

CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

‘I Don’t Like Your Face!’

Narratives About Dementia Agitation as a Site for Caregiver Socialization

A thesis submitted in partial fulfillment of the requirements

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By

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ABSTRACT

‘I Don’t Like Your Face!’

Narratives About Dementia Agitation as a Site for Caregiver Socialization

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Master of Arts in Linguistics

People in our society are living longer, dementia is becoming more common, and there is still no cure. Family members are increasingly looking to small homes in which to place their loved ones, the staff of which must make sense of the disease together in order to care for their residents. Working from an ethnomethodological perspective that organizations are constituted through such interactions, this study draws on multi-modal conversation analytic methods to explore video data of meetings attended by a group of long-term caregivers. An analysis is presented, which considers the structure, content, and interactional co-construction of a set of recurring narratives about dementia-related agitation, as well as the frequent embedding of enactments of resident and caregiver behavior within those narratives. The notions of tacit knowledge sharing and socialization in the workplace are explored, with a particular look at how the narrative structure of the agitation stories intersects with the caregivers’ construction of an interpretive framework for dementia behavior to shape the socialization that occurs in this setting. Ultimately, this study aims to prompt a broader line of inquiry into how caregivers co-create interpretive frameworks for dementia, and how that framework informs how they interact with residents suffering from a disease no one yet fully understands.

CHAPTER 1: INTRODUCTION

People in our society are living longer, dementia is becoming more common, and there is still no cure. Family members are increasingly looking to small assisted living facilities – as opposed to large institutions or nursing homes – in which to place their loved ones. In order to meet that demand, residential long-term care facilities are proliferating (Zimmerman et. al 2003). Small homes necessitate small staffs, the members of which must make sense of dementia together in order to make decisions about how to care for their residents (Dröes et. al 2006). Within the broad fields of applied linguistics and discourse analysis, much attention has been paid to institutional communication (Drew & Heritage 1992, Heritage 1998) and dementia within that context (Hamilton 1994, 1996, 2008, Mikesell 2009, Joaquin 2010). What has not been extensively explored from an interactional perspective is how caregivers make sense of the disease together. The inquiry is an important one because a better understanding of how members of a long-term care community talk *about* the residents is a valuable complement to understanding how they actually interact with them.

Working from the ethnomethodological perspective that organizations are constituted, transformed, and perpetuated through members' everyday actions and interactions, this study draws on conversation analytic (CA) methods to investigate the interactive practices of long-term caregivers as they discursively co-construct interpretations for their interactions with residents. The data for the study consist of videotaped staff meetings in a small long-term care facility for dementia in Southern California. The home is well-known for its success in controlling the behavior of residents who exhibit significant dementia-related agitation or aggression. The

atmosphere is intentionally home-like as opposed to clinical or institutional, and holistic care, including behavioral modification techniques, is emphasized as an alternative to medication for agitated behavior. An important part of that holistic care involves communication strategies, which are frequently focused on in the meetings in terms of their effectiveness in calming agitated residents.

Through a sequential analysis of excerpts from the recordings, this study investigates recurring narratives about interacting with agitated residents, which are told across participants and across meetings. The topic of agitation makes up a distinct subset of conversational topics in the meetings, which typically focus on how to meet the physical, mental, and emotional needs of residents. Similarities among the narratives are noticeable, and include chronological structure, incorporation of extensive enactments of reported resident and caregiver behavior, and salient contrasts between problematic, agitated resident behavior and desirable, non-agitated behavior. By investigating these similarities, as well as variations in how the narratives are interactionally co-constructed, I aim to illustrate how the narratives are an important resource for caregivers to share their tacit knowledge about dealing with agitation. I will explore how the caregivers are participating in their own professional socialization by co-constructing their framework for dealing with agitated behavior via these narratives, and how the administrator drives that socialization via his control over how they're told. By looking at these narratives and the socialization that is embedded within them in this local context, I hope to prompt a broader line of inquiry into how caregivers co-create interpretive frameworks for dementia, and how that framework informs the decisions they make about how to interact with residents suffering from a disease no one yet fully understands.

CHAPTER 2: LITERATURE REVIEW

CA and Dementia

CA, which comes out of the sociological tradition of ethnomethodology, looks at interaction as a collaborative accomplishment among participants. The CA approach rejects both the presupposition of macro-social structures, and the attempt to assume speaker perceptions, intentions, or private interpretations. Instead, researchers derive their analyses from a close sequential reading of what is explicitly oriented to by participants. One of the most important focuses of CA is on turn-taking and what-comes-next in an interaction (Sacks, Schegloff & Jefferson 1974, Heritage 1984a). In its strictest form, CA confines usable context to what is directly observable in the data, a strategy which is meant in part to hold researcher bias at bay, but also allows for researchers to find underlying patterns and structures in interaction (Schegloff 1997). Most importantly, situating narratives within their local, sequential contexts makes it possible to investigate the actions they perform within the interaction in terms of what participants observably orient to in subsequent turns. The goal of CA, then, is to uncover and describe universal interactive practices that shape the way humans communicate.

Although not strictly CA, Heidi Hamilton's work at the interface of discourse analysis and dementia paved the way for looking at the disease through an interactional lens (Hamilton 1994, 1996, 2008). Taking ordinary, situated interactions as the locus of her research, Hamilton provides an alternative approach to other more clinical or experimental ways of understanding dementia, which typically neglect participants' interactive competencies, as well as the roles interlocutors play in interaction. Charles Goodwin's analyses of interactions with a man with severe aphasia also provide stunning

evidence of what we can learn about communicative disorders through an interactional and CA lens (Goodwin 1995a, 2000, 2002, 2004, Goodwin, Goodwin & Olsher 2002). Such analyses allow the researcher to address complex issues such as the construction of identity in dementia (Hamilton) and the wide array of competencies a person can utilize to communicate despite severe linguistic disability (Goodwin).

More recently, CA researchers have begun to open lines of inquiry that can have direct applications in health and long-term care institutions. For instance, Joaquin (2010) compares the discourse strategies of caregivers interacting with people suffering from frontotemporal dementia (FTD) with those of adults interacting with children. Joaquin's findings suggest that such comparable discourse features can have ramifications for an FTD person's identity and status as such. Likewise, Mikesell focuses on the discourse strategies of FTD patients themselves, which allows her to speak to FTD patients' spectrum of competencies in situated interactions (2009), and more importantly to the agentive ways in which patients use strategies that were previously seen as basic indicators of cognitive decline, such as repetition (2010). In addition, Alison Wray's work, though not discourse or conversation analysis *per se*, investigates the use of formulaic language in disorders like dementia, which can speak to the challenges of interacting with people suffering from such disorders (Wray 2011).

Taken together, the existing body of work at the interface of discourse analysis/CA and dementia has had, and will continue to have, important implications for our understanding of how people with communicative disorders – and their interlocutors – interact in everyday institutional situations. However, as with most traditional studies of institutional talk, the focus is on interactions across role boundaries – e.g. caregiver-FTD,

family member-aphasia, researcher-Alzheimer's, and so on. As a complement to such research, this study aims to explore interactions among people in the same role – i.e. caregivers – as they discuss and make sense of dementia in terms of that role.

CA and Talk in the Workplace

Conversation analytic approaches to talk in the workplace have largely centered on institutional communication – that is, talk between members and non-members of an institution (e.g. Drew & Heritage 1992, Hutchby 1996, Eades 2003, Solan & Tiersma 2005). Such studies aim to investigate how various institutions are “talked into being” (Heritage 1984a) in these interactions, focusing on observable constraints on turn-taking and sequence organization, lexical choice, and asymmetries in participation, knowledge, and rights to knowledge (Heritage 1998). In their seminal collection of research on institutional talk, Drew and Heritage (1992:22) highlight some important features of institutional talk, one of which is that it is “associated with inferential frameworks and procedures that are particular to specific institutional contexts.” This feature is necessarily also true of organizational communication – that is, talk among members (e.g. staff members) of an institution or organization. Yet little CA research has surfaced that looks at how an institution is talked into being from, in a manner of speaking, the inside.

Important insights into how we might go about this abound, however, in nearby fields. In terms of theory, Wenger (1998) provides us with the concept of a *community of practice (CoP)*, or any group of people, from fishermen to claims processors to a group of friends, who are mutually engaged, have a joint enterprise and share a common repertoire. The idea is that learning takes place in the everyday interactions among members of the community as they work toward a common goal. Knowledge that is

gained is not only the explicit – e.g. how to accomplish certain tasks – but also the tacit, which Wenger (1998:47) describes as the “implicit relations, tacit conventions, subtle cues, untold rules of thumb, recognizable intuitions, specific perceptions, well-tuned sensitivities, embodied understandings, underlying assumptions, and shared world views.” As I aim to show in my analysis, another important kind of learned tacit knowledge is the inferential frameworks of which Heritage speaks, or what I will call the caregivers’ interpretive framework for dementia.

In terms of staff members of an institution interactively building (or talking into being) an interpretive framework for human behavior, a few studies stand out. The first two, which come out of traditional sociology, explore how patient behavior is interactively interpreted and contextualized by various members of a healthcare institution. First, Gubrium and Buckholdt (1979) look at the interactive practices involved as nurses (in a nursing home) and social workers (in a treatment center for emotionally disturbed children) interpret resident behavior toward the production of hard data for evaluation by the government. Gubrium (1980) also looks at staff members’ interactive practices as they meet to fill out government-required long-term patient care plans. In both cases, the data consist of field notes gathered during extensive observations at the facilities. The findings illustrate a complex interplay between the demands of the common goal (i.e. producing hard data or filling out care plans) and the nature of day-to-day interactions within the institution, both of which shape how participants come to interpret their residents’ behavior.

Likewise, in anthropology, Young (1997) observed social workers at a Veterans Affairs office as they interviewed Vietnam veterans, and then filled out reports for the

sake of a post-traumatic stress disorder (PTSD) diagnosis or non-diagnosis. He found that the staff members discursively rearranged the soldiers' stories to thematize and categorize aspects of their experiences in ways that are consistent with PTSD discourse. When these co-created narratives were recorded in medical records, they became new, oriented-to versions of the soldiers' realities. All three of these studies speak to the reflexive nature of the interactive and interpretive practices of members of institutional communities, and situated goals within those contexts. That is, the goal of an interaction (e.g. the hard data, care plan, or PTSD report), the interactive practices of participants, and those participants' co-constructed interpretive frameworks for human behavior, are all both determined and shaped by one another. While the data for these studies consist of observations, notes, and texts, my research aims to fill in the gap by looking more closely at the mechanics of the interactions among staff members through CA, Interactional Sociolinguistics and Gesture Research.

In my study, I will look at how caregivers interactively build an interpretive framework for dementia behavior through the narratives they tell about agitation, and the enactments of agitated resident behavior they perform within the context of those narratives. As we will see in great detail in the analysis below, these narratives follow the same basic structure. According to Fasulo and Zucchermaglio (2008), it is not surprising that these kinds of canonical narratives – which they term *templates* – recur in staff meetings in which participants discuss professional strategies. This is particularly true in an environment where most participants' knowledge is tacit, and not often explicitly put into words (Linde 2001). In the context of these meetings, the narratives and the enactments of behavior that are performed within them may serve a similar purpose – that

is, they are putting an interpretive lens over real caregiver experiences in a way that avoids the necessity to explicitly categorize or label those experiences.

Although his work does not look at talk specifically *in* the workplace, Charles Goodwin's studies on how various professionals interactively come to see the world through the lens of their profession provides a valuable framework for addressing this line of inquiry. For instance, Goodwin uses the micro-analytic lens of CA, along with his own variety of multi-modal analysis, to investigate how archeologists come to see and categorize dirt (1994), how scientists from different fields on an oceanographic research expedition work together from unique vantage points to accomplish a joint task (1995b), and how chemists come to understand the category "black" in an embodied, profession-specific way (1997). In each instance, Goodwin considers how the participants' situated discursive and multi-modal practices not only shape how they see the world around them, but also shape that world itself. In this way, knowledge itself is situated within the communities of practice in which people participate, and those communities are continuously transformed through the interactions that constitute their everyday existence. It is in this tradition that I aim to look at how caregivers interactively represent human behavior in terms of dementia and their roles as caregivers, and how professional socialization is achieved through these means. By doing so, I hope to complement the important CA work that has already been done in service of better understanding communication and dementia.

