Transfer sequences involving persons with dementia: Instrumental tasks as opportunities for conversation

Abstract

This article analyzes a series of sequences taking place in the common room of a Danish dementia care unit in which food or drink is given to a resident with dementia. Giving something to a resident, such as food or drink, constitutes a recurring common activity for care staff and residents and thus also provides an opportunity for talk between the resident with dementia and the care staff. However, in many cases, rather than engaging residents in talk in connection with e.g. offering of food or drink, care staff resorts to so-called ‘care speak’ (Ward, Vass, Aggarwal, Garfield, & Cybyk, 2008), i.e. neither requiring nor eliciting input from residents when accomplishing the transfer of food or drink to the resident. This article aims to show in what ways the transferrers’ interactional methods influence the opportunities for participation for the resident. The analyses show firstly that sequences without a preceding offer sequence are accompanied by a verbal narration of the transfer of the object during the transferring action itself, thus presuming compliance from the recipient. Secondly, they show that sequences in which the transfer of the object is preceded by offer sequences seek the recipient’s acceptance before carrying out the transfer. Thereby, transfer sequences preceded by offer sequences provide participants with sequential opportunities for willingly engaging in an upcoming activity as an individual with the capacity of making choices while transfer sequences without offer sequences do not. However, as we show, the organization of transfer sequences depends not only on verbal contributions but also on participants’ embodied conduct.

Introduction: Transfers and offers as interactional phenomena

To eat and drink is a recurrent activity in residential dementia care that care staff and residents engage in. It provides an opportunity for talk between the resident and the member of staff (Lindholm & Wide, 2019; Corrigan, 2014). It involves the transfer of some object from the member of staff to the resident. Preceding a transfer with an offer sequence carries the implicit assumption that the recipient of the object will either accept or reject the offer, i.e. it ascribes to the recipient the right and ability to make a decision regarding the transfer. On the other hand, not preceding a transfer with an offer sequence may carry the implicit assumption that the recipient is not able to make a decision regarding the transfer. In that way, the interactional methods by which transfers are accomplished may contribute to processes of disablement (Rasmussen, 2013) in situations in which the resources available for interaction are unevenly distributed, for instance if one participant suffers from dementia.

A transfer can be carried out solely by means of embodied actions by the ‘transferrer’ and the recipient, or it can be accompanied by talk (see also Kärkkäinen & Keisanen, 2012; Rossi, 2014).

Possible utterances by the transferrer accompanying a transfer are ‘du får lige her nogle piller’ (you’ll just get some pills here) or ‘der var lidt mandarin der’ (there was a bit of mandarin orange there) as in Example 1 below.

Example 1, like the rest of the data in this study, takes place in the common room of a Danish dementia care unit, and all participants are native speakers of Danish. The resident is sitting in an armchair, and staff members are engaged in various tasks, including providing residents with snacks and coffee or lemonade. The common room is placed next to the staff computer and the kitchen in the unit, so staff passes the common room on their way to and from the individual rooms of the unit, which are placed
along a corridor. In that way, they may check if residents need something or provide them with food or drink while they are on their way to carry out other tasks, as is the case in Example 1 below (for transcription conventions, see Appendix 1):

Example 1

71 %com: Elsa (staff) approaching Erling (resident) who is sitting in a chair

72 ELSA: der var lidt mandarin der

there was a bit of mandarin orange there

%com: Elsa placing mandarin orange on the table next to Erling’s coffee cup

73 ELSA: sgo

There you are

%com: Elsa walking away from Erling

Accompanying utterances such as the one presented in Example 1 have been described as constituting a ‘narration of the task at hand’ (Ward et al., 2008, p. 638), a practice common in care speak, and they are produced at the same time as the transfer is accomplished. In Example 1, the mandarin orange is placed next to Erling’s cup where his plate might have been placed without first establishing whether Erling wants some mandarin orange. That is, the mandarin orange is placed within his personal working space in terms of eating and drinking, and this amounts to prompting him to eat it.

Alternatively, however, transfers may be preceded by offers, such as ‘vil du prøve at smage om den er blevet god nok’ (would you like to try and taste if it has become good enough) or ‘ska du ha’ kage’ (would you like some cake) as in Example 2 below.

In Example 2, Rita, a visiting researcher, is sitting in the common room with two residents. Some cake has been placed on plates on a table near the residents. In Example 2, Rita takes the plate and brings it closer to Gyda, a resident, while asking her if she would like some cake. Gyda is almost blind and may not be able to see the cake on the table.

