas about their profession as conveniently formulated into policy texts composed behind desks or at consultation tables. The findings in this dissertation are built on actual care interactions in real workplaces. Therefore, they can add to the theoretical and empirical backbone of the care profession regarding prevailing ideas on interpersonal communication.

The next chapter discusses different perspectives on aging and language use in interaction. Outlining these views serves a better understanding of how this dissertation relates to contemporary approaches in the field of social interaction, older adults and language use. The chapter ends with studies concerned with language practices in senior care from an interactional perspective, in particular practices deployed during care activities. In the conclusion, based on the discussed interaction studies, the research questions are more precisely defined.

NAARMATE MIJN ROKKEN

naarmate mijn rokken
langer werden, werden
mijn hinkelbanen korter;
gelijk met mijn knieën
verborg ik mijn poppen.

Neeltje Maria Min

Chapter 2

Age and Language in Social Interaction*

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* This Chapter is a revised version of an earlier publication in the Handbook of Pragmatics (Englert, C. & Engbersen, A., 2013)

2.0 Introduction: Research Perspectives

This chapter presents a review of studies in language use relating to older people. Its focus is on research of talk-in-interaction. The chapter mainly serves as an introduction to position the conversation analytical studies in Chapter 4, 5, and 6 in the wide field of research on older people and talk. Attention to research of language use in written texts regarding seniors is provided in Chapter 7, wherein policy texts are subject of analysis.
The current chapter briefly outlines two different paradigms, the more neurobiological-oriented *deficiency* perspective and the *contextual and interactional* oriented perspective; subsequently, it focuses primarily on research from an interactional perspective.
Much research on communication and language use concerning older people has been undertaken within the social sciences, gerontology and in the field of nursing and caring professionals. Many of these studies are based on a quantitative empirical-analytical research tradition and contribute considerably to our understanding of multiple communicative problems. However, foremost of this research is in line with a view of old age as an era of physical decline and offers insights in linguistic phenomena with respect to aging processes of physical and communicative competences.
There is also a growing, though still underexposed, body of studies with a different perspective on aging. These studies do not focus on declining competences; rather they provide in-depth analysis of the communicative competences of older people in various social contexts.
In this chapter, my main focus is on this 'contextual' view of language use. This view is strongly informed by a conception of communication as a jointly undertaken interactive event, wherein participants use a rich set of verbal and (para) linguistic means to make their actions mutually recognizable and understandable.

Age as an unmarked term for one's chronological age, gets many different attributions in contexts wherein it draws attention to the late-life stage in human life. As a marker of old age, it is often connected with a chronological and social conception of age referring to a stage of life beyond adulthood and beyond an active working life. In this sense, age is a diffuse concept; the negative correlation between high age and an active (social) life is far less obvious for the baby boomers as it was for their parents. This is also reflected in the division of lifespan into four generations nowadays instead of three: youth, adulthood, vital elderly and frail elderly (Baltes & Smith, 2003).
The older one gets, the more age is associated with decreasing command of competences, including communication and language use. The view of older people losing control

over their lives, is quite persistent (Coupland, 2009) and is often reflected in the language other generations use in conversations with elder individuals. Within the 'decline' view, age is predominantly considered as a given, objective independent variable (linked to chronological age), conditioning the communicative performance of the older people. However, a view of age as an era of decline cannot account for the multiple linguistic phenomena that are observed by scholars who meticulously examine interactional talk of and with older people. The methodological frameworks they use allow insights in how interactional details inform the participants (and the analyst) on how to understand (their understanding of) an ongoing encounter. Conversations of and with older people provide many counterexamples of traditional images about old age and find an address in another research perspective. This research is characterized by approaches in which meaning making is regarded as being accomplished by participants during talk-in-interaction. In these approaches, participants construct age as a dynamic concept moment-by-moment in talk in real-time interactions through the use of language.

The next section starts off with a few remarks on the research approach wherein communicative competences—of older people—are primarily conceived as products of neurobiological functions. Then, I address more interaction-oriented research. Within this latter approach, attention is paid to the common known phenomenon of patronizing and to some early sociolinguistic discourse-analytic research of strategies for dealing with age in intra- and intergenerational talk. Subsequently, I summarize conversation-analytic (CA) research of identity in interactions with older adults and finally I discuss issues in the field of (institutional) care for seniors.

2.1 Language Use and Older Adults

An important departure point of initial studies on language use and older people is the conception of age as 'an independent variable'. Language research on age and aging in the Western world is often inspired by a neurobiological orientation on communication behavior, patterned by corporeal functions. These studies support a shift from viewing older adults as frail people to a view of them as trainable relatively independent elder individuals. Linguistic research from this view offers insights and tools in training the communicative behavior of and with older people. However, an approach of aging from a primarily physical-functioning perspective feeds the idea that aging is predominantly associated with bodily trouble and declining competences.

In the last decades of the twentieth century, in the majority of the studies analyzing language performance, the social context of language use had been largely ignored and little was known about the older population and language use in everyday and institutional interactional contexts (Ryan et al., 1986). Many studies investigating how age affects language use, were based on experimental tests without context; poorer test results of seniors compared to younger groups are explained in terms of working memory capacity and processing capacity. In various experimental studies, contradictory results were found occasionally. Lintsen and de Bot (1989), for example, did not find age related effects for semantic and syntactic features of language use. Furthermore, the within-group results for the seniors are often very heterogeneous, showing great variability in language performance of elder individuals (Hamilton, 1999; Ryan, 1991). Ryan and Cole (1990) conclude "the most important generalization about speech and language in late life is that chronological age indicates very little about the level of skill of an individual" (p.179). Nonetheless, in many studies language competences (in cognitive and/or performance functions) of older adults are predominantly regarded from a deficiency perspective.
During the seventies of the last century a different approach in research on (seniors and) language use has emerged. In this approach, the context of language use is taken as pivotal and as a resource for investigating how old age is created in talk as a category (Coupland, 1997; Duranti & Goodwin, 1992; Hymes, 1977; Mercer, 2000). At the same time, social identity theory was concerned with the role of language use as a means for the interlocutors to mark age as an identity aspect (Gallois et al., 2005).

2.2 Patronizing Talk

The *interactional* complement of the deficiency perspective is found in the framework of *accommodation theory*. Its starting point is the observation that older people have to deal with negative stereotyping, particular in intergenerational encounters.
The *Communication Accommodation Theory* (CAT) (Giles et al., 1991) forms the basis for many studies on *intergenerational* talk. According to CAT certain 'age cues' such as physical appearance, voice quality, hearing impairment, and slower movements, trigger stereotypical expectations about communicative abilities of elderly in younger people. Such expectations lead to (conclusions about poor cognitive performance resulting in) a specific 'simplified' speech style, as a form of overaccommodation (Coupland

& Coupland, 1989; Coupland et al., 1988). The speech behavior of the younger generation in conversations with older people is referred to as "Elderspeak" (Kemper, 1994), "Secondary Baby talk" (Caporael, 1981) or "Patronizing talk" (Hummert & Ryan, 1996; Ryan et al., 1995).

Accommodation theory researchers argue that overaccommodative speech and the resulting constraints on older people's communication can have very negative effects for the older person. Kemper and Harden (1999) showed that recipients of patronizing talk evaluate themselves as less competent and such talk results in a change in their own communicative behavior as well. This is clearly stated in the *Communication Predicament of Aging Model* (CPA). CPA frames as a cyclical model the effect of repeated exposure to stereotype based language on the behavior and self-image of older people (Ryan et al., 1986; Shadden & Melton, 2005).

According to Hummert (1994) the perceiver's age, the quality and frequency of contact with older people, and the cognitive capacity of the interlocutor can affect the grade of stereotyping. Nurses and other staff in institutional care settings seem to be particularly vulnerable to stereotypes of older adults' incompetence (Grainger, 2004b).

Speech accommodation oriented studies are based on expository theory from sociolinguistics and social psychology (Giles et al., 1973). They highlight a shift in underlying views on explanatory models accounting for convergent and divergent speech behavior between interlocutors in an encounter. As pointed out, patronizing in these studies is considered a form of overaccommodative speech behavior and is seen as affecting relational aspects in encounters with older people.

Notwithstanding, the understanding of a conversational encounter as a mutually constructed event gained ground, thus opening the way to the development of other qualitative research methodologies to examine language in the context of its use. Age was no longer simply conceptualized as an independent variable that determines linguistic and communicative competences of older individuals.

2.3 Age as an Interactive Construction

Researchers following a constructivist approach do not take age as a clear-cut, deterministic variable, instead they view age as a socially accomplished category that may be understood in terms of cultural and interactional achievements (cf. Levinson, 2005). A crucial departure point for this analytic perspective is that people engaged in talk-in-interaction 'work' ongoing on their mutual understanding of what is going on;

talk-in-interaction is considered a jointly undertaken event that presupposes a joint accomplishment.

The studies that investigate how age is socially constructed developed various theoretical, methodological and analytical starting points. They cover a wide variety of situational and institutional settings and rely on different types of data, including authentic conversations, interviews and experimentally gained interactional data.

Two different theoretical directions can be distinguished within this constructivist approach: on the one hand the social-psychological, ethnographic and sociolinguistic strand of discourse analysis and on the other hand the interactional-sociolinguistic and conversation analytical (CA) approaches. The former studies are characterized by the central issue of "the discursive constitution of ageing" (Coupland, 2009, p. 850) and consider language use and communication as central processes in the perception of "what we take ageing to *mean*" (p. 850).

CA and the interactional-sociolinguistic approach focuses more on detailed analysis of talk-in-interaction and the linguistic resources older people themselves and their interlocutors use in shaping and construing the activities they are involved in. Both approaches however share an interest in exploring how older individuals and their interlocutors make 'age' almost unavoidably and persistently to a key identity aspect of their personalities as well as in how they make this recognizable through the use of multiple linguistic practices during their talk-in-interaction. Analyzing how people refer to 'age' during talk-in-interaction within this framework is based on two central concepts: *category* and *identity*. This perspective, also known as the *pragmatic* perspective, enables a more precise investigation of how these concepts are reflected in interaction and discusses the way their multi-faceted meanings are constructed through linguistic practices.

The current research project is in line with this approach. I examine during morning care how various identity aspects of an 'aged' person are constructed through the use of various language practices in talk-in-interaction and in texts on senior care.

2.3.1 Age Categorization and Temporal Framing in Discourse

The systematic registration of ways and means to make age interactionally relevant has just begun 30 years ago. Coupland et al. (1991) distinguished two ways in which age is made salient in talk: (1) age categorization and (2) temporal framing processes. The first is characterized by (a) disclosure of chronological age, (b) naming of membership categories and category bound activities, and (c) painful self-disclosure and frailty. The latter is characterized by (a) talk about a (recent) topic in past tense, (b) talk about cultural or societal changes, and (c) identification with the past.

The authors studied, for example, sequences of *Painful Self-disclosure* (PSD). Analysis of such sequences showed that in first-acquaintance conversations between elderly women (aged 70-87) and women in their thirties, the younger participants elicited significantly more PSD from their older interlocutors, who revealed personal and intimate information on ill health, bereavement, immobility, loneliness, and so on. At the same time, older people elicit far less PSD-talk from their peers. PSD sequences are considered an 'age-telling strategy' that projects various versions of elderly identities. This suggests that 'identity' should not be taken as a relatively stable personal or social attribute, but is, in fact, variable and contextually structured (1991).
In another study on the phenomenon of *Disclosure of Chronological Age* (DCA), telling others one's age, was found that intergenerational interactions between previously unacquainted people seems to be a preferred context for age disclosure. It is mostly done by older speakers in interactions with younger speakers. The results show that DCA occurs in complex, diverse and even contradictory presentational activities in which old age is neither negatively nor positively constructed. DCA rather should be seen as an "identity token that gets significant meaning through timing and placement in an ongoing interaction" (Coupland & Coupland, 1988, p. 4).
These studies demonstrate that negative, stereotype aspects of elderliness do emerge from the cross-generational exchange, whereas these negative aspects are not used as evidence for decay in peer-elderly conversations. In the latter conversations, seniors rather focus on the positive aspects of the same life experiences and portray them more positively. Similarly, Taylor (1992) conducted an analysis based on interviews with care-dependent older homeowners and students temporarily living with them. Some of Taylor's informants express their need for affiliation and physical care by associating their age with suffering, despair and the wish to die. Taylor concludes that frailty is one of the main frames through which the experience and identity of aging persons in intergenerational discourse may be defined.

Another type of age marking takes place when older people talk about the past and identify themselves temporally. Boden and Bielby (1986) present a CA-informed analysis of 'getting acquainted' talk in dyads of older people in an experimental setting, which means that the participants were all given the same topic to talk about. In this setting, they found differences in the topic organization of elderly interlocutors compared to younger people's dyads. Older adults organize topics based on historical life-events (First World War, The Great Depression), time periods and social experiences ('when a dollar an hour was common'). Comparing the past with the present by way

of contrasting the 'way it was' with 'the way it is' provides the topical framework for the conversation. This constitutes meaningful and effective communication for older people. In these conversations, elder individuals construct their identity by producing 'mini-stories' of their life history by telling the interlocutor what they were, did, and experienced. Talking about shared historical life events and personal self-disclosure thus contributes to the establishment of older people's identity and creates intimacy between elderly interlocutors (1986).

Matsumoto (2009c) examined conversations among older Japanese women and discusses how the talk of these women provides counter images of what is commonly ascribed to older people. In another study (2009a), Matsumoto analyzes the same peer conversations more deeply concerning the practices older women employ in resisting ageist stereotypes. She highlights practices that allow the speaker to constitute multiple identities of oneself during a telling, thus constructing parts of a life story and at the same time an identity of a resilient older individual. The author examines from a discourse-analytic perspective conversational narratives of older Japanese women involved in intergenerational conversations. She focuses in particular on how an older woman talks about the period before her husband died and makes use of various referential terms for her deceased husband (2009a). Matsumoto thus demonstrates how an older woman (re)constructs multiple identities of herself and her resilience as an older individual.

In sum, older people in interaction create conceptions of their aging and define their age identities in talk with others by using identity-constructing strategies such as age categorization and temporal framing processes. It is important to note that elderly identity as it is constructed in interactions can also be affected by differences in the context and the sociological and cultural background of the participants. Kundrat and Nussbaum (2003) found, for example, that when an older person discloses an invisible illness, this has its bearing upon an individual's identity construction since certain diseases occur more often among older adults, e.g. malfunctioning of the heart. Such an illness becomes therefore more frequently related to older people than to youthful persons. Consequently, the concerned person "is identified with and, therefore, identifies with, older individuals" (p. 344). Likewise, one can imagine that the associations (despair and suffering) as reported by Taylor (1992), are perhaps less prevalent in a singing or handicraft workshop where seniors also meet to interact with each other.

Generally, the studies summarized here seem to suggest that certain changes in the social situation of seniors (e.g. retirement, health condition, widowhood, loss of driver's license, moving to a retirement home) influence the topical structure and the development

of their interactions and may manifest in the quantity and type of communicative activities. Researchers deal with the heterogeneity in the older population in different ways.

On the one hand, there are large-scale studies based on questionnaires that provide us with generalizations and theories (such as disengagement theory) about socio-cultural norms, expectations, constraints and opportunities of aging in our societies. The large number of respondents then should compensate for differences in behavior and therefore be more representative of the elderly population. A serious concern however is that in these large-scale studies individual differences are simply averaged out. Caramazza and Badecker (1989) argue that it should not be researchers' goal to accommodate all data in one method, but instead "the methodology one uses must be one that allows valid theoretical conclusions from experiment or observation" (p. 293).

On the other hand, there are small-scale studies based on empirically founded qualitative and descriptive in-depth analyses that investigate the variation and differences of the communicative behavior and other correlating factors. According to Hamilton (2001), small-scale studies may lead to "well-grounded research questions and methodologies that can then be used in subsequent large-scale studies" (p. 572; cf. Coupland, 2009).

Meanwhile, there is a growing body of conversation-analytic informed studies that investigate the language use and linguistic practices of older people in their natural settings.

2.3.2 Age Identity in Conversation-Analytic Research

From an ethnomethodologically/CA point of view, the social organization of talk can be examined through the observation of the conversational methods that members use in constituting a social activity (Hester & Francis, 2001). Identity is understood as an interactional accomplishment, negotiated and achieved by members in the course of ordinary events, as constitutive feature of their social encounters (Garfinkel, 1967; Schenkein, 1978). Identity attributions are part of the tacitly assumed shared knowledge of social structures and used by members to understand talk (Garfinkel, 1967; Heritage, 1984). Within ethnomethodology, researchers are particularly interested in how people use categories in their talk. Conversation-analytic (CA) research focuses on how participants mobilize, warrant, resist, and account for age categories in talk to find out how participants themselves orient to age categorizations by evaluating, challenging or re-defining them in talk-in-interaction.

CA researchers use a specialized conceptual apparatus, with its roots in ethnomethodology, called *Membership Categorization Analysis* (MCA) to investigate participant categorization

(cf. Chapter 7). Sacks (1979, 1992) describes how the members of a culture use person categories for creating and negotiating social order; members group categories into collections and reason with them in orderly and accountable ways. According to Sacks, categories come with particular strong expectations about the proper activities, rights and obligations (culturally) associated with them. Category membership and category-transition may be negotiated by resorting to such "category-bound" activities and features (e.g. 'big boys don't cry', 'seniors are still very vital'; cf. Jayyusi, 1984).
Membership categorization is a particularly salient feature of identity work in interaction (Jayyusi, 1984) and it has been applied by various researchers (Antaki & Widdicombe, 1998; Benwell & Stokoe, 2006) on identity issues concerning gender (e.g. Wetherell, 1996), ethnicity (e.g. Wetherell & Potter, 1992), and in institutional settings (e.g. Mazeland et al., 1995; Mazeland & Berenst, 2008). Although the social category *age* is still somewhat underrepresented in this branch of research, a number of studies have been published (Charalambidou, 2012; Ekberg, 2011; Nikander, 2002; Paoletti, 1998). Ekberg (2011), for example, is concerned with strategies older people use to avoid referring to themselves as old and thus circumvent a stereotypical categorization associated with the interactional competences of the elderly: being confused about the ordering of topics in talk. The author collected phone calls of professionals with elderly in a home care service organization in Australia. He points out how age is used by the service professionals, as an account for interactional trouble that originates elsewhere. This is demonstrated during the talk at moments in which confusion as to what the topic is, is associated with the age of the older interlocutor; in foremost all such instances the older person does not respond to these associations. Their responses display the use of circumventing strategies.
Resistance to being categorized as 'elderly' can be displayed in various practices. Charalambidou (2012) demonstrates in her data of Cypriot female friends how their situated understanding of their elderly identity is displayed in interactions on recipe telling. These women constitute various discourse identities by using the claim of being a 'culinary expert' and therewith distance themselves from being categorized as an elderly person with diminished competences. Another type of resisting strategy to ageist stereotypes is referred to in 2.4.2 by Matsumoto (2009c; 2009a).

Thus, to sum up, a general concern of all of these studies is how participants in an interaction use descriptive categories and apply membership criteria by performing various discursive actions. Categories are not imposed by the researchers but are treated as a topic for investigation. Another central point to be made from the observations

in these studies which confirms what Sacks and Jayyusi (Sacks, 1979; Jayyusi, 1984) stated, is that

> for a person to 'have an identity' - whether he or she is the person speaking, being spoken to, or being spoken about - is to be cast into a category with *associated characteristics or features* (the sort of thing you'd expect from any member of that category; their actions, beliefs, feelings, obligations, etcetera). Such casting is *indexical and occasioned*. That is, it only makes sense in its local setting. The casting *makes relevant* the identity to the interactional business going on. (Antaki & Widdicombe, 1998, p. 3)

2.4 Age and the Care Discourse

In the last decades, sociologists and sociolinguists are concerned with developing another perspective on aging and care needs (Giles et al., 1991; Giles & Reid, 2005; Makoni & Grainger, 2002; Nussbaum & Coupland, 2004). In addition, philosophers are increasingly concerned with these issues (Baars, 2017).
Verkerk (1997) sets out a view on (ethics of) care in which relationality is considered a fundamental feature of human life. She questions how to describe independency and autonomy as moral experiences in the lived reality of actual care encounters wherein the perspective of both care worker and care receiver can get equal attention. This question echoes a feministic approach of care issues as articulated by Tronto (1993) (cf. Chapter 1). It is also consistent with Grainger's (2004b) plea to give more attention in sociolinguistic research of care to the micro analysis of care interactions as a means for "access into the quality of life in homes for older adults" (p. 494).
In line with this, sociolinguists and discourse and conversation analysts all seem to agree on more attention for the 'caring' discourse and communication as a core theme and resource for a future research agenda in aging studies. Coupland (2009) argues that if we

> treat aging as something that is achieved in the social minutiae of our social lives, in social encounters of diverse sorts and even in individual acts of expression in speech and writing, we may come to understand how social aging (treated now as a matter of social norms, expectations, demands, constraints and opportunities) takes the form it does. (p. 851)

In spite of a nowadays-emerging biomedical vision on human life and the process of aging, there is growing interest of social and linguistic researchers to study seniors in various care events and to consider communication of relational and age aspects as inherent elements of care situations. Yet, there is still little knowledge about how seniors and their interlocutors orient to their relationship from within the activity itself; few scholars in the interactional-sociolinguistic and CA approach are concerned with experiences of older people involved in everyday (institutional) care interactions.
The next section provides an overview of relevant studies of care interactions with seniors, from different approaches, including a constructivist approach of—the promotion of—autonomy of the senior.

2.4.1 Care Interactions: Various Approaches

To date, many scholars struggle with the concepts of autonomy and self-determination in relation to care. There is a range of studies on care interactions and all of them provide some insight in the relationship care worker - care receiver. The vast majority of these studies is about medical interactions in settings where illness or some kind of physical impairment is at stake. This research project distinguishes itself from these medical settings by studying mundane morning care interactions (with seniors) from within their routine nature and a multimodal perspective.
In the domain of health care, many researchers try to identify to what extent conceptions of care are guiding and determine the way daily care activities are organized. There is a long history in care studies of care practices with a focus on the care worker. Since a few decades, the perceptions and experiences of seniors as care users also gain interest in research. In social sciences and linguistic theories with a more deterministic perspective on the explanation of human communicative behavior, studies of interactions between caregiver and care recipient are quite common. Especially studies in which the social identities of care worker and care user serve as explanatory principles for their communicative behavior in a care setting are numerous. A few of these studies are conducted within the context of long-term care for older people and are concerned with (developing a framework for) operationalization of the notions autonomy and person-centered care (Davies et al., 2000; McCormack & McCance, 2006; Nakrem et al., 2011; Randers & Mattiasson, 2004; Reed, 1994; Welford et al. 2010; Kazemi & Kajonius, 2015).
Sarangi (2005) draws our attention to the distance between actual encounters in clinical settings and the theories that exist on these interactions. He pleads for investigation of care encounters to gain 'insider insights' and hence knowledge on care users'

orientations in these encounters. Such 'insider insights' are especially interesting in the light of the widespread admittance of notions as client centeredness and self-determination as departure points of policy at multiple community and organizational levels. These policy notions are meant to guide the conduct of care workers. Yet, their behavior seems to be informed by multiple other resources. Therefore, capturing care encounters from within their interactional dynamics can help us to understand whether and how the fore mentioned notions on encouraging autonomy are embodied through various practices (cf. Chapter 7). Peräkylä (2005) joins in this plea for more attention for interactional orientations of participants in care encounters; the author mentions the importance of gaining empirical evidence for further substantiation of interaction theories (cf. Chapter 8).

In addition, Shattell (2004) points at the little attention there is in most studies for the care using party. She reviewed literature on nurse-patient interaction using Goffman's theoretical framework on face work (1967) and concludes that this framework is helpful to increase our knowledge and understanding of nurse-patient interactions. Equally, Shattell argues that guiding principles in most studies examining communication are based on an "a theoretical linguistic, content-based communication orientation, leading to a limited understanding of the patient's role in nurse-patient interaction" (2004, p. 720).

Much research in residential senior care is concerned with effects of care interventions by care workers in respect to fostering autonomy. Some conclude that in-home care provides limited possibilities for nurses to exert a partnership approach due to system, organizational and personal levels (Brown et al., 2006; Ryvicker, 2009). Others argue that the relationships between receiving help and dependence, powerlessness, self-determination and agency are far more complex (Hammarström & Torres, 2010).

Kasser and Ryan (1999) analyzed data from a nursing home in New York, based on conducted interviews, about the courses of interactions that most effectively met autonomy and relatedness as basic psychological needs. The authors used the perspective of the *self-determination theory* (Deci & Ryan, 1985; 1991) and the *socio-emotional selectivity theory* of Carstensen (1993). Kasser and Ryan claim that frequency or amount of actions do not determine our well-being or vitality, but rather "the degree to which they [interpersonal interactions, AE] convey support for autonomy and communicate care and affection" (Kasser & Ryan, 1999, p. 935).

Harnett (2010) examines with ethnographic data from a Swedish nursing home *acts of resistance* of residents to routine as embodiments of autonomy. These acts include residents expressing their individual desires regarding daily matters as clothing, food, bedtime and so forth. Moreover, even the *rejecting of offers* was used by the residents

as an opportunity to negotiate and play out autonomy. Harnett found that these expressions of residents' own decisions often result in a negotiation process followed by staff adjustments framed by routine culture. This would reflect staff's 'ownership' over the institutional order (2010).

The discussed studies uncover some of the complexities care interactions include and show the need to enhance our understanding of the micro politics in such interactions. They challenge us to further analyze the layers with which the autonomy of the senior is made a relevant interactional issue by seniors and care workers in institutional encounters.

2.4.2 Care Interactions in a Conversation Analysis Approach

Identification work is essential to social interaction. We adjust our talk with reference to our interlocutors and the specific interactional context, and participants' identification work is a fundamental aspect of context. This property of talk is referred to as "recipient design" (Clark & Carlson, 1982; Garfinkel, 1967; Sacks, Schegloff & Jefferson, 1974; Sacks & Schegloff, 1979; Schegloff 1972). Therefore methods for 'doing identity' not only comprise membership categorization but can also be summarized by reference to the *conversational structure*. This structure is shaped by interactional practices such as (1) turn-taking organization, (2) overall interactional organization, (3) sequence organization, (4) turn design, (5) lexical choice and (6) displays of epistemic orientation (Heritage, 2005; cf. Chapter 3).

Through the use of these practices participants constitute and shape identity aspects in their relationship during real-life interactions. In this respect care settings do not differ from other conversational environments. However, when compared to mundane contexts, participants can interactionally treat institutional frameworks and the particularities that come with them as relevant. In many institutional settings, responsibility for organizational goals for example, can be displayed as an asymmetry in the relationship between care worker and care user in regard to interactional initiatives. Various issues related to relational asymmetry in health care contexts have gained interest of scholars (Drew & Heritage, 1992; Maynard, 1991; Ten Have, 1991). Within the field of care and seniors, research from a pragmatic perspective emerges, concerned with clarifying some of the issues associated with the asymmetry of "status and role on the one hand and discursive rights and obligations on the other hand" (Drew & Heritage, 1992, p. 49). Scholars with a pragmatic research approach are particularly interested in how relational asymmetries are embodied in the local interactional organization, how do participants treat identity attributions? These practices can also reveal the stance of

the care worker and the senior towards the institution to which they both belong, and even more their ideological stance regarding senior care.

Lindström (2005), working with data from the Swedish home help service, demonstrates for example how *requests* are used for shaping social relationships and roles. Senior care recipients require the assistance of a home help assistant to accomplish tasks, such as cooking, cleaning and personal hygiene. The senior is, because of a role as care recipient, entitled to make requests to the home help assistant, who in turn is expected to comply with the request. Therefore, making a request is one way in which the institutional setting is highlighted and the institutional roles of the participants invoked (Lindström & Bagerius, 2002). Lindström (2005) further demonstrates that the care recipient may use different formats for *making requests*. Imperatives, for instance, convey to the care worker that the care recipient is entitled to have the requested task performed by the home help assistant, because of the institutional context of care taking in which it is produced. In contrast, questions open up the possibility that the care recipient may not be entitled to request assistance with a specific task.

Heinemann (2006) also analyzed linguistic activities such as *requesting* in the interactional setting of home help visits in Denmark. She compared positively and negatively formatted requests. Her analysis shows that negative interrogatives are typically formulated in terms of the recipient's ability, are unmitigated while the requested task is treated as routine (e.g. "Ve' du ikk' gi' mig en pude til i ryggen, =jeg:" [Won't you give me one more pillow in the back], (p. 1097*)*. This type of request is typically complied with immediately and without any challenge to its relevance. According to Heinemann, negative requests are overrepresented in these data because of the institutional context and the relationship between the home help assistant and the care recipient. She concludes that

> the care recipient is dependent on the home help assistant to perform certain tasks. This may influence the way in which she formulates requests, so that she has a stronger tendency to display entitlement than what would normally be done. (2006, p. 1102)

These analyses show how senior citizens take an active role in shaping the assistance provided by the home help. Most of the research carried out in the context of care facilities however, emphasizes how these institutional settings affect the autonomy of care recipients to the degree that institutional routines and requirements take precedence over the individual's needs and wishes (Finlay et al., 2008; Grainger, 2004b; Heinemann, 2011; Lindström & Heinemann, 2009).

Heinemann (2011) for example, focuses in her data of home-help services in Denmark on institutional routines and how these can be used to the *benefit* of seniors in assisted living to ensure a degree of autonomy. She demonstrates how seniors invoke institutionalized routines in order to (a) enhance their own entitlement to make requests, (b) reject proposals/suggestions from the care assistant, and (c) sanction the care assistant's actions. The author illustrates how caregiver and care recipient attribute mutually different responsibilities to each other regarding the appropriate fulfilling of a caring task by creating different versions of the same care event they both experienced. She highlights the use of particular linguistic devices in the different versions to fulfill their role in who-is-to-blame for an imperfect performance of the caring task.

The use of humor as an interactional tool in encounters with seniors is another field within literature on care, and an interesting theme concerning identity work in care contexts (Norrick, 2003). Several scholars have examined from different angles how older people in dealing with painful or delicate care related issues, employ humor as a resource (Backhaus 2009; Grainger 2004a; Heinemann 2009a; Makoni & Grainger, 2002; Matsumoto 2009b, 2011).

For Grainger (2004a) and Backhaus (2009) the framework of politeness theory (Brown & Levinson, 1987) served as an analytical tool to investigate the use of humor and laughter in talk during care activities. Grainger (2004a) points at the ambiguity of joking in a geriatric care context; hinting at solidarity as a quality of the togetherness between caregiver and care recipient and at the same time the caregiver can put this at risk by the initiation of a controlling interactional move. Grainger discusses the lack of attention within politeness theory for the local and the institutional context as influential in the negotiation of the relationship between care worker and care user.

Backhaus (2009) characterizes the nature of communicative activities between care workers and seniors as conflicting. Meeting the needs of the senior by a staff member who is following institutional rules is regarded as burdening for the relationship between them. He observed three verbal strategies for dealing with face threats. Backhaus concludes that successful joking requires more than a care worker initiating a joke, but also asks for cooperative engagement of the care recipient in this initiative; praise and joking at the expense of the senior as strategies appeared to manage face threats less successful than cooperatively constructed humor.

However, Backhaus also notes the limitations of politeness theory to fully capture the dynamics of interactional events (cf. Grainger, 2004a). After analyzing conversational extracts from Germany, the UK, South Africa and Japan, Backhaus cautiously suggests

the possibility of "universal communicative properties in this special type of health care setting" (2009, p. 68), conditioned by comparable institutional rules and care contexts. To ground such a claim cross-culturally, large-scale research is required.
Matsumoto (2011) analyzes the peer talk of older Japanese women from the notion framing. She argues how these women use *Quotidian Reframing* as a device through which they facilitate and accomplish joint humor and laughter in their tellings of painful events.
Heinemann (2009a) argues that a personal hygienic caretaking task as diaper change is in particular vulnerable to degenerate into a problematic situation. She demonstrates that the use of humor as a tool is potentially beneficial and can have positive impact on the way care worker and senior relate to each other. Nonetheless, as Backhaus (2009) also emphasized, for both participants in the care taking activity to experience solidarity as a relational quality, they have to construct collaboratively joking as an involvement they mutually share during their negotiations and understanding of what is going on.

Lindström and Heinemann (2009) elaborate on the use of assessments in closing one care activity and moving on to the next. In their analysis of care taking tasks performed by home helps in Denmark and Sweden, assessments can often be observed as a way to navigate through the transitional phase between activities. Assessment sequences form an indispensable element of the mutual shared understanding of participants. As such, they are part of the interactional organization and subjected to the organizational mechanism of preference organization (Pomerantz, 1984; Sacks, 1987). According to the preference structure of assessments, an assessment in first position elicits an upgraded assessment in second position, and therewith installs an ascending scale. Lindström and Heinemann (2009) found that the participants predominantly valued the task-performance of the care assistant with low-grade assessments whereas explicitly appreciating an activity as excellent (in a high-grade assessment) appeared to be restricted to the home-helper for care taking activities performed by the senior. The latter reveals an interesting phenomenon: the care worker considers this task fulfillment as a great achievement. The care worker's conduct, on the other hand, is framed within an institutional framework and not associated with an exceptional performance but regarded as part of the job (2009).
It is questionable, to which extent professionals in the field of care taking are familiar with such conduct observations. Furthermore, these analyses highlight the powerful dynamics of the interactional organization that go beyond policy recommendations for creating a professional and pleasant relationship (cf. Chapter 4 and 5).

Backhaus (2011) also analyzed communication in Japanese institutional elderly care during morning care services from a temporal perspective. He focused on repetitions in the talk, used by care workers as a device for speeding up the course of action. The author found that such repetitions do not serve the purpose care workers seem to have with their use: as boosters to the actual pace of the activities, these repetitions rather slow down the care course.
In another study within the same institutional context, Backhaus (2010) analyzed how compliance gaining, during getting out of bed in the morning, is negotiated between care worker and resident. These negotiations are reflected in the conversational organization of the interaction: nurses employ question formats that point at notions of conversational rights and obligations. The residents' responses to these formats demonstrate how their reactions can be analyzed as designed with typical elements of dispreferred answers. Furthermore, the author explains the difficulties the residents risk when they resist the care worker's initiative for getting up without accounting for their resistance. Backhaus demonstrates in this analysis how care workers succeed during care interactions to maintain an orientation on task performance and accomplishment, more than on communicative goals (2010).

So far, these studies of care interactions in institutional settings provide us with in-depth interactional analyses that show how care workers and seniors employ particular linguistic practices and forms in interactions. Through the use of these practices, they express an image of themselves and the interlocutor related to different degrees of personal autonomy and dependency.
Whereas the studies referred to do not view aging and the language use of seniors as a process of decrement, most of this research focuses on 'problematic discourse'. Even so, these studies take as starting point that many communicative events in senior care occur within formats of purposeful (often physical) activities. This observation has not yet led to an in-depth study of the corporeal nature of morning care and its bearing upon the talk and the use of other resources during these activities. And by extension, to how an orientation to autonomy aspects can be recognized in such complex interactions.

2.5 Conclusion

The preceding sections elaborated on pragmatic studies of communication processes in which older people take part. Only few researchers have engaged in issues as to how seniors and their interlocutors maintain relationships and jointly create meaning and identity in communicative encounters.

I highlighted some detailed studies of how age—and dependency—is enacted as a category (device) in interactions wherein seniors are involved. Analysis of the local level of the interactional organization brought phenomena to the fore contributing to the construction of the care worker and the senior's social identity. Conversely, the occurrence of certain types of conversations or interactional practices are affected by the social situation of an older individual. The communicative behavior and identity construction of an older adult thus varies in different contexts (e.g. intra- vs. intergenerational, institutional vs. non-institutional) and needs to be investigated and analyzed separately.

Life circumstances and experiences change with old age and as a consequence people register and react to these changes, not only mentally but also in interaction with others. These circumstances may result in qualitative as well as in quantitative differences with regard to, for example, the organization of conversational topics, or speech activities such as telling stories (autobiographically), complaining, small-talk and conversational strategies such as age categorization and temporal framing strategies.

Even though 'old age' is a salient category in the contexts of the discussed studies, the identities and social roles as they are talked into being may not only be specifically tied to age identity but also to identity construction of 'members of society needing care' in general. The major advantage of the conversation-analytic research is, though, that its scholars study the real living situations and conditions of seniors from within the perspective of the involved participants.

The approaches of *interactional sociolinguistics* and *conversation analysis* methodologically share that both take what in other approaches may be perceived as meaningless moves and utterances very serious. The particularities of interactions are explored with great cautiousness to pursue the meaning making processes of the participants. Such a micro- analytical approach of interactionally mediated age and autonomy perceptions that draws on multiple recourses, including language, can bring us closer to the communicative repertoire and practices interlocutors employ to jointly create meaningful shared understanding in their encounters.

Most of the research that uses *conversation analysis* as a methodology in studying the discourse of seniors accentuates interactions taking place in care institutions or home help settings. The emphasis in these studies is on how the interplay between the particular institutional setting, the care worker and the senior is manifested in their talk-in-interaction during institutionalized routines. Some studies highlight how aspects of the senior's self-determination are embodied in the linguistic practices that care workers and seniors use as display of their entitlements.

Regarding the routine character of institutional (care) activities, in many of these activities the body is involved explicitly as it is in morning care. This setting thus represents an environment in which the (physical) self-reliance of seniors, as part of their identity (construction), is in particular called upon. The latter, for example, is brought into being every time the care worker articulates an upcoming transition between different care activities. These transitions represent intensive interactional events between the care worker and the senior. I established earlier that there is still little knowledge about the interactional mechanisms that underpin these physically loaded interactions in care for seniors.

A number of questions arise on the way such interactions of multimodal nature are organized during transitions in morning care and how progression of the care activities is hence achieved. Before formulating further research questions, I set out the methodology of *Conversation Analysis* and its procedures and tools in the next chapter. I elaborate the concepts that I use within the CA approach to analyze the care worker and the senior's interactional conduct in the data: *Situated Activity System* and *Multimodality*. In addition, I describe the data corpus and the procedures followed in analyzing the data.

ELK MOMENT

Elk moment is een beest
of boom zo wonderlijk gebouwd
uit miljoenen onderdelen.
Ons is van de meest velen
geen daad of doel toevertrouwd.
Ik voel er en vind er iets
en telkens weer
weet ik dat ik meer
weet en minder.

Leo Vroman

Chapter 3

Research Methodology and Data

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3.0 Introduction

In this study, I seek to elucidate some of the complex interactional intertwinedness of jointly conducted activities during morning care. I am particularly interested in how the care worker and the senior organize their collaboration during these activities. Along with the usage of various multimodal resources in talk and bodily conduct, time restricting factors may come into play, such as the inherent progressive nature of the course of morning care activities and the institutional time-regime.

This research project consists of two sub-studies with different data: i) a corpus of—transcribed—video recordings of naturally occurring morning care activities in a residence for seniors and ii) a text based corpus with phrases and statements from policy documents on senior care, along with educational guidelines for care workers.

The analysis of the first and most comprehensive corpus of actual morning care activities is conducted with the method of *Conversation Analysis*, a micro-analytical research method within the broad field of interaction analysis. Psathas (1995) notes "Conversation analysis studies the order / organization / orderliness of social action, particularly those social actions that are located in everyday interaction, in discursive practices, in the sayings / tellings / doings of members of society" (1995, p. 2). The method is discussed in this chapter.

The policy documents are investigated with the principles of *Membership Category Analysis* (MCA), of which the main notions have also been developed within *Conversation Analysis* and concern phenomena of categorization in language use. The MCA research method and its procedures is briefly mentioned in 3.3 and discussed extensively in Chapter 7.

Conversation Analysis (henceforth CA) conceives conversational talk or talk-in-interaction as social interaction. Schegloff (1988) prefers the term *talk-in-interaction* to conversation, thus favoring the *action* nature of talk. Social inter-*action* comes about as a sequential and multi-layered event wherein participants actively monitor and constitute their contributions, and make sense of them from a moment-to-moment basis within the local situational setting (Hutchby & Wooffitt, 2008; Mazeland, 2003; Sidnell, 2009; Ten Have, 2007).

The meaning making processes during interaction rely on various multimodal resources, e.g. linguistic, cognition, gaze, body and gesture, environment (cf. 3.1.2). Participants use these resources simultaneously to position and form their interactional moves bearing upon their mutual construe of foregoing moves.

CA distinguishes itself in how it approaches interactional data as naturally occurring

and sequentially organized interactions; these are recorded and then transcribed. The transcripts contain what is actually said with special attention for how the (un) spoken is delivered, temporally, e.g. pauses and overlaps, as well as production wise with multiple prosodic characteristics, e.g. intonation, (non-)fluency, breathing aspects and laughter. In addition, the transcripts can attend to physical particularities in the immediate vicinity, such as postures and gestures and the presence and use of certain objects, depending on their relevance for the participants. In general, the transcripts enable detailed examination of interactional sequences. In these sequences, participants' conduct is audibly and visibly embodied in mutually consecutive moves displaying their (negotiations of) mutual understanding of the situation. In addition, (subtle) forms of tactile perception with limited visibility may also be in play in their interaction (Nishizaka, 2011).

A key departure point within a CA analysis is that it is not the analyst who interprets the data, e.g. by attributing 'intentions' to the participants. Instead, the interactions are approached and accounted for from what the participants mutually show each other in how they understand and treat each other's (talk) conduct in the real-time interactional event. CA's analytical focus is on "how participants collaborate in constructing recognizable and coherent courses of action" (Clift et al., 2009, p. 40). This perspective on interaction also emphasizes the functional use of language and other resources to give meaning to social interaction. Sidnell mentions "….whatever happens in social interaction happens through the medium of some specific set of locally available semiotic resources" (2009, p. 3).

In the following sections, I present a brief overview of the history of CA, followed by an elaboration of the methodological principles and research concepts. Finally, I discuss the data; where and how I collected them, and the procedures I followed during their analysis.

3.1 Conversation Analysis; Origins and Principles*

Origins

Since the 1960s, a fundamentally different way of thinking about how people interact with each other and give meaning to the world around them with language, has gained

* The elaboration on the origins and principles of CA and the applied concepts may seem extensive; this is primarily intended for readers who are unfamiliar with this research methodology.

ground within the social sciences. This change has been indicated in various ways, e.g. 'the linguistic turn', already referred to by philosophers, in particular phenomenologists in the 1930s (Deetz, 2003). A more broadly used term to group the various approaches is social constructionism. Burr (2015) notes:

> Social constructionism insists that we take a critical stance toward our taken-for-granted ways of understanding the world and ourselves. It invites us to be critical of the idea that our observations of the world unproblematically yield its nature to us, to challenge the view that conventional knowledge is based upon objective, unbiased observation of the world. It therefore opposes what is referred to as positivism and empiricism, epistemological positions that are characteristic of the 'hard' sciences such as physics and biology. (p. 2)

This perspective considers the function of language in human communication differently from mainstream social sciences; language is not so much a means to describe the world we live in but foremost the resource whereby we construct our understandings of the world and therewith share with others our knowledge of it.
The idea that 'we do things with language' became wider adhered and everyday language use was increasingly regarded as to actively contribute to the construction of reality; disciplines examining the use of 'natural language' had expanded considerably (Levinson, 1983).

The sociologist Goffman (1961, 1963) extensively discusses issues related to 'the interaction order' as he was strongly interested in the micro structures of human organization. To Goffman, the contributions of participants in a face-to-face encounter predominantly rely on maintenance of 'the interaction order' as a social structure, rather than on the psychological particularities of individuals. Many scholars designate Goffman as a major founder of the study of face-to-face interaction as an analytical domain in its own right (Schegloff, 1988).
On the other hand, other scholars in sociology and anthropology, pursued how social order is tied to the way we share commonsense knowledge of the world with each other, summarized under the term 'socially shared cognition' (Schegloff, 1991).
Harold Garfinkel developed a procedural conception of 'common' and 'shared'; his work in the 1960s on *ethnomethodology* represents a main influence on CA's origins (Heritage, 1984). Garfinkel pointed to the procedures whereby "...events achieve a perceived typicality and what attributes are given to them by participants in a setting to make them *appear* normal and stable" (Jules-Rosette, 1980, p. 325). He tried to unravel

the orderliness in everyday social life not as a function or product of societal structures but "[…] His was a sociology in which the problem of social order was re-conceived as a practical problem of social action, as a members' activity, as methodic and therefore analyzable" (Ten Have, 2007, p. 5).
As Sacks and Schegloff (1973) put it in an early study:

> ….our analysis has sought to explicate the ways in which the materials are produced by members in orderly ways that exhibit their orderliness, have their orderliness appreciated and used, and have that appreciation displayed and treated as the basis for subsequent action. (p. 290)

Harvey Sacks, Emmanuel Schegloff and Gail Jefferson took up CA's development. In line with Goffman and Garfinkel, they conceived language "as a vehicle for social action" (Sidnell & Stivers, 2012, p. 3). Social action—how people jointly do things with language—refers to the versatile and varied ways people go about moment-to-moment in local settings while composing and tuning their interactional contributions and making sense of the moves of other participants.
This view of social action lies at the heart of the broadly interactional and constructivist perspective on face-to-face communicative actions. It resists and challenges conceptions, which take theoretical concepts and categories as their starting point in explaining human interaction. CA pursues to "…discover the recurrent typicalities of talk in interaction in their own right before launching into explanations that resort to social attributes like gender, (professional) status or social class, or to more diffuse interpersonal phenomena like power or politeness" (Hakulinen, 2009, p. 60).
In this respect Ford (2008) points at CA's contribution to social sciences through the drastic different way CA treats analytic categories and participants' identities [AE: e.g. attributing vulnerability to seniors]:

> …CA mandates that the analyst elucidate the interactional mechanisms through which identity categories are "talked" into being in and through interaction. The CA outlook is one of constant attention to ways that social categories are locally enacted in moments of talk, along with a productive skepticism regarding *a priori* categorizing of participants' identities. […] Participants in interaction do identity work quite independently from the analytic categories imposed by an analyst or her general field, be it sociology or linguistics or some other discipline. (p. 20)

Pivotal in this interactional point of view is, as Garfinkel stressed, that the usage and understanding of language in face-to-face encounters, is primarily a matter of the involved participants—*members*—and not of the analyst. It is the task of the latter to give evidence that the relevancies of participants, as publicly displayed in their, by various resources informed, conduct, is procedurally consequential for their ongoing interactional moves (Schegloff, 1992, p. 196).
The next section discusses the main principles and tools of CA's analytical procedures.

Principles
CA offers an analytical approach that supports a detailed pursue of how the participants shape their negotiations during an event and sustain mutual understanding of what is going on.
Two of CA's basic departure points when analyzing interaction are (i) what is going on, what activity/ies are participants engaged in, (ii) how do participants organize these activities in successive turns (Hutchby & Wooffitt, 2008).
The main basic principles that underlie a CA approach are (2008):

1. Social action through talk—and other conduct—is organized in sequences.
2. Turn taking is a basic structuring mechanism in interaction.
3. Adjacency pairs structure sequences.
4. Preference organization affects the unfolding of interaction.

ad 1) Interactional contributions by participants in jointly undertaken human activities perform *actions*, whether conversations, playing cards or care activities. Co-participants are not merely describing a state of affairs, they 'do' things when conversing.
These actions are organized and embodied in successive turns, which are interlinked as *sequences*. "Sequences are the vehicle for getting some activity accomplished" (Schegloff, 2007b, p. 2). A sequence can be conceived as a small social system organized in a series of turns related to one another (Schegloff, 2007b; Mazeland, 2003).

ad 2) Turns in talk-in-interaction are distributed on the basis of one party talking at a time and recurring speaker change (Schegloff & Sacks, 1973). According to the situational setting of an interactional event, the *turn-taking* system operates with different parameters (Sacks et al., 1974).
The building blocks of turns are called *Turn Constructional Units* (TCU's) and their resources are manifold, from grammar, basic shapes are clauses, phrases and lexical

items, to prosodic elements as intonation, pace, loudness, etc., to TCU's without verbal components, e.g. movements in posture, gestures, gaze and silences.

ad 3) The interactional structuring principle operating in sequences is the *adjacency pair* structure: the initiation of a certain action in a *first pair part* (FPP), e.g. a question, projects an answer in a *second pair part* (SPP) as particular follow-up to accomplish the action at issue. The production of a SPP is subjected to the principle of conditional relevance: "….a first action creates a slot for an appropriate next action such that even the absence of that action can be perceived as an absent and noticeable event…" (Schegloff, 1992, p. 191).

ad 4) Strongly related to the adjacency pair structuring device are principles of *preference organization*. How much interactional 'work' is required in order to accomplish the sequence successfully?
Favorable 'project' completion bears upon the fit of a SPP with a FPP. For example, as response to an invitation as FPP, acceptance is the preferred SPP. An important notion regarding the preference principle is therefore participant's orientation to consensus within the actual interactional organization, not to be confused with a psychological orientation to consensus (Hutchby & Wooffitt, 2008; Mazeland, 2003; Pomerantz & Heritage, 2012).

Analyzing systematically the situated positioning and design of turns in talk-in-interaction can tell us more about the ongoing actions and how these are sequentially organized. Such analysis is particularly interesting in the setting of morning care, wherein the communicative activities are conducted within a physical action framework.
While in ordinary conversation participants may participate with a relatively equal status, in institutional talk asymmetrical relationships occur; the roles and statuses of participants are organized within a specific *activity type*, wherein the goals are usually set (Levinson, 1992). Such goals, for example in residential morning care with seniors, imply that the role of the care worker entails specific responsibilities; one of those is the progression of the activities.
Appeals to the senior to alter his bodily movements to the physical demands of the moment, can be seen as an embodiment of the care worker's responsibility; for instance, when a care worker articulates a request, e.g. 'ga maar zitten' [go—particle—sit down], in an environment wherein both participants are involved in a specific corporeal configuration. Such bodily loaded requests frequently occur in

the data, commonly they are granted immediately by the senior.
However, within CA, the occurrence of such action is not a priori denoted as a request action. It is senior's response to it, as an apt and relevant SPP to a FPP, which displays his understanding of it as a request. In CA, an interaction is regarded as a sequence of activities. The interplay between various multimodal resources in previous example, such as talk with its para-linguistic features, body postures and other physical particularities in the environment in accomplishing an action sequence, may not strike us salient. They are nonetheless the result of the way the care worker and the senior jointly negotiate. The coordination between, and the order of these activities is not a coincidence arising from a random event, but relies on a finely co-ordinated interplay between different resources that are tailored to the contingencies in this situation.
Participants have to let each other know continuously and openly how they understand the situation; they do so by mutually displaying their understandings of their interactional moves. Hence, this enables us to adopt their perspective. This is what Schegloff (1992) designates as the task of a CA analyst: to explain and ground interactional activities in 'action' terms in imitation of the conduct of participants and as ongoing result of their 'negotiations'.
To establish a more appropriate analytical perspective for the investigation of the data in this research, I made use of two highly relevant additional concepts and approaches within the field of interaction analysis: the concepts of *Situated Activity System* and *Multimodality*.

3.1.1 The concept Situated Activity System

This subsection begins with a brief review on the origins and meaning of the concept *Situated Activity System* and subsequently discusses its use within the current study.
Goffman's analytical approach (1961) of face-to-face interactions paved the way for a deeper understanding of the different mechanisms that come into play when people encounter each other in various contexts.
Goffman considers the prevailing approach in the 1960s of studying social group meetings as either eventful or as routine, unfruitful and argues that observing how people actually behave in meetings provides data that "…concern participants in a meeting, not members of a group" (1961, p.13). He thus develops his plea for an analytical distinction between the notion social group and gatherings—unfocused and focused—to emphasize the temporal and attentional aspect of certain activities people jointly undertake being physically together.
Goffman uses the notion *Situated Activity System* as a synonym for 'encounter' or 'focused

gathering' (p. 8). An essential property of a *Situated Activity System* is that participants maintain interest in a shared single focus of attention; this can be a conversation or another jointly undertaken activity (1961, p. 11; cf. Levinson, 1992). The term *system* concerns a circuit of phased (routine) activities conducted in a face-to-face interaction with this circuit as a set of activities participants are focused on together "…a somewhat closed, self-compensating, self-terminating circuit of interdependent actions" (1961, p. 96).