Enactments and Their Multi-Modal Construction in Interaction

Before I begin a discussion of enactments in the context of the caregivers' narratives, it is important to explicitly address the fact that I have chosen the term

enactment to describe the multi-modal embodiment of human behavior that is displaced in space (i.e. the behavior of another) and/or time (i.e. past or imagined behavior). The term will contrast with other commonly-used terms such as *pantomime*, *mimesis*, or *reenactment*, each of which I will address below. Also, I have intentionally chosen the referentially broad term *enactment* so that it can contain within its semantic boundaries each modality involved in its interactive construction. As I will explain further in the beginning of Chapter 4, in my use of the term *enactment*, each of these modalities can be used independently or in concert with others.

The first modality that commonly makes up an enactment is the speech stream. In other words, a speaker may construct dialogue when embodying or constructing human behavior. This practice speaks to my choice of the term *enactment* over *reenactment* (Sidnell 2006), which is akin to – and informed by – Tannen’s (1989) insistence on the term *constructed dialogue* as opposed to *reported speech*. The preference orients to (1) speakers’ abilities to construct dialogue (and, in the present case, multi-modal behavior) that is internal, imagined, projected into the future, or iterative; and (2) speakers’ tendencies to reconstruct past dialogue (or behavior) in ways that serve local, present purposes. I would argue that enactments and constructed dialogue share these features because constructed dialogue is one aspect of an enactment that may stand alone as an enactment in itself. In other words, while not all enactments contain constructed dialogue, all constructed dialogue could be seen as a kind of single-modality enactment.

Another modality that commonly makes up an enactment is gesture. Traditional gesture research typically focuses exclusively on co-expressive, synchronized, idiosyncratic manual gestures (McNeill 1992). While the term *enactment* is indeed used

by such researchers, it is not frequently oriented to as a term in and of itself, perhaps because their own terms are so much more specific to manual gesture. For example, McNeill (1992:37), following Kendon (1988), uses the term *pantomime* to describe when “the hands depict objects or actions, but speech is not obligatory.” He does not study pantomime, because pantomimes are typically substitutes for speech, as opposed to potentially co-expressive.

McNeill does, however, use the term *enactment* to describe the whole-body manner in which young children construct meaning before they’ve reached linguistic maturity, which he sees as a step in the process of developing *iconic* gestures. Iconics, according to McNeill, “bear a close formal relationship to the semantic content of speech” (1992:12), and can be performed from what he calls the *character viewpoint*, or *C-VPT*. In other words, while describing climbing a ladder, a speaker may mimic doing so by alternately reaching his or her hands up, like climbing a ladder. Focusing on enactments in these terms allows McNeill and other gesture researchers to analyze utterances and co-expressive gestures as expressions of the same underlying thought, and to get at the cognitive underpinnings of each (McNeill 1992, 2005, Kendon 1997, Sweetser 2006, 2008). While my consideration of enactments has parallels with McNeill’s designations of iconic gestures, childhood enactments, and pantomimes, an important point of divergence is that McNeill neglects the situated, interactional context of such kinds of gestures and the structure of the narratives in which they occur.

Streeck (2009) is an important outlier in this regard, in that he explores gesture in terms of how participants in interaction use it to co-construct meaning and to make sense of the world around them. He describes enactments – or a subtype of enactments he calls

mimesis – as “frequent” and “logical” because “the body enacts a familiar motor-schema and thus produces an abstract, i.e. gestural, version of a real-life act” (2009:145). In his discussion of *mimesis*, as at other points in his work, Streeck diverges from his manual focus to make some interesting observations about participant gaze. That is, gaze direction typically plays a part in the *mimesis* itself, as opposed to fulfilling its more prototypical co-gesture role of “pointer” at a gesture (2009:145). Streeck’s observation is important evidence that, once one begins considering actions like enactments within the situated context of an interaction, all manner of constructing meaning outside the speech stream and/or manual gestures become relevant for analysis.

While most traditional gesture researchers typically focus on the coordination of speech and gesture, Sidnell (2006) focuses on a three-way coordination among speech, gesture, and gaze in enactments – or what he calls *reenactments*. In his analysis, Sidnell shows that gaze direction plays an important role in demarcating enactment boundaries within an interaction, in that speakers typically remove their gaze from coparticipants during enactments, and return it just as an enactment ends. Sidnell also finds that gaze direction performs other important interactional actions such as enlisting coparticipants in an enactment, and marking a shift in perspective within a single enactment through subtle head and eye movements.

This leads me to another semiotic resource: head movements. McClave (2000) finds that head movements, like manual gestures, follow certain patterns depending on communicative goals. Particularly in terms of constructed dialogue (and, I anticipate, enactments), she finds that footing shifts between direct speech and indirect speech (e.g. from constructed dialogue in a narrative to descriptive or connecting speech) are often

marked by changes in the position of the speaker's head. These head movements are corroborated in my data, and are a valuable tool for locating footing shifts in enactments.

While these and other meaning-making modalities are necessarily interwoven, they are also discrete, which allows different resources to be included or excluded in any given enactment sequence. Because speakers are able to opportunistically weave various modalities into (or out of) their enactments, they are able to perform complicated shifts in what Goffman (1981) calls *footing*. That is, speakers are able to change their alignment in terms of their interlocutors within a given participation framework. In his seminal work on talk and interaction, Goffman (1981) decomposes the previously traditional notion of *speaker* into subsets of speaker roles that participants manipulate toward different conversational goals: *animator*, *author*, *principal*, and *figure*. Not only can speakers embody any or all of these speaker roles while producing an utterance, they can embed one within another when speaking of another person, another time, or an imagined world. This typology is extremely useful as a framework within which to analyze the ways in which speakers can accomplish complex shifts in footing, which allows them to perform and embed multiple participant roles within their turn in an interaction.

In this study, I will frequently touch on a variety of embedded actions in narratives as they become relevant, including assessment and participation framework actions. Each type of action can be carried out through any of the available semiotic resources. As mentioned above, Sidnell (2006) finds that speakers can use gaze as a way to manage the participation framework during an enactment. Other ways speakers may manage the participation framework is through the speech stream (via a story preface, explicit speaker selection, and so on) or through floor control via deictic gestures or

gestures performed in interlocutors' gesture spaces (Sweetser 2006). Participants' uses of different modalities to manage the floor and participation framework are well-documented in the literature, and abundant in the data. However, other types of actions are more telling in terms of the co-construction of the community's interactional framework for dementia.

The embedded action I will focus on in great detail in Chapter 6 is categorization, the most explicit modality available for which is the speech stream. For example, Overstreet and Yule (1997) suggest that speakers are able to create *locally contingent categories* – or categories of things-in-the-world that are not already lexicalized – by listing members of that category, and adding a *general extender* such as “and things like that.” Likewise, speakers could use a general extender in the midst of an enactment to categorize some salient aspect of that enactment, as performed through some other modality like gesture or head movements. Paralinguistically, speakers could also layer, for example, continuation intonation over constructed dialogue to indicate repetition or duration of such dialogue or behavior.

Another interesting way of categorizing the collectively-known world in interaction is through gesture conventionalization. According to Kendon (1997), most gesture patterns, as heterogeneous as they may be, are already somewhere in the middle of the continuum between idiosyncratic and fully conventionalized. And, according to Sweetser (2008), it is actually quite common for small groups of people to quickly begin picking up and re-using each other's gesture – something that is also described in McNeill (1992). Brennan and Clark (1996) call this phenomenon a *conceptual pact*, in which a speaker presents a referring item to an interlocutor that conceptually classifies a

referent in some way, and the interlocutor either accepts or rejects the reference. Each time a reference is accepted, it becomes more likely to be used in the future. In terms of enactments, any given gesture that either constitutes or co-constitutes an enactment of human behavior could eventually become conventionalized and used as a reference tool for the behavior originally enacted. Within a community of practice, this sort of conventionalization could lead to a short-hand for members' co-created interpretive framework for residents and their behavior (or membership categories, *a la* Schegloff 2007), while its use in turn preserves and builds upon its meaning in that context.

As the data will show, enactments are made up of a complex interplay of semiotic resources, including but not limited to those described above. While breaking down enactments into their individual modalities can provide us with the kind of microscopic lens needed to see underlying patterns in how enactments themselves are built, it does little to describe the various functions those enactments serve within the local context, as oriented to by participants. This is where CA becomes highly relevant. In other words, by combining methods in conversation analysis, notions of tacit knowledge sharing and socialization in the workplace, and ideas about enactments garnered from various interactional and gestural research traditions, this study can look at how caregivers in a dementia setting deal with the un-knowableness of the disease by sharing and orienting to a local interpretive framework for aggressive behavior in terms of their role in the home.

CHAPTER 3: METHODOLOGY

The data discussed in this study are videotapes of staff meetings in a long-term care facility in Southern California. The small facility houses ten residents suffering from various types and degrees of dementia. The home is not intended to be rehabilitative, and residents typically live at the facility until the end of their lives unless health-related issues necessitate their move to a hospital or convalescent home. The facility's primary goal is to provide holistic (i.e. physical, mental and emotional) care for the residents through activities of daily living (ADLs). The facility is arranged like a family home, and meals, visits, and activities are organized organically and inclusively. For example, visitors who bring treats for a resident are encouraged to bring enough for all residents, as the facility is each resident's personal home. In addition, the caregivers are encouraged to engage with the residents emotionally by incorporating touch, warm body language, and positive intonation into their communication style. The front room of the house has been converted to an office for staff, the door to which is typically locked. The rest of the house is open to staff, residents and family members/visitors at all times of the day or night; meetings and visits take place in the common living room.

Some of the caregivers live at the home, although most do not. Typical job responsibilities for the caregivers include cooking and cleaning, feeding residents, accident prevention, assisting residents with hygiene and ADLs, shopping for food and household items, participating in ongoing trainings for dementia care, interaction, and safety, and attending staff meetings. Caregivers also interact with residents in informal ways such as reading together, singing songs, and performing basic activities such as

puzzles, coloring, or games. In addition, caregivers interact with visiting family and friends, as well as other healthcare professionals such as nurses and physical therapists.

The home was selected because of the facility administrator's interest in participating in research on communication and dementia; contact was made through personal acquaintances. After gaining IRB approval, I was assisted in recruiting staff members by the residence administrator, who met with his staff before I did to prepare them for my arrival. The decisions about who would participate seem to have been made before I got there, and those caregivers who participated were already present for the meeting on my first day. There were some caregivers who didn't participate in the meetings at all, one who sat in a meeting but off-camera and without participating, and one who was a participant but chose to sit off-camera for one of the meetings. No one was explicitly asked by me (or in front of me) to participate, and explicitly declined. In addition, caregivers had individual options for consenting to participate, to have their image used, and to have their voice used. Participating caregivers consented on all points.

I originally proposed to speak with potential participants in private before the consent process. However, the administrator's urgency to begin the study meant that the introductory and consent procedures took place the same day as the first filming. Caregivers can be seen signing the consent form (see Appendix A) in the first video, and one participant, who needed more time to read the form, signed after participating in the first filming. The caregivers were informed that participation was voluntary, and that the purpose of the study was to explore communication and decision-making processes in human service facilities. While "taken-for-granted aspects of human interaction" were

mentioned as part of the focus, explicit references to gaze, gesture and head movements were not included in order to minimize unnatural or self-conscious behavior.

Staff meetings at the residence are typically scheduled only a few hours in advance, so only the staff members on duty can participate. In addition, because the residents must be cared for at all times, some staff on duty are excluded from meetings to remain with residents. Meetings are called and guided by the administrator and typically fall into one of three categories: (1) administration, (2) rules and regulations and (3) incident-related. After I introduced my study to the administrator, he chose the latter variety of meetings for me to film. In those meetings, participants discuss resident behavior and needs in various situations, and collaboratively brainstorm to analyze and learn from their experiences. Although the administrator typically calls these meetings in response to a particular incident, the videotaped meetings were pre-scheduled for a specific date and time to facilitate a recording schedule. Therefore, the filmed meetings may diverge in content and length from their more spontaneously occurring counterparts.

