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

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journals.sagepub.com/home/dis **Gunilla Jansson**

Stockholm University, Sweden

Charlotta Plejert

Linköping University, Sweden

Camilla Lindholm

University of Helsinki, Finland

Abstract

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

Corresponding author:

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

Email: gunilla.jansson@su.se

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Introduction

Whatever our age and position in society, we rely on the assistance of others when doing or managing small things as well as large matters that are essential in our ordinary, daily social lives. In this article, we focus on the world of people for whom later in life it may become a necessity to seek assistance with mundane tasks like watering pot plants, fetching a glass from the cupboard or making a bed, things that they would prefer to manage by themselves (Lindström, 2005). We build on the concept of ‘recruitment’ (Kendrick and Drew, 2014; Kendrick and Drew, 2016), which refers to the various ways in which a person can seek assistance from another, to examine the methods that participants use to resolve troubles in the realization of different practical actions. The setting is three multilingual residential care units in Sweden. Whereas the dominant language is Swedish, the language backgrounds of the residents and the staff are diverse. In Sweden, migration has led to an increase in older people with linguistically and ethnoculturally diverse backgrounds in need of long-term care in residential homes. Language matching residents and care providers is sometimes possible, and has been pointed out in previous research as positive for bilingual people with dementia (Ekman, 1993). Nevertheless, many times, as in the current case, this is not achievable, leaving residents as well as caregivers with the challenging task of leading everyday life with limitations in their mutual, spoken language resources. As the empirical data in this article will illustrate, this linguistically complex caregiving setting has an impact on the ways assistance is sought and achieved.

The most common way in which we seek assistance is by explicitly asking for it, making a request. The act of requesting has been identified in previous research as one of the most basic and ubiquitous activities in social interaction (Drew and Couper-Kuhlen, 2014: 1). To have one’s requests fulfilled is important for achieving and maintaining as high a quality of life as possible, perhaps particularly once an individual’s life is suddenly dependent on the assistance of others to a significant degree. The central role of requests for the older person’s possibilities to shape his or her immediate environment has been emphasized by Lindström (2005). Lindström demonstrates how the senior citizen gives detailed instructions to the home-help provider concerning how a particular task should be done. If one considers the significance of requesting for interactions and relationships, and how it inhabits and shapes our various social worlds, it is not surprising that it has attracted scholars across disciplines and methodological traditions. A substantial body of research has been concerned with the verbal conduct of requesting. These studies have revealed how the various syntactic structures that accomplish a request may be linked to contextual factors, for example, entitlement and contingency (Heinemann, 2006; Lindström, 2005; Wootton, 1997), grantability and contingency (Curl and Drew, 2008) and epistemic stance (Vinkhuyzen and Szymanski, 2005). Increasingly, however, and concurrent with a mounting interest in multimodality, scholars have considered the bodily aspects of requesting (e.g. Cekaite, 2010; Fox and Heinemann, 2015; Goodwin and Cekaite, 2013; Mondada, 2014a, 2014b; Rossi, 2014; Tulbert and Goodwin, 2011).

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

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

The article is organized as follows. First, we describe the data on which this study is based. We then analyze three examples of care encounters involving three different residents, who seek assistance with some practical action. In the first example, the need for assistance concerns the transfer of an object that is recognizable and physically available for both participants. This, in combination with the resident's gestural work that pin-points the description of the action, facilitates its realization. In the second and third examples, the realization of the action is made more difficult because the object and what to do with the object involved is not recognizable for the caregiver. We demonstrate how the caregiver becomes involved in identifying the resident's need. Finally, we discuss the implications of our findings for care provision in multilingual circumstances, with a particular focus on the role of the caregiver's attentiveness to residents' needs – be the trouble ever so 'small' for the external viewer, but of great value for the quality of life of the single individual.

Data

The data used in this study were collected as a part of a larger project on multilingual practices in older people's care in Sweden. The overall aim of the larger project is to explore how caregivers and trainees in residential care are prepared in vocational education to meet the communicative challenges and complex demands of a multilingual

workplace. Ethnographic fieldwork has been carried out in three long-term care facilities for older persons in Sweden by one of the authors and a doctoral student for several hours each week during day and evening shifts. The fieldwork commenced in May 2014 and is still in progress. A combination of participant observation and videorecordings has been used to generate a comprehensive insight into the overall routines of the setting.