In *Behaviour in Public Spaces* (1963) Goffman notes: "The term *situated* may be used to refer to any event occurring within the physical boundaries of a situation" (p. 21). Further on he develops his idea of a so-called *focused interaction* with respect to work proceedings.

> Also, there are certain close comings-together over work tasks which give rise to a single focus of visual and cognitive attention and to intimately coordinated contributions, the order and kind of contribution being determined by shared appreciation of what the task-at-the-moment requires as the next act. (1963, p. 90)

Goffman refers thereby to Miller's research on work teams. Miller (1958) introduced the idea of s*ituational interactions* while observing intra- and inter-team interactions of skilled work teams in a glass factory as "small social systems built around cooperative work processes" (p. 37). He motivated the use of this notion out of a methodological problem he encountered while scoring team interactions.

On the one hand, he observed conversational interactions about not directly work related 'social' matters. On the other hand, he noted conversational interactions directly related to work tasks as "…orders, requests, and suggestions…" (Miller, 1958, p. 38). A third type of interaction also occurred, which was difficult to label as a symbolic contribution originating either from a speaker or from a responder.

> The "origination" of activity seemed to come from "the glass". Both parties to this kind of interaction seemed to be conditioned by a knowledge of the work cycle to perform certain mutual tasks at certain phases of the cycle. When the cycle was performed smoothly, this behavior was "habitual" and part of the routine. (Miller, 1958, p. 38)

Miller's difficulty with labeling these—non-symbolic interactions—as he named them, stemmed from his initial approach in categorizing the origin of interactions (reflecting a dyadic conception of communication): either residing in a speaker or

residing in a responder. Hence, the temporal aspect in labeling interactional sequences of simultaneous occurring co-activities troubled him.
Miller's use of the term 'situational' refers to interactional activities that are driven by cues within the situation and indicates an awareness that participants in face-to-face interactions not merely rely on each other's (verbal) contributions for progression of their joint activities. This view is noteworthy and quite relevant in the light of later developments in conversation-analytic research of human interaction with respect to the co-construction of talk-in-interaction with various other resources.
As such, these observations foreshadow endeavors to bridge conceptions of language use in talk as individually driven mental acts, performed relatively independent of context, and language use as tied to and anchored in—inter—activity between human beings.
This latter conception echoes an approach of language highly inspired by Wittgenstein. He used the notion *language games* in his later work to indicate that during interaction human beings strongly orient to an overarching framework, which designates the nature of the particular activity they are engaged in, and within which they produce and understand their language use (Drew & Heritage, 1992; Levinson, 1992; Wittgenstein, 1953).
Goffman (1963) has further refined the notion situational to *situated* in qualifying the difference from 'in the situation' to 'within the situation' (p. 37). Thus Goffman's wording of *situated activities* resonates and nuances Miller's perspective of *situational interaction* as a third category that drives interaction: in pointing to (the way participants handle) cues and requirements that are intrinsically associated with the situation. In this sense, a circuit or system of activities is also situated: it can only come into being within a specific situation.

The sequence of actions during morning care for seniors is an example of a *Situated Activity System* (henceforth SAS) (Mazeland, 2007a). Institutional morning services like washing and dressing are characterized by a 'chrono'- and action-logic order. The baseline of these activities includes a series of linearly ordered physical activities, ranging in duration from 15 to 30 minutes, which are more or less sequentially fixed, e.g. showering comes before toweling. The routine character of these care activities is reflected in the sequential organization of both verbal and physical actions. The sequences are enacted within a certain constellation of activities, related to the specific care situation of the moment (Mazeland, 2007a).
Robinson and Stivers (2001) emphasize the meaning of the phase structure in institutional routine encounters as a social structure. From this perspective, caring tasks

are embedded in a (socially) structured event and shaped as sequentially organized interactional events. Such an event encompasses embodied social actions at different levels: talk action, deploying multiple para-linguistic resources, and physical action, deploying other multimodal resources. Both type of actions can be care (SAS) or not care-related. All of these actions require to some extent engagement or involvement of the participants.
According to Goffman (1963), involvement concerns a degree of someone's (focused) attention to an ongoing activity and he distinguishes between main and side activities. While in 'main involvements' the individual is predominantly focused on an activity underway, in 'side' activities he is not discernibly concerned with the 'side' activity and his major attention is on the 'main involvement' (1963, p. 43).

An important feature of a SAS context is the orientation of the participants to a goal-directed task; i.e. participants' main involvement in morning care is on 'getting ready for the day'. This goal partly structures the organization of the interaction and accounts for expectations on progression of—and transitions between—the actions along with a constantly shifting constellation of participants' interactional roles.
Regarding care interactions as a SAS captures the routine character of the course of morning care as a circuit of interdependent activities. As such, the SAS frame may function as a powerful resource for participants to orient to during these phase-structured activities. Transitions between the various care activities/phases, for example, mark participants' progression in the course of morning care. At the same time, such transitions represent intensive interactional events.
The ongoing physical activities in the baseline of the course of morning care are often accompanied by the use of talk as a different order of the interactional organization. As noted, talk during these activities may be more or less related to the care task of the moment as 'care-bound' talk or may concern a conversation—and a topic—that is not directly related to the physical activities (unbound). The closing of a physical activity, prior to a transition in the SAS order of activities, has its bearing on ongoing talk, e.g. on the closing of a conversation(al) segment, or of a topic within it. Schegloff and Sacks (1973) note "…how a conversation is carried on in its course is sensitive to the placement of the conversation in an interaction episode or occasion" (p. 325). Schegloff argues that a (sudden) topic shift may be "prompted by the environment" (2007, p. 138). An environment of ongoing physical activities, such as a SAS order, places restrictions on the development of conversations in general and on emerging topics in particular; continuously, the here-and-now of

SAS actions can (be used to) claim the interactional agenda.
Therewith, the notion SAS provides a framework for analyzing the relationship between embodied actions: how the body, objects and the environment are used together with talk (Good & Beach, 2005). It may help to understand sudden changes in the nature of the talk, e.g. as we shall see in an instruction like "you may sit down" in the midst of an 'unbound' topic and how this does not surprise participants nor necessarily affects the expectations of the activity at hand. The strong routine character of the activities in the SAS may explain this; this routine reinforces the SAS as a social structure in its own right (Mazeland, 2007a).
With respect to its performance, this means that the SAS content and order of morning care activities is scarcely subjected to discussion. It rather pre-structures the actions and continuously installs expectations on what comes next in the course of action, in particular during activity transitions. Analysis of the talk, from a SAS frame, during such task-oriented activities makes a more detailed and nuanced analysis of interactional moves possible. Furthermore, it may contribute to understand how relational matters are handled through talk-in-interaction with respect to the nature of the participation status of the senior.

3.1.2 Multimodality

In former sections, I noted my observation that transitions during care activities represent intensive interaction events in the data. The analysis of the relationship between different concurrently deployed *multimodal* resources, with which participants compose their interactional moves during transitions, constitutes a major challenge in this research project.
The multimodal resources that are in play cover a vast range: cognition, language and talk, including prosody, pace and fluency, and various physical resources, e.g. gaze, mimics, body postures, arm- and hand movements, touch, the use of objects, the physical environment, et cetera.
The concept *Multimodality* is helpful for a more profound comprehension of how the care worker and the senior exploit these resources to shape and understand their position towards each other while simultaneously involved in progressing the care activities. I briefly overview the concept's provenance within CA before explaining its usefulness in the current study.
The last three decades there is increasing interest with CA scholars for a multimodal approach in the study of talk-in-interaction and thus for a broader perspective in analyzing the relation between talk and conduct (overviews in: Haddington et al.,

2014; Kendon, 2004; Mondada, 2016; Streeck et al., 2011).
This research overwhelmingly demonstrates that the mechanisms participants rely on in the organization of their interactional moves, whether they are busy solely conversing or involved in a joint physical activity, are not exclusively tied to utterances in talk as linguistic resources; multiple resources are invoked (Streeck & Jordan, 2009).
The classification 'verbal' and 'nonverbal' regarding communicative behavior is an obsolete distinction (Streeck & Knapp, 1992); the authors consider communication an embodied process of intertwined multiple modalities. Nevertheless, the view that the body uses a language of its own labeled as nonverbal or 'body' language, albeit distinct from 'sign' language, is quite persistent to this day. Furthermore, this view appears to have far reaching consequences for the education of communication skills (cf. Chapter 8.5.2).
Goodwin (1979, 1981, 2000a, 2000b, 2007), Goodwin and Goodwin (1992), and Kendon (1981, 1994, 2004) contributed significantly to the development of a theory of human action while investigating the role of the human body in face-to-face interactions. Of significance for the current study is that Goodwin has nuanced the concept 'context' and the meaning of the human body within context (1992, 2000c). He advocates using the notion *Situated Activity System* as a frame that allows a more profound examination of how human action is organized, in particular how it is produced (and interpreted) through the dynamics of the body in various ways, which can also be part of *multimodal* actions (2000c, p. 1519). The latter term refers to a configuration of multiple and different (elements of) media, or—sets of—semiotic fields, that together and affecting one another, constitute an interactional action.
Goodwin (2000c, 2007) named these sets of semiotic fields *contextual configurations* (2000c, p. 1500). Participants' engagement and conduct in ongoing actions is informed through their focus on the current environment with a continuously changing configuration of sign systems. While the focus in Goffman's concept *Situated Activity System* is on the (order of) activities as a framework in a specific setting, Goodwin highlights with the notion *contextual configuration* the way in which all components of an action are, at a given moment, publicly visible and thus analyzable as constituting parts of that particular action. These multimodal components concern the specificities of talk turns, corporeal and material particularities in the environment, participants' cognitions as well as multimodal projected trajectories (Goodwin, 2000c; Mondada, 2006, p. 127, 2014).
Goodwin's view relativizes the role of talk in interaction and favors a holistic approach of human interaction, and consequently an analysis of interactional (care) events as "co-occurring and interrelated phenomena" (Jones & LeBaron, 2002, p. 499).

Mondada (2006, 2016) affirms that an interactional view on talk and other conduct rests on the way participants pay visibly 'online' attention to the details of their mutual conduct in an actual environment. In line with Goodwin's thoughts on human interaction wherein a range of semiotic fields—with a central position for the body—operate concurrently while attuned to one another, she underscores that these interactional details originate in and manifest themselves through various multimodal resources, available in the situation (Mondada, 2006, p. 118). In respect to this, more recently, Mondada refers to the term *Complex Multimodal Gestalt* (2014, p. 98; 2016, p. 269). *Multimodality* as it is used within CA, refers "…to the various resources mobilized by participants for organizing their action – such as gesture, gaze, facial expressions, body postures, body movements, and also prosody, lexis and grammar. The plurality of 'modalities' referred to in this term treats multimodality as constitutive and primary" (Mondada, 2016, p. 338).

The concept *Multimodality* enables to approach a care interaction as an event wherein the interplay between various conduct modes and particularities in the environment, constitute concrete interactional moves. In particular, interactions to navigate through transitions between corporeal care activities form a rich breeding ground for the deployment of multimodal resources. In line with Goodwin and other scholars, Mondada "invites us to consider the involvement of entire bodies in social interaction, overcoming a logo-centric vision of communication, as well as a visuo-centric vision of embodiment" (2016, p. 336). From this respect, the author demonstrated in a multimodal online analysis the interactional course of a transition phase during a work meeting at the office of an architect (Mondada, 2006). The author highlights the projection of the end of an activity phase and draws our attention to resources residing in talk and bodily conduct the participants employ to project a follow-up of the current action, e.g. the use of gestures to indicate an upcoming transition, including pointing, moving objects and linguistic practices. Mondada found that participants methodically use various *practices* and *resources* to achieve a transition to a next phase, and therewith make these resources publicly available (2006, 2009).

The term *practice* is often used within CA to refer to the design and usage of the participants' interactional contributions to accomplish certain actions; such a contribution may encompass multiple elements. A practice can be characterized as a specifiable type of (non)linguistic activity that functions as a specific action type within a described context (cf. Mazeland, 2003; Schegloff, 1997).

As noted, transitions are of special interest in the current research project, particularly with regard to the progression of care activities. Robinson and Stivers (2001) have

previously payed specific attention to a transition during a medical consultation. Their analytical approach also affirms the view that so-called verbal and nonverbal behavior are not separately used communicative modalities observed and processed by participants. In institutionalized routine actions during such a consultation, for example, physical behavior is rather an integral element in the co-ordination of these activities. The authors exemplified that patients and doctors were able to mutually understand each other's conduct without relying on verbal references per se. A multimodal driven transition, for example, between history taking and physical examination is demonstrated in their data: the doctor putting down his pen and records, followed by the patient repositioning his body, thus displaying his orientation towards upcoming physical examination (2001).
With respect to the explained complexity of talk merging with other conduct modalities, equally applicable to the SAS of morning care, the concept *Multimodality* addresses the issue of how these different orders of organization relate to one another. Deppermann and Streeck (2018) note that

> The relationship between turns and (bodily) actions has many facets that are still underexplored. Unresolved issues concern the constitution and identity criteria of the temporal gestalts of multimodal actions, the role of the body in the formation and interpretation of verbal acts (see Mondada this volume), the internal composite structure of turns, the mapping of boundaries and phases of verbal TCUs onto boundaries of bodily acts… (2018, p. 19-20)

These matters are all in play in the analysis of morning care activities, in particular during transitions. Transitions from one activity to a next are inherent to and a constant part of morning care activities. Recurrently occurring practices to navigate through such transitions encompass practices that project an upcoming transition as well as its accomplishment. Identifying and analyzing particular 'transition practices' during routine care activities therewith entails unraveling the concurrent and concerted use of various multimodal resources. Hence, the use of the analytical concepts *Situated Activity System* and *Multimodality* becomes prerequisite for an adequate approach to the data in this project.
Although the order and goal of the physical course during morning care constitutes the overarching interaction structure, talk-in-interaction is bound to be used because of the social embedding of such care activities. Furthermore and of importance for this study is how the organizational order of the different multimodal activities reflects the way the care worker and the senior relate to each other.

3.2 Data Collection and Corpus

Recordings of morning care activities of washing and dressing were carried out in a care residence with 50 older adults. These seniors live in separate individual apartments or in apartments for couples; most of them are highly educated and have an income above average. The residence was selected in accordance with the background idea of this project: are care workers prepared and equipped to caring for a generation of seniors who have organized their lives relatively autonomously and who may articulate their care needs differently from their parents?

Most of the seniors spend the day in their apartment or go out, mainly without assistance depending on their condition. They participate in joint leisure activities organized by the home on a voluntary basis. All residents receive their warm meals from the central kitchen in the residence. Support with washing and dressing in the morning and other care activities is available on request by the senior and provided by the home. Care-aides form the vast majority of a professionally trained nursing staff the residents can rely on. Some of them are supported with morning care services on a daily basis, others once or twice a week. The provision of assistance during morning care appeared to represent intensive interactional exchanges between the senior and the care worker.

It is obvious that recording morning care activities in an elderly home has to meet certain conditions of which trust building and consent procedures are basic.

Preparations for the collection of the data were carried out several months prior to the actual recordings. Becoming acquainted with the residents while participating in morning coffees and communal diners, as well as joining multiple leisure activities, numerous other visits and conversations with seniors and staff, were part of the extensive preparatory work. After six months, the staff allowed me to attend and assist—in uniform—the care workers during their morning tasks. Assisting the care-aides with washing and dressing activities served in increasing mutual trust with residents and staff. Furthermore, it contributed importantly to gain a thorough understanding of how these courses of action are conducted in institutional everyday life. The latter is especially important within a CA study of naturally occurring events. I took up recording when I had a more or less proper picture of how the morning care activities were being executed (cf. Heath, 2004, p. 273).

Based on all preparatory work, I approached eight residents to participate in the study. These seniors were all over eighty years of age and not severely suffering from communicative deficiencies, one person had problems with verbal language production due to Parkinson's disease. All of them were competent in conducting

and maintaining coherent conversations.
The selected persons did not object to the recordings and use of the data for research purposes, they all signed (along with a family member) formal consent forms. Concurrently, the Medical Ethical Committee (METc) of the University Medical Center Groningen, following my application to evaluate the research protocol, certified there were no legal restrictions for video recordings in the concerned research project.
The corpus was then gathered in the autumn of 2008. I conducted the recordings with a handy cam, in the job's uniform, accompanying the care worker and the senior from the onset of the morning services to the moment the activities ended.
The data consist of 500 minutes recording material in 16 video recordings of showering / washing and dressing interactions in the morning, with five female and three male seniors assisted by various care workers. Each senior is recorded at two separate mornings with a different care-aide.
Subsequently, I transcribed most of the data.* The transcripts further supported observing in detail how the participants' conduct is organized and more in particular how certain activities interactionally developed. Within the transcripts, (body) postural and gestural characteristics, and—the manipulation of—objects in the environment are rendered as verbal descriptions. To take account of the multimodal nature of the data, the labor-intensive activity of editing selected fragments with video stills was undertaken. During the analysis, the majority of the extracts were thus illustrated.

The second data corpus with policy texts was collected in 2008 and 2016. It encompasses three different care policy documents: i) the mission document of the care residence at the time the data were collected in 2008, ii) a governmental document with views and guidelines formulated for senior care from 2016, iii) educational guidelines for the training of communicative and care competences to care workers from 2016.
These written texts are selected as representative examples of policy statements in the care branch with respect to prevailing ideas and thoughts on care work for seniors. They contain multiple phrases and statements, all referring to how the care worker and the senior ideally relate to each other in care activities. The written publications may differ in year, but the language used in recent years in such policy texts appears to be relatively durable. The text fragments are assembled in schematic overviews and analyzed. In Chapter 7, this corpus is further explained.

* The participants were named after colors, based on *Ghosts* (1986) by Paul Auster from his New York Trilogy.

3.3 Research Questions

The overarching question as formulated in the first chapter—*How do the care worker and the senior organize their communication during physical cooperation in morning care?*—can now be specified into appropriate research questions.

i) *How do the care worker and the senior interactionally accomplish progression during corporeal care activities?*
ii) *How do the care worker and the senior relate to each other during such progressions, in particular regarding the senior's self-determination, displayed in their usage of various multimodal practices?*
iii) *How are care interactions that can be associated with the self-determination of the senior, articulated and conceived in contemporary policy and educational guidelines for care professionals?*

The first questions are addressed from within an interactional perspective on how the care worker and the senior's conduct comes about during (specific) transitions in morning care settings. Many interactional particularities appear to occur prior to and during various transitions that serve progression between bodily care activities. The Chapters 4, 5 and 6 discuss practices in talk-in-interaction during the selected transitional phases in actual care events (resp. *progression requests* and the usage of the discourse particle *nou*). Exploring how these practices are deployed brings phenomena to the fore associated with—fostering—the self-determination of the senior.
Chapter 7 addresses the third question and discusses how the proclaimed autonomy of the senior is rendered at an interactional level in a number of policy documents; care scenes and negotiations between care worker and senior are designated with particular descriptive practices.
In Chapter 8, I review all findings and I question to which extent the phenomena as observed in the first three analytical chapters in actual care interactions can be recognized in the wording of policy guidelines as discussed in Chapter 7. Subsequently, I elaborate on the possible merits of this research project for the education of care workers.

U, nu!

Joost van den Vondel

Chapter 4

Progression Requests during Corporeal Care: The Assisted-Performance Type

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4.0 Introduction

In residential morning care for older adults, requests for bodily cooperation are continuously on the agenda, in particular during activities where seniors who are limited in their mobility are supported with personal care. These care activities are orderly organized, as *a Situated Activity System* (SAS, cf. Chapter 3) and progress along a baseline of routine activities. Although all of us are familiar with the daily activities of washing and getting dressed, care workers are trained to perform these activities from methodical procedures and protocols. This means that, within the walls of a residence, care provision is part of institutionalized work; commonly it is the care worker guiding the senior through the course of action. (In a situation of home help service this can be organized otherwise (Lindström, 2005), albeit the issue of 'who assists whom' remains at the core of personal care services.))

The guiding task is realized, for example, in how the care worker's body is situated opposite the senior and provides physical assistance. Regularly, when a bodily movement of the senior is required for the advancement of the activities, the care worker summons the senior to respond physically, e.g. changing body position, holding on to something or handing over the showerhead. Such appeals commonly occur in the data in a variety of linguistic formats. To encompass the immediate and physical nature of the response conduct in the sequences launched by these appeals, I named them *progression requests* (N=330 in 16 recordings of 15-30 minutes).

The varying forms whereby such requests are verbalized gave rise to look more closely at their context of use: *how do the care worker and the senior interactionally accomplish progression during corporeal care activities?*

This led to the finding that a verbal request instance targeting physical action of the senior appears to be closely connected to a particular corporeal configuration (gestalt) of the participants during an activity underway. The specific lexico-syntactic structure of the request format co-occurs with such a temporal physical configuration of multimodal resources, and seems in particular related to a degree of joint corporeal involvement in and shared focus on an ongoing activity.

All formats signal that performance of the request is a matter of here and now. Notwithstanding, there are gradual differences in the urgency of fulfilling them and in how compliance with them is addressed and bodily projected during their production: as assisted compliance or as fulfillment by the senior under his own power.

Two main patterns of co-occurring progression request practices—verbal and physical—came to the fore, I refer to them as the *assisted-performance type* and the *recipient-*

performance type. In this chapter and the next, both types of *progression requests* of the care worker are the subject of analysis.

To illustrate the nature of these request types more distinctly, the next two fragments offer examples of respectively an *assisted-performance progression request* and a *recipient-performance progression request*. In these extracts, there is no *topic talk* going on, but as we shall see, progression requests can also be inserted in the midst of ongoing topic talk. Many formats contain a modal particle. In spoken Dutch, the directive aspect of these (and other) formats is often mitigated with one or more modal particles, which are difficult to translate. I observed particles like 'maar' and 'even' in the data as relatively constant components of imperative (and other) constructions, therefore I named the imperative format 'imperative+particle'.
Such particles create subtle changes in what is conveyed and hence play an important role in communication in Dutch (Foolen 2010; Van der Wouden, 2002). The current analysis has no particular focus on the interactional function of modal particles in these formats. The analysis is primarily conducted from the interactional details in the physical and material environment during the occurrence of these practices. Furthermore, Chapter 6 addresses the interactional function of a specific usage of the discourse particle *nou* in this care setting.

In the first example of an *assisted-performance progression request*, there is intensive physical contact between the care worker and the senior during the production of the request. Both have a shared focus on the ongoing activity and the physical tension between them creates a certain urgency to grant the request.

Extract 1

An Assisted-Performance Request ***go PRT sit down again***

[MsBrown2: 38:45-39:10] CW1= care worker MSB= Ms. Brown

The care worker is busy washing and showering Ms. Brown's lower body who is now standing half-upright above the shower chair (from sitting position) after she was asked to get up for a little while. The care worker holds Ms. Brown upright with her left hand continuously clamped round Ms. Brown's left upper arm and faces her from aside.
The muscles in Ms. Brown's hands and arms are tightened as she leans on the chair arms; the care worker finishes rinsing.

1		[(25.0) *((CW changes in her right hand the wash cloth with the shower head – with running water – from the wall. She then rinses briefly MSB's back and directs the shower to MSB's front lower body while bending slightly forward. Then she straightens upright and moves the showerhead to MSB's back upper body, rinses it and produces line 2))*
2	CW1: →	ga maar weer zitten. go PRT* again sit ***go PRT sit down again***
3		[(2.6) *((MSB promptly moves her body towards the shower chair to sit down, CW pushes MSB's body gently downward with her left hand around MSB's left upper arm))*

** PRT = particle*

Verbal requests to engage actively in accomplishing care activities are often formatted with concrete action verbs. In this fragment, with the first position verb formatted as an imperative, both verbs express a physical action to be carried out by the senior, i.e. 'ga maar weer zitten.' [go PRT sit down again] (line 2).

The verbalization of the request is closely related to the corporeal care-taking event; it is embedded in a physical environment that is prepared for by the care worker's physical labor. The participants are jointly involved in the activity, both—with some effort—corporeally as in their focus on performing it. Such physical arrangement affords the request a certain urgency; it simultaneously foreshadows relaxation of their joint endeavors as soon as the senior has returned to her sitting position. The latter is referred to verbally with the token 'weer' [again]. These instances often occur in this setting and can be regarded as "time-critical contexts where something needs to be done right now" (Sorjonen et al., 2017, p. 9). The organization of the talk thus merges with the organization of the corporeal activities and the senior is assisted while complying with the request; its fulfillment is accomplished as a co-constructed action.

The next example of a *recipient-performance progression request* shows more (corporeal)

distance between the care worker and the senior during its production; there is no shared physical tension.

Extract 2

A Recipient-Performance Request ***could you PRT turn to that side***

[MrMauve1: 06:00-06:09] CG1= care worker MRM= Mr. Mauve

Mr. Mauve is severely suffering from Parkinson disease and is being washed in bed. There is a towel over his bare upper body. The care worker is standing beside the bed; she has just washed and toweled his lower body. Then, the back of his body needs to be washed and for that, Mr. Mauve has to turn his body sideways.

1 [(5.5)
((MRM lying on his back and CG finishes drying his lower body with a few strokes. She puts the towel at the bed end, straightens her body and while looking at MRM's face, she produces the request while pointing, following'even' [PRT], with her right index finger to he other side of the bed))

2 CW1: → ↑zou u even kunnen <↓draa:ien> naar die kant
would you PRT can turn to that side
could you PRT turn to that side

3 [(3.0)
((CG slightly bends over to remove the towel that is over MRM's upper body. While grasping its corner with her left hand, she again points with her right index finger just prior to producing 'naar die kant'[to that side]. At her pointing MRM starts moving his left hand towards the bedrail, then grabs it and starts turning his body sideways. At the same time, CW removes the towel with both her hands while closely monitoring MRM))

In this excerpt, the progression request is formatted as an interrogative without a pitch rise at its end (line 2). Like in previous extract, there is no topic talk going on just prior to the request. The care worker and the senior are (visibly) not involved in a strenuous

joint corporeal activity. So far, the senior is physically relatively passive.
Their physical configuration during the request production (there is no bodily contact between them nor has the environment been primed for a collaborative performance) foreshadows that the request is in first instance targeted at the senior to become active without support. The care worker is about to begin a new set of activities as soon as the senior has turned his body sideways.
The onset of the senior's activity is indeed carried out independently by himself; while he—halfway the request—moves his left hand towards the bedrail and firmly grabs it, he starts turning his body sideward. These movements coincide with the care worker pulling the upper body towel away with both her hands.

Research into the use of such progression requests by the care worker, in particular in the specific setting of morning care routines, is still underexposed within *Conversation Analysis*. Sorjonen et al. (2017) note "In particular, the pragmatic dimensions that warrant the usability of imperative turns on particular occasions of spoken and embodied interaction have remained unexplored" (p. 3).
With respect to a broadly shared view in the Netherlands on care for 'autonomous' seniors, the action of requesting in the setting of residential care raises an interesting paradox; an approach that seeks to encourage self-determination may be at risk with the common usage of progression requests in morning care, due to their directive nature. This paradox triggered me to investigate how the care worker and the senior are oriented toward relational issues at moments when progression of the activities is at issue.

The remaining part of this chapter proceeds with a brief outline of the action of requesting, followed by the analysis of the most frequently occurring pattern of progression requests: the *assisted-performance type*. This type concerns practices with a verbless phrase, an imperative+particle and a 'mag u' [may you] format, initiating assisted corporeal performance of the requested action.
Chapter 5 then discusses the analysis of a number of declarative and interrogative formats as progression request practices of the *recipient-performance type*. This type prompts the senior to carry out the requested corporeal action without support. Finally, a conclusion is formulated for both these chapters.

4.1 The Action of Requesting

Requesting is a form of human conduct that is all around us: we constantly find ways to address each other to do things. Requesting is a basic social activity; many interactions in our social lives are built around requests. We often make use of language, but not necessarily, as a requester as well as a requestee, to accomplish a requesting sequence. How language use is related to the action sequences that we accomplish in our everyday and institutional social lives, has been a widely acknowledged research topic for many decades.

The concept *action* as related to language use is discussed within *speech act theory* (Austin, 1962; Searle, 1969, 1976; Levinson 1980). It concerns 'classes of actions' that help us determine the actions we convey in communication, e.g. offering, promising, requesting etc. This perspective on communication and language use foregrounds the action aspect of language and fundamentally differs with earlier views on language as being referential rather than performative (cf. Chapter 3; for a brief overview Drew & Couper-Kuhlen, 2014).

In contrast to *speech act theory*, *conversation analysis* strongly focuses on the sequential character of human inter-action (Heritage & Atkinson, 1984; Schegloff, 1984b, 2007b). Therewith, *action ascription* and *action formation* become equally important in the analysis of human communication (Levinson, 2012). The latter term refers to the speaker who's—language and other—conduct displays indications of how an utterance may be understood. The former term refers to how (publicly visible) the speaker's conduct is understood and treated by the addressee.

For the analysis at hand, this distinction implies for instance that requesting is not identified as an action beforehand, but its import is analyzed from within the interactional context of its use. In such an analytical approach, the onset of investigating an *action*, lies in the conduct, talk and other embodied practices, participants employ when they are involved in face-to-face communication.

To characterize certain conduct as conveying a particular action, we need to build our evidence from within the context of an interaction, how it unfolds in all the observable moves of the participants, 'first' speakers as well as recipients, as recorded in the data. This leaves unimpeded that all request *practices* are, regardless of their context of use, consistent in their target: the speaker wants the recipient to perform a particular *action*. Rossi (2012, 2015) refers to this as the "core meaning" of requests, "…. a meaning that is present across all uses of a certain action format..." (p. 432).

With respect to the notion *practice* in relation to *action*, Robinson (2007) notes:

> A practice of action is a structured orchestration of multiple aspects of conduct-in-interaction that is regularly produced and understood as implementing a particular action (or set of actions). There is a distinction between a practice and a practice of action, the former being used to build the latter. For example, multiple practices of turn design, lexical choice, intonation, and sequential position frequently get orchestrated, in context-sensitive ways, to achieve single practices of action. Participants are concerned with the product of this orchestration in terms of action, whereas analysts are concerned in addition with the practices used to build actions. (p. 68)

This characterization underlines the analytical perspective of an action as possibly being made up of several practices. This particularly applies to the request action under investigation, due to its physical nature. I use the term request in the current project for the appeals of the care worker to activate the (corporeal) conduct of the senior.
In my analysis, 'context' is also conceived as the way the participants cognition wise, physically and spatially relate to each other in the environment. Therewith, 'context-sensitive ways' can be expanded to practices deriving from various physical and spatial (multimodal) resources, as constitutive for the action of requesting. Where *action* refers to `doing things´ with language and other conduct, the notion *activity* is a more overarching term for actions that are organized around a certain goal, e.g. morning care activities (cf. Chapter 3).

As noted, within *Conversation Analysis* the sequential organization of interaction is used as a basis for understanding how participants construe and make sense of each other's moves. I analyze progression requests from their sequential position and their design in talk-in-interaction and in the order of morning care activities. My analysis primarily focuses on the different practices that make up request actions, previously referred to as *action formation*.
According to Schegloff (2007b), the problem of *action formation* as distinct issue in face-to-face interaction, means dealing with the analysis of "… how are the resources of the language, the body, the environment of the interaction, and position *in* the interaction fashioned into conformations designed to be, and to be recognizable by recipients as, particular actions - actions like requesting…" (xiv).
Following this path, the linguistic format of requests is defined by the interplay of multiple multimodal resources preceding their implementation. Such interplay is in turn informed by care routines as well as by the contingencies in the environment (cf. the concepts *Situated Activity System* and *Multimodality*, Chapter 3) and in the care worker and senior's relationship.

In the former chapter, I also noted the *preference for progression* as a key principle in conversation analysis. In other words, participants in talk-in-interaction are oriented to an unimpeded unfolding of a sequence. Stivers & Robinson (2006) point out: "… preferred responses have generally been analyzed as actions which more quickly and efficiently allow for sequence closure and thus for progress in interaction" (p. 387). This has important consequences for *action formation*. As Curl and Drew (2008) argue: "The request forms speakers select embody, or display, their understandings of the contingencies associated with the recipient's ability to grant the request" (p. 129).
Morning care provision is predominantly physical in nature and the care worker and the senior are continuously focused on the immediate and temporary nature of goal-directed tasks, all contributing to 'getting ready for the day'. Therefore, adjustment of a specific request to the contingent corporeal abilities of the senior contributes significantly to compliance with the request and hence to a smooth co-operation.
The literature shows that there is ample justification for a grammatical consideration of request formats. Such accounts can be found in the numerous creditable results concerning requests, stemming from a rich linguistically inspired CA research strand (Englert, 2010; Ford, 2004; Ford & Thompson, 1996; Fox, 2007; for an overview: Couper-Kuhlen, 2014; Sidnell & Stivers, 2012; Sorjonen et al., 2017).
Mazeland (2012) notes that the form of turn-constructional units are object of study in CA as far as this is "… in the service of the examination of interactional practices" (p. 476). Schegloff (2007b) discusses, besides sequence structure as another key preference mechanism for the successful accomplishment of action trajectories in progress, the employment of certain grammatical formats as a—for the recipient—preference informing feature of the turn-design of a speaker (p. 62). Couper-Kuhlen (2014) argues "…. grammar tells us something about social action. It provides a basis on which recipients form working hypotheses about what action a co-participant is initiating" (p. 645).
With regard to studies of request sequences in home help care settings with older adults, Lindström (2005) found that seniors use different request formats to shape social relationships and roles. Heinemann (2006) examined how the dependency of the senior on the home help assistant may affect the way in which requests are formulated, for example with a stronger display of rights than what would be done in another setting (p. 1102).

The outlined studies and approaches provide a helpful framework to unravel how participants can employ their communicative resources as embodied action in

progression request sequences during morning care. They elucidate how the body, the material environment and other resources intertwine together with talk during such sequences (Good & Beach, 2005; Goodwin, 2007; Haddington et al., 2014; Mondada, 2014; Robinson, 2012; Sorjonen et al., 2017).

4.2 Assisted-Performance Progression Requests

Two distinct physical patterns were identified in the data with regard to the conduct of the participants during the occurrence of progression requests. The pattern that emerged as strongly tied to active mutual involvement in bodily activities concerns the so-called *assisted-performance progression requests*. These requests are predominantly produced during sub-transitions between activities (cf. extract 1).

Assisted-performance requests constitute the most prevalent type of requests for physical action in the data (N=235). This type comprises verbless phrase formats (n=64), imperative+particle formats (n=140) and 'mag u' [may you] constructions (n=31).

I argue that the formats in this pattern occur when the participants are corporeally close collaborating within an activity underway while their communication is characterized by minimal interactional effort. The syntactic structure of these relative brief verbalizations appears to be associated with various temporal configurations of bodily resources; they all signal that performance of the request is a matter of here and now (cf. Goodwin, 2000c, 2007; cf. Mondada, 2015). These configurations are thus strongly related to the activity underway. The senior commonly instantly complies when s/he is addressed with these formats, most often bodily assisted by the care worker.

I further argue that the use of these formats, regardless of their more or less directive nature, displays a strong orientation of the care worker to the senior as a competent participant.

It is important to note that occurrences of physical cooperation between the care worker and the senior also regularly occur without a verbal summon to collaborate. They occur, for example, when the senior offers an arm or leg/foot during washing or toweling in an ongoing activity. Such instances may be considered a form of recruitment (Kendrick & Drew, 2016). In these cases, the senior appears to respond to a powerful projective force lodged in the physical configuration of the moment "—as an essentially local "here-and-now" context of cooperation—" (Heritage, 2016, p. 30). The senior thus preempts a verbalization of a request by the care worker.

Although the routine character of the activities underway equally may affect such

'offering' conduct occurrences, they differ from the verbal action formation instances as studied in this project. More importantly, they do not represent the way care worker and senior commonly navigate through transitions in morning care in the data; in this institutional context with a strong social character, there is a regular use of verbal communication during transitions.
The order wherein the assisted-performance instances are discussed in the next section is based on the length and complexity of their syntactic structure: from verbless phrases and imperative+particle occurrences to the more extended 'mag u' [may you] constructions. I also elaborate interactional phenomena in similar sequences, while participants are concurrently involved in *topic talk* and the care worker articulates the request in the midst of an ongoing topic.

4.2.1 Verbless Phrase Progression Requests

There are times when the order of the activities during participants' collaboration more or less self-evidently unfolds by virtue of its routine order. I observed that during such physically close collaboration, a brief verbalization—without a verb—may additionally organize the interaction. Such verbless progression requests convey little pressure and often refer to limb movements of the senior.
The verbless phrases represent instances of minimal language use in talk (n=64). Examples are 'en uw rechterbeen' [and your right leg], 'de armen' [the arms], 'achterkant nog even' [backside PRT PRT], 'iets naar voren' [slightly forward].
In the next two fragments the senior is requested to raise his left foot, but the circumstances in these events are quite different. The extracts illustrate how the use of this format is subtly attuned to the spatial and physical arrangement of the participants. Moreover, the senior's limited mobility is not addressed.

Extract 3

Verbless Phrase Format		***and the other foot***
[MrMauve1: 09:47-10:70]	CG1= care worker	MRM= Mr. Mauve

Mr. Mauve has been washed in bed. The care worker is busy putting on his socks. She starts with the right sock after two successive imperative requests ('doe de voeten maar omhoog mijnheer Mauve' [put your feet PRT high up mister Mauve] 'trek ze maar op' [pull them PRT up] not in the transcript). She has then facilitated an—assisted—fulfilling of these requests by removing the blankets and lifting up both feet, the right foot a little higher.

0 [(3.0)
*((CW1 takes sock and rolls it between her hands, then she puts it on the right foot of MRM (**P1**)))*

1 CW1: nj↑A
P2
yes

2 (0.6)

3 CW1: → de andere voet
P3
the other foot

P1 10:00:00

P2 10:01:50

P3 10:03:35

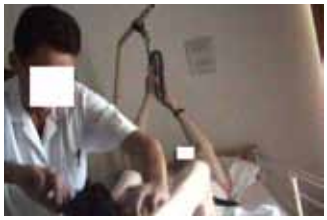
4 *((following the production of 'foot' CW1 starts rolling the left sock in her hands and MRM moves right foot downward and starts lifting his left leg (**P3**). On a hearable in breath CW moves – still rolling the sock towards MRM's feet (**P4**). As CW reaches the feet, MRM further lifts up his left foot (**P5**)))*

MRM:

P4 10:04:26

P5 10:04:60

5 *((CW1 puts the sock around MRM's toes (**P6**) and then around his heel (**P7**), finally CW1 pulls the sock up the leg (**P8**)))*



P6 10:04:80

P7 10:06:00

P8 10:06:50

The request is situated in the context of the sub-project of putting on socks. The first (right) sock has been put on senior's right foot. The care worker returns to "home position" and produces 'nj↑A' [yes] (line 1, P2), marking completion of the foregoing action and the arrival at a "transition-space" (Schegloff, 1996, p. 96). Coupled with the physical activities in this setting, the term "task transition space" seems even more apt (Lerner et al., 2011, p. 44).

At the same time, her utterance projects, through its positioning and slightly rising pitch while taken up the second sock, that there is more to come; all together a locus for the articulation of a request is created. The situated use of this format makes immediate physical compliance a more or less urgent matter.

The articulation in line 3 of 'de andre voet' [the other foot] may, from its grammatical form (nominal constituent, i.e. reference to body part), be considered as part of an enumeration of a series of routine activities in this sub-project. The utterance without a verb, as embedded in this configuration, can interactionally be regarded as parasitic to the preceding action with the right foot. Along with the physical preparations of the care worker, albeit without direct bodily contact between the participants, this configuration powerfully projects corporeal involvement between participants in the upcoming requested action.

The care worker is focused on rolling up the left sock between her hands. The senior's lying posture hinders a full view of this activity, but his sense of touch also informs him on its progress. Equally, it is publicly visible that the senior's focus is on the current activity; he initiates lifting his foot just after the phrase is produced (P4) and lifts it further during the next 1.5 sec (P5, P6). The senior has construed this verbalization within this specific context as an instruction to comply with immediately.

The fragment shows that the senior is addressed as a competent participant in multiple ways, despite his limited physical abilities. First, the short verbal alert to mobilize his legs and feet is worded as a preparing but not too complex movement; support has been provided earlier when the blankets were moved aside. Such wording implies the requested as a feasible action, apt to the senior's abilities. So, it displays a minimum of—articulated—pressure. Second, the subsequent actual adjustment of the care worker's physical preparing actions, rolling up the socks and putting them around his feet, to the senior's corporeal abilities, enables and projects his immediate compliance. Hence, it allows him to enact competent participantship.

The following example presents another situated use of a verbless progression request; the verbless phrase is equally implemented in a sub-project as an activating verbal component within a multifarious turn, without putting extra burden on the senior's physical abilities. In addition, in this fragment the talk sequence upon finishing their corporeal involvement also reveals how they relate to each other.

Extract 4

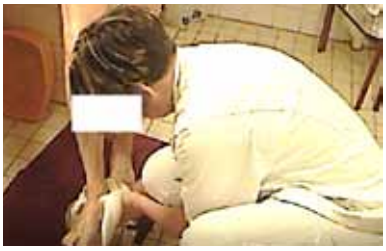
Verbless Phrase Format ***and the other one***

[MrGreen2: 06:44-06:52] CW1= care worker MRM= Mr. Green

Mr. Green has been showered and the care worker is toweling his feet on the bath mat. She has started with his right foot. There is no topic talk going on.

1 [(5.6)
[*((CW is toweling MRG's right foot))*

P1 **P2**



P1 06:49

P2 06:50

2 CW1: → jhaa (0.4) de andere
P3 P4 P5 P6
yes the other
yes the other one

3 MRG: [(6.4)
*((Following 'jhaa'[yhess] CW removes the towel from MRG's r. foot and MRG starts moving this foot backward (**P3**). He then brings his body weight to his r. foot (**P4,P5**) and offers his left foot which CW starts (**P6**) drying)))*

P3 06:50

P4 06:51

P5 06:51

P6 06:52

4 MRG: k'had ook wel ho:ger kunne houwe die voet
i had too PRT higher could hold that foot
i could also PRT have held it higher that foot
5 (.)
6 CW1: jha: ma ik kan ook wel eevn door de knieën
yes but i can too PRT PRT through the knees
yes but i can also PRT PRT stoop down
7 (0.9)
8 he,
uh

9	so ist ook weer klaar
	so is it too again ready
	so it's also ready again

In this extract, the care worker and the senior are involved in drying seniors' feet. The routine character of the activities is clearly displayed in how both feet are toweled, one after another. The senior looks down, holding on to the washbasin with his right hand while standing on one foot. The care worker verbally accompanies her drying activity (P1, P2) after 5.6 sec, with 'jhaa' [yes] (P3), indicating she completed the right foot and also marking where about the activity has progressed. Her 'jhaa' therewith indexes a transition space in between the drying of two feet and creates a locus for the request 'de andere' [the other one], which follows immediately (P4, P5).

The spatial and physical configuration of participants shows close corporeal proximity displaying bodily effort of both during their collaboration while they are focused on the activity underway. The progression is thus structured by a multifarious turn, wherein the talk, minimal as it is, serves the physical framework of activities; the senior is alerted and responds by holding up his other foot.

Obviously, their mutual involvement in and closely monitoring of this familiar routine activity makes an extensive verbal explanation or a cumbersome request superfluous and awkward. Requesting during such a sub-transition is, as in the former extract, formatted and taken up from its position within the SAS as well as from its multimodal embeddedness in the ongoing activity.

While the drying continues, the senior reflects on the way he takes part in the activity, thus installing talk as participation structure: 'k'had ook wel ho:ger kunne houwe die voet'[i could also PRT have held it higher that foot] (line 4).

It is not clear whether he initiates the talk as a reaction to the way the care worker grasps his foot. Either way, the care worker responds in line 6 with 'jha: ma ik kan ook wel eevn door de knieën' [hes but i can also PRT PRT stoop down]. The care worker closes this talk sequence in line 9 (in third position); it coincides with the completion of the physical activity and is seamlessly incorporated by it.

The care worker's initial 'jha:' [yes] in line 6 is noteworthy and can be regarded as another index of how the participants relate to each other. It appears to fully acknowledge the senior's statement in line 4. Instead of a 'no' or 'there is no need', which would emphasize her assisting role and his limited mobility, she formulates her own responsibility in their co-operation without downgrading his abilities.

Overall, these examples demonstrate how such brief phrases can only become meaningful as a progression request, which by itself generates response pressure, within the situated interplay of multimodal resources in the organizational framework of the SAS routines.

4.2.2 Imperative+particle Progression Requests

The most frequently occurring progression request during morning care is the request, linguistically recognizable as such, with an imperative+particle format, e.g. 'ga maar zitten' [go PRT sit down] (n=140).

The syntactical construction of an imperative format in Dutch is: 1) direct verb—expressing a commandment—, not necessarily followed by: 2) pronoun 'u' [you] as polite variant, 3) particle(s) (henceforth PRT–in the transcripts), 4) not necessarily followed by one or more infinitive verbs, indicating the requested action or movement (Coppen et al., 2012; cf. Couper-Kuhlen, 2014). Examples in the data are 'kom maar' [come PRT], 'komt u maar' [come you PRT], 'kom maar even zitten' [come PRT PRT sit], 'kom maar weer zitten' [come PRT again sit].

The temporal adverb 'weer' [again] often occurs in these requests. Less regularly is the use of 'nu' or 'nou' [now] as adverb of time. Both these usages however, point to the stage-wise ordering of the SAS activities.

The next fragment concerns a more detailed analysis of extract 1; an imperative+particle is formulated as a brief request without a pronoun as it occurs in many imperatives. The extract equally illustrates the concurrent use of multiple modalities; how care-bound talk intertwines with care activities during close corporeal collaboration. Additionally, the imperative+particle appears to be elicited during a temporal strenuous physical configuration between the participants. In itself, it embodies more urgency to its fulfilling than the verbless phrase progression request.

Extract 5

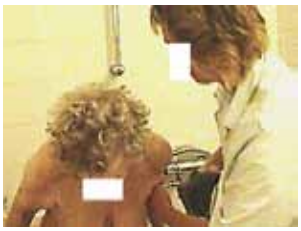
Imperative+particle format ***go PRT sit down again***

[MsBrown2: 38:45-39:10] CW1= care worker MSB= Ms. Brown

The care worker is busy washing and showering Ms. Brown's lower body who is now standing half-upright above the shower chair (from sitting position) after she was asked to get up for a little while. The care worker holds Ms. Brown upright with her left hand continuously clamped round Ms. Brown's left upper arm and faces her from aside.

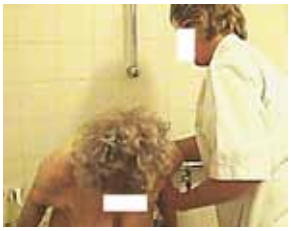
The muscles in Ms. Brown's hands and arms are tightened as she leans on the chair arms; the care worker finishes rinsing.

1 [(25.0) P1-P7
*((CW changes in her right hand the washcloth (**P1**)with the showerhead, with running water, from the wall (**P2**).*
*She rinses briefly MSB's back (**P3**) and directs the shower to MSB's front lower body (**P4**) while bending slightly forward. Then she straightens upright and moves the showerhead to MSB's back upper body (**P5**), rinses it and produces line 2 (**P6**)))*

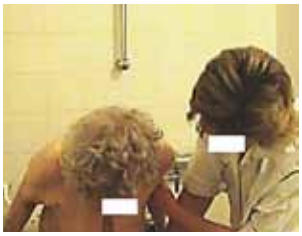


P1 38:45:05

P2 38:47:51

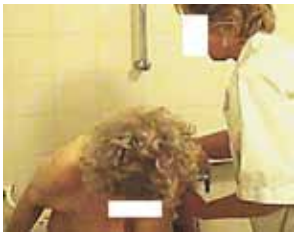


P3 38:48:58



P4 38:53:36

P5 38:56:74

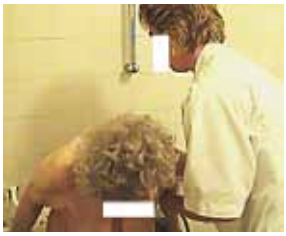


P6 38:57:25

2 CW1: → ga maar weer zitten
P6 **P7**
go PRT again sit
go sit down again PRT

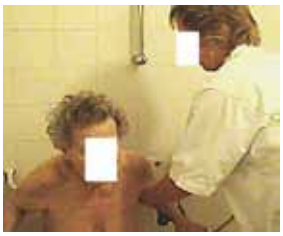
3 [(2.6)
*((Immediately following the talk CW changes her grip on MSB's arm (**P7**) and she moves the shower to the wall.*
MSB loosens her shoulder muscles and starts moving her body downward

*to the shower chair (**P7,P8**) to sit down, CW pushes MSB's body gently downward with her right hand still round MSB's left upper arm (**P9**)))*



P7 38:58:27

P8 38:59:49



P9 39:00:95

4 CW1: jah
yeah
((as soon as MSB is sitting down CW produces 'jah' and CW lets go MSB's arm))

The request implementation in line 1 is clearly related to the physical configuration of bodies and objects in the environment. The order of the rinsing activities, the last rinsing movements at the upper back, signals and projects completion of the showering while participants both are—visibly—corporeally concentrated on the senior's standing posture (P5). Therewith, a locus for the articulation of an imperative format is created, which puts compliance here and now on the agenda. A verbal response is not invoked; their corporeal arrangement projects a co-constructed "type-conforming" response (Raymond, 2003; Schegloff, 2007b) within an order of physical activities as key organizational structure.

The care worker produces the request while looking down to the shower chair, thus displaying her orientation to the next move: assisting the senior with sitting down (P6, P7). Her grip round senior's arm ensures their continuous bodily contact. MSB gazes downward while her arms and shoulders are tense. The *verbal* articulation alerts the senior to become physically more active; it calls for corporeal action with the imperative inflection 'ga' [go] and the infinitive verb specifying the expected movement 'zitten' [sit]. The use of the temporal adverb 'weer' [again] refers to a return to the senior's previous position and is therewith oriented to finishing the activity; participants are involved in a corporeal configuration of temporary nature.

In this example, the temporality of their arrangement is visible in the physical pressure

on compliance (Deppermann & Günthner, 2015). According to Mondada (2017), coordination is then favored by using an imperative "in these sequences (of two paired actions) these actions are not 'first' in absolute terms, but are embedded within the flow of action, orienting to it and contributing to it" (p. 69). Furthermore, the use of the modal and temporal particle 'maar weer' [PRT again] equally projects an upcoming relaxation of their physical efforts once senior's return to "home position" is achieved (Sacks & Schegloff, 2002). At the same time, the configuration of their bodies projects co-compliance.

Accomplishment of the action sequence is then reflected in the care worker's release of the senior's arm and her simultaneously produced 'jah' [yeah], which also assesses their co-operation (positively) in third position. Although its closing function relies on the principles of talk as organizational framework, the extract demonstrates how talk merges with the organization of the SAS activities. As in former extract, the third position utterance is incorporated as care-bound talk by the SAS framework.

Extract 6 highlights even in more detail the predominance of the physical line of action as key interactional structure wherein care-bound talk as modality is embedded. Similar to the former example, the spatial configuration of participants' bodies displays that they are jointly involved in a particular physical configuration that requires physical effort from both. It projects likewise an assisted co-constructed next turn: turning the body.

Extract 6

Imperative+particle format ***come PRT back PRT***

[MsBlue1: 00:07:42-00:07:47] CW1=care worker MSB= Ms. Blue

Ms. Blue's back is being washed in bed, she has turned her body temporarily to the left side and the care worker dries her back with a towel.