I filmed six meetings from a digital video camera in a corner of the living room for a total of four hours and 32 minutes of data. The meetings were 45 minutes to an hour long, with the exception of one meeting that was cut short. Participants include the facility administrator – George – and a combination of between two and four staff members including Nancy – the senior-most staff member – Ashley, Nate, Judy, and Drea. George is an immigrant from Greece, while the participating caregivers are from the Philippines. In the meetings, participants sit around a small dining-room table. In some cases other caregivers, visitors, and/or residents sit outside the video frame at the table or on a nearby couch or chair; participants sometimes explicitly address them or

orient to their presence in the recordings. I was also present in order to move the camera or turn it off if a non-participant entered the frame. My presence occasionally caused the participants to look at me while speaking, although this lessened over time.

Video recordings were chosen for this study so that micro-analysis could be performed on staff members' interactional practices, and so visible behavior such as gaze, head movements and gesture could be analyzed. The analysis was informed by conversation analysis (CA), which is an excellent way to get at something as complex as how people make sense of dementia. Because residents with dementia cannot clearly communicate their needs, staff members must figure them out together, drawing on a range of interactive and discursive practices to do so. Rather than relying on background knowledge about dementia or about formal processes and procedures related to making decisions in a long-term care facility, CA enables a description of precisely *how* staff members build their interpretations of resident behavior together, so that they can make decisions in the local context. In lieu of background knowledge, sequences in the data are used to describe what is happening in a given scenario.

In order to explore those sequences in my data, I employed a grounded, data-driven approach. I began by watching the videos, using the transcription software InqScribe to notate what I observed in terms of participants' verbal and visible behavior. I then coded recurring behavior with labels like *metaphor*, *anecdote*, *role-play*, and so on, again using InqScribe to notate the videos. The recurring code that piqued my interest in terms of its uniqueness to this professional setting was *enactment* – that is, a caregiver enacts the behavior of a resident through one or more semiotic resources including constructed speech, intonation patterns, head, eye and body movements, and gesture.

I initially chose to focus on enactments because of their prevalence and relatively even distribution among speakers in the data, and because they stand out as discrete units of talk through their semiotic complexity when compared to surrounding talk. As I looked more closely at these enactments, I discovered that many of them are performed with a recurring flailing gesture that will be described in more detail in the analysis. What is more, those enactments involving the flailing gesture typically occur within the context of narratives about how to deal with agitated behavior. When I then looked more closely at the narrative context for the enactments, I saw that the narratives themselves follow a distinct pattern. In order to map out the structural pattern of these narratives, I started with Ochs' and colleagues' (1992:43) list of features that make up a story in an interaction: *Abstracts, Settings, Initiating Events (IE), Internal Responses to IE, Attempts to deal with IE, Consequences, and Reactions*. I found that three of these features occur in every agitation story in the data: an initiating event, an attempt to deal with that initiating event, and the consequence of dealing with that event. I labeled those sections A, B, and C (respectively) and came to call the agitation narratives *ABC narratives*, as I will continue to do throughout the analysis. A more detailed description of the structure of these narratives, as well as a working definition of what an enactment is within the context of those narratives, will be provided in the beginning of the analysis.

The excerpts provided in the analysis are transcribed according to CA conventions, with some additional conventions added for the purpose of highlighting enactments in the data. To preserve confidentiality, all names have been changed, including references to residents. Transcription conventions can be found in Appendix B.

CHAPTER 4: ANALYSIS PART 1
THE STRUCTURE OF AGITATION NARRATIVES

This analysis will focus on the similarities and differences among a set of narratives told by participants in the meetings, as well as the implications of their being told in the local context. Before beginning, some working definitions and descriptions are in order. First, an important commonality among the narratives is that they are about resident agitation and how to deal with it as a caregiver. This is not to say that all narratives told in the meetings are about agitation, nor that agitation is the only topic covered in the meetings. However, it is the topic returned to and narrated most frequently, as most other topics – e.g. feeding residents, reading to them, helping them bathe or exercise, and so on – involve caregiver tasks that are frequently hindered by agitation. The narratives follow the same basic structure outlined in the following table.

ABC Narrative Structure		
<i>Label</i>	<i>Story part</i>	<i>Required or Optional?</i>
Pre-A	Initiating caregiver action	Optional
A	Initiating resident action	Required
B	Caregiver response/intervention	Required
C	Outcome	Required
D	Summary	Optional

Part A of the narratives is the resident action (or behavior) that initiates the story, which is typically in some way related to agitation. As is characteristic of initiations of “methodically introduced” stories in interaction (Jefferson 1978:220), part A is required in all cases, although sometimes it has already been made relevant in the talk preceding the narrative. Part pre-A is some caregiver action to which the resident agitation is a response. For example, a resident may be agitated because a caregiver is trying to feed

him something he doesn't want to eat. Part pre-A does not have its own letter because it is not the initiating action of the narrative *per se*, but rather an optional lead-up to the initiating action. Part B of the narrative presents the caregiver's response to the resident's agitation, and is typically oriented to as the focus of the story, as we will see in this analysis. Part C is the outcome of that response, which typically involves behavior that is a direct contrast to agitation, such as calmness, receptivity, cooperation, and so on. Finally, part D is a summary of the point of the narrative, or an elaboration of why the narrative's events occurred. Part D may be provided by either the storyteller or by George (if George is not the storyteller), and may include an elaboration in the form of another narrative. In addition, each narrative may include other features of typical narratives such as background information and asides, as well as co-construction by listeners. Parts A through C are the prominent, recurring features of these narratives, and will be the focus of this discussion. Hence, the term *ABC narratives* (or alternately *agitation narratives*) will be used to refer to them.

Another important feature of the ABC narratives is that the storytellers almost always enact the behavior associated with part A, and they frequently enact parts B and C. By *enactment*, I mean that at least one semiotic resource is used to construct, depict or perform the action of another person. While more complex enactments may involve constructed dialogue, intonation, gesture, eye movements and head movements, an enactment may also involve only one modality. In other words, there may be a spectrum between simple and complex enactments in terms of semiotic complexity, but I will consider even the most simple (such as constructed dialogue) an enactment. This will become important for some excerpts in which, for example, caregivers simultaneously

layer resources serving real-time interactional goals with those that enact a character in a story. Enactments will be labeled with “((enactment))” and described when relevant in this chapter and the next, but it is in Chapter 6 that they will be discussed in detail.

In this chapter, I will present six examples of narratives from the data, in order to show how each participant typically tells them. I will establish a sense of the narratives’ structure and context by excerpting chunks of the interactions that encompass narrative initiation and completion. Each narrative will be labeled and discussed in terms of its ABC structure discussed above. Some narratives vary from the structure model, for example through AB cycle repetition or a non-chronological event order. However, the model is useful for putting excerpts into the context of the ABC structure, which can assist in an analysis of how and why they are told. In turn, understanding a little about how and why the narratives are told will set the stage for a conversation about variations among them, and what is being accomplished through their telling. Particularly, this analysis will focus on how participants are co-constructing an interpretive framework for – or a way of “seeing” – agitated dementia behavior by sharing their tacit knowledge about caregiving via ABC dementia narratives.

The first narrative I will discuss is told by Nate. In the lines preceding this excerpt, George solicits feedback from the caregivers by asking for “any ideas” about what they usually do when confronted with an agitated resident. Before any of the caregivers respond, an off-camera resident says that she would avoid the situation. George says “good!” and explains to the caregivers that avoiding is not always possible, because sometimes residents are “in front of your face,” “saying okay, deal with me.” After another response from the off-camera resident, George turns his chair to face Nate

and asks him to describe an approach. Nate describes leaving and coming back, after which George turns to the other caregivers to solicit feedback from them without assessing Nate’s account. Nate overlaps with George’s re-solicitation, which causes George to turn back and effectively address the re-solicitation to him in lines 1 through 3.

(1) “I don’t like your face”
(Nate tells a narrative)

1	George	wh- anything eh-	
2		specific to calm them down?	
3		do you find anything here that works to calm them down?	
4	Nate	yeah the same as uh::	
5		I- I don't want to mention	
6		one on:e uh	
7		residents her:e uh	}
8		sometimes they're really agitate:d	
9		they gonna tell you:	
10		°↑oh:: get out get out no: ((enactment))	
11		I don't like your <u>face</u> ((enactment))	
12		[no ra blah blah blah↑° ((enactment))	
13	Nancy	[heh	
14	Nate	>you know<	
15		like uh some uh	
16		<good and bad> words	
17		at the [same [time, (1.0)	}
18	George	[right	
19	Nancy	[heh	
20	Nate	and: <u>then</u> you back up:	}
21		and then later on:	
22		you just wa::tch,	
23		(glance) a bi:t	
24		and then you <u>come</u> back again (0.6)	
25		eh: try to check the:	
26		the emotion of the face,	
27		and then- and <u>then</u> you approach again. (0.8)	
28		can I <u>help</u> you ((enactment))	}
29	Judy	°ye[ah°	
30	George	[good	
31	Nate	and <u>then</u> (0.4)	}
32		when he <u>wants</u> to help you now:	
33		and then	
34		↑come come come let's go let's go↑ (0.8) ((enactment))	}
35		it's it's it's depends how you <u>approach</u> → D	

36	George	good	
37	Nate	and you have to stu:dy (0.6)	} D
38		what they <u>need</u>	
39	George	exactly	
40		le[t's (hear the) spec <u>i</u> fic <u>s</u> though	
41	Nate	[not- (there's a)	
42		yeah	
43		ther- there'[s a	
44	George	[okay	
45	Nate	different uh	
46		person	
47		uh personality	

George solicits this follow-up narrative by asking Nate to describe something specific he does to calm down agitated residents. It's important to note that George is not explicitly asking for a narrative; rather, he's asking for a description of caregiver action (what "works to calm them down" in line 3), which Nate embeds as part B in an ABC narrative. We'll find that part B is the focus of – or motivation for – the narratives' telling throughout the excerpts in this analysis. The initiating resident action, or part A of Nate's narrative, can be found in lines 6 through 17. He introduces his enactment of that action in line 9, with "they gonna tell you," and then enacts the resident in lines 10 through 12. The enactment itself consists of constructed dialogue performed with a mock scream intonation, as well as eye, head, and body movements that can be loosely described as flailing. These embodied aspects of Nate's and other caregivers' performances will be discussed in more detail in Chapter 6.

Part B of Nate's narrative occurs in lines 20 through 28, when he describes disengaging with the resident, monitoring him/her, and later approaching the resident again ("can I help you" in line 28). Although this section of the narrative is verbally descriptive, Nate tilts his head slightly in an enactment of watching the resident. In line 31, Nate moves on to part C of his narrative, when he describes the resident as

cooperative (“he wants to help you now” in line 32). Instead of enacting the resident here, Nate enacts the caregiver’s willingness to engage with the cooperative resident, reaching his arms out and beckoning on “come come come” in line 34.

Finally, Nate sums up the point of his story – part D of his narrative – in lines 35, 37 and 38. First, Nate orients to a statement George made earlier in the meeting that “avoid cannot be always possible. You have to address it,” when he says “it depends how you approach” in line 35, as though avoiding the situation may in fact be a viable action if you approach the resident in a specific way. Nate also ties his narrative to George’s initial solicitation of a specific way to calm down residents when he says “you have to study (0.6) what they need” in lines 37 and 38. In these lines, Nate sums up the point of his narrative while at the same time making its telling relevant to the ongoing talk.

The next narrative is told by Nancy, and occurs soon after Nate’s telling within the same topic of talk (i.e. calming down agitated residents). Unlike Nate’s narrative, other caregivers extensively co-participate in the construction of this narrative, which ultimately hinders Nancy’s control of its completion. After Nate’s narrative above, George turns to Nancy and, overlapping with Judy’s attempt to take the floor, asks for Nancy’s point of view in line 1.

(2) “You have a rosy cheek”
(Nancy tells a narrative)

1	George	anything specific you would do?
2	Nancy	oh: [for-
3	George	[the person is coming now.
4		saying these things
5		what d’you actually <u>do</u>
6		I wanna know °specifically°
7	Nancy	you know of- uh-
8		because it depends on:::
9		in- on her mood too:.

