‘You’re doing everything just fine’: Praise in residential care settings

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Abstract

This study examines the use of praise in caregiving of nursing home residents with dementia in Sweden. The data consist of video-recordings of staff–resident interaction in residential care settings where caregivers assist residents with personal hygiene. High-grade assessments accomplishing praise or a compliment such as ‘*jättebra*’ (‘great’) are routinely used online, simultaneously with the care activity, by the caregiver when the residents are requested to undertake manual tasks on their own, such as tooth brushing, washing, dressing, and getting out of bed. It is shown that the primary function of the assessments is to encourage someone to do something, which is discussed as an institutionally related problem. These results contrast with prior research on domiciliary care in Sweden and Denmark, which show that high-grade assessment terms formulated so as to accomplish praise or a compliment are reserved for situations where the home helper’s institutional role as the senior citizen’s helping hand is downplayed. It is argued that a more sensitive use of assessments and a higher awareness of the social norms concerning epistemic primacy may be a step toward implementing person-centeredness in residential care for older people.

Keywords

Conversation analysis, dementia, epistemic authority, high-grade assessments, praise, residential care, staff–resident interaction

Introduction

The nursing home life has been described as a life of both care and control (Backhaus, 2009; Grainger, 1995; Makoni and Grainger, 2002; Makoni and Makoe, 2001). As Backhaus (2009) notes, care and control are two sides of the same coin, ‘and both involve

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a great deal of infringement on an individual's independence and right to self-determination' (p. 54). In a similar vein, Nussbaum (1993) depicts the move into a nursing home facility as 'a move into total dependence' (p. 244). Due to physical and cognitive impairments of various sorts, most nursing home residents need to accept help from the staff to perform intimate care tasks of daily living such as, for example, washing, bathing, and dressing. If the person, in addition to physical inabilities, is cognitively impaired, for example, by dementia, the situation is even more complex. Problems with disorientation, impaired memory, and communication breakdowns between the caregiver and the person with dementia can increase the communicative burden shouldered by the care provider. It is widely recognized that the communicative challenges faced by caregivers of older persons with dementia affect their relationship with the care recipient (Bidewell and Chang, 2010; Small et al., 2000, 2003; Vasse et al., 2010). Despite progressive decline in the individual's cognition leading to increasing need of support, policy documents recommend that caregivers take a strengths-based approach that focuses on the remaining abilities in the person with dementia, rather than on what has been lost (Socialstyrelsen (The Swedish National Board of Health and Welfare), 2010: 70–71). This means that the care should be provided in a manner that maintains the older person's integrity, independence, and sense of agency (Socialtjänstlagen [Social Services Act]. SFS 2001: 453). Previous research on domiciliary care in Scandinavia with cognitively intact care recipients suggests that caregivers are intent on promoting the older persons' independence by encouraging them to undertake manual tasks on their own (Lindström and Heinemann, 2009: 326). This illustrates a central feature of caregiving in Sweden and Denmark, namely that caregivers are expected to help the care recipient to help themselves. In dementia care, this may present a great challenge. Decline in the individual's cognition and social interactional behavior influences the individual's ability to independently perform activities of daily living. In this article, my focus is on practices for coping with this challenge. The caregiving settings are two nursing homes for older people with dementia in Sweden. More precisely, the article examines the use of high-grade assessments accomplishing praise as a strategy to guide residents through activities of daily living.

To praise or compliment a person for being 'great' or 'good' has been reported to be a common strategy in residential care institutions used by caregivers to manage potentially imposing and unpleasant care procedures (Backhaus, 2009; Grainger, 1993, 1995; Makoni and Grainger, 2002; Sachweh, 2003). In prior research on staff–resident interaction, such strategies have been considered condescending and patronizing (e.g. Backhaus, 2009; Grainger, 1993, 1995) and have typically been viewed as 'superlative talk' (Lanceley, 1985: 130). Certainly, praising an older person's performance for doing an ordinary task (e.g. taking a bit of food, standing up from sitting position) with comments such as 'There's a good girl' (Lanceley, 1985: 131) could be considered both inappropriate and infantilizing. A number of studies describe such actions as characteristic features of 'elderspeak' (Caporael, 1981; Grainger, 1993, 1995; Makoni and Grainger, 2002; Sachweh, 2003) or as a positive politeness strategy used to deal with the face threats in everyday institutional life (Backhaus, 2009). Grainger (1993: 252–257, 1995: 426–431) defines the type of affective and exaggerated approvals that highly praise a care recipient's performance for doing an ordinary task as part of nurturing and dependency-inducing talk. One function of this nurturing discourse, according to Grainger (1993:

256–257), is getting the resident to cooperate with a specific care task. She argues that although the ultimate aim of the institution is to enable the resident to become an independently functioning member of society, many of the practices of care institutions cast the elderly resident in a ‘needy’ and dependent role. The implication, she concludes, is that the staff have low expectations of the capabilities of the residents so that anything they can achieve, no matter how small, is considered praiseworthy (cf. Antaki et al., 2000).

Backhaus (2009), who describes some common features of care communication from a cross-cultural perspective, shows how compliments are used unwarranted and ‘out of the blue’ (pp. 59–61), sometimes without any preceding interaction with the resident and/or without any recognizable reaction from the elderly resident. As noted by Backhaus, from a sequential point of view, this is clearly marked in that a compliment calls for some responsive action on the part of the complimented, such as an acceptance, a denial, or some sort of avoidance strategy (Pomerantz, 1978). He goes on to argue that the fact that such an expected turn is withheld strongly suggests the resident’s displeasure with the caregiver’s linguistic performance. This argumentation is consistent with prior research on compliment responses (Golato, 2004; Pomerantz, 1978). Pomerantz (1978), outlining the constraint systems of compliment responses in ordinary conversation, states that receiving a compliment means dealing with conflicting preference structures: one should both agree with the positive assessment the compliment contains and avoid self-praise. As described by Pomerantz (1978), there are several solutions to these conflicting constraints available for recipients of compliments, which fall into two broad groups: evaluations shifts and referent shifts. Pomerantz (1978) further notes that compliments have the status of supportive actions, which makes them similar to offers, invitations, and praises, and as such, they have an acceptance as their preferred next action that regularly takes the form of an appreciation token, for example ‘thank you’ (p. 82).

Apart from Backhaus, the studies on staff–resident interaction reviewed here have primarily focused on the negative underlying control aspects and discourse functions of praise from the caregiver’s perspective, while the elderly person’s response generally goes unconsidered. In these studies, praise is approached from a broad perspective as one of several discourse features of care communication in institutional elderly care. In more recent studies of caregiver–care recipient interaction that adopt a conversation analytic framework, assessments are analyzed in their sequential context. Lindström and Heinemann (2009), who explore the distribution of low- and high-grade assessments in domiciliary care, show that the intensity of assessment terms is collaboratively achieved by caregiver and care recipient. Their analysis draws on the framework of epistemics in conversation as developed in Heritage (2002, 2011, 2013), Heritage and Raymond (2005), and Raymond and Heritage (2006). Drawing on Pomerantz’s (1984) idea that ‘with an assessment, a speaker claims knowledge of that which he or she is assessing’, this research has explored how epistemic authority and subordination are indexed in first and second assessments (p. 57). Building on this research, the analysis in Lindström and Heinemann’s (2009) study attests that task completion is a negotiated matter where the home helper concedes to the senior citizen’s greater right to determine whether a task is adequately complete. The authors find that high-grade assessment terms formulated so as to accomplish praise or a compliment are rare, and they are specifically not used in sequences that target the services rendered by the home helper, which are treated as

institutionally integrated routinized tasks. Tasks performed by the senior citizen are by contrast treated as an accomplishment worthy of praise. This is in line with previous research on compliment sequences in ordinary conversation, which has shown that accomplishments make appreciation a relevant next action (Bilmes, 1988: 163; Golato, 2004: 112). Lindström and Heinemann (2009) point out that in this way, low-grade assessments index the institutional relationship between caregiver and care recipient. High-grade assessments, they note, are reserved for situations where the home helper's institutional role as the senior citizen's helping hand is downplayed. In a similar vein, Ridell (2008: 188–191), in her study of interaction in institutional elderly care in a Swedish–Danish region, has shown that compliments often break a longer silence when the caregiver is performing her chores and hence fill the phatic function of keeping the channels for communication open. By reducing the institutional character of the care encounter, she argues, the compliment sequences also help to create and reinforce social affiliation between the participants. In Ridell's (2008) study, the compliments evolve around an appearance or some personal object, for example clothes or hairdressing.