The data that form the basis for this study cover a total of 13 hours and 14 minutes of video documentation of care encounters involving three residents with a language background other than Swedish (under the pseudonyms Ani, Samira and Alina) and 26 caregivers. The empirical data consist of a collection of 134 instances when residents recruit the caregivers' assistance with some practical action. There is a variation in the data collection concerning recognizability of the course of action. In many cases, the recruitment of assistance concerns a recognizable action and is easily achieved. There are also cases in which the achievement of assistance entails lengthy hint-and-guess sequences (approximately 20 cases out of 134 instances). For this article, we have selected three examples that illustrate this variation in the data collection. The examples involve three caregivers (under the pseudonyms Ylva, Dora and Rafa). The selected episodes cover approximately 4 minutes of interaction.

Ani is in her eighties, her mother tongue is Armenian, and she speaks Azeri and Farsi as second languages. She has also some knowledge of Swedish, particularly in terms of comprehension, and sometimes uses single words in English. She mainly uses Farsi in her interaction with the caregivers in the unit, two of whom are native speakers of that language (but not a part of the present study). Samira, who is an Arabic-speaking woman in her eighties, immigrated to Sweden from Syria during old age to connect with her son. She does not speak Swedish at all. When this study was carried out, Samira had lived in the care unit for 7 years. In interviews, the caregivers reported that Samira 'is skilled in body language'. Alina is a Russian-speaking woman in her eighties. She immigrated to Sweden with her family in her fifties. According to the caregivers in the unit, Alina's Swedish was fairly well-functioning at the time of her admittance to the care facility. They reported that during Alina's 8 years of residence in the unit, her Swedish had gradually become worse. She speaks Russian with her relatives on a daily basis. With the caregivers she speaks Swedish fragmentarily, with a strong Russian accent and interferences from Russian. In care encounters, she often displays feelings of frustration due to not being understood by the caregivers. All three residents have various degrees of mobility problems and require help with basic tasks. Whereas the units that hosted Samira and Ani had access to staff who spoke the residents' languages, the unit that hosted Alina did not. The caregivers in the examples analyzed in this article have no or very limited knowledge of the resident's language. One of them (Rafa) is a native speaker of Kurdish who speaks Swedish as a second/third language. The other two (Ylva and Dora) are native Swedes who speak Swedish as their first language.

Transcriptions

The data have been transcribed according to conversation analytical principles (Ochs et al., 1996). When deemed relevant, images of gestures and bodily conduct have been included in the transcripts. Embodied actions are transcribed according to conventions

developed by Mondada (2014b), see Appendix 1. Conversational video-recorded data in Arabic and Farsi have been transcribed and then translated into Swedish by proficient speakers of these languages. Translations from Swedish into English were made by two of the researchers and proof-read by a Swedish-speaking, English native speaker. Each Swedish utterance is given an English translation in italics beneath it. Translations of the Swedish spoken language into English have been made, with the intention of making it comprehensible, albeit not always altogether idiomatic. When needed, two translation glosses are provided under each line in Arabic and Armenian/Farsi. The first gloss follows the word order of the transcribed talk word by word. The second gloss is an idiomatic English translation.

Ethical considerations

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

Analysis

We draw on conversation analysis (CA; e.g. Sidnell and Stivers, 2013), which we combine with the analytical framework of 'recruitment' (Kendrick and Drew, 2014; Kendrick and Drew, 2016) to examine the various methods that caregivers and residents use to resolve a need in the realization of a practical action. Kendrick and Drew (2016) show how methods of recruitment can be organized along a continuum: from *requests*, which explicitly seek another's assistance, to indirect and embodied indications of a need that elicit offers of assistance (*reports of needs*, *trouble alerts* and *embodied displays*). At the far end of the continuum are *anticipated troubles*, that is, recruitments in which another person's assistance has not been solicited, but in which the trouble is anticipated by others in that the action has a recognizable and therefore projectable course.