((lines omitted))
 10 Nancy uh: actually they have
 11 a- different mood swings.
 12 (so the lady) will: (0.6)
 13 approach you something
 14 ↑ah this is mine this is like ((enactment))
 15 [get out of he:re↑ ((enactment))

} **A**

16 Judy [(get o-) yeah get out ((enactment))
 17 Nancy but then:
 18 I (decided), (0.4)
 19 this- that ti::me, but-
 20 uh: and then:: suddenly
 21 >I say< ↑oh miss::[: ((enactment))
 22 George [so and [so
 23 Nancy [so::, ((enactment))
 24 you have a rosy cheek! ((enactment))
 25 w[o [::w you look- ((enactment))
 26 Judy [°y[eah (nice skin)° ((enactment))
 27 Nate [yeah change the topic.
 28 Nancy you look [young= ((enactment))
 29 Judy [yeah
 30 Nancy =tod[ay::↑ ((enactment)) this time and then it's like
 31 Nate [it's like you're changing the topic
 32 Nancy >oh my gosh< you look like ((enactment))
 33 Judy yeah: [you have nice ski:n ((enactment))
 34 Nancy [() oh:: ((enactment))
 35 and [you know you- are the one= ((enactment))
 36 Judy [°(you're)° so pretty:: ((enactment))
 37 Nancy =who teach me how to:: ((enactment))
 38 Judy dan:[ce ((enactment))
 39 Nancy [can you do that for me ((enactment))
 40 now::? (0.2) ((enactment))
 41 °again [like that°

} **B**

42 Nate [that's true:
 43 tha[t's go[od.
 44 Nancy [and [then-
 45 Judy [yeah
 46 Nancy her face will be chan[ged then
 47 George [Ashley:: (0.2)

→ **C1**

48 [sit
 49 Nancy [like- ((enactment))
 50 George we wanna hear your too: so
 51 l(h)eave the c(h)a[mera (down)
 52 Nate [that's re- that's really good
 53 that's [really ([)
 54 Judy [yeah

55 Nancy [yeah: [and her f- }
 56 Nate [that's really- I- } **C2**
 57 Nancy and [her:
 58 Nate [you change the topic.
 59 [you- you- you
 60 Nancy [yes:
 61 Nate go: and change the topic.
 62 (that i-) [that's really good.
 63 Nancy [her face will [be changed ((enactment)) and then }
 64 Nate [>that's a ver- a really nice approach.< } **C3**
 65 Nancy she'll do
 66 ↑reall::y↑ ((enactment)) like that
 67 and then she's [like
 68 Judy [praise her:
 69 prai[se
 70 Nancy [will
 71 have on- }
 72 George good } **C4**
 73 Nancy calm fa:ce
 74 [and then
 75 Nate [and then
 76 starti[ng to smi:le with you
 77 Nancy [°praise.°
 78 Nate and [then °↑(okay come on)↑° ((enactment)) and
 79 Judy [smi:le and say ↑oh rea:lly:: ↑ ((enactment))
 80 Nate then you hug her.
 81 (0.8)
 82 George okay (0.6) }
 83 so:
 84 what we learned from that,
 85 is this right, that } **D**
 86 no matter where they come from (1.0)
 87 first thing in the morning:: (0.2)
 88 in the afternoon,
 89 which is sundow::ning,
 90 tends to be mo:re in the evening, (0.6)
 91 you almost pretend you didn't hear that
 ((continues))

In lines 1 through 6, George solicits Nancy's narrative by re-presenting the agitated resident "coming now" and asking Nancy to describe what she does in response. Nancy begins her narrative in lines 8 and 9, referring to the resident's mood. In the following omitted lines, George corrects "mood" to "mood swing," and the rest of the group chimes

in. Nancy resumes her narrative in line 10, presenting part A of her narrative in lines 12 through 15. Like Nate, Nancy introduces her enactment when she says “she’ll approach you something,” and in lines 14 and 15 she embodies the resident’s agitated behavior. Nancy’s enactment also involves constructed dialogue performed with a mock scream intonation, as well as head and arm movements reminiscent of flailing.

Transitioning to part B of her narrative in line 17, Nancy’s description and enactment of her response to the resident’s agitated behavior within the narrative is both extensive and semiotically complex. It also evokes significant co-construction from Nate and Judy, the other two caregivers present. And while Judy co-constructs the enactments of parts A, B and C, Nate engages in extensive assessment of part B. Assessment of part B is a common feature of the interactional construction of these narratives, which again points to the heightened salience of part B within them. Part B of Nancy’s narrative takes place throughout lines 17 to 41: the suggested caregiver response to agitation involves complimenting the resident with “you have a rosy cheek” (line 24), and “you look young” (line 28), and engaging her in a new activity – dancing (lines 37 through 40). Nate describes this approach as “changing the topic” in line 31.

As Nancy transitions to part C for the first time in line 46 (“her face will be changed”) George overlaps with Nancy’s turn by telling Ashley, who’s standing off-camera videotaping for George, to sit down. While George’s attention is diverted, both Judy and Nate continue to co-construct various elements of Nancy’s narrative. Judy, for example, sums up part B with “praise her” in line 68, and Nate assesses Nancy’s account in 64 (“that’s a ver- a really nice approach”). Nancy continues to fight for the floor to reformulate part C for George in lines 55 through 73; this phenomenon will be addressed

in more detail in Chapter 5. Once George says “good” in line 72, Nancy relinquishes the floor with downward intonation and a slight head nod on the word “praise” in line 77. As we can see, Nancy’s narrative has shown the same underlying structure as Nate’s in the previous example. Once the other caregivers stop speaking, George begins part D by summing up the point (“what we learned from that is this,” lines 84 and 85). As we will see in Transcript (5), another ABC narrative is embedded in this part D.

The next narrative comes from Drea. In it, George has just shifted the topic to a resident referred to as “the professor,” who is frequently agitated. In lines 1 through 4 he solicits an account from Drea, continuing through the omitted lines as Drea appears confused about both who George is talking about, and whether he’s specifically asking for her participation. She shows recognition in line 9 as she points to the couch where the professor typically sits. She begins her narrative in line 12.

(3) “I don’t li- wuh nuh”
(Drea tells a narrative)

1	George	((to Drea)) <u>you</u> ’re new	
2		have you noticed anything with the professor,	
3		<u>wor:ks</u> it doesn’t work,	
4		how challenging it can be,	
5		(0.8)	
6	George	what do you <u>think</u> abou:t (0.4)	
7		professor.	
		((lines omitted))	
8	George	[have you dealt with him?	
9	Drea	[oh: the one in here? ((pointing to couch))	
10	George	yeah	
11	Ashley	yeah	
12	Drea	oh: but sometimes you kno:w	} A1
13		he don’t like to: drink the: (1.2)	
14	George	the f- the: [uh::	
15	Drea	[that <u>ensure</u> [()	
16	George	[okay:,	
17	Drea	this is a:	
18		a <u>way</u> (0.8)	

19 mister Martin, can you drink this one, ((enactment)) → **Pre-A**
 20 ↑I: don't li:: wuh nuh:: nuh↑ (0.4) ((enactment)) → **A2**
 21 and (then/I go) okay: (0.6) ((enactment))
 22 °(okay)° (0.2)
 23 this (0.6) ((enactment))
 24 is <good for you::> (0.4) ((enactment))
 25 because when your stomach no:: food, (0.2) ((enactment))
 26 it's like (1.0) ((fists in front, squeezing and twisting)) } **B1**
 27 George yup,
 28 (1.8)
 29 Drea again (and the)
 30 ↑I don't li: uh:: nuh↑ ((enactment)) → **A3**
 31 okay ((enactment))
 32 I'll just be back ((enactment))
 33 I just- ((enactment))
 34 can I put this one in he:re? (0.4) ((enactment)) } **B2**
 35 can I leave this o:ne, (0.4) ((enactment))
 36 eh- then I'll do- (0.2)
 37 go back agai:n,
 38 and then when (1.0)
 39 I come back with him:, (1.2) ((hand up, like drinking)) } **C**
 40 George he start drink[in' it
 41 Drea [he drank already.
 42 (1.6)
 43 George you all agree with that right,
 44 Nancy yes b[oss:
 45 Nate [yeah
 46 George any othe[r uh:
 47 Nancy [because I'm doing-
 48 um
 49 (.
 50 George anybody [()?
 51 Nancy [because you know:

Drea immediately offers part A of her narrative in lines 12, 13 and 15, describing the initiating behavior as “sometimes you know he don't like to: drink.” She then moves backwards in her story's timeline to offer part pre-A. That is, Drea enacts asking the professor to drink in line 19, to which the resident's agitated behavior – a second instance of part A in the narrative – is a response. Unlike Nancy and Nate, Drea does not introduce her enactment, but rather immediately begins her performance in line 20.

According to Mathis and Yule (1994), this strategy has the effect of emphasizing the immediacy of the response. Like Nancy and Nate, Drea performs the constructed utterances – consisting of mostly wails – with a mock scream intonation, simultaneously embodying the agitated behavior through movements indicative of a flail.

Drea provides a narrative transition to the first instance of part B in line 21. She then enacts her first response to the resident in lines 22 through 26: using logic to convince the resident to eat. During this enactment, Drea looks at George as though he is the resident in the narrative. Drea describes what happens “when your stomach no:: food” in line 25, when she uses a gesture in line 26 involving both fists raised in front of her chest, squeezing and turning in opposite directions. George registers understanding in line 27 (“yup”) but leaves the floor to Drea, orienting to the incompleteness of Drea’s narrative. In lines 29 and 30, Drea returns to the third instance of part A in her narrative, enacting the resident’s refusal to drink and displaying the first approach as unsuccessful. Drea then performs a second part B in order to complete her narrative. She does this in lines 31 through 37, enacting the alternative approach of leaving and returning later.

Drea transitions to part C of her narrative when she says “and then when I come back with him:” in lines 38 and 39. George finishes Drea's sentence (“he start drinkin’ it” in line 40), but she overlaps his utterance with her own completion of part C, the outcome of her efforts in the narrative (“he drank already” in line 41). Her overlap accomplishes two things. First, she articulates part C of her narrative, without which it would not be considered complete. Second, her shift to past tense and stress on the word “already” upgrades the result of her intervention, which increases its reported effectiveness.

As we will see throughout the following analyses, George is the default holder of the floor in these meetings. The pause in line 42 may be an indication that Drea was given the opportunity to provide part D of her narrative. For example, she could have summed up the point of her story or linked it to prior talk more explicitly, as Nate did. However Drea does no such thing, and George takes the floor to ask if everyone agrees with the approach described in her narrative. Instead of providing his own part D, George begins to solicit additional accounts in lines 46 and 50; his use of the word “other” in “any other uh:” in line 46 links potential new accounts to the same topic of talk within which Drea’s narrative was told. Nancy’s utterance “because I’m doing” (line 47) as a response to George’s solicitation focuses on her behavior as a caregiver. In other words, Nancy’s account initiation orients to part B as the focus both of Drea’s narrative, and of her own upcoming narrative. As we’ve seen, Drea’s narrative has the same underlying ABC structure as the previous two examples.

The final caregiver narrative is the only one Ashley tells in the data. Although the narrative is atypical in a few ways, I am including it here to round out my illustration of narratives from each caregiver who tells one. In the lines before the excerpt, George has been asking Ashley about any difficulties she has with residents in the morning, when she wakes them up and cleans them. George moves on to a solicitation of a narrative by giving an example of agitated behavior from a specific resident, which Ashley co-constructs in line 17 (“she’s ve:ry combative”). Ashley begins her narrative with background information in line 32.