Drawing on the studies outlined here, this article explores the use of praise in the residential caregiving of older persons with dementia, to the best of my knowledge an unresearched context for high-grade assessments. The article is organized as follows. I begin by describing the data on which this study is based. Next, the analysis demonstrates how high-grade assessments accomplishing praise are routinely used online to manage an institutionally related problem, then presents a contrasting example of praise being collaboratively achieved to negotiate mutual appreciation. Finally, I summarize the results and discuss the implications of the findings for caregiving. I argue that a more sensitive use of praise and a higher awareness of the social norms of epistemic rights may be a step toward implementing person-centeredness in residential care for older people.

Data, participants, and methods

This article is part of a larger project¹ investigating communicative practices involving immigrant care workers in three nursing homes in Sweden (Jansson and Nikolaidou, 2013). The overall aim of the project was to identify the central dilemmas in care work and to find out how these constrain everyday communication between care workers and the elderly. Ethnographic field methods were employed to collect and triangulate data from participant observation, staff interviews, and audio/visual recordings. Research was conducted in the nursing homes several hours each week over the course of one year during the day and evening shifts. As part of this process, care workers were shadowed during their shifts at work, including meal times and breaks.

The examples in this study are drawn from video-recordings of caregiving situations during morning care when caregivers assist residents with mundane tasks. The recorded data comprise interactions during 12 morning care sessions. The interactions last between 15 and 30 minutes. In total, 30 high-grade assessment sequences accomplishing praise have been identified and transcribed out of approximately five hours of video- and audio-recorded interactions between seven caregivers and eight residents. Nine of the sequences will be analyzed here. The analyzed examples in this article involve seven different

caregivers and six residents and are drawn from video-recordings of eight different morning care sessions. The caregivers are assistant nurses (one male and six females) and are employed at four different dementia units in two nursing homes.² Five of the caregivers are second-language speakers of Swedish, while two of them speak Swedish as their first language. The caregivers have worked at the same dementia unit for many years, two of them for about 20 years. The second-language speakers were fluent speakers of Swedish and had no problems communicating in that language with the residents. The residents in the examples selected for this article, all of them native speakers of Swedish, consist of four females and two males in their late 80s. All of them have been diagnosed with dementia. They are in intermediate stages of the disease and receive help with their daily hygiene.

The instances of praise were analyzed using Conversation Analysis (henceforth CA), a method that has been applied to analyze the patterns of interaction between practitioners and clients in a variety of healthcare settings (see e.g. Drew et al., 2001). It has been successfully applied to analyze interaction involving people with various communicative disabilities, for example aphasia and dementia (e.g. Goodwin, 1995; Lindholm, 2015). Within CA, a bottom-up approach is employed, where sequential patterns and the practices through which these patterns are generated are identified after careful and systematic viewing and transcription of audio- and video-recordings. From a CA perspective, utterances are linked to, and form a response to, something that someone else has previously said while shaping the context for new contributions (Heritage, 1984: 242). Any utterances and aspects of non-verbal behavior are considered to be performing social actions of various kinds. These utterances or actions are connected in sequences.

Here, a CA approach is employed to describe the sequential organization of praise. In line with previous research (Golato, 2004; Pomerantz, 1978), a compliment or praise is here seen as an assessment in that the speaker is positively evaluating a state of affairs: an action, appearance, ability, or form of behavior of the co-participant. In the overwhelming majority of cases, it is the caregiver who evaluates some state of affairs of the resident. I seek to identify what kind of behavior triggers an assessment, and what consequences an assessment has for the sequential shape and the outcome of the ensuing interaction.

Transcription conventions follow CA standards and are adapted from Ochs et al. (1996) with some modifications. A transcription key is found at the end of the article (Appendix 1).

The Regional Committee for Research Ethics has approved the study. The staff and the residents and their relatives were informed, both by means of a letter and in personal encounters with the respective people involved, about the aims of the study and about their rights as participants. During all observations and recordings, the researcher was on alert for any signs of the residents' unwillingness to be observed or recorded. In order to protect the participants' identities, all names are pseudonyms.

Analysis

The following caregiving situations focus on everyday routine activities like tooth brushing, face washing, dressing, eating, and getting out of bed. The residents, who are

cognitively and physically affected by their dementia, are only capable of performing these activities with great difficulty. In what follows, I will demonstrate how high-grade assessments are used as resources for modulating the residents' actions when they are requested to undertake tasks on their own. I begin by demonstrating how one-way praise is used on the part of the caregiver, and in the next sub-section proceed to analyze a case of an assessment sequence being collaboratively achieved.

Praise initiated by the caregiver

Subsequent analyses present the various sequential contexts for high-grade assessments initiated by the caregiver. Seven illustrative examples are given. The first example, Excerpt 1, focuses on praise used online in a context where the resident smoothly aligns with the caregiver's directive to undertake a task. The following six excerpts (Excerpts 2–7) exemplify instances where praise is used by the caregiver in the process of getting the resident to undertake a task. Excerpt 8 finally illustrates a case in which praise is followed by a disagreement sequence.

Praise used online. A common feature of the assessments identified in the data is that they are produced online, that is, simultaneously with the care activity. While the resident is engaged with performing some manual task, the caregiver (Anna) comments on and positively evaluates his or her actions. The following excerpt (Excerpt 1), when a male resident (Sune) is brushing his teeth, exemplifies this. Prior to this sequence, the caregiver has announced the tooth brushing activity and prepared a tooth brush with tooth-paste:

Excerpt 1.

01. A: >så nu kan du bors- nu kan du borsta sör'u<
there now you can bru- now you can brush you see
02. nu har'u tandkräm å vatten
now you have toothpaste and water
03. ((Sune initiates tooth brushing))
04. ((17 seconds of recording; S is brushing his teeth; A is cleaning the basin and fetches a towel))
05. A: va dukt↑i'ru e Sune.
how well you're doing Sune
((A is standing beside S and gazes at him))
06. (1.8) ((S brushes his teeth; A observes his actions))
07. A: du filar på här
you keep brushing here
08. (1.0) ((S is brushing teeth; A gazes at him))
09. A: m::
m::
((A is standing beside S and gazes at him))
10. ((16 seconds of recording; S brushes his teeth; A goes away fetching wash cloths and comes back))
11. A: går'e br?a ((A is standing beside S at the basin; separates the wash cloths))

- is it going well*
12. S: ja::
yea
13. (1.5) ((toothbrushing continues; A puts wash cloths in the bathroom cabinet))
14. A: vilken kille Sune (.) v?a
what a guy Sune (.) aren't you
15. S: °m::°
m::
16. (1.1) ((tooth brushing goes on; A puts wash cloths in the bathroom cabinet))
17. A: alla tiders kille³
a really nice guy
((tooth brushing continues))