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

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

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

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

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

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

- 01 (3.2) ((A picks up two napkins one by one from the
 walker with her right hand, and puts them in her
 left hand))
- 02 A: +points towards the bathroom+
- 03 A: °ashghal°
 trash
- 04 (0.3) ((A crumples the napkins with both hands on
 her knee))
- 05 A: (benaz) ashghal.
 (throw-2SG-NEUT)trash
 (throw) trash
 +.....points---0.5+
- 06 A: tevalet in.
 toilet in

in the toilet
 +.....holds out the napkins to Y+
 07 (1.0) ((A makes an iconic gesture of throwing something down with a twist of her wrist))
 #fig.1

Fig.1¹

08 Y: m↑
 m
 holds out her palm
 09 (0.2) ((A puts the napkins in Y's palm))
 #fig. 2

Fig.2

10 A: m::.
 m::.
 +points towards the bathroom+
 11 Y: papperskorgen.
 the trash bin
moves towards the bathroom-->>
 .gaze at Ani---.
 a: +.....stands up at her walker+

In this excerpt, the request is managed with only minimal linguistic materials in Farsi, combined with bodily resources such as a pointing gesture (lines 02, 05, 10). In line 01,

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

In line 08, the caregiver holds out her right palm with an information receipt, ‘m↑’, and takes hold of the napkins that Ani puts in her outstretched palm (Figure 2). Ani responds with a minimal closing-third token, ‘m:.’ while pointing with her index finger toward the bathroom (line 10). While moving toward the bathroom, the caregiver requests for confirmation in Swedish about where to throw the napkins; ‘papperskorgen’ (*the trash bin*). This initiative is, however, not explicitly confirmed by Ani. Ylva leaves to throw the napkins in the bathroom, and Ani gets to her feet (line 11). They then go to the dining room, where Ani is to have her lunch.

In this example, the request concerns a recognizable course of action, that is, the transfer of a visually and physically present object from one place to another. This, in combination with the resident’s gestural work, facilitates the realization of the action. The iconic gesture of throwing the napkins into something (Figure 1) supports the caregiver’s understanding of the resident’s need, as does, naturally, the handing over of the napkins, subsequent to which Ylva throws them away (lines 07–11). Ylva, who is waiting for a suitable moment to help Ani get to her feet, focuses attentively on Ani’s actions. Further, the caregiver’s attempt to ascertain the resident’s wishes is demonstrated in her request for confirmation about the exact place to throw the napkins, despite the fact that Ani may not understand what Ylva is saying in spoken Swedish.

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

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

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

In Example 2 (Excerpts 2a, 2b, 2c, 2d), the resident produces multimodal gestalts (Mondada, 2017) of verbal and bodily actions as she encounters a trouble in the realization of a practical course of action. The example is drawn from a video documentation of the interaction with the Arabic-speaking resident Samira. The trouble arises as someone, probably a staff member, has put a large IKEA shopping bag, containing a duvet, on the upper shelf in the resident's linen cupboard, where it does not properly fit. The resident signals discomfort through embodied practices, but these practices do not explicitly depict her discomfort, nor do they present a resolution to the trouble. Since Samira, due to mobility problems, cannot reach the upper shelf, she needs assistance with replacing the bag on the top of the cupboard where there is more space. We describe the actions through which the resident supports the resolution of her difficulty, and how the caregiver eventually comes to recognize the source of the resident's discomfort. The recruitment of assistance starts in the lounge outside of Samira's apartment. Samira alerts the caregivers, who are in the kitchen region, that she has encountered a trouble. One of the caregivers, Rafa, comes along to her apartment, where Samira, through shrieks and gestural work, indexes a piece of trouble, which draws the caregiver's attention to the upper region of Samira's linen cupboard. Excerpt 2a starts from this point. The example is divided into four excerpts, each of which illustrates a course of action that steers the activity of the caregiver.