1 [(6.0)
*((CW is toweling MSB's back with her left hand. Her right hand is positioned at MSB's right hip (**P1**) to support her side position. CW then removes the towel from MSB's back while relaxing the pressure in her right hand (**P2**)))*

P1 07:42:81

P2 07:45:02

2 CW1: → komma trug ↑HOOr
P3 P4 P5
come PRT back PRT
come PRT back PRT

*((CW moves with her fingers upwards MSB's hip (**P3**) and re-positions her hand in a firm grip and MSB immediately starts her turning movement (**P4,P5**)))*

P3 07:45:36

P4 07:45:46

P5 07:46:00

3 MSB: •°jah
P6 P7
yeah
*((CW supports MSB'ts turn (**P6,P7**) gently moving her right hand along MRB's right hip until MSB is laying on her back again (**P8**)))*

P6 07:46:27

P7 07:46:50

P8 07:47:19

The initial verb inflection 'kom' [come], mitigated with the particle 'maar', embodies a physical activity for the senior to carry out. The direct verb is part of the compound verb 'terug komen', 'komen' [to come], 'trug/terug' [back], it refers to the previous "home position" and indicates activity completion; the senior can return to laying on her back.

There is muscular tension visible, partly in their continuously bodily contact through care worker's right hand on senior's hip, preventing her from rolling back. MSB herself holds the side rod of the bed with her right hand while gazing at the wall. The upcoming activity of re-turning requires physical effort of the senior. At the same time, re-turning projects relaxation of the current bodily efforts of both.

In this extract, priming the environment for the requested action is evident. The care worker prepares an, assisted performed, unimpeded rotation of the senior; she removes the towel from MSB's back (line 1, P2) and moves her fingers upward on MSB's hip (P3) to facilitate rotation. This brings about a locus for the request initiation.

While she starts producing the request with 'komma trug' [come PRT back] (line 2), her fingers are 'walking' up the hip seeking grip to facilitate rotation (P3). In a tenth of a second her hand has reached an appropriate grip and simultaneously, just before '↑HOOr' [PRT] (P4), the senior starts off pushing herself gently back from her sideward position, facilitated by the care worker.

The request's locus is not defined here, as in the former fragment, by the completion of care worker's hand and finger movements. The care worker still has to establish a firm grip while the verbalization is already on its way. Although not visible, it may well be that as soon as MSB senses the care worker's grip on her hip facilitating her torso in turning back, she becomes physically active; she starts turning halfway the verbalization of the request. Such an order of intertwining talk and corporeal activities emphasizes the predominance of the physical course of action and reinforces the pressure to act upon this basis.

The particle 'hoor', as tag not integrated in the syntax of the TCU, functions in talk-in-interaction as signaling particle and emphasizes the ending of the activity; generally, its usage does not elicit response (Kirsner et al., 1994; Mazeland, 2010; Mazeland & Plug, 2010). The situated use of 'hoor' in this environment indicates completion of the care worker's seeking a grip and underscores its attainment. However, its use does not trigger their (corporeal) co-constructed response; rather it encourages the turning movement.

During her turning movement upon '↑HOOr' [PRT], the senior softly produces 'jah' [yeah] (line 3), which in first instance seems contingent on the verbal request. However, her initial compliance is of physical nature (starting at P4) as triggered by the request

TCU and by care worker's movements with her hand and fingers. The senior's 'jah' has the character of a brief sigh more oriented to her corporeal endeavor—she releases her muscle tension hearable in her voice—than to function as response to the request (line 3, P6, P7). The latter is further supported by the sequential position of 'jah'[yeah], it is produced halfway the physical compliance with the request. Hence, it becomes an accompanying verbal element in a multimodal second pair part. Therewith, the whole sequence unfolds within the framework of physical activities as prevalent interactional organization structure.

The foregoing analyses were in first instance focused at request instances in an environment where no other talk is going on and the seamless fusion of care-bound talk with corporeal activities leads to progression of the care activities. The next section discusses imperative+particle progression requests in an environment of conversational talk.

4.2.3 Imperative+particle Requests in Topic Talk Environment

So far, (topic) talk as distinct interactional activity was not at issue. SAS activities however, regularly go hand in hand with conversations on various topics between care worker and senior (Goffman, 1981). The participants are then engaged in different activity types unfolding simultaneously, but not related as activity trajectories and with different sequential implications, e.g. as in chatting and driving (Keisanen et al., 2014). The use of conversational talk co-occurring with care-bound talk during SAS activities challenges the participants to retain interactional coherence.

Extract 7 and 8 illustrate how in an environment wherein a telling as topic talk is at issue, a progression request of which execution cannot be deferred, is implemented by the care worker. Both fragments demonstrate the subtle way the intersection of two talk modes in concert with corporeal activities is dealt with by the participants.

Extract 7

Imperative+particle format in topic talk ***put that foot PRT PRT behind the threshold***

[MrBlack2: 00:03:00-00:03:10] CW1= care worker MRB= Mr. Black

MRB is sitting in the shower chair; CW bends downward in front of him and finishes washing his feet. She is involved in a telling concerning her nieces, twins, one of them had arranged to come and stay with her.

Upon finishing MRB's right foot, which she holds a little forward, in the middle of her telling, she pushes the foot gently backward with her hand while producing the request

in line 2. MRB actively moves along immediately and puts his feet together. CW then straightens her body and produces a second request in line 3.

1	CW1:	e:hn die vroeg mij voor een paar weken terug van goh,
		and she asked me for a few weeks back of goh
		and she asked me a few weeks backs goh
2	→	>zet die voet maar even achter de ↑drempel<
		put that foot PRT PRT behind the threshold
3		en >even gaan ↓staan.<
		and PRT go stand
		and PRT get upright
4		een twee (.) ja
		one two yes
5		en toen zei ze tegen mij van
		and then said she to me of
		and then she said to me
6		goh mag ik es een keer bij jou logeren,
		goh may i once a time at you stay
		goh can i come and stay with you some time

So far, the senior has enacted his role as recipient of a telling actively (a few lines back he asked the care worker about her sister being the nieces' mother, not in the transcript). The care worker's turn in line 1 is designed as an upshot of framing her talk as direct speech. She thus reconstructs how it went about when one of her nieces asked her to come over for a short stay.

The turn encompasses two TCU's, the first TCU continues the telling 'en die vroeg mij voor een paar weken terug van '[and she asked me a couple of weeks ago like] (line 2). The second TCU is direct speech; the care worker quotes her niece saying 'goh' [goh]. In this context, 'goh' as a turn initial operator, strongly projects more talk to come from the niece. In the organization of her turn in talk however, 'goh' is exploited as a locus to initiate a request, which therewith resembles the insertion of a parenthetical construction (Mazeland, 2007b). (Next, immediately following the parenthetical, the utterance of the niece is once more introduced.)

Subsequently, the next TCU's, which syntactically have no fit with the preceeding 'goh', are produced within the SAS framework and change the roles of the participants (line 3); they are no longer 'story teller' and 'story recipient'. The care worker launches a care-bound sequence with her imperative request as first pair part 'zet die voet maar even achter de drempel' [put that foot PRT behind the threshold], thus addressing their—corporeal—participation structure within the SAS. They are in bodily contact during the request articulation; the care worker simultaneously pushes with her hand the senior's foot backward.
This mode of talking not only differs from its content with the preceding talk, a salient distinct prosodic feature also characterizes it as a parenthetical, i.e. a lower pitch onset of 'zet'[put] compared to 'goh' (cf. extract 8 & 12). The fragment illustrates that the SAS progression request is in several ways marked as another activity that requires a different cooperation mode of both (cf. p. 82).
The next fragment illustrates the insertion of an imperative+particle format during topic talk in more detail; it immediately follows the current activities.

Extract 8

Imperative+particle format in topic talk ***go PRT PRT sit down mister Black***

[MrBlack2: 00:03:16-00:03:48] CW1= care worker MRB= Mr. Black

MRB is standing upright, his face sideward facing the wall and tensely holding on to the tap secured to it, his mobility is limited. CW is in front of him and continues her telling while she finishes washing his lower body with the washcloth. (The telling concerns her nieces, twins, one of them had arranged to come and stay with her.)
She takes the showerhead from the wall behind MRB, opens the tap and starts rinsing his back lower body and then the front. Next, she produces the request in the midst of her topic talk.

1	CW1:	maar de andere helft van de tweeling was ↑diep teleurgesteld
		but the other half of the twins was deeply disapointed
2		[(1.9)
		((CW slowly turns the showerhead to MRB's front body while rinsing him))
3		NOU zegt [Fien] tegen mij [Chantal] wil ↑niet dat ik mee↓kom.
		well says Fien to me Chantal want not that i along come
		well Fien says to me Chantal does not want me to come along

4 >hoe <u>vind</u> je dat nou,
how find you that PRT
what do you think of that PRT

5 nou↑<ik zeg Fien (.) dat is toch niet zo ↑rA↓Ar
P1
PRT i say Fien that is PRT not so weird

6 (1.0)
((CW holds the shower side wards))

P1 03:28

7 → ga maar even <u>zit</u>ten ↓meneer blackh:
P2 **P3** **P4** **P5**
go PRT PRT sit mister black
go PRT PRT sit down mister black

P2 03:29

P3 03:30


P4 03:30 **P5** 03:31

8	(.) °ja
	P6
	yes
	((MRB is sitting down and CW resumes showering))

P6 03:32

9	ik zeg ↑<u>hoor</u> es nu krijgt Chantal de <u>vol</u>le aan↑dacht
	i say listen now gets Chantal the full attention
	i say listen now Chantal gets full attention
10	en als <u>jij</u> komt krijg ↑<u>jij</u> de volle aan↓dacht
	and when you come get you the full attention
	and when you come to stay you get full attention
11	(0.7)

The progression request in this fragment targets a sub-transition in the rinsing movements of the care worker wherein both are actively involved; the senior's endeavor to remain upright is visible in his left hand, holding the tap and displaying a certain urgency to change posture. So far, he has also enacted his role as recipient of a telling actively.
In the organization of the SAS, the request is produced just upon the care worker finishes rinsing the senior's front body with her right hand. (Prior to this, she had washed his body with a washcloth in the same order.) The care worker inserts the request after '↑rA↓Ar'[weird] (line 5, P1). The latter element represents a syntactically possibly completion of the utterance, but its pitch contour indexes that it is not an actual completion (Schegloff, 1987, p. 107), but a "transition-relevance place" (TRP) (Schegloff, 2007b, p. 4). It conveys an assessment and its prosodic markers, with successively a rising and falling pitch on the lengthened 'aa', project an account or elaboration.
The interactional organization of the telling however, affords the care worker to suspend her telling without 'losing the floor'; her haltering creates a *transition relevant place* (TRP) as a locus for producing the request. Furthermore, as in the former extract, this TRP in the telling as talk activity is equally exploited as a (physical) "task-transition space"; care-bound talk—as distinct talk mode—is inserted, tied to the physical course of action: '>ga maar even zitten ↓meneer black< [go PRT PRT sit down mister black] (line 7).
Salient features of the request articulation compared to the previous utterance are of prosodic nature: the onset of 'ga'[go] is lower in pitch and the whole utterance is more up speed (cf. extract 7) (Walker, 2010). In many respects, its articulation strongly resembles several prosodic features of inserts as mentioned by Local (1992), also found for the insertion of parentheticals in Dutch (Mazeland, 2007b). Local notes: i) "a falling-rising pitch at the end of the pre-insert (in this extract there is a pitch fall at the end instead of a rise), ii) the talk in the insert is faster in tempo, noticeably lower in overall pitch and quieter than the preceding part of the turn, iii) the pitch of the talk after the inserted talk is noticeably higher than the ending pitch of the insert" (1992, p. 278).
Thus, besides the participants' dual involvement in showering and talking, the interplay of prosodic (and syntactical) resources constitutes further cues for recognizing the insert as a distinct talk mode, and as an action in its own right (Gumperz, 1992; Selting, 2005, p. 37). In addition, the same phenomenon occurs in line 9, where the care worker frames her talk as direct speech with 'ik zeg'[i say], remarkably higher in pitch and produced with more energy than her preceding '°ja'. Her turn can thus be recognized as resuming the telling.
The request immediately brings the SAS-participation framework forward as interactionally relevant. During its production, the senior takes up his role of SAS

participant and moves downward just prior to 'zitten' [sit]. It is not entirely clear whether the care worker facilitates this movement with her left hand, however, both are concurrently closely monitoring the corporeal activity underway (P3, P4, P5).
In addition, it is noteworthy that the senior is addressed with his full name as final element in this TCU. This phenomenon equally functions interactionally as an alert that a different mode of recipientship is required (Lerner, 2003; Schegloff, 2007b). Syntactically, such word order may contribute to the character of a naturally, in ongoing talk embedded interruption. Yet, more forceful, against the background of a pending talk topic, the imperative format underlines its here and now character as pressure on its fulfillment. Immediately following the senior's sitting movement, the care worker closes the sequence as first speaker in the care-bound talk with a soft '°ja'[yes], placed in third position of the inserted request sequence. This emerging brief sequence minimally disrupts both activity courses; the physical course of action has progressed and the topic is resumed (line 9). Moreover, this type of sequence closing with '°ja' is less action sensitive and more neutral than a sequence closing with for example 'okay', which would stress the success of the current physical 'project' (Mazeland, 2003, p. 136). It emphasizes that the care worker is still oriented to the topic talk as activity, while relying on the routine nature of the physical base line that organizes their overall interaction. Sequentially, it also allows the care worker to continue the foregoing topic talk and to elaborate on what was projected in line 5 with '↑rA↓Ar'[weird].

These fragments demonstrate that the participants have available a set of methods enabling them to coordinate the insertion of a SAS sequence within an ongoing TCU in conversational talk. By exploiting organizational principles of talk-in-interaction, e.g. through employment of shifting prosodic and linguistic devices in the talk and their subsequent uptake, the boundaries between topic talk and SAS-bound talk and activities are marked as distinct organizational frameworks.
The participants thus alternately rely on the order and routines of topic talk and of the SAS as resource to shape their interaction "... in order to advance the simultaneous or parallel progression of multiple activities" (Haddington et al., 2014, p. 22).
The next two fragments represent a third assisted-performance progression request as observed in the data; the usage of the 'mag u' [may you] construction.

4.2.4 'Mag u' / 'May you' Progression Requests

The following examples of 'mag u' [may you] constructions also index that the requested activities are part of a series of sub-activities with a shared focus of the care

worker and the senior on a (partially) assisted performance (n=31).
From its syntactical structure 'mag u' can be regarded an atypical declarative construction with inversion of the—auxiliary—verb and the 2nd person singular pronoun (not possible in English). Examples are 'mag u meekomen' [you may come along], 'mag u nog wel even gaan zitten' [you may still PRT PRT sit down] 'mag u hier de voeten opzetten' [you may put your feet up here]. Such atypical word order was also observed in a few non-interrogative constructions like 'kunt u hier wel weer gaan zitten' [you can here PRT sit down again] articulated with descending intonation.
I argue that in this setting the 'mag u' format indicates more response pressure for the senior than the default declarative 'u mag' construction, which is discussed in the next chapter.
In the next fragment similar assisted-performance request characteristics come to the fore as were uncovered during the use of the two previous formats. It demonstrates that deployment of the 'mag u' format is equally associated with the participants' shared focus on the ongoing activities and with—a degree of—corporeal proximity and performance pressure during their collaboration.

Extract 9

'Mag u' / May you format ***may you sit down again PRT***

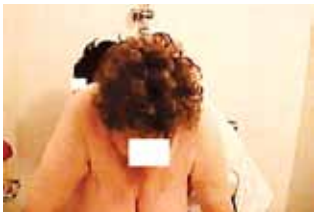
[MsWhite1:11.05-11.18] CW1= care worker MSW = Ms. White

Ms. White has been washed and showered and the care worker just finished drying her back.

1			[(6.5) *((After drying the lower part of MSW's back, CW has folded the towel to put it on the shower seat for MSW to sit on, upon finishing this he produces line 2 followed by line 3))*
2	CW1:		zo- (0.3) **P1** ***so***
3		→	mag u weer komen zitten ↑hoor **P2 P3 P4 P5** may you again come sit PRT ***you may sit down again PRT***

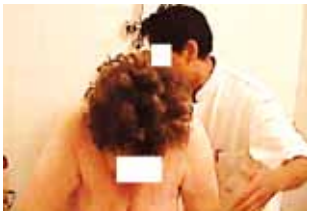
4 [(2.0)
*((MSW starts moving her body downward (**P3,P4**) while she seeks a firm grip with her hand at the back of her chair armrest (**P5**), encouraged by CW in line 5 (**P6**)))*

5 CW1: goed vastpakken (.)
P6
good tight hold
take a good hold

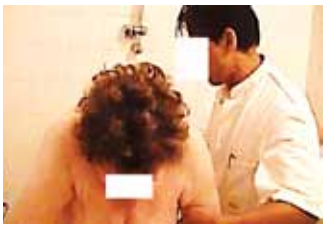


P1 11.12

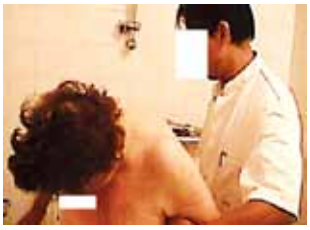
P2 11.12



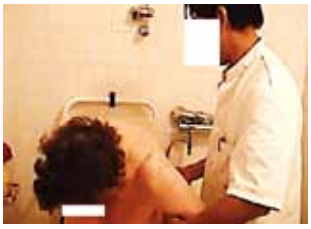
P3 11.13



P4 11.14



P5 11.15



P6 11.16

6 ja-
yes

7 MSW: =ja:h- (sighs)
P7 **P8**
yeah

8 (2.0)

P7 11.17

P8 11.18

This extract also clearly illustrates the so far established features of the assisted-performance progression request practices. The request also marks a (sub-) transition in the care drying activities within a familiar order of the SAS of morning care; as soon as the senior sits down, the care worker continues with drying her legs and feet.
In the fragment both participants are focused on the action of sitting down that is upcoming. The material environment has been primed; the towel is put on the chair for the senior to sit on, verbally accompanied by 'zo'[so], thus creating a locus for the request articulation. The senior's effort in standing above the shower chair has been temporary during the drying of her torso, this is underscored by the adverb 'weer'[again] in concert with the care worker's hand reaching to assist the senior in jointly fulfilling the downward movement here and now.
The production of the request visibly alerts the senior to become more actively involved. While the care worker positions his left hand around the senior's left arm (P3, P4), she almost immediately starts seeking with her right hand backwards for a solid hold at the armrest (P5). Their physical arrangement powerfully projects a corporeally assisted performance of the whole action of sitting down as well as the immediate relaxation of their corporeal endeavors once this is achieved.

The next fragment illustrates similar characteristics in the physical configuration of the participants during a 'mag u' request but with less pressure. The care worker verbally initiates a transition with 'mag u' during topic talk. Concurrently at its onset, she facilitates fulfillment of the request by gently pushing the senior's knee toward the wall. Unlike the imperative+particle requests, the 'mag u' constructions frequently occur in contexts of less bodily effort of (one of) the participants. Nonetheless, even without such effort and less strong projection of an assisted performance, the extract demonstrates that the participants' shared focus and corporeal involvement in the ongoing activities powerfully engages them in an upcoming transition equally when topic talk is going on.

Extract 10

'Mag u' / May you format		***may you PRT turn around***
[MsBlue1: 11:20-11:36]	CW1= care worker	MSB = Ms. Blue

Ms. Blue is telling she suffered from abdominal pains the night before. She had to call the night nurse several times to keep her bed from becoming foul. While the care worker is toweling MSB's upper body, she has engaged in the telling and occasionally comments.

1	MSB:	(dat je)niets kan en mm
		(that you)nothing can and mm
		(that you can do) nothing and mm
2		un haar scheelt of je hele bed kwam onder
		a hair saves or your whole bed came under
		a near thing or your entire bed was covered
3	CW1:	ja dan ook nog die nieuwe
		yes then also PRT that new
		yes above all PRT that new
4		(3.0)
5		nieuwe dekbed
		new duvet
		new duvet
6	MSB:	nou ja mah (.)toen zag ik eh
		now yes but then i saw eh
		well yes but then i saw eh
7		kwam [Jana] deran ik zeg mens (1.5) wat un geluk!
		came Jana near i say man what a luck
		Jana coming i say man how lucky
		((*CW continues toweling MSB's upper body*))
8	CW1:	hahaha°
		huhuhu
		P1
		*((CW softly laughs and removes towel (**P2**), then she puts her left hand on MSB's right knee and starts pushing it gently toward the wall (**P3,P4**) and lets go (**P5**)))*

P1 11:28

P2 11:29

9	→	mag u eve draai'n [h↑oor
		P3 **P4** **P5** **P6**

may you PRT turn [PRT
you may PRT turn around PRT

10 MSB: [jah
[yeah

P3 11:29

P4 11:30

P5 11:30

P6 11:30

11 [(7.0)
*((CW starts preparing the washcloth while MSB starts turning to the wash cloth (**P6,P7**). CW then turns back to MSB and begins washing her back (**P8,P9**)))*

P7 11:31

P8 11:33

P9 11:36

12 MSB: en tis nog niet over
and it is yet not over
and it is not over yet

13 CW1: nee h↑e
no hu

14 MSB: nee
no

The care worker and the senior are engaged in topic talk about the bellyache the senior suffered from during the night. Meanwhile the care worker has washed and dried the senior's upper front body. The 'may you' format is produced in the—activity—transition space that is created after removing the towel, indicating that drying of this body part has finished (P2). (Although this upcoming transition precedes 'another' activity, washing the senior's back instead of drying it, it can still be regarded a sub-transition. Washing someone in bed implies a slightly different order of activities; minor changes in the physical configuration of the participants, in particular of the senior, are obviously most desirable in this setting, from a routine-logical order, such minor changes are met by an adjusted SAS.)

The care worker places her left hand on MSB's right knee (P3) and her focus then shifts from supporting the senior to her own preparation of the washcloth; she turns her body in the opposite direction while keeping in touch with the senior's knee (P4, P5). Their bodily configuration, wherein her turn is embedded, displays the care worker's responsibility with respect to its achievement; with her touch, she supports the requested action. In addition, the format conveys a certain urgency to its fulfillment due to her slightly pushing movement during its production.

The senior responds verbally with 'jah'[yeah] to the request, in overlap with 'hoor'[PRT] (line 9-10), she concurrently starts turning towards the wall and the care worker releases her hand from the knee (P5, P6). The placement of 'hoor'[PRT] is towards the end of the care worker's pushing movements and functions in this context as emphasizing the feasibility of the request (Mazeland & Plug, 2010). The senior accomplishes the turn on her own (P7, P8).

There is also topic talk going on in this fragment, the request is inserted in the midst of it (line 9). The senior is telling about her condition, the care worker is taking part as a recipient and concurrently coordinating and conducting the care activities. In line 8, she takes the floor with a soft laughing as reaction to senior's previous turn, which affords her to keep the floor. Simultaneously—and timely— she exploits this as a locus to shift to care-bound talk with the 'mag u' [may you] request, coinciding with the completion of drying senior's body.

The request thus marks a transition to the framework of the SAS, further underscored by its prosody; it is produced with relative low pitch, but with more energy than her laughing. The laughter functions interactionally as a structuring practice; it affords the care worker to make a seamless transition to care-bound talk (Greatbatch & Clark, 2012). In the meantime, the physical baseline of the SAS forms the prevailing organizational framework of their interaction.

4.3 Conclusive Remarks

Progression requests during care activities are targeted at activating the senior to conduct a corporeal movement and thereby accomplish a transition between activities.
This chapter discussed verbless phrases, imperatives+particle and 'mag u' constructions as assisted-performance progression requests. These formats co-occur with a particular temporal physical configuration of the care worker and the senior, foremost characterized by a close degree of corporeal collaboration and shared focus on the ongoing activities. Such specific configurations, embedded in a prepared spatial and material environment, project assistance of the care worker during the performance of the nominated action.
Assisted-performance progression requests, as used by the care worker, are formatted as relatively short and straightforward and they all convey a certain response pressure, albeit in a different degree. The main difference between the three formats lies in a different degree of pressure to respond.
A physical configuration wherein an imperative+particle is used, commonly exhibits considerable corporeal effort, ongoing or upcoming, of one (or both) of the participants for accomplishing the transition. The usage then of an imperative construction highlights the corporeal pressure involved in fulfilling the request as an urgent here and now matter.
The physical configurations during the use of verbless phrase and 'mag u' constructions exhibit less corporeal pressure. They differ in the degree whereby their temporal bodily arrangement projects the further unfolding of the activities. The verbless phrase format with minimal language is employed when consecutive activities more or less self-evidently unfold, visible to both participants. The a-typical clausal 'mag u' construction is often employed when the next activity emerges as less clear for the senior. All three progression request formats can be inserted during verbal silences as well as during care-bound talk or in the midst of conversational talk as parentheticals (Mazeland, 2007b). Interactional coherence is then warranted through the systematic use of various structural and prosodic devices to distinguish the different talk modes and therewith talk from care activities.
Overall, *assisted-performance progression requests* share the participants' close corporeal involvement and joint focus on the activities ongoing. Fulfillment of such requests is generally carried out immediately by the senior and most often—partially—assisted by the care worker. Furthermore, the senior is facilitated to aptly comply with the request and hence to come forward as a (physical) competent participant.
There are some salient differences between deployment of the assisted-performance formats and progression requests of the second pattern, *the recipient-performance type*, e.g. declaratives and interrogatives, as will be demonstrated in the next chapter.

HAIKOOT

De bloeiende struik:
ik zoek op hoe zijn naam luidt.
Dan is hij mooier.

Kees van Kooten

Chapter 5

Progression Requests during Corporeal Care: the Recipient-Performance Type

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5.0 Introduction

In the previous chapter, I introduced the term *progression request* as a request from the care worker during morning care, aimed at mobilizing the senior to carry out some kind of physical action. I discussed a first pattern of these requests that I named the *assisted-performance type*.
The current chapter focuses on the analysis of progression request practices of a second pattern that emerged in the data: *the recipient-performance type* (N=95). This request type comprises *declaratives* and *interrogatives* and appears less frequently. It occurs at moments when the physical configuration displays a separate involvement of the care worker and the senior in the activity underway. Additionally, these formats are aiming for an independent performance of the nominated action by the senior.
In the next section, I discuss the two formats in this request type. The chapter ends with an overall conclusion on the use of progression requests; how these requests can function as index of the way the care worker and the senior relate to each other.

5.1 Recipient-Performance Progression Requests

The recipient-performance progression request type mainly comprises *declarative* and *interrogative* constructions (resp. n=54 and n=41). The grammatical formats that make up the recipient-performance pattern are syntactically best characterized by their default clausal constructions, e.g. 'u mag weer gaan zitten' [you may sit down again], but also 'we gaan staan' [we go stand], and interrogatives like 'kunt u even gaan staan?' [can you PRT stand upright?]. A default *declarative* construction in Dutch is constructed as a main clause with the finite verb in second position: subject - auxiliary verb - possible PRT('s) - infinitive verb(s). In a default *interrogative* construction the first two lexical positions are inversed; they are consecutively occupied with an auxiliary verb and a subject (the Dutch pronoun 'u' as polite form of 'you'), followed by one or more particles and an infinitive verb(s).
The practices that make up the recipient-performance pattern differ from the practices deployed in the assisted-performance type. In general, they have a slightly more extensive grammatical construction with a pronoun 'u' [you] in first or second position, often stressed as a prosodic unit with the auxiliary verb. More specifically, they differ during their use in the physical configuration of the participants; this configuration does not foreshadow a collaborative performance. Instead, it displays

that the requested action is to be conducted by the senior without assistance and that compliance is a prerequisite for the care worker to immediately start the next activity s/he is already focused on.
Recipient-performance progression practices equally can mark boundaries between main and sub-transitions in the care activities, although they often occur at main transitions. Due to the less compelling corporeal arrangement between the participants in main transitions, there is reduced pressure to respond compared to the assisted-performance progression requests. A transition during a 'mag u' [may you] construction (chapter 4) for example, differs from a transition with the 'u mag' [you may] format in this chapter. The former is more often part of a series of sub-activities and is therefore included as an assisted- performance type in the former chapter, whereas 'u mag' [you may] often occurs at main transitions characterized by some corporeal distance between the participants and lacking (bodily) projective force to complete the action together. Yet, both formats equally display the care worker's orientation to successful compliance by the senior.
A number of recipient-performance progression requests are discussed in the following sections; two declarative 'u mag' [you may] formats, followed by two interrogative constructions, the 'kunt u' [can you] and the 'wilt u' [do you want] format. Finally, two specific uses of a recipient-performance format will be discussed. Both are inserted as follow-up request after an assisted-performance format that was not responded to by the senior.
As in the former chapter, all recipient-performance formats regularly contain one or more particles, of which the Dutch 'even' most frequently occurs; their interactional function is not analyzed.

5.1.1 Declarative Requests

Declarative progression requests occur when participants deviate from a shared focus on ongoing physical activities. The 'u mag' [you may] construction stands out as a declarative progression request format in the data (n=16), it often emerges during topic talk. Other declarative request formats more rarely occur, e.g. 'u moet iets hoger (komen)' [you have (to get) a little higher]. The latter ones were included in a residual group of partially declarative constructions that was not analyzed (n=38). This group also comprises instances such as 'gaan we...' / 'we gaan...' [we are going ...], 'even gaan staan' [PRT go stand].

The next extract illustrates that the configuration between the participants projects that the care worker will conduct a new series of activities once the request with 'u mag' [you

may] is fulfilled, i.e. once the senior is in upright position. In this fragment, a topic talk sequence has just ended prior to the request.

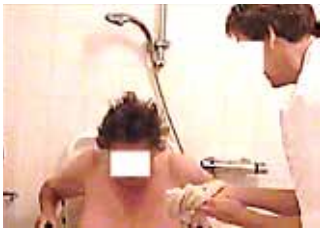
Extract 11

Declarative format ***you may PRT PRT get upright***

[MsWhite1: 08:30-08:46] CW1= care worker MSW= Ms. White

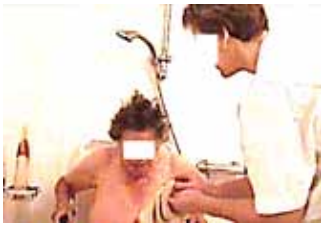
Ms. White is sitting in the shower chair holding the armrests with her hands. The care worker has just finished washing the legs and feet, she prepares for washing the back and lower body.

1		[(5.0) *((CW washes MSW's legs and feet, then gets half upright facing MSW from aside while producing line 2. Simultaneously she starts changing the washcloth from her right to her left hand))*
2	CW1:	kzie u altijd ↑<u>lek</u>ker met de ↑<u>be</u>nen in de zon ↓z[itten]< *I see you always PRT with the legs in the sun sitting* ***i always see you PRT sitting with your legs in the sun***
3	MSW:	[ja::] ***yes***
4	CW1:	[huhuhuhu **P1** ***huhuhuhu***
5	MSW:	[huhuhuhu ***huhuhuhu*** (1.2) *((They are both laughing while CW changes the washcloth in her hands (**P1**)))*
6	CW1: →	u mag wel even gaan <u>staan</u> **P2 P3 P4 P5** you may PRT PRT go stand ***you may PRT PRT get up***



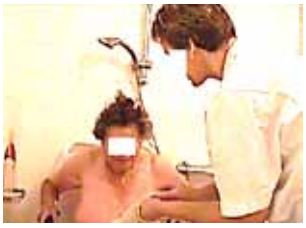
P1 08:41:22

P2 08:41:72

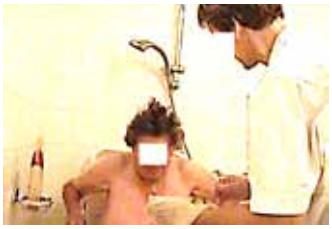


P3 08:42:03

7 [(2.8)
*((MSW starts straightening her torso during the request production (**P3,P4**). Then, following 'staan', she tensions her arm muscles and pulls her body up (**P5**). During this movement CW brings her hand towards MSW's left upper arm (**P6**) and grabs it (**P7**)in supporting her to get up (**P8,P9**)))*

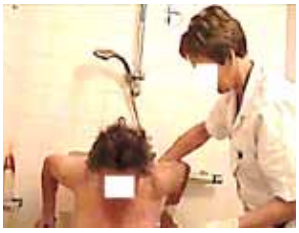


P4 08:42:27

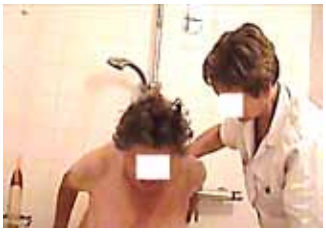


P5 08:42:81

P6 08:43:11



P7 08:43:79



P8 08:44:64

P9 08:45:79

8 (1.4)

During participants' shared laugh in line 4 and 5 (P1), the care worker is engaged with changing the washcloth from one hand to the other. Laughing together can mark that a new activity sequence is to begin (Holt, 2010), it thus creates a locus for the—care bound—request (cf. extract 10, chapter 4). Moreover, involvement in joint laughing

may function as index for the affiliative nature of their relationship (Jefferson et al., 1987).
The change of the washcloth also projects a changeover to a next phase in the SAS. The care worker produces the request while her left hand starts sliding into the washcloth (P2, P3, P4). Their current physical configuration displays no shared focus in the corporeal activities nor such—strenuous—contact between participants. Additionally, fulfillment of the request is not prepared for as a matter of shared or urgent physical compliance. The senior looks downward while the request is produced and by the end of it, she has lifted her gaze to the washcloth (P4). Immediately upon 'staan'[get up](line 6), her focus is on the nominated action; she tensions her arm muscles, thus projecting her rising movement (P5, P6).
Deployment of the 'u mag' format, as embedded in this physical configuration, reflects their different corporeal involvement. It addresses the senior to become actively engaged, on her own, in the activities to allow the care worker to continue washing.
In the remainder of this sequence, the care worker assists the senior in getting up. This happens upon finishing her preliminary work with the washcloth, projecting a next activity; her gaze together with her torso, embodies her shifted attention to the senior's endeavor in standing up. She takes hold of the senior's left upper arm (P6) to support her (P7) to stand upright (P8, P9). The senior then in turn, places her right hand in front of the shower seat handrail to stabilize her standing position (P9). Thus, they collaboratively accomplish the turn. It is publicly visible however, that the participants' bodies and both their attention have merged now in a different corporeal arrangement compared to the onset of the request articulation. The senior had already started getting up on her own when no assistance was projected.
This situated use of the default 'u-mag' construction as request practice shows that a transition to another series of activities is imminent, and that these can begin as soon as the requested action is fulfilled.

In the next extract a 'u mag' [you may] format is inserted in the midst of topic talk. The request equally marks a follow-up with a new series of activities for which the senior's movement constitutes a prerequisite.
The extract additionally demonstrates how this type of care bound request during ongoing topic talk can serve to mark a distinction between the two (talk) activity types, in particular when the care worker is the first speaker in the topic talk. It directs the senior's attention to the physical activities without violating both their participative roles in the topic talk. Furthermore, the fragment shows how emerging, potential delicate,

interactional matters are managed when the care worker invokes her deontic rights (rights to determine the other's actions) and responsibilities (Stevanovic & Peräkylä, 2012).

Extract 12

Declarative format ***you may hold it***

[MsBrown1: 04:10-04:25] CW1= care worker MSB= Ms. Brown

MSB is suffering from MS; the disease affects her mobility in general and in particular, her control over breathing and speech are affected. Ms. Brown is rinsed wet while sitting in the shower chair. After a few seconds, the care worker wets a washcloth with the showerhead and prepares to start washing MSB with it. She holds the washcloth in her left hand and rinses MSB's front upper body with the showerhead in her right hand. They are engaged in topic talk on the origins of the care worker's first name, which is visible on her jacket.

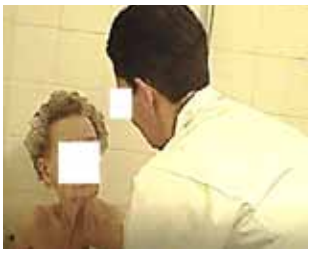
1	MSW:	zou natuurlijk best<•hh (0.3)
		would of course best hh
		could of course actually be hh
2		de doopnaam truitje kunnen [zijhn,
		the baptismal name truitje could be,
		the baptismal name truitje,
3	CW1:	[nou dat is ook ↓zo
		well that is also so
		well that is the case
4		(0.8)
5	MSB:	ende ma (.) [°°eh]
		and the PRT uh
6	CW1:	ik [ben] naar mijn oma genoemd (.)
		P1 P2 P3
		i am to my granny named
		i am named after my granny

((CW is talking and physically busy; she holds the wet washcloth in her left hand while she has started rinsing MSB's upper body with the showerhead

*with her right hand (**P1**, **P2**). MSB is corporeally relatively passive, but visibly involved in the topic talk (**P3**)))*

P1 04:12

P2 04:13



P3 04:13

7 die heette truitje=
P4 P5
she called truitje
she was called truitje

*((While talking and rinsing MSB's front body, CW moves the showerhead towards MSB's hands (**P4,P5**). MSB takes a breath, CW produces the request while touching the hands of MSB with the showerhead (**P6**). MSB closes her mouth and shifts her attention to her hands (**P7,P8**))).*

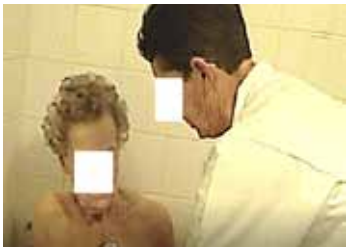
8 CW1: → =°e>↑u mag 'em ↓vasthoudeh.< (.)
P6 P7 P8 P9
u you may it hold
u you may hold it
*((CW puts the showerhead in MSB's hands **P8, P9**))*

P4 04:14

P5 04:14

P6 04:14

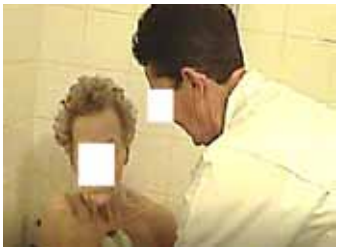
P7 04:14



P8 04:15

P9 04:15

9		>hou maar lekker over uu<
		P10
		hold PRT nicely over you
		*((CW pushes the showerhead in MSB's hand slightly towards her front (**P10**), then lets go and starts sliding the washcloth in her right hand **P11**,**P12**)))*
10	MSB:	en dan zou geertruida
		P11
		and then would geertruida
11		(1.5)
12		( )trui:tje ( ) zijn
		P12
		( )trui:tje ( ) be



P10 04:15

P11 04:17

P12 04:19

13	CW1:	truitje,
		truitje
14	MSB:	jAa
		yes
15	CW1:	zo werd ik ook genoemd vroeger (0.4)
		so was i also called back in the days
		i used to be called like that

The senior is fully focused on the topic talk she started (P1, P2, P3); its unfolding importantly defines how the upcoming activities become organized.
The overlap in line 3 seems in first instance a non-problematic terminal overlap (Schegloff, 2000, p. 5). However, the senior appears to continue her turn in line 5 (the relative long verbal pause is partially due to her breathing problems) with 'en de ma (.)[°°eh'[and the PRT (.)[°°uh] (Schegloff, 1982). She thus pursues her former status as first speaker, whereas the care worker's response in line 3 projects further elaboration. Subsequently, the latter interjects the senior's turn after its onset (line 6, P1, P2). This move potentially jeopardizes both their participation status in the talk.
By the end of the care worker's utterance (P3) however, the senior nods briefly (P4). Her nod seems to acknowledge the interjection as a further response to her noticing in line 1 and 2 and thus treats it as non-competitive. Hence the overlap is resolved, but the senior's engagement in the topic remains visible (P5, P6). The care worker has continued her talk in line 7, and being focused on her physical activities, she moves the showerhead toward the senior's hands (P4, P5). Upon the completion of the turn, the senior is opening her mouth (P6). Simultaneously, the care worker now latches line 7 to her request in line 8, thus avoiding overlap (Elliston, 2008).
The insertion of the progression request appears to be a finely tuned coordinated move; the care worker expands the interactional rights she acquired, while also embodying her deontic rights, as first speaker in the topic talk, in a double sense. On the one hand in the talk, by exploiting "truitje" as a transition relevant place while inserting care bound talk as a parenthetical. On the other hand, by simultaneously putting the showerhead in the senior's hands. The senior takes it over immediately, visibly shifting her attention to the activity at her hands (P7-P9).
The progression of the physical activities is now put as priority on the agenda. The prosodic changes that are hearable in the request production, underline that another interactional activity type with a different participation structure is at issue. The turn is not produced straightforward but begins with a very soft '=°e'[=°u] as upshot to further prosodic changes. Both phenomena may also indicate the care worker's awareness of the delicate character of her claimed and maintained speaker status.
Subsequently, the 'u mag' [you may] construction is produced in a higher pitch and with a faster rate than the previous turn. There is slight emphasis on 'mag'. The use of prosodic elements in general by speakers can mark a change in the status of the participants (Selting, 2005; Selting et al., 2010; cf. extract 8, chapter 4).
The specific appeal for an independent implementation of the senior's cooperative movement is further reinforced by the format itself; the senior is addressed and alerted

with 'u'[you] in first position, who is 'allowed' ('mag'[may]) —attributed a specific responsibility by the care worker as 'deontic authority' (Stevanovic, 2011) —to cooperate in the activity underway. Fulfillment of the request is 'prepared' to such a degree that the senior's cooperation requires minimal corporeal effort.

Noteworthy is that the spatial environment, along with the established bodily contact through the mutual hand touch with the showerhead, then elicits a particular imperative+particle request: '>hou maar lekker over u<'[hold PRT nicely over you] (line 9, P10). The latter request (as an incentive) suggests the senior will benefit from it: 'lekker'[nicely]. Subsequently, they jointly conduct the onset of the nominated action. The care worker's talk and corporeal conduct seems an affiliative (multimodal) move, to legitimize the physical imposition of the progression request during a topic the senior was fully engaged in.

These phenomena all illustrate that the local contingencies in this event strongly bear upon the way the interaction is organized. The fragment demonstrates how the care worker manages potential delicate interactional matters before, during and following the merging of two activity frameworks when there is no shared focus on the physical activities. The 'u mag' format mobilizes the senior to engage in the physical course of activities from which she has 'distanced' herself as participant in the topic talk. In addition, it is visible that the care worker prepares for the next activity, for which it is a prerequisite that the senior changes focus—for a moment—and holds the showerhead. The 'u mag' format invokes the care worker's deontic rights and responsibilities more vigorously when topic talk is underway. This was equally demonstrated with the use of imperatives+particles during topic talk (cf. extract 7 & 8). Its 'packaging' as a parenthetical construction, structurally highlights the request as subordinate to the topic talk while simultaneously the physical activity is put as interactional priority on the agenda.

The senior is addressed as a competent participant to collaborate physically and she responds accordingly. She equally enacts her competency in the topic talk by resuming the conversation at the first possible occasion (line 10).

The next section discusses two interrogative request formats 'kunt u' [can you] and 'wilt u' [do you want]. The chapter ends with the analysis of two instances wherein a progression request is repeated.

5.1.2 Interrogative Requests

The interrogative progression request formats in the data appear in an environment of either care bound talk or they are following verbal silences during ongoing corporeal activities. Equally with the declarative, there is no shared focus of the participants on

these activities. Interrogative formats do not emerge during topic talk.
Examples of occurring interrogative requests in the data (n=41) are: 'kunt u iets naar voren' [can you come forward a bit] (n=17) and 'wilt u uw voet even goed neerzetten' [do you want to PRT put your foot down firmly] (n=8). More rarely occurring are request forms like 'doet u de ogen even dicht' [do you close your eyes for a moment], 'wou u ze loslaten' [did you want to release them] and a few other forms that were not analyzed (n=16).
Sometimes a slightly rising pitch on the last syllable is a production feature of an interrogative format, but this is not necessarily so. There are salient similarities, on the other hand, in the physical configuration of the participants during the use of the interrogative progression request formats. These configurations show lacking mutual focus and do not project the care worker's corporeal involvement in conducting the nominated action. They convey an even less self-evidently unfolding of the activities than during the deployment of a declarative format. As with the latter, the senior is addressed to comply under his own power.
Equally with the declarative requests, the participants' corporeal arrangement often projects that fulfillment of the action enables the care worker to immediately advance with where s/he is engaged in. Such is then visible in the care worker's focus on her own involvement, e.g. preparing to start a new series of care activities.

The following extract concerns an interrogative with a 'kunt u' [can you] format. It highlights the boundaries between two activities in which mainly the care worker is active even more clearly. The fragment further supports the interactional particularities also found during the occurrence of declarative progression requests.

Extract 13

Interrogative format ***can you PRT stand up?***

[MsYellow2: 16:30-16:40] CW1= care worker MSY= Ms. Yellow

The care worker has tied MSY's shoelaces, who is sitting in the shower chair. MSY already wears her underpants and tights up to her knee.

0 [(5.0)
((CW has finished tying the right shoe and looks up at MSY's face. CW is still kneeling down, now she puts her arm on her knee and tensions her muscles to

get upright. While standing up she produces line 1))

1 CW1: → kunt u even gaan staan?

P1 **P2** **P3**

can you PRT go stand?

can you PRT stand up?

P1 16:37

P2 16:37

P3 16:38

2 (.)

3 MSY: °jah°

P4 **P5**

yeah

4 (5.0)

((MSY is leaning on the armrests of the shower chair.

*Next to 'gaan' she slightly tensions her arms (not visible in the scaled-down crop of the video-still (**P1**) and moves her right foot backwards (**P2**).Next to 'staan', she continues her movements (**P3**) to get a good grip and whispers 'jah' (**P4,P5**). She then holds her movements and looks at CW who bends down again (**P6**)*

P4 16:38

P5 16:38

P6 16:39

5 *CW picks the towel of the floor in front of them (**P7**) and throws it aside (**P8**). Immediately upon this MSY moves upwards (**P9**)*

P7 16:40

P8 16:40

P9 16:41

6 *CW also gets upright and looks at MSY's movement from aside (**P10**). She then slightly grasps MSY's left upper arm with her left hand (**P11**) while MSY is already standing independently. CW lets go immediately and starts rearranging MSY's shirt at the back with her right hand (**P12**)))*

P10 16:43

P11 16:43

P12 16:44

Just prior to the request articulation, the participants are jointly involved in putting on the senior's shoes and tying the shoelaces, albeit this is mostly an individually conducted action by the care worker. Upon terminating the tying, the care worker changes her posture and brings her hand to her knee (P1); a locus is created for inserting the request. She produces it while getting up (P2-P4). The physical configuration of both during its production (line 1) no longer displays their shared focus; it designates it as a main transition and a preamble to a new—series of—activities. In this example 'kunt u' [can you] is followed by a particle, but question formats without a particle also occur in this setting. However, the frequent use of the Dutch particle 'even', as part of 'action formation' in an interrogative, may contribute to its (compelling) requesting character rather than construing the utterance as a question.

Also here, the question format functions as a progression request: immediately after the first articulated syllable, the senior tensions her arms and moves her right leg side and backward in seeking grip to stand up (P2-P4). In the slipstream of these movements she softly articulates '°jah°'[*yeah*], while simultaneously sliding her hands slightly backwards

on the handrails to rest on it (P5). The senior thus displays in a manifold responsive turn her competence to initiate compliance with the request.
In this fragment, the locus for the request insertion is defined by the completion of the care worker's activity. At that moment, the participants' spatial arrangement does not project a shared fulfillment; a certain corporeal disengagement has emerged between them. Moreover, its compliance is not an urgent matter in terms of bodily relaxation from a current effort for (one of) them. The request rather designates an effort of the senior individually, enabling the care worker to continue further dressing.
All these characteristics are embodied in the linguistic design of the request; usage of the direct verb 'kunnen' [can] in combination with the verbs ' gaan staan' [go stand up] and addressing the senior with a pronoun. They all implicate the senior's physical capability to comply with it as individual action in an environment that is primed for this. The latter is further strengthened by the care worker's removing the towel from the floor as a possible hindrance. The format is produced with increased pitch, which stresses even more that it is the senior's turn now.
When the care worker subsequently turns to the senior (P10) again, both focus on the senior's standing up. The resulting temporal configuration of their bodies seems to project a further joint compliance and even shows the onset of it (P11). However, as soon as the care worker touches the senior, she senses that her assistance is unnecessary and she lets go (P12); the senior has already accomplished the action independently.
This extract demonstrates how the interrogative progression request is produced in the transitional space between two physical activities of different nature, thus highlighting the transition to a next SAS phase. At the same time the format displays, compared to the declarative format, less entitlement of the care worker to impose the request; the activities lack the self-evidently unfolding of a SAS transition.
The use of the interrogative format is finely attuned to the situational contingencies; achieving a mutual focus and projecting relative immediate physical compliance, without bodily pressure, as a feasible individual action of the senior.

The next fragment shows the usage of a second interrogative, the 'wilt u' [do you want] format (n=8). It exhibits similar characteristics with the 'kunt u' [can you] format. The request equally marks a "task-transition space" (from legs to feet) and indexes a corporeally more separate focus of the participants, although the senior carefully monitors the ongoing activity. There are no significant differences with the 'kunt u' [can you] format during its use.
Please note, in line 0 another verbless phrase progression request occurs, as discussed in

the former chapter: 'even ↑deze arm'[PRT this arm].The senior instantly responds to this with a slight forward turn of his body, supported by the care worker gently grasping his arm (P2).

Extract 14

Interrogative request ***do you want to lift up a foot?***

[MrGreen1: 03:38-04:04] CW1= care worker MRG= Mr. Green

Mr. Green is being washed in the shower cabin; he is standing upright without holding on to something. He has rinsed his face and neck and now keeps the running showerhead in his right hand. The care worker has wetted a washcloth and following Mr. Green's left arm (P1), she starts washing the right arm with it (P2). Mr. Green is watching her movements.

0 CW1: even ↑deze arm

P2

PRT this arm

P1 03:38 **P2** 03:44

1 [(6.5)

*((CW continues washing MRG's right arm, then starts bending down (**P3,P4**) to wash his legs (**P5**)))*

2 °uhh

uhh

3 de benen

P5

the legs

P3 03:46

P4 03:48

P5 03:51

4 (4.3)
((CW continues with washing both legs and then produces the request while MRG closely follows her movements with his gaze))

5 CW1: → wilt u even een ↑voet optilluh,
P6 **P7**
do you PRT want a foot to lift up
do you PRT want to lift up a foot
*((CW is about to finish washing the legs and produces the request. Upon the production of the last syllable-line 5-MRG lifts up his (right?) foot, visible in his posture balancing (**P7**). He remains focused on the activity)))*

P6 03:56

P7 03:57

In this extract, the physical configuration of the participants' bodies is not continuously and entirely visible to both of them. The care worker is engaged in her washing activity and has no view of the senior's gaze. A lacking shared gaze may explain why she articulates 'de benen'[the legs] (line 3), thus highlighting a transition, even though this is visible and can be corporeally experienced by the senior. Whereas interactionally this utterance does not activate the senior to make a specific movement, it does alert him to remain active in what is upcoming. His gaze follows the washing activity of the care worker (P4, P5); furthermore, this order tells him she will shortly arrive at his feet.
By the time the care worker finishes with the legs, the request is produced: 'wilt u

even een ↑voet optilluh,'[do you PRT want to lift up a foot] (line 5, P5, P6). The senior complies halfway its production, visibly lifting his right foot (P7). Hitherto, the senior's corporeal involvement was relatively passive, albeit his gaze was on the activity underway. The request may seem, by the nature of the activities, to accompany a sub-transition. For the senior however, it implies changing his stable posture into a different body balance. Furthermore, assistance is not at issue, since each of them is differently engaged the activity. The request format reflects the care worker's understanding of such contingencies; she has arrived at the feet without discerning the senior's attention. Washing the feet is her next activity, but therefore the senior has to be specifically alerted. Furthermore, the used format does not treat 'presenting a foot' as a self-evident (minor) sub-transition, allowing minimal talk (cf. chapter 4, Mr. Green2: extract 4).
The extract demonstrates, similarly to the 'kunt u' [can you] format, that talk functions as an informative resource in this relatively 'distant' corporeal involvement. The physical activities lack a certain self-evidently unfolding; an upcoming transition is verbally and explicitly articulated. Equally, embedded in this spatial environment and corporeal configuration, the 'wilt u' [do you want] format also conveys that fulfillment of the nominated action is a matter for the senior, to allow the care worker to continue the activities. In addition, the situated use of the format implies that the senior is capable to comply with the request without assistance.