In this example, Anna proffers a series of assessments that are produced online simultaneously with the tooth brushing activity. In line 05, she initiates an assessment sequence. While gazing at Sune, who is standing at the basin brushing his teeth, she launches a high-grade assessment: 'va dukt↑i'ru e Sune.' ('*how well you're doing Sune*'). This is followed by 1.8 seconds of silence when the resident is brushing his teeth. At line 07, the caregiver comments on the resident's tooth brushing, 'du filar på här' ('*you keep brushing here*'), thus assessing the progression of the activity. After the silence in line 08, the caregiver produces a minimal response token, 'm::' ('*m::*'), while observing the resident's actions. During the silence in line 10, Anna fetches some plastic wash cloths from a cupboard in the hall just outside the bathroom and comes back. When the resident responds affirmatively to the caregiver's question, 'går'e br?a' ('*is it going well*'), Anna proffers an assessment, 'vilken kille Sune (.) v?a' ('*what a guy Sune (.) aren't you*'), while putting a wash cloth in the bathroom cabinet. The format of this compliment turn with the interrogative particle 'v?a' ('*aren't you*'), pronounced with a rising contour, makes an affirmative reply a preferred relevant next. In line 15, Sune responds with an acknowledgment token, '°m::°'. After the silence in line 16 when tooth brushing continues, the caregiver upgrades to a high-grade assessment, 'alla tiders kille' ('*a really nice guy*').

Excerpt 1 is typical of the interaction that takes place in a caregiving situation when the resident is requested to undertake a manual task. While the resident is engaged in performing the activity, the caregiver assesses his actions as praiseworthy. There are several rather long silences when the tooth brushing occurs. During these silences, the caregiver is around and assists the resident with small tasks like fetching a towel and cleaning the basin. Now and then, she proffers an assessment while observing the resident's actions at the basin. Apart from the minimal response in line 15 (and the affirmative in line 12), there is no reaction on the part of the praised.

Use of praise after compliance with a directive. Tulbert and Goodwin (2011) have shown how children are apprenticed into autonomous action through parental monitoring and verbal and nonvocal assessment. Their focus is on practices for organizing the routine activity of tooth brushing. They observe that assessment is essential if children are to learn what an expected alignment toward the activity is. In a similar vein, the challenge faced by the caregivers in the following three excerpts (Excerpts 2–4) is getting someone to do something. A common feature of these examples is that a high-grade assessment is

launched when the resident complies with a directive to undertake a task. Excerpt 2, where a resident (Ella) is fed by her caregiver (Nelly) with a piece of peeled banana filled with bits of medicine, is an illustrative example of this. The resident is sitting in her wheelchair, waving her arm in the air while making loud vocal sounds of unintelligible syllables:

Excerpt 2.

01. ((N looks down while preparing a banana with bits of medicine))
02. N: här (.) gumman.
here (.) love
((puts the banana up to E's lips))
03. E: *syll syll*
04. ((E takes a bite of banana and chews slowly))
05. E: så:: ja.
there
06. (2.1) ((N looks at the banana that she holds up))
07. E: jättebra.
great
((picks on the banana with her index finger))

When this excerpt begins, Nelly is seated on Ella's right while looking down at a peeled banana that she fills with bits of medicine. In line 02, Nelly puts the banana up to the resident's mouth and requests her to eat the banana by issuing a mitigated directive that takes the form of a demonstrative followed by an endearment term, 'här (.) gumman.' ('*here love*'). When Ella complies with the directive by taking a bite of banana, the caregiver signals the progression of the task with the discourse marker 'så:: ja.' ('*there*'). She then holds up the half-eaten banana in the air and looks at it as if to inspect its status. This is followed by a high-grade assessment in line 07, 'jättebra' ('*great*'). That this assessment targets the progression of the institutional task rather than the resident, is supported by the fact that the caregiver further inspects the piece of banana by picking at the masticating surface with her finger upon launching the assessment (line 07).

In the following two excerpts (Excerpts 3 and 4), the caregivers make use of praise after several attempts to align the resident toward the activity. In Excerpt 3, a male resident (Teodor), who is sitting in his wheelchair at the sink, has been brushing his teeth for a while when the caregiver (Bill) prompts him to rinse his mouth with water:

Excerpt 3.

01. (1.3) ((T is brushing his teeth; B holds a bowl under T's chin))
02. B: du kan dricka å skölja i munnen
you can drink and rinse in your mouth
((grasps a plastic cup with water on the sink))
03. (1.3) ((T is brushing his teeth; B holds out the cup with water))
04. B: vänta (0.2) du kan få lite dricka
wait (0.2) you can have a little drink

- ((B puts the cup with water up to T's mouth))
 05. (4.2) ((T rinses his mouth and spits in the bowl))
 06. B: *bra::* (.) *duktig*
 fine (.) *good*
 ((rinsing mouth continues in the same fashion))

In line 02, Bill grasps a plastic cup with water from the sink and requests that Teodor rinse his mouth, 'du kan *dricka* å *skölja munnen*' ('you can drink and rinse in your mouth'). In line 03, when there is no reaction on the part of the resident, Bill reiterates his request in a modified form, 'vanta (0.2) du kan få lite *dricka*' ('wait (0.2) you can have a little drink'), while putting the cup of water up to Teodor's mouth. When the resident finally aligns with the task by initiating a mouth rinse, Bill issues an assessment (line 06), '*bra::*' ('fine'), followed by praise, '*duktig*' ('good'). The stress on the vowel in these descriptors, as well as the extended production of the assessment term '*bra::*' ('good'), signals the complimentary quality of the assessment.

Excerpt 4, where a female resident (Maja) is washing her face, exemplifies repetitious use of praise after several attempts to align the resident toward the activity. The resident has been rubbing her face with soap for some time when she is prompted to wipe off the soap with plastic wash cloths that the caregiver (Dora) hands to her. The caregiver issues several requests without any reaction on the part of the resident, who persists in rubbing her face. When the resident finally aligns with the caregiver's request to wipe off the soap, the caregiver initiates an assessment sequence. Throughout this excerpt, the caregiver is at the basin close beside the resident and modulates her actions:

Excerpt 4.

01. ((M is rubbing her face with soap; sound from pouring water; D is close beside))
 02. D: ((stretches out left hand and hands two wash cloths to M))
 03. (1.2) ((D wets the wash cloths under the pouring water in the basin; M
 04. is rubbing her face))
 05. D: >Maja du kan ta den dära< ((holds plastic wash cloths in her left hand))
 Maja you can take that one
 06. (0.9) ((M is rubbing her face; D holds left hand with wash cloths in the basin))
 07. D: *ta den hära tvättlapparna*
 take this wash cloths
 08. (.) ((D puts the wash cloths in M's left hand))
 09. D: *å torka med den tvålen,*
 and wipe with that soap
 10. (0.5) ((D holds her left hand close to D's hand with wash cloths))
 11. D: *ta bort tvålen,*
 remove the soap
 12. (1.2) ((M holds the wash cloths; D holds her left hand close beside her))
 13. D: *torka där.* ((taps M on her cheek with her left hand))
 wipe there
 14. (0.4) ((M starts wiping her face with the wash cloths))
 15. D: *så:::*
 there

16. (0.7) ((M is wiping her face with the wash cloths))
17. D: jättebra
great
18. (0.5)
19. D: ja:
yea:
20. (0.5)
21. D: precis
exactly
22. (0.8)
23. D: nämen va duktig Maja,
oh how good Maja
24. (2.9) ((M is wiping her face with the wash cloths))
25. D: jättebra Maja
great Maja
26. (3.3) ((M is wiping her face))
27. D: jättebra
great

In line 02, Dora stretches out her left hand with two plastic wash cloths and wets them under the pouring water in the basin in front of the resident. She then, by use of the modal construction 'du kan ta' ('*you can take*'), requests that the resident take them: 'Maja du kan ta den dära' ('*Maja you can take that one*'). Maja, however, continues rubbing her face and does not react in any recognizable way to the caregiver's request. After 0.9 seconds of face rubbing, Dora issues an unmitigated directive that takes the form of an imperative construction: 'ta den håra tvättlapparna' ('*take this wash cloths*'). She puts the wash cloths in Maja's hand (line 08) and instructs her to wipe off the soap: 'å torka med den tvålen' ('*and wipe with that soap*'). Maja, who holds the wash cloths in her hand, does not show any sign of reaction. While holding her left hand close to the resident's, Dora then repeats the request at line 11 in a slightly modified form, 'ta bort tvålen,' ('*remove the soap*'). After the silence at line 12, Dora issues another directive: 'torka där' ('*wipe there*'), while tapping Maja lightly on her cheek with her left hand.