(4) “Sometimes she asks for food”
(Ashley tells a narrative)

1 George so Annabel for example (0.4)

2 I know: that it's very challenging
 3 why:,
 4 because she has (0.2)
 5 a: physical:: (0.4)
 6 immobility:: a-
 7 inability: in one leg,
 8 >you know.<
 9 by having it always closed ((enactment))
 10 to even mo:ve and that
 11 so: I know that challenging
 12 that's why (0.4)
 13 physical ther:apy ther:e
 14 to open >to do< but (0.6)
 15 between her: not liking that. (0.4)
 16 therefore screaming somet:mes.
 17 Ashley [and she's ve:ry combative → **A**
 18 George [we've seen in the morning can wake up
 19 everybody.
 20 (every/very) combative.
 21 .h um:::: (0.2)
 22 wh- anything that you:: noticed
 23 that it works for you:,
 24 in terms of (0.2)
 25 making her life easier, (0.8)
 26 her experience easier of cleaning,
 27 and of course your life easier.
 28 anything [there that you noticed,
 29 Drea [°() touch:
 30 (1.2)
 31 Ashley y-
 32 she always asks for food,
 33 (0.4)
 34 George oh:: [okay,
 35 Ashley [sometimes she helps. → **C1**
 36 if- she asks for food
 37 and you'll say:: to her:
 38 okay. ((enactment))
 39 we'll change first, ((enactment))
 40 and then I will give you food afterwards. ((enactment)) } **B**
 41 sometimes she:: } **C2**
 42 it works.
 43 (1.0)
 44 George or also:
 45 even if you give a little food
 46 whi:le she's doing that.
 47 (there's a) for example

48 when I come there sometimes I give
49 her a little for a cough
 ((continues))

Again, by soliciting an account from Ashley by asking for anything that works for her (lines 22 and 23) to make the resident's and Ashley's "life easier" (lines 25 through 27), George is highlighting Ashley's caregiver behavior as the focus of that account. And she indeed enacts part B of her narrative in lines 38 through 40, despite the fact that she does not enact resident behavior in parts A or C. This storytelling behavior is predictable in the sense that part B seems to be the focus of all ABC agitation narratives, although the lack of enacted agitation does stand out. Because this is the only instance of an ABC agitation narrative from Ashley, the question of why she doesn't enact agitation cannot be addressed sufficiently by the data. Ashley's narrative is also unusual in how it cycles through the ABC structure. After George makes relevant part A in line 16 by describing the resident as screaming sometimes, Ashley co-constructs it in line 17, describing the resident as "ve:ry combative." She then begins her story by offering background information in line 32 ("she always asks for food"). Part C is offered first in line 35 ("sometimes she helps"), before Ashley moves backward to make her background information relevant to part A of this narrative in line 36 ("if- she asks for food"). She finally gets to part B – which was contingent on that background information – in lines 37 through 40, enacting herself promising Annabel food after her cleaning.

Ashley's utterance in line 41 is incomplete, but it may be a movement to part C ("sometimes she::"). However George, who has been looking at Ashley throughout her narrative telling, looks away toward another part of the room just at the end of the utterance. It may be in response to this loss of George's attention that Ashley wraps up

her story by simply referencing – as opposed to describing or enacting – part C of the story in line 42 (“it works”). We’ve seen in Nancy’s narrative in Transcript (2) that George’s attention is an important aspect of part C; this will be discussed further in the next part of the analysis. Finally, there is no part D of Ashley’s narrative. Instead, George moves on to tell his own narrative about giving Annabel food during cleaning, as opposed to promising her food afterward. Although this is an alternate strategy to Ashley’s, George ultimately ties the two together as food-related strategies. Ashley’s narrative is an excellent example of a story that on the surface appears convoluted, but upon closer look adheres to the proposed underlying ABC structure.

The final two excerpts in this chapter are told by George. In the beginning lines of the Transcript (2), we saw George summing up part D, or “what we learned,” from Nancy’s narrative. His summary segues into another narrative exemplifying the effectiveness of Nancy’s reported strategy – that is, changing the topic when confronted with an agitated resident. The narrative begins in line 20.

(5) “You almost pretend you didn’t hear that”
(George tells a narrative)

1	George	okay. (0.8)	
2		<u>so</u>	
3		what we <u>learned</u> from tha:t,	} D
4		is <u>this</u> ri::ght, that (0.6)	
5		<u>no</u> matter where they come from. (0.4)	
6		first thing in the mor:ning:: (0.6)	
7		in the afternoon	
8		which is sundow:ning	
9		tends to be mor:e,	
10		and the <u>evening</u> , (0.8)	
11		you: al:most pretend you didn’t <u>hear</u> that	
12	Nate	h[eh	
13	George	[this is like (0.6)	
14		somebody says no: no: no. ((enactment))	} D
15		I don’t <u>li:ke</u> you:, ((enactment))	

16 I don't like the ba- (0.2) ((enactment)) } **D**
17 then nobody gonna hear you
18 >you hear< yes.
19 so what d'you do? (0.2)
20 the person's coming
21 he's already with that mood. (1.0)
22 I own this pla::ce, ((enactment)) } **A**
23 I want everybody out. ((enactment))
24 I'm unha:ppy, ((enactment))
25 I don't wanna li:ve, ((enactment))
26 >I don't wanna eat,< a- ((enactment))
27 you know all that. (0.8)
28 and you approach that >person<
29 ↑oh my god↑ so good to see you ((enactment)) } **B**
30 so and so, (0.4) ((enactment))
31 give her a hu:g (0.6)
32 I do that all the ti:me and (0.4)
33 immediately:: (1.2)
34 she comes out of that pla:ce (.) and
35 concentrates on the likeness par:t, (0.6)
36 that says ↑oh↑ Nancy just told me ((enactment))
37 °(the secon-)
38 thank you that was°
39 the answer, (0.4)
40 of (0.2) she likes me. ((enactment)) } **C**
41 she compliments me. ((enactment))
42 she forgets completely why she's agitated
43 why she doesn't own this pla:ce, (0.6)
44 \$why e(h)veryb(h)ody pays the b-
45 Nancy h.
46 George the re:nt on ti:me
47 and everything's fine\$ (0.8)
48 none of that and now:
49 she's shift-ed her thinki:ng,
50 which is kind of-
51 limited but easy to transition her into like
52 somebody likes me somebo-
53 and you say \$okay come\$. ((enactment))

Before launching his narrative, George sums up the point of this topic of talk by explaining that, no matter when the agitation occurs, “you: al:most pretend you didn’t hear that” (line 11). That this summary focuses on caregiver action is further evidence that part B is the oriented-to focus of these ABC narratives. George then gives a brief

example of what a generalized part A looks like in lines 14 through 18. He presents a resident who says “no: no: no. I don’t li:ke you:, I don’t li:ke the ba-” and then speaks directly to that imagined resident in line 17 (“nobody gonna hear you”). In line 18, George provides abstract instruction to the caregivers (“you hear yes”). He then shifts to more explicit instructions, introducing his intent by asking “so what do you do?” and launching into an ABC narrative similar to the ones we’ve seen from the caregivers.

Part A of George’s narrative occurs in lines 20 through 27, when he presents a resident coming “already with that mood” (line 21). Like the other caregivers (except for Ashley, as we’ve seen), George enacts the resident’s agitated behavior in lines 22 through 26, this time as an enumeration of what “that mood” looks and sounds like. Unlike the other caregivers’, George’s intonation is not mock screaming, but rather indicates a list through extended syllables and continuation intonation at utterance boundaries. Similar to the other narratives, however, George also employs head and arm movements indicative of a flail. In line 27, “you know all that,” George marks these utterances as ones the caregivers are familiar with when dealing with a resident “with that mood.”

Part B of George’s narrative begins in line 28 (“and you approach that >person<”), and he goes on to enact an example of the target caregiver approach to agitation. As we’ve seen in earlier examples, George’s lack of a quotative to introduce the constructed dialogue of part B marks the following action – saying “so good to see you” with enthusiasm and raised pitch – as sudden and without a transition. George briefly breaks out of the narrative to offer sideline commentary in line 32 “I do that all the ti:me,” and then transitions to part C of his narrative in line 33 (“(0.4) immediately:: (1.2) she comes out of that pla:ce”). Here the pauses surrounding “immediately,” as well

as the stress on its second syllable and elongation of its final syllable, put great emphasis on the immediacy of his suggested approach's success. George also ties the desirable resident behavior of part C to the undesirable behavior of part A in lines 42 through 47 ("she forgets completely why she's agitated why she doesn't own this place," and so on), which further emphasizes the contrast and the success of his approach.

Finally, we see that George does not provide a part D of his narrative, as his continued talk in the lines that follow the excerpt shifts slightly to a discussion about how to change residents' thinking with other pleasantries like chocolate. We can see possible evidence for why he opts out of part D in lines 38 and 39: George shifts out of the narrative for a moment to look at Nancy and thank her, quietly, for "the answer." This tie back to Nancy's narrative is evidence that George's story is being offered as a follow-up to Nancy's, and is in fact already the part D of that narrative. This may suggest that a narrative couched within the trajectory of another is offered to summarize or highlight the point of the prior narrative, and so needs no summary of its own.

It's important to note that, although George's narrative above is told in response to previous narratives, he also tells stand-alone ABC narratives exemplifying caregiver behavior. We can see an example of this in the following transcript. In the lines preceding the excerpt, George has been talking about various ways of distracting residents with pleasantries like touching an arm, singing a song, or offering a sweet treat while doing something potentially unpleasant for the resident, such as physical therapy or bathing. In lines 1 and 2, George refers to a specific resident who likes chocolate, but resists eating it because he forgets he likes it. He likens his approach to a magic show in line 5, and to

pick-pockets who “get your attention” and rip you off in lines 8 through 11. He begins his narrative in line 16.

(6) **“He's gonna stick it in my mouth”**
(George tells another narrative)

1	George	for example in <u>this</u> case	
2		(if) he wanted <u>chocolate</u> .	
3		I <u>do</u> some things	
4		that('re) almost be	
5		magic sho:ws	
6		they >you know<	
7		do it he:re ((enactment))	
8		they get your attention, ((enactment))	
9		an:d they ((enactment))	
10		take it off from he:re. ((enactment))	
11		\$they r(h)ip y[ou off:\$	
12	Drea	[yeah	
13		yea:h	
14	George	>same thing<	
15		so-	
16		you <u>give</u> the chocolate ((enactment))	} B1
17		but you do a little of <u>tha:t</u> ((enactment))	
18		you see, ((enactment))	
19		<u>this</u> o:ne (1.0) ((enactment))	
20		<u>here</u> ((enactment))	
21		or a <u>little</u> connection (0.6) ((enactment))	
22		body language, ((enactment))	
23		it <u>gives</u> a <u>signal</u> to the bo:dy that says ((enactment))	
24		something <u>good</u> is co:ming ((enactment))	
25		encouraging (0.8) ((enactment))	
26		that's <u>so</u> much <u>easier</u>	
27		and so much more <u>simple</u>	
28		than explainin' it.	
29		so you give the <u>chocolate</u> ((enactment))	→ Pre-A1
30		and he doesn't li:ke (0.2) ((enactment))	} A1
31		he doesn't (0.6) ((enactment))	
32		think this is <u>good</u> for hi:m, (1.0) ((enactment))	
33		by co:lor,	
34		by:- by::	
35		texture,	
36		by whatever:,	
37		and you're doing thi:s ((enactment))	} B2
38		and <u>almost</u> it's f:- ((enactment))	
39		it's not <u>forceful</u> but ((enactment))	

40 [forceful enough ((enactment))
41 Nancy [.h heh .hh ((enactment))
42 George encouraging enough,
43 Nancy \$hss.\$ ((enactment))
44 George to say oh I'll give it a try ((enactment))
45 because the guy:: ((enactment))
46 is not giving u:p ((enactment))
47 he's gonna stick it in my mou:th ((enactment))
48 >put tha:t,< ((enactment)) } **Pre-A2**
49 >(they) put it,< ((enactment)) } **A2**
50 eh hh >I don't want it,< ((enactment)) → **A2**
51 and then goes a li:ttle (0.6) ((enactment)) } **B3**
52 e- give him one more minute,
53 and the experience starts like } **C1**
54 ↑oh:↑ (1.0) ((enactment)) } **C1**
55 and now what you have do:ne.
56 you have reestablished trust (0.4) } **D**
57 the likeness (0.8) } **D**
58 here's the guy who wa:nts to ((enactment))
59 steal my mi:llions ((enactment))
60 who: (0.4) ((enactment))
61 did thi:s ((enactment))
62 >who did that,< ((enactment)) } **A3**
63 but no:w
64 because I associate the plea::sur:e (0.8) ((enactment))
65 o:f ((enactment))
66 that chocolate wi:th ((enactment))
67 experience ((enactment))
68 no:w everything start translating >(very)<
69 °oh::° he's my friend. ((enactment))
70 he's my nice- ((enactment))
71 guy, >because< ((enactment))
72 he's giving me good e- ((enactment))
73 experience. ((enactment))
74 he giving me pleasure (0.6) ((enactment))
75 and that's the way I:
76 describe this thing.