Example 2

363 RITA: ska du ha kage (. ) Gyda

would you like some cake Gyda

%com: Rita lifts a plate with cake placed on a nearby table

364 Ps: (0.4)

%com: Rita moves the plate towards Gyda

365 GYDA: hm

366 RITA: der kage til dig her

there’s some cake for you here

367 Ps: (0.6)
Offer sequences as in Example 2 propose that the recipient may receive something if they wish, and they seek to establish whether the recipient accepts the transfer before proceeding to the transferring action (Schegloff, 2007). In Example 2, Rita thus established that Gyda wants some cake (lines 363-365) before bringing the cake into Gyda’s personal working space with respect to eating and drinking.

A transfer thus involves at least two participants: A transferrer and a recipient who accomplish the transfer together. Transferring an object involves entering into the recipient’s personal space and occupying part of it by placing the object transferred (Goffman, 1971). This may, in some situations, be treated as problematic by both the transferrer and the recipient (Garfinkel, 1964; Sundstrom & Altman, 1976) and may thus be understood as dispreferred (Pomerantz, 1984). In transfers without a pre-sequence, the reception of the object transferred may be more or less imposed on the recipient, either as an intuitive reaction to an object being placed e.g. in the recipient’s hand, or as an orientation to the preference for accepting – a preference which is strong, since the object may already be placed in the recipient’s hand or by their side. Nevertheless, a transfer without a pre-sequence risks resulting in the recipient rejecting the transferred object, which may compel the transferrer to remove the unwanted object in a kind of repair action (Schegloff, Jefferson, & Sacks, 1977).

Offer pre-sequences work to prevent potential rejections on the part of both participants. In the conversation analytic literature, offer sequences are described as adjacency pairs in which the first pair part projects a particular type of response to be produced in the second pair part (Schegloff, 2007), specifically either acceptance or rejection (Davidson, 1984, 1990) with acceptance as the preferred action (cf. also Pomerantz, 1984).

Offer sequences precede a transfer as illustrated in Example 2. They allow the transferrer to establish whether the recipient accepts the object offered before carrying out the transfer. This work thus treats the recipient as an active and engaged participant both by expecting her to produce a second pair part to the first pair part of the pre-sequence which expresses a certain stance toward the proposed transfer, and by making it possible for the recipient to accept the transfer by e.g. leaning forward, or otherwise displaying recipiency (Heath, 1986). In that way, the recipient is actively involved in the transfer rather than merely receiving an.

Conversation analytic research on offers includes offers to provide assistance or help solve a problem (Curl, 2006; Davidson, 1984, 1990; Hofstetter & Stokoe, 2015) as well as concrete offers concerning objects in the material environment (Kärkkäinen & Keisanen, 2012). Kärkkäinen and Keisanen (2012) demonstrate that offers in face-to-face interaction consist of an action identifying the referent, often by focusing the recipient’s attention on it, and one which explicates the offer. One or both of these actions may be linguistically articulated, or they may be done through embodied actions, depending on the visual accessibility of the referent and mutual gaze between the co-participants.

The work accomplished in and through offer pre-sequences is thus multimodal (Mondada, 2014; Hazel, Mortensen, & Rasmussen, 2014) and may include verbal contributions as well as use of gaze, gestures, body posture and other available resources. The multimodal organization of offer sequences means that they may be accomplished in many different ways, including different formatting of the verbal contributions. However formatted, the various resources used work together to secure the potential recipient’s acceptance of the transfer before the actual initiation of the transfer.

Resident’s participation in care interactions
The multimodal constitution of offer sequences may be particularly important to keep in mind in asymmetrical situations in which one participant does not have the same resources for interaction available as the other participants, for instance because the person is living with dementia. Resources for interaction are here understood as any method that participants may resort to in order to achieve a common understanding, including verbal contributions, gaze, facial expression, gestures, bodily actions, the use of artefacts, etc. As the disease progresses, persons with dementia gradually lose cognitive as well as communicative abilities (Bayles & Tomoeda, 2007; Lubinski, 1995), and as the available resources for interaction become more limited, persons with dementia may use resources in alternative, so-called atypical (Antaki & Wilkinson, 2012) ways in order to contribute to interaction. In that way, they may use other sense-making methods than are normatively expected. Such breaches (Garfinkel, 1967) of normative expectations may lead others to understand the actions of the breaching participant as problematic, or even as disruptive (Miller, Darby, Benson, Cummings, & Miller, 1997), which may lead to increasing social exclusion.

Treating a person with dementia as an active participant involves providing the person with dementia with opportunities for being actively involved and making decisions, e.g. in transfers of food and drink. Research on dementia and personhood suggests that this may be accomplished by employing positive, personhood-affirming strategies such as recognition, negotiation, validation, collaboration and facilitation which aim to include the person with dementia as an active participant (Ryan, Byrne, Spykerman, & Orange, 2005; Kitwood, 1997). In interactions in dementia care, however, such strategies are often not employed (Corrigan, 2015). Ward et al. (2008) describe how instrumental tasks are accomplished with a minimum of interaction in residential dementia care. Further, they describe the interactional practice of ‘carespeak’ which functions as an ongoing narration of the task, which on the one hand constrains input by residents during the task, since the care provider has the floor, and on the other hand constrains the opportunity for staff to involve the resident as an active decision maker, since they are engaged in narrating the task.