Finally, I discuss two extracts wherein a recipient-performance format is inserted following the senior's non-compliance to an assisted-performance format. Whereas these fragments exhibit similar characteristics with the analysis hitherto (with regard to how recipient-performance request formats are embedded in the environment), their situated use illustrates even more compelling that successful compliance to a progression request in this setting is accomplished through deployment of a linguistic request format that is linked to the participants' corporeal configuration within actual spatial conditions.
The first fragment discusses the interrogative 'kunt u' [can you] (cf. extract 13), produced when the assisted-performance verbless phrase format 'even opzij' [PRT sideward] is not fulfilled.

Extract 15

Interrogative request		***can you PRT turn sideward?***
[MsBlue2: 13:45-14:02]	CW1= care worker	MSY= Ms. Blue

The care worker helps Ms. Blue back in bed after she has been showered. Ms. Blue is exited that she accomplished the showering so well, since she is mostly washed in bed. The extract starts when Ms. Blue has just returned to a supine position. Ms. Blue physically cooperates a little, but she is not very active. The request is inserted latched to the care worker's turn in the topic talk.

1	MSB:	g↑oh
		goh
2		(0.5)
3		mieke
		P1
		mieke
4		(0.9)
5		'k heb je naam al wel twintig keer genoemd
		P2
		i have your name already PRT twenty times mentioned
		i have mentioned your name already PRT twenty times
6	CW1:	°volges mij ook°=
		i think so too
7	→	=DRAAI maar even opzij >↓als u wilt<=
		P3 **P4**
		turn PRT PRT sideward if you want
		turn PRT PRT sideward if you want
		*((MSB turns immediately sideward toward the wall (**P4,P5**)))*
8		=°eem wachten°
		P5
		a little wait
		wait a little

P1 13:48

P2 13:51

P3 13:52


P4 13:53


P5 13:54


P6 13:55

9		(0.8) *((CW bends over to MSB's head to move her torso into a more suitable turning position (**P5,P6**)))*
10	MSB:	ja= ***yes***
11	CW1:	=hu::pattee (0,3) **P6 P7** ***hu::pattee***
12	→	even opZIJ **P8** ***PRT sideward***
13		(1.4) *((the care worker straightens her body and is focused on operating the remote control; the senior stares ahead))*
14	→	kunt u even opzij draai↑en? **P9 P10** can you PRT sideward turn ***can you PRT turn sideward***
15		(0.8)
16	MSB:	naar welke kant, **P11** ***to which side*** *((CW points to the wall with her finger))*
17		OH JAh (.) alles kan ik **P12** oh yeah all can i ***oh yeah i can do all*** *((simultaneously while producing JAh, MSB turns sideward (**P12**)))*

P7 13:56

P8 13:57

P9 13:58

P10 13:59

P11 14:00

P12 14:01

This fragment contains three successively produced progression request formats. The first format is an imperative+particle request (line 7). The verbalization of this request is embedded in an environment that is prepared for a transition to a next sub-activity (within the project of creating a proper position in the bed for the senior). Although assisted performance is not clearly projected, the participants are jointly involved in the activity, both with some (preceding) joint effort (P1, P2) corporeally as in their focus on performing it, visible in their shared gaze (P3). As I noted earlier, such physical arrangement affords the request a certain urgency. The senior is not responding instantaneously during the request production. The care worker then adds, more up speed, 'als u wilt'[if you want] as to ensure the senior's active participantship, but by then the senior has started her turning movement (P4).

Upon these movements, the care worker notices that the senior's body is not yet straight in the bed. She leans immediately forward while urging her to wait a little (line 8), grasps the senior's shoulders and pulls her torso a little backward in line with her legs (P5, P6). Nevertheless, the initial imperative+particle request in line 7 was adequately responded to by the senior but then cut off by the care worker.

Subsequently, the care worker bends to the front bed side to take the remote bed control in her hands (P7) and produces the next request 'even opzij'[PRT sideward] (P8) while straightening up (line 12). For its use, this verbless phrase request seems to parasitize

on the linguistic format and the physical conditions of the previous imperative+particle request. It thus shows the care worker's orientation to successful compliance by the senior from her restored body posture—as noted, assisted-performance progression requests share the participants' close corporeal involvement and joint focus on the activities ongoing.

However, the senior is (visibly) no longer focused on the bodywork (line 13, P8). It may well be that she construes 'even opzij'[PRT sideward] as the verbal counterpart of what just has been attained with her body: a sideward movement. Either way, no shared understanding is accomplished with the verbless phrase practice. Yet, the senior's failure to comply is not treated as such.

While operating the remote control (without having looked at the senior), the care worker notices a reaction has not been forthcoming. She then redesigns the request as an interrogative, more apt to their actual physical configuration: 'kunt u even opzij draaien?'[can you PRT turn sideward] (line 14, P9, P10). The interrogative format reflects the risen—corporeal—distance in their involvement and alerts the senior to engage (P8). Its more extensive verbalization also explicitly conveys that the senior has to fulfill an action independently (for the care worker to rearrange the senior's underwear) and its situated use shows it is subtly adjusted to the changed spatial conditions. The senior immediately responds by asking 'naar welke kant,'[to which side] (line 16, P11), which underlines her prior temporarily interactional non-attendance. The care worker points and the senior instantly turns to the wall, thus enacting competent participantship (P12). The successive use of different formats displays an orientation to the senior's contingencies: the progression request in line 12 is not 'upgraded' in a repeat with more pressure or in another imperative, but instead it is adjusted to the situational contingencies and therewith oriented to the senior's abilities.

Curl and Drew (2008) found a strong association of the notion 'entitlement' with the speaker and of the notion 'contingency' with the recipient in regard to requests of adults to adults: request forms convey that potential trouble at the side of a recipient to fulfill a request, is anticipated and understood by the speaker.

With respect to the use of multiple directives in cases of non-compliance, Craven and Potter (2010) observed that during dinners in British families, parents employ with their children directives with high entitlement and low contingency. The authors demonstrated that parents tend to increase pressure on fulfilling a request, with a format upgrading its necessity, at moments their children do not comply. Antaki and Kent (2012) show similar findings in their study of requests made to adults with

intellectual impairments in a residential setting. They studied how the staff "resolved the institutional dilemma of getting their clients to do things, while observing the requirement to respect their independence" (p. 886).
On the other hand, and more in line with the findings of Curl and Drew (2008), Aronson and Cekaite (2011) found that sometimes parents acknowledge their children's contingencies by downgrading the request with a subsequent format expressing less urgency. Such a specific adjusting move (bodily and format wise) can also be observed in the repeated request in this extract.
Analysis of the conditions under which the verbless phrase request format in line 12 is not responded to, shows that during its production the care worker is not aware of the senior's lacking attentional focus. This supports my finding that minimal language loaded (assisted-performance) requests require a joint focus of the participants on the ongoing activities. This mutual focus then, is not accomplished with, for example, an upgrade of the initial request, but the request is modified into a recipient-performance format, adjusted to the newly created spatial circumstances. Whereas no shared understanding was achieved upon the use of the verbless phrase format, the articulation of an interrogative practice appears to reflect their changed corporeal configuration and the senior is alerted almost immediately. Moreover, the interrogative format for the same action is not hearable as a second request attempt (Clift & Raymond, 2018) and therewith the senior's failing to respond to the initial request in line 12 is not emphasized; the senior comes to the fore as a competent participant.

The next fragment presents a second instance of a recipient-performance format inserted subsequent to an assisted-performance format that was not complied with by the senior. It concerns the declarative 'u mag' [you may] format. Equally, instead of being upgraded and thus stressing the senior's failure, the request format is adjusted to the changed spatial conditions, although of different nature than the former instance.

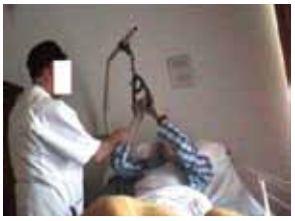
Extract 16

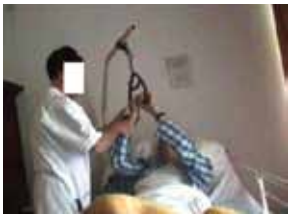
Two successive formats ***let PRT go/you may release it***

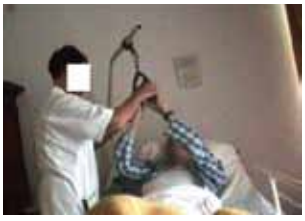
[MrMauve1: 02:15:00-02:20:20] CW1= care worker MRM= Mr. Mauve

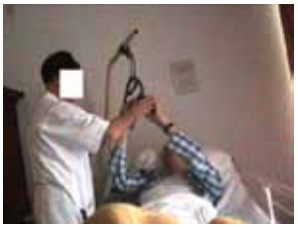
The care worker is busy preparing washing Mr. Mauve in bed. She has just assisted him to move upwards and has begun removing his pajama jacket, therefore MRM has to release the lifting pole.

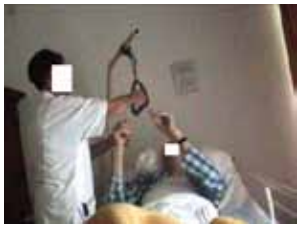
1 CW1: → Laat maar lo:s (.) u mag 'm lo:sla:ten
P1 **P2** **P3** **P4** **P5**
leave PRT loose you may him loose leave
release PRT you may release it


P1 02.16.09


P2 02.16.87


P3 02.17.38


P4 02.18.13


P5 02.19.01


P6 02.19.62

The senior has his hands clamped around the lifting pole while the care worker has begun rolling the right sleeve of his pajama jacket upward. She then foresees MRM's sustained grip round the pole as impeding the removal of the sleeve and produces the first request as an imperative+particle in 'Laat maar lo:s' [Release PRT] (P1, P2). The request is articulated in close bodily proximity, common in this pattern, with eye contact between them but without her movements projecting joint completion.

The care worker immediately notices that MRM's rigid grip, due to Parkinson's disease, prevents him from releasing his hands. She configures the environment in assisting the senior with loosening his hands while simultaneously redesigning the request in 'u mag 'm lo:sla:ten' [you may release it] (P3, P4). Her physical assistance thus facilitates successful compliance, whereas the declarative format suggests the senior complies by himself. (As we have seen, this declarative format frequently occurs in physical environments wherein an individual action of the senior is prompted without support of the care worker, cf. extract 11 & 12).

In the current fragment, it seems peculiar that the senior is requested to complete an action on his own while he is in need of support to perform that action. In the actual

configuration however, the care worker's assistance allows for a seamlessly merging of rolling up the sleeve with loosening the senior's hands from the pole. Thus, a smoothly unfolding physical course of action is sustained and progression in the SAS—as a powerful interactional structure—seems unaffected. Subsequently, the care worker attaches the pole above the bed without further talk (P6).

In previous analysis, deployment of certain formats appeared to be related to the care worker anticipating the local contingencies and potentialities of the senior within the actual spatial conditions. This fragment shows that the format 'u mag' can also be used to disguise a senior's failure to comply, when anticipated by the care worker. Its use appears to depart from an earlier identified pattern; succesful compliance by the senior himself is not within reach under the current conditions, as was already evidenced with the initial format. However, its deployment is consistent with their engagement in the activity (an interrogative would more strongly address the senior to engage). Yet, it is the care worker who—unobtrusively—loosens the senior's stiff grip from the pole. Therewith, the senior's compliance, albeit assisted, is being accomplished as his own merit; he is thus enabled to enact physical competency. Such usage, wherein the senior's inability to comply is discretely altered in successful fulfillment, further underlines the care worker's orientation to the senior's self-determination.

5.2 Conclusive Remarks

This chapter discussed a second type of progression requests that emerged in the data: the recipient-performance progression requests. Two formats are grouped under this heading, i.e. declarative and interrogative request constructions. Together with the assisted-performance formats, they contribute to coordinate transitions in the interaction during the progression of morning care activities.

The production of a recipient-performance progression request, as the assisted-performance type, co-occurs with a specific temporal corporeal configuration of the care worker and the senior. This configuration is characterized by their often divergent engagement in the ongoing activities in spite of their bodily proximity. Declaratives and interrogatives index a certain corporeal 'distance' in the participants' physical arrangement, often embodied in a lacking joint focus. Both formats aim to direct the senior's attention (temporally) to the physical activities and address the senior to comply with the request under his own power. Additionally, fulfilling the request seems a prerequisite for the care worker to continue the activities s/he is often already (visibly) oriented to.

Recipient-performance requests are built as clausal constructions with a pronoun and auxiliary verb in the first two positions, explicitly addressing the senior and often produced with the same pitch, preceding the nominated action. In addition, the declarative 'u mag' [you may] format, equally with the imperative+particle when inserted in topic talk, clearly distinguishes the request as instant and care bound talk from surrounding talk.

Both the more extensive declarative and interrogative format are deployed when the care worker mobilizes the senior to become physically active under his own power. Yet, there is a salient difference in usage between the different practices. During the deployment of the declarative format, both participants are, albeit often not with a shared focus, actively involved in ongoing activities, either in (topic) talk, only physically and/or with their gaze. On the other hand, when an interrogative request is inserted, there is no particular (shared) focus or involvement visible in the participants' physical configuration. The use of interrogative formats is only observed in an environment of care bound talk or is following verbal silences during corporeal activities. It marks more vigorously a transition between two activities within the care worker's focus. Furthermore, used during a more diffuse mutual focus, the interrogative practice reflects less entitlement of the care worker to insert the request in the ongoing activities. Its deployment displays that the care worker has little grasp of the senior's contingencies in the local situation.

The declarative 'u mag' format reflects more entitlement of the care worker to articulate this request. It designates the nominated action more strongly as part of a series of activities, during its deployment a certain self-evident unfolding of the participants' corporeal configuration can be observed. The latter becomes visible, for example, in the senior's immediate response to the 'u mag' [you may] format in the midst of an 'unbound' topic, not surprised by its sudden occurrence. Hence, such degree of the care worker's entitlement, equally as with the interrogative request type, appears to be grounded in the spatial conditions of an actual corporeal configuration.

Deployment of a recipient-performance format in cases of non-compliance reveals how the finely tuned adjustments to the contingencies of the moment operate. The senior's initial failure to fulfill a request is not emphasized. Instead, the use of a recipient-performance format in the discussed fragments demonstrates a sustained orientation on the senior as a competent participant while shared understanding is actively (and 'tacitly') pursued by both participants. This is accomplished, not by upgrading the request, but by inserting a request format catered to their current corporeal configuration, thus allowing the senior to enact as a (physical) competent participant. Through the way the participants treat initial non-compliance (the care worker by not stressing it and

the senior by not showing regrets) they both show their orientation toward the senior's self-determination and how they try to make this work in such daily routine activities. The next section summarizes the main conclusions of both the chapters on progression requests and the significance of such requests for the way in which the care worker and the senior relate to each other during morning care activities.

5.3 Overall Conclusion Progression Requests

With the analysis of progression request sequences during morning care, I demonstrated the powerful interactional organizing function of the order of corporeal care activities in this setting. Verbal request practices as deployed during the course of action constitute an integral part in the organization of this *Situated Activity System*.

Progression request sequences emerge during transitions in the SAS; their implementation is often physically prepared for by the care worker and their accomplishment advances the SAS-course of action. All progression request practices concern here and now events and target at having the senior to respond physically. However, the linguistic formats of these requests and the physical conditions during their production vary considerably. Yet, they are promptly fulfilled by the senior.

I identified five different request formats in the data and they appeared to be distributed in two relatively stable patterns: the assisted-performance requests, comprised of verbless phrase, imperative+particle and 'mag u' [may you] constructions and the recipient-performance requests with the default declarative 'u mag' [you may] construction and interrogatives with 'kunt u' [can you] and 'wilt u' [do you want] in first positions. The main difference between these types lies in the focus and involvement of the participants in the ongoing physical activities during their production, as found reflected in two distinct temporal corporeal configurations.

Progression request practices appear to function as systematic interactional coordinating devices by taking emerging contingencies into account. Through exploiting the organizational principles of the talk-in-interaction, the care worker creates an opportunity for a request insertion. Furthermore, its prosodic production features differ from the surrounding talk. This applies in particular to the imperative+particle and the default declarative 'u mag' [you may] format, when deployed in the midst of topic talk. These formats prosodically most clearly distinguish the request as care bound talk and hence they index a double shift; a (temporarily) focus shift to the organizational structure of the SAS-course of action and concurrently a bodily transition to a next activity.

The difference between the two request patterns reflects the contingencies during their use. They thus represent a difference in the distribution of all observed formats; two distinct social activities are implemented. The senior is urged either to perform a nominated action in collaboration or to perform it independently. Both practice types are embedded in particular corporeal configurations and appear to be finely adjusted to the senior's (physical) abilities, even in complex interactional environments; their occurrence marks an unproblematic compliance with the request for the senior.

Another interesting finding is the use of minimal language (verbless phrase formats) to accomplish a transition. The data suggest that this embodies the minimal interactional work required to signal and organize a transition. This also seems to apply to instances of "recruitment" without language used, albeit these were not further analyzed (cf. Heritage, 2016; cf. Kendrick & Drew, 2016).

On the one hand, the corporeal configurations eliciting such minimal formats reflect a relative self-evidently unfolding activity wherein the participants' mutual involvement warrants a (partially) collaborative performance. On the other hand, establishing joint attention usually requires more interactional work compared to an already shared focus on what is ongoing. This means that whenever a forthcoming movement is weakly projected from within the unfolding of activities in the spatial and physical environment, in its nature or in its timing, a more extensive and explicit request is formatted.

The presented extracts provide compelling evidence that the care worker pursues successful fulfillment of requests. This is also visible in cases where the senior does not grant a first request. Rather than increasing response pressure with an 'upgraded' repeat, the format is adjusted to the apparently changed spatial and physical conditions. These cases illustrate even more clearly the complex intertwining of corporeal and (different) talk activities as organizational structures and how this can be associated with the participants' orientation to the senior's self-determination, rather than emphasizing his/her shortcomings. To continuously create apt conditions for smooth bodily transitions, the care worker has to anticipate the contingencies in a care event that may jeopardize successful compliance. It is such understanding of contingencies that is displayed in the various employed request practices (Curl & Drew, 2008). The orientation to the senior's autonomy appears to be the underlying principle for using these request practices.

In the light of a macro policy in which the self-determining senior is central, this outcome is relevant. It reveals how during progression request sequences in these data, the care worker is observably oriented to a broadly competent senior; potential mobility issues are not made relevant. The practices with which the senior is encouraged to comply with progression requests enable him/her to conduct as a fully competent participant.

As I indicated in Chapter 4, the current analyses of progression requests in the two different types had no particular focus on the interactional function of modal particles in these formats. In the next Chapter 6, the analytical focus shifts to the use of a specific particle and its function in the interaction.

The main features of the two types of Progression Requests in an overview:

Assisted-performance requests	**Recipient-performance requests**
Often concern a SAS sub-transition	Often concern a SAS main transition
Corporeally bound pressure in configuration	Less corporeally bound pressure
Joint focus on close corporeal collaboration	Separate focus on corporeal activities or talk
Configuration projects assisted-performance and often release of corporeal efforts	Configuration projects recipient-performance as prerequisite for the CW to continue
Linguistic format: Verbless phrase, imp+prt, 'mag-u' construction	Linguistic format: declarative 'u mag' and interrogatives 'kunt u' / 'wilt u'
Prosodics: marked during topic talk	Prosodics: strongly marked 'u mag' format during topic talk

BIJNA NOOIT

bijna nooit zie je een vogel in de lucht
zich bedenken, zwenken, terug.

JUDITH HERZBERG

Chapter 6

The usage of NOU during Corporeal Care

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Graph 2: chat-launching *nou*
Graph 3: activity-transition *nou*
Graph 4: the unfolding of the *nou* trajectory

6.0 Introduction

In line with the former analytical chapters on requests, this chapter also discusses interactional sequences during morning care that serve the progress of the activities. In the previous chapters, attention was particularly paid to the relationship between a verbal request and the nature of the physical activity transition; the interactional significance of discourse particles in talk-in-interaction was not specifically highlighted.

This chapter examines how the care worker and the senior interactionally manage main transitions during morning care with the use of a discourse marker. The focus in the analysis is on the specific use of the Dutch discourse particle *nou* in the accomplishment of such transitions. The analysis is also carried out with the methodology of *Conversation Analysis*.

The progression of the course of action within morning care turns transitions between (sub) activities into relevant events regarding the co-operation of the care worker and the senior. The approach of or arrival at a transition, where the nature of the activity is about to change, is something that needs attention of both participants; they have to let each other know where they stand with regard to their readiness in moving on to the next activity.

Close examination of the data shows, on the one hand, that both the care worker and the senior orient to the specific use of the particle *nou* during transitions between care activities as a practice that signals and coordinates these transitions. On the other hand, the progression of the physical baseline in the *Situated Activity System*[1] appears to constitute a key element in the development of the interaction and hence for the deployment of *nou*.

I argue that this use of *nou*, as a prerogative of the care worker, is embedded in a multimodal transitional trajectory and brings various interactional resources together. At the same time, the use of *nou* marks the structure of the *Situated Activity System*.

Before analysing the occurrence of *nou* during transitions in the data, I give a brief overview of the use of discourse particles as transition markers.

[1] I wish to acknowledge the great value for this text of Harrie Mazeland's work in caretaking contexts and his use of the notion *Situated Activity System*.

6.1 Discourse Particles as Transition Markers

The use of discourse particles or markers (as they are often referred to in the literature) is known as a practice employed by language users to serve coherence and structure in their discourse activities and as such these markers often occur at transitions between units of talk (Schiffrin, 1982, 2001). The inherent meaning of a marker itself "has to be compatible with the surrounding discourse […] but such meanings may be very strongly constrained" (Schiffrin, 1987, p. 318).
Research of particles in Dutch language use emerged during the last three decades with studies that also highlight (aspects of) the use of particles as markers of structure in discourse (Foolen, 1993, 2006; Foolen & Van der Wouden, 2003; Van der Wouden, 2002). The Dutch particle *nou* is related to the temporal adverb *nu* (now). Vismans (1994) asserts that *nou* gradually lost its temporal feature through a process of grammaticalization, this allowed for other qualities of the particle to stand out (p. 103). Pander Maat et al. (1986) examined the discourse-structuring potential of *nou* as a pragmatic particle, meaning that it is a not-syntactically integrated element. They conceive *nou* as a lexical element connecting two relevant events, generally concerning verbal utterances, but an event (as in the data) may also be indexed by *nou* (1986, p. 180). This use of *nou* is very similar to the use of the English *well* and the authors distinguish two main types in Dutch, which differ in the nature of their announcing quality (p. 191).
The *divergent nou* corresponds with the use of *well* in English as a preface to a dispreferred second pair part (cf. Schegloff & Lerner, 2009), phonetically realized with a rising pitch and more or less lengthened. The *conclusive nou* is not lengthened and produced with a falling pitch. This type of *nou* encompasses the announcement of closing what preceded it or is starting a new element, presupposing that the previous one has been closed. The latter features resemble the *nou* type that is subject of analysis in the data.
Regarding the use of *nou*, Pander Maat et al. (1986) also emphasize that its meaning is closely associated with context and realization type; i.e. the phonetic realization of *nou* can affect its meaning in multiple usage contexts. Mönnink (1988) describes *nou* from a more interactional perspective, as a conversational element either (depending on its usage) with a strong, or with a weak operating interactional force (p. 161). In his view, the *divergent nou* is weak concerning its appeal and the *conclusive nou* puts a more powerful appeal on the recipient (examples of both types of *nou* are included in the next section).

Several CA studies are concerned with the role of discourse markers in conversational activities, in particular at junctures in (situated language) interactions. From a sequential perspective, these studies analyze how participants rely on specific discourse markers as devices to manage potentially interactional problematic situations.

In the case of (free standing) *okay* usages, Beach (1993, 1995) mentions that the interactional work associated with the transitional and projective qualities of these usages has received little attention yet. Bolden (2006, 2008, 2009) points to the indexing quality of *so* in English as an interactional object, instead of reflecting the mental state of the speaker. The author demonstrates in her analyses that *so* can be employed for–and prior to–multiple actions; e.g. as a practice alerting the recipient and showing other-attentiveness, as a topic launcher and/or as a device to foreground pending matters, for example in accomplishing a shift to particular organizational business.

Raymond (2004) analyzed the employment of the "stand-alone" *so* by a speaker as an elicitor of response from the recipient. Gardner (2007) examined the use of *right* as an interactional move from one turn to the next and specifically marking an epistemic progression in the talk. In Dutch, the structuring work of the particle *nou* is described in a range of practices in talk-in-interaction (Mazeland, 2016).

Most of the studies mentioned so far are concerned with talk as interactional activity and these conversations include communicative goals, especially in institutional talk. There are also some other studies that focus on the use of discourse particles during structured physical action trajectories (as in the data) in which (cooperation in) the progression of the physical activities is paramount.

Bangerter and Clark (2003), albeit not from a CA perspective, investigated the dialogue of interactants in completing a joint (sub-)project, e.g. moving a piece of furniture, and the role of specific particles which they call 'project markers' in the coordination of transitions between (sub-)activities. The authors conceive such activities as pre-defined hierarchically organized entities. They found that project markers used by interlocutors, appear to index transitions related to the layering structure of the activities: i.e. vertical transitions (e.g. lifting up or putting down a bench) are marked with *okay* and *all right* and horizontal transitions (e.g. moving while carrying a bench) with *uh-huh* and *yeah*. They mention this quality of discourse markers as means people use to navigate and mark their progress through joint tasks (2003, p. 218).

Within CA the issue of transition between activities is considered an interactively unfolding event and becomes a members problem; the participants have to negotiate when and how to change from one activity to the next. Nonetheless, the relationship that Bangerter and Clark mention between the (layered) structure of the activities and

the use of various markers is intriguing with regard to the way main and sub transitions are marked in the multimodal SAS of morning care (cf. Chapter 3).

Keevallik (2010) has shown how discourse markers can be used when bodily action is involved. She examined within the framework of CA, the use of the Estonian boundary marker *nii* in ongoing encounters, in particular with respect to transitions in which bodily action is involved. The author points at the function of *boundary markers* and the importance to explore "the multimodal nature of the ongoing activities…"(p. 5) [...] "their functions (boundary markers/AE) can be fully explained in regard to the complexities of co-present interaction…"(2010, p. 9). Keevallik argues that the term *discourse marker* with its focus on verbal exchanges no longer holds for "capturing the workings of a particle within this wider understanding of human interaction" (p. 6). She notes this would explain the frequent occurrence of *nii* in institutional contexts (p. 39). According to her, the Estonian *nii* is a powerful structuring device at complex transitional moments in joint activities, it co-ordinates multiple modalities at the same time and alerts participants to prepare and engage in the next activity. This latter study is of particular importance for the analysis of my data.
In line with Keevallik's approach of *nii* as a particle structuring multimodal activities jointly conducted, I focus on analysing a specific use of the Dutch particle *nou*. This *nou* is implemented during transitions in interactionally rich environments and exceeding the verbal angle of conversational activity transitions as turn-at-talk or topic changes. Because of this latter quality, I refer to these changeovers as physical transitions, to indicate their relatedness with the corporeal character of caretaking activities.
However, *nou* is also frequently used in Dutch conversational talk. Before turning to the analysis of physical transitions with *nou* sequences, I briefly go into two other *nou* usages that were observed in the data and in other data of the same setting of care interactions with seniors[2] (Engbersen & Mazeland, 2010).

[2] The following three *nou* types were presented by Engbersen and Mazeland at a Workshop on Multimodality in Talk in Interaction, Institut für Deutsche Sprache, Mannheim, 18 & 19 March 2010.

6.1.1 The Particle *nou* in Care Interactions

To delineate the specific *nou* practice that is my focus of analysis, I illustrate its difference with two other types of *nou* usage. A very common type of use is seen in extract 1, as a preface to a response in dispreferred, disagreeing second pair parts (SPP).

Extract 1

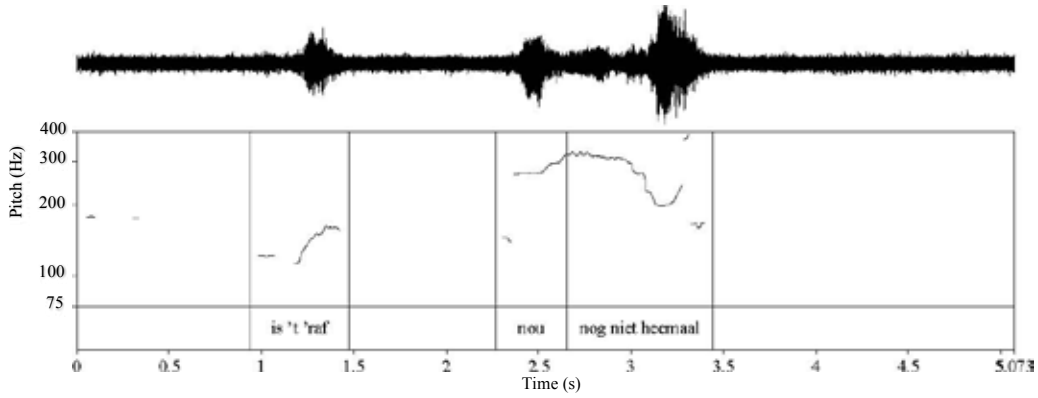
***Nou* prefacing a disagreeing SPP-turn** CW4= care worker MR7= male senior (26a/G10)

The care worker is shaving mister7's face and neck.

1	MR7:	is 't d'r af?
		is it there away?
		is it ready?
2		(0.9)
3	CW4: →	nou:, nog nie heelmAl.
		well, yet not all.
		well, not completely yet.

In this environment, the discourse particle nou has a reaction-marking quality, that is, the turn the speaker is beginning with is displayed as responsive to a prior turn in the situation. In the previous section we referred to this type of nou usage as similar to the use of well in English; i.e. prefacing a dispreferred second pair part (cf. Schegloff & Lerner, 2009).

The following PRAAT intonation graph illustrates the prosody of this first type of nou (Boersma & Weenink, 2004). PRAAT is a program for speech analysis, pitch contours of spoken language can be visualized. The graph indicates for each Turn Constructional Unit (p. 44) the pitch and the time course of the speaker's voice.



Graph 1: disagreeing *nou*

- Extract 1: *nou* prefacing a disagreeing SPP-turn: the pitch contour of *nou* in this extract is mid-level with final rise

Another type of *nou* is the "chat-launching *nou*". Extract 2 illustrates the use of this *nou*.

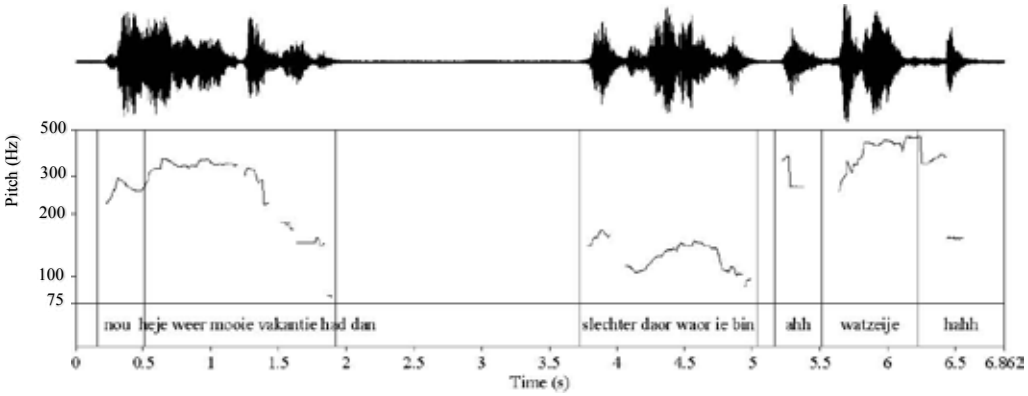
Extract 2

***Nou* prefacing a chat-launching FPP-turn** CW4= care worker MR7= male senior (10/G10)

The care worker sits in front of mister7, putting on his socks.

1	CW4: →	nou: hèje weer mooie vakantie ehad tan.
		nou have you again nice holiday had then.
		nou did you have a nice holiday again then.
2		(1.9)
3	MR7:	(slechter). doar waor [ie ben.)
		worse. there where you are.
		worse then yours.
4		(.)
5		a[h!:::hh]hah[h
6	CW4:	[wat zei jeh,]
		what say you,
		what did you say,

In informal conversation in Dutch, *nou* is regularly used as a preface to turns that propose a topic change. During and within caretaking activities the "chat-launching *nou*" is used for launching small talk. Pander Maat et al. (1986) describe this transitional quality of the so-called *conclusive nou* usage by pointing at its meaning in the context of topic closing and starting new conversational matters.
Graph 2 illustrates the intonation contours of this second type of *nou*.



Graph 2: chat-launching *nou*

- Extract 2: *nou* prefacing a chat-launching FPP-turn: *nou* has a mid-level/slight rise contour

In extract 2 and 1, the phrasing of *nou* with respect to the production of the next utterance resembles in its articulatory characteristics. Although there is some segmentation between the end of these *nou*'s and the beginning of the next unit, both the disagreeing *nou* and the chat-opening *nou* are immediately followed by the next component of the TCU.
It is also noteworthy that in both extracts *nou* is implemented *during* the performance of a physical activity that is in progress, i.e. shaving and putting on socks. In the performance of these activities, in neither of the extracts, signals are displayed pointing at an impending transition in the nature of the (physical) activity at hand. Finally, the utterances following these two types of *nou* are not per se care related and the utterance following the disagreeing *nou* is responsive to the former turn.
I now turn to the variant of *nou* that is subject of analysis in this chapter. This *nou* is used for marking a transition to a next stage in the care activity; I name this type the *activity-transition nou*. Extract 3 is an example of the activity-transition *nou*; it differs in several respects from the former *nou* usages.

Extract 3

***Nou* prefacing an activity transition (FPP turn)**

(01/G1) CW1= care worker MS1= female senior

The care worker finishes buttoning up Mrs1's skirt.

1		(0.8)
2	CW1: →	↑nOu↓:.
		((CW smooths MS1's skirt))
3		(0.5)
4		ga maar weer sitten:.
		go PRT again sit.
		you can sit down again.
5		(1.4)
6	MS1:	wat z(o-)
		what s(o-)
7		(0.7)
8		hm.

Compared to the interactional environment of the former two *nou*'s, the use of the activity-transition *nou* shows very few similarities; it is also not integrated into the syntactic structure of the next TCU-component and not responsive to a former turn.

In this excerpt, the care worker uses *nou* just after buttoning up Mrs. 1's skirt and during a one-stroke gesture of smoothing down a pleat in the skirt of Mrs. 1. *Nou* appears to be positioned at the boundary of a particular physical activity and marks a changeover from one (physical) activity to the next. This specific activity-transition quality is a new distinguishing element of the *nou* usage and accounts for naming it *activity-transition nou.*

With respect to prosody and phrasing, the characteristics of *nou* in extract 3 also differ strikingly from to the former uses of *nou.* It is produced with a strong pitch fall and (in many instances in the data) its production is relatively loud, with a lengthened vowel and/or audible exhalation following the diphthong: [nɑʊːɦ].

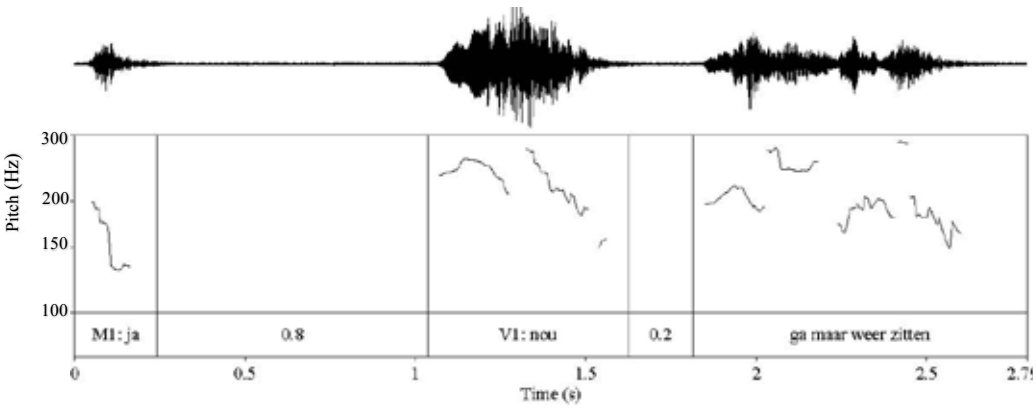
The activity-transition *nou* is delivered after a pause, it is not responsive to the former turn (as in extract 1) and it is followed by a brief silence. All of these characteristics

indicate the relative 'isolated' position of this *nou*. Furthermore, they contribute to its signaling function as marker of an upcoming transition between activities, and convey that a shift in the nature of the involvement of both participants is due.

The activity-transition *nou* also displays differences in turn design compared to the former two types of *nou*. In extracts 1 and 2, the verbal components following *nou* are almost immediately produced, their content is not per se care related nor do they contain a reference to an imminent transition in the performance of bodily activities.

In extract 3, on the other hand, the utterance of the care worker following *nou*, i.e. 'ga maar weer sitten:.'[you can sit down again] is produced after a brief pause (0.5 sec). It concerns a SAS-bound topic: formulated as an instruction for physical action of the care recipient (line 4) and is directly related to the activity at hand. Moreover, the utterance is implicitly referring that a specific SAS activity, conducted by the care worker, has come to an end. The utterance as such contributes to *nou*'s alerting work and allows through its reference to the state of the current activity, a determination of the kind of transition that is due. It thus offers a glimpse (on the progression) into the course of activities in the SAS.

The markedly different prosody of the activity-transition *nou* from the two previous described *nou*'s is also visible in the pitch contours in graph 3.



Graph 3: activity-transition *nou*

- Extract 3: activity-transition *nou* coordinating a physical activity transition: the onset is high in the speaker's pitch range and is then falling markedly

A brief summary can now be drawn up of the general discursive and prosodic features of the activity-transition *nou* as it is used at a change in the nature of a (physical) SAS activity.

The activity-transition *nou* is in the first place beginning a new turn that is non-responsive to a prior turn, and projects more talk to come. Secondly, its phrasing and prosody is noteworthy. The activity-transition *nou* is followed by a brief silence as disjunction with the utterance following it. Regarding the prosodic features, there is a relatively high pitch fall, accompanied by increased loudness and vowel lengthening, frequently followed by audible exhalation. Thirdly, the utterance following the activity-transition *nou* characterizes the state of the current activity as related to a SAS transition. Finally, the utterance underscores the signaling function of *nou* that a change in the participants' involvement in the ongoing event is at issue.
Additionally to the studies discussed, I examine the activity-transition *nou* in a setting of predominantly routine task-oriented activities, concerning the provision of morning services by care workers in a care facility for older citizens. In this setting, *nou* is lodged in the interactional environment of activity transitions within the SAS of morning care. My analytical interest lies in how the specific use of the particle *nou* operates interactionally during these kind of transitions. The multimodal nature of transitions in morning care activities, the latter as part of the institutional care regime, gives rise to explore issues associated with the social identities of the care worker and the senior, including their treatment of (the self-determination) of the senior.
In the following section, I analyze contexts of morning care activities in which an *activity-transition nou* occurs. The analysis focuses on the different (multimodal) elements occurring in the direct vicinity of the activity-transition *nou*. I further discuss *nou*'s co-occurrence with particular shower movements by the care worker. These movements appear to accompany a transition from showering to turning off the tap.

In the transcripts, postural (corporeal and gestural) characteristics are rendered as verbal descriptions. In some extracts, I illustrate these bodily elements with video stills. The data contain about 150 instances of *nou*, over 50 of these *nou* instances concern transition indexing *nou*'s (N=50).

6.2 NOU as a Practice for Activity Transition

Morning service delivery is not in the first place targeted at a communicative goal. Although many verbal exchanges serve the togetherness of the care worker and the senior during these activities, much of the talk is done without response expectation and accompanies navigation through the SAS activities.
As noted, the baseline activities of the SAS of morning care include corporeal actions with a more or less fixed order of conduct, e.g. removing sleepwear comes before showering. At certain moments during this baseline, the care worker and the senior use talk. This holds in particular for transitions wherein progression of the course of action is at stake and co-operation between the participants must come into being. In order to move on to the next activity, the care worker and the senior have to achieve alignment on the progression (and quality) of the ongoing activities.
It appears in the data that the care worker predominantly initiates and conducts talk at moments where a transition is due and frequently produces discourse particles that signal some kind of segmentation in the (sub) activities of the SAS. These segmentations are often further 'informed' by descriptions, announcements and instructions, contributing to the accomplishment of a transition in the course of action. In the data, the interactional moves of the participants near and at a transition, illustrate how the care worker and the senior orient to the ongoing event. Various transitions between SAS segments are thus accomplished.
Transitions between (sub) activities, e.g. changing from the left to the right arm during washing, and their progression are frequently referred to in the talk by (temporal) marking of their action-logic serial character: *eerst* (first), *dan* (then), *nu* (now), *zo/oké* (right/okay), *nou* (so/right), et cetera (cf. Bangerter & Clark, 2003).
It appears in the data that the particle *nou* is frequently deployed in a specific way at transitions between *main* stages in the SAS, i.e. changes in the object and nature of the activities, e.g. from undressing to turning on the shower and from turning off the tap to drying off. During these kind of transitions, this particle functions as a marking device in a more comprehensive trajectory of which the components were outlined in extract 3. The activity-transition *nou* signals that a next phase in the caretaking activity is about to be installed and the current phase is near closing. The care worker predominantly initiates such a *nou*.
Extract 4 as another example of *nou* embedded in a path with specific components, makes the presence of the particular sequential *nou*-course even more apparent. It also directs our attention to a specific physical aspect in the interactional environment: a particular manipulation of the showerhead.

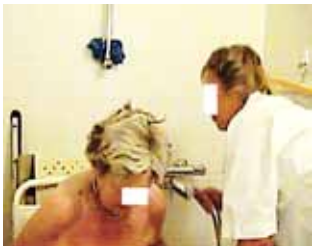
Extract 4

Activity transition with *nou* ***nou ready PRT***

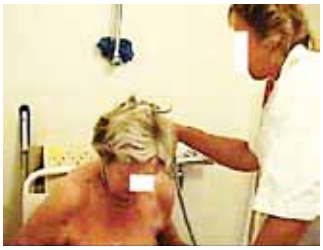
[MsBlue2: 00:07:12-00:07:20] CW1= care worker MSB= Ms. Blue

MSB is sitting in the shower chair and the showering comes to an end; MSB is surprised she managed so well and continuously produces short exclamations like 'goh' [gosh]. CW moves the shower over MSB's front body, then a few seconds downward and upward again, behind MSB's shoulders to the middle upper back.

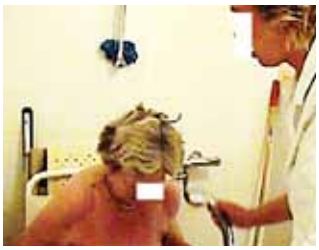
1		[(3.4)
		*((CW rinses downward and then gets upright, brings shower head in direction middle upper back MSB (**P1**)))*
2	CW1: →	NOu↓: (.) klaar al.
		P2 P3 P4 P5 P6
		nou ready PRT
3		*((while producing line 2 in 0.9 sec, CW moves shower head from middle upper back position over left shoulder of MSB (**P3**) with a swift swing half way front upper body MSB (**P4**), shower is no longer directed to the body; CW gazes to wall (**P5**) and closes tap (**P6**)))*
4		(0.5)
5	MSB:	goh
		gosh
6		(2.9)



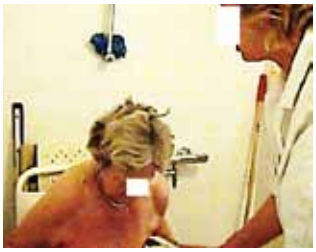
P1 07:15:1

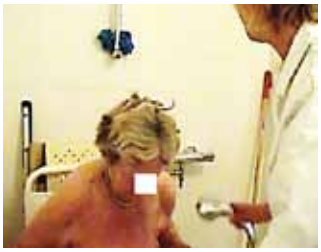


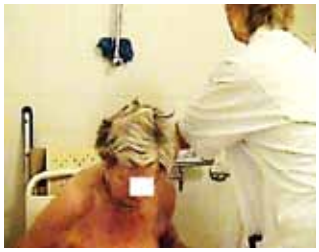
P2 7:15:4



P3 7:15:7


P4 07:16:3


P5 07:16:5


P6 07:17:0

Regarding the production of *nou* in this extract (line 2), its phrasing and prosodic characteristics are similar to the activity-transition *nou* spectrogram as shown in example 3: besides a brief silence that separates *nou* (as a new turn) from the next utterance, there is also a salient pitch fall following a relative loud onset, and lengthened articulation with audible exhalation. *Nou* is inserted while the physical activity is about to end and its nature is about to change; it signals an upcoming transition from showering to turning off the tap. Simultaneously, before, during and after the articulation of *nou*, various physical (preparatory) aspects unfold that make such a transition possible. The utterance following *nou* underscores this with an explicit note on the state of the (care) affairs, the showering has been completed: 'klaar al.'[ready PRT]. In the order of activities, this utterance can also be construed as (closing) part of a delimited 'trail' of verbal and corporeal activities, of which the corresponding elements are indicated in the transcripts in brackets.

All of these sequentially ordered components make up the activity-transition *nou* trajectory. The preamble to care worker's *nou* production starts in line 1 and coincides with a specific position of the showerhead (P1). This is instantly followed, during the articulation of *nou*, by specific swift swinging movements of the showerhead in the care worker's right hand (P2-P4). Next, the care worker moves the showerhead to the wall and turns off the tap (P5, P6).

Schegloff (1984a) used in an early paper on gestures, the term "cocked position" for a prepared position of a gesture to release or to set off a stroke. The release of the position of the hand with the showerhead from the middle upper back and the start of swinging movements from the wrist would then "display a designed and organized effort to achieve that co-incidence (AE: with the talk)" (1984a, p. 274). His discussion on gestures from the (iconic) perspective of their linkage to affiliates in the talk of that moment applies to these non-instrumental (shower) movements. The position of the

showerhead pointing towards the middle upper back, between the shoulders, can be considered as such a pre-indicating position. According to Schegloff these gestures are part of units of talk construction (AE: units of activity construction within the SAS) and may hold for other talk-accompanying behavior as well (1984a).

The senior undergoes the showering with frequent utterances of admiration and relieve. So far, these exclamations conveyed that she is pleased with the ongoing activities; interactionally they functioned as continuers for the care worker. The care worker's turn with nou in line 2 also elicits an exclamation of amazement: 'goh' [gosh](line 5). As a response, produced almost immediately following the care worker's evaluation with 'klaar al.'[ready PRT.], it embodies the senior's understanding and admiration that she has passed the current SAS phase successfully and functions as alignment with the transition.

The current extract illustrates that this *nou*, implemented at the boundary of focused showering, is embedded in a specific sequential pathway from a strong physical orientation. During the corporeal care activities, the development of the interaction foremost derives from the structure and progress of the ongoing SAS. Therefore, the deployment of *nou* can be regarded as directly linked to the progression in the physical baseline of the SAS of morning care. Moreover, the specific usage of the particle *nou* in a trajectory that conjoins multiple modalities, including negotiating moves in talk, demonstrates that both participants orient to it as a practice that signals and coordinates an upcoming transition.

In extract 5, the same phenomena are observed. However, the onset of the *nou* trajectory differs from the former examples. *Nou* is inserted in an environment of ongoing talk, which can be considered as care related but not directly associated to the SAS-activity at hand. The focus in this extract is on how the trajectory with *nou* is interposed in a trouble telling, but is not interfering with it. The extract shows even more clearly the delimited (and physical) nature of the *nou* trajectory and its constitutive elements.

Extract 5

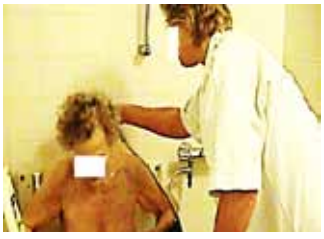
Activity transition with *nou* ***oh man***

[MsBrown2.2: 00:39:24-00:39:37] CW1= care worker MSB= Ms. Brown

Ms. Brown is sitting in the shower chair and the showering comes to an end, she talks about her troubles with showering and CW responds to this.

1	MSB:	moet er niet aan eu denken •hh
		must it not of eu think hh
		can't think of having hh
2		dak da ↑zelf moe doen
		that i this self must do
		to do this by myself
3	CW1:	dadu ss dit< dat u ZE:Lf moet douchen?
		that you this that you self must shower
		this that you have to shower by yourself
4		(0.3)
5	MSB:	oh man=
		P1
		oh man
		*((CW brings shower head to upper back MSB (**P1**)))*
6	CW1: →	=Nou↓:
		P2
		nou
7		(0.8)
		*((CW moves showerhead from middle upper back (**P2**)to left shoulder and then forward with a short swift stroke downward over upper front body (**P3**)))*
8		↑klaar al↓weer.
		P3
		ready PRT again

P1 39:31:4



P2 39:31:9

P3 39:32:7

9		(0.3)
		((CW brings showerhead to the wall))
10	MSB:	ik ben dan( )wor al doodmoe als 'k er aan denk.
		i am then( )get already dead tired when i it of think
		i am already tired just thinking of it

In this extract the senior starts a trouble telling on showering (not included in the transcript) and then resumes this in line 1. In line 5 she produces 'oh man' as a response to line 3, instantly followed by the production of *nou* by the care worker. This *nou* is co-occuring with an alteration in the nature of the physical activity.
The trajectory of events following *nou* in this extract, and how these are sequentially embedded, resembles extract 4. The placement of *nou* in this extract draws attention to the different phrasing of this *nou* usage: its onset is latched with 'oh man', thus foregrounding its characteristic of starting a new turn, non-responsive to the prior, at the expense of the previous noted feature of *nou* as an element after a silence.
Nou's prosody resembles former examples: a relative loud onset and lengthened vowel following a pitch drop. Furthermore, *nou* in this extract is also occurring together with a change in the nature of the hand movements: from focused to an unfocused short and swift swinging movement from the wrist (from P2 to P3, line7 and 8).
Next to *nou,* there is a verbal pause of 0.8 sec (line 7) and then the care worker articulates the closing of the shower phase (line 8) and brings the shower to the wall. The senior construes these verbal and physical activities as closing elements of the *nou* trajectory, displayed in her immediate resumption of the trouble telling (line 10).
The remaining of the *nou* turn in line 8, as in former extract with 'klaar al'[ready PRT], is a statement on the SAS-activity at hand: '↑klaar al↓weer.'[ready PRT again]. Such utterances are examples of so-called *conversational routines* "… a great deal of communicative activity consists of enacting routines making use of prefrabricated linguistic units in a well-known and accepted manner" (Coulmas, 2011, p. 2).

At the onset of the trajectory, *nou* works as the activator, alerting both participants that progression of the activities is at issue and closing of the current activity is on its way (contingent with the projection of a verbal characterization (implicitly or explicitly) of the closing, as verbal remainder of this *nou*-turn).
At the same time, *nou* and the next utterance provide an interpretation framework for determining what kind of transition is about to be accomplished. As we observed in extract 4, this framework is further elaborated by 'finishing touch' movements accompanying and underscoring the announcement of the closing of the showering phase and the changeover to drying off. Similar to the former extract, all components seem to be shaped as a finite trajectory.
This extract shows the powerful interactional role of the activity-transition *nou* practice; it suspends at that moment further development of the topic talk, while accomplishing a temporary shift in the interaction to the institutional business of showering (Bolden, 2008).