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

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

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

Fig. 3

- 05 R: ku↑rsi.
chair
s: ----->+
- 06 S: ja:. (.) itla'i e::: (.) aleyha o, (0.3)
yes (.) go-2SG-FEM e::: (.) on-it and (.)
yes (.) get up on it and
+raises arm up and down+
07 hittiha fok.
put-2SG-FEM-it up
put it up there
+pushes with raised arms+
#fig.4
- 08 (0.8) ((R turns to the cupboard and gazes towards
the upper shelf))

Fig. 4

- 09 S: aha::.. (.) åkej.
aha (.) okay
- 10 (1.5) ((R steps across to a chair at the window))
- 11 R: hon vill ha en kursi.
she wants a chair
- 12 S: ejva (kursi)
yes-right (chair)
yes that's right a chair
- 13 (1.3) ((R gets hold of a chair at the window; S follows R with gaze))
- 14 S: ejv↑a [kursi
yes-right chair
yes that's right a chair
- 15 R: [ja: (.) ja s-
yes (.) yes s-
- 16 (9.9) ((R carries the chair forward to the cupboard, gets up on it and takes out a plastic bag))

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

While issuing the directive 'itla'i e::: (.) aleyha o,' (*get up on it*), Samira drops and raises her right arm, and the directive 'hittiha fok.' (*put it up there*) is accompanied by a pushing hand gesture (Figure 4). Rafa looks up toward the upper shelf in the cupboard and responds with an acknowledgment token (line 09), 'aha:::'.', followed by an action-accepting compliance token (Stevanovic and Peräkylä, 2012), 'åkej' (*okay*). She then steps across to a chair at the window and gets hold of it (line 10), announcing in Swedish that Samira wants a chair (line 11), 'hon vill ha en kursi.' (*she wants a chair*). Rafa's use of the Arabic word 'kursi' (*chair*) is worth noticing. By explicitly announcing what Samira wishes and simultaneously granting the request, as well as using Arabic for the asked-for object, Rafa demonstrates her understanding. Samira confirms this granting action as correct (lines 12, 14), 'ejva (kursi)' (*yes that's right a chair*). The establishment of participants' common understanding about the requested action (fetching a chair) is thus confirmed. Rafa climbs up on the chair and pulls out a big blue-colored IKEA shopping bag from the upper shelf (line 16).

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

Excerpt 2b

- 17 (0.8) ((R inspects the upper shelf with her gaze))
- 18 R: men de f_↑inns ingenting.
but there is nothing
 *holds out the bag in front of S->
- 19 S: [ei. (.) hitt_↑iha hek.
 yea (.) put-2SG-FEM-it so
 yea (.) put it like this
 +raises both hands+
 #fig.5

Fig. 5

- 20 R: ja åkej (0.2) å,
 yea okay(0.2) o
 ->* *lifts bag*
- 21 (2.2) ((R lifts up the bag))
- 22 S: fok, (.) f_↑ok
 up (.) up
- 23 (1.0) ((R holds the bag in front of the upper shelf))
- 24 R: så hä?:r.
 *holds bag in front of the upper shelf->
 .gazes at S ----->
- 25 S: f_{ok} he_↑:k
 up like this
 r: ----*
 ----.
- 26 (0.8) ((R pushes the bag onto the upper shelf))
- 27 S: AAm_↑A: (0.2) mish hek.
 blindness (0.2) not so
 damn it (0.2) not like that
- 28 (2.4) ((R proceeds with pushing the bag onto the shelf))