However, studies suggest that engaging in relational talk prior to and during care interactions may in fact contribute to minimizing the potential for conflict during the task and thus to minimizing the time spent on each care interaction. Heinemann describes how care staff use humor (2009) and self-disclosure (2007) to mitigate trouble by creating affiliation between caregiver and care recipient before initiating the care interaction. Likewise, Jansson and Plejert (2014) show how, during care interactions, task-related talk may involve the person with dementia as an active participant if caregivers engage in interactional work which treats the person with dementia as an active and engaged participant in the common activity. On the other hand, Heinemann (2011) analyses how an institutional asymmetry gradually arises in elderly care in the home of the care recipient. Through care staff’s social interactional methods for e.g. initiating care interactions or giving advice, the autonomy of the care recipient is decreased until they are ‘no longer treated as competent members of society’ (Heinemann, 2011, p. 107) with the authority to make decisions regarding their own needs and wishes in their own homes.

The studies reviewed above demonstrate how the active participation of residents in care interactions arises as a product of the social processes of interaction between care professionals and residents or care recipients. They show that the participants’ actions prior to and during care interactions are significant for how active involvement may arise in terms of opportunities for decision making in pre-sequences and in terms of interactional work during care interactions to involve residents as active participants.
The study reported here extends this work by investigating transfer sequences with and without offer pre-sequences in interaction involving persons with dementia. The aim of the study is to demonstrate how the details of the interactional methods that care staff and others use for giving residents food and drink have significant consequences for how residents may be involved as active decision makers – and hence also for their opportunities for affirming their personhood, for doing being full members of society, and ultimately for their quality of life. The article achieves this aim by employing multimodal ethnomethodological conversation analysis to show how the use of offer sequences in transfers of e.g. food and drink provide specific affordances for residents’ opportunities for participation in the interaction and to show how participants may use these sequential affordances to have interactions in which the resident may (or may not) be an active decision-maker.

Data and Methods

The data used in this study are drawn from the project Dementia: Abilities and Possibilities (DAP) conducted by the authors of this article. The DAP data consist of approx. 20 hours of video recordings of naturally occurring interactions between visiting researchers, staff and residents in the common rooms of two specialized dementia units in a Danish long-term care facility visited by researchers on a weekly basis over the course of 9 months in 2015/2016. The data also includes ethnographic observations as well as informal interviews with members of staff.

The data were collected with the informed consent of staff and relatives who were authorized to give consent on behalf of the persons diagnosed with dementia. The data are managed in accordance with Danish Law and EU regulations as sanctioned and monitored by the Data Protection Office of the University of Southern Denmark. All names and places in the article are pseudonyms.

The data were transcribed in accordance with the Jeffersonian transcript system (Atkinson & Heritage, 1984) with additional notations for indicating gaze and co-occurring resources (see Rasmussen, 2016, p. 852).

For this particular study, 25 sequences were identified in which residents are offered and/or given food or drink. The study uses multimodal ethnomethodological conversation analysis (EMCA) (Garfinkel & Sacks, 1986; Goodwin, 2013; Hazel et al., 2014) as an approach to studying interaction involving persons with dementia (Torrisi, 2010). EMCA views any action as sequentially linked to previous and following actions. Therefore, analysis of an action includes 1) analysis of the details of the immediately prior action; 2) analysis of the details of the action in focus; and 3) analysis of how the action is treated by co-participants in the next turn (ten Have, 1999). Further, EMCA aims to describe in any action what is demonstrably relevant for the participants, i.e. treated as relevant in their next action (Schegloff & Sacks, 1973).

The study aligns with EMCA research which explores atypical interaction (Antaki & Wilkinson, 2012), focusing on how persons with communicative and cognitive disorders use their remaining available resources to achieve and maintain common understanding in social interaction. EMCA research in atypical interaction includes work on several conditions, for example aphasia (Beeke, Maxim, & Wilkinson, 2007; Goodwin, 1995; Isaksen & Brouwer, 2014), developmental disorders (Brouwer et al., 2011; Pilesjö & Rasmussen, 2011; Rasmussen, 2013), and also dementia (Andersen, Rasmussen, & Kristiansen, 2018; Chatwin, 2013; Lindholm & Wray, 2011; Majlesi & Ekström, 2016; Jansson & Plejert, 2014).
Analysis

The analyses below describe in detail how transfers of food and drink for residents are accomplished. The first part of the analysis describes the organization of transfer sequences that are not preceded by offer pre-sequences, and the second part describes the organization of transfer sequences that are preceded by offer pre-sequences. The third part of the analysis foregrounds the multimodal organization of transfer sequences.