In line 15, when Maja complies with the wiping off procedure, Dora signals the progression of the task with the discourse marker 'så:::' ('*there*'), whereupon she initiates an assessment sequence. Throughout this assessment sequence, Dora smiles and gazes at the resident. She begins with a high-grade assessment term, 'jättebra' ('*great*'), and goes on with an affirmative, 'ja:' ('*yea*'), followed by an approval, 'precis', ('*exactly*'), thus assessing Maja's action as appropriate. At line 23, Dora launches an expression of surprise produced with a soft voice, 'nämen'⁴ ('*oh*'), which is followed by an assessment and the resident's first name, 'nämen va duktig Maja' ('*oh how good Maja*'). The stress on the descriptor 'duktig' ('*good*') signals the complimentary quality of the assessment. After 2.9 seconds of face washing, Dora launches another high-grade assessment, 'jättebra Maja' ('*great Maja*'), which is recycled in line 27.

A prominent feature of the interaction in the previous two assessment sequences is the caregivers' attempts to persuade the residents to do something by repetitious use of directives and accompanying gestures. The residents, who are engaged with tooth brushing (Excerpt 3) or face rubbing (Excerpt 4), do not show any sign of verbal or non-verbal

response. When they finally go along with the task, the caregivers intensify their contact with the resident through the (repetitious) use of praise and compliments.

Intensified use of praise after establishment of mutual gaze. Excerpt 5 illustrates how a short moment of mutual gaze is utilized by the caregiver as an opportunity for connecting with the resident through intensified use of praise. The excerpt involves the same participants as in Excerpt 4, but is drawn from another caregiving session during morning care. The caregiver (Dora) and the resident (Maja) are standing side by side in front of the basin. In the interaction leading up to this fragment, Dora has made several attempts to persuade the resident to initiate face washing through repetitious use of mitigated directives. The resident is, however, engaged with adjusting her pants and does not respond with relevant action:

Excerpt 5.

01. (1.3) ((M is adjusting her pants))
02. D: här fixar du själv när du e klar.
this you will fix yourself when you're ready
((D puts a soap in the basin under the pouring water))
03. (0.5)
04. D: du e duktig å fixa de vet ja.
you're good at fixing I know that
05. (0.5)
06. D: varsågo;, ((pointing gesture at the basin))
here you are
((17 seconds of recording; M is adjusting her pants while D observes her actions))
07. D: va du fixar fint till, ((gazes at M))
how nice you're fixing it
08. (0.8) ((D gazes at M's motions; M is adjusting her pants))
09. D: ((looks up and gazes at M))
10. D: du fix[↑]ar ((shakes her head))
you're fixing
11. (1.3) ((M is adjusting her pants while gazing at D))
12. M: ((opens her mouth while gazing at D))
13. D: du fixar dej. (.) du fixar, (.) till.
you're fixing yourself (.) you're fixing (.) it
((D gazes at M, smiles and shakes her hips replicating the motion of M; M looks down))
14. D: jättefint. (.) du e jättenog.
very nice (.) you're very careful
15. (0.8) ((D gazes at M who rearranges her blouse over her trousers))
16. D: noga
careful
17. ((M continues rearranging her blouse over her trousers))

In line 02, Dora prompts Maja to undertake the washing task on her own. While putting soap in the basin under the pouring water, she issues a mitigated directive that takes the form of an affirmative, 'här fixar du själv när du e klar' ('*this you will do yourself*

when you're ready'). She then goes on with praise (line 04), 'du e duktig å fixa de vet ja' ('you're good at fixing I know that'), thus claiming epistemic authority (Heritage, 2011; Heritage and Raymond, 2005) to evaluate the resident's ability to wash herself. After a half-second pause, when Maja is adjusting her pants, Dora makes a renewed attempt to launch the washing activity. While making a pointing gesture at the pouring water, she issues a polite offer (line 06), 'varsågo:' ('here you are').

After 17 seconds of recording, when Maja is adjusting her pants under her trousers, Dora initiates an assessment sequence (line 07), 'va du fixar fint till,' ('how nice you're fixing it'). While Maja is engaged with adjusting her pants, the caregiver observes her motions. In line 09, Maja looks up and gazes at the caregiver. Here, as the resident shifts her gaze to the caregiver, a response on the part of the caregiver is made relevant. Thus, Dora recycles the assessment about the resident's fixing of her clothes in a modified form, 'du fix↑ar' ('you're fixing'). The headshake and the delivery of the segment 'fix↑ar' ('fixing') with a strong rising intonation signal the caregiver's positive stance toward the resident's fixing of her clothes. The resident's consequent gazing together with her open mouth creates an impression of questioning (lines 1 and 12). When Maja maintains her gaze at the caregiver, Dora escalates her use of assessments. In line 13, she recycles the comment about the 'fixing', 'du fixar dej. (.) du fixar, (.) till.' (you're fixing yourself (.) you're fixing (.) it'), while smiling and shaking her hips as if replicating the motion of the resident, who at this point withdraws her gaze and looks down at her clothes. Dora then continues with a high-grade assessment, 'jättefint' ('very nice'), followed by the assessment phrase 'du e jättenog' ('you are very careful'), which can express both praise and criticism. In line 16, after the gap in line 15 when Maja rearranges her blouse over her trousers, Dora self-repairs and rephrases the segment 'nog' into 'noga' ('careful').

In this example, the establishment of a mutual gaze is utilized by the caregiver as a moment for intensified contact with the resident. The escalation and recycling of assessments together with prosody (rising pitch contour) and the nonvocal resources of the body (headshake, smiles, and hip movements) are here used as means to convey emotional involvement and affective stance toward the resident's actions. Despite these attempts to emotionally connect with the resident, there is no sign of an affiliate response on the part of the resident. Although Maja, who is engaged with fixing her clothes, does not comply with Dora's repeated directives to initiate washing, Dora assesses her actions as praiseworthy, thus constructing her as a cooperative and compliant care recipient.

Praise followed by upgrades. In the following two examples, escalation of praise is achieved through upgrades to extreme case formulations (Pomerantz, 1986). Excerpt 6 involves the same participants as in Excerpt 5. The assessment sequence unfolds after some seconds of face washing. This excerpt exemplifies how a repair initiation on the part of the resident (Maja) triggers the caregiver (Dora) to intensify her use of praise through upgrades:

Excerpt 6.