By its occurrence during conversational talk, extract 5 validates *nou*'s function as transition marker, initiating (and part of the onset of) a trajectory that in itself is a practice on its own and tied to the progression of the physical baseline. Thus, the extract also reveals how the participants resolve the complexities of their involvement in different activity frameworks, talk and SAS activities. Moreover, two different modi of talk are at issue: conversational talk and care bound talk, the latter directly targeting the current activity. These different modi seem to unfold within distinguished organizational scopes (Mazeland, 2019; cf. Chapter 4 and 5). Yet, the *nou* trajectory unfolds smoothly and appears not to interfere their ongoing interactive engagement.

In the extracts hitherto, the *nou* practice was conducted by the care worker and as such asymmetric in nature. The conduct of the care recipient during the *nou* trajectory was characterized as collaborative and not intervening with care worker's actions and rights to accomplish the trajectory. This was manifested in physical and sometimes verbal compliance (at the end of the *nou* trajectory) of the senior with the ongoing activities.
The next two extracts draw our attention because of the occurrence of two other structuring markers, inserted prior to *nou*: *oké* [okay] and *zo* [so].
Extract 6 encompasses the use of the marker *oké* prior to the articulation of *nou*. The extract demonstrates that the use of *oké* accompanies a vertical transition within the same activity; rinsing moves in progress from the lower body to the upper body. In contrast to *oké*, the *nou* use refers to a more comprehensive trajectory. The situated use of *oké* as marker of a (sub-) transition within an ongoing single activity, also outlines the *nou* trajectory even stronger as a specific sequential course, and appears to be in line with former findings (cf. section 6.1).

Extract 6

Activity transition with *nou* ***nou…that's all***

[MsRed1: 00:05:50-00:06:02] CW1= care worker MSR= Ms. Red

Mrs. Red has been washed with a washcloth. The care worker gradually moves the showerhead towards Mrs. Red's upper body while the rinsing of her lower body has come to an end and he produces [okay]. He continues his rinsing movements and brings the showerhead to her upper back. Subsequently he starts a few unfocused swinging movements while producing nou.

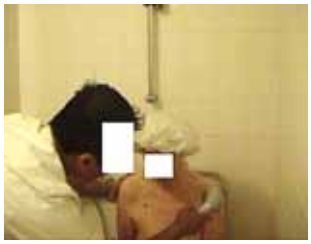
0 *((CW rinses the feet and legs of MRS with the shower in his r. hand. As he moves the shower toward MRS's upper body, he produces line 1))*

1 CW1: → oké
P1
okay

2 [(6.2)
*((CW moves the shower to and fro over MSR's upper body to the middle upper back (**P2**). Then he moves it with a few short strokes over MSR's back and swings the showerhead from r.shoulder to front l.shoulder and downward making short swinging movements from the wrist (**P3**)))*


P1 05:50

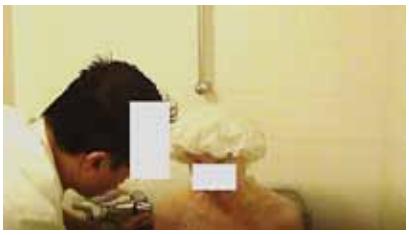

P2 05:53

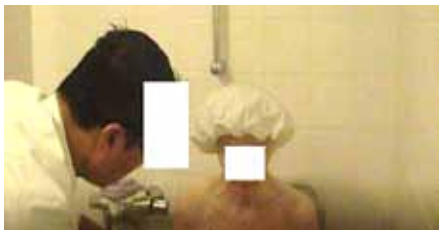

P3 5:56

3 CW1: → NO↓uh
P4
nou

4 [(0.2)
((CW continues swift swinging movements with his wrist and brings showerhead towards MSR's middle body, CW gazes at MSR))

5 CW1: dit <u>was</u> 't dan,
P5
that was it then
that's all


P4 5:57


P5 5:58

The care worker has just washed the senior's whole body with a washcloth, while she sat down again after a moment of standing upright. He has now turned on the shower tap and starts washing off the soap of the senior's body, beginning with her legs and feet and moving upwards while producing 'oké'[okay] (line 1).
Oké does not project more talk to come nor is it followed by a (visible) change in the way the care worker and the senior are involved in the current activity. In addition, the particle does not seem to appeal to the senior to take action. With *oké*, the care worker verbalizes a (vertical) transition within the same activity. Its interactional function is signaling a segmentation and marking a progression in rinsing as main (SAS) activity; the lower body has been completed, now followed by the upper body.
The marker *nou* in this extract (line 3) has the similar phrasing and prosodic properties as in extract 4 and 5, although there is a relative long silence of 6.2 sec (line 2), prior to its production; long—verbal—silences are not unusual in the SAS of morning care. *Nou*'s prosody resembles former examples: a relative loud onset and lengthened vowel followed by a pitch drop.
The placement of this *nou* differs slightly from extract 4 and 5, it is not exactly coinciding with the showerhead position; the showerhead has been brought from the upper back body (P1) forward (P2), swinging strokes start (P3) and then *nou* is produced (P4). Notwithstanding, multiple multimodal resources concurrently display, similar to the former extracts, an orientation to the closing of the current activity and the changeover to a next one; the articulation features of *nou* in the talk and the spatial situated physical action and movements of the care worker. Equally similar, *nou* is, after a short pause, followed by a kind of conversational routine: 'dit was 't dan,'[that's all,], underscoring the transition (line 5). The senior tacitly supports their physical cooperation so far.

In the next extract, the care worker produces the marker *zo* [right] just prior to *nou*. The extract illustrates that the interactional function of *zo* resembles *oké*, equally distinct from the use of *nou*. As markers of a sub-transition, *zo* and *oké* occur during the care worker's shifting focus from one body part to a next. In addition, these markers do not seem to alert the senior to a change in their engagement in the ongoing activity, which *nou* does. In the next extract, this is clearly visible while the senior is engaged in topic talk.

Extract 7

Activity transition with *nou* ***and I did not ask anything***

[MrGreen2: 00:06.15-00:06.30] CW1= care worker MRG= Mr. Green

Mr. Green is standing in the shower cabin, he starts drying his body (P1) while he begins a topic on an acquaintance they both know. The care worker is positioned just outside the cabin and looks at him. After one minute, when he has largely dried his upper and lower body himself, he hands over the towel to the care worker, turns around and at his request, she starts toweling down his back.
Now Mr. Green is facing the care worker again (P2). She bends over to his right shoulder, and starts wiping off the last wet spots at his right arm downward while responding to his talk.

1	MRG:	en [ik vroe]	[en ik]vroeg niks.
		and i asked nothing	
		and i didn't ask anything	
2	CW1:	[das wel leuke gespreksstof	[°altijd.
		that's prt nice conversation material	always.
		these are always nice things to talk about.	
		((MRG has turned his body and is facing CW again))	
3	CW1:	kom maar (.) even hier nog een beetje	
		P2 **P3**	
		come prt for a moment here still a little	
		come just a little here	
4		[(1.5)	
		*((CW brings the towel to MRG's right shoulder (**P3**) and starts toweling down his right arm)))*	

P1 5.19

P2 6.15

P3 6.16

5 → <°sooh°(.)NOU↓: volges ↑mij:h>
P4 **P5** **P6**
soo nou according to me
soo nou i think

6 (2.2)
*((CW finishes toweling MRG's right arm (**P4**)while producing 'soo'. She removes the towel, at the same time she gazes at MRG's left arm (**P5**) and starts drying down the arm (**P6**) while producing the remaining of the turn)))*

P4 6.19

P5 6.20

P6 6.21

In this extract, the care worker and the senior are involved in topic talk. In line 3 the care worker shifts to care bound talk. She just took over the towel and brings it to the senior's right shoulder: 'kom maar'[come PRT](P2, P3). This imperative is inserted at a TRP in her own turn (line 2), which was responsive to the senior's talk (P1) (on an acquaintance of both who lived in the same residence, not in the transcript), (cf. Chapter 4).

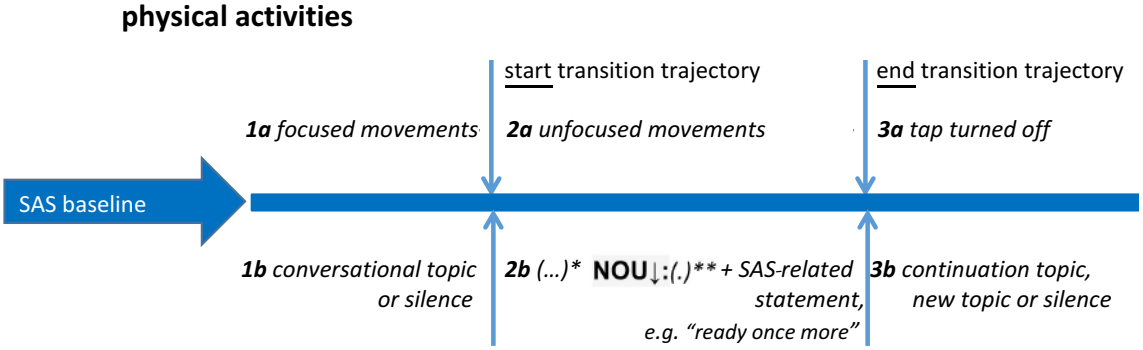
The next TCU 'even hier nog een beetje'[just a little here] in this turn functions as an account of the foregoing imperative+particle request, since the senior had already dried himself. There is no clear signal yet that a change in activity is imminent. Then, still fully engaged in toweling, the care worker produces the marker *zo* fairly soft as '°sooh°'[soo] (right) (the "z" in *zo* is often produced voiceless) (P4). This particle is almost immediately followed by 'NOU↓: volges ↑mij:h>'[PRT I think], *nou* is clearly contrasting in loudness with *zo* (line 5), but its slowed pace is the same as in former extracts.

The onset of *nou* coincides with the removal of the towel from the right arm and care worker's shifting gaze to the left arm of the senior. The verbal continuation of *nou* with 'volges ↑mij:h>'[I think] is, appending to the signaling *nou*, implicitly referring to the completion of the drying off phase as an overarching 'main' phase. It is equally a statement on (the state of) the current activity.

A closer look at the use of *zo* in this setting shows that it is also frequently used as structuring marker during hands on activities. Ottesjö and Lindström (2005) found that Swedish language users mark closing an activity with *så* (in this way). It is noteworthy that the Dutch uses of *zo* and *oké* that I observed in the data were mostly characterized by an orientation on activities performed by the speaker himself, as in this extract, without interactional pressure for the recipient to become active. The care worker predominantly produces *zo* and *oké* as segmentation (closing) markers of *horizontal* sub-activities, pointing backwards to the activity that ended (cf. Bangerter & Clark, 2003).
The frequent use of *zo* differs with *nou* in respect to a number of characteristics. *Zo* usually does not stand out for its prosodic characteristics nor is it recipient-oriented, it is produced frequently at or near transitions within the same activity. The care worker is not dwelling upon it, as is the case with *nou* at intersection points between main stages in the SAS. Hence, *zo* in this setting frequently functions as a (sub) structuring marker of physical activities but it is not a powerful interactional resource for progression to a next stage in the SAS.
In this extract, *zo* marks the closing of toweling down the right arm of the senior's body, as was announced by the care worker. However, by virtue of the SAS framework, *zo*'s position just prior to the closing of toweling as a distinguished specific SAS activity seems to pave the way for the implementation of the *nou* trajectory.
In this manner, another variant of the onset of the *nou* trajectory is realized. With *zo* the ongoing topic talk is suspended, the care worker articulates that her toweling of the arms as (last) sub-activity is about to end. The implementation of the *nou* trajectory thus fits in; the transition to the next main stage (dressing) is about to unfold.

Hitherto, I illustrated the usage of *nou* as an activity-transition marker in the SAS and powerful interactional structuring device, also in the environment of the markers *zo* and *oké*.
I demonstrated that the discussed trajectory of interactional multimodal activities during this *nou* practice distinguishes it from other *nou* usages (previously described as type 1 and type 2); the activity-transition *nou* is strongly tied to progression in the SAS course of action.
At the onset of the *nou* trajectory—often prior to it with particular movements of the showerhead—the senior is alerted that an upcoming transition is due and the showering will end. During the further unfolding of the trajectory both participants are engaged in their cooperation; the care worker by carrying out the the successive physical actions, the senior through enacting (corporeal or verbal) alignment with the transition.

The following graph illustrates how the trajectory of *nou*, as a rounded practice that involves verbal and physical activities, is embedded in the multimodal environment of interactional activities.



*(...) silence
**(.) articulatory segmentation or silence

Graph 4: the unfolding of the *nou* trajectory

- Three successive stages in the execution of the SAS transition trajectory with *nou* during the closing of the shower phase. Each stage encompasses an a- and b-part; the a-part describes the ongoing type of physical activities and the co-occurring talk activities are indicated in the b-part.

Stage 1 concerns the last stage of focused showering during which there is either topic talk or no talk going on. In stage 2 *nou* is articulated, immediately followed by a statement on the current activity. This is often simultaneously accompanied by specific 'unfocused' movements of the care worker's hand with the showerhead. Finally, in stage 3 the tap is turned off. This is performed in silence or talk is resumed with a pending or a new topic. A number of preliminary conclusions on the usage of the *activity-transition nou* can now be summarized.

- *Nou* is produced by the care worker as not responsive to ongoing (topic) talk, often after a verbal silence, as onset of a trajectory encompassing various multimodal elements.
- The production of *nou* is characterized by prosodical aspects of which the relative loudness and pitchfall are most salient, it is followed by an articulatory segmentation

or a silence prior to the production of a statement referring to the state of the current SAS activity. The *nou* trajectory usually ends with a silence, but not always.
- *Nou* signals an upcoming transition between care activities and projects a change in the nature of the activity, e.g. from showering to drying off. Its production is frequently co-inciding with a change from focused to unfocused (showering) movements.
- During the unfolding of the *nou* trajectory, the participants' interaction is characterized by subtle displays of mutual understanding on what is ongoing, embodied in (corporeal and verbal) negotiating moves oriented to a gentle cooperation.

The discussed extracts also demonstrate that the signalling and transition marking potention of *nou* and its strong link to the SAS baseline is manifested more fully and powerful when the *nou* trajectory accomplishes the suspension of other ongoing talk.
In the extracts hitherto, the *nou* practice was conducted by the care worker and as such asymmetric in nature. The conduct of the senior during the *nou* trajectory was characterized as collaborative and not intervening with care worker's actions and rights to accomplish the trajectory. This was manifested in corporeal and sometimes verbal compliance (at the end of the *nou* trajectory) of the senior. However, there are instances in the data where the senior positions himself as first speaker in the usage of the *nou* practice by initiating the trajectory or by alternating turns with the care worker during the trajectory. In the next section I further analyze two such sequences.

6.2.1 The Use of NOU by the Senior

In this final section, I examine sequences wherein the senior performs parts of the activity-transition *nou* practice. This phenomenon raises interesting issues related to the construction of senior treatment in morning care.
Extract 8 presents a variation in the performance of this *nou* practice: the senior initiates a main transition with *nou*.

Extract 8

Activity transition with *nou* ***nou begins to look***

[MrBlack1: 00:14:07-00:14:36] CW2= care worker MRB= Mr. Black

The drying off has come to an end and Mr. Black sits and waits for the care worker to put on his t-shirt. She turns towards him and rolls on one sleeve of the t-shirt, during this action Mr. Black is slightly stretching both arms and produces line 2.

1		((MRB gazes at CW and sniffs))
2	MRB:	°heb je verder al(luru) din↑ge?
		have you further al(luru) things
		did you manage to get everything
3	CW2:	ja:↑ha:
		yeah
4		(8.1)
		((After 4 sec, MRB stretches his arms fully forward and CW puts the sleeves round the r.and l.arm and then her hands round the neck hole moving it toward MRB's head))
5		emhh he goeie gat hè,
		emhh he right hole isn't it
6		(11.5)
		((CW arranges the t-shirt around MRB's upper body and then turns back to the wall to pick up the next garment while MRB is gazing at what she's busy with))
7	MRB: →	No↓u
		nou
8		(0.3)
9	CW2: →	Nou↓: [<'t be↑Gin IS ↓d'r.
		nou the beginning is there
		nou we managed the beginning
10	MRB:	[(ewo)] >wordt al ↓wath.
		(ewo) getting already something
		(ewo) begins to look like something
11		(0.3)
		((CW offers the right sleeve of the shirt to MRB who puts his hand and arm in it))
12		(0.3)
13	CW2:	↓ja DAcht↓ik.
		yes thought so i
		yes i thought so

The senior is from the onset of the showering actively involved. The initiation of the *nou* utterance by the senior may be better understood against the constellation of their contributions at different levels in the interaction; he defies the care worker a few times in multiple ways.

The senior's question in line 2 acknowledges that the care worker has responsibility over the things that are needed for dressing. By bringing this up however, he challenges this; it is her job to put the garments up for grabs in a specific order. On the other hand, the care worker is, contrary to her default position in progressing the SAS course, now put in second position as a responder. The thus installed participation structure constitutes an interactional challenge to her, which in turn may be associated with issues of knowledge and action 'rights'. Especially, since the senior has displayed his knowledge of the SAS-reasoning process by wording a guiding rule of the current activity (Ten Have, 1991).
Her response with 'ja:↑ha:'[yeah](line 3) may indicate certain trouble with the question as it is departing from the default type-conforming 'ja'[yes]. As Raymond (2003) puts it: "Departures from preferred responses are dispreferred, noticeable and eventful" (p. 954). This turn then is not taken up.
Second, after the next 4 sec, the senior demonstrates his sustained active involvement, now corporeally by stretching both his arms before the care worker reaches them to put the sleeves around (cf. *recruitment*). Subsequently, she moves with the neck hole towards the senior's head while producing 'emhh he goeie gat hè?'[emhh he right hole isn't it?](line 5). The latter utterance is peculiar, since there can be no mistake about the proper hole. Nonetheless, the care worker's verbalization displays an orientation to their shared knowledge of the activities underway.
Shen then arranges the shirt at the senior's back and turns to the wall for the next garment. Her movements display the closing of her activity with the 'shirt'. Therewith, an opportunity for marking the structure and progression in the activities is created; the senior, engaged as he is, uses it and produces *nou*. He thus puts himself once more in first position in the talk activity and again challenges the care worker in a particular way: his *nou* opens a—specific— 'trajectory': it creates a locus for an immediate comment on the current state of affairs.
What comes next however, after 0.3 sec, is an echoed *nou* produced by the care worker, with similar prosodic features. She thus challenges the installed participation structure, by the senior, by taking over the initial position of the '*nou* trajectory', projecting more talk to come. Subsequently, she produces the statement '<'t be↑Gin IS ↓d'r.'[we managed the beginning.]. The topic assesses an achieved point in the SAS course and refers to her authority to establish this (line 9). Therewith, competitive elements seem manifested; the care worker takes and keeps the floor and overrules the senior in his marking action twice.
How is the senior dealing with the care worker's verbal contributions? He begins his next turn together with the care worker in a short overlap and then withdraws. Subsequently,

instantly upon her turn, he adds an evaluative assertion while increasing his pace of speaking: '>wordt al ↓wath'[begins to look like something](line 10).
On the one hand, the topic of his utterance corroborates with the care worker's assessment and refers to her labour in a positive way. On the other hand, by its positioning, prosody and wording, it is also commenting the—same—activity, and again may be challenging the care worker's established authority. Either way, the care worker takes back interactional control by closing the sequence (initiated by the senior) in third position with '↓ja DAcht↓ik.' [yes i thought so] (line 12). Thus she acknowledges the senior's evaluation as a contribution that fits by agreeing with it in a specific way; by using the past tense of 'think' (I thought so), which functions as an epistemic claim and refers to knowledge she already had, she (again) claims her deontic 'rights' on the topic (Stivers, 2005). By changing the verb tense the assessment is qualified differently and opens up different interactional resources (Sorjonen & Hakulinen, 2009). Hence, the senior's topic and turn are retrospectively made subordinate to the care worker's actions. This is how the care worker in this extract enacts her deontic rights through usage of the *nou* practice. The positioning and design of the participants' consecutive turns embody that their negotiations on alignment are characterized by sequences with competitive moves. Nevertheless, the subtle adjustments in the timing and design of their interactional multimodal contributions (talk embedded in various physical configurations) allow them to sustain alignment during their concurrently unfolding physical cooperation in the SAS.

This analysis demonstrated how participants' position in the talk activity, through their use of *nou*, can be associated with knowledge and action 'rights'.
To identify the use of the activity-transition *nou* practice as an opportunity for the care worker to claim authority (in various respects) over the course of action requires further in-depth analysis and, as the next fragment shows, is not as straightforward as it may seem.
In extract (9) the senior is also actively involved, but the participation structure shows different characteristics with regard to the nature of both their involvement: their position is negotiated with concordant elements.

Extract 9

Activity transition with *nou* ***nou… shall we take***

[MrGreen2: 0:00:14.5-0:00:32.6] CW1= care worker MRG= Mr. Green

MRG is stepping out of his bed, the care worker has just left the room for a short moment.

1		((MRG briefly rearranges the bed and produces line 2))
2	MRG:	zo.
		so
3		(0.5)
		((MRG then stands upright and turns his body sideward while producing line 4, CW now approaches this door from another direction))
4	MRG: →	noh.
		noh
5		(0.4)
		((MRG is upright and has noticed the CW coming back and now keeping the door open while pushing her fingers against it with her stretched arm, gazing at MRG))
6	CW1: →	nO↓u:
		nou
7		(1.1)
		((CW still holds the bathroom door open with one hand and is looking at MRG, who now starts bending downward to pick up his slippers from the floor))
8	MRG:	zulln we 'n paar slofjes meenemen,
		shall we a few slippers along take
		shall we take a pair of slippers
9	CW1:	prima.
		fine
10		(0.6)
		((CW withdraws her hand from the door to the bathroom and lets MRG pass))
11		°kom maar
		come PRT

In respect to the preface to the *nou* trajectory, the use of *zo* in this fragment resembles extract (7) where *zo* was observed as SAS related and displaying an orientation to the closing of an activity performed by the speaker and pointing backward.
In the current fragment, the senior produces *zo* during his last re-arranging movements of smoothing down the bedding, its intonation is flat. It seems to point at his movements with the bedding and equally underscoring his getting out of the bed.
Almost immediately upon it, standing upright, he articulates 'noh.' as a variant of *nou*, albeit with the same flat intonation without the diphthong standing out (line 7). In the meantime, the care worker has returned from another direction and while holding the bathroom door open and looking at the senior, she produces 'nO↓u:', following his utterance, but prosodically different. The senior now has turned his body sideward still aside the bed, looks down and bends for his slippers on the floor. Whereas 'zo.' appeared to point backwards at his accomplishments so far, his 'noh.' marks an upcoming next activity. His bending down then follows 1.1 sec upon the care worker's *nou*.
There is no shared involvement yet between them; the senior's 'noh' is self-attentive and does not change their participation structure. However, it does project more talk to come. While he is still visibly engaged in (structuring) his own activities and focuses on picking up his slippers, these activities afford the care worker an occasion to implement the activity-transition *nou* trajectory.
The care worker's 'nO↓u:' marks an upcoming transition, there is no overtly association with the senior's 'noh'. On the contrary, her timing of it, simultaneously with her posture and gaze oriented to the senior, has opened a new sequence and alerted him that an activity transition for both of them is upcoming (going to the bathroom). His attention now shifts to a joint involvement in the ongoing activities, as is displayed in his utterance 'zulln we 'n paar slofjes meenemen,'[shall we take a pair of slippers], thus responding to the care worker's alert (line 8) as well as fitting as a statement to his own slot with 'noh'. In this extract, the care worker's *nou* more clearly marks an activity transition, contrary to the senior's 'noh'. However, the care worker does not produce a statement after her *nou* production. Instead, the senior responds to *nou* by formulating his ongoing activity as an equivalent contribution to the transition, thus acknowledging that a transition is underway, and aligning with the care worker.
The reference to 'we' together with the design of the senior's utterance in a question format is noteworthy in this environment (line 8). The turn does not function as a challenge for the care worker but displays alignment with the upcoming transition. This is illustrated by the immediate take up by the care worker with her positive agreement 'prima.'[fine].

The way the care worker and the senior act out different components in the *nou* trajectory in this extract demonstrates they are both oriented towards collaboration; the care worker 'proposes' engagement in the transition performance without contesting the senior's contributions as in the former extract.
Where extract 8 illustrated an instance of competitive negotiation when *nou* was produced by the senior, this extract shows an example of co-operative negotiation: the senior and the care worker negotiate their co-operation in concordance after the senior's *nou* production.

6.3 Conclusion

This chapter explored how the discourse marker *nou* functions in morning caretaking activities in senior care.
First, I argued that with the usage of the particle *nou*, the care worker signals and marks the beginning of a particular structuring practice during activity transitions. I named this the *activity-transition nou* practice. It is characterized as a trajectory composed by multiple multimodal (sequentially) ordered elements.
Second, I demonstrated that this *nou* trajectory predominantly functions as a practice of the care worker being the one who commonly initiates it and who subsequently closes and characterizes the current activity. As such, the use of *nou* alerts the senior to an upcoming transition. Consequently, the usage of the *nou* trajectory can function as a device to claim deontic rights, its use by the care worker coordinates the interaction while granting him the right to do so (Drew & Heritage, 1992; Stevanovic, 2013).
Nevertheless, the trajectory with activity-transition *nou* occurs in a context wherein both participants actively and recognizably work towards activity closure or next-activity onset. In this context, they have to negotiate continuously the degree of their co-operation. In such negotiating moves an orientation of the participants to a smooth cooperation during the upcoming transition becomes displayed. In particular, the senior's conduct during the *nou* trajectory reflects both his acknowledgement of this trajectory and of the care worker as agent of the SAS course. This becomes visible either in an apt timely response to the care worker's evaluative statement or by withholding a contribution to the (previously ongoing) topic talk. Therewith, the senior's conduct also displays a certain dependence of the care worker.
On the other hand, the onset of a activity-transition *nou* trajectory emerges within ongoing SAS activities. In respect to the care worker's responsibility to ensure a smooth

transition, s/he has to anticipate here-and-now contingencies when initiating and performing these transitions. Such understanding of contingencies is embodied in the timely insertion of the *nou* trajectory in a spatial and talk environment, which do not project cooperation issues. The care worker's orientation to a senior who is capable of going along with an upcoming transition as a competent participant is hence displayed.

In addition, I observed instances in the data where the senior also uses (elements of) the activity-transition *nou* trajectory as a device in the participants' negotiations to achieve alignment in co-operation. Contrary to the first fragments, its usage in the last two extracts contrasts with the 'default' unfolding of the *nou* trajectory. However, in spite of this, in both these instances of non-default occurrence of (elements of) the *nou* practice, the previously described components of the *nou* trajectory also unfold, albeit in a various manner. The latter extracts demonstrate how the participation structure in the *nou* trajectory, as it is tied to the progression in the SAS and predominantly initiated and conducted by the care worker, can be challenged in different ways by the senior.
The organization of transitions with the activity-transition *nou* practice in morning care thus offers the participants opportunities to shape and negotiate their interactional rights and responsibilities. More importantly, this can be accomplished without impairing the trajectory as such and without interactional consequences for their corporeal cooperation in the SAS.

The analysis of the usage of the discourse particle *nou* in the data leads to the following tentative conclusions.

- The distribution of transition marking practices with *nou* over participants' (social) roles is asymmetrical.
- Participants constitute their negotiations with various degrees of collaboration: they can achieve alignment through subtle negotiating moves, with the care worker generally initiating and marking transitions between different care activities and the senior (tacitly) articulating alignment.
- Participants can also achieve alignment within the *nou* trajectory in a competitive and in a cooperative way, both enacting their entitlement to structure (parts) of the course of action through the use of (elements of) the *nou* practice.

The *nou* practice in itself contributes to the constitution and structuring of the SAS of morning care and simultaneously points at the overall structure of this SAS. Its implementation, predominantly conducted by the care worker, directs the attention

of the participants to an immanent transition. Although the unfolding of the activity-transition *nou* trajectory appears to emerge in different ways sequentially, alignment negotiations on progression between the care worker and the senior do not come forward as complicating their cooperation. Instead, their interactional moves appear to be oriented to a smooth unfolding of the sequence, wherein the senior comes to the fore as a competent participant.

Further in-depth analysis on the participation framework during these structuring sequences might bring forward other phenomena associated with the enactment of participants' entitlements within the SAS course of action. For example, to what extent the use of conversational routines may affect the participants' orientation to the senior's self-determination.

Hetzelfde zien
Maar het zò zien
Zoals niemand het zag

Jules Deelder

Chapter 7

Perspectives on Care Interactions in Policy Documents

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7.0 Introduction

In this chapter, I discuss how views on care conduct and care education are formulated in a number of selected texts on professional care for senior citizens and I analyze the meanings that are activated by these descriptions.
Three policy documents (A, B, C) on senior care are successively analyzed for their explicit and implicit statements and presuppositions with regard to interactional issues (SIKs) on care conduct between care worker and senior. Care conduct is understood as attentive behavior targeted at providing assistance to someone's needs and wishes with respect to his/her wellbeing or health.
Views on care conduct contain prevailing ideas on how care worker and care user relate to one another during care activities. These ideas and thoughts are part of so-called *Stocks of Interactional Knowledge* (Peräkylä and Vehviläinen, 2003): "organized knowledge (theories or conceptual models) concerning interaction, shared by particular professions or practitioners" (p. 730).
The analyses focus on the way passages in these documents construct certain realities with language, in particular care events wherein care worker and care user are jointly involved. Hence, language use is conceived by me as social conduct, in line with the perspective within *Conversation Analysis*, and is not considered as a neutral instrumentality to transfer information.
This action perspective on language use coincides with a perspective that language action is a communicative act and by definition includes some form of reasoning, constrained by shared common knowledge on rules and principles of social structures and conventions. In this sense, statements in documents on (senior) care are enactments of ideas and guidelines on care of the concerned organizations. Prior (2008) argues: "… in matters of social research, documents do much more than serve as informants and can, more properly, be considered as actors in their own right" (p. 822).
In former chapters, the interaction between care worker and senior was analyzed in real-time events. The current chapter explores the ideas about these interactions as laid down in leading documents on care and care education. Although the nature of video's and transcripts differs from documents as data, the latter, as noted also fulfill a communicative role; they can be considered as a way organizations communicate with the world. The discursive task of presenting thoughts and views to those who seek to be informed, is part of how organizations manage their relationship with the outside world. For their credibility and accountability, it is in the organization's interest to achieve shared understanding with its recipients (Lepper, 2000); therefore, the producers of

such texts have to handle the wording of these views carefully and cautiously.
I examine three documents: two documents contain mission statements on institutional care for seniors and one document provides guidelines for training care workers in long-term residential care. The strength of the findings is not so much based on the number of documents as on their exemplary value; the language used in these documents to portray care interactions is widely deployed in this text genre.
My analytical approach of the observed discursive practices is largely based on the concepts developed within *Conversation Analysis* and is supplemented with discourse-analytical notions from *Discursive Psychology*.
The results show that the suggestion of an asymmetrical relationship between organization, care worker and senior is subtly circumvented in these documents. The distribution, in the descriptions of care events, of alternating rights and responsibilities to the organization, its care workers and seniors at different action levels, can be considered as a discursive strategy to accomplish this. Furthermore, my analysis shows that the distinct and detailed attention that is given in these texts to (the skill of) communicative actions reinforces a conception of communication as a process wherein people exchange information with language.
In the next section, I elaborate on the assemblage of ideas and thoughts about care interactions in these texts, in particular on the content constituent components of policy documents as authoritative accounts in general. I also briefly summarize my main findings and clarify the design and analytical tools used in this investigation. The rest of the chapter comprises the in-dept analysis of the selected documents.

7.1 Interactional Knowledge in the Care Profession

Knowledge on care interactions is recorded in all kinds of documents, from policy texts, e.g. mission documents, to education programs and is stored in the minds of care workers and other professionals in the field. This collective knowledge is informed by theoretical or quasi-theoretical, normative models and ideas about care and communication in professional settings. As mentioned, Peräkylä and Vehviläinen (2003) name this knowledge *Stocks of Interactional Knowledge* (henceforth SIKs).
SIKs differ in their degree of detail depending on the context in which they function: from abstract vision documents on care to relative concrete educational guidelines for conducting and assessing caring practices. On the one hand, these care SIKs function, by their prescriptive nature, as action guidelines for organizations and care workers;

they contain visions and conceptions on care and the organization of care actions. In education documents in particular, the course of interactions between care worker and care user is often formulated in detail with respect to the conduct of the care professional.
On the other hand, care policies and educational documents represent the views of the organizations that have produced them with regard to their responsibilities and obligations, and by extension, the tasks of their employees. As such, these documents legitimize the existence of an organization.
Within the scope of this dissertation, the purpose of this chapter is twofold: to identify the (language) practices the producers of the concerned texts employ in formulating their ideas on interactional care activities, as part of their SIKs, and to clarify how certain meanings are activated by these formulations (as I will explain later, language use and meaning activation are two sides of the same coin).

Addressing issues of language practices in texts brings forward the workings of our everyday common sense knowledge when we are involved in sense making interactional activities, whether engaged in talk or construing meaning from a text (Heritage, 1984). As Schegloff (1991) puts it: "Practices of conduct in ordinary interaction can be examined for the ways in which they furnish or embody procedures by which a sense of a world known in common is reinforced and implemented" (p. 153).
Discursive practices employed in a text constitute regular everyday activities of 'describing' and they invoke 'recognizing descriptions'. Hence, these practices concern ways in which different terms and other language elements recurrently are deployed as building blocks of descriptions; descriptions are the constituent parts of statements in (policy) documents. Potter (1996) further crystallizes 'descriptions': "A lot of the business of description is done through categorization; different categories imply different stories of motive and responsibility and have different implications for what comes next" (p. 15, 16). In other words: each categorical term constitutes in concert with other linguistic elements (a version of) a particular reality. The reality versions that are constructed in the texts under investigation are built upon descriptions which are all related to thoughts and ideas about care interactions as part of the SIKs.

The focus in this analysis is on language and categorization practices within a bottom-up approach; I have not determined any category labels or language elements in advance but I examine the descriptive terms in the texts as used by their producers.
However, the reader may have noticed how I have been designating so far two categories

of main interest in this dissertation: *care worker* and *senior*. The way I label these category concepts is with prudence for the contingencies any description entails. Such labels are never neutral, e.g. the label 'senior' activates other meanings than the label 'elderly resident'. The same holds for the label care worker, which invokes a different meaning than 'care-aide' or 'caregiver'.
This consideration lies at the heart of my analysis. In former chapters, the categories *care worker* and *senior* (as care user) were chosen as relatively neutral labels. I continue using these terms in this chapter, opposite the various category labels that appear in the selected passages.
In this respect, a main issue for organizations is to consider which descriptions contribute to the presentation of thoughts and ideas as credible and trustworthy. This also applies to how views on communicative actions between care worker and senior are worded. As a result, the kind of descriptions that end up in a policy or an education document constitutes the externalization of prevailing (organizational and societal) ideas within SIKs in the field of senior care.

Peräkylä and Vehviläinen (2003) argue for a dialogue between *conversation analysis* and the analysis of SIKs by exploiting the results of CA studies in various ways within these SIKs. With this chapter, I aim to foster this dialogue by elucidating some of the assumptions on communication in professional care for seniors as conveyed in the selected documents. I then compare these views with the findings from the analyses of real-time care interactions in the previous chapters.
To briefly foreshadow my findings regarding the care SIKs: their wording raises questions with respect to the interactional status of care worker and senior as observed during actual communicative and care activities. The way the participative role of care worker and care user is portrayed, with differently distributed entitlements, does not provide what the documents seem to project at an interactional level: a self-determining senior as departure point of the care process, acting in concert with an encouraging benevolent care worker oriented at providing assistance at request of the senior.
Although these documents are not meant to represent concrete conduct guidelines for care provision, they nevertheless contain ideas about how interactions between care worker and senior during care activities are organized. These thoughts appear to correspond to some prevailing persistent notions about the fundamentals of communication.
The SIKs that resonate in the texts conceive communication foremost as a one-dimensional verbal skill, deployed to inform; the interactional complexity of a jointly performed physical care event is not addressed. In line with this, the interaction

between care worker and senior is not considered a multimodal ongoing reflexive activity. In education documents in particular, physical care skills are treated as separate and secondary to conversation skills. The used descriptions nonetheless, support what such documents pretend: to capture how care worker and senior establish cooperation during care interactions. Moreover, as policy texts they are bound to claim knowledge on how care events are meant to unfold. This presumed knowledge then functions as moral foundation for the implicated action guidelines.
The next section elaborates on the details of the analytical approach, the design of this investigation and the composition of the corpus.

7.2 Analytical Approach

The analysis concerns the way descriptions on care in the selected (policy) documents are organized and constructed by their producers and then focuses on the procedures whereby these descriptions invoke meanings.
Important resource for the analysis is a discourse-analytic approach based on the method of *Membership Categorization Analysis* (Jayyusi, 1984; Lepper, 2000; Sacks, 1972, 1992; Schegloff, 2007a; Stokoe, 2012) complemented with principles of *Discursive Psychology* (Edwards & Potter, 1992, 2005; Potter, 1996; Potter & Edwards, 2001; Potter & Wetherell, 1987; Wooffitt, 2005).
Both perspectives emerged within a micro-analytical approach of human interaction, for which Goffman, Garfinkel and Sacks paved the way. These scholars also inspired the development of the analytical concepts and principles of *Conversation Analysis*.
Discourse is about communicative acts, whether talk-in-interaction or written texts; a discourse inherent feature is its interactive nature and this inter-activity is tied to a unique context. *Discourse Analysis* (henceforth DA), as an overarching term for a number of approaches in the study of language use, is concerned with how people do things with language. With regard to accounts and descriptions in policy documents, this analytical starting point yields the central question for this investigation: how is language used in these texts and how does this usage activate certain meanings?

Membership Categorization Analysis
A distinct methodical approach within the analysis of language use is *Membership Categorization Analysis* (henceforth MCA) with its in-depth focus on the way categories and category characteristics are described and linked in everyday and institutional life.

MCA as developed by Harvey Sacks (1972) is closely related to CA.
A corpus analysis with MCA, in talk or text, is directed at explaining the way individuals are systematically characterized as members of a specific category (*membership categories*), and how these characterizations can indicate an orientation on associated 'umbrella' categories (*membership categorization devices*).
At the onset of MCA theorizing is Sacks' lecture on this issue concerning the story lines "The baby cries. The mummy picks it up.", as narrated by a child (Sacks, 1972, 1992). With this example Sacks explains how we as hearers apply certain rules deriving from our common sense knowledge when we come to understand this story as a family scene in which we hear the baby in the first place as a member of a family (and not as a young child in his first 'stage-of-life') that is picked up by his mother (and not as just any mother accidently in the neighborhood). In this respect two observations of this story are remarkable and elaborated on by Sacks: (i) although 'family membership' is not explicitly mentioned nor referred to, we hear the baby and the mother as members of the same family, and (ii) we hear the activities ascribed to the baby and to the mother as typical (category bound) activities, characteristic for those members of the category device 'family'.
Sacks (1972, 1992) unravels in this example the procedures whereby our common sense understanding operates in everyday life and explains how the use of categories and categorizations as characteristic activities or features, activates our orientation on category devices which are not explicitly mentioned but understood as meaningful for the concerned scene or event. The application of these interpretation procedures in everyday social life supports our understanding of texts.

According to Jayyusi (1984) membership categories are "culturally available concepts" and membership categorization (devices) indicates "the work of members in categorizing other members or using characterizations of them" (p. 20). The author also asserts that the procedures whereby we understand these categorizations operate as a routine mental process of inferential steps based on our common sense knowledge of the cultural and social environment we are part of.
We have, for example, more or less concrete knowledge of residential morning care work with older people. This knowledge encompasses presumptions of possible courses of interactional care events and of the rights and obligations of the participants that come along through their membership of certain categories. The meaning we attribute to the status of the participants during care activities is in first instance based on a powerful device that is invoked when institutional care for seniors is brought up: a so-

called *Standardized Relational Pair* (henceforth SRP) (Jayyusi, 1984), e.g. *care worker - senior (care user).*
The author notes that "these asymmetric categorizations involve two actual or candidate category incumbents, one to fit each pair of the set, and the asymmetry pertains to the relationship between them (AE: e.g. *care provider - (care) client, caregiver - care receiver, care-aide - elder resident etc.*). These pairs are organized in terms of a specific practical problem or set of tasks, i.e. each set operates within a specific practical domain" (1984, p. 122).
The nature of care worker's task is to provide 'assistance and support'; this is disjunctive in this context with the conduct of the senior who is expected to be in need of support. Such asymmetry in pursuits is often an inherent property of many SRP's with regard to the deontic status of the participants and the different rights and responsibilities that they do or do not claim on this basis.
In addition to the foregoing, there is a strong connection between category membership notions and a person's social identity, e.g. being labeled as client brings along particular rights and responsibilities for both parties regarding care services. As Widdicombe puts it: "A reference to a person's social identity is also a reference to their membership of a specific category" (2008, p. 52-53). There are studies that seek to apply this perspective in analyzing how 'identity work' may become relevant in various societal contexts having implications for action formation and sequential structure (Antaki & Widdicombe, 1998; Hester & Eglin, 1997; Mazeland & Berenst, 2008; Stokoe, 2009, 2012).

In this project, the focus is on investigating in interactions the orientation of the care worker and the senior on the self-determination of the latter. Therefore, I examine the text data on categorization terms as activity descriptions and other characterizations and their linkage to the categories that are attributed to the participants. As we will see, either a person can be described in terms of a category and such a description can invoke specific conduct characteristics or the reverse can occur, certain described characteristics can be associated with a particular category from a *membership categorization device*.
As noted, category membership notions are strongly associated with a person's social identity. I explore the orientations that are activated by these categorizing practices and that are consequential for our understanding of (the social identities in) these texts and the ideas and beliefs conveyed through them. Once we can identify the categories used and the characteristics that are ascribed to them, and as a consequence the identities they refer to, we are better equipped to unravel the procedures whereby we order the world and its phenomena (Stokoe, 2012).

According to Lepper (2000), the common sense procedures whereby meaning is activated through the used categorizations are the same by which formulations are deployed in these texts for the achievement of shared understanding (p. 3: 'language use and meaning activation are two sides of the same coin'). Thereby the (observable) procedures by which this "shared understanding is routinely accomplished […] can be formulated and verified" (2000, p. 77).

Discursive Psychology

Like MCA, *Discursive Psychology* (henceforth DP) is also "...bearing on the cognition-interaction interface" (Schegloff, 1991, p. 156). Wooffitt (2005) explains that the discourse-analytic approach in general "has a focus on the functional orientation of language use, the acknowledgement of variability of accounts, and examination of broad regularities in the way accounts are constructed" (p. 25). The DP approach as developed out of DA is aimed, inter alia, on further development of these notions.

DP represents an approach of language use that draws on and is quite intertwined with the conceptual framework of *Conversation Analysis*. The latter is focused on the analysis of mundane social interaction whereas DP is concerned with the use and workings of cognitive notions and references to those notions in everyday talk and text.

DP regards language embodiment of mental concepts as situated practice, in other words, as a strategic action that is not without consequences. Psychological themes are approached and analyzed with a form of DA that is largely based on CA's principles and methods. The use of factual descriptions in talk and text, for example, is conceived as a way to handle psychological issues; people formulate the nature of events in a particular way, while other descriptions are available, as a manner to deal with their rights and responsibilities as text producer (Edwards, 2005). DP has widely demonstrated that "the relevance and properties of mental phenomena are constituted and negotiated in discourse" (Wooffitt, 2005, p. 129).

In my introduction to this chapter, I mentioned that language use always includes some form of reasoning. Billig (1987) has elaborated extensively on the merits of *Rhetoric* as a philosophy that places reasoning within a social context instead of the rational context of logic. Billig asserts "… the context of rhetoric is marked by justification and criticism" (1987, p. 125).

While adopting this view, Potter (1996) has pictured its analytical consequences in his account of analyzing descriptions, using a war metaphor.

> On the one hand, a description will work as *offensive rhetoric* in so far as it undermines alternative descriptions. It may be constructed precisely to rework, damage or reframe an alternative description. On the other, a description may provide *defensive rhetoric* depending on its capacity to resist discounting or undermining. A whole range of techniques may be used to protect descriptions in this way [….]. The point, then, is that this rhetorical emphasis can serve as a counter to the more familiar approach to descriptions as primarily about the relationship between a particular set of words and a particular part of reality. Instead, it emphasizes the relation between a description and alternative descriptions, and the way such relationships may be worked up in argument. (Potter, 1996, p. 107)

This elaboration on the 'work' of descriptions, wherein rhetorical devices are lodged, yields the interesting issue of available choices; out of a whole range of possible descriptions, a specific one is used. Thus, besides the consequentiality of a description for the construction of a particular 'care reality', the issue of the 'undermining work' of a specific description as opposed to alternative descriptions becomes relevant. A rhetoric practice, for example, to circumvent agency ascription to the care worker is the phrasing 'ondersteunt en versterkt waar mogelijk de eigen regie' [*supports and strengthens where possible one's own control*] (underlining: AE; Analysis Document C, line 6). Therewith, analyzing descriptions merely for their relationship with reality will not address the situatedness and workings of a specific description pertaining to other wording choices.

In previous chapters, I analyzed in detail how care worker and senior (in video- and conversational data) manage progression within the setting of morning care. I examined in particular how they organize and understand their mutual interactional contributions as situated and meaningful conduct during the transition of one care activity to a next. In this chapter, the data sources as well as the method of analyzing, differ considerably with these former chapters.
Both approaches, however, are part of the same ´family´. Stokoe (2012) calls MCA an appropriate tractable method when the focus of the researcher is more on text content than on sequential matters. The latter focus holds for the method of CA. DP and MCA share an interest in discourse (text) structures as reflective of social structures, whereby shared common knowledge is enacted in discursive practices that organize these structures.

7.3 Data and Procedure of Analysis

Corpus
Three documents on care provision are analyzed. They originate from institutional care organizations and are referred to as document A, B, and C.

Document A contains material from the organization where the conversational data, used for analysis in the former chapters, were collected (Appendix 1). This mission statement (2006) is interesting with respect to a comparison of its wording with the findings on how real-time care events in this institution unfold. More important, however, is the glimpse it provides in how such mission statements are formulated.

Document B is part of a governmental text on long-term residential care for professionals (Zorginstituutnederland, 2017, Appendix 2). It has been selected because of its general relevance; formulated as the result of a widely shared social commotion and dissatisfaction with the quality of senior care, initiated by care users and their relatives.

Document C originates from nationwide guidelines for the training of care professionals (Stichting AOVVT, 2016, Appendix 3). This text has been selected for its use as broadly acknowledged 'program' for the education of care workers.

The entire corpus is compiled from descriptions in these texts wherein (different labels for) the category concepts *care worker* and *senior (care user)* and action implicative descriptions of *category bound activities* or *features*, are embedded.

Procedure of analysis
The analysis is carried out along five analytical (MCA) steps as summarized by Stokoe (2012). These steps, to examine SIKs in written texts in detail, are combined with a more close *textual* and *rhetorical* analysis on the production procedures of the used descriptions (Potter, 1996; Potter & Hepburn, 2008).
Stokoe (2012) summarizes the following five guiding principles or steps for 'doing' MCA: (1) Collect data, (2) Build collections, (3) Locate positions of instances, (4) Analyze design and action orientation of instances, (5) Look for co-occurring features of categorial formulations (2012, p. 279). In the following section, I clarify my treatment of these steps.

1. *Collect data.*
   The corpus for the analysis in this chapter is based on a purposive data collection stemming from an a priori interest in (morning) care interactions between care workers and seniors. The data are Dutch and drawn from three policy documents on care and care education for senior citizens and referred to as document A, B & C (Appendix 1, 2, 3). They comprise vision- and mission formulations and views on interactional (and educational) issues for care workers.
   In step 1, my focus is on passages that contain categorical descriptions related to the care SIKs and concerning in particular some form of interaction between care worker and senior.

2. *Build collections of explicit mentions of categories and category-resonant descriptions.*
   Step 2 encompasses an overview table of the selected passages; with for each *category concept* (care worker, senior, and less frequently, organization), how it is labeled in the text, and how the characterizations (*Category Bound Activities* and/or *Features*) assigned to these labels are described. These overviews are each time included prior to their analysis.
   Every table contains the Dutch formulations (and their translation) in three columns: (i) the concerned line in the transcript, (ii) the denotation of the category, not always explicitly named, (iii) the description of category bound activities or features, e.g.:

line	**category notation**	**category bound activities and features**
6	de medewerkers [*the employees*]	- openstaan voor de bewoners [*are open to the residents*]

3. *Locate the sequential position of each categorical instance within the text.*
   Next, of the selected instances the position of categories and characterizations within the text (line) and their consequences for recipient's orientation are determined and discussed. While in conversational data the focus on sequential position is basic, in this analysis sequentiality is conceived from the reasoning perspective of the text producer.

4. *Analyze the design and action orientation of the text in which the category, device or resonant description appears.*
   In conjunction with step 3, I discuss a further context of orientation that is invoked through the way the categories and category characterizations are positioned and shaped in the concerned text passages. This part of the analysis is supplemented with addressing some analytical and evaluative questions on rhetorical matters, leading to an explanation of how certain categories and their devices are made relevant in these passages.

5. *Look for more evidence that recipients orient to a particular category, device or resonant description. Are there co-occurring components (features) of categorical formulations?*
   Having discussed the details of various categorical descriptions and of some rhetoric devices, brings the procedures whereby meanings are invoked in these policy documents to the fore. As a result, a clearer sight emerges on how a particular understanding of a text passage or statement is built in language practices. Elaborating step 5 mainly has an explanatory and concluding character; therefore I include this step in the overall conclusions of the analysis of document A, B and C. I also briefly discuss how these meanings figure within current societal ideas on care for older people.

In sum, three policy documents on senior care are successively analyzed for their explicit and implicit statements concerning interactional issues (SIKs) between care worker and senior. I discuss the described instances with emphasis on production elements and interpretation procedures whereby I consider the consequences of particular wording choices. Next to this analysis of how recipients 'read' these descriptions, I elaborate on how this can affect their understanding of care scenes as social structures.
At the beginning of each document analysis, I briefly introduce the nature of the concerned document.

7.4 SIKs in Mission Documents of Care Organizations

Mission documents contain abstract statements regarding the organization's vision on good care for citizens; care activities between care worker and senior are described with varying terms for these two category concepts and with various category related characteristics.

In Document A and Document B, I analyze the use of labels for care worker, senior and organization, and the category characteristics that are ascribed to them.
My findings show that in both documents the senior is constructed with a central and self-determining status in the care process, while sometimes simultaneously (physical) shortcomings foreground a more dependency-oriented identity aspect. The organization, and the care worker as its representative, is primarily attributed a questioning, benevolent- and assistance-oriented attitude.
In line with the text genre, the consequences of these identity constructions regarding the interactional organization of care events is not in detail elaborated on in these texts. Nevertheless, some SIKs about how care worker and senior relate to each other in actual care interactions can be derived from these descriptions.

7.4.1 Document A

Document A concerns policy views of the care residence where the interactional data were collected in this dissertation (translated from Dutch, Appendix 1, Document A). The texts date from 2006 and were respectively visible on the website under the heading 'Objective' (line 0-4) and in a printed brochure under the heading 'Care Vision' (line 5-15).

Step 1: Quotes with SIKs

Passage 1

Website text: Objective
In the vision of [name of the organization] the client is central: the human being determining his own life. Therefore our care is aimed at the utmost independence of the clients. The dialogue and direct relationship between client and care employee is therewith self-evident. (Website, 2006)

Passage 2

Brochure text: Care vision
We strive for expert, reliable and responsible care, where the employees are open to the residents, they treat them with respect and can empathize with their situation. Our organization assumes an emancipatory vision of care. In this vision the resident's needs, desires and experiences are central. This means that the resident is viewed as a

person determining his/her own life. In the care process the resident therefore has an active role; the care home hereby acts in an advisory and supportive capacity. Support is provided to the extent that the resident so wishes and reasonably needs to compensate for functions that fall short. The strength of the organization is the personal approach with attention for the resident as an individual and his or her family members.
(Printed Brochure, 2006)

(Appendix 1, translated from Document A, Website & Printed Brochure, 2006.)