Transfers without offer pre-sequences

In our data, members of staff use transfer sequences that are not preceded by offer sequences in most of their interactions. Members of staff are responsible for many care tasks, including e.g. preparing food, helping residents with personal hygiene and getting out of bed. Thus, they have little time for engaging in interaction with the residents, and offerings of food and drink are usually short sequences.

Examples 3-5 below are typical instances of a member of staff offering food, in this case some mandarin orange, to Erling and Gyda, both residents at the unit.

Example 3 (Example 1, repeated)

71 %com: Elsa (staff) approaching Erling who is sitting in a chair
72 ELSA: der var lidt mandarin der there was a bit of mandarin orange there
%com: Elsa placing some mandarin orange on the table next to Erling’s coffee cup
73 → ELSA: sgo There you are
%com: Elsa walking away from Erling
74 Ps: Erling places his glass on the table and then takes the mandarin orange and eats some

Example 4

76 RITA: jeg tror os der en mandarin på vej til dig Gyda
I think there is also some mandarin orange on its way for you Gyda
77 ELSA: jah yes
%com: Elsa approaching Gyda with mandarin orange in her hand
78 GYDA: nå oh
79 → ELSA: du tro os min ven absolutely as well my dear
%com: Elsa placing some mandarin orange in Gyda’s hand
In example 3, Elsa, a member of staff, approaches Erling, places some mandarin orange on a table next to Erling’s coffee cup and continues on her way, not waiting for an answer or other acknowledgement from the resident. Erling then picks up the mandarin orange and eats some. As mentioned earlier (see Example 1), placing the mandarin orange next to Erling’s cup amounts to prompting him to eat it by placing it inside his personal space. In example 4, Rita, a visiting researcher, remarks that Gyda will also get some mandarin orange. Elsa utters an inbreath ‘jah’ (yes) in agreement (line 77) while approaching Gyda with some mandarin orange in her hand. Gyda responds ‘nå’ (oh), acknowledging Rita’s statement but not otherwise responding. While saying ‘du tro os min ven’ (absolutely as well my dear) (line 79), addressing Gyda and orienting to Rita’s remark by establishing Gyda as a second recipient of some mandarin orange, Elsa places some mandarin orange in Gyda’s hand and on the table next to Gyda’s coffee cup and then leaves. While example 3 constitutes a straight-forward example of a narration of the task at hand by the transferrer, example 4 contains such a narration distributed across turns and speakers: It is initiated by Rita, minimally acknowledged by Elsa while she approaches Gyda, and finally concluded by staff while she hands Gyda the mandarin orange.

Elsa does not look at Gyda’s face and does not elicit a response from her during the sequence. Gyda eats some of the mandarin orange after Elsa has left and subsequently holds the remainder of the fruit in her hand. Two minutes later, Rita asks Gyda whether she wants to eat the mandarin orange or whether Rita should help her remove it from her hand. Gyda at this point does not wish to eat it (see Example 6).

Example 5 differs from Examples 3 and 4 in that Elsa has previously asked Gyda whether she wants some more mandarin orange, to which Gyda has answered in the affirmative. Elsa has then gone into the kitchen to peel the mandarin orange. She now returns with the mandarin orange. In example 5 she approaches Gyda and places some mandarin orange in her hand while saying ‘ska du se her’ (look here) (line 213).

Example 5

213→ELSA:ska du se her

look here

%com: Elsa placing mandarin orange in Gyda’s hand
Elsa>Gyda

214 Ps:

(0.4)

Elsa>mandarin orange in Gyda’s hand
GYDA: hva er det
what is that

ELSA: det mandarin (.) til dig
it's mandarin orange for you

PS: (0.4)
%com: Elsa straightening up and turning her face away from Gyda

GYDA: til mig
for me
%com: Elsa moving away

ELSA: ja
m yes
%com: Elsa moving away

PS:
%com: Gyda moves the hand with the mandarin orange to her mouth and eats some of it, holds the rest in her hand

In Example 5, Elsa places some mandarin orange in Gyda’s hand (line 213) similarly to what she did in Example 4 (line 79). Simultaneously, she announces that she is transferring something to Gyda but without specifying what it is. While producing her turn, Elsa briefly looks at Gyda’s face. She thus seems to invite Gyda to acknowledge or otherwise respond to the transferring of the mandarin orange. However, Gyda requests information about the object which she has been given, thus not displaying recognition of the mandarin orange as previously accepted. Elsa then turns her gaze to Gyda’s hands (line 214) and the mandarin orange while naming the mandarin orange for Gyda (lines 215-216). Having finished her response, Elsa immediately straightens up and turns her face away from Gyda, orienting to the next task at hand (line 217). Gyda requests information again, asking whether the mandarin orange is for her (line 218), thus still displaying no orientation to their previous agreement about the mandarin orange or acceptance of the transfer. Elsa responds in the affirmative. Neither the explanation nor the transfer receives any acceptance.