Like Drea's narrative in Transcript (3) and Ashley's in Transcript (4), George's narrative cycles through its parts in an interesting order. He begins with part B in lines 16 through 22, describing giving chocolate to the resident and enacting touching the resident's arm or shoulder as comfort (what George refers to as "a little of tha:t" in line 17, "this o:ne

(1.0) here” in 19 and 20, and “a little connection” in 21). He then shifts out of the narrative in lines 23 through 28 to explain why the approach works (“it gives a signal to the bo:dy that says something good is co:ming”). He then backs up to offer part pre-A in line 29 (“so you give the chocolate”), transforming what he’s said into the beginning of a narrative. He reaches toward Nancy to enact feeding her chocolate as though she is the resident. Part A of the narrative follows in line 30. Although George’s utterances in lines 30 through 36 are verbally descriptive (“he doesn't li:ke (0.2) he doesn't (0.6) think this is good for hi:m,” and so on), he actually enacts the resident’s agitated resistance by flailing his arm up and away from Nancy, as though she (as the resident) is flailing.

George moves on to part B of his narrative in line 37 (“and you're doing thi:s,” as in feeding the resident anyway), to which Nancy responds by opening and closing her mouth as though she’s bitten off a piece of the chocolate. It is in response to this that she laughs in lines 41 and 43. This part B, as explicated through the resident’s voice in lines 44 through 47 (“the guy:: is not giving u:p he's gonna stick it in my mou:th”), is slightly different from the approach first offered. That is, George is describing persistence as opposed to distraction, although its positioning in the narrative marks it as parallel. George then returns very quickly to parts pre-A and A in lines 48 through 50 through the voice of the resident. In line 48 (“put tha:t”), he is reaching his hand with the imaginary chocolate toward Nancy (as the resident), but quickly moves to feed himself in the next line (“(they) put it”) before responding as the resident (“ehhh >I don't want it,<”). This kind of complex semiotic shift between characters in enactments is common throughout both George’s and the caregivers’ narratives.

Part B of George's narrative occurs again in line 51 ("and then goes a li:ttle (0.6) e- give him one more minute,"). George is already referencing part C in this line, as he relaxes his body and lengthens his syllables as a contrast to the quickly-spoken, tense enactment of the previous lines. Part C then happens as a transition and a reduced enactment in lines 53 and 54 ("and the experience starts like ↑oh:↑"). George summarizes with part D in lines 55 through 57, saying that this worked because "you have reestablished trust." Then, as part of part D, George revisits parts A and C, highlighting the contrast between the agitated behavior and the resulting, desired behavior by voicing the resident's internal dialogue in lines 58 through 74. George concludes the topic in lines 75 and 76: "and that's the way I: describe this thing."

As we've seen in this chapter, George's and the caregivers' narratives about agitation are noticeably similar in that they follow what I've described as an ABC narrative structure, and they make extensive use of enactments for both caregiver and resident behavior. In addition, participants observably orient to part B – caregiver action or intervention – as the motivation for and focus of the narratives. By couching accounts of their own actions as caregivers in ABC narratives about agitation, participants are constructing a recurring contrast between problematic (i.e. agitated) resident behavior and desirable resident behavior via their own intervention. In other words, not only are participants sharing their tacit knowledge about how to do their job in these meetings, but they are in turn co-constructing a shared way of seeing and dealing with resident behavior in terms of that job. To take this observation further, we could say that they are constructing a site for professional socialization by telling these ABC agitation narratives.

CHAPTER 5: ANALYSIS PART 2 VARIATIONS IN AGITATION NARRATIVES

By recontextualizing their lived experiences to fit into the structurally similar ABC narratives illustrated in the previous chapter, participants are sharing their tacit knowledge about how to be a caregiver in a highly templated way. That they share this template suggests that they've been socialized to do so. In this chapter, we will see evidence of this socialization in action, through an analysis of variations in the narrative tellings. These variations have already begun to emerge in the examples in the previous chapter, and can be broken down into three generalizations:

- (1) George's narratives are relatively free from overlap, co-construction, acknowledgement or assessment when compared with the caregivers';
- (2) when there is overlap, co-construction, acknowledgement or assessment within a caregivers' narrative, the narrator is distinctly responsive to George's – and not other caregiver's – actions as listener; and
- (3) George holds the floor by default, and controls the context surrounding both his own and the caregivers' narrative tellings.

This chapter will be organized around the three generalized variations, incorporating excerpts from narratives in the previous chapter with new examples from the data. Through an analysis of how each of these variations is interactionally constructed, we will begin to see a dichotomy emerge between George and the other caregivers' local social roles: while George engages in participation actions that influence when and how the narratives are told, the caregivers' actions respond to that influence. In other words, George is driving the aforementioned socialization process, and the caregivers are co-participating in it through their own actions.

Variations in Overlap

To begin our discussion, we'll return for a moment to George's narratives to illustrate the relative lack of overlap. In Transcript (5), the only participation we saw was in the form of laughter, in two predictable places. The first was in line 12.

(5) Excerpt
(Limited overlap during George's narrative)

11 George you: al:most pretend you didn't hear that
12 Nate heh

George's statement in line 11 implies a disconnect between the caregivers' reality and the residents' reality, which garners laughter throughout the data. The second instance of laughter is in line 45, when Nancy laughs in response to George's re-construction of the agitated resident's behavior, but this time while laughing himself.

44 George \$why e(h)veryb(h)ody pays the b-
45 Nancy h.

Laughter typically begets more laughter throughout the data, which is a phenomenon well attested by Jefferson (1979). Overlap in Transcript (6) also occurs in predictable places. First, Drea's "yeah"s in lines 12 and 13 are predictable because they occur in response to an example that was initiated with "you know" in line 6 (see Schiffirin 1987).

(6) Excerpt
(Limited overlap during George's narrative)

6 George they >you know<
7 do it he:re ((enactment))
8 they get your attention, ((enactment))
9 an:d they ((enactment))
10 take it off from he:re. ((enactment))
11 \$they r(h)ip y[ou off:\$
12 Drea [yeah
13 yea:h

Later, Nancy laughs as she co-participates in an enactment with George.

37 George and you're doing thi:s ((enactment))
38 and almost it's f:- ((enactment))
39 it's not forceful but ((enactment))
40 [forceful enough ((enactment))
41 Nancy [.h heh .hh ((enactment))
42 George encouraging enough,
43 Nancy \$hss.\$ ((enactment))

As mentioned in the previous chapter, George enacts feeding Nancy (as the resident) in lines 37 through 40, to which Nancy responds by opening and closing her mouth as though eating the chocolate, laughing in lines 41 and 43. Here the overlap is due to co-participation that is initiated by George himself, unlike during caregivers' narratives, which will be discussed in the next few sections.

Variations in Responsiveness to Listener Actions

Likewise, although George's talk is peppered with pauses greater than a tenth of a second in Transcripts (5) and (6), those pauses are mostly not at the ends of turn construction units (TCUs), and are often preceded by rising intonation or lengthened syllables that imply continuation. In other words, George does not observably anticipate feedback from his co-participants at those points. In stark contrast, there is a plethora of evidence that caregivers anticipate feedback from George; however, as mentioned above, they do not anticipate – or treat as consequential – guidance from each other.

We'll first return to Nancy's narrative in Transcript (2) of the previous chapter. An immediately recognizable difference between this narrative and George's is the extensive co-construction coming from the other caregivers.

(2) Excerpt (Extensive overlap in Nancy's narrative)

24 Nancy you have a rosy cheek! ((enactment))

25 w[o [::w you look- ((enactment))
 26 Judy [°y[eah (nice skin)° ((enactment))
 27 Nate [yeah change the topic.
 28 Nancy you look [young= ((enactment))
 29 Judy [yeah
 30 Nancy =tod[ay:::↑ ((enactment)) this time and then it's like
 31 Nate [it's like you're changing the topic
 32 Nancy >oh my gosh< you look like ((enactment))
 33 Judy yeah: [you have nice ski:n ((enactment))
 34 Nancy [() oh:: ((enactment))
 35 and [you know you- are the one= ((enactment))
 36 Judy [°(you're)° so pretty:: ((enactment))
 37 Nancy =who teach me how to:: ((enactment))
 38 Judy dan:[ce ((enactment))
 39 Nancy [can you do that for me ((enactment))
 40 now::? (0.2) ((enactment))
 41 °again like that°

Here, Judy and Nate constantly overlap Nancy's construction of part B of her narrative, but Nancy continues without changing course. This is evidence of two things: first, although Nancy engages in small repairs such as her restart in line 28, she orients to the other caregivers as legitimate co-tellers of part B. For example, in line 38 Judy – who has been co-constructing in previous lines – finishes Nancy's sentence by filling in the word “dance” in response to Nancy's dancing gesture in line 37. Nancy continues her turn in line 39 without repair, incorporating Judy's co-construction into her own enactment. Second, although Nancy's unaltered course treats the other participants as legitimate co-tellers of her story, it is also evidence that she is not orienting to their input as consequential to her telling. In other words, the other caregivers' actions do not influence the trajectory of Nancy's narrative, while (as we will see) George's actions do.

In the following excerpts from the same narrative, we see further evidence of Nancy treating caregivers' listener actions as inconsequential, while treating George's as consequential. In other words, Nancy does not markedly anticipate feedback from the

other caregivers, nor does their feedback cause her to alter the trajectory of her narrative beyond simple acknowledgement tokens or overlap-related repair, as we will see.

George's feedback (or lack thereof), on the other hand, causes significant and observable modifications to her narrative telling. We begin by looking at Nancy's first formulation of part C in line 46.

(2) Excerpt

(Nancy treats caregiver listener actions as inconsequential)

46 Nancy her face will be chan[ged then
47 George [Ashley:.. (0.2)
48 [sit
49 Nancy [like- ((enactment))
50 George we wanna hear your too: so
51 l(h)eave the c(h)a[mera (down)

Although Nancy completes part C here, George is turning away from her and speaking to Ashley as she does so. Nate, on the other hand, not only provides acknowledgement of Nancy's story completion, but does so in the form of explicit assessments.

52 Nate [that's re- that's really good
53 that's [really ([)
54 Judy [yeah
55 Nancy [yeah: [and her f-
56 Nate [that's really- I-
57 Nancy and [her:
58 Nate [you change the topic.
59 [you- you- you
60 Nancy [yes:
61 Nate go: and change the topic.
62 (that i-) [that's really good.

However, although Nancy has received and acknowledges recognition and assessment of her narrative ("yeah" in line 55), she holds the floor to attempt to restate part C in lines 55 ("and her f-") and 57 ("and her:"). Nate continues to overlap with reformulations and positive assessments throughout, but Nancy does not treat these as consequential to her

telling. She has finished part C of her narrative, Nate is engaging in a potential part D (e.g. summarizing Nancy's strategy with "you change the topic" in line 58) and she again acknowledges Nate's actions ("yes:" in line 60). Despite these repeated markers of the end of the narrative, Nancy continues her turn by fully restating and elaborating part C in lines 63 and 65 through 67 below. It is only when George offers an assessment in line 72 that Nancy completes her narrative.

(2) Excerpt
(Nancy treats George's listener actions as consequential)

63	Nancy	[her face will [be changed ((enactment)) and then
64	Nate	[>that's a ver- a really nice approach.<
65	Nancy	she'll do
66		↑reall::y↑ ((enactment)) like that
67		and then she's [like
68	Judy	[praise her:
69		prai[se
70	Nancy	[will
71		have on-
72	George	good
73	Nancy	calm fa:ce
74		[and then
75	Nate	[and then
76		starti[ng to smi:le with you
77	Nancy	[°praise.°

George, who has not been looking at Nancy since his command to Ashley in lines 47 through 51, finally looks at Nancy and offers an assessment in line 72 ("good"). Here we see Nancy finally let go of the floor, as she ends in line 77 on the word "praise," which is spoken both quietly and with falling, utterance final intonation. As we can see in Nancy's persistence in attempting to complete part C of her narrative, an ABC narrative is only successful if George attends to each part of its telling. This is preliminary evidence that the caregivers construct their narratives specifically for George and not other caregivers, thus co-constructing his power to influence how and why the narratives are told.