Step 2: Descriptions of category labels and category bound characteristics

A The category label for 'care worker'

line	category notation	category bound activities and features
3-4	zorgmedewerker [*care employee*]	- de dialoog en directe relatie tussen client en zorgmedewerker is daarbij een vanzelfsprekendheid [*the dialogue and direct relationship between client and care employee is therewith self-evident*]
6	de medewerkers [*the employees*]	- openstaan voor de bewoners [*are open to the residents*]
7		- hen met respect bejegenen en zich kunnen inleven in hun situatie [*they treat them with respect and can empathize*]
11	het verzorgingshuis [*the care home*]	- het verzorgingshuis treedt hierbij adviserend en ondersteunend op [*the care home hereby acts in an advisory and supportive capacity*]
11-12		- ondersteuning wordt geboden voor zover de bewoner dit wenst en in redelijkheid nodig heeft [*support is provided to the extent the resident so wishes and reasonably needs*]
13-14	de organisatie [*the organization*]	- de sterke kant van de organisatie is de persoonlijke benadering, waarbij aandacht is voor de bewoner als individu [*the strength of the organization is the personal approach with attention for the resident as an individual*]

Step 3-4: A closer look at membership categorization and rhetorics
In document A various labels for care worker, organization and senior are employed, which all take on different paired categories within the device SRP. It is important to keep in mind that identities labeled within this setting as SRP are situated identities, tied to the specific setting of care work (Zimmerman, 1998, p. 88).
Such complementary pairs, composed of members of various categories, are all formed within a specific task area (Jayyusi, 1984, p. 122). They bring along their own agendas and expectations on how care scenes unfold and as such, they embody SIKs. As for the issue of social hierarchy and asymmetry, the identities in the deployed category pairs in the text distribute distinguished rights and responsibilities to the organization, its care workers and to seniors. How does this come about in these passages?

A Analysis
The meanings that emerge in these statements regarding the care worker's interactional status in care activities appear to be ambiguous; they range in role and status from an assisting senior-oriented attitude to an active agent.
The first direct reference to a care worker is in lines 3-4 with the label *zorgmedewerker* [literally: *care employee*]. This category invokes an *employer* and fits with the statement at the onset in line 1 (passage 1), i.e. *In the vision of [name of the organization] the client is central*, which activates an organizational environment. The latter description also portrays the organization with a certain entitlement: to have (knowledge for) a vision on clients. The pairing of *organization('s name)* and *client* highlights a business like nature of the relationship, albeit still rather abstract.

A more or less explicit embodiment of a SIK can also be observed in lines 3-4 *the dialogue and direct relationship between client and care employee*. In this description, the *organization* (line 1) and *our* care (line 2) as agents with deontic rights and entitlements, is traded off with *care employee*: more concrete and communication-oriented activities are at issue. Hence, by working up within the same collection the identity of one SRP participant from *organization* to *care employee*, attribution of more concrete category bound conduct becomes possible. Employee is placed next to client without any extra entitlement ascription. Although the organization's deontic status resonates in this label, *client* and *employee* both are ascribed engagement in *the dialogue and direct relationship* (lines 3-4). Client is even put in first position within these activities, which avoids possible references to a deontic stance of the employee as initiator of these activities.
The labels as employed together with the described activities, construct a care scene

with an undefined status for both participants: from the description we understand that the asymmetry in rights and obligations, as related to the different used labels, are alternately distributed in their social and interactional relationship.
The SIK that comes forward thus challenges the asymmetry clinched to the SRP of care institution/care worker and senior; on the one hand, by ascribing the relationship business like characteristics, on the other hand by the practice of positioning the client prior to the care employee within communication-oriented activities.

The brochure text (passage 2) is built up in a comparable manner.
At its onset in line 6, the pronoun *wij* [*we*] is used, i.e. w*e strive for expert, reliable and responsible care* which can be understood as building up organization's position of having a certain deontic authority. In the second part of this statement, when more concrete activities are at issue i.e. *whereby the employees are open to the residents, treat them with respect and can empathize* (lines 6-7), *we* as label for the category organization shifts to the category label *employee*.
From a categorical perspective, the employee is again ascribed communication-oriented activities with relative concrete verbs, but now this invokes a scene wherein their relationship is ascribed a certain hierarchy. The senior, labeled as *resident*, is objectified and subjected to expert—category bound—conduct of the employee. The SIK that thus emerges strengthens resident's dependence on the employee and assigns him a lesser say in the described care scene. Additionally, an *employee* is bound to the organization's (employer's) agenda, which emphasizes the professional nature of the job and its institutional character. From a rhetorical perspective an alternative reading of these lines may also be activated as they point to a 'normal' world outside the institution with respect to how seniors are dealt with (Potter, 1996, p. 194); apparently, it is not self-evident for care employees to be open and treat residents with respect.
On the other hand, the label *resident* activates membership of a community with a homely environment. The term 'community' refers stronger to equal relationships between its members than an 'institution' does. According to Wetherell & Potter (1988, p. 170) the association of care within a community is valuated more positively than institutional care: "One of the functions of this particular description ('community care' opposite institutional care, AE) is to draw on the positive evaluations tied to 'community' discourse and to develop a characterization focused around the organic and agency metaphors which distinguish 'community' talk" (p. 170).
The alternatively paired categories *employee* and *resident* in lines 6-7 and the ascribed activities, albeit we understand them as a substitute for the SRP care worker - senior,

thus activate different characteristics with distinguished rights and obligations. Consequently, by using these terms next to each other, 'agency' is distributed to both of them and the vision of the organization on the relationship with its residents remains ambiguous.

Also noticeable in the text is the activation of the category collection 'institution': *we* and *employees* are understood as members of the same institution, which may not be equivalent to organization. This 'institution' collection entails among its members several *membership categorization devices* like the SRPs *employee* and *employer*, *subordinate* and *manager* etc., all of them are kept to the care codes of the institution. There is a difference however in the accountability of these different category groups.
Organization as a label is used here in two ways. Firstly, it is employed with an inclusive meaning, its values are applicable to all employees of the same institution, e.g. *In the vision of…* (lines 1-2), *our organization assumes…* (lines 7-8), *the resident is viewed…* (line 9), *support is provided…* (lines 11-12), *the personal approach…* (lines 13-14). These statements may be understood as indicating an environment with certain overarching values and basic principles for which all categories assembled in this collection are accountable.
On the other hand, the label *organization* in *Our care is aimed at…* (line 2) and *We strive…* (line 6) can also be understood as a (member group) sub-category with particular responsibilities distinct from those associated with the employee. The abstractness of these organizational activities differs from the more concrete wording of employees' activities, e.g. *dialogue…and direct relationship* (line 4) and *the employees are open…*, *treat…*, *can empathize* (lines 6-7).

Salient, with respect to this latter 'organization' label, is the description *the care home hereby acts in an advisory and supportive capacity* (line 11). 'Verzorgingshuis' [*care home*] is employed as an additional category. It constitutes a sub-category of its own, separate from care employees, with different category bound characteristics and responsibilities. As a label, it has more similarities with the concept of institution or even with a concrete building. However, through the used verb inflexion with third person singular, i.e. 'treedt hierbij op' [*acts*], we infer an employee who acts as agent opposite a resident. Consequently, we construe 'advisory and supportive' as extending to daily activities.
Furthermore, due to the reference with 'hereby' to the statement that precedes it, i.e. *In the care process the resident therefore has an active role; the care home hereby acts…* (lines 10-11) we understand the actions of the employee as responsive to an active client. The

SIK that comes forward is that of a care worker acting at request of the senior. Such articulation of the senior's participantship, by referring to a competent resident able to express his needs and wishes, and entitled doing so, forms the framework within which we understand the care home as a service-oriented employee.

Another noteworthy matter is that intimacy is portrayed as a matter of professional conduct. The communicative nature of several interactional activities attributed to employees as category bound, e.g. *employees are open to the residents, treat them with respect, can empathize, provide advice and support* (lines 3-11), all refer to a certain relational intimacy. They invoke a care worker who is committed to create a degree of closeness with seniors as *residents*.
The label *employee* however, refers to the professional nature of this membership: it invokes an organization on behalf of which service is provided. The label highlights the character of relationships within the job as relatively (professionally) distant; it points at rights and responsibilities of an employee as someone who acts on behalf of an organization. A potential source of trouble caused by the incompatibility of creating intimate relationships within a professional work environment may thus have been resolved: to pursue intimacy is part of professional conduct. In this way, the text ensures that concrete care interactions are also interpreted in the context of an organizational background that imposes restrictions on employees in their relationships with residents.

A The category label for 'senior'

line	category notation	category bound activities and features
1	cliënt [*client*]	- staat de client centraal [*the client is central*]
1-2	de mens [*the human being*]	- die zelf richting geeft aan zijn leven [*determining his/her own life*]
2-3	cliënten [*clients*]	- zo groot mogelijke zelfstandigheid van de cliënten [*utmost independence of the clients*]
3-4	cliënt [*client*]	- de dialoog en directe relatie tussen client en zorgmedewerker is een vanzelfsprekendheid [*the dialogue and direct relationship between client and care employee is self-evident*]
7	bewoners [*residents*]	
8-9	de bewoner [*the resident*]	- staat met zijn of haar behoeften, wensen en belevingswereld centraal [*the resident's needs, desires and experiences are central*]
9-10	de bewoner als persoon [*the resident as person*]	- die zelf richting geeft aan zijn of haar leven [*determining his/her own life*]
10-11	de bewoner [*the resident*]	- heeft dan ook een actieve rol [*therefore has an active role*]
11-13	de bewoner [*the resident*]	- ondersteuning wordt geboden voor zover de bewoner dit wenst en in redelijkheid nodig heeft ter compensatie van tekortschietende functies [*support is provided to the extent the resident so wishes and reasonably needs to compensate functions that fall short*]
14	de bewoner als individu [*the resident as an individual*]	- de bewoner als individu [*the resident as an individual*]

A Analysis

In the above passages SIKs can be recognized in the construction of a relatively self-determining status of (the senior as) *cliënt* [*client*] and *bewoner* [*resident*]; explicit references to being of age are lacking. At the same time, the category *resident* allows for characteristics that complement certain activities of the *care home*.

The label *client* is used in line 1, i.e. *in the vision of [name of the organization] the client is central: the human being determining his own life*. A *client* presupposes a *provider*; this SRP activates an environment, through its implicitly invoked category bound features, in which *client* is detached from care related notions. Client's position is thus ascribed a certain independency and afforded more prominence as a self-determining agent, e.g. *the client is central* (line 1), *independence of the clients* (lines 2-3).

The label *client* is further clarified, i.e. by means of a colon, as the—kind of—*human being* [mens] *determining his/her own life* (line 2). The concept *human being* activates a more general framework of human existence, but the attributed feature stands out as a specific characteristic that endorses a prominent position of clients as viewed by the organization. We understand this feature as appropriate within the *human being* framework; it would not fit that well into a scene with a *client* as the acting category.

The description in line 2 therewith transcends concrete 'exchange' activities invoked by the label *client*; it refers to a fundamental value in human life that is explicitly supported by the organization as producer of the text. By exploiting the transient character of the label *human being*, the text enables us to associate broadly acknowledged social values with a view on rights and obligations in a specific care context (Jayyusi, 1984, p. 66). However, from a rhetorical perspective, this, initially more obvious, interpretation of the statement is undermined by its emphasis on how the organization views dealing with their clients as something that needs special attention.

These 'dual' understandings construct a client that is on the one hand subjected to the view of the organization and not automatically treated as someone with control over his life; on the other hand, s/he is ascribed agency when engaged in decisions on existential issues.

Such duality is likewise recognizable in the statement *therefore our care is aimed at the utmost independence of the clients* (lines 2-3).

Rhetorically, emphasizing *the utmost independence* conveys the view that independency is a relevant feature of organization's clients. At the same time however, stressing *the utmost independence* may also undermine its self-evidence.

The recurrent observation that a client's characteristic can be construed in two ways, points at its apparently varying quality, e.g. *independency* is not a matter of simply 'to

be' or 'not to be'. An explicit articulation of increased dependency, which is often at issue in care (with seniors), is therewith circumvented. This is accomplished with the discursive strategy of emphasizing a specific characteristic of the care user, open to different 'readings'.
Furthermore, *our care* in the same line (line 2) points at care being constrained by actions of the organization as a deontic claim; independence is constructed as an outcome of the organization's aim and actions, and is not attributed to clients' own efforts. By appealing to the organization's deontic rights, while encouraging the client to express his needs and stressing his central position in the caring process, the organization ensures that the wishes of the client are neatly tailored to the organizational possibilities. In this way, the SIK emerging from this SRP *organization* and *client* entails asymmetry at an abstract level of social hierarchy.

Alternating asymmetric distribution of rights and obligations tied to various identity characteristics, which operate as complementary within an activated category pair, is also reinforced by the brochure text (passage 2).
In these statements, the label *client* does not occur any further, instead the category *resident* is used (lines 7-10, 12, 14), but the observed different identities remain at issue. On the one hand, these descriptions activate an understanding of the resident as a central and active individual in the care process, e.g. *resident's desires, needs and experiences are central* (line 9), *a person determining his/her own life* (line 10) (cf. lines 1-2), *actively partaking* (line 11). On the other hand, from a rhetorical perspective, the prolonged emphasis on linking this type of activities to the resident as care user, constructs a senior for whom these actions are not self-evident.
Likewise, the reference to the term *support* as a natural and regular characteristic of this organization, e.g. *the care home acts in […] a supportive capacity* (line 11) and *support is provided* (lines 11-12), foregrounds needs and abilities as characteristics of the *resident*. Hence, by developing these specific SRP's of *employees - resident*, *care home - resident* and *organization - resident,* a reading of possible restrictions ascribed to the resident comes forward: the resident belongs to a collection of people that is somehow depending on others. Consequently, the category (support) bound activities related to specific tasks, as mentioned for the *employees*, the *care home* and the *organization* (lines 1-15) are complementary to the characteristics of the *resident*.
The construction of such dual compatible social statuses may thus fit quite well with the typical activities (and rights and obligations) we routinely ascribe to care workers and seniors as conduct expectations.

In sum, both care worker and senior are individually portrayed with alternately different (and incompatible) identities in these texts. The described care scenes on the one hand, point to SIKs that challenge a deontic authority of the care organization and its employees by attributing the senior an active self-determining position in the care process. On the other hand, there are also SIKs corresponding with more traditional views on the distribution of tasks and activities between care worker and senior, and the rights and obligations that come along.
However, the ascribed various identities, at an abstract descriptive level, invoke care scenes wherein participants' activities mutually seem to harmonize, enhanced through the use of several linguistic and rhetoric practices. Yet, at the level of actual care events, regarding specific tasks and activities, such harmony has to be actively accomplished. For example, insofar as the texts allude to relational asymmetry, the participants have to negotiate on this in real time. The interactional consequences of these negotiations remain obscure at a descriptive level.

7.4.2 Document B

The statements in document B were formulated by a prominent Dutch umbrella care association 'Zorginstituut Nederland' and published in a recent governmental policy document Kwaliteitskader Verpleeghuiszorg [Quality Framework Nursing Home Care] (Zorginstituut Nederland, 2017). This document is the result of what care workers, care organizations and their institutions, care users and care insurance companies have agreed upon as their vision on good care.
The text contains the legal quality criteria that long-term residential care, including care for older citizens, has to meet and it describes what care users may expect from care provision. Besides many organizational aspects, the document describes in more detail a possible communication approach with care users.
In the introduction is stated that departure point of the care trajectory is the individual with his/her own characteristics, someone with a care need and "foremost someone with a history of his/her own, a future of his/her own, own goals, own context and own people next to him/her" (2017, p. 6, translated from Dutch). According to the text, the need for support and care of a particular client constitutes the onset of the caring process, which is being realized in the interaction between client, care provider and care organization.
The interactional aspect in particular is further developed in a theme called 'Persoonsgerichte zorg en ondersteuning' [*Person-oriented care and support*] encompassing four sub-themes, which can be considered as embodiments of SIKs. Every care

organization is obliged to demonstrate how they interpret these sub-themes and make this visible in a quality plan and a quality report for supervision and accountability.
Concerning rights and obligations of the care worker and the senior, document B seems more determinate than document A. This may be e explained by the genesis of this document as a response to (nationwide) existing dissatisfaction on care for older citizens, in addition to the broader scope of this document.
In the introduction lines prefacing the sub-themes, for example, we understand that much value is assigned to client's centrality, e.g. the text under the heading *The client as departure point*: *It is the client who determines…*, *It is the client who evaluates…* (lines 0-3, Appendix 2, Document B).
When it comes to the descriptions of the sub-themes however, wherein the client is frequently positioned opposite the care provider in interactional matters, client's prominent position is not maintained. Instead, the relationship between care provider and client shows more distributed rights and responsibilities. Through the way interactional scenes are constructed in the sub-themes, client's accrued central position is slightly undermined and dimensioned to fit a role within an institutional framework. Although in the concerned passages no conduct components or other characteristics are explicitly ascribed to the care worker, they can be derived as complementary to the senior's characteristics. Even stronger than in the previous document, these (implicated) conduct traits assign the care worker and the senior with specific rights and obligations regarding the outcome of joint care and communicative activities.

Step 1: Quotes with SIKs
Quotations from the theme 'Persoonsgerichte zorg en ondersteuning' [Person-oriented care and support] (2017, p. 11, translated from Dutch, Appendix 2, Document B).

The quality framework distinguishes following four themes [for care providers] concerning quality of person-oriented care and support:
1. Compassion: the client experiences closeness, trust, attention and understanding.
2. Being unique: the client is viewed as human being with a personal context that matters and with an identity of his/her own to be fully appreciated.
3. Autonomy: for the client the possibility of own control over life and wellbeing is leading, also during care in the last stage of life.
4. Care goals: each client has set - and participates in – agreements on the goals regarding his/her care, treatment and support.
(Appendix 2, translated from Document B)

Step 2: Descriptions of category labels and category bound characteristics

B The category label for 'senior'

line	category notation	category bound activities and features
2	cliënt [*client*]	- Compassie: de cliënt ervaart nabijheid, vertrouwen, aandacht en begrip [*compassion: the client experiences closeness, trust, attention and understanding*]
3-4	cliënt / uniek mens [*client / unique human being*]	- Uniek zijn: de cliënt wordt gezien als mens met persoonlijke context die ertoe doet en eigen identiteit die tot zijn recht komt [*Being unique: the client is viewed as human being with a personal context that matters and with an identity of his/her own to be fully appreciated*]
5-6	cliënt [*client*]	- Autonomie: voor de cliënt is de mogelijkheid van eigen regie over leven en welbevinden leidend, ook bij de zorg in de laatste levensfase [*Autonomy: for the client the possibility of own control over life and wellbeing is leading, also during care in the last stage of life*]
7-8	cliënt [*client*]	- Zorgdoelen: iedere cliënt heeft vastgelegde afspraken over (en inspraak bij) de doelen ten aanzien van zijn/haar zorg, behandeling en ondersteuning [*Care goals: each client has set, and participates in, agreements on the goals regarding his/her care, treatment and support*]

Step 3-4: A closer look at membership categorization and rhetoric

The title 'Person-oriented care and support' serves as umbrella for four sub-themes or topics. In the document is, in the third column next to their naming, after a colon, formulated what the sub-themes are targeting at.

The themes vary in nature, but all four entail interactional matters and relatively abstract conduct characteristics. While these characteristics are numerous and quite explicitly described, they are predominantly attributed to the category *client*. Therefore, the analysis of the client's identities precedes the exploration of the counterpart category(ies) implicitly referred to in these lines.

B Analysis

Throughout the whole document, the care user is consistently denoted as *cliënt* [client] (and the care worker as *care provider*). The SIKs that arise from the text are ambivalent; two thoughts coincide. On the one hand, clients are attributed characteristics that suggest their dependence. Moreover, from their syntactic construction the descriptions portray clients as subjected to care providers' interventions. On the other hand, the client emerges as a unique and competent participant in many areas of life.

The description of the first topic *Compassion: the client experiences closeness, trust, attention and understanding* (line 2) raises a few interesting issues. From the perspective of "…a relationship between a particular set of words and a particular part of reality" Potter, 1996, p. 107) an understanding emerges of a client treated with compassion by a dedicated care worker. The verb 'experiences' however, linked to the client as owner and assessor, and its tense, invoke a reading of client's experiences as 'facts' (Onrust et al., 1993, p. 63). The category *client* is therewith ascribed *membership* of the *categorization device* 'active experiencing identity'.

As Potter contends, our common sense may hinder this construe due to an alternative understanding; with the colon next to *compassion*, an understanding of these experiences as resulting from interactions with the care provider is activated. This tells us these experiences are not self-evidently present and they would not have been accomplished without the care provider. Hence, such a reading invokes the *mcd* 'dependent client' as an identity of the care user.

The colon also reinforces our construe of *compassion* as a category bound characteristic of the care provider. The interaction between care provider and client is therewith pictured as a foremost one-way activity of the care provider.

Rhetorically, despite this weakening of an initial view of the client with an active experiencing identity, ascribing these experiences to clients still suggests that they, and their involvement, do matter in care work and cannot be neglected. Through the particular presentation of compassion, the producer of the text justifies compassion as a conduct trait constitutive of the care profession. Although imposed on clients, they are not portrayed with an identity that is fully subjected to the care provider but as competent and actively experiencing clients.

By alternating the client's (and the care provider's) identity characteristics from within the described tasks and activities, the rights and obligations that come along, equally are alternately distributed. Therewith, agency is not exclusively assigned to one of the participants and thus not raised as an issue to negotiation on. Whereas the abstract descriptive level seems to project care scenes with participants

harmoniously collaborating, it is unclear how they (are to) manage this during actual care interactions.

Similar reasoning can be recognized in the second sub-theme *Being unique: the client is perceived as human being with a personal context that matters and with an identity of his own to be fully appreciated* (lines 3-4). While *compassion* referred to a specific competence of the care provider affecting the client, *being unique* in this statement refers to a quality of the client as desirable result of the care provider's actions. Next to the colon follows an elaboration on required actions of the care provider to achieve *being unique* with the client. Consequently, this is constructed with use of passive wording and presents the client as object, e.g. the client is *perceived* and is ascribed *an identity that is fully appreciated*.
In addition, the emphasis placed upon these, in the outside world self-evident characteristics, gives rise to an alternative reading: a client is assumed to need acknowledgement as a unique person with the concerned characteristics. From this reading, a SIK emerges with a care provider who actively monitors the client's well-being during communication and care activities, and a client who is subjected to these actions. Yet, *being unique* as a sense of personhood applies to the client and therewith to his/her entitlement to assess this.
The attribution of *a personal context* and *an identity to be fully appreciated* also grants the client characteristics associated with a competent self-determining individual and suggests their importance. Hence, also in this passage, we infer that the rights and responsibilities of the participants are complementary, albeit at an abstract level. This alternating agency distribution between care provider and client implies coordination between them on agency related issues during real-time care activities. Through the wording practices used in these passages, we are guided to understand the negotiation of participants on cooperation matters during daily care routines as harmonious events.

The third sub-theme *Autonomy: for the client the possibility of own control over life and wellbeing is leading, also during care in the last stage of life* (lines 5-6), projects a specific dynamic during daily care routines between care worker and client.
The institution comes in as an organization that provides services to clients, e.g. *for the client* (line 5). Subsequently, the statement implies a care provider monitoring and facilitating the client being in control. From this description, we also understand that this type of control is (assumed to be) problematic for the client.
A particular ambivalence is construed: the addition *the possibility…is leading* questions

the self-evidence of the client's control (over his control) and makes it dependent on contingencies out of the client's sphere of influence. Although we understand this statement as part of an institutional vision on person-oriented care and support, *the possibility … is leading, also … in the last stage of life* (line 6) may as well refer to conditions of the organization as to the client's own problematic physical or mental condition. Furthermore, the addition *in the final phase of life* attributes a rather specific characteristic to care users, rarely coming across in these documents; it activates old age as an identity aspect.

Nevertheless, the use of the colon leads us to associate the responsibility for monitoring and facilitating this *possibility of control* with an overarching view of the care provider. At the same time, through the verb construction *for the client … is leading*, the client is likewise mentioned to monitor this *possibility of own control*. Moreover, by virtue of being the owner of his life and well-being, s/he is entitled to agency on this matter.

We understand the subtle way the client's voice is embedded *within* the organization's construe of 'autonomy', as a clear statement regarding its view on the central position of the client in the care process. Such a view, consequently, colors the interactional scenes that arise from these descriptions. While the construction of an asymmetric relationship is avoided in these abstract wordings, this statement nevertheless foreshadows a particular tension in the negotiation between care provider and client during actual care activities; the issue of agency seems more urgent to be resolved. This understanding is invoked by the explicit application of 'own control' to the client whilst s/he is subjected to the procedures of the institution.

B The category label for 'care worker'

line	category notation	category bound activities and features
2		- Compassie: de cliënt ervaart nabijheid, vertrouwen, aandacht en begrip [*Compassion: the client experiences closeness, trust, attention and understanding*]
3-4		- Uniek zijn: de cliënt wordt gezien als mens met persoonlijke context die ertoe doet en eigen identiteit die tot zijn recht komt [*Being unique: the client is viewed as human being with a personal context that matters and with an identity of his own to be fully appreciated*]
5-6		- Autonomie: voor de cliënt is de mogelijkheid van eigen regie over leven en welbevinden leidend, ook bij de zorg in de laatste levensfase [*Autonomy: for the client the possibility of own control over life and wellbeing is leading, also during care in the last stage of life*]
7-8		- Zorgdoelen: iedere cliënt heeft vastgelegde afspraken over (en inspraak bij) de doelen ten aanzien van zijn/haar zorg, behandeling en ondersteuning [*Care goals: each client has set, and participates in, agreements on the goals regarding his/her care, treatment and support*]

B Analysis

In the passages of Document B, there is no explicit reference to a care worker, but in the preceding introduction lines, the category label *zorgverlener* [literally: care provider] is used once to cover the implementation of each theme (Appendix 2, Document B). The four themes capture quite different aspects of care and for each of them, effects of (implicated) conduct traits of the care provider on the client's experiences or conduct are indicated as explored in the former section.

The presence of a complementary category is implied in the description of its contribution to achieve the theme targets. Even stronger than in Document A, implicitly attributed conduct traits, e.g. *having* compassion and *fostering uniqueness and autonomy*, result in extensive descriptions of how these traits are meant to affect client's conduct and features.

Similar to our understanding of the descriptions in Document A, the category *client* is called upon within the SRP device *care provider - client*. In the current context, this SRP supports a reading of client opposite to care provider as *care* client. We understand the experiences ascribed to the client as complementary to care provider's interactional conduct.

At the syntactic level, the colon placed after each theme further strengthens our understanding of complementarity. The interactional activities of the care provider that can be associated with these theme 'performances', however opaque their linkage with concrete conduct may be, ensure certain experiences on the side of the client and thus embody SIKs.

In addition to our common sense understanding of the text as fitting the rights and obligations of the SRP *care provider - client*, we also understand a certain dynamic between the participants. In terms of agency, the themes slightly vary regarding the roles and conduct of care provider and client in the interactional scenes they invoke. While the statements do indicate how the care provider's conduct affects the client's experiences and/or behavior, they also display how the client guides the care provider's conduct.

It is evident that in order to meet the characteristics attributed to the client and to their relationship, the interactive conduct of the care provider involves specific responsibilities. As for *compassion* and *autonomy*, for example, to live up to these descriptions requires that the care provider continuously monitors the client. Furthermore, situational contingencies jeopardizing the ascribed features have to be dealt with seriously. 'Being unique', on the other hand, requires the care provider to have knowledge of the personal situation of the client and to hint at such knowledge when 'unique' aspects of the client are involved in the interaction. The client thus defines to a significant extent the care provider's interactional conduct, albeit within an institutional framework.

The fourth sub-theme is different in nature, it concerns 'care goals'. This topic does not directly refer to a joint care activity, but more to a conversational context wherein responsibilities of the organization and rights of the client are at stake. *Each client has set agreements…points at written files* (lines 7-8).

The care provider together with the client records agreements, which means that consultation takes place between the two. It is evident that this activity is driven by an organizational need and the care provider is thus ascribed an initiating and performing identity at an interactional level. Therewith, the client is more or less subjected to institutional constraints, but how s/he is facilitated at an interactional level to express interest in personal agreements remains ambiguous.

In sum, similar to Document A, various identity characteristics ascribed to care worker and senior, labeled on top as *care provider* and *client*, are alternately distributed at the abstract level of constructed care scenes in this document. Their identities are further outlined with particular linguistic and rhetoric devices.
The rights and obligations that are equally associated with the tasks and activities of the used category pairs, allude to SIKs entailing potential interactional contingencies for the participants. While the client's self-determination is emphasized in a number of phrases, s/he is simultaneously portrayed as someone depending on care providers' conduct. This is more apparent in the current text and is likewise brought about through the incompatibility of various identity characteristics consecutively attributed to the care provider and the client. The descriptions allude more powerful to participants negotiating cooperation issues during actual care activities. For example, the way the client's agency is referred to, in particular in the third theme *Autonomy*, displays more explicitly that an entitlement issue has to be managed.

7.5 SIKs in a Care Education Document

Health care education programs widely use a competence-based approach derived from the competence framework of the CanMEDS roles; it originates in Canada and in 2015 its third edition was published. The framework describes abilities of physicians in seven different roles or 'overarching' competence areas: *Expert* / *Communicator* / *Collaborator* / *Organizer* / *Health and Welfare Advocate* / *Scholar* / *Professional* (Frank et al., 2015).
This competence structure is also guiding for the design of Dutch care educational curricula and sets the tone for the assessment of care work students. Within each role several competencies are described as a range of skills, knowledge and attitudinal aspects at appropriate performance levels (www.venvn.nl). These descriptions aim to cover all aspects of the professional tasks of a care worker, including morning care activities, the latter ones may be expected to embody SIKs.
Care workers, assisting seniors during morning care, are usually trained as a care-aide IG at level 2 or 3 (IG stands for individual health care). The responsibilities of the two different levels are described as:

> Care- and welfare-helper, level two [*helpende zorg en welzijn, niveau 2*]
> As a care- and welfare-helper you assist just like a care-aide people in their everyday life. You support them with the housework tasks that they are having trouble with. In addition, you assist with personal care, e.g. step in and out of bed, washing and dressing. You work according to the care plan drawn up by your supervisor. The training takes 2 years.
>
> Care-aide, level three [*verzorgende, niveau 3*]
> As a care-aide you can get into different family situations. From [….] to elderly; at home, in a residential group or in a care institution. You keep the household running and you provide the necessary personal care. You usually work independently and you yourself retain control over the care. The training takes 3 years.
>
> (Appendix 3, translated from Document C, www.leren.nl)

In 2016, the Dutch minister of health care takes the final report on new competence profiles for care educational programs, as departure point for changing the Act BIG (Individual Healthcare Professions Act).
The changes in these competence descriptions mainly concern the profile of nurse-aides at secondary and nurses at higher professional education. The profile of care-helper and care-aide at level 2 and 3, which dates from 2000, is largely maintained. The new competence descriptions show an emphasis on supporting self-management of the senior. See for example the accompanying formulation of the general Dutch organization for nurses and care-aides (Terpstra et al., 2016, paragraph 2):

> What is your role?
> As a care-aide individual health care, you provide care and personal support, especially in care situations that are not so complicated. Usually you provide personal care and guidance in the living situation of a care user. This brings you literally and figuratively close to the person and his or her environment. You support the performance of Activities of Daily Living (ADL). Your departure point is always support and
> encouragement of self-management of the care user and his environment, with the aim of maintaining or improving the performance in relation to quality of life, health and disease.
>
> (Appendix 3, translated from Document C, www.venvn.nl)

The focus in the current analysis is on the SIKs in the competence guidelines for care-aide training programs (Stichting AOVVT, 2016). Most of the guidelines are formulated within the format of the competency framework, therefore the competence descriptions mainly consists of item lists.
In these lists, the care worker's conduct is specified in knowledge, skills and attitudinal aspects and every description starts with a verb conjugation in third person singular for the care-aide. For example, competency J in the area 'De verzorgende als lerende professional' [*the care-aide as a learning professional*] comprises, among others, the following:

Competentie J: Draagt bij aan de vakinhoudelijke ontwikkeling van het beroep
[Competency J: *Contributes to the professional development of the profession*]

De verzorgende IG levert actief een bijdrage aan de vakinhoudelijke ontwikkeling van het beroep.
[*The care-aide IG actively contributes to the professional development of the profession.*]

Kennis [*Knowledge*]:
- heeft kennis van ethische dillema's, vraagstukken en zingevingsvraagstukken
  [*has knowledge of ethical matters and dilemmas, and issues of meaning making]*

Vaardigheden [*Skills*]:
- houdt vakliteratuur bij [keeps tracks of professional literature]
- bespreekt nieuwe inzichten en werkwijzen met collega's
  [*discusses new insights and working methods with colleagues]*

Houding [*Attitude*]:
- heeft een innovatieve en ondernemende houding om een bijdrage te kunnen leveren aan de ontwikkeling van het beroep
  [*has an innovative and enterprising attitude to contribute to the development of the profession*]

(Appendix 3, Document C, (Stichting AOVVT, 2016, p. 22))

In the program texts, care worker and care user are consistently referred to as 'verzorgende' [*care-aide*] ('verzorgende' literally means 'the one who takes care of') and 'cliënt' [*client*]. These labels are frequently used in the introductory sections, preceding each listing of competencies. At the top of each list, the label *care-aide* is used once, as in the example above.

7.5.1 Document C

Step 1: Quotes with SIKs & Descriptions of Category labels and Category Bound Characteristics

With respect to the presence of SIKs, the following competences from the first and second role of the seven CanMEDS roles are interesting: *the care-aide supports self-management* (from the role: The care-aide as expert, henceforth C1) and *the care-aide communicates person-oriented* (from the role: The care-aide as communicator, henceforth C2) (Stichting AOVVT, 2016, p. 11-17). The quotations are a selection from the introduction section and from a number of knowledge and skills items in the concerned two competences (Appendix 3, Document C).

Step 2: Descriptions of category labels and category bound characteristics

From the expert role 'supports self-management'

C1 The category label for 'care worker'

line	category notation	category bound activities and features
0	de verzorgende [*the care-aide*]	Introduction: - biedt ondersteuning bij de lichamelijke verzorging [*provides support in physical care*]
1		Knowledge: - heeft kennis van persoonlijke verzorging [*has knowledge of personal care*] - heeft kennis van het bevorderen van de zelf- en samenredzaamheid van cliënt en naastbetrokkenen [*has knowledge of promoting self- and co-management*]
2		Skills: - handelt methodisch en persoonsgericht [*acts methodically and person-oriented*]
3-5		- biedt de cliënt psychosociale begeleiding gericht op het functioneren, het omgaan met de gezondheidsproblemen, de sociale, fysieke en emotionele uitdagingen en het behouden van de regie [*provides psychosocial guidance tot he client directed at the functioning, dealing with the health problems, the social, physical and emotional challenges and the maintenance of control*]
6		- ondersteunt en versterkt waar mogelijk de eigen regie en zelf- en samenredzaamheid [*supports and strengthens where possible one's own control and self-and co-management*]
7-8		- biedt de cliënt ondersteuning bij het realiseren van participatie, het vinden van zinvolle dagbesteding en het aangaan en onderhouden van sociale contacten [*provides support to the client with realizing participation, finding meaningful daytime activities and engaging and maintaining social contacts*]
9		- verleent persoonlijke verzorging [*provides personal care*]
9		- en neemt deze (persoonlijke verzorging) alleen waar nodig over [*and takes over (personal care) only where necessary*]

Appendix 3 Document C1 (Stichting AOVVT, p. 11-17)

Step 3-4: A closer look at membership categorization and rhetoric

In the overview table regarding the care worker's characteristics within the concerned competency, line 0 is taken from its introductory section (2016, p. 11), line 1 is an item from the 'knowledge' aspects in this competency and lines 2-9 are taken from the skills list (p. 13).
As noted, the label *verzorgende* [care-aide] is mentioned once and as only category, at the top of each competency list. This label may have been chosen for its clarity and familiarity, albeit not motivated in the document.

C1 Analysis
In the descriptions we notice that the care-aide has a prominent acting position in care activities: s/he *provides support…guidance, personal care* and s/he *acts, strengthens, takes over* (lines 0-9). However, these activities do not emerge as events in which *care-aides* simply impose their actions on *clients* as care users, with line 2 and 9 as exception, i.e. *acts methodically and person-oriented* and *provides personal care*. The present tense as used here, presents these statements as bare facts and affords the acts an active nature and, in extension, active agents.
What stands out however, in all introductory sections prefacing each competency list, is a regular use of nominalizations and unspecified verbs (lacking action-specificity) connected to the care-aide.
Nominalization means that a verb is transformed into a noun, it can then be used to circumvent the articulation of agency. Potter (1996) contends: "Nominalization is a technique for categorizing actions and processes that allows the speaker or writer to avoid endorsing a particular story about responsibility" (p. 182). Vague and unspecified verbs can serve this same purpose, in particular when they are deployed to indicate collaborative events between people. Nominalizations affect our understanding of the cooperative nature of care activities. As such, these constructions contain SIKs.
Some examples in the document sections are (not included in the quotations but in Appendix 3): *the care worker contributes to the drafting of the care plan* (Stichting AOVVT, 2016, p. 12) with *contributes* as vague verb and *drafting* as nominalization; *she provides the client support in dealing with…* (p. 16); *she is oriented at strengthening of…, she shows appreciation and respect…, she makes a task division…, she takes care of the transition of…* (p. 20); *she provides a contribution…, she makes use of…, she works ongoing on the development of…* (2016, p. 22).
A frequently used phrase regarding physical caretaking is, for example, 'de verzorgende

biedt ondersteuning (bij de lichamelijke verzorging)' [*the care-aide provides support (in physical care)*] (line 0). 'Biedt' [*provides*] is syntactically linked to the care-aide as agent; it is conjugated in the active voice and therewith associated with the performance of an action. As transitive verb however, it requires a person or object to express a meaningful action; these verbs in themselves make such an identification difficult. The action is then accomplished by the nominalization of the verb 'ondersteunen' [to support] to the noun 'ondersteuning' [*support*].

However, in the construction 'the care-aide supports' the act of supporting is presented as a regular action, while 'the care-aide provides support' suggests that support is available but not self-evidently always provided. Hence, the effect of presenting *support* as entity (noun) blurs its action character and confers it with a sense of procedure (Billig, 2008). In these constructions, the nominal part comprises the core action, and the verb connected to its agent is characterized by a certain 'vagueness' with respect to its action value (Onrust, 2013).

From a categorical perspective, we understand the phrase *provides support* as a professional skill constitutive for the care profession, but the wording suggests that this is not straightforwardly and automatically executed. Moreover, the actual initiation of this procedure is not ascribed directly to one of the participants, which implicates negotiation between them. Such verb phrases point to a vision of the organization of care activities as procedural whereby care-aide's agency during courses of, foremost physical, action is not self-evident.

Although the care-aide has a care task to fulfill on behalf of the organization, these constructions avoid an understanding of care activities' accomplishment as a one-way action and achievement of the care-aide. Such wording thus contains SIKs: thoughts on the participants' care interactions. Employing nominalizations appears to be a useful strategy in this document to promote an understanding of distributed agency across participants during daily care activities.

As in the introductory sections, nominalizations often appear in the skills list of the competency 'supports self-management' (lines 3, 7-8 and 9), in contrast to the other item lists. Hence, the delicate nature of some actions if constructed directly tied to their agent, is subtly circumvented.

This is, for example, also demonstrated in lines 7-8 'biedt de cliënt ondersteuning bij het realiseren van participatie, het vinden van…' [*provides support to the client with realizing participation, finding…*]. The action of the care-aide is again described with the verb phrase *provides support* which can be understood as not automatically performed. The verbs that are connected to the client are worded in nominalized infinitives or

gerunds, e.g. 'het realiseren' [*realizing*] (likewise in these lines: *finding*, *engaging* and *maintaining*). This use puts a focus on the regular character of these actions as a whole, to be accomplished by the client.
The vagueness of the verb *provides* as linked to the care-aide, again paves the way for invoking a negotiation scene between those involved. Hence, it minimizes the agency and activity of the care-aide in these actions.
In this case, the core actions, all constructed as equivalent action-verbs, relate less to concrete care activities but more to the general functioning of the client in different areas of life; they are in fact an elaboration of 'participation' as a rather abstract goal formulation to be pursued by the client.

Another practice to avoid direct agency ascription to the care-aide is observed in line 6: *supports and strengthens where possible one's own control.* Although nominalization is not used here, the active nature of the acts is attenuated with 'where possible', thus pointing at room for the client to voice his/her say. To whether and how negotiation then may unfold and especially who is entitled to initiate this, remains ambiguous.
A similar statement regarding such vague projection of the interactional organization of a care activity is illustrated in line 9: 'verleent persoonlijke verzorging en neemt deze alleen waar nodig over' [*gives personal care and takes over where necessary*]. Since 'persoonlijke verzorging' [*personal care*] is the term for procedures regarding personal hygienic activities *care* is not a nominalization of 'to care'. The first part entails concrete physical interaction, it is worded in an active voice referring to *personal care* as a regular and expert activity, bearing upon care-aide's deontic status; the care-aide is even ascribed a certain obligation to accomplish this.
The second part of the statement with 'neemt over' [*takes over*] is contradictory; the care-aide cannot take over an action s/he is already performing.
The description 'alleen waar nodig' [*only where necessary*] raises two other issues. First: *only where necessary* can be understood as 'in principle not necessary', meaning the care user himself performs personal care activities as regular conduct. This contradicts again with the first claim, but it supports the construction of an active client. Remains an agency issue, raised by *only*, that projects negotiation between the participants as an urgent matter: Who initiates these activities, who actually performs them, who is the one to decide upon a takeover?
We are inclined to ascribe these implied decisions to the care-aide, being portrayed as active category. For all that, an alternative reading of this statement is also possible through the powerful reference in the second part with *only where necessary*. This

refers to client's entitlement when it comes to decisions concerning his/her own body. Consequently, this wording may be seen as an inconsistency with respect to agency. Mentioning *only where necessary* raises the broader issue of the client's entitlement opposite the care-aide's deontic authority.

In former skill descriptions, this issue was kept under the surface with nominalizations. Here, the care-aide is constructed as a regular provider of care while at the same time the necessity of this provision (support) is questioned openly and put in the client's hands. The SIK that comes forward refers more directly to an agency issue that has to be resolved. Either way, the main SIKs behind the current descriptions concern the idea that negotiation between the participants is frequently at issue, in particular regarding physical support.

The care-aide is constructed as a trained professional in performing care procedures, acting straightforwardly mainly when concrete activities are at issue (lines 2, 8). When more general functioning of the client is concerned, the care-aide is commonly presented as a cautious acting agent (lines 3-8).

In respect to morning care, the scant attention to physical care activities is notable in the list of competencies from the expert role; all the more so because these activities are among the most intensive daily interactions between care worker and senior.

C1 The category label for 'senior'*

line	category notation	category bound activities and features
3-5	cliënt [*client*]	- …het omgaan met het functioneren, de gezondheids-problemen, de sociale, fysieke en emotionele uitda-gingen en het behouden van de regie [*…dealing with the functioning, the health problems, the social, physical and emotional challenges and the maintenance of control*]
6		- de eigen regie en zelf- en samenredzaamheid [*one's own control and self- and co-management*]
7-8	cliënt [*client*]	- het realiseren van participatie, het vinden van zinvolle dagbesteding en het aangaan en onderhouden van sociale contacten [*realizing participation, finding meaningful daytime activities and engaging in and maintaining social contacts*]

Appendix 3 Document C1 (Stichting AOVVT, p. 11-17)

* Contrary to document B, where (implicated) characteristics for the category label were incorporated in the overview table in step 2, in the current analysis I include (not explicitly ascribed) characteristics of the client in the above separate overview. This explains the indication of the same line numbers for *care-aide* and *client*.

C1 Analysis

As mentioned, the label *cliënt* [*client*] is the denotation for the senior throughout the whole document. In the analysis of document A, this is discussed as a label invoking a SRP of a provider offering a service to a client.

The label *client* appears to obscure his/her possible shortcomings and activates a symmetrical perspective on their relationship regarding rights and obligations. This is consequential for the way we understand the label in the framework of care provision. It is clear that people are obliged to turn to care workers because of their infirmity and using the label *client* invokes in our understanding less emphasis on their vulnerabilities. Yet, in the current descriptions, the senior as *client* is attributed several shortcomings. S/he is portrayed as someone who has to deal with *the health problems* and *the social, physical and emotional challenges*, as well as *maintenance of control* (lines 3-5). These descriptions

tell us that health problems exist, and social, physical and emotional aspects of life are worded as challenges, instead of common issues. Likewise is *maintenance of control* invoking that this is problematic, control is constructed as a source of potential trouble and not as self-evident property of an independent client. The client is also attributed with the need for *participation*, *finding meaningful daytime activities* and *maintaining social contacts* (lines 7-8). Needing help with these social matters further emphasizes a client who may not be able to shape his own life.

All these characteristics imply that these are real existing features of client's state of being. However, the client is also portrayed as a potential competent participant who is ascribed a certain mental independence and self-determination and able to execute this (line 6). Such various identity aspects are likewise observable in the former policy documents, equally associated with the different and mutually complementary activities of the participants. The descriptive practices used in portraying aspects of the client's identity is a way to justify care decisions of the organization and the caring professional without violating the client's autonomy. These practices point to real-time care scenes as events wherein negotiation activities between the participants are implicated, albeit the care-aide's role is attributed particular responsibilities to foster the client's participation. Activity descriptions that are more directly related to the care profession while underpinned by concrete knowledge items, are less reluctant in attributing agency to the care-aide. Yet, in all these descriptions the client is constructed as someone who is potentially able to partake actively in activities either at the initiative of the care-aide or at his/her own initiative.

The competency 'communicates person-oriented'

C2 The category label for 'care worker'

line	category notation	category bound activities and features
12-14	de verzorgende [*the care-aide*]	Introduction: - communiceert persoonsgericht met de cliënt en naastbetrokkenen, zodat de cliënt zoveel mogelijk de regie heeft, goed geïnformeerd en betrokken is bij keuzes in de zorgverlening [*communicates person-oriented with the client and those involved so that the client is as much as possible in control, is well informed and involved in choices in care provision*]
15		Knowledge: - heeft kennis van persoonsgerichte communicatietechnieken [*has knowledge of person-oriented communication techniques*] - heeft kennis van communicatiemogelijkheden en –methoden (verbaal, non-verbaal, pre-verbaal, schriftelijk) [*has knowledge of communication possibilities and –methods (verbal, nonverbal, pre-verbal, written*] - heeft kennis van het ondersteunen en bevorderen van zelfmanagement [*has knowledge of supporting and promoting self-management*]
16		Skills: - past communicatie- en gesprekstechnieken toe [*applies communication- and conversational techniques*]
17		- reageert adequaat op non-verbale signalen en uitingen van de cliënt [*responds adequately to nonverbal signals and utterances of the client*]
18-19		- spreekt de client aan op zijn vermogen om zich aan te passen en de regie te behouden bij sociale, fysieke en emotionele uitdagingen [*calls on client's ability to adapt and to maintain control during social, physical and emotional challenges*]
21		- accepteert beslissingen van de cliënt en stelt de zorg en ondersteuning in dienst van de uitvoering hiervan [*accepts client's decisions and puts the care and support in service of its performance*]

Appendix 3, Document C2 (Stichting AOVVT, p. 11-17)

C2 Analysis

So far, the deployment of particular verbs and verb phrases in this document recurrently prevented that we assigned the care-aide all agency. Within the current 'communicative' competency however, the verb conjugations afford the targeted actions an active and regular character, as such they invoke a care-aide imposing them on the client. Moreover, the care-aide is attributed a specific professional status with respect to conducting these actions.

As predicates, the used verbs concern a particular type of action; as imposed on the client they refer to engaging him/her in moments with communicative significance on the level of talk, either with a communicative goal or to co-ordinate joint physical activities (Bangerter & Clark, 2003, p. 196). In most of these descriptions, the agency of the care-aide over the ascribed actions is much less obscured than in the former competency descriptions. Moreover, knowledge items directly substantiate the skills of communicating, which grant them a distinguished and professional status. The inflection of the verbs invokes in first instance a care-aide who initiates actions to which the client is subjected. In lines 12-13 the client's submission to the care-aide's actions is even reinforced by describing client's control, information and involvement as result of the care-aide's communicative acts, i.e. 'communiceert persoonsgericht met…, zodat de cliënt zoveel mogelijk de regie heeft …' [*communicates person-oriented with…, so that the client is as much as possible in control …*]. The thought within this phrase on the interaction between the participants tells us that the quality of communicative actions and where they lead to largely depends on the skills of the care-aide.

The skill descriptions in lines 16 and 18 reveal contradictory SIKs. In line 16 'past communicatie- en gesprekstechnieken toe' [*applies communication- and conversational techniques*], the client seems subjected to 'techniques' of the care-aide when conversing. This activates an understanding of a somehow scripted manner of interacting by the care-aide. It also refers to a client with communicative shortcomings; the care-aide needs more than common sense knowledge to establish meaningful interaction with the client. In line 18 'spreekt de client aan op zijn vermogen…' [*calls on client's ability to…*], the care-aide is ascribed agency to initiate fostering or even questioning client's abilities and ownership over them (a more literal translation of the verb 'aanspreken' is *to address*, which tends fairly strong to *to call to account*). Nevertheless, another reading of these lines may foreground a SIK wherein the care-aide cautiously treats the client as a competent participant while s/he is encouraged to co-operate in creating communicative meaningful moments. In both versions, the activities attributed to the participants display an appropriate social fit.

Yet, as previously discussed, the foundation of skills with knowledge requirements strengthens the construction of a care-aide as a competent member of a professional category collection. Knowledge items are often worded as 'being informed on' or as 'having knowledge of relevant care areas, resources and procedures' regarding physical and psycho-social aspects of care taking. The same approach is applied within this competency and therewith 'communication' as a skill acquires a separate status, implying it can be exercised separately from other care activities.

Most verbs here concern a communicative activity directly tied to the care-aide as agent and invoke regular conduct. The corresponding knowledge items point at systematic knowledge and training regarding such interactions, e.g. 'heeft kennis van persoonsgerichte communicatietechnieken' [*has knowledge of person-oriented communication techniques*], 'heeft kennis van communicatiemogelijkheden en -methoden…' [*has knowledge of communication possibilities and -methods…*] and 'heeft kennis van het ondersteunen en bevorderen van zelfmanagement' [*has knowledge of supporting and promoting self*-management] (line 15) (Stichting AOVVT, 2016, p. 16). (N.B. the used nominalization in this last description likewise brings a sense of procedure forward.)

These descriptions imply that communicating successfully with clients requires specific conversational expertise; communicating 'person-oriented' is not merely a matter of predisposition but a *category bound activity*, substantiated with knowledge items. Ascribing the care-aide expertise of knowing when and how to communicate implies a client with communicative shortcomings. Consequently, this affects our understanding of agency distribution in communicative actions during actual care activities. The text pictures care scenes in which, from within the construction of a professional identity, the care-aide gains control of the way the communication between the participants unfolds. However, to attain a richer informed care scene with respect to care interactions between care-aide and client, we also must consider how the identity of the client is built up in these descriptions.