The transfers in examples 3-5 are accompanied by talk simultaneously with the transfer of the mandarin orange from the member of staff to the resident. Thus, they do not treat the recipient’s acceptance of the transfer as a prerequisite for carrying it out. In example 5, it has previously been established that Gyda wants more fruit. However, the transfer is accomplished without locally establishing Gyda’s acceptance. Further, the transfer is carried out and finished without accompanying talk that invites Gyda to make a choice, to indicate acknowledgement or acceptance, and with Gyda awaiting sequence closing thirds in terms of acknowledgements or acceptance of Elsa’s responses to Gyda’s questions about what it is and who it is for. Acknowledgements and tokens of acceptance are some of the ways in which adjacency pairs are ordinarily closed (Schegloff, 2007).

The examples above illustrate a method for interacting with residents which is common in our data and also attested in other research (e.g. Ward et al., 2008). Members of staff essentially hand over the object, accompanying it with a verbal marker, i.e. ‘here you are’ or the like, and then proceed with their other tasks without making a possible answer relevant in terms of acceptance or rejection from the resident. If the resident asks a question or otherwise contributes to the interaction, this is responded to but treated as inconsequential for the progression of the transfer as in example 5 above.
Institutional demands of efficiency may explain the use of this method by members of staff: due to other tasks that must be accomplished, they do not have the time to sit down and participate in the local organization of e.g. eating a mandarin orange or drinking coffee. Therefore, to save time, food or drink is merely placed on a table (Example 3) or in the resident’s hand (Example 5). Visitors, however, may have the time to engage in such activities, and this may result in transfer sequences in which the acceptance of the resident is sought before a transfer may take place as described in the analyses below.

Transfers with offer pre-sequences

In contrast to transfers without preceding offer sequences, transfer sequences which are preceded by offer sequences invite the transferrer to seek the recipient’s acceptance before carrying out the transfer. In that way, the recipient is locally invited to actively engage in decision making, since a relevant response from her is a prerequisite for the progression of the interaction. In example 6 below, Rita, a visiting researcher, is helping Gyda remove some mandarin orange from her hand. The mandarin orange has been placed in Gyda’s hand by a member of staff without first establishing whether Gyda accepts this. Rita is bending over Gyda, holding some paper towel in her hand in which there is some mandarin orange which Gyda has previously placed there.

Example 6

134 RITA: du har en (. ) mandarin i den anden hånd os
you have some mandarin orange in the other hand as well
%com: Rita holding paper towel under Gyda’s hands

135 Ps: (0.6)

136 GYDA: hm:

137 RITA: er det lige meget / eller ska jeg os ta den
is it all the same or shall I also take that
%com: /Rita>Gyda

138 Ps: (0.4)

138 GYDA: ja:
yes

139 Ps: (0.9)
%com: Rita remaining in the same position

140 GYDA: du må godt / ta den
you may take it
%com: /Rita nods

141 RITA: jeg tar den
i’ll take it
%com: Rita removes the mandarin orange from Gyda’s hand
Rita>mandarin orange
In example 6, Rita states that Gyda has another piece of mandarin orange in her other hand (line 134) which may be heard as a pre-offer (Schegloff, 2007). Here, it serves to inform Gyda of the fact that she is holding a mandarin orange – she may have forgotten, and she is almost blind, so she may not be able to see what it is – and to make relevant the possibility that Gyda might want Rita to take the mandarin orange. Gyda says ‘hm:’ (line 135) but does not otherwise display any orientation to the relevance of Rita’s pre-offer, e.g. by letting go of the mandarin orange or requesting her to take it. Rita responds by clarifying the offer implicit in the pre-offer turn: She produces an alternative question (cf. Koshik, 2005) in which one of the alternatives is an offer to remove the piece of mandarin orange from Gyda’s hand: ‘er det lige meget eller ska jeg os ta den (is it all the same or shall I also take that)’ (line 137). Gyda responds ‘ja’ (yes), displaying agreement but not indicating which of the two alternatives she agrees with. Rita remains in the same position, not moving her hand or changing her posture. After a pause, Gyda expands her response: ‘du må godt ta den’ (you may take it) (line 140), thereby clarifying which of the two alternatives she prefers and simultaneously accepting the offer. Rita nods in response and states that she will take the piece of mandarin orange while extracting it from Gyda’s hand (line 141). This is another narration of the task at hand, but here it occurs after a pre-sequence in which Gyda and Rita have reached a common understanding about Rita’s offer to remove the mandarin orange.