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

Fig. 6

In this excerpt, the resident employs trouble-indicating bodily practices as a method to recruit the caregiver's assistance. The recycling of the directive 'fok' (*up*) in Arabic (line 22) and the response cries (Goffman, 1978) in lines 27 and 29 draw the caregiver's attention, as do of course the raised arms and pushing hand gestures (lines 19 and 30). However, what these practices exactly denote is not immediately understandable for the caregiver. This aggravates the diagnosis of the resident's trouble, and hence the realization of the action in progress. Finding out that the shelf is empty, Rafa announces this and holds out the bag in front of Samira. The resident's raised arms (Figure 5) draw the caregiver's attention to the upper region of the cupboard. In line 20, Rafa lifts up the bag to the upper shelf. When Samira recycles 'fok, (*up*) (.) f↑ok' (*up* (.) *up*), she halts and turns her gaze to Samira. She holds the bag in front of the shelf and offers assistance with a proposal in Swedish (line 24), 'så hä?:r.' (*like this*), to which Samira responds by reissuing 'fok' (*up*) in Arabic (line 25). Rafa then starts pushing the bag onto the shelf, which she does with some effort since the bag is bulky and the shelf is narrow. Samira objects to this action with an imprecation in Arabic (line 27), produced as a shriek, 'AAm↑A: (0.2) mish heke.' (*damn it* (0.2) *not like that*), and repeated with even greater intensity when Rafa continues pushing the bag onto the shelf. This draws the attention of Rafa, who halts and turns her gaze to Samira (line 29). Samira now issues a directive in Arabic (line 30), 'heke urmiha.' (*throw it up like this*), assisted by pushing hand movements with raised arms (Figure 6), a movement that continues for 0.6 seconds (line 30).

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

Excerpt 2c

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

Fig. 7

- 41 S: +holds out the bag to R->0.5+
 #fig.7

- 42 R: upp,
up
takes hold of the bag
- 43 R: å jaʒ:, ja:..
oh yes yes
lifts the bag
- 44 R: pushes the bag onto the shelf->3.2

In line 31, Rafa takes out the bag from the upper shelf and utters a locative, 'hä?:r.' (*here*), pronounced with a rise–fall intonation, thus proposing a possible manipulation of the bag. She holds the bag in her arms with her gaze on Samira for 1.6 seconds. After having received Samira's response (the affirmative 'ei' (*yes*) in Arabic is uttered with a calm voice in contrast to the response cries in Excerpt 2b, which in this context might be an indexical cue for acceptance), she bends down and holds out the bag to Samira, proposing a possible solution, namely, that of turning the bag, 'ja vä, (.) man ska vä?nda eller,' (*yes tu- (.) one should turn or*). The *or*-construction allows for the potentiality of a non-aligning response (cf. Lindström, 1999: 77). Rafa then hands over the bag to Samira, a facilitative action that helps Samira to manipulate the bag herself and thereby present a solution through visual, bodily resources. Samira turns the bag so that the top side faces the cupboard, issues an indexical directive in Arabic and hands it back to Rafa, 'hek huttiha hek.' (*like this put it like this*; lines 38–41). This physical action (the manipulation and transfer of the bag) is not explicit enough as regards a possible solution to the trouble. It does not indicate the precise location of the bag, and is therefore not understood by the caregiver. This is manifested by the fact that she again lifts up the bag to the upper shelf and tries to push it onto the shelf (lines 43–44).

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

Excerpt 2d.

- 45 S: f0::k.
up
- 46 R: *turns gaze to S->
- 47 S: f0k f0k.
up up
+pushes upraised hand+
----->*
- 48 R: h h (.) ovanp?å
h h (.) on the top
pushes the bag on the top of the cupboard
.gazes at S-->
Øsmiles--->
- 49 S: ejv↑a, a:. (.) [a:..
yes that's right a: (.) a:

- 50 R: [hä::r.
 here
 *pushes the bag on the
 top-->0.4*
 -->.
 -->∅
- 51 R: ja::::.
 yea:::
- 52 S: ejva::::.
 yes *that's right*
- 53 R: men den så pass:ar inte å dä:rför.
 but it so doesn't fit and therefore
 taps on the upper shelf
- 54 S: hutti hunih ((stretches out hand to R))
 put-2SG-FEM there
 let it lie there
 +stretches out hand to S-->
 Δsmiles----->
- 55 R: Ohhhh ((audible aspiration))
 *takes S's hand-->>
 ∅smiles-->>
- s: Δ----->>
 #fig.8