01. ((M washes her face with the wash cloth; D gazes at her and smiles))
02. D: va du e noga,
how careful you are

03. (2.2) ((M washes her face while D gazes at her and smiles))
04. D: jätteduktig Maja.
great Maja
05. (0.4)
06. M: m?::
m?
07. (0.4)
08. D: du e jättenoga.
you're very careful
((D leans forward to M))
09. M: (°m°)
10. D: du gör allt fint. (.) å bra. (.) på sätt på bra sätt.
you're doing everything just fine (.) and well (.) in way in a good way
11. (10.5) ((M washes her face))
12. D: m:.
m:.
13. (32.3) ((M washes her face))
14. D: så.
there
15. (12.9) ((M rinses the washcloth in the pouring water))
16. D: tack tack (.) nu kan du borsta tändern↑a
thanks thanks (.) now you can brush your teeth
((D hands a toothbrush to M who is rinsing the wash cloth))

In line 02, while Maja is rubbing her face with a wash cloth, Dora initiates an assessment sequence, 'va du e noga' ('*how careful you are*'). The valence of the assessment term 'noga' used here is ambiguous. The term can express both criticism and praise. Here, the term refers to the resident's persistent rubbing of her face, performed with repetitious movements and in a slow motion. After some seconds of face washing, the caregiver launches a high-grade assessment: 'jätteduktig Maja.' ('*great Maja*'). Here, Maja responds with a repair token: 'm?::' ('*m?*'). This minimal display of a problem with hearing or understanding prompts Dora to intensify her contact with the resident. At line 08, she delivers an upgrade of her initial assessment at line 02, 'du e jättenoga' ('*you're very careful*'), while bending her upper body forward, thus coming closer to Dora whose body posture at this moment is in an upright position. After the resident's minimal response token in line 09, Dora upgrades to an extreme case formulation (Pomerantz, 1986) that includes all the resident's actions as praiseworthy: 'du gör allt fint (.) å bra (.) på sätt (.) på bra sätt' ('*you're doing everything just fine (.) and well (.) in way (.) in a good way*'). In line 14, Dora projects task closure with the boundary marker så: ('*there*'). In line 16, she requests the resident, who is engaged with rinsing the wash cloth under the pouring water, to proceed with the next activity, tooth brushing, by use of an expression of gratitude and a mitigated directive: 'tack tack (.) nu kan du borsta tändern↑a' ('*thanks thanks (.) now you can brush your teeth*'). In this way, she guides the resident's actions by determining when a task is complete and when it is time to progress to the next activity.

In Excerpt 7, which is drawn from the same morning care session as Excerpt 3, the resident (Teodor) is being dressed in his bed by two caregivers (Bill and Zara):

Excerpt 7.

01. (3.8) ((B and Z help T put on the sleeves of a sweater))
 02. B: sträck på dej,
 straighten up
 03. (0.6) ((Z pulls the sweater over T's trousers))
 04. B: (han) e duktig Teodor.
 (he) is good that Teodor
 ((the caregivers adjust the sweater))
 05. (0.4)
 06. B: Teodor han e duktig alltid.
 Teodor he is good always
 07. (0.5)
 08. Z: han hjälper oss.
 he helps us

In line 02, while the caregivers are helping Teodor pass his arms through the sleeves of a sweater, he is requested to straighten up by use of an unmitigated directive, 'sträck på dej,' ('*straighten up*'). On the video, there is no discernible action on the part of the resident that in any way displays compliance with this request. In line 04, when the sleeves are on, Bill praises Teodor for being good: '(han) e duktig Teodor.' ('*he is good that Teodor*'). After the silence in line 05, when the caregivers are adjusting the resident's sweater over his trousers, Bill upgrades to an extreme case formulation, now praising Teodor for always being good (line 06): 'Teodor han e duktig alltid' ('*Teodor he is good always*'). In line 08, Zara affiliates with her colleague's description, 'han hjälper oss' ('*he helps us*'), thus portraying Teodor as a cooperative care recipient.

In these examples, the caregiver escalates his or her use of praise through upgrades to extreme case formulations. In Excerpt 6, the caregiver utilizes a minimal responsive action on the part of the resident, in this case a repair initiation, as an opportunity for intensified contact with the resident. This attempt to connect with the resident is accomplished through the proximity of the bodies and upgrades of assessment. In Excerpt 7, where the resident is bedridden and incapable of dressing himself, the caregivers collaboratively construct the resident as a capable care recipient by use of upgrades.

Praise followed by a disagreement sequence. The following example, Excerpt 8, is one of the few cases in my data where a high-grade assessment initiated by the caregiver is contested by the resident. In this example, a female resident (Hilma) is praised for having pooped in her nappy. The caregiver (Lisa) leans forward to the resident, who is lying on her bed with clothes on, in order to change her diaper:

Excerpt 8.

01. (2.1) ((L leans forward to H and adjusts the lift cloth
 under H's body))
 02. H: °ja har nog bajat°
 I have probably done a poo
 03. L: va sa'r'u
 what did you say?

04. H: ja har baja på mej antagligen
I have done a mess in my pants probably
05. L: de e jättebra
that's great
06. (1.0) ((L adjusts the lift cloth))
07. H: de tycker inte ja.
that's not my opinion
08. L: nä men de tycker ja.
no but that's my opinion

In line 02, Hilma says in a low voice that she probably has pooped. In response to Lisa's repair initiation in line 03, Hilma repeats her statement with heightened volume, 'ja har nog baja på mej antagligen' ('*I have done a poo probably*'). In line 05, Lisa produces a high-grade assessment, 'de e jättebra' ('*that's great*'). While uttering this assessment, the caregiver is in close proximity with the resident adjusting the lift cloth under her seat. This is followed by a disagreement sequence in lines 07–08. When Hilma challenges Lisa's statement, 'de tycker inte ja' ('*that's not my opinion*'), Lisa responds with a counterargument, 'nä men de tycker ja' ('*no but that's my opinion*'). Here, opposition is displayed with a term of polarity ('nä men', 'no but') and contrasting verb phrases ('de tycker inte ja', '*that's not my opinion*' and 'de tycker ja', '*that's my opinion*'), signaling disagreement with the prior utterance.

The action for which the resident is praised in this example, having pooped in her nappy, is apparently not considered as worthy of praise from the resident's viewpoint. This is evident from the disagreement sequence that follows the assessment turn. The fact that the praise is challenged by the resident attests to her dissatisfaction with the caregiver's performance.

Praise as a collaboratively achieved action

As shown in the previous section, online evaluations of the resident's actions are routinely used by the caregiver. Assessments initiated by the care recipient are by contrast rare in my data. In this section, I will highlight one single case identified in the data where an assessment sequence is collaboratively achieved on a mutual basis.

In Excerpt 9, the caregiver (Rana) has just arrived at a resident's apartment in order to assist her with morning care. The resident (Frida), who is physically affected by her dementia, is not capable of getting up from her bed on her own. The challenge faced by the caregiver is to assist the resident without the means of a lift or a belt and provide support in a manner that makes the resident feel that she is capable of performing this task with her own strength and functional ability. In the following, I will demonstrate how this is achieved by means of self-praise avoidance, in this case a return compliment that follows the constraint systems of compliment responses (Pomerantz, 1978). When the excerpt starts, the caregiver is leaning forward toward the resident who is lying in her bed:

Excerpt 9.