Rita’s pre-offer and subsequent offer treat Gyda as a participant who can – and must – either accept or reject the offer before the interaction can proceed. At the same time, Rita locally provides the information necessary for Gyda to make the decision. Further, Rita remains in the same position until Gyda has provided an unambiguous response to her question, thereby further demonstrating that Gyda’s stated preferences are consequential for her subsequent actions. In this way, the co-participants in this situation use the opportunities for negotiation that are afforded by transfer sequences with offer pre-sequences to make the transfer a mutually constructed activity. Gyda participates actively in making the decision and is invited to do so by the co-participant. They thus renegotiate the social status which was ascribed to Gyda when she was provided with mandarin orange without a prior opportunity for indicating acceptance. Example 6 thus illustrates how members’ competence, which is taken for granted in ordinary conversation, is in fact something that participants work to claim and to ascribe to others in every turn of an interaction, and how this may be accomplished in interactions involving persons with dementia.

Example 7 below presents another example of how participants accomplish transfers as a mutual activity by expanding the transfer sequence (Schegloff, 2007) through presequences in terms of questions and answers that allow for the transfer to take place. In the example, Rita offers to remove a cup that Gyda is holding:

Example 7

187 RITA: skal jeg ta koppen (.) og sætte den (.) eller 
shall i take the cup and place it or 

188 Ps: (1.1) 
%com: Gyda moving cup forward 

189 RITA: er du ik færdig med den 
have you not finished with it 
%com: Rita stretching her right arm towards cup
Rita offers to take the cup and projects an alternative through the use of ‘eller’ (or) (line 187). In response, Gyda moves her cup towards Rita, either as an embodied affirmative response to Rita’s question or because she orients to Rita’s question as a request to hand over the cup (line 188). This response makes possible the type of next action demonstrated in examples 3-5 in which the ‘transferrer’ transferred objects to the recipient without previously establishing whether this was accepted or not by the recipient. Rita might have completed the transfer made relevant by her offer without waiting for a more unambiguous display of acceptance from Gyda. Rita, however, does not take the cup but finishes the projected alternative ‘er du ik færdig med den’ (have you not finished with it) (line 189) which treats Gyda’s handing over the cup without verbally responding as insufficient display of acceptance or insufficient display of understanding of the implications of Rita’s offer, namely that Gyda decides whether or not the cup should be transferred to Rita.

Gyda responds by opening her mouth as if to say something without retracting the cup (line 190), and Rita also treats this as insufficient response. Her arm remains in the same position, stretched towards the cup, and she requests clarification by making another offer, formatted as a yes/no question. In line 192, Gyda responds to Rita’s question by producing ‘ja’ (yes), a token of acceptance which matches both the form and the content of Rita’s turn in line 191. In response, Rita reaches over and places the cup on a low table standing beside Gyda’s chair. While doing this, Rita states that placing the cup is
complicated because of the armrest and the table (lines 193-195). This can be heard as an account for why Rita performs this action, which is normally carried out by the person drinking from the cup rather than by someone else. Having placed the cup, Rita moves back to the couch, and Gyda’s head direction follows her (line 196). As Rita settles down in the couch, Gyda responds with an agreement token produced with a slight laugh (line 197): ‘jaha’ (yes).

Rita’s account presents the action of placing Gyda’s cup as motivated, not by Gyda’s dementia, which may cause her to forget that she has a cup or what it is for, but by the inconvenient physical surroundings which make it difficult – for anyone sitting in that chair with a cup – to reach the table. Gyda responds to Rita’s summarizing description of the problem with ‘jaha’ (yes) (line 196), treating it as a laughable (Holt, 2011) and thereby aligning with Rita’s construction of the problems as ordinary.

In and through Rita’s account, Rita and Gyda thus establish the transfer and placement of the cup as an ordinary problem, and consequently also establish Gyda as a person who has the same problems as everybody else.

Offer pre-sequences accompanied by embodied conduct

The analyses above show how the use of offer pre-sequences in transfers contribute to organizing the transfer as a mutual activity and mutually agreed upon. Through offer pre-sequences participants mutually establish in advance that a transfer will take place. This prevents the pre-sequence initiator and possible transferrer from having to engage in the dispreferred action of rejecting the transfer and makes it possible to negotiate the terms of the transfer. By engaging in such sequences, the pre-sequence initiator treats the recipient as a relevant participant in the decision making. In this section, two transfer sequences are analyzed with a focus on the multimodal organization of the pre-sequences whose verbal elements are, in contrast to examples 1-7, not formatted as questions.