Fig. 8

When Rafa makes renewed efforts to push the bag onto the upper shelf, Samira shows increasing signs of being upset. In line 45, she objects by issuing 'fO::k.' (*up*) in Arabic with a loud voice. This draws the attention of Rafa, who turns her gaze to Samira (line 46). The resident recycles 'fok fok.' while making pushing movements with a raised hand (line 47). Rafa now evidently seems to have noticed the top of the cupboard as a candidate place for the bag as she throws up the bag and emits two

laugh tokens (line 48), ‘h h (.) ovanp?å’ (*h h (.) on the top*). She then halts and turns her gaze to Samira, thus inviting the resident to confirm or disconfirm the proposal. Having received Samira’s acceptance, ‘ejv↑a,’ (*yes that’s right*), Rafa proceeds with placing the bag on the top of the cupboard as she simultaneously denotes this place verbally with an indexical pronoun in Swedish (line 50), ‘[hå::r:]’ (*here*). The participants then confirm the progressing course of action that has been impeded as brought to completion, using their different languages: Rafa with the Swedish affirmative ‘ja::’ (yes) and Samira with the Arabic response token ejva::’ (*yes that’s right*). The fact that Rafa at this point has come to recognize the source of the resident’s trouble is manifested verbally as well as bodily. In line 53, she taps on the upper shelf while formulating the trouble verbally in Swedish, ‘men den så pass:ar inte å dā:rför’ (*but it so doesn’t fit and therefore*). Samira stretches out her hand to Rafa, who gives off a sound of relief (an audible aspiration) and takes Samira’s hand (line 55). They hold hands while smiling (Figure 8). The two can thus be viewed as celebrating their joint realization of a practical course of action after having faced difficulties.

In the analyzed example, the visual bodily resources and the audible signs of discomfort play a crucial role for the cooperative generation of a solution to a trouble that has arisen in the realization of a course of practical action. Although we cannot know how much of the spoken materials in utterances are understood, the intelligibility provided by the manipulation of a present, visible object and prosodic cues is central to the processes of actions through which the caregiver comes to diagnose the source of the resident’s discomfort. The participants tie their embodied conduct not to something the other person has said, but to a physical action that the other person has performed (cf. Goodwin, 1995: 236).

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

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

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

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

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

- 01 D: hallå Alin?a
hi Alina
- 02 A: Dor?a
Dora
- 03 D: ja:†a
yes
- 04 A: gjo:rde den (0.4) min (1.3) varma,
did it (0.4) my (1.3) warm
- 05 *D walks towards the bed-----*
- 06 A: [(xxxxx)]
- 07 D: [jaha e're kudd?en
oh is it the pillow
- 08 A: nej nej
no no
- 09 D: *lets go of the pillow*
a: †points towards the foot of the bed->>

After a short greeting sequence, Alina tries to formulate in Swedish what she wants (line 04). The modifiers 'min varma' (*my warm*) project that a noun of some kind is expected as head of the phrase. As becomes clear further on, the targeted head is 'värmedyna' (*heating pad*). The candidate object that Dora proposes, a pillow, is in resemblance with a heating pad, something that can be used for warmth. Dora gets hold of the pillow under Alina's head, proposing it as a solution for her search, '[jaha e're kudd?en' (*oh is it the pillow*). Alina objects to this action with a duplicated negative particle (line 08), 'nej nej' (*no no*), while pointing toward the foot of her bed, which from now on becomes a focus of shared attention, and a locus for a cooperative search. The caregiver lets go of the pillow and turns her gaze in the direction of the resident's pointing (line 09).

Excerpt 3b

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

Fig. 9

- 11 (2.0) ((D takes a few steps towards the foot of the bed))
- 12 A: hittar den (.) ja vet inte ja visste[(xxx)
find it (.) I don't know I knew (xxx)
- 13 D: [e're en
sån här, (.) is it one
like this (.)
- 14 du har en, (.) [sån här
you have one (.) like this
- 15 A: [nej
no
- 16 D: nej. (.) en liten kudde ha'ru.
no (.) a small pillow have you
no (.) a small pillow you've got
- 17 A: nej (.) [(s)täng,
no (.) [(c)lose
- 18 D: [ha'ru en varm f?ilt
do you have a warm blanket
- 19 A: tänga dörren (.) den
[c]lose the door (.) that
+points----->
- 20 D: stänga den ja.
close it yes
closes the door
- 21 A: ja ja
yea
- 22 (0.3)
- 23 A: den, (0.4) varma
that (0.4) warm
-----+