01. R: så
there
02. (0.9)

03. nu
now
04. (0.6)
05. kom till mej (.) krama mej
come to me (.) embrace me
06. (0.5)
07. ta ner dina fötter på golvet
put your feet on the floor
08. (0.9)
09. försök ta ner dina fötter på golvet
try to put your feet on the floor
10. (0.7)
11. å vi säjer,
and we say
12. (0.4)
13. håll i mej håll::rt,
hold me tight
14. (0.5)
15. använd dina krafter,
use your strength
16. å en (0.3) två (.) tre (.) fyra=
and one (0.3) two (.) three (.) four
((R holds her arms around F's upper legs; F holds her arms around R's neck))
17. F: =Å::: va stark du e
OO:: how strong you are
((F is in sitting position))
18. R: å du e också stark
and you're strong too
19. (0.7) ((holds her right arm around F's neck; pats left hand on F's leg))
20. R: du har använd dina krafter (.) ja var ba::ra hjälp (.) inte mer Frida
you have used your strength (.) I was just helping (.) not more Frida
21. F: nä:e ((creaky voice))
no:
22. (1.6) ((R and F in embracing position, smiling and gazing at each other))
23. R: du ser pigg ut idag ((F caresses R on her cheek))
you look bright today
24. (2.5) ((F caresses R on her cheek; R chuckles and embraces F))

In the first part of this excerpt (lines 1–16), Rana launches the getting out of bed activity with a series of instructions that guide Frida through the completion of the activity. The movement from lying down up to a sitting position is performed in line 5 and is followed by Rana's counting to four, 'å en (0.3) två (.) tre (.) fyra' ('and one (0.3) two (.) three (.) four'). Throughout the performance of this activity, the caregiver's and the resident's bodies are in close proximity. Frida holds her right arm around Rana's neck. Rana holds her left arm around Frida's hips, while embracing her with her right arm, thus embedding the resident in her own performance of the activity.

In line 17, when the activity is completed, and Frida is sitting in an upright position at the bedside with her feet on the floor, the resident compliments the caregiver on her

strength, 'Å::: va stark du e' ('OO::: how strong you are'). The praise within the compliment is accomplished with the assessment 'stark' ('strong') and the o-token produced with an extended vowel. The complimentary quality of this assessment is also supported by the fact that Frida emphasizes the assessment term 'stark' ('strong') by stressing the vowel. Rana responds with a compliment in return, 'å du e också stark' ('and you're strong too'), while embracing Frida and patting her on her leg. She goes on by crediting the resident and minimizing her own influence, 'du har använd dina krafter (.) ja var ba::ra hjälp (.) inte mer Frida' ('you have used your strength (.) I was only helping (.) not more Frida'), thereby exhibiting self-praise avoidance (Golato, 2002, 2004; Pomerantz, 1978). Frida responds with an agreement token, 'nä:e' ('no:'). With the referent shift, Rana focuses the credit away from herself to the resident. By minimizing her own influence, she credits the resident for the accomplishment of the getting-up activity. As argued in previous research (Golato, 2004), an accomplishment makes appreciation a relevant next response. With the return, Rana 'preserves the relationship of referent to speaker across the turns' (Pomerantz, 1978: 105). Both the caregiver and the resident perform their praise with the co-participant as referent, thus creating a context for mutual appreciation and praise.

In line 23, Rana offers a first position assessment about Frida's current health status, a state of affairs to which Frida has primary access. This asymmetry in the parties' epistemic access is indexed in Rana's downgraded assessment, 'du ser pigg ut idag' ('you look bright today'). By downgrading her claimed access with the evidential verb 'ser ut' ('look'), Rana manages her initial assessment so as to 'defeat any epistemic priority that might have been inferred from its first positioning' (Heritage and Raymond, 2005: 18; Raymond and Heritage, 2006). As pointed out by Raymond and Heritage (2006: 687–688), speakers can use evidentials such as, for example, *looks*, *sounds*, and *seems* to mark their mediated access to a referent and thus downgrade the claim made by the accompanying assessment.

In the analyzed example, it is the resident who initiates the assessment sequence. The caregiver's assessment in line 18 is delivered as a reciprocity response to the resident's compliment on her strength. This behavior is in line with the constraint systems of compliment responses, as outlined by Pomerantz (1978), that state that one should both agree with the assessment the compliment contains and avoid self-praise. The caregiver addresses these structures by complimenting the resident in return, 'å du e också stark' ('and you're strong too'). Pomerantz (1978: 105–107) notes that with a return that is to be seen as a reciprocity response, a kind of agreement is performed that simultaneously satisfies the constraints of self-praise avoidance.

Concluding discussion

In this article, I have examined the use of praise in the residential caregiving of older people with dementia in Sweden. The study shows that high-grade assessments accomplishing praise are routinely used online by the caregiver when the residents are requested to perform activities of daily living, such as tooth brushing, washing, dressing, and getting out of bed. In interplay with other practices, such as instructions, prompts, and requests, they mainly fill the function of modulating and guiding the actions of

the residents. As such, they can be seen as devices to compel action and persuade an incapacitated person to undertake a task. As demonstrated, encouraging the residents to do something and aligning the residents toward the task involve repetitious use of directives and assessments. Whereas high-grade assessments used one way on the part of the caregiver are predominant in the data, high-grade assessments collaboratively achieved as paired actions, as exemplified in Excerpt 9, are rare.

What is striking in the analyzed examples is not only the lack of a responsive action on the part of the residents, but also the caregivers' striving to connect with the resident. Any sign of response, however minimal or small it may be, is used by the caregiver as an opportunity for intensified contact with the resident. This is illustrated in Excerpts 5–7. When the resident responds with a repair token (Excerpt 6), 'm?::' ('m?'), the caregiver issues her evaluative assessments with greater intensity, which is achieved by means of upgrades. Likewise, when there is a short moment of eye contact, the caregiver intensifies her contact with the resident through the recycling and upgrading of assessments accompanied by nonvocal expressions (Excerpt 5). As demonstrated, apart from the repair token and the gaze, the caregiver's display of emotive involvement in the activity does not meet any responsive reaction on the part of the resident. This illustrates the challenges faced by caregivers of persons with dementia in their endeavor to emotionally connect with their care recipients. As reported in previous studies, caregivers of persons with dementia find communication difficult in a number of everyday activities including, for instance, bathroom activities (Small et al., 2000). As the older persons' functional abilities decline over the course of the disease, their need of assistance with activities of daily living increases. Communication problems are often associated with these declines. The caregivers' online assessments can be viewed as a strategy to cope with communicative breakdowns and difficulties.

The results in this study contrast with prior research on domiciliary care in Sweden and Denmark, which has shown that the intensity of the assessment term is a negotiated matter. As Lindström and Heinemann (2009: 322) point out, since the caregiving tasks involve the handling of the older person's body by, for instance, brushing hair or adjusting a collar, it is the care recipient who has the primary right to evaluate the task's outcome. As highlighted in Lindström and Heinemann's analysis, in order to concede to the older person's epistemic authority (Heritage, 2013; Heritage and Raymond, 2005; Raymond and Heritage, 2006), the caregiver leaves it to the senior citizen to determine whether a task has been appropriately performed. In a similar vein, the caregiver's and the resident's epistemic right to evaluate the progression of the care task in the analyzed examples here is asymmetric. Assessing and commenting on another person's mundane activities such as face washing, adjusting clothes, and tooth brushing is a clearly marked action, at least in the social world of an adult. Normally, you do not talk when you brush your teeth or wash yourself. Parents, however, are normally seen as entitled to control their children's conduct by use of commentaries, bald directives, and scaffolds (Tulbert and Goodwin, 2011), even if children as well as adults can exert a considerable degree of agency (Goodwin et al., 2011; 2012). Interpreted within an ethnomethodological framework (Heritage, 1984), the caregiver's online assessments can be understood as a way of accounting for his or her own presence and thereby making sense of his or her everyday actions as meaningful and normal. At the same time, one must take into consideration that these residents are in great need of assistance. However, for an adult, relying on

others' help for the basic tasks that he or she would normally do for himself or herself can be experienced as both physically and mentally intrusive. Seen from this perspective, the high-grade assessments help to construct the resident as a cooperative, capable, and autonomous care recipient. The vulnerability of the recipients comes to the fore in cases that involve persons who are bedridden or wheelchair bound (Excerpts 2, 3, 7 and 8). An illustrative example is given in Excerpt 8 where a resident is praised for having 'done a mess in her pants' (see line 04). Excerpt 9 is one of the few cases in my data that deviates from this pattern. When the caregiver proffers a compliment on the resident's appearance, she designs her turns so as to concede to the resident's epistemic authority to make assertions about her feelings and personal state. The evidential formulation '*du ser pigg ut*' ('*you look bright*') underscores the basis for the caregiver's evaluation as premised on the impression that she gets from the resident's appearance. This illustrates a central feature of assessment sequences concerning personal states of affairs which, although fundamentally affiliative, can involve complex face considerations relating to the management of knowledge (Heritage and Raymond (2005: 16).