C2 The category label for 'senior'

line	category notation	category bound activities and features
13-14	client [*client*]	- …de cliënt zoveel mogelijk de regie heeft, goed geïnformeerd is en betrokken is bij keuzes in de zorgverlening (introductie alinea) [*…the client is as much as possible in control, is well informed and involved in choices in care provision*] *(introduction paragraph)*
16	(verzorger) cliënt (*care-aide*) [*client*]	- past communicatie- en gesprekstechnieken toe [*applies communication- and conversational techniques*]
17	(verzorger) cliënt (*care-aide*) [*client*]	- reageert adequaat op non-verbale signalen en uitingen van de cliënt [*responds adequately to nonverbal signals and utterances of the client*]
18-19	client [*client*]	- zijn vermogen om zich aan te passen en de regie te behouden bij sociale, fysieke en emotionele uitdagingen. [*his ability to adapt and to maintain control during social, physical and emotional challenges*]

Appendix 3 Document C2 (Stichting AOVVT, p. 11-17)

C2 Analysis

Client's characteristics in the introduction paragraph are described as complementary to the care-aide; as a result of the person-oriented communication of the latter: *the care-aid communicates person-oriented with the client …so that the client is as much as possible in control* (lines 12-13). Being in control may hint at guidance of the care-aide when mental deficiencies are in play. However, the next two characteristics, i.e. *is well informed and involved in choices in care provision* (lines 13-14), invoke mental processes and construe the first characteristic (*as much as possible in control*) as referring to an overarching mental state of being. These two attributions in present perfect, i.e. 'is' [*is*], construct a mentally competent care user, who possesses relevant information and participates in decisions on his own care needs.

The next description is of a skill, in active voice, connected to the care-aide: *applies communication- and conversational techniques* (line 16) and is presented as a regular conduct trait. This description includes ambiguities regarding possible SIKs. It portrays

a passive client, subjected to these 'methodically' founded conversation skills. As noted in the previous analysis of the care-aide (C2), it additionally portrays the client as not fully communicative competent, since 'techniques' are required to ensure satisfactory communication. Furthermore, this wording may activate an understanding that mundane knowledge on communication is not sufficient when client's needs are to be met, thus referring to a SIK thought indicating possible interactional issues when the client is asked to clarify his/her needs.

Notwithstanding, this SIK does highlight attention for the client's voice as a responsibility of the care-aide. It is not clear from the description whether merely conversational activities are concerned or also talk that serves physically oriented activities. Either case, the client's position in these communicative activities is in first instance not attributed active participantship.

The next wording of an interactive scenery, i.e. *responds adequately to nonverbal signals and utterances of the client* (line 17), ascribes *responds adequately* as routine action of the care-aide. At the same time the description suggests that comprehending the client is not always self-evident; *nonverbal signals and utterances* are predicated as relevant characteristics, albeit problematic. Whereas the care-aide is assigned responsibility for the cooperative accomplishment of meaningful communication with *adequately*, the voice of the client is hence attributed a certain importance. This thought can be considered a SIK. Although this kind of attentiveness, i.e. to respond adequately, is not explicitly tied to conversational topics or to physical activities, this may be understood for both.

The skill description *calls on client's ability to adapt and to maintain control during social, physical and emotional challenges* (lines 18-19) foregrounds an *in*ability of the client to exhibit all these characteristics independently and self-evidently. The verb *calls on* stresses a certain urgency in guiding the client here while these conduct characteristics are also portrayed as desired and relevant to him/her. The actively inflected verb *calls on* refers to regular conduct by virtue of the care-aide's deontic status. Its employment paves the way for assigning problematic behavior characteristics to the client and the care-aide is ascribed entitlement to raise this. In two other competency descriptions, the verb projects this too, e.g. 'spreekt cliënten zo nodig aan op hun gedrag' [*calls on clients' behavior on occasion*] (from the same role, 2016, p. 19) and 'spreekt collega's aan op concreet gedrag…' [*calls on colleagues' concrete behavior*…] (from the role 'the care-aid as cooperation partner' (Stichting AOVVT, 2016, p. 21)).

On the one hand, the characteristics attributed to the client in these descriptions undermine a self-determining position at an interactional level; s/he has to be encouraged

to articulate his/her needs. Moreover, a contradiction raises in asking the client *to adapt* (to what?) while at the same time s/he needs 'to maintain control'.
Although these descriptions link agency straightforwardly to the care-aide, participation of clients on their own in activities seems to be the ultimate goal of the care-aide's actions. Therewith, another reading of these lines foregrounds a SIK wherein the client is treated as a competent participant while he is encouraged and facilitated to cooperate in creating communicative meaningful moments, e.g. '…de cliënt zoveel mogelijk de regie heeft, goed geïnformeerd en betrokken is bij…' […*the client is as much as possible in control, is well informed and involved in…*] (lines 13-14) and '…vermogen om zich aan te passen en de regie te behouden bij..' […*ability to adapt and to maintain control during…*] (lines 18-19).

In sum, in the care scenes that come forward from the educational texts, (constructions of) the senior's characteristics are continually, as in the other policy texts, complementary to those of the care worker, while both are consequently labeled as *client* and *care-aide*. Their various identities are juxtaposed within a complementary pair of members from particular categories and additionally build up with a number of other language practices. Each of these pairs therewith constitutes a mutually fitting, interlocking socially meaningful unit regarding caretaking. This applies to how we construe the relationship between the care-aide and the client at the abstract descriptive level of competences.
As noted before however, in real-time care events the participants have to actively bring their cooperation into being through negotiations on, for example, how specific care practices are mutually treated by them. The documents, although they function as guidelines for novice care-aides, do not elaborate more on how these competences may affect the interactional organization of real-time conduct. Herewith, it is unclear how these directives work out regarding the senior's self-determination.
In addition, it is notable that in the skills descriptions of care-aides more attention is paid to communication skills than to physical care skills.

7.6 Conclusions

In this chapter, I investigated three policy documents (A, B and C) regarding the way care scenes with care worker and senior are depicted in words. The guiding research question was:

How are care interactions that can be associated with the self-determination of the senior, articulated and conceived in contemporary policy and educational guidelines for care professionals?

My focus was on how various language practices in these documents invoke certain meanings about the way the participants (are meant to) relate to one another during care interactions.

I found several categorizing and language practices in the texts referring to social identity aspects of care worker and senior. Such identity characteristics activate and color our understanding of their collaboration during concrete care activities; they hint at how the participants relate to each other during these interactions and thus point to *Stocks of Interactional Knowledge* (SIKs). The findings in the three separate documents show strong similarities; therefore, the conclusions are largely formulated together.

In all texts, the organization, its care workers and seniors are alternately ascribed rights and responsibilities with regard to care activities. This derives from the way care tasks and activities are rendered in the texts, continually invoking associations with particular (social) identity characteristics of the participants. Salient characteristics that emerge from the analyzed statements and phrases, are:

i) The organization, and the care worker as its representative, is primarily attributed a questioning, benevolent and assistance-oriented attitude. The care worker in particular, is frequently portrayed as a professional acting agent, knowing what needs to be done, whereas at other times s/he is pictured as mainly care user-oriented and responsive to the senior's wishes.

ii) The senior is also constructed with multiple identities, in particular in activities that require some cooperation with the care worker. Overall, the senior is attributed a central and self-determining status in the care process, but s/he is also portrayed with more dependency-oriented identity aspects; (physical) shortcomings are then foregrounded.

From these observations, with both care worker and senior being depicted as either an acting agent or as a biding participant, entitlement issues arise at an interactional level. This implies negotiations on how to organize cooperation during actual care activities. In addition, as emerges from the descriptions, their alternating social identities seem to operate complementary during these negotiations, further invigorated by various language practices. Thus we come to understand, from the distributed rights and obligations, which go along with these identity pairs, their cooperation unfolds harmoniously. Equally, contingencies appear to remain under the surface, in particular

in respect to agency issues. Thus we construe the foregoing characteristics attributed to the care worker and the senior; these figure as constituents in our understanding of how real-time care events (are to) unfold and give rise to formulate following SIKs:

i) *Participants are frequently and actively negotiating during actual care interactions; the negotiations primarily comprise talk-oriented activities.*
ii) *Such negotiations are associated with their co-operation conduct during (corporeal) care and talk activities; participants' alternating rights and obligations with respect to these activities regularly shine through.*
iii) *Yet, participants' interactional identities appear to harmoniously complement each other during co-operation negotiations.*
iv) *Promoting the self-determination of the senior does not emerge as a distinct interactional issue that requires particular attention.*

The construction of the participants' identities, leading to these SIKs, is brought about through the use of categorical and other language and rhetorical practices, i.e. (i) Categorizing practices, (ii) Verb phrases and nominalization, (iii) The use of particular verbs and (iv) Arousing alternative reading by emphasizing unilateral identity characteristics.
A more detailed look at the workings of the successive practices that are associated with the identity casting of care worker and senior, yields various reasoning procedures we apply to make sense of such texts. These procedures are largely found on our urge to order the world in categories based on shared common knowledge. Such categorizing actions guide and feed our understanding of actual care scenes, which is additionally informed by the use of linguistic and rhetoric means.
Although the way whereby the texts portray care scenes is not meant as a template for how actual care interactions unfold in detail, the way they are worded do guide our conceptions of the participants' daily conduct. Therefore, it is relevant to establish that these descriptions construct alternating interactional statuses of the participants in abstract care scenes. The thus implied social identity aspects have their bearing upon our understanding of how the participants cooperate during actual care activities. They outline the unarticulated ideas—the SIKs as incorporated in these documents—with respect to interactional matters between the care worker and the senior.

An important conclusion of this analysis emerges: the discursive practices I identified in all documents contribute to portraying care scenes in which the social identities of the

participants fit quite well the typical activities (and rights and obligations) we routinely ascribe to care workers and seniors as conduct expectations.
When asymmetric distribution of identity aspects is suggested in the descriptions, this asymmetry seems to go with the nominated tasks and activities. On the one hand, presumptions about the senior's state of being have to be met by care worker's conduct, all referred to with particular social identity characteristics. The care task of the organization may then be portrayed as a fundamental component of its deontic authority. On the other hand, the senior's own control over particular care activities is equally met in the texts by the care worker's conduct. Consequently, the different rights and obligations each social identity brings along seem to manifest as complementary pairs within the participants' daily negotiations on cooperation. By virtue of the deployed discursive practices, the texts thus subtly avoid references to (interactional) agency issues.
Whereas these policy documents pretend to have knowledge on how care participants are (meant) to bring about cooperation, the texts also complicate a full understanding of the participants' conduct during actual care activities. This applies in particular to how the frequently highlighted self-determination of the senior is treated within their cooperation. Explicit attention for its promotion (as emphasized in several descriptions) gets lost. By portraying these negotiations within constantly changing participation structures they are consistently represented as complementary pairs, equally at the interactional level. I argue that this is further enhanced by how the skill of communicating is conceived in these texts. The latter applies in particular to the education document.

For novice care-aides, the construction of an assertive and self-determining senior may seem to undermine the idea of (a taken for granted) asymmetry, in responsibilities and resulting agency, as clinched to a traditional view on the SRP care worker - senior in caretaking. Moreover, a self-determining senior seems to call on different, and foremost, specific communication (talk) skills of the care worker, not in first instance care task-oriented but more person- and relation-oriented. This latter perspective indeed stands out in the discussed policy quotes. Depicting the care worker as (professional) communicator is quite common and widely referred to as a *category bound activity* in the competence descriptions, and to a lesser extent in the mission statements.
This strengthens a conception, emerging from the texts, of the skill of communicating as a prominent, albeit separate (talk) skill. Communication skills appear to be understood mainly as not intersecting with other (physical) care actions, although in the descriptions

the latter is often merged with (implied) communicative actions, e.g. *support is provided to the extent the resident so wishes* (A), *for the client the possibility of own control over life and well-being is leading* (B) and *acts methodically and person-oriented* (C).
It is noteworthy that communication as a competency is similarly approached and described as other care skills. Nevertheless, a striking observation is that physical (morning) care as core responsibility of the care-aide is barely referred to in the documents. Specifically in document C that elaborates the key tasks of the care worker, and bearing in mind that personal (hygienic) care is generally set down in a protocol and rather time consuming, the 'personal care' job lacks references to competences. It is solely mentioned in the first discussed competency. The nature of this type of care is corporeal and in many care institutions it stands for the most lengthy and intensive interaction event of the day between care worker and senior. Therefore, it is remarkable that this core activity does not receive more attention, in particular regarding how we are to understand (appropriate) communicative action in relation to the physical action course.
Together with the other conclusions, an important question arises: to what extent do the formulated SIKs reflect what happens in real-time care interactions? The comparison of the findings in Chapter 4, 5 and 6 with the document analysis of the current Chapter 7 is a main topic in the final discussion chapter.

Appendix 1 Document A
Appendix 2 Document B
Appendix 3 Document C

MOENIE SLAAP NIE

Moenie slaap nie, kyk!
Agter die gordyne begin die dag dans
met 'n pouveer in sy hoed

INGRID JONKER

Chapter 8

Conclusions and Discussion

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8.0 Introduction

Over the past decades, ideas about the relationship between care provider and senior have shifted significantly. In chapter 2, I have elaborated extensively on the societal and political backgrounds of this line of thinking: from viewing care for seniors with a more or less patronizing attitude, towards considering them as autonomous individuals who can very well decide for themselves. As a result, this latter vision, in which the senior is commonly referred to as 'client' whose desires and needs are paramount, is nowadays central in the communication of organizations in respect to their view of senior care.
In the previous chapter, I have illustrated this with quotes of various policy documents, produced as authoritative accounts for the outside world. I laid out some of the ideas and thoughts, subtly hidden within these descriptions, about the relationship between care worker and senior during care activities.
In contrast, the chapters 4, 5, and 6 were concerned with the analysis of real-time interactions during morning care. The findings in these chapters concern the practices the care worker and the senior use to coordinate their interactions during morning care, in particular as employed by the care worker to collaboratively establish transitions between activities.
These practices also reveal how participants regard their mutual relationship during these predominantly corporeal activities. Therewith, identifying the meaning of these practices for participants'—social—relationship addresses a central issue in this dissertation: how do care worker and senior relate to the self-determination of the senior during morning care?
A next important goal of this dissertation is juxtaposing the analytical results of actually conducted interactions with the thoughts and ideas that emerged from policy texts on this matter. In this way, I aim to foster the dialogue between the knowledge I have gained by analysing natural data of real-time care interactions and prevailing ideas on care interactions within the field of senior care.

In the next sections, I briefly summarize my main findings on the interactional practices of the care worker and the senior that occur during various request sequences (Chapter 4 and 5) and during the use of the specific discourse particle *nou* in morning care (Chapter 6). This is followed by an overview of the analytic findings of the study on descriptions of senior care in policy documents (Chapter 7).
Subsequently, I compare the findings on the real-time care interactions with the results of the document analysis, and I reflect on the research methodology. Finally, I discuss

the possible consequences of all findings in the light of contemporary (views on) senior care and the education of care workers.

8.1 Requests during Morning Care; Chapter 4 and 5

In chapter 4 and 5, I have set out an analysis of request practices as initiated by the care worker during morning care activities. The analysis was guided by the following question, derived from the first research question: *How do the care worker and the senior interactionally accomplish transitions during corporeal requests sequences?*
On the basis of this analysis, I aimed to explore how the use of these requests is related to cooperation issues between the care worker and the senior, in particular with respect to the self-determination of the latter.
Morning care activities are orderly organized, as *a Situated Activity System* (SAS, cf. Chapter 3) and progress along a baseline of routine activities. It is the care worker's job to guide and assist the senior in the activities. The guiding task is realized, for example, in how the care worker's body is situated opposite the senior and provides physical assistance.
Regularly, when a bodily movement of the senior is required for the advancement of the activities, the care worker addresses the senior with a request most primed to a physical response. This type of request commonly occurs in the data in a variety of linguistic formats (N=330). I named them *progression requests*. The varying forms whereby such requests become articulated were analyzed in detail.
This led to the finding that recurrently deployed lexico-syntactic formats are strongly associated with a degree of corporeal proximity between the participants. Verbal request instances targeting physical action of the senior appear to go hand in hand with specific corporeal arrangements of the participants during an ongoing activity. Such physical configurations embody the participants' engagement in the actual spatial environment. Two main patterns of co-occurring request practices come to the fore as distinct multimodal (and social) request events, I referred to them as the *assisted-performance type* and the *recipient-performance type*.
The *assisted-performance request type* is predominantly used when the participants are in close bodily collaboration, often visible in a physical configuration with shared focus on the activities underway. This request type is grammatically foremost characterized by a brief format: a verbless phrase, an imperative+particle and a 'mag u' [may you] construction. In addition, the participants' corporeal arrangement during its use,

projects an assisted collaborative and instantaneous performance. *Assisted-performance requests* often occur during transitions between—more or less naturally unfolding—sub-activities in the SAS, but not always.
On the other hand, *recipient-performance requests* frequently appear during transitions between main projects in the SAS, less self-evidently unfolding, e.g. from showering to toweling. They express a certain distance between the participants, in particular regarding a joint focus and their physical collaboration in the ongoing activity. The practices that make up the latter pattern differ in several respects from the former practices.
First, grammatically: the clausal construction, declarative and interrogative formats, stands out; such requests are worded more explicit. Second, the physical configuration of the participants during the request production does not foreshadow a collaborative performance. Instead, it displays that the nominated action is to be performed by the senior without assistance. The care worker has prepared the environment to start the next activity immediately after fulfillment of the request. Although these recipient-performance formats entail less physical pressure regarding fulfillment, the senior usually smoothly complies with them without hesitation.

The findings in Chapter 4 and 5 demonstrate that the deployment of request formats yields a number of characteristics that systematically occur in my data. Salient characteristics are
i) the implementation of these requests is strongly intertwined with the organizational structures of various multimodal resources, including talk,
ii) the request utterance as such, verbally voiced in talk, is subordinate to the physical organization of the interaction,
iii) the request sequence is (solely or collaboratively) accomplished without hindrance in a turn with a physical nature.

In respect to these findings, I then explored how the care worker and the senior relate to each other in the analyzed request sequences, in particular with respect to the self-determination of the latter.
Although there are salient differences in the physical configuration of the participants in the environment and their focus on the ongoing activities in the distinct request types, both types are employed in concert with other multimodal resources and appear to be attuned to the corporeal capabilities of the senior in the actual situation. The use of progression requests illustrates that the senior is treated as a subject with own

capabilities to act upon, rather than being considered an object at the mercy of the care worker's will. Sometimes the senior enacts self-determination at moments in the SAS course when s/he anticipates a next transition with a single movement, thus preempting a request of the care worker.
It is apparent from the data that in progression request types the senior is addressed twice as a competent participant. First, the formats, timely produced and embedded in a particular physical configuration, convey that an immediate fulfillment is within reach. This suggests the senior is able to respond aptly to such requests. Second, both request types avoid explicit attention for corporeal shortcomings by virtue of their targeting a specific feasible movement; the senior is thus encouraged to enact mobility, which s/he does immediately. Hence, in such sequences the senior emerges as a (physically) competent interaction participant. Consequently, both types of requests powerfully project successful completion of the sequence they are embedded in, and thus contribute to an easygoing progression of the SAS course of morning care.
Finally, what constantly stands out in the way participants communicate when negotiating progression requests, is the fine-grained intertwinedness of various concurrently deployed multimodal resources. The analysis of these request sequences reveals a concerted and subtle organization of their interactional moves, thus reflecting their mutual orientation towards smooth collaboration.

8.2 The *nou* Practice; Chapter 6

Chapter 6 also discussed interactional sequences during morning care that serve the progress of the activities. The focus was on the use of a specific Dutch discourse particle *nou*, as a prerogative of the care worker, in the accomplishment of transitions between two different care activities. The outcome of this study also yields findings with respect to how the care worker and the senior relate to each other during these transitions.
The chapter outlined how the care worker organizes main transitions in morning care with the use of the *activity-transition nou*, with its falling pitch clearly distinguished from other *nou* usages. The use of *nou* seems to structure the activities and to signal that participants' current (corporeal) involvement is about to change. *Nou* appeared to be part of a particular multimodal trajectory of interactional resources, equally with *progression requests*, but its use by the care worker puts less pressure on the senior to respond (immediately).
The activity-transition *nou* trajectory likewise begins with physical preparations by

the care worker before *nou* is inserted. Its production is followed by an articulatory segmentation or a silence, prior to the production of an utterance that refers to the state of the current activity. Such utterances are often formatted as a conversational routine. The *nou* trajectory usually ends with a silence, but not always.
The use of the activity-transition *nou* is less, than is the case with *progression requests*, aimed at the senior's efforts to carry out a bodily movement. Nevertheless, its timely implementation, based on the monitoring of the senior's conduct and contingencies in the physical and spatial environment, equally suggests that the senior is able to go along with the upcoming transition.
I found that this *nou* trajectory occurs in a particular multimodal configuration and context, wherein the participants have to negotiate continuously the degree of their co-operation and understanding of each other. The *nou* practice manifests itself in different ways in the interactional organization of these negotiations and its use appears to have various interactional, and in extension, social functions.
The distribution of its usage over the participants' interactional roles is asymmetric; in line with the request practices, *nou* is foremost used by the care worker. The hierarchy that is embodied at an interactional level appears to transcend to the social roles of the care worker and the senior. This is displayed in the way the senior commonly reacts to the implementation of the *nou* trajectory; waiting for its further unfolding with a next (verbal) utterance of the care worker. Therewith, the senior acknowledges the care worker's rights to enact the role of agent during these interactions and herewith constitutes (physical) dependence as part of his/her identity.
On the other hand however, I also observed the senior using (elements of) the activity-transition *nou* practice. In such cases, the participants constitute their negotiations with various degrees of collaboration; they achieve alignment within the *nou* trajectory either in a competitive or in a cooperative way. The senior's use of elements of the *nou* practice then displays the senior's potential for self-determination by enacting active involvement.
This analysis of the usage of the discourse particle *nou* in the interactional organization of transitions during physical care activities yields two interesting findings.

First, with respect to its interactional function the *nou* trajectory appears to conjoin multiple modalities to a practice that coordinates the interactional complexity during a main transition. The *nou* practice in itself thus contributes to the constitution and structuring of the *Situated Activity System* (SAS) of morning care and simultaneously points at the overall structure of this SAS. Its wording with an evaluative comment

conveys that a certain SAS stage has been completed and a next stage is to begin. Hence, compliance issues are avoided. Although the senior is, compared to the *progression requests* less challenged to exhibit physical mobility, s/he is afforded to conduct cooperatively and thus treated as, and enabled to enact as, a competent participant.
The activity-transition *nou* practice is frequently used by the care worker, after visible close monitoring and/or adjusting situational contingencies to ensure a smooth transition; compliance issues are avoided and the senior is treated as a competent participant.

Second, albeit the use of the *nou* practice seems a prerogative of the care worker, I showed that the senior also uses (elements of) this *nou* practice and therewith actively demonstrates a say on the course of activities.
At the local interactional level the activity-transition *nou* trajectory allows both the care worker and the senior to enact entitlement to structure (parts of) the course of activities without losing sight of their mutual pursuit of alignment on the activities underway. The organization of transitions with the *nou* practice in morning care thus offers both participants opportunities to shape and negotiate their interactional rights and responsibilities and therewith afford the senior to come to the fore as a competent participant.

8.3 Senior Care in Policy Documents; Chapter 7

In Chapter 7, the discursive practices that are deployed in policy documents to portray the relationship between the care worker and the senior during care activities were analyzed. I paid in particular attention to the meanings that are activated in these descriptions with respect to potential interactional issues. The guiding research question was:
How are care interactions that can be associated with the self-determination of the senior, articulated and conceived in contemporary policy and educational guidelines for care professionals?
In two documents (A, B) vision and mission statements and their presuppositions were analyzed, and one document (C) was analyzed for its educational guidelines for care professionals. The thoughts on interactions in senior care that emerge from these texts are considered *Stocks of Interactional* Knowledge (SIKs): shared knowledge among care professionals on how the care worker and the senior—are meant to—shape their

interactions during care activities (Peräkylä and Vehviläinen, 2003).
The analytical approach of the data included the method of *Membership Categorization Analysis*, developed within *Conversation Analysis*, supplemented with discourse-analytical notions from *Discursive Psychology*.

The three documents appear to resemble to a large extent in how they depict care tasks and activities of the participants. Recurrently used descriptive practices are categorizing practices, verb phrases and nominalizations. Also the use of particular verbs occur, and the arousing of alternative readings by emphasizing unilateral identity characteristics. Applying such practices activates reasoning procedures whereby we understand these texts. A frequently deployed categorizing practice in all documents is, for example, the use of various *Standardized Relational Pairs* for care worker (organization) and senior, as a *Membership Categorization Device*. Each SRP brings along its own agenda and expectations on how care scenes unfold, e.g. *employee - client*, *care provider - client*, *care home - resident*, *employee - resident, care-aide - client*. By referring to these different category pairs, as phenomena familiar to text recipients, the texts rely on recipients' common knowledge of such (social) categories.
The descriptions of particular tasks and activities of the participants imply and activate various identity characteristics pertaining to members of the used category. Such characteristics are juxtaposed and they then operate as complementary pairs; their mutual activities reflect an appropriate social fit, e.g. a senior described from within specific needs is placed opposite a care worker providing apt assistance. This understanding is further reinforced with several other linguistic and rhetoric practices.
The use of category identities that invoke certain SRPs may then be seen as a language practice that is consequential for how the relationship between the participants at an interactional level is viewed and thus point to following SIKs.
i) *Participants are frequently and actively negotiating during actual care interactions; the negotiations primarily comprise talk-oriented activities.*
ii) *Such negotiations are associated with their co-operation conduct during (corporeal) care and talk activities; participants' alternating rights and obligations with respect to these activities regularly shine through.*
iii) *Yet, participants' interactional identities appear to harmoniously complement each other during co-operation negotiations.*
iv) *Promoting the self-determination of the senior does not emerge as a distinct interactional issue that requires particular attention.*

These SIKs rests on the continually alternating social status and role of the participants that is likewise associated with their alternating rights and obligations within particular care activities. Care worker and senior are either portrayed as agents in the course of action, or as subjected to procedures (the care worker) or to—physical, mental or communicative—shortcomings (the senior).
At an abstract descriptive level such alternating entitlements during care events do not emerge as troublesome, since they are associated with specific activities juxtaposed as complementary fits. On the one hand, the construed dual identities of both care worker and senior may thus allow for the circumvention of entitlement issues and hint at harmoniously unfolding cooperation between them.
On the other hand, as multiple care scenes are implied in the statements and phrases in the texts, close cooperation between the participants is frequently activated as relevant. This understanding may be strengthened by attributing both of them different (incompatible) identities within the same document. Therewith, smooth cooperation at the interactional level of real-time care encounters is not self-evident.
Ultimately, how participants actively negotiate their cooperation at the actual level of care interactions remains obscure. The texts hint at shared understanding between them and potential contingencies related to their cooperation do not come up.
Along these lines, the investigated documents resonate changed societal ideas on the treatment of older people as they openly refer to self-controlling seniors and the importance of communication skills. At the same time, these texts avoid suggesting entitlement asymmetry between care worker and senior when engaged in care activities.
Finally, in particular from the educational guidelines, the idea emerges that communication skills concern foremost verbal skills. The conception that communicating (in care) equals verbally conversing with care users is quite persistent and appears to have (had) far-reaching consequences for the training of care professionals. As it happens it presupposes such skills to constitute a separate subject, detached from the physical care task, in the education of care workers.

8.4 Comparison Section

In this section, the two studies in this thesis are placed side by side. This comparison is built by putting the outcomes of the interaction analyses next to the thoughts and ideas on interaction as they emerged from the policy documents.
The focus of this comparison lies, in line with both studies, on the findings regarding

the issue of a self-determining senior. Juxtaposing these findings is meant to fuel the dialogue between *Conversation Analysis* and existing knowledge on caretaking of seniors (SIKs), especially with respect to the education of care workers. This comparison raises three issues.

1. Do care interactions unfold harmoniously?

A first difference between the interaction analyses and the policy documents is related to the distribution of interactional rights between care worker and senior in the organization of care activities.

The policy texts appeared to circumvent the construction of an asymmetrical relationship between care worker and senior during care activities. In addition, the recurrent attribution of various identity aspects to both the participants, also including interactional identities, contributed to the construction of care sceneries that invoke frequent negotiation between the participants on interactional organizational matters.

The thoughts and presuppositions behind such reality constructions were identified as SIKs. There was no further comment in the descriptions on how such diffuse identities and the associated rights and obligations between them, address issues such as 'who initiates when and how to advance the activities' at the level of concrete care events. As a result, through these descriptions of alternating identities, negotiations during care interactions are suggested to unfold unproblematically without entitlement issues.

On the other hand, the analysis of the real-time data yielded a far more complex picture of care interactions between care worker and senior. A key finding concerned the particular interactional organization during the usage of *request* practices and the *nou* practice as devices that structure and promote progression of jointly conducted activities. Whereas these practices seemed to be finely attuned to the contingencies of the interactional environment in which they occur, their design and positioning also displayed a bearing on the distribution of interactional rights during the activities underway. Entitlement to enact as agent over the course of activities, for example, is locally often attributed to the care worker predominantly using these practices. However, I also observed the senior enacting agency at the local interactional level by using (elements of) these practices. Concurrently, the data analyses compellingly demonstrated that the participants' locally constructed interactional identities did not prevent them from a sustained orientation to the senior's—physical—self-determination. Moreover, such an orientation reflects aspects of the care worker's and the senior's social identity and appeared to operate independently from their interactional identities (Drew & Heritage, 1992, p. 48).

To sum up briefly, **the policy documents hint at a relative equivalent and**

harmonious relationship between the care worker and the senior in care interactions, while the interaction analysis shows that such a characterization is not straightforwardly applicable to their interactional conduct during daily care activities.
Yet, the thoughts and ideas of professionals and lay persons on senior care, emerging from the policy texts, appear to be reflected in the curricula organization of care education programs (cf. 8.5.2).

2. Morning care interactions are characterized by their multimodal nature
A second relevant outcome, which emerges compellingly from the interaction analysis while barely indicated in the policy texts, concerns the fundamental and complex corporeal nature of the interactional organization of morning care activities.
I demonstrated that this powerfully affects how the care worker and the senior, through their subtle use of various multimodal resources, organize transitions between activities, in particular with regard to the positioning and design of verbally articulated practices. It appeared that the practices as used by the participants, and principally by the care worker, enable the senior to enact competent participantship.
In the policy documents, on the other hand, little attention is paid to the physical part of the care worker's job. The SIKs that come forward in these texts depict care activities mainly as talk-oriented activities. The work protocols that are at the heart of washing and dressing emerge as a marginal task of the care worker. This finding is noteworthy and resonates in all documents. Especially in the education guidelines, the communication skills of the care worker are strongly foregrounded.
This finding implies that the suggestion invoked in the policy texts of principally talk-oriented negotiations between care worker and senior, differs considerably from what has been observed in the data of actual care interactions. The various practices that were found, for example, to encourage the—physical—self-determination of the senior, demonstrate that a verbal request to the senior for a movement is embedded within a complex multimodally composed and jointly concerted unfolding interactional sequence.
Therewith, **the policy texts lack empirical knowledge about the multimodal nature of the participants' negotiations during care interactions. The absence of such knowledge in the field of senior care is equally consequential for the image of the tasks of care professionals in general as well as for the training of novice care workers in particular** (cf. 8.5.2).

3. Communicating in senior care encompasses more than talking

A third outcome in comparing both studies follows from the ideas in the policy texts on the nature of communicative conduct during care interactions.

Apart from the limited conception in the policy texts on what such conduct includes, the descriptions do hint at what communication with seniors entails. Qualities ascribed to the care worker to promote the senior's central position in care activities concern, inter alia, abilities to have a dialogue and treating seniors with empathy (A); abilities to use in their contact with seniors: 'having compassion' and 'fostering uniqueness and autonomy' (B); abilities to act person-oriented and engage with seniors through talk (C). In the latter document, the skill to communicate is explicitly referred to as a professional skill, underpinned by knowledge requirements. This constructs the care worker as a member of a professional community.

In all documents, the competence to communicate aptly with seniors (clients) is termed a *category bound activity* and is attributed to care workers as a prominent skillful ability, presupposing an appropriate—conversation—attitude. Furthermore, to ensure that the client has a say in the care process the participants have to negotiate consensus on this matter from moment-to-moment. Consequently, by neglecting the corporeal nature of the participants' interactions during care activities, the texts allude to talk-oriented activities during the frequently invoked negotiations. This strongly suggests that as a skill, communication equals talking and is deployed independently from other skills. Additionally, such descriptions also tacitly suggest that care skills and communication skills are to be acquired separately from each other.

The interaction analysis showed however that talk activities are uniquely entangled with corporeal care activities. Thus, the policy documents offer, also in their talk-oriented conception of communication, quite another perspective on the unfolding of interactions between care worker and senior during care activities than the real-time data. As a consequence, **while encouraging the senior's self-determination does not appear in the policy texts as a matter to be addressed with particular attention, when it does, it is warranted by skillful 'conversing' care workers** (cf. 8.5.2).

8.5 Final Discussion

This dissertation explored ways whereby the care workers' conduct during corporeal care interactions affects an autonomous status of the senior and hence the quality of their interaction. The comparison of these interaction analyses with the study of how care work and the relationship between care worker and senior is viewed in policy texts, yielded three interesting issues.
Before turning to the practical applications of this research project, I briefly reflect on the strengths and limitations of the research methodologies.

8.5.1 Methodological Considerations

Findings based on the analytical approaches *Conversation Analysis*, *Membership Categorization Analysis* and *Discursive Psychology* have so far proved fairly durable. This is by virtue of the conditions that are built into working with these methods.
Especially within CA, frequent consultation of fellow researchers and discussing the data in so-called data sessions, is at issue and was followed in this project. Even more important in both studies, was to substantiate findings of particular practices into patterns, and to account for them from a consistent and systematic analysis of every single instance of such a practice.

The preparation period of half a year prior to the recordings was fairly intensive; I participated in many daily activities in the care facility and gradually became acquainted with the residents. Subsequently, I was allowed to assist during morning care and build further trust with residents and staff. This also particularly supported a comprehension that the interactions would have unfolded likewise without my presence and helped to ensure that the collected data were sufficiently inclusive to enable meaningful analysis.
It is helpful to bear in mind that within CA the (transcribed) data represent naturally occurring social interactions. In other words, they are not adaptations of raw data. Evidently, the quality of the data and the transcriptions are highly important for the reliability of the findings (Peräkylä, 2004). Recording a clearly outlined setting of personal care activities targeted at 'getting ready for the day' further increased the reliability of the results. Additionally, I pursued variation in the occurrence of the selected phenomena by recording eight seniors twice with different care workers.
A risk of recording this kind of activities with a handy cam is the quality of the recordings; some events may be out of sight of the interactions or may have been affected by the presence of the researcher with a camera. The claim that the data are entirely 'natural'

can therefore not be made. However, with regard to the presence of a camera, studies show that this has no fundamental bearing upon people's interactional business: "video can provide a compelling real-time rendering of social life" (Jones & Raymond, 2012, p. 112).

In a CA study, the micro analysis of the data underlies the validity of the outcomes (Pomerantz, 1990). During the various analysis rounds, the transcripts were refined by continuously consulting the recordings. In addition, to enable a visual underpinning of the findings, analysis of the transcripts was extended with stills from the videos.

The process of analysis in this study was transparantly described, accounted for and is available for scrutiny (Seedhouse, 2005). Hoey and Kendrick (2018) argue: "As over 40 years of empirical research in CA demonstrates, quantitative and experimental methods are not necessary to produce valid accounts of the organization of social interaction" (p. 167).

Linked to this, both research methods I used can be characterized as process-oriented. These qualitative methods consider the interaction process publicly observable and accessible instead of being a 'black box', which is a more prevailing conception within a quantitative research approach. Effect studies (randomized trials), for example, predominantly pursue finding a systematic relationship between certain variables. Causality however, can also be conceived as "...referring to actual causal mechanisms and processes that are involved in particular events and situations" (Maxwell, 2004, p. 5).

Therewith, the CA analysis does not represent the thoughts of the participants nor does it reflect my explanations as an analyst about their conduct. Furthermore, no pre-formulated categories or identities were applied to the data. As far as my interpretations are relevant, these concern descriptions of the principles and procedures participants were oriented to during the interaction. I aimed to develop a solid analytical description of interactional phenomena and carried this out on a number of (candidate) cases. This led to the compilation of various collections of cases with a recurrent pattern, *requests* (Chapter 4 & 5) and the use of the particle *nou* (Chapter 6).

The use of CA's analytical tools provides insight into how meaning making is accomplished in human interaction. This study evidences that face-to-face communication unfolds moment-to-moment from a multitude of multimodal resources deployed simultaneously. The analysis thus disproves a view on communication limited to linguistic communication and considering the 'verbal transmission of information' as its paramount business (Koole, 2018, p. 207).

Yet, generalizability is a relevant issue in this qualitative study; are its outcomes also

valid in uninvestigated situations of the same nature under different circumstances? Although each case collection includes cases displaying a specific pattern of interactional phenomena, it would be too simplistic to label these limited collections with general claims on their generalizability, e.g. in the setting of morning care: care workers do X when treating seniors.
On the other hand, despite the CA study was conducted in one (specific) care facility, it yielded phenomena with respect to how care routines can unfold and what this may tell us about the way the care worker and the senior relate to each other during such activities. Seedhouse notes: "CA portrays individual instances as products of a machinery […], so some generalizable findings emerge" (2005, p. 257). In addition, the issue of the external validity of the CA study is highly relevant regarding the outcomes of the document analysis, since these texts are widely used as vision documents and guidelines.

This research project provides important evidence to warrant further studies into corporeal care interactions. Such studies may then be conducted in other contextual settings, for example with less independent seniors, with seniors suffering from dementia, and even in more general facilities with care users of various age.
Overall, investigating the communication between care worker and care user during corporeal care activities is still an underexposed area. Such research can provide important input for the training of care professionals. This brings me to the applicability of the findings in this project.

8.5.2 Discussion

This dissertation explored ways whereby the care workers' conduct during corporeal care impacts on a self-determining position of the senior and hence on the quality of their interaction. The analyses are relevant to the conception of communication within the care profession and to the way care workers are educated in communication skills.
The issue figuring as background for my project is directly related to a societal matter: how is the broadly promoted policy of the autonomy and self-determination of older citizens recognizable in the way the care worker and the senior interactionally organize corporeal care activities? Antaki (2011) mentions such research as social problem-oriented; applying CA's micro approach to the understanding of macro-social issues. He adds that few CA studies have yet been conducted with a social issue as starting point. The current study can be considered concrete input for the dialogue between the interactional findings and the *SIKs* identified in various policy documents on senior care.
An interesting outcome with regard to this dialogue is that in both studies the self-

determination of the senior appears to be treated with respect, although the complex interactional organization of care activities is not reflected in the document analysis. The latter may be due to the nature of such policy texts; while reflecting a moral view of care, they are not intended as concrete conduct guidelines. However, the little attention to the physically driven nature of care activities along with the implicit view that a harmonious co-operation between the care worker and the senior is merely accomplished through conversational actions, indicates a lack of empirical knowledge about care interactions.
A next outcome, corollary to the former, belies a prevailing view in (senior) care that the promotion of self-determination is primarily brought about through conversational actions. Moreover, with regard to the latter, widely spread—intuitive—suggestions, for example, to refrain from using imperatives in (care) communication, appear not to be applicable to (the data of) corporeal care activities. For a proper understanding: this outcome does not put aside conversation activities as irrelevant, they remain an essential part of the treatment of seniors.
Notwithstanding, these outcomes reveal a knowledge gap between what is often conceived as appropriate communicative actions in (senior) care (cf. Chapter 7) and what goes about in the reality of the data. The theoretical and practical implications of this knowledge gap are discussed, with respect to the conception of the notion communication and in extension, to its consequences for the training of care workers and their perception of tasks.

First, what stands out in the policy texts is an instrumental conception of interpersonal communication. The way it is described in the national competence guidelines for care-aides (Chapter 7) is equally recognizable in contemporary textbooks and websites on skills training for care workers. A frequently visited Dutch website, for example, widely used by care employees and educators in senior care and providing detailed information on various care themes, describes communication as:

> In a conversation not only the words you use are important, the verbal communication. More important is the way in which you say these words and how you use your face or body language: the nonverbal communication. In most conversations, nonverbal messages have greater impact than our words. Certainly when emotions are in play. About 80 percent of your communication is nonverbal. It is therefore very important to mind your mimics and body language and to know the meaning of it.
> (Translation from https://www.zorgvoorbeter.nl/communiceren-in-de-zorg/zorgverleners)

In such a vision talk and the body are considered means used by a sender to transmitting information to a recipient, who then construes the meaning of this information. Without denying the relevance of the way we express ourselves with and without words, the latter view regards the meaning making of utterances an individual mental process. Consequently, in this view, words and body language have meaning of themselves and consensus between the participants on what is ongoing is not regarded an interactional achievement.

The latter view also echoes in various educational guidelines for doctors, nurses and care- aides, albeit the interactive nature of communication is often mentioned. Extensive research from this perspective has yielded interesting results with regard to relevant conduct characteristics for care professionals, commonly translated into communication skills (for an overview: Kurtz et al., 2017). However, micro-analytic studies are hitherto underrepresented in the underpinning of the notion 'interactive' as mentioned in these studies.

Further ethnomethodological analyses of naturally occurring data, including interactional phenomena during daily corporeal activities, can contribute to the scientific grounding of the concept of communication in general and to its significance for the care field in particular. Such studies can further substantiate the claim made by this research project: the attention for the senior's self-determination is subtly embedded in the—fundamentally—multimodal nature of morning care interactions. They may also restore how the body is perceived in care activities; its pivotal role in the organization of the interaction has barely been addressed in recent decades (Meyer & Wedelstaedt, 2017). (The commonly attributed significance to so called nonverbal communication or body language is notable in this regard, in particular within the field of healthcare).

In the public promotion of care work the corporeal part of the job has shifted to the background, at the expense of "…emotional and interpersonal aspects, and the skills required to negotiate and maintain these […] These are the most enjoyable and personally rewarding elements; and the parts they [care professionals, AE] want to foreground" (Twigg, 2000, p. 400).

In sum, incorporating CA principles in the conception of interaction notions is consequential for how communicative actions are viewed in the care field and hence how novice care workers are trained for the job.

A key outcome of the interaction analysis is that the use of certain practices during transitions between care activities enables the senior to act as a competent cooperative

participant, demonstrating a form of self-determination. This brings a second topic of discussion forward, pertaining to the aforementioned communication skills as included in the educational curricula for care workers, in particular regarding language use with older people (cf. Chapter 2).

The description of interactional conduct in the policy documents lacked references to the interplay between corporeal and talk actions, and invoked care scenes primarily as 'talk events'. In addition, many descriptions of communication with older people emphasize the importance of respectful treatment of the senior and knowing what is important to him/her. In this respect, the notion 'afstemming' [alignment/affiliation] is often used nowadays as departure point of proper communication skills, equally in studies concerned with a more relational approach (see Jukema, 2011; Van den Pol-Grevelink et al., 2012; Van der Weele et al., 2012).

In these studies, communication, from an instrumental conception, is predominantly conceived as a series conversational actions. Many of these approaches also seem to suggest that interactional aspects become manifested in the quality of the aforementioned alignment. Such 'attuning' would then be articulated differently depending on particular communication styles of the interactants (Mistrate Haarhuis, 2020; Pool et al., 2003; see also Alessandra & O'Conner, 2001). The reflection skill is seen as helpful to identify such styles and then develop and practice an appropriate conduct repertoire as a care worker.

Another, albeit implicated, skill for working within the quality criteria for long-term residential care is for instance, exhibiting a questioning ability while treating seniors (Zorg+Welzijn, 2015). The thought behind this seems to be that regularly employing the interrogative format by care workers would contribute to the self-determination of seniors (Chapter 7, Document B).

As for the performance of corporeal care however, I demonstrated in my data the complex intertwining of language use and other resources as embodiment of the participants' negotiations in achieving shared understanding on progression. The use of the interrogative format in these interactions, for example, appeared to be restricted to a specific corporeal configuration exhibiting a certain distance between the participants. Moreover, these formats had a strong instructional character. These outcomes can have a bearing on the way the training of communication skills is often approached as separate from physical caring skills.

A more integrated approach of communication as *interactional competences* (Doehler et al., 2017) may also diminish the power that is often ascribed to conversational strategies

in treating care users, as for the use of an interrogative and likewise for an imperative format. Although it is difficult identifying detailed guidelines in curricula texts on language use during cooperation in corporeal care activities, some general guidelines (as with the question format) on the use of imperatives in conversational talk can be found. As for their occurrence in the data, all deployed imperatives were mitigated with particles, most frequently with the Dutch 'maar', often combined with 'even'.

Marsden and Holmes (2014) also found in their ethnographic study of senior care in New Zealand a relational orientation of care worker and senior: "Even when engaged in the most task-oriented talk, the importance of the relational dimension was evident in the linguistic choices that caregivers made" (p. 31). Their study did not specifically include corporeal care interactions. Yet, these findings contradict with a widely disseminated idea that the use of the imperative must in general be discouraged on politeness grounds. A Dutch website mentions about the use of 'misschien' [maybe] as modal particle with an imperative, the question format as a more polite form (Van der Ham, 2016). Ritsema (2011), a Dutch leading etiquette writer, claims that imperatives should play a minimal role in everyday communication. Although she acknowledges the mitigating workings of particles, she strongly recommends for politeness reasons, to transform an imperative into a question format (www.beatrijs.com/gebiedende-wijs 2011).

Contrary to these suggestions and regarding the use of requests by the care worker in my data, it is striking that the majority of such verbal practices is formatted as (mitigated) imperatives. Additionally, when they are perceived as embedded in a complex configuration of multiple resources, the use of these 'softened' imperatives comes forward as entirely appropriate in this context, as was evidenced in the further smoothly unfolding of such sequences.

More micro-analytic studies on the actual conduct of care workers and seniors during caretaking are recommended. It is equally important to share some of these findings with care professionals. How this may be approached constitutes the final discussion topic.

The application and implementation of scientific results in the field of care work (education) constitutes a research area in itself. Melander (2017), for instance, examined from an ethnomethodological and CA (EMCA) perspective, how in the conduct of nurses is visible that they distinguish between training and workplace settings while practicing interactional competencies. In spite of still few studies within CA are concerned with how training settings relate to workplace conduct with regard

to competences, a few suggestions on the skill training programs of novice care workers can be made.

Previously, I referred to a distinction in many curricula between the training (of a protocol) of skills like washing and dressing people, and skills on how to communicate. To get to grip with this issue, I recommend to actively use the experiences of the trainees while caretaking of seniors. Care workers generally recognize their familiarity with the analyzed interaction practices directly form their own work routines (Drew et al., 2001). Some Dutch programs for educating care-aides have implemented education at the workplace, for example in a care residence for seniors, where the performance of job tasks is alternating with workshops on various topics to reflect and learn from experiences (Praktijkroute Friesland College, 2016). The idea behind this educational concept is to connect to an optimum with the experiences of novice care workers while using these as departure point for problematizing and clarifying various issues, also from a theoretical perspective, at the level of their responsibilities. Subsequent to an acclimatizing period at the onset of a career as a care worker, such workshops can be suited for sharing the findings of my project.

It is evident that the analyses from the data in their scientific form are not suitable for direct use as teaching material. They can be tailored to experiences of novices, for example, in consultation with the trainers in 'train the trainers' meetings. It goes without saying that supporting novice care workers in developing 'interactional competences' contributes to a more comprehensive view on talk during (corporeal) caretaking tasks; this approach can put a focus on technical talk-techniques into perspective (cf. Doehler et al., 2017).

There are more didactical approaches to further elaborate the findings from the data, for example in reflection exercises as a way to problematize the actions of care workers, e.g. CARM as a method for simulated role play (Stokoe, 2014), and the Discursive Action Method (Lamerichs, Koelen & te Molder, 2009). These approaches all support the development of a more holistic approach in training (healthcare) skills. They offer opportunities for enhancing interactional awareness by reflecting on interactive experiences as dynamic processes and by learning to identify certain patterns in each other's conduct. Such learning paths may give access to a perspective on communication as exemplified in this study. Moreover, these approaches can free communication actions from a 'right or wrong' frame. The latter assessment frame encourages following prescribed normative rules of 'good' conduct and hinders the development of an interactional awareness as an overarching competence.

In respect to the latter, Maxwell (2004) argued for more process-oriented approaches

in educational research. Earlier, Atkinson (2000) asserted that a narrow focus on 'what works' has complicated a renewed understanding of the educational enterprise; for a long time this focus has prioritized looking for 'best practices' as standard approach within evidence based curricula (p. 328).

The CA approach may help deepen the insights of care workers in, for example, comparing their intuitions about the physical treatment of independent seniors with some identified patterns of practices on how corporeal cooperation with a senior can be brought about. As Drew et al. (2001) argue

> CA's method is an observational science: it does not require (subjective) interpretations to be made of what people mean, but instead is based on directly observable properties of data (e.g. of turn design), and how these affect the interactional uptake by the other participant. Hence, these properties can be shown to have organized, patterned and systematic consequences for how the interaction proceeds. (p.67)

This view of communication can help the care worker to understand in more detail what emerges in the context of morning care as relevant interaction. In addition, it may question the assumption that an issue like, for example, showing respect for the senior during care can best be achieved with a question format.

The current study demonstrated that an orientation to the autonomy of the senior is not only brought about by thematizing it through talk as was suggested in the policy documents. The senior's performance as a competent participant in care activities also turned out *not* to be the result of verbal prompting by the care worker or to be otherwise coerced. It appeared that corporeal care activities provide fertile ground for the embodiment of an orientation to self-determination by both participants. The finding that corporeal contact and support seem to facilitate rather than undermine the senior's self-determination is thought-provoking. This puts the promotion of self-reliance in a different light.

Within the current debate on senior care, it is also interesting that the findings in this study question the tacit presumption that structural organizational elements in an institution basically define how morning care unfolds. In respect to this, other research also shows that it is difficult to find a linear relationship between staffing and quality of care (Hamers et al., 2016; Hingstman et al., 2012).

Further micro-analytic research is needed to examine the actual conduct of care worker and senior during care interactions and thus fuel education programs. Moreover, there are still few studies that look closely into how care skill-training programs can contribute to

developing awareness of interactional conduct as it occurs in real workplaces (Melander, 2017; Nguyen, 2017). Such knowledge can enhance a deepening of insights into the role of professionals in (future) senior care and may constitute an impetus to renewing communication views and didactics in the education of care workers.

Appendices

Appendix 0	Transcription Conventions
Appendix 1	Document A (Chapter 7)
Appendix 2	Document B (Chapter 7)
Appendix 3	Document C (Chapter 7)

Appendix 0

Transcription Conventions
Based on Jefferson (1984) and Ten Have (2007).