Another way caregivers orient to George’s reciprocity actions as consequential is through their visible behavior during narrative tellings, particularly during enactments of residents’ – or their own – actions in a story. We’ll return to Drea’s narrative from Transcript (3) above. In the excerpt below, Drea is enacting part B of her narrative.

(3) Excerpt

(Drea treats George’s listener actions as consequential)

17 Drea this is a:
 18 a way (0.8)
 19 mister Martin, can you drink this one, ((enactment))
 20 ↑I: don’t li:: wuh nuh:: nuh↑ (0.4) ((enactment))
 21 and (then/I go) okay: (0.6) ((enactment))
 22 °(okay)° (0.2)
 23 this (0.6) ((enactment))
 24 is <good for you::> (0.4) ((enactment))
 25 because when your stomach no:: food, (0.2) ((enactment))
 26 it’s like (1.0) ((fists stacked in front, squeezing and twisting))
 27 George yup,
 28 Drea again (and the)
 29 ↑I don’t li: uh:: nuh↑ ((enactment))

When Drea enacts herself explaining to the resident why he should drink (“this (0.6) is <good for you::>” in lines 23 and 24), she makes eye contact with George and leans forward emphatically as she nears the utterance boundary. In a way, she is marking George as the recipient resident in her story. However, there are many other cases in which a caregiver performing a similar enactment – that is, talking to a resident – assigns the recipient resident in the story to an empty space between meeting participants by looking at and gesturing toward that space. In addition, caregivers typically do not orient to George as recipient when enacting a resident’s agitated behavior; rather, their eyes are part of the enactment, and typically move up and around. In other words, looking at George while enacting part B marks that part of the story in two ways. First, it marks George as not only the recipient resident in the enacted event, but also as the primary

recipient of specifically that part of the story (caregiver intervention). This behavior also marks the saliency of part B as the “point” of the story, which we’ve seen evidence of in previous examples. As soon as George acknowledges Drea’s performance (and his understanding of the gesture she performs during the one-second pause in line 26), she moves on to the next part of her story, which is a similar reiteration of parts A and B.

As we have seen so far, participation actions differ between George and the caregivers in terms of who is telling a story and who is listening – or potentially overlapping – with that story. These differences point to a dichotomy in participant roles between George and the caregivers. As we know from information about this particular professional setting, George is the boss. More importantly, the caregivers co-construct that role – and their roles in relation to it – when they limit their overlap with his narratives but not each others’, and when they treat his response actions as consequential, but not each others’. Such co-constructed role division sets the stage for professional socialization driven by George and co-constructed by the caregivers. Next we will see what that socialization looks like in the context of the ABC narratives.

Variations in Speaker Selection and Labeling of Behavior

An immensely important variation among participants’ actions occurs in the assumption of the role of speaker. That is, George fully controls the context surrounding both his own and the caregivers’ narratives. For example, George self-selects for his own narrative tellings, while the caregivers do not; rather, caregivers’ narratives are solicited by George. We’ve already seen evidence of George’s self-selection in his narratives. In Transcript (5), George initiates his narrative as part D of Nancy’s story.

(5) Excerpt
(George initiates his own narrative)

3 George what we learned from tha:t,
4 is this ri::ght, that (0.6)
5 no matter where they come from. (0.4)
6 first thing in the mor:ning:: (0.6)
7 in the afternoon
8 which is sundow:ning
9 tends to be mor:e,
10 and the evening, (0.8)
11 you: al:most pretend you didn't hear that
12 Nate h[eh
13 George [this is like (0.6)
14 somebody says no: no: no. ((enactment))

In line 11, George sums up the point of Nancy's narrative ("you: al:most pretend you didn't hear that"), and then he immediately introduces his narrative with "this is like" in line 13, launching into part A in line 14. Although the narrative in Transcript (6) is not part D of another one, George similarly initiates it as an example of a point he is making.

(6) Excerpt
(George initiates his own narrative again)

1 George for example in this case
2 (if) he wanted chocolate.
3 I do some things
4 that('re) almost be
5 magic sho:ws

In other words, George's narratives are not only self-initiated, but they're also offered as *a priori* exemplary of caregiver intervention for agitated resident behavior.

On the other hand, caregivers' narratives are always solicited by George. Most often, George solicits narratives by asking for part B when a specific part A – problematic agitation behavior – is made relevant either by the ongoing talk, or explicitly as part of the solicitation. We've seen the latter happen in Nancy's narrative in Transcript (2), which is excerpted below.

(2) **Excerpt**

(George solicits a narrative and selects the speaker by describing part A and requesting part B)

- 1 George anything specific you would do?
2 Nancy oh: [for-
3 George [the person is coming now.
4 saying these things
5 what d'you actually do
6 I wanna know °specifically°
7 Nancy you know of- uh-
8 because it depends on:::
9 in- on her mood too:.
(lines omitted)
10 Nancy uh: actually they have
11 a- different mood swings.
12 (so the lady) will: (0.6)
13 approach you something
14 ↑ah this is mine this is like ((enactment))
15 get out of he:re↑ ((enactment))

The above excerpt is couched within an ongoing conversation – which has involved narratives – about how to deal with an agitated resident. In other words, not only is agitated resident behavior already relevant in the talk, but it's relevant *as* part of a potential ABC narrative. In line 1, George solicits a narrative from Nancy by asking for part B (“anything specific you would do?”). Although she begins to respond in line 2, George overlaps by providing an explicit part A: he describes an agitated resident “coming now. saying these things” (line 4). “These things” is a reference both to his own enactment earlier in the conversation (not featured in this analysis), as well as Nate’s enactment in Transcript 1 (“I don’t like your face!” and so on). George then upgrades his solicitation of part B, asking “what d’you actually do I wanna know °specifically°” (lines 5-6). By emphasizing what “you actually do,” along with the modifier “specifically,” George is marking part B of Nate’s previous narrative (about avoiding an agitated resident – Transcript (1)) as *not* describing a specific action “done” by a caregiver, and

requesting a part B that does. Although George has explicitly provided part A of the narrative, Nancy backtracks to provide her own part A in lines 12 through 15. That George's part A is descriptive while Nancy's is enacted suggests that enactments of residents' agitated behavior is important to the overall construction of the ABC narrative.

We can see further evidence of the importance of enactments of agitated behavior in the construction of ABC narratives by looking at what happens when George's solicitation incorporates enactment. In the excerpt below, George repeatedly enacts part A as part of his solicitation request for part B. This leads to a narrative that begins immediately with part B. In the excerpt, George asks Drea to talk about what she does when a resident doesn't want to eat.

(7) "They say no I don't wanna eat"
 (George solicits a narrative and selects the speaker by enacting part A and requesting part B)

1	George	<u>tell</u> me (0.2)
2		let's::
3		talk about her:,
4		or <u>anybody</u> (0.4)
5		including <u>this</u> guy
6		if: he says I don't wanna eat ((enactment))
7		what d'you do. ((lines omitted))
8		so, (0.4)
9		let's say you bring food ((lines omitted))
10		you <u>bring</u> food. (0.8)
11		in this case to (1.0)
12		Maria. the new lady (0.8)
13		they say no- >I don't wanna eat< ((enactment))
14		what d'you do. (1.2)
15		
16	Drea	this morning, (0.6)
17	George	or any morning. (0.4)
18		[>when somebody says< <u>no-</u>
19	Drea	[(this mo-)
20	George	I don't wanna eat ((enactment))

21 what do you do?
 22 Drea (uh:/yeah)
 23 I just tell her
 24 okay Maria:: ((enactment))
 25 you need to eat your foo::d, ((enactment))
 26 so that you can become stron::g, ((enactment))

In the first iteration of George’s solicitation in lines 1 through 7, George presents part A for Drea (“if: he says I don’t wanna eat” in line 6) before asking for part B (“what d’you do” in line 7). In the omitted lines, the meeting is interrupted as a resident walks through, and George resumes in line 9 with part pre-A (“let’s say you bring food”). After shifting out of the narrative to offer a side comment in the second set of omitted lines, George presents part A and requests part B in an almost identical way to the first iteration in lines 13 and 14 (“they say no- >I don’t wanna eat< what d’you do”). Drea misinterprets this as a request for a report about a specific morning in line 16, and George’s clarification in line 17 (“or any morning”) makes relevant a more hypothetical/ iterative story. He then presents part A and requests part B for a third, nearly identical time in lines 18, 20 and 21 (“>when somebody says< no- I don’t wanna eat what do you do?”). Each time George repeats the request, he speaks more quickly than the first mention, orienting to it as a re-cast. In addition, each solicitation is almost identical, with a focus on the brief enactment “I don’t wanna eat” as the focus of the potential narrative. Unlike Nancy in the previous example, Drea bypasses offering her own part A, and immediately begins her narrative with part B in line 23 (“I just tell her”).

A second way George solicits narratives is by asking a more general, open question about a specific person. In other words, George does not construct or orient to a specific behavior in part A, nor does he ask for a specific part B of the narrative. As we

can see in the following excerpt from Drea’s narrative in Transcript (3), the response to such an account solicitation is again an ABC narrative:

(3) Excerpt

(George solicits a narrative and selects the speaker with an open question)

- 1 George ((to Drea)) you’re new
2 have you noticed anything with the professor,
3 wor:ks it doesn’t work,
4 how challenging it can be,
5 (0.8)
6 George what do you think abou:t (0.4)
7 professor.
((lines omitted))
8 George [have you dealt with him?
9 Drea [oh: the one in here?
10 George yeah
11 Ashley yeah
12 Drea oh: but sometimes you kno:w
13 he don’t like to: drink the: (1.2)

In this solicitation, George suggests that Drea talk about what “wor:ks it doesn’t work,” (line 3) or “how challenging it can be” (line 4) with a specific resident. While agitation is not explicitly mentioned, it may be invoked by George’s use of the word “challenging,” which orients to problematic resident behavior from the caregiver’s point of view as opposed to a broader category of problematic behavior that might include things like forgetfulness, depression, and so on. Here there is neither an explicit reference to part A of Drea’s potential narrative, nor an explicit request for part B. In fact, one could make the argument that a narrative is not necessarily made relevant at all by this solicitation, at least not in a similar way to previous examples. However, Drea clearly orients to this as a solicitation for a narrative about problematic agitated resident behavior, as she begins part pre-A in line 12. Drea’s narrative response to George’s open solicitation suggests

that the caregivers are being socialized to frame talk about their experiences as caregivers in the ABC narratives we've been discussing.

A third way George solicits narratives is by marking a caregiver's utterance as a potential part of a narrative by requesting another part of the narrative. The following excerpt immediately follows the excerpt in Transcript (3); lines 43 through 51 in that narrative are given as lines 1 through 9 in this new transcript.

(8) "What d'you do to help him change"

(George reframes a caregiver's talk to be part A and selects the caregiver as storyteller by requesting part B)

- 1 George you all agree with that right,
2 Nancy yes b[oss:
3 Nate [yeah
4 George any othe[r uh:
5 Nancy [because I'm doing-
6 um
7 (.)
8 George anybody [()]?
9 Nancy [because you know:
10 w-u:m: (0.8)
11 Ashley (because) at night
12 he doesn't like to be changed huh.
13 George m[m
14 Ashley [someti:mes he d[o- he doesn't
15 Nancy [y:eah and- then: (0.6)
16 Ashley °sometimes he ch-°
17 George so what d'you do to: (0.4)
18 to help him change

Although George's utterances in lines 4 and 8 are incomplete, we can gather that they are some sort of request for more discussion from "anybody" (line 8) following Drea's narrative about getting a resident to eat. Nancy responds to this request in line 5 as though she'll tell a story about herself ("because I'm doing") but then shifts to soliciting an account from Ashley in line 11 ("Ashley (because) at night he doesn't like to be changed huh"). Here we see trouble emerge from the unusual solicitation of a narrative

by a fellow caregiver. Ashley responds to Nancy in line 14 by saying (to George) “somet_i:mes he do- he doesn’t.” Nancy, who initiated the telling, overlaps Ashley with a continuer as though she will tell the narrative (“and- then:” in line 15). The floor shifts again in line 16, but Ashley trails off before finishing her turn (“°sometimes he ch-°”). This trouble results in a description of resident behavior without an ensuing narrative.