Considering that communication is a vital dimension of caring for individuals with dementia, the findings from this study have implications for training and caregiving. Care work is framed by internal care plans, legislation, and policy documents that state that the older persons should be treated in a way that upholds their autonomy and integrity (Socialtjänstlagen [Social Services Act]. SFS 2001: 453; Socialstyrelsen [The Swedish National Board of Health and Welfare], 2010: 69). How to implement these recommendations in caregiving is an issue of central importance. One way of promoting independence, of course, is to encourage the residents to undertake manual tasks on their own. As demonstrated by Lindström and Heinemann (2009), when the older person is capable of doing this, it is treated as praiseworthy by the caregiver. However, rather than orienting toward task performance as an accomplishment worthy of praise, the assessments in this study are used in the process of getting someone to do something, which is an institutionally related problem. This is supported by the fact that they are used online when the resident is performing a task and not when a task is accomplished. When Sune and Teodor are brushing their teeth (Excerpts 1 and 3) and when Maja is washing her face (Excerpts 4–6) and adjusting her clothes (Excerpt 5), the caregiver is at their side instructing and assessing their actions. It is the caregiver who determines whether a task is adequately complete and when it is time to proceed to the next activity. This is a noteworthy feature that stays in sharp contrast to the home visits in Lindström and Heinemann's (2009) study. In their data, it is the senior citizens who exert their agency through instructing the caregiver how tasks should be done. For instance, in Excerpt 6, it is the caregiver who projects task closure and thus determines when the rubbing with the soap is satisfactorily complete. This illustrates the institutional asymmetry between the older persons and their caregivers. Of course, this institutional asymmetry is achieved through an interplay of several practices, for example, through scaffolding instructions and directives, and not solely through praise. By means of praise, the caregiver constructs the resident as an autonomous actor, despite the fact that it is the caregiver who determines the progression of the activity. The management of the getting-up activity (Excerpt 9), where the participants downplay their institutional roles as carer and care recipient, is a brilliant exception. This example attests that the institutional asymmetry between the caregiver and the care recipient is not something that is inherent to dementia care, but something that is defined, among other things,

through communicative practices. This is in line with earlier research on interactions in the Danish home help system (Heinemann, 2011). This research suggests that the institutionalization of the care recipient is something that is acquired gradually over time and acquired through the development of joint routines between caregiver and home help receiver.

Adopting Heinemann's (2011) aforementioned line of argumentation, the question is whether the institutional roles of the participants as enacted in the management of the bathroom activities is a reflection of the cognitive decline of the person with dementia or whether it is caused by routinized practices and unreflective belief concerning praise as something positive and beneficial for the older person's wellbeing. The way that the caregiver in Excerpt 1 compliments the resident with terms such as '*vilken kille*' ('*what a guy*') and '*alla tiders kille*' ('*a really nice guy*'), which are normally used between intimates in non-institutional encounters, indicates that the participants have developed a relationship of familiarity in the nursing home. The fact that the resident responds with an acknowledgment token further supports this observation. However, the way the caregivers unilaterally praise the residents and modulate their actions in the bathroom activities also highlights the institutional nature of the activity, in particular when compared with the way in which mutual appreciation is achieved in Excerpt 9, where it is the resident who initiates the complimenting. Although there is no explicit reaction on the part of the recipient that can be regarded as evidence of his or her discontent with the caregivers' linguistic performance (but see Excerpt 8 where the caregiver's praise is challenged), one may question whether this kind of guiding of the older person's actions is motivated. Utilizing moments of contact with the person with dementia, as exemplified in Excerpts 5 and 6, is certainly a good thing, but the question is whether this could be done with means other than the escalated use of praise. A more sensitive use of assessments and a higher awareness of the social norms of epistemic primacy may be a step toward implementing person-centeredness in residential care. In order to maintain the older person's dignity, the caregiver must treat the older person as a competent individual, and leave it to the resident to determine, at least to a certain degree, how tasks should be performed.

In this article, I have explained the use of assessments-in-the-service-of-directives to get jobs done in the face of incapacity. Incapacity might, of course, be of different kinds – here it is dementia. The recipients' disorder is certainly an aspect of the caregivers' choice of design. However, other recipients who are vulnerable or incapacitated may also receive this sort of treatment. The findings from this study therefore have implications for other settings in which this particular practice is drawn upon for achieving specific institutional goals.

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Notes

1. The study described here is part of a larger project, 'Care work as language work: Affordances and restrictions with Swedish as a second language in the new work order'. The project is made up of two parts: one focusing on oral interaction and the other on written communication in eldercare. This article reports on the oral communication study.

2. The third nursing home did not host residents with dementia and was not included in this study.
3. In British English, the Swedish idiom '*alla tiders kille*' would be translated to 'good bloke'. In this article, I have used the American translation.
4. The segment '*nämen*' in Swedish has full word status (English: 'no but').

References

- Antaki C, Houtkoop-Steenstra H and Rapley M (2000) 'Brilliant. Next question ...' High-grade assessment sequences in the completion of interactional units. *Research on Language and Social Interaction* 33(3): 235–262.
- Aronsson K and Cekaite A (2011) Activity contracts and directives in everyday family politics. *Discourse and Society* 22(2): 1–18.
- Backhaus P (2009) Politeness in institutional elderly care in Japan: A cross-cultural comparison. *Journal of Politeness Research* (5): 53–71.
- Bidewell JW and Chang E (2010) Managing dementia agitation in residential aged care. *Dementia* 10(3): 299–315.
- Bilmes J (1988) The concept of preference in conversation analysis. *Language in Society* 17: 161–181.
- Caporaël LR (1981) The paralinguistic of caregiving: Baby talk to the institutionalized aged. *Journal of Personality and Social Psychology* 40(5): 876–884.
- Drew P, Chatwin J and Collins S (2001) Conversation analysis: A method for research into interactions between patients and health-care professionals. *Health Expectations* 4: 58–70.
- Golato A (2002) German compliment responses. *Journal of Pragmatics* 34: 547–571.
- Golato A (2004) *Compliments and Compliment Responses: Grammatical Structure and Sequential Organization*. Amsterdam; Philadelphia, PA: John Benjamins Publishing Company.
- Goodwin C (1995) Co-constructing meaning in conversations with an aphasic man. *Research on Language and Social Interaction* 28(3): 233–260.
- Goodwin MH, Cekaite A and Goodwin C (2012) Emotion as stance. In: Peräkylä A and Sorjonen M-L (eds) *Emotion in Interaction*. Oxford; New York: Oxford University Press, pp. 16–41.
- Grainger K (1993) 'That's a lovely bath dear': Reality construction in the discourse of elderly care. *Journal of Aging Studies* 7(3): 247–262.
- Grainger K (1995) Communication and the institutionalized elderly. In: Nussbaum JF and Coupland J (eds) *Handbook of Communication and Aging Research*. Mahwah, NJ: Lawrence Erlbaum, pp. 417–436.
- Heinemann T (2011) From home to institution: Roles, relations and the loss of autonomy in the care of old people in Denmark. In: Backhaus P (ed.) *Communication in Elderly Care: Cross-cultural Perspectives*. London; New York: Continuum, pp. 90–111.
- Heritage J (1984) *Garfinkel and Ethnomethodology*. Cambridge: Polity Press.
- Heritage J (2002) Oh-prefaced responses to assessments: A method of modifying agreement/disagreement. In: Ford C, Fox B and Thompson S (eds) *The Language of Turn and Sequence*. New York: Oxford University Press, pp. 196–224.
- Heritage J (2011) Territories of knowledge, territories of experience: Emphatic moments in interaction. In: Stivers T, Mondada L and Steensig J (eds) *The Morality of Knowledge in Conversation*. Cambridge: Cambridge University Press, pp. 159–183.
- Heritage J (2013) Epistemics in conversation. In: Sidnell J and Stivers T (eds) *The Handbook of Conversation Analysis*. Malden, MA; Oxford: Wiley-Blackwell, pp. 370–394.
- Heritage J and Raymond G (2005) The terms of agreement: Indexing epistemic authority and subordination in talk-in-interaction. *Social Psychology Quarterly* 68(1): 15–38.
- Jansson G and Nikolaidou Z (2013) Work-identity in ethnographic research: Developing field roles in a demanding workplace setting. *International Journal of Qualitative Methods* 12: 152–167.