In example 8, Rita is moving towards the sofa near Gyda. She has taken Gyda’s cup from the nearby table and is holding it towards Gyda:

Example 8

500 RITA: kaffen er her Gyda
            the coffee is here Gyda
          %com: Rita holding the cup towards Gyda

501 GYDA:  hm
          %com: Gyda leaning forward
          Rita seating herself in the sofa

502 Ps:     (0.9)
          %com: Rita adjusting her position

503 RITA:  du s- (. ) jeg ved ik om du: (. ) om du syns den er
            you i don’t know if you if you think it is
          %com: Gyda taking cup and moving it towards her mouth

504 Ps:     (2.0)
          %com: Gyda touching the cup to her lips
In example 8, Rita is moving the cup towards Gyda when she produces the utterance ‘kaffen er her’ (the coffee is here) (line 500) which informs Gyda about the location of the coffee and who is holding it, since Gyda cannot see this. The utterance is formatted as a statement rather than a question. Gyda treats it as a first pair part in an adjacency pair by acknowledging the turn with ‘hm’ and, multimodally realizing the conditionally relevant second pair part of the offer sequence, changing her posture (line 501), so that she takes up a position as a possible recipient, which aligns with the relevancy of the transfer and allows for a transfer sequence to succeed.

There is a pause during which Gyda stays in the same position while Rita adjusts her position in the sofa. Note that Rita holds the cup towards Gyda but does not attempt to place it or otherwise transfer it to a position within Gyda’s personal space. Rita then, possibly orienting to Gyda’s response as insufficient, adds another utterance. Rita formats the utterance as an indirect question requesting information about Gyda’s opinion (line 503). Before completing the utterance, Rita pauses and reformulates so that her utterance becomes a statement about Rita’s lack of knowledge regarding the suitability of the coffee’s temperature (line 505) In that way, Rita’s turn in retrospect becomes a warning that the coffee is possibly too hot. However, the semantic unit which allows this to be explicitly understood is not produced until Gyda has already tasted the coffee (line 505). While Rita is producing her turn, Gyda takes the cup (line 503) and takes a sip (lines 504 and 505). She does not, however, display any orientation to Rita’s production of talk. When she has taken a small sip from the cup, Gyda lowers the cup into Rita’s extended hands, which may indicate that she has finished drinking. Rita keeps holding the cup in front of Gyda as she asks whether the coffee is suitable for drinking or too hot at the moment, thus rephrasing her previous utterance into an alternative question (line 507). By remaining in the same position and explicitly requesting information about the coffee, Rita treats Gyda’s experience of the coffee as decisive for her next action. In that way, Rita treats Gyda as having primary rights to her own experience of drinking the coffee and as having the right (and the responsibility) to decide whether she has finished drinking or not (Pomerantz, 1980; Raymond & Heritage, 2006). Gyda responds to Rita’s question by assessing the coffee as slightly too hot (line 508), and Rita treats this as an invitation to place the cup on the table (lines 509-510).
In example 9 Linn, a member of staff, offers Gyda some cold buttermilk soup\(^1\) in a glass. She also uses a statement about the location of the glass, namely in her possession, to initiate an offer pre-sequence (line 4):

Example 9

1 Linn: Gyda

2 Gyda: hm
   %com: Gyda raises her head a little

3 Ps: (0.6)
   %com: Gyda turns her head toward Linn

4 Linn: jeg har lidt øh koldskål det ka være du hellere vil ha det
   I have a little eh cold buttermilk soup maybe you want that instead
   %com: Linn approaching Gyda with glass

5 Ps: (0.2)
   %com: Linn approaching Gyda with glass

6 Gyda: ja
   yes
   %com: Linn approaching Gyda with glass

7 Linn: i stedet for det der kedelige saft
   instead of that boring lemonade
   %com: handing glass to Gyda

8 Gyda: hm

9 Linn: sgo
   there you are
   %com: Linn turns body and head away from Gyda

10 Ps: (1.7)
    %com: Linn moves away
    Gyda drinks

In example 9, Linn approaches Gyda with a glass of cold buttermilk soup. Gyda has previously complained that she does not like the lemonade in her glass. While approaching, Linn addresses Gyda (line 1), which Gyda acknowledges by uttering ‘hm’ and raising her head and turning it in Linn’s direction (line 2). Linn then announces that she has some cold buttermilk soup, and she continues with an offer pre-sequence formatted as a conditional expression of Gyda’s possible desire (line 4) (Couper-Kuhlen, 2015). Gyda produces an agreement token at the possible completion place (line 6) and Linn hands Gyda the glass with cold buttermilk soup. Simultaneously, Linn extends her turn by contrasting the cold buttermilk soup with the lemonade which she assesses as ‘kedelig’ (boring) (line 7). In her offer, Linn thus orients to Gyda’s previously stated dislike of the lemonade and aligns with

\(^1\) Cold buttermilk soup, or koldskål, is a traditional Danish dish. Made from buttermilk, sugar and sometimes egg yolks, it is usually served in bowls as a dessert. Here, however, it is offered in a glass as a drink.
it. Gyda responds with a minimal response token (line 8), and Linn closes the transfer sequence with ‘sgo’ (there you are) (line 9) while turning away from Gyda.