[	onset of overlapping speech
]	end of overlapping speech
=	latching between two turns or elements within a turn
(0.3)	pause in – tenths of – seconds
(.)	micro pause (less than 0.2 seconds)
.	falling pitch at the end of an utterance
,	slightly rising pitch
?	strong rising pitch (not necessarily a question)
!	animated tone
-	a cut-off in mid-production, audible as glottal stop
↑	shift into higher pitch in the utterance
↓	shift into lower pitch in the utterance
°	relatively soft produced utterance(part)
WORD	capital(s) means relatively loud produced sound
word	underlining means emphasis
:	prolonged sound
< >	slowing down speech production
> <	speeding up speech production
( )	empty space between brackets means indistinguishable sounds in utterance
[Kim]	name anonymization
(( ))	transcriber's transcriptions in addition to audible recording

Appendix 1

Document A Mission of a single Care Institution

Doelstelling
In de visie van – naam van de organisatie - staat de cliënt centraal: De mens die zelf richting geeft aan zijn leven. En daarom is onze zorg gericht op een zo groot mogelijke zelfstandigheid van de cliënten. De dialoog en directe relatie tussen cliënt en zorgmedewerker is daarbij een vanzelfsprekendheid. (Website, 2006)
Zorgvisie
Wij streven deskundige, betrouwbare en verantwoorde zorg na, waarbij de medewerkers openstaan voor de bewoners, hen met respect bejegenen en zich kunnen inleven in hun situatie.
In onze organisatie wordt uitgegaan van de emancipatorische zorgvisie. *In deze visie staat de bewoner met zijn of haar behoeften, wensen en belevingswereld centraal. Hiermee wordt bedoeld dat de bewoner als persoon gezien wordt die zelf richting geeft aan zijn of haar leven. In het zorgproces heeft de bewoner dan ook een actieve rol; het verzorgingshuis treedt hierbij adviserend en ondersteunend op.*
Ondersteuning wordt geboden voor zover de bewoner dit wenst en in redelijkheid nodig heeft ter compensatie van tekortschietende functies. De sterke kant van de organisatie is de persoonlijke benadering, waarbij aandacht is voor de bewoner als individu en zijn of haar familieleden.
[Het huis voldoet aan de kwaliteitseisen die door de Kwaliteitswet Zorginstellingen gesteld worden.] (Brochure, 2006)

Translation

Objective
In the vision of [name of the organization] the client is central: the human being determining his/her own life. Therefore our care is aimed at the utmost independence of the clients. The dialogue and direct relationship between client and care employee is self-evident. (Website, 2006)
Care vision
We strive for expert, reliable and responsible care, where the employees are open to the residents, they treat them with respect and can empathize with their situation. Our organization assumes an emancipatory vision of care. In this vision the resident's

needs, desires and experiences are central. This means that the resident is viewed as a person determining his/her own life. In the care process the resident therefore has an active role; the care home hereby acts in an advisory and supportive capacity. Support is provided to the extent that the resident so wishes and reasonably needs to compensate for inadequate functions. The strength of the organization is the personal approach with attention for the resident as an individual and his or her family members.
(Printed Brochure, 2006)

Appendix 2

Document B Mission of a Leading Dutch Care Organization

The letter of introduction to the mission document states (Kwaliteitskader Verpleeghuiszorg, 2017, Introductiebrief, p. 1):

0 Cliënt als vertrekpunt
1 De cliënt als mens is het vertrekpunt voor dit kader, net zoals die centraal stond in het
2 overgedragen document 'Kwaliteit in dialoog'. Het is de cliënt die bepaalt hoe
3 zorgverleners en zorgorganisaties zo optimaal en liefdevol mogelijk kunnen bijdragen
4 aan de kwaliteit van zijn of haar leven. En het is ook de cliënt die het resultaat van
5 deze inspanningen beoordeelt: in welke mate is hij of zij tevreden over de bijdrage van
6 de geleverde zorg aan de beoogde kwaliteit van leven? Het is aan zorgverleners en
7 organisaties om de zorg hierop af te stemmen, inzichtelijk te maken op welke wijze
8 hieraan gewerkt wordt en blijvend te leren en te verbeteren.

Translation

0 Client as departure point
1 It is the client who determines how care providers and care organizations can
2 contribute as optimal and lovingly as possible to the quality of his or her life. And it is
3 the client who evaluates the efforts: to what extent is s/he satisfied with the way
4 the delivered care contributed to the intended quality of his/her life? It is up to the
5 care providers and organizations to adjust the care to this quality and provide insight
6 in how this is done and learned and improved permanently.

Four guiding sub-themes within the new guidelines of the Dutch branch organization for nursing homes, care homes and home care-aides (Kwaliteitskader Verpleeghuiszorg, 2017, p. 11):

0 Het kwaliteitskader verpleeghuiszorg onderscheidt vier thema's als het gaat om kwaliteit van
1 persoonsgerichte zorg en ondersteuning, te weten:
2 1. Compassie: de cliënt ervaart nabijheid, vertrouwen, aandacht en begrip;
3 2. Uniek zijn: de cliënt wordt gezien als mens met een persoonlijke context die ertoe doet en
4 met een eigen identiteit die tot zijn recht komt;

3. Autonomie: voor de cliënt is de mogelijkheid van eigen regie over leven en welbevinden leidend, ook bij de zorg in de laatste levensfase;
4. Zorgdoelen: iedere cliënt heeft vastgelegde afspraken over (en inspraak bij) de doelen ten aanzien van zijn/haar zorg, behandeling en ondersteuning.

Translation

The quality framework distinguishes following four themes [for care providers] concerning quality of personal oriented care and support:
1. Compassion: the client experiences closeness, trust, attention and understanding.
2. Being unique: the client is perceived as human being with a personal context that matters and with an identity of his/her own to be fully appreciated.
3. Autonomy: for the client the possibility of own control over life and wellbeing is leading, also during care in the last stage of life.
4. Care goals: each client has set, and participates in, agreements on the goals regarding his/her care, treatment and support.

As requirements for care homes to meet these quality themes is, inter alia, formulated (Kwaliteitskader Verpleeghuiszorg, 2017, p. 10):

- *Elke verpleeghuisorganisatie dient aantoonbaar invulling te geven aan deze thema's en dit zichtbaar te maken in kwaliteitsplan en kwaliteitsverslag.*
- *De voorgestelde uitwerkingen per onderscheiden thema's zijn handreikingen voor de instrumenten voor verbetering, het voeren van gesprekken en het ontwikkelen van competenties. Zorgorganisaties zijn vrij om deze thema's naar eigen inzicht aan te vullen.*

Translation

- *Each care organization is obliged to demonstrate how they give interpretation to these sub-themes and make this visible in quality plan and quality report.*
- *The suggested elaborations of each sub-theme are guidelines for improving instruments, for conducting interviews and developing competences. Care organizations are free to interpret these themes according to their own judgment.*

Appendix 3

Document C SIKs in Care Education Documents

The general duties of a nurse-aid at level 2 and 3 (www.leren.nl):

Helpende zorg en welzijn (niveau 2)
Als Helpende Zorg en Welzijn begeleid je net als een Zorghulp mensen in hun alledaagse leven. Je helpt hen met de huishoudelijke taken waar ze zelf moeite mee hebben. Daarnaast assisteer je bij de persoonlijke verzorging, bijvoorbeeld: in en uit bed stappen, wassen en aankleden. Je werkt volgens het zorgplan dat door je leidinggevende is opgesteld.
Deze opleiding duurt 2 jaar.

Verzorgende (niveau 3)
Als Verzorgende kun je in uiteenlopende gezinssituaties terechtkomen. Van ouders met een pasgeboren baby of mensen met een lichamelijke of geestelijke beperking tot ouderen; thuis, in een woongroep of in een zorginstelling. Je houdt het huishouden draaiende en geeft de nodige persoonlijke verzorging. Je werkt meestal zelfstandig en houdt dan ook zelf de regie over de zorg.
Deze opleiding duurt 3 jaar.

Translation

Nurse-aid care and welfare (level 2)
As a care- and welfare-helper you assist just like a care-aide people in their everyday life. You support them with the housework tasks that they are having trouble with. In addition, you assist with personal care, e.g. step in and out of bed, washing and dressing. You are working according to the care plan drawn up by your supervisor. The training takes 2 years.

Nurse-aid (level 3)
As a care-aide you can get into different family situations. From [….] to elderly; at home, in a residential group or in a care institution. You keep the household running and you provide the necessary personal care. You usually work independently and you yourself retain control over the care. The training takes 3 years.

Profile of the nurse-aid IG (www.venvn.nl/):

Wat is jouw rol? Als verzorgende IG lever je verzorging en persoonlijke begeleiding, vooral in zorgsituaties die niet zo ingewikkeld zijn. Meestal verleen je persoonlijke zorg en begeleiding in de leefsituatie van een zorgvrager. Daarmee kom je letterlijk en figuurlijk dichtbij de persoon en zijn of haar omgeving.
Je ondersteunt bij het uitvoeren van Algemene Dagelijkse Levensverrichtingen (ADL).
Je uitgangspunt is altijd het ondersteunen en stimuleren van het zelfmanagement van de zorgvrager en zijn omgeving, met als doel het behouden of verbeteren van het functioneren in relatie tot kwaliteit van leven, gezondheid en ziekte.

Translation

What is your role? As a care-aide individual health care, you provide care and personal support, especially in care situations that are not so complicated. Usually you provide personal care and guidance in the living situation of a care user. This brings you literally and figuratively close to the person and his or her environment.
You support the performance of Activities of Daily Living (ADL). Your departure point is always support and encouragement of self-management of the care user and his environment, with the aim of maintaining or improving the performance in relation to quality of life, health and disease.

The Professional profile nurse-aid IG competences (Stichting AOVVT, 2016, p. 11-17):

Beroepscompetentieprofiel Verzorgende IG in de branche verpleeg-, verzorgingshuizen en de thuiszorg (VVT) [Professional profile competences nurse-aid IG within the branche nursing homes, care homes and home care].

The introduction passage to the first competence area of *The care worker in his expert role as care provider* states:

De verzorgende biedt ondersteuning bij de lichamelijke verzorging…ze motiveert de cliënt om zoveel mogelijk zelf te doen…ze biedt mogelijkheden om nieuwe vaardigheden en nieuw gedrag aan te leren…de verzorgende IG controleert de lichaamsfuncties, monitort voortdurend het functioneren, de gezondheidstoestand en het welbevinden van de cliënt. Zij constateert veranderingen in de situatie…ze rapporteert en evalueert…(2016, p. 11)

Translation

The care worker offers support with the physical care…she motivates the client to do as much as possible by him/herself…she offers - the senior citizen - opportunities to acquire new skills and new behavior…the care worker IG controls the physical functions, constantly monitors the functioning, the health condition and the wellbeing of the client. She ascertains changes in the situation…she rapports and evaluates…

The introduction passage to the competence area *The care worker as communicator* states:

Zij bouwt een relatie op met de client en naastbetrokkenen, stelt zich open, betrouwbaar en respectvol en sluit aan bij de leefwereld en beleving van de client. Zij achterhaalt hun ervaringsdeskundigheid, toont interesse en luistert aandachtig…De verzorgende maakt het emotioneel welbevinden van de client en naastbetrokkenen bespreekbaar…Zij onderzoekt welke praktische, sociale en emotionele ondersteuning nodig is voor de client…(2016, p. 16)

Translation

She builds a relationship with the client and those involved, is open, reliable and respectful and adapts to the client's living situation and experiences. She obtains knowledge on their expertise, takes an interest and listens carefully. The care worker makes the emotional well-being of the client and those closely involved, open for discussion…She examines which practical, social and emotional support is needed for the client…

Each competency is subdivided into knowledge, skills and attitudinal aspects, I have selected following items from the first two competence areas *The care worker IG in the expert role as care provider* and *The care worker as communicator*.

The care worker IG in the expert role as care provider

The competency 'Ondersteunt het zelfmanagement' [supports the self-management] in this area is further specified in, inter alia:
From the Introduction passage:
0 - biedt ondersteuning bij de lichamelijke verzorging. [provides support in physical care]

Kennis [Knowledge]:

- heeft kennis van persoonlijke verzorging. [has knowledge of personal care]
- heeft kennis van het bevorderen van de zelf- en samenredzaamheid van cliënt en naastbetrokkenen. [has knowledge of promoting self- and co-management]

Vaardigheden [Skills]:

- handelt methodisch en persoonsgericht. [acts methodically and person-oriented]
- biedt de cliënt psychosociale begeleiding gericht op het omgaan met het functioneren, de
- gezondheidsproblemen, de sociale, fysieke en emotionele uitdagingen en het behouden van de
- regie. [provides psychosocial guidance directed at dealing with the functioning, the health problems, the social, physical and emotional challenges and the maintenance of control…]
- ondersteunt en versterkt waar mogelijk de eigen regie en zelf- en samenredzaamheid. [supports and strengthens where possible one's own control and self- and co-management]
- biedt de cliënt ondersteuning bij het realiseren van participatie, het vinden van zinvolle
- dagbesteding en het aangaan en onderhouden van sociale contacten. [provides support to the client with realizing participation, finding meaningful daytime activities and engaging and maintaining social contacts]
- verleent persoonlijke verzorging en neemt deze alleen waar nodig over. [provides personal care and takes over only where necessary]

Houding [Attitude]:

- heeft een open, aandachtige en respectvolle houding…[has an open, attentive and respectful attitude…]
- bewaakt dat ze zelf ook met respect wordt behandeld. [monitors that she herself is treated with respect] (2016, p. 13-14)

The care worker as communicator

The competency 'Communiceert persoonsgericht' [Communicates person-oriented] in this area begins with the following remark:

- de verzorgende IG communiceert persoonsgericht met de cliënt en naastbetrokkenen, zodat de
- cliënt zoveel mogelijk de regie heeft, goed geïnformeerd en betrokken is bij keuzes in de
- zorgverlening. [the care worker IG communicates person-oriented with the client and

those involved so that the client is as much as possible in control, is well informed and involved in choices in care provision]

The competency is then further specified in, inter alia:

Kennis [Knowledge]:

15 - heeft kennis van persoonsgerichte communicatietechnieken. [has knowledge of person-oriented communication techniques]
- heeft kennis van communicatiemogelijkheden en –methoden (verbaal, non-verbaal, pre-verbaal, schriftelijk). [has knowledge of communication possibilities and –methods (verbal, nonverbal, pre-verbal, written]
- heeft kennis van het ondersteunen en bevorderen van zelfmanagement. [has knowledge of supporting and promoting self-management]

Vaardigheden [Skills]:

16 - past communicatie- en gesprekstechnieken toe. [applies communication- and conversational techniques]

17 - reageert adequaat op non-verbale signalen en uitingen van de cliënt. [responds adequately to nonverbal signals and utterances of the client]

18 - spreekt de client aan op zijn vermogen om zich aan te passen en de regie te behouden bij sociale,

19 fysieke en emotionele uitdagingen. [addresses client's ability to adapt and to maintain control during social, physical and emotional challenges]

Houding [Attitude]:

20 - communiceert op een persoonsgerichte en persoonlijke manier. [communicates in a person-oriented and personal way]

21 - accepteert beslissingen van de cliënt en stelt de zorg en ondersteuning in dienst van de uitvoering hiervan. [accepts client's decisions and puts the care and support in service of its performance] (2016, p. 16-17)

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Nederlandstalige samenvatting

Ondersteuning van zelfstandige senioren bij de ochtenzorg

Hoe zorgverleners en senioren door middel van multimodale interactie hun fysieke samenwerking organiseren

Introductie en achtergrond

Dit proefschrift gaat over communicatie tussen zorgverleners en senioren in een specifieke setting: ochtendzorginteracties in de institutionele ouderenzorg en de aandacht daarbinnen voor de autonomie van de senior. De dagelijkse ochtendzorg bestaat grotendeels uit fysieke activiteiten. Hiervan zijn video-opnames gemaakt die zijn geanalyseerd op verbale en niet-verbale communicatiepraktijken. De bevindingen kunnen inzicht bieden in hoe de deelnemers zich tot elkaar verhouden tijdens deze zorginteracties. Daarnaast zijn beleidsdocumenten over ouderenzorg onderzocht op opvattingen over de autonomie van de senior tijdens zorgactiviteiten.
De vergelijking tussen beide deelonderzoeken kan het perspectief op de relatie tussen verbale communicatiepraktijken en fysieke zorgpraktijken verrijken. De resultaten kunnen het theoretisch raamwerk van zorgopleidingen nader onderbouwen en de empirische grondslag van de trainingsprogramma's voor zorgprofessionals uitbreiden.

In de afgelopen decennia zijn de ideeën over de relatie tussen zorgverleners en ouderen aanmerkelijk veranderd. **Hoofdstuk 1** gaat in op de maatschappelijke en politieke achtergronden hiervan.
De naoorlogse babyboomgeneratie is opgegroeid in een samenleving waarin ontzag voor autoriteit niet meer vanzelfsprekend is. In de ouderenzorg verandert het idee dat alleen de zorgverlener de kwaliteit van zorg bepaalt. De senior wordt toenemend gezien als een autonoom individu met recht op zeggenschap op veel levensterreinen; de aanduiding 'cliënt' vindt ingang. De concepten *zorg* en *autonomie* kennen een lange geschiedenis vanuit filosofische, politieke en juridische hoek en vanuit de sociale wetenschappen. De lichamelijkheid van de mens wordt steeds meer beschouwd als kernelement van een autonoom individu en het begrip afhankelijkheid krijgt een andere betekenis (Nussbaum, 2011; Tronto, 1993; Twigg et al., 2011). In de zorg raakt het concept autonomie aan noties als *zelfmanagement*, *eigen regie*, *zelfredzaamheid*, *zelfbeschikking* en de *cliënt-centraal* gedachte.
Institutionele ochtendzorg bestaat uit intensieve interacties. De communicatie tijdens de uitvoering van deze activiteiten is veelal gericht op fysieke samenwerking. Is de toenemende aandacht voor de genoemde zorgprincipes zichtbaar in de praktijken waarmee de zorgverlener en de senior hun communicatie tijdens fysieke zorginteracties organiseren en coördineren?

Hoofdstuk 2 verkent bestaand onderzoek op het gebied van (taal)interacties met en door ouderen. Uit deze studies blijkt dat het communicatieve gedrag van ouderen en de manier waarop een identiteit als 'oudere volwassene' geconstrueerd wordt, verschilt al naar gelang de context; in interacties tussen jongeren en ouderen gebeurt dit anders dan in interacties tussen ouderen onderling, evenals in institutionele versus niet-institutionele omgevingen (Coupland et al., 1991; Kundrat & Nussbaum, 2003; Matsumoto, 2009a).
Levensomstandigheden veranderen met de jaren, maar ook mensen reageren anders op ervaringen naarmate ze ouder worden; dit is niet alleen een mentaal proces maar manifesteert zich ook in interactie met anderen. Deze veranderingen leiden tot zowel kwalitatieve als kwantitatieve verschillen bijvoorbeeld in de behandeling van gespreksonderwerpen, in talige activiteiten als praten over koetjes en kalfjes, in het vertellen van een (autobiografisch) verhaal, in ergens over klagen, maar ook in het gebruik van leeftijdsaanduiding als gespreksstrategie (Charalambidou, 2012; Ekberg, 2011; Matsumoto, 2009c). In veel van deze studies vormen ouderen doorgaans een homogene groep. Er is nog weinig onderzoek gedaan naar ouderen vanuit hun eigen perspectief als deelnemer aan dagelijkse zorginteracties, en naar het interactionele gedrag van zorgverleners tijdens fysieke zorgactiviteiten met ouderen (Backhaus, 2010, 2011; Grainger, 2004b; Heinemann, 2006, 2011; Lindström & Heinemann, 2009).

Het corpus zorginteracties

Hoofdstuk 3 bespreekt de analysemethode en het proces van dataverzameling in de eerste deelstudie: opnamen van zorginteracties in een woonzorgcentrum voor senioren. De analyse wordt verantwoord vanuit de *conversatie-analyse* (CA) als onderzoeksmethode. Deze ethnomethodologische benadering richt zich op de gedetailleerde analyse van menselijke interactie (Hutchby & Wooffit, 2008; Mazeland, 2003; Schegloff & Sacks, 1973; Ten Have, 2007).
De conversatie-analytische onderzoeksmethode maakt een minutieuze analyse mogelijk van alle verbale en niet-verbale uitingen van deelnemers aan een interactie, in relatie tot elkaar. De uitingen worden geanalyseerd als beurten vanuit de betekenis die de deelnemers er gezamenlijk en openlijk zichtbaar aan toekennen in hun reactie op elkaar (Schegloff, 1988, 1991, 1992; Sidnell, 2009). Deze beurten dragen zo bij aan de organisatie van een handelingssequentie (Heritage & Atkinson, 1984; Schegloff, 1984b, 2007b). Zo'n micro-analytische benadering, die het gebruik van allerlei interactionele

middelen, inclusief taal, lokaal bekijkt op de functie voor de deelnemers, vindt plaats op basis van een gedetailleerde transcriptie van de uitingen van de deelnemers en grijpt daarbij voortdurend terug op de video-opnames (Jefferson, 1984; Ten Have, 2007). Zo worden transcripten tijdens de analyse van de videodata steeds verfijnd en tevens geïllustreerd met beeldmateriaal (video stills).

Het resultaat van een interactie-analyse laat zien hoe de deelnemers lokaal van moment tot moment hun bijdragen sequentieel organiseren tot betekenisvolle handelingen, waarmee ze tegelijkertijd bepaalde sociale identiteiten tot stand brengen. Een interactie-analyse kan ons zo dicht bij het communicatieve repertoire en de (talige) praktijken van zorgverleners en senioren tijdens de ochtendzorg brengen en kan zo ook aan het licht brengen hoe aandacht voor de autonomie van de senior zich manifesteert in deze interacties. In de afgelopen dertig jaar is er binnen de conversatie-analyse toenemend belangstelling om gespreks- en andere face-to-face communicatie als multimodale interactie te analyseren en zo de relatie tussen taalgebruik en gedrag in een breder perspectief te zien (Goodwin, 1992, 2000c; Haddington et al., 2014; Kendon, 2004; Mondada, 2016; Streeck et al., 2011). In dit verband past ook een meer holistische benadering van de menselijke interactie als sociaal gedrag en een relativering van de rol van verbale uitingen (Jones & Le Baron, 2002).

Zorgactiviteiten vormen complexe interactionele gebeurtenissen. Enerzijds is er sprake van fysieke face-to-face activiteiten en anderzijds gebruiken de deelnemers tijdens deze activiteiten verschillende communicatiemiddelen naast elkaar. De concepten *Situated Activity System* (SAS) en *Multimodaliteit* zijn relevant voor het ontrafelen van zulke activiteiten. Het concept SAS duidt op een 'besloten' gezamenlijke (face-to-face) activiteit zoals een gesprek of een fysieke activiteit met een zeker routinematig karakter, waarin deelnemers gericht zijn op de lopende handelingen (Goffman, 1961, 1963; Levinson, 1992; Drew & Heritage, 1992). Een *multimodale* analyse heeft betrekking op een analyse van naast elkaar (en in samenhang) gebruikte communicatieve middelen tijdens een interactie zoals taal en articulatie, inclusief prosodie, tempo en vloeiendheid, en andere fysieke middelen als blikrichting, mimiek, lichaamshouding, hand- en armbewegingen, aanraking, het gebruik van objecten in de omgeving, kennis, et cetera (Deppermann & Streeck, 2018; Goodwin, 2007; Mondada, 2006, 2014). Zo zijn zorgtaken ingebed in een gefaseerde structuur van handelingen die sequentieel georganiseerd zijn binnen een 'afgebakend' geheel van aaneengeschakelde activiteiten die met verschillende interactionele middelen worden uitgevoerd (Mazeland, 2007a). De concepten *SAS* en *Multimodaliteit* kunnen helpen de relatie te verhelderen tussen de zorgroutines en de verschillende communicatieve handelingen. Dit is observeerbaar

in de manier waarop de deelnemers beurt-voor-beurt hun communicatie met deze middelen vormgeven en deze bijdragen sequentieel positioneren in de interactie, als belichaming van hun reactie op elkaar.
Twee vragen staan centraal in de analyse van de zorginteracties:
i) Hoe behandelen de deelnemers elkaars interactionele bijdragen (beurten) en laten daarmee zien hoe ze elkaar begrijpen, met name tijdens transities naar een volgende zorghandeling?
ii) Hoe wordt de interactionele functie van de verschillende communicatiemiddelen zichtbaar in de rol en betekenis die de deelnemers er gezamenlijk aan toekennen?
De wijze waarop de zorgverlener en de senior de gebruikte communicatiemiddelen benutten (en exploiteren) kan licht werpen op hoe beiden zich verhouden tot de eigen regie van de senior tijdens intensieve zorginteracties.

Het corpus van interactionele data bestaat uit 500 minuten videomateriaal van zorginteracties tussen verschillende vrouwelijke en mannelijke bewoners en zorgverleners in een woonzorgcentrum. Hier wonen ten tijde van de dataverzameling zo'n vijftig senioren min of meer zelfstandig, waarbij door hen steevast een beroep op zorg kan worden gedaan. De bewoners zijn relatief hoog opgeleid en hebben allen een maatschappelijke carrière achter de rug. Aan de opnames ging een intensieve kennismakings- en voorbereidingsperiode vooraf die na een half jaar uitmondde in toestemming om te assisteren bij de ochtendzorg. Naast het opbouwen van een vertrouwensband met de bewoners, was deze periode van belang om een duidelijk idee te krijgen van het dagelijks verloop van de ochtendzorg. Ten slotte zijn zestien episodes opgenomen en getranscribeerd. De analyses en resultaten zijn te vinden in Hoofdstuk 4, 5 en 6.
Preliminaire observatie van de data bracht een aantal interactionele praktijken aan het licht tijdens overgangen tussen zorghandelingen; bij uitstek momenten dat de deelnemers gezamenlijk een verandering in de lokale fysieke samenwerking tot stand moeten brengen (Mondada, 2006, 2009; Robinson & Stivers, 2001). Een frequent voorkomende praktijk tijdens zulke overgangen blijkt het voortgangsverzoek van de zorgverlener te zijn. In **Hoofdstuk 4** en **5** staat de nadere analyse van deze verzoeken centraal (Couper-Kuhlen, 2014; Drew & Couper-Kuhlen, 2014); ze zijn aan de orde wanneer voor de progressie van de activiteiten een verandering van de lichaamspositie van de senior gewenst is (N=330).
Er blijken twee typen verzoekpraktijken, *progression requests* genoemd, voor te komen. Het eerste, meest voorkomende type, de *assisted-performance requests* (gezamenlijk

uit te voeren verzoeken, N=235) kent drie formuleringsvarianten: een *verbless request* (verzoekformulering zonder werkwoord, n=64), een *imperative+particle request* (imperatief+partikel verzoek, n=140) en een *a-typical declarative 'may-you' request* (a-typisch declaratief 'mag-u' verzoek, n=31). Voorbeelden zijn respectievelijk: 'andere arm', 'ga maar zitten' of 'mag u even vasthouden'. *Assisted-performance* verzoeken komen doorgaans voor tijdens overgangen tussen sub-activiteiten in het SAS van lokale zorghandelingen. De drie varianten laten een vergelijkbaar interactioneel patroon zien: tijdens plaatsing van zo'n relatief compact verzoek hebben de deelnemers fysiek contact met elkaar of verkeren heel dicht in elkaars lichamelijke nabijheid, zichtbaar in een fysieke configuratie met een gezamenlijke focus op de lopende activiteit.
Het tweede type verzoeken, de *recipient-performance requests* (door de senior uit te voeren verzoeken, N=95) kent twee formuleringsvarianten: een *interrogative request* (verzoek in een vraagconstructie, n=41), bijvoorbeeld 'wilt u even gaan staan?' en een *declarative 'you-may' request* ('u-mag'-verzoek in een bewerende zin, n=16), bijvoorbeeld 'u mag weer gaan zitten'. Een restgroep van 38 uiteenlopende declaratieve formatvarianten is niet meegenomen in het onderzoek. *Recipient-performance* verzoeken komen vaak voor tijdens overgangen tussen hoofdactiviteiten, zoals tussen afdrogen en aankleden. Zulke overgangen laten een minder vanzelfsprekende ontvouwing van de activiteiten zien dan de overgangen tussen sub-activiteiten. Verder drukt de fysieke configuratie tijdens *recipient-performance* verzoeken een zekere lichamelijke afstand uit in de samenwerking tussen de deelnemers en projecteert deze geen gezamenlijke uitvoering van het verzoek. Er ontbreekt een gedeelde focus op de lopende activiteiten en voortgangsverzoeken van dit patroon zijn explicieter geformuleerd dan verzoeken van het eerste patroon.
Beide geanalyseerde typen voortgangsverzoeken blijken subtiel, maar op uiteenlopende manieren, samen te hangen met een specifiek gebruik van verschillende multimodale middelen. Ondanks de genoemde verschillen laten beide patronen, in relatie tot de deelnemersoriëntatie op de autonomie van de senior, ook een aantal opvallende overeenkomsten zien:
i) Voortgangsverzoeken, als verbaal gearticuleerde uitingen, zijn ondergeschikt aan de fysieke organisatie van de interactie.
ii) De sequentie waarin een voortgangsverzoek is ingebed wordt steeds zonder beletsel succesvol voltooid door een (individuele of gezamenlijke) beurt met een fysieke signatuur.
iii) De realisatie van voortgangsverzoeken is sterk verweven met de organisatiestructuur van de verschillende communicatieve middelen, waaronder de organisatie van gesprekken.

De wijze waarop de verschillende multimodale handelingen samenhangen met de realisatie van de twee verzoektypen brengt nog een ander opvallend fenomeen aan het licht: beide patronen zijn toegesneden op de fysieke mogelijkheden van de senior in de lokale omstandigheden (Curl & Drew, 2008). Daarmee illustreren deze voortgangsverzoeken dat de senior wordt bejegend als een subject met eigen (fysieke) mogelijkheden en wil om te handelen; de senior wordt in beide situaties zo twee keer aangesproken als competente deelnemer. Ten eerste, de wijze waarop de verzoeken in hun grammaticale vorm worden ingebed in een specifieke fysieke configuratie, laat zien dat onmiddellijke inwilliging van het verzoek verondersteld wordt haalbaar te zijn voor de senior. Ten tweede, beide verzoekpatronen vermijden expliciete aandacht voor lichamelijke tekortkomingen van de senior. De verzoeken functioneren zo als aanmoediging om fysieke competentie te laten zien; ze worden gewoonlijk dan ook prompt ingewilligd en bekrachtigen daarmee een soepel verloop van de activiteiten. Op deze manieren krijgt en neemt de senior dus de gelegenheid om zich tijdens deze verzoeksequenties te presenteren als een (fysiek) competente deelnemer en samenwerkingspartner in de zorgactiviteiten. De oriëntatie van beide deelnemers op de autonomie van de senior lijkt zo het organiserend principe te vormen van de geobserveerde verzoekpraktijken.

Een andere interactionele praktijk die in de data is opgevallen tijdens overgangen tussen zorgactiviteiten is het specifieke gebruik van het partikel *nou* door de zorgverlener. In **Hoofdstuk 6** ligt de analytische focus op de interactionele functie van dit partikel (Beach, 1993; Bolden, 2006; Keevallik, 2010; Mazeland, 2016; Raymond, 2014). Dit *nou* wordt gekenmerkt door een relatief luid begin, direct gevolgd door een sterk dalende intonatie, en markeert vooral overgangen tussen hoofdactiviteiten. Op de productie van *nou* volgt doorgaans een articulatorische segmentatie of een stilte, waarna een evaluatieve uiting over de (af)lopende activiteit volgt, bijvoorbeeld: 'Nouh…klaar alweer'. Zo'n uiting laat tevens zien dat een bepaalde SAS-activiteit of fase is afgerond en een volgende op het punt staat te beginnen. *Nou* vormt geen respons op een voorgaande verbale uiting en is niet direct gericht op fysieke activiteit van de senior, maar de timing ervan suggereert wel dat de senior fysiek gereed is voor de aankomende overgang.
Het gebruik van *nou* als verbale praktijk is vergelijkbaar met de voortgangsverzoeken, in die zin, dat het is ingebed in een opmerkelijk interactioneel traject waarin verschillende multimodale handelingen op fijnmazige wijze zijn verweven in de organisatie van een transitie (Engbersen & Mazeland, 2010). De *nou*-praktijk blijkt meerdere interactionele functies te hebben en in het verlengde hiervan ook verschillende sociale functies. Op interactioneel niveau structureert *nou* de complexiteit van een overgang tussen

(hoofd)activiteiten en draagt bij aan constructie en ordening van de zorghandelingen. Tegelijkertijd verwijst de *nou*-praktijk naar de overkoepelende structuur van dit SAS van ochtendzorg; het gebruik informeert de deelnemers waar ze zich bevinden in de lijn van activiteiten. Daarnaast drukt de zorgverlener, door het *nou*-traject te initiëren, een zekere mate van zeggenschap uit over de lopende activiteiten. Zo functioneert de *nou*-praktijk als een manier om 'rechten en verantwoordelijkheden' te claimen, vanuit de (sociale) identiteit van zorgmedewerker, als verantwoordelijk voor de organisatie van de ochtendzorg. Niettemin laten de data ook zien dat in de context waarin de *nou*-praktijk voorkomt, *beide* deelnemers actief gericht zijn op een succesvolle en soepele voltooiing van de lopende sequentie. Hoewel de *nou*-praktijk, in vergelijking met de voortgangsverzoeken, de senior minder uitdaagt om een fysieke competentie te laten zien, attendeert het gebruik ervan de senior wel op de gelegenheid om zich op interactioneel niveau als competente deelnemer te presenteren. De responsen van de senior demonstreren dit; de overgangssequentie tussen douchen en afdrogen bijvoorbeeld wordt doorgaans harmonieus gecompleteerd.

Het gebruik van de *nou*-praktijk is weliswaar asymmetrisch verdeeld – het is overwegend de zorgverlener die deze praktijk gebruikt – maar in de data is te zien dat ook de senior soms (elementen van) het *nou*-traject gebruikt. In die gevallen ontvouwen de onderhandelingen over de samenwerking zich anders dan wanneer de zorgverlener het *nou*-traject initieert: ofwel op competitieve wijze, ofwel op een harmonieuze manier, terwijl beiden actief gericht blijven op consensus in hun onderhandelingen. De senior claimt op zulke momenten, door interactioneel te participeren met een initiërende rol in het *nou*-traject, kennis van en zeggenschap over de lopende activiteiten en realiseert zo een sociale identiteit van assertieve senior.

Enerzijds biedt het gebruik van de *nou*-praktijk door de zorgverlener de senior zo de gelegenheid om zich te presenteren als competente deelnemer aan de zorgactiviteiten. Tegelijkertijd biedt de interactionele organisatie van het *nou*-traject de senior de mogelijkheid om op interactioneel niveau actief te onderhandelen over wederzijdse rechten en verantwoordelijkheden zonder consequenties voor de (fysieke) samenwerking met de zorgverlener. Op deze wijze manifesteert zich in de data een oriëntatie van beiden op de zelfbeschikking van de senior.

Het corpus beleidsdocumenten

Hoofdstuk 7 rapporteert een analyse van drie beleidsdocumenten vanuit een discourse-analytisch perspectief. Daarmee zijn deze data – twee missiedocumenten en een document met landelijke opleidingsrichtlijnen voor verzorgenden – en de analysemethode van andere aard dan de interactionele data en de bijbehorende conversatie-analyse. Beleidsdocumenten vervullen een communicatieve rol als manier waarop organisaties de opvattingen over hun taken aan het publiek kenbaar maken (Prior, 2008). Beleidsdocumenten over ouderenzorg bevatten echter ook gangbare collectieve kennis over communicatie zoals die in deze sector bestaat bij (professionele) zorgverleners.
Zulke kennis is gevormd vanuit theoretische of quasi-theoretische normatieve modellen. Een nuttige conversatie-analytische notie in dit verband is *Stocks of Interactional Knowledge* (SIKs); de uitkomsten van CA onderzoek kunnen bijdragen aan het verder onderbouwen van deze SIKs (Peräkylä & Vehviläinen, 2003). Het onderzoek van de documenten richt zich dan ook op het verkennen en blootleggen van opvattingen over communicatie, in het bijzonder op de manier waarop de relatie tussen zorgverlener en senior is verwoord. De SIKs resoneren in beschrijvingen die zinspelen op (het verloop van) zorginteracties, waarbij gebruik wordt gemaakt van discursieve categoriseringspraktijken die als formuleringspraktijken zijn geanalyseerd. Methodologisch is dit onderzoek gebaseerd op concepten uit de categorisatie-analyse en de discursieve psychologie. De methode *Membership Categorization Analysis* (MCA), die net als de CA ook Harvey Sacks als *founding father* heeft, kan licht werpen op de (systematische) karakterisering in beschrijvingen van individuen als leden van een specifieke categorie, maar ook verhelderen hoe de kenmerken die aan zulke leden worden toegeschreven associaties met een bepaalde overkoepelende categorie kan activeren (Jayyusi, 1984; Lepper, 2000; Sacks, 1972, 1992; Schegloff, 2007a; Stokoe, 2012). Het label 'cliënt' bijvoorbeeld roept in deze context specifieke rechten en verantwoordelijkheden op in verband met zorgverlening.
Formuleringswijzen in teksten kunnen ook worden opgevat als een manier om met psychologische kwesties om te gaan. Beschrijvingen die hierop duiden zijn geanalyseerd met principes vanuit de *Discursieve Psychologie* (DP). Deze kwalitatieve onderzoeksmethode is eveneens nauw verwant aan de conversatieanalyse en houdt zich vooral bezig met de functie van het gebruik van (en de verwijzing naar) psychologische noties in dagelijkse gesprekken (Edwards & Potter, 1992, 2005; Potter & Edwards, 2001; Potter & Wetherell, 1987; Wooffit, 2005).

Schrijvers van beleidsteksten, als de teksten in het corpus documenten, maken bepaalde keuzes in hun formuleringen van zorgkwesties. Zulke keuzes hebben consequenties voor het beeld van een zorgscène dat wordt opgeroepen en daarmee voor de manier waarop de rechten en verantwoordelijkheden van de deelnemers worden gepresenteerd. Een retorische praktijk om te vermijden dat de zorgverlener alle zeggenschap over de zorgactiviteiten krijgt toegeschreven is bijvoorbeeld de formulering "ondersteunt en versterkt *waar mogelijk* de eigen regie" (cursief toegevoegd).
Het idee dat de werkelijkheid slechts op één manier kan worden beschreven doet geen recht aan de werking van een alternatieve beschrijving in een bepaalde context met andere formuleringskeuzes. MCA en DP zien de wijze waarop in conversationele- en geschreven teksten gedeelde algemene kennis wordt verwerkt in (de organisatie van) discursieve praktijken, als reflectie van sociale structuren.

De resultaten van de analyse van beide missiedocumenten (A en B) zijn in hoge mate vergelijkbaar. Wat vooral opvalt is dat de zorgverlener en de senior worden beschreven met wisselende en onverenigbare identiteiten. Er wordt zowel een *assertieve senior* tegenover een *vragende medewerke*r geschetst als een *afhankelijke senior* tegenover een *daadkrachtige zorgverlener*. Zo complementeren deze asymmetrische sociale identiteiten elkaar steeds tot een 'passend' paar. De beschrijvingen roepen daarmee zorgscènes op waarin de deelnemers harmonieus samenwerken en zeggenschapskwesties niet aan de orde lijken te zijn (SIK). Dit idee wordt verder versterkt met linguïstische en retorische praktijken als bijvoorbeeld nominalisaties; omvorming van een werkwoord naar een zelfstandig naamwoord. Zo'n zelfstandig naamwoord wordt dan gekoppeld aan een werkwoord dat geen specifieke handeling uitdrukt, bijvoorbeeld 'de zorgverlener biedt ondersteuning' in plaats van 'de zorgverlener ondersteunt' (Potter, 1996; Potter & Hepburn, 2008). De laatste vorm presenteert deze zorghandeling (door de vervoeging in de actieve vorm) als een handeling die tot de dagelijkse verantwoordelijkheden van de zorgverlener behoort. De eerste vorm suggereert eveneens dat ondersteuning beschikbaar is, maar dat deze niet altijd vanzelfsprekend wordt aangeboden en dat overleg hierover aan de orde is (Billig, 1987, 2008). Het gebruik van deze nominaliseringspraktijk vermijdt zo dat de zorgverlener voornamelijk, in de samenwerking met de senior, als de actieve en verantwoordelijke partij voor de zorgactiviteiten wordt gepresenteerd. Ook het eenzijdig benadrukken van identiteitskenmerken, waarmee een alternatieve lezing wordt uitgelokt, komt voor als talige praktijk, bijvoorbeeld in de beschrijving waarin de cliënt wordt aangesproken op 'zijn vermogen om zich aan te passen en de regie te behouden…'. Zo'n beschrijving plaatst het *on*vermogen van de cliënt om hieraan te

voldoen juist op de voorgrond.
De genoemde – identiteitsvormende – praktijken spelen een belangrijke rol in de redeneerprocedures waarmee lezers deze teksten samenhang verlenen en het dagelijks gedrag van de deelnemers begrijpen. Dat de gesuggereerde harmonie op interactioneel niveau actief tot stand zal moeten worden gebracht, blijft in document A en B buiten beschouwing.
Document C beschrijft met name de competenties van de zorgverlener. De identiteiten van de zorgverlener en de senior worden hier respectievelijk aangeduid met de labels *verzorgende* en *cliënt*. Ook hier worden deze labels steeds in een asymmetrische relatie naast elkaar geplaatst en als een complementair paar gepresenteerd. De relatie tussen beide deelnemers komt zo naar voren als een sociaal betekenisvolle eenheid met betrekking tot zorgverlenen. Hoewel de teksten niet bedoeld zijn als een gedetailleerde beschrijving van zorginteracties, komt de samenwerking tussen de zorgverlener en de senior tijdens deze interacties als harmonieus naar voren (SIK). In verband hiermee komt het aanmoedigen van de autonomie van de senior niet naar voren als een interactionele kwestie die aandacht vraagt (SIK). Hoewel er in de documenten veel aandacht is voor een relationele benadering van zorghandelingen en de teksten een respectvolle bejegening van de senior benadrukken, is het ook opvallend wat er ontbreekt: in de competentiebeschrijvingen wordt nauwelijks gerefereerd aan lichamelijke zorg en -samenwerking als kernactiviteit van de zorgverlener; zorgverlening wordt in deze documenten dus vooral beschouwd als een mondelinge 'gespreks'activiteit (SIK).

Conclusies en discussie

In **Hoofdstuk 8** worden de resultaten van de interactieanalyse naast de uitkomsten van de documentenanalyse gelegd. De vergelijking gaat in op de aard en het verloop van ochtendzorginteracties en de aandacht voor autonomie van de senior zoals dit in beide deelstudies naar voren komt.
In de documenten krijgen de zorgverlener en de senior afwisselend identiteiten toegeschreven (met daarbij behorende rechten en plichten) die elkaar steeds complementeren tot een 'passend' paar, waarbinnen zeggenschapskwesties niet aan de orde zijn; hun samenwerking lijkt zich zo steeds binnen een harmonieus geheel te ontvouwen. Zulke beschrijvingen suggereren dat de zorghandelingen waaraan in deze 'zorgparen' wordt gerefereerd zich ook op interactioneel niveau in harmonie ontvouwen met aandacht voor de eigen regie van de senior.

In de interactieanalyse staat centraal *hoe* de deelnemers tijdens daadwerkelijke zorgactiviteiten voortdurend gezamenlijk betekenissen construeren over wat gaande is vanuit elkaars interactionele bijdragen. Deze onderhandelingen blijken veelal in harmonie en soepel te verlopen. De analyses van het gebruik van *voortgangsverzoeken* en het partikel *nou* demonstreren dat de praktijken die gevonden werden, op subtiele wijze het complexe karakter van multimodale zorginteracties structureren en coördineren vanuit de oriëntatie van beide deelnemers op de autonomie van de senior.
De zorginteractie-analyses hebben laten zien dat de interactionele organisatie van zorgactiviteiten een fundamenteel fysiek karakter heeft. De beleidsdocumenten daarentegen reflecteren een moreel perspectief op de (ouderen)zorg waarin weinig aandacht is voor de wijze waarop zorginteracties tot stand komen, met name niet voor de fysieke zorghandelingen als kerntaak van de zorgverlener.

Discussie

Conversatie-analytisch onderzoek is een beproefde methode om menselijk sociaal gedrag gedetailleerd en diepgaand te analyseren (Hoey & Kendrick, 2018). Voor de betrouwbaarheid van de resultaten van zo'n analyse zijn de kwaliteit van de videodata en de transcripties van groot belang (Peräkylä, 2004). De validiteit is geborgd door de presentatie van de data en de redeneringen in de analyse (Seedhouse, 2005). Het opnemen van menselijke interacties met een handcamera draagt het risico in zich dat niet alle gebeurtenissen in beeld komen of dat de aanwezigheid van een (filmende) onderzoeker de opnames beïnvloedt (Jones & Raymond, 2012). Aan genoemde risico's is tegemoet gekomen door een relatief lange en intensieve voorbereidingsperiode in de dagelijkse omgeving van de deelnemers. Reguliere aanwezigheid, ook tijdens de ochtendzorg (als oudere onderzoeker), was van belang voor het opbouwen van een vertrouwensband met de deelnemers en om de representativiteit van de opnames te beoordelen voor een betekenisvolle analyse. Tijdens meerdere analyserondes zijn de transcripten aangescherpt door voortdurend de originele opnames te raadplegen.
Zowel CA als de gebruikte discourse-analytische onderzoeksmethode beschouwen face-to-face interactie als een publiekelijk zichtbaar en toegankelijk proces van (onder) handelen en betekenisconstructie tussen deelnemers. Een CA analyse geeft niet de gedachten of bedoelingen van de deelnemers weer en evenmin de verklaringen van de onderzoeker van geobserveerd gedrag (Clift et al., 2009). Het gaat dus ook niet om mijn eigen interpretaties als onderzoeker, maar om de beschrijvingen van procedures en

principes waarop de deelnemers zich zichtbaar oriënteerden tijdens de interacties. Vanuit de geobserveerde verschijnselen in de data stelde ik op deze manier case-collecties samen en heb ik de praktijken die zichtbaar werden in deze collecties, *voortgangsverzoeken* en het gebruik van het partikel *nou*, beschreven.

Dit onderzoek wil bijdragen aan de in Hoofdstuk 7 genoemde dialoog tussen conversatie- analytisch onderzoek en toonaangevende ideeën over zorginteracties in de professionele ouderenzorg. De implicaties betreffen vooral het binnen de zorg nog steeds dominante perspectief op (interpersoonlijke) communicatie als een proces van verbale informatie-uitwisseling tussen een zender en een ontvanger (Koole, 2018). Hierin lijkt een wederkerige oriëntatie op de veelzijdigheid van elkaars interactionele bijdragen nauwelijks of geen rol te spelen. In deze instrumentele visie is betekenisgeving ook een individuele mentale activiteit die overwegend plaatsvindt op basis van gespreksactiviteiten. Dit perspectief heeft, ondanks de aandacht voor een relationele benadering, consequenties voor hoe de taken en de opleiding van zorgprofessionals worden opgevat. Zoals uit deze studie moge blijken, is deze visie ook niet gebaseerd op empirische data van zorginteracties, waarin het complexe situationele en fysieke karakter van zorghandelingen centraal lijkt te staan.
Diepgaander onderzoek naar de formuleringen in deze beleidsteksten en hun effect op ons denken over ouderenzorg is gewenst. Daarnaast kan meer multimodaal conversatie-analytisch onderzoek naar interactionele verschijnselen tijdens de uitvoering van fysieke zorgroutines bijdragen aan verder inzicht in – de kwaliteit van aandacht in – communicatieprocessen. Zulke studies zouden bovendien een belangrijke bevinding uit de eerste deelstudie nog nader kunnen preciseren, namelijk dat de aandacht voor de autonomie van de senior in een natuurlijke omgeving het fundamenteel-organiserende principe lijkt te zijn in het multimodale karakter van de communicatiepraktijken tijdens ochtendzorginteracties.
De praktische implicatie van dit onderzoeksproject sluit hierbij aan en betreft dan met name de betekenis van de uitkomsten voor de opleiding en training van (beginnende) zorgprofessionals. In het onderzochte opleidingsdocument voor zorgverleners worden de communicatieve competenties van de zorgverlener vooral opgevat als mondelinge vaardigheden (Stichting AOVVT, 2016). De training van zorghandelingen is in de opleidingspraktijk veelal echter niet gekoppeld aan het oefenen van mondelinge vaardigheden. Beide trainingen vinden, gescheiden van elkaar, overwegend plaats op basis van 'folk' aannames over het verloop van face-to-face interactie. Zo wordt bijvoorbeeld het gebruik van de imperatief in verzoeken ontmoedigd en het vraagformat

aangemoedigd (Ritsema, 2011; Van der Ham, 2016; Zorg+Welzijn, 2015). In de empirische data komt juist het imperatieve format (voorzien van een partikel) opvallend vaak voor en het vraagformat heel weinig, maar vooral van belang is dat de data laten zien hoe deze verbale formats elk een eigen functie hebben in de interactie. Adviezen in trainingen over het gebruik van zulke formats zijn daarmee moeilijk in het algemeen te geven.
De interactionele data kunnen in de opleiding van zorgverleners, evenals in train-de-trainersbijeenkomsten, worden benut om communicatieve ervaringen te problematiseren en (aangeleerde) patronen in zorghandelingen te identificeren en te bespreken wat betreft hun mogelijke effect in de interactie (Drew, Chatwin & Collins, 2001; Lamerichs, Koelen & Te Molder, 2009; Stokoe, 2014) . Daarnaast zou een benadering vanuit de dynamiek van het multimodale karakter van zorginteracties, als vertrekpunt voor het werken aan meer integrale interactionele competenties, bij kunnen dragen aan de ontwikkeling van een interactioneel bewustzijn (Doehler et al., 2017). Zo'n proces-georiënteerde benadering zou een ander (opleidings)perspectief op communicatie tijdens zorgverlening mogelijk kunnen maken en het normatief beoordelen van verbale interventies tijdens zorgactiviteiten als goed of fout, kunnen relativeren (Atkinson, 2000; Maxwell, 2004).

In dit onderzoek heb ik laten zien dat de geanalyseerde beleidsdocumenten over ouderenzorg een harmonieuze samenwerking suggereren tussen zorgverleners en senioren tijdens zorgactiviteiten. In verband met beleidsopvattingen over het aanmoedigen van autonomie schetsen de documenten dat dit communicatief gerealiseerd kan worden in thematiserende gespreksactiviteiten; fysieke zorgactiviteiten krijgen weinig aandacht. Uit de analyses van de interactionele data komt evenwel naar voren dat juist de fysieke zorginteracties complexe interactionele gebeurtenissen zijn waarbinnen de deelnemers met verschillende communicatiepraktijken hun samenwerking in harmonie realiseren. Bovendien blijken die fysieke zorginteracties de deelnemers een vruchtbare omgeving te bieden om met multimodale praktijken hun oriëntatie op de autonomie van de senior actief tot stand te brengen.

Curriculum Vitae

Agnes volgt na haar middelbare school de Sociale Academie. Aansluitend gaat ze in Groningen Onderwijskunde studeren tot haar kandidaats en is een aantal jaren werkzaam in het vormingswerk in Friesland. Daarna volgt ze de Logopedie opleiding en vertrekt in 1981 naar Thessaloniki in Griekenland om daar twee jaar als logopedist werkzaam te zijn met meervoudig gehandicapte kinderen. Terug in Nederland gaat Agnes aan de slag bij het toenmalig Academisch Ziekenhuis Groningen. Ze begint tevens haar eigen praktijk en wordt al snel docent aan de opleiding Logopedie waar ze expertise ontwikkelt in het vak afwijkende mondgewoonten. In 1990 behaalt ze haar 1e graad docent Gezondheidswetenschappen.
In 1997 schrijft Agnes zich in voor een vrij doctoraal programma Communicatie- en Informatiewetenschappen in Groningen, waarbij interpersoonlijke communicatie, in het bijzonder lichaamstaal, en filmwetenschappen haar belangstelling hebben. Ze studeert in 2002 af op een scriptie over het gebruik van close-ups tijdens emotioneel geladen journaalberichten. Inmiddels werkt ze achtereenvolgens als onderwijskundig medewerker bij de opleiding Civiele Techniek en als docent communicatieve vaardigheden bij de opleiding Communicatie aan de Hanzehogeschool. Bij deze laatste opleiding ontwikkelt ze een eigen fysiek georiënteerde aanpak voor mondelinge presentatietrainingen. Van 2002 tot 2008 is ze verbonden aan de Queen Margaret University in Edinburgh als externe examinator van de opleiding Speech and Language Therapy aan het Metropolitan College in Athene, Griekenland.
In 2008 start ze vanuit de Hanzehogeschool haar promotieonderzoek bij de Letterenfaculteit van de Rijksuniversiteit Groningen. De laatste tien jaar van haar loopbaan is ze als docent werkzaam bij de opleiding Communicatie- en Informatiewetenschappen aldaar en maakt ook de Faculteit Wiskunde en Natuurwetenschappen regelmatig gebruik van haar expertise als presentatietrainer.

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