- 24 (1.3) ((D takes a few steps towards the foot of
the bed))
- 25 D: d?en
that one
points at a pillow
- 26 A: [nej.
no
+raises hand+
- 27 D: [n?ej.
no
- 28 A: snälla.
please
+waves her hand+

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

Excerpt 3c

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

Fig. 10

- 32 D: >>jaha du menar vi ska<<, (.) kabel. (.) vi ska,
oh you mean we will (.) cable (.) we will
- 33 (0.3) e:: [e:len.
(0.3) e:: the electricity
 *points towards the foot of the bed ----->
 #fig.10
- 34 A: [jo
- 35 D: ska in i'ren där
shall into that one
 ----->
- 36 A: i, (0.3) ja vet [inte
i, (0.3) I don't know
- 37 D: [den ska (.) den ska laddas
it shall (.) it shall be charged
it needs charging
- 38 (1.3)
- 39 A: °v?a°
what
- 40 D: e're de den ska göra.
is it that it shall do
is that what is needed to do?
- 41 (0.6) ((D takes a step closer to the foot of the bed))
- 42 D: s'att den,
so that it
in order to
- 43 (1.0) ((D moves towards the cable))
- 44 D: den ska laddas de e de'ru menar
it shall be charged it is that you mean
it needs charging that's what you mean
- 45 (0.4) ((D out of camera))

- 46 A: inte den. (.) snälla
not that one (.) please
- 47 D: inte d?en.
not that one
- 48 A: (syll), (0.3) varma. (.) varma. (.) som ligger på
 49 p foten. (.)
[syll] (0.3) warm (.) warm (.) that lies on
o the foot (.)
+raises hand ----->
- 50 min foten
my the foot
----->+
- 51 A: jaså dä:::r. (.) ja värmedyna.
oh there (.) yes heating pad
lifts up a pillow-----
- 52 A: jo.
yea
- 53 (5.0) ((D lifts blankets))
- 54 D: >ska vi<, (1.5) ta på den varmare ell?er,
shall we (1.5) turn it up warmer or
lifts sheet-----
- 55 ((Negotiation continues; A accepts D's offer
 and requests D to turn up the heating pad to
 number three))

Alina's rejection of a small pillow as a possibility leads to an expansion of the search sequence. In line 29, Dora moves close to Alina so as to share her vision (Goodwin, 1994). Simultaneous to Alina issuing the request 'kabel. (0.3) kabel. (.) där. (0.3) hittar (.) den' (*cable (0.3) cable (.) there (0.3) find (.) it*), she points toward the foot of the bed, the locus of shared attention. This request turn refers to the hidden object with an explicit denotation, 'kabel' (cable), which is a partial component of a heating pad, used to plug into an electricity socket. The point and the semantic cue draw Dora's attention to an electrical cable on the resident's adjustable mattress (located within the trajectory of Alina's point). Dora points in the direction of the cable and offers the possibility to plug the cable into the socket (lines 32–33; Figure 10), and charge the battery (line 37). When Alina displays a problem of hearing (or understanding), Dora takes a step closer to the foot of the bed and repeats her offer (lines 40–44). The resident finally rejects Dora's offers (line 46), 'inte den. (.) snälla.' (*not that one please*).

What finally helps the participants find what they are searching for is Alina's denotation of the precise location of the object (lines 48–50), 'varma. (.) varma. (.) som ligger på p foten. (.) min foten.' (*warm (.) warm (.) that lies on o the foot (.) my the foot*). This reference zooms in on a specific area within the locus of shared attention. Dora now evidently comes to recognize Alina's trouble. She mentions the searched-for object with the news-receipt token *jaså* (Lindholm, 2016), while simultaneously lifting pillows and blankets in the bed to get hold of the heating pad (lines 51–53). Now that Dora has

identified the source of the resident's trouble alert, Dora generates a solution by offering assistance in the form of increasing the heat of the pad (line 55).