Linn’s use of the offer pre-sequence and her orientation to Gyda’s previous negative assessment of the lemonade indicate an orientation to Gyda as an active decision maker in the situation. Linn’s pre-sequence initiation, similarly to Rita’s in example 8 above, provides Gyda with information about the location and the nature of the object to be transferred, which makes it relevant for Gyda to make a decision regarding the possible transfer. Linn’s turns (line 4 and 8) constitute a narration of the task at hand, but they are produced in a way which makes it possible and relevant for Gyda to play an active role as a decision maker in the offer pre-sequence as demonstrated e.g. by the pause (line 5) which provides an opportunity for Gyda to respond.

Example 9 is thus similar to example 8 in the verbal formatting of the offer pre-sequence. However, the sequence is much shorter than the previous one; notably, Linn is constantly on the move. She initiates the offer pre-sequence while approaching Gyda (line 4), and she continues to approach her while Gyda accepts the offer (lines 5-6). She only stops moving while handing Gyda the glass, turning away from Gyda while closing the transfer sequence (line 9). Linn’s physical trajectory is thus similar to what we saw in examples 3-6 where staff also approach the resident immediately prior to or during the transfer and move away again immediately after or during the transfer. In example 9, Linn does not have time to participate in the local organization of the activity of drinking the cold buttermilk soup. Gyda manages the organization herself in this case, although she sometimes seems to forget that she has been offered something to eat or drink. She does, however, take the time to engage in an offer pre-sequence which allows the resident to actively engage in making a decision concerning what she wants to eat or drink.

Discussion and conclusion

In the analyses above, we have demonstrated how transfer sequences without offer pre-sequences present different interactional affordances than transfer sequences preceded by offer pre-sequences. We have shown that transfer sequences without offer pre-sequences presume compliance from the recipient while transfer sequences preceded by offer pre-sequences seek the acceptance of the recipient before carrying out the transfer. In that way, transfer sequences with offer pre-sequences treat recipients as participants with rights and responsibilities to make decisions about their own needs and wishes – and the recipient, a resident with dementia, orients to this firstly by responding relevantly to the pre-offers and secondly by engaging in the subsequent transfer-sequence.

Further, our data demonstrate that offer pre-sequences are multimodally organized so that participants orient to others using not only verbal contributions but also e.g. gaze direction, gestures, bodily orientation as resources for initiating and participating in offer pre-sequences. Hence, any verbal contributions to the offer pre-sequence must be understood as one resource among others by means of which the action is accomplished, and it must be understood as a contribution made at a specific point in a specific multimodally organized action. Therefore, the format of verbal contributions is not limited to questions and answers – rather, as we demonstrated in examples 8 and 9, various verbal formats may be used for initiating and accepting or rejecting offers. Thus, the organization of transfer sequences is a result of the combined verbal and embodied contributions of the participants, including access to and understanding of the objects at hand, as well as an orientation to the contributions, or lack of them, of the person with dementia. This is an aspect of care interactions which often overlooked by participants but which needs more attention from practitioners as well as researchers.
As illustrated in the data, treating a resident as an active decision maker may involve waiting for them to make a contribution or expanding the turn to ensure that a common understanding has been achieved. As a result, such transfer sequences may consist of more turns and thus be of longer duration. For care staff, constrained by a high work load and institutional requirements of efficiency, it may be difficult to find the time to engage in such expansions. Nevertheless, some members of staff do find opportunities for doing it, as demonstrated in example 9.

We argue that treating residents as active decision makers is a core task in dementia care. In fact, it is in and through the interactional details of care interactions that person-centered dementia care (Kitwood, 1997) may be achieved. For that reason, the practice, already existing among some care professionals, of expanding interactions in relation to care tasks or providing opportunities for such expansions should be recommended to all care professionals. Intuitively, it may seem that more talk during each care interaction will take up too much time, but actually securing the resident’s permission and acceptance before engaging in a care task may result in a smoother interaction with less resistance from the resident (cf. Jansson & Plejert, 2014) and may lower the risk of the resident e.g. not eating the food they are given. Time spent talking to residents is time spent caring for the person: Inquiring about and responding to the needs and wishes of the resident; treating them as a fellow human being. From this perspective, that the task is accomplished is not necessarily the only important goal in care interaction, even though that is of course vital. Rather, it is just as important how the task is accomplished interactionally.

Appendix 1: Transcription conventions

(2.0)  Pause in seconds
(.)  Micropause
.jah  Ingressive
:  Prolonged sound
☺  Smiling voice
>  Gaze towards/at
<<  Mutual gaze
/  Co-occurrence of some vocal and non-verbal action
→  Arrows in the transcripts indicate lines that are of special interest to the analysis

References:


18