- Lanceley A (1985) Use of controlling language in the rehabilitation of the elderly. *Journal of Advanced Nursing* 10: 125–135.
- Lindholm C (2015) Parallel realities: The interactional management of confabulation in dementia care encounters. *Research on Language and Social Interaction* 48(2): 176–199.
- Lindström A and Heinemann T (2009) Good enough: Low-grade assessments in caregiving situations. *Research on Language and Social Interaction* 42(4): 309–328.
- Makoni S and Grainger K (2002) Comparative gerontolinguistics: Characterizing discourses in caring institutions in South Africa and the United Kingdom. *Journal of Social Issues* 58(4): 805–824.
- Makoni S and Makoe P (2001) Are Africans susceptible to dementia? Preliminary reflections on linguistic behavior in aged care and the discourse in Xhosa of a dementing White bilingual. In: Ridge E, Makoni S and Ridge S (eds) *Freedom and Discipline: Essays in Applied Linguistics from Southern Africa*. New Delhi, India: Bahri Publishers, pp. 14–170.
- Nussbaum JF (1993) The communication impact of institutionalization for the elderly: The admission process. *Journal of Aging Studies* 7(3): 237–246.
- Ochs E, Schegloff EA and Thompson SA (1996) *Interaction and Grammar*. Cambridge: Cambridge University Press.
- Pomerantz A (1978) Compliment responses: Notes on the co-operation of multiple constraints. In: Schenkein J (ed.) *Studies in the Organization of Conversational Interaction*. New York: Academic Press, pp. 79–112.
- Pomerantz A (1984) Agreeing and disagreeing with assessments: Some features of preferred/dispreferred turn shapes. In: Atkinson JM and Heritage J (eds) *Structures of Social Action: Studies in Conversation Analysis*. Cambridge: Cambridge University Press, pp. 57–101.
- Pomerantz A (1986) Extreme case formulations: A way of legitimizing claims. *Human Studies* 9: 219–229.
- Raymond G and Heritage J (2006) The epistemics of social relations: Owning grandchildren. *Language in Society* 35(5): 677–705.
- Ridell K (2008) Dansk-svenska samtal i praktiken: Språklig interaktion och ackommodation mellan äldre och vårdpersonal i Öresundsregionen [Danish–Swedish conversation in practice: Linguistic interaction and accommodation between the elderly and their caregivers in the Öresund region]. Uppsala: Skrifter utgivna av Institutionen för nordiska språk vid Uppsala universitet.
- Sachweh S (2003) ‘So frau Adams, guck mal, ein feines bac-spray, gut’. Charakteristische Merkmale der Kommunikation zwischen Pflegepersonal und Bewohnerinnen in einem Altenpflegeheim. In: Fiehler R and Thimm C (eds) *Sprache und Kommunikation in Alter*. Radolfzell: Verlag für Gesprächsforschung, pp. 143–160.
- Small JA, Geldart K and Gutman G (2000) Communication between individuals with Alzheimer’s disease and their caregivers during activities of daily living. *American Journal of Alzheimer’s Disease* 15(5): 291–316.
- Small JA, Gutman G, Makela S, et al. (2003) Effectiveness of communication strategies used by caregivers of persons with Alzheimer’s disease during activities of daily living. *Journal of Speech, Language, and Hearing Research* 46(2): 353–367.
- Socialstyrelsen (The Swedish National Board of Health and Welfare) (2010) *Nationella riktlinjer för vård och omsorg vid demenssjukdom 2010. Stöd för styrning och ledning* [National guidelines for health care in dementia 2010. Support for governance and management]. No: 2010-5-1. Stockholm: Ministry of Health and Social Affairs.
- Socialtjänstlagen [Social Services Act]. SFS 2001: 453. Stockholm: Ministry of Health and Social Affairs.

- Tulbert E and Goodwin MH (2011) Choreographies of attention: Multimodality in a routine family activity. In: Streck J, Goodwin C and LeBaron C (eds) *Embodied Interaction*. Cambridge: Cambridge University Press, pp. 79–92.
- Vasse E, Vernooij-Dassen M, Spijker A, et al. (2010) A systematic review of communication strategies for people with dementia in residential and nursing homes. *International Psychogeriatrics* 22(2): 189–200.

Appendix I

Transcription conventions

The following conventions have been used in this article. They are adapted with some modifications from Ochs et al. (1996).

- ::: Colons are used to indicate the prolongation of the sound just preceding them. The more colons, the greater the elongation.
- A hyphen after a word part or a word indicates a cut-off or self-interruption.
- = The equals sign indicates that utterances follow immediately from each other with no discernible silence between them.
- ((nods)) Double parentheses mark the transcriber's comment regarding how something is said, or what happens in the context.
- (1.6) Numbers in parentheses indicate silence, approximately represented in tenths of a second.
- (.) A dot in parentheses indicates a micro pause, hearable but not readily measurable, ordinarily less than 2/10 of a second.
- ° ° Degree signs indicate talk markedly softer or quieter than the adjacent talk.
- Yes Underlining is used to indicate some form of stress or emphasis either by increased loudness or higher pitch.
- Nä: If the letter(s) preceding a colon is underlined, then there is an inflected falling intonation (the pitch turns downward).
- . The period indicates a falling, or final intonation contour.
- , A comma indicates 'continuing' intonation, not necessarily a clause boundary.
- ? A question mark indicates rising intonation, not necessarily a question.
- ¿ The inverted question mark indicates a rise, weaker than a question mark.
- ↑ Indicates a marked shift into a higher pitch in the utterance-part immediately following the arrow.
- < > Right/left carets bracketing an utterance or utterance-part indicates speeding up
- > < Enclosed text spoken faster than surrounding talk.

Author biography

Gunilla Jansson is Professor of Swedish Language at Stockholm University. Her research interests include communication in health professions, training and education of healthcare professionals, and multilingualism in the workplace. Her PhD thesis was within pragmatics and dealt with cross-cultural writing strategies in second-language students' essays. Her current research focuses on nursing home communication and methodological issues of ethnography and conversation analysis.