In Example 3, the production of trouble alerts and the identification of the resident's trouble rely primarily on verbal resources, and to a lesser extent on bodily actions. Although Alina's pointing toward the foot of her bed creates a shared focus of attention (Goodwin, 2003), it does not help the caregiver to easily identify the object that is hidden under the bedclothes. What finally enables the caregiver to recognize the object is the resident's spoken denotation of the place where it is located.

Concluding discussion

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

Our analysis reveals a social organization of assistance in which a multiplicity of embodied resources are mobilized in the generation of a solution to a difficulty or need. The analyzed examples provide evidence for how assistance is sought and achieved through the fine interplay among talk, prosody, gesture and the manipulation of an object. In addition, it was observed how caregivers not only drew upon their mother tongue, but also utilized words that were related between different languages (e.g. 'kursi' in Arabic and Kurdish; Example 2), a strategy that has been observed as facilitative in prior research (e.g. Jansson, 2014; Jansson et al., 2017). Our analyses attest that there are cases in which the residents' gestures and prosodic cues are not transparent enough to help the caregiver understand what to do with an object. For instance, the exact meaning of Samira's trouble alerts (imprecations and response cries) in Example 2, and Alina's pointing toward the foot of her bed in Example 3, are difficult for the caregiver to interpret. We show how the

participants in such cases cooperate in the realization of the action. The caregiver mobilizes extensive work to figure out what the resident is trying to tell her. The resident, in turn, makes renewed efforts to describe and/or formulate her need. The structure of the sequences through which understanding is accomplished by residents and caregivers is similar to that described by Goodwin (1995) concerning how a man with aphasia and his caretakers collaboratively establish what he attempts to say. In both settings, meaning is constituted through 'distributed structures that span the utterances of different participants' (p. 253). For instance, Alina builds her utterances on the linguistic structures provided by her caregiver to perform different kinds of actions with limited semantic resources in Swedish (Example 3). Had she only been able to say the Swedish word for the searched-for object, '*värmedyna*' (*heating pad*), all the extensive work examined here would have been unnecessary. In a similar vein, Samira operates on the caregiver's body to make herself understood (Example 2). Through the ways she produces talk (audible signs of discomfort displayed by prosody, voice quality and repetition of central words) and through organizing her body (gesture and object manipulation), the resident takes stances toward what the caregiver is doing and thus steers the activity into the directions she wants to pursue. In this fashion, the residents change their participation within the unfolding activity. In so doing, they shape the further trajectory of the practical action in progress. For example, Rafa in Excerpt 2b halts her efforts to get the bulky bag onto the upper shelf in response to Samira's increasing signs of discomfort. Likewise, Alina's pointing and semantic cues make Dora scrutinize the visual field of the foot of the bed and eventually shift her attention to the space under the bedclothes.

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

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

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

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Note

1. Figures 1 and 2 are arranged photographs (based on the videorecordings) that represent the twisting movement of Ani's wrist and the handing over of the napkins to Ylva.

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Author biographies

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

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

Camilla Lindholm is an Associate Professor of Scandinavian Languages at the University of Helsinki, Finland. Her main research areas are interaction in institutional settings, and asymmetric interaction involving participants with communication impairments. She has published within the areas of medical interaction, structures in spoken Swedish, and dementia and communication. Lindholm’s methodological approaches are conversation analysis and interactional linguistics, and she takes an interest in applying her research findings and creating a dialogue with society. Her

recent projects include 'Interaction, social inclusion and mental illness' (Academy of Finland, 2017–2021).

Appendix I

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

++	Gestures and descriptions of embodied actions are delimited between ++ two identical
**	Symbols (one symbol per participants) and are synchronized with correspondent stretches of talk.
Δ+	Different symbols are used for different embodied actions done by one participant at the same time
*-->	The action described continues across subsequent lines until the same symbol
-->*	is reached.
-->>	The action described continues after the excerpt's end.
d	Participant doing the embodied action is identified when she is not the speaker.
fig	The exact moment at which a screen shot has been taken is indicated with a specific sign showing its position.