When George asks “so what do’you do to: (.) to help him change” (lines 17 and 18), his use of “you” orients to part B – caregiver action – of the solicited narrative, and contrasts with Ashley’s “he” in line 16. By soliciting part B from Ashley (to whom “you” is referring through George’s gaze), George is repairing the trouble by reframing the statement that the resident doesn’t like to be changed to be part A of a narrative. In other words, he is marking such resident behavior as legitimately problematic and deserving of a narrative. By marking behavior as problematic by transforming caregivers’ descriptions of it into opportunities for narratives, George is socializing the group not only in how to tell an ABC narrative, but also in what types of resident behavior are the kind of problematic behavior worthy of a narrative.

However, the trouble with this narrative’s telling is not over, and is an excellent example of how George also marks behavior as *un*problematic by interrupting a narrative’s development. The following excerpt is a continuation of the one above.

(8) Continued from above
(George cuts off a narrative’s development)

17	George	so what d’you do to: (0.4)
18		to help him <u>change</u>
19		(.)
20	George	((stomps foot)) any[thing:,
21	Nancy	[>(you know)< actually what- uh::
22		what I <u>do</u> is like (0.4)
23		when he <u>see</u> me wh(h) .hh

24 Ashley sometimes [he- he- he prefers (0.2)
 25 Nancy [(h) (h)]
 26 Ashley reina [ha .h ha [.h ha .hh
 27 George [oh::: °rei[na°
 28 Nancy so he will go there,
 29 at the room,
 30 even I'm [sleepin like
 31 Ashley [heh
 32 Nancy .h uh: reina ((enactment))
 33 Ashley h[eh
 34 Nancy [this is Martin (son) (0.4) ((enactment))
 35 I love your foo:d ((enactment))
 36 I love you[r >everyth- (things like that)< ((enactment))
 37 Ashley [heh
 38 Nancy and I will- (0.4)
 39 Ashley will tell me that (0.6)
 40 °tita° ((enactment))
 41 she will leave a me a- message
 42 >(so he says leave you a m(h)essage)<
 43 () [like that
 44 Ashley [I tried [to:
 45 George [(oh:)
 46 Ashley to change him, (0.2)
 47 and he- he: doesn't want me to do it
 48 .h
 49 (1.0)
 50 George mm
 51 so he has preference (though)
 52 as far as changes >and that<
 53 um::
 54 but the food that you're talkin'
 55 I wanna stay no:w
 56 move on a little b-
 57 away from: um:
 58 personal hygiene: because (0.6)
 59 we can talk a lot about different cases
 ((continues))

George solicits a narrative in lines 17 and 18, asking “so what do you do to: (0.4) to help him change.” There is no immediate response, and George marks the silence by stomping his foot and continuing his solicitation in line 20 (“anything:,”). Although George was addressing Ashley in his solicitation through eye gaze, Nancy responds to his request by

attempting to offer a part B in line 21 (“>(you know)< actually what- uh:: what I do is like”). However, she orients to Ashley as the recipient of George’s solicitation when she begins laughing in line 23, looking at Ashley with her palm outstretched as though asking her to continue. Ashley picks up in line 24, saying that sometimes the resident prefers “reina,” marking Nancy as “reina” by gesturing toward her emphatically. George marks this as new knowledge for him in line 27 when he says “oh:: °reina°” (Heritage 1984b), although he does not attempt to move the story forward in any way. Nancy then picks the story back up in line 28 (“so he will go there,”). Interestingly, although in most of the data Ashley is a passive, unanimated participant, she maintains her status as co-teller here by laughing and looking back and forth between George, Nancy, and the researcher.

Nancy’s narrative simply describes – and enacts – the resident’s preference for her as his caregiver. She describes him at night, while she is sleeping, standing outside of her room telling her he loves her food and so on. Nancy then describes Ashley, who works the night shift, telling her (“tita”) that the resident has left her a message in lines 41 through 42. Although the resident’s behavior here may be considered problematic by Nancy (and other listeners), Ashley orients to its potentially not conforming to prototypically problematic behavior in terms of the narratives that are being told (i.e. agitation). Ashley does this by returning to the original topic – changing a resident – that was marked as a potential narrative by George earlier in the excerpt. She overlaps Nancy’s talk in line 44, saying “I tried to: to change him.” However the statement is again not transformed into a narrative by Ashley; she simply re-states that “he: doesn’t want me to do it” in line 47.

Rather than using the statement as an opportunity for a narrative solicitation as he did earlier, George sums up what he sees as the point of Ashley and Nancy's telling, namely that "he has preference (though) as far as changes >and that<" in lines 51 and 52. He then moves on to a different topic in lines 54 and 55 ("but the food that you're talkin' I wanna stay no:w"). By summarizing and moving on, George is interrupting the possibility of further narration on the topic of personal hygiene. This action recontextualizes the behavior Nancy described, whose elaboration has not involved agitation, as not deserving of a narrative. In other words, although caregiver preference or going to a caregiver's room at night may be considered problematic behavior deserving of intervention by the caregivers, George is implicitly not marking it as such.

Because George's implicit marking of resident behavior as either problematic or unproblematic is so important to the notion of socialization, I will present another example of it. In the lines preceding the following excerpt, George has asked Ashley to describe what she's noticed at night with a new resident in terms of "getting up" and "agitation." They have discussed the fact that the resident is often awake for many hours, and George is now asking for more details about what she was doing while awake:

(9) "Mama"

(George cuts off a narrative's development again)

- | | | |
|----|--------|--|
| 1 | George | but [she was trying to get up? ((enactment)) |
| 2 | Ashley | [(anything) she can reach |
| 3 | | (0.6) |
| 4 | Ashley | yeah. |
| 5 | | she was trying [(to) |
| 6 | George | [she was trying to get up <u>also</u> |
| 7 | Ashley | °mm hm° |
| 8 | George | a::nd, |
| 9 | | she was sa:ying things, like |
| 10 | | I wanna do [this, I °wan-° ((enactment)) |
| 11 | Ashley | [m- mama |

12 (0.6)
 13 George [mama
 14 Ashley [>mama< mama ((enactment))
 15 George she was calling mama,
 16 Ashley mm [hm,
 17 George [okay,
 18 (1.4)
 19 George a[:nd
 20 Ashley [she was restless
 21 (0.6)
 22 George mm
 23 Ashley >restless< (0.4)
 24 for the whole night
 ((lines omitted))

After establishing that the resident was trying to get up out of her bed in lines 1 through 7, George attempts to predict what the resident was saying (“things, like I wanna do this, I °wan-°”) in lines 9 and 10. These utterances refer back to a number of instances throughout the data in which George enacts resident agitation through such types of “I want to do this” or “I don’t want to do that” constructions (to be discussed in the next chapter). In other words, George mis-predicts that the resident is agitated – which could potentially invoke an ABC narrative – but Ashley reports that the resident simply says “mama” in line 11. George then moves on in his questioning, without soliciting a narrative by asking “so what did you do” as we have seen in previous examples, which marks “mama” as unproblematic behavior. He asks a question about if the resident fell asleep or not, after which he asks about the caregivers’ behavior.

25 George an[d,
 26 Ashley [she was up,
 27 and she was: (0.6)
 28 saying: (0.4)
 29 mama
 30 George sa[me thi:ng,
 31 Ashley [(again)
 32 George a little ma:ma,
 33 a lil-

34 (0.6)
 35 George alright,
 36 went back to sleep or not.
 37 [after that.
 38 Ashley [no
 39 George that's it.
 40 the:n you guys took her
 41 to the sho:wer and everything else,
 ((continues))

George asks for more details about the resident's behavior through his continuation intonation on "and" in line 25, and Ashley responds that the resident was up, again saying "mama." In line 30, George says "same thi:ng," which orients to the behavior as linked to the first iteration. He then goes on to mark that behavior as unproblematic in two ways. First, he modifies "mama" with "a little" in line 32, and refers to the phrase "a little of this, a little of that" by beginning to repeat "a lil-" before trailing off in line 33. Second, as in the previous example, George moves on to the next stage of his questioning – whether the resident went back to sleep or not – without providing a space or solicitation for an ABC narrative. In line 39, George says "that's it" with falling intonation, marking the end of his probing for details about the resident's behavior during the night. He then begins asking about Ashley and Drea giving the resident a shower in lines 40 and 41, which marks the end of Ashley's night shift. That George mis-predicts agitation in lines 9 and 10 and then marks the described resident behavior as unproblematic suggests not only that he orients to described resident behavior in terms of whether it's worthy of a narrative, but also that he actively seeks instances of behavior that present opportunities for ABC agitation narratives. In other words, George is orienting to caregivers' telling of agitation narratives as crucial to his interactional/ socialization goals.

As we've seen so far, George's actions in the context surrounding narratives (or potential narratives) mark reported resident behavior as worthy of a narrative or not. In every instance where a flailing enactment occurs in my data, it is part of an ABC narrative. Because a flailing gesture is indicative of agitation, my data support the conclusion that agitated resident behavior deserves a narrative in these staff meetings. When the caregivers do not produce an ABC narrative on their own, George prompts them to do so. By extension, in those instances where George discourages narration, it is reasonable to conclude that he does not consider the resident's reported behavior to be an example of agitation and therefore problematic.

Variations in Assessments

We will now look at those of George's actions that mark entire caregiver narratives as exemplary or non-exemplary. Like actions already described, we do not see caregivers performing such assessments on George's narratives. The first example is part C of George's narrative in Transcript (5), which is an elaboration of part D of Nancy's narrative in Transcript (2).

(5) Excerpt
(George marks a narrative as exemplary)

25 George I do that all the ti:me and (0.4)
 26 immediately:: (1.2)
 27 she comes out of that pla:ce (.) and
 28 concentrates on the likeness par:t, (0.6)
 29 that says ↑oh↑ Nancy just told me ((enactment))
 30 °(the secon-)
 31 thank you that was°
 32 the answer, (0.4)
 33 of (0.2) she likes me. ((enactment))
 34 she compliments me. ((enactment))
 35 she forgets completely why she's agitated

Embedded within part C of George’s narrative is the aside in lines 31 and 32 “thank you that was the answer,” which George says while looking at and gesturing toward Nancy. By tying his own behavior (“I do that all the ti:me” in line 25) to “the answer,” George is orienting to it as an account of the right way to deal with an agitated resident. In addition, he is orienting to successful caregiver narratives as “answers” to his ongoing question of how to deal with agitated behavior. Finally, that George’s assessment of Nancy’s narrative specifically focuses on part B – reported caregiver response – marks part B as the assessable part of the narrative. We have seen evidence of this in previous examples, and it will come to be an important aspect of the narratives in the next chapter.

Similarly, George sometimes marks caregiver narratives as non-exemplary, although he makes significant attempts to mitigate the negativity of such assessments. In the following excerpt, George has asked Nancy for “any other ideas” about what works to make life easier or more comfortable for a resident. Nancy’s narrative begins in line 1:

(10) “Pull more, more more”
 (George marks a narrative as non-exemplary)

1	Nancy	Annabel is the type of <u>person</u> :
2		tha:t (1.0)
3		she doesn’t like the <u>touch</u> (0.8)
4		she is <u>reverse</u> (0.6)
5		so:: (0.4)
6		what- if you are going (0.6)
7		<u>to</u> her:
8		and you are going to <u>clean</u> her
9		y- you will do like <u>that</u> (0.4) ((enactment))
10		she will <u>scratch</u> you, ((enactment))
11		and do like that on your fa:ce, ((enactment))
12	Ashley	she p[ulled my hai:r, ((enactment))
13	Nancy	[so what I do <u>yesterday</u> .
14		the- the- I:
15		did <u>yesterday</u> ;
16		and then she do like that to <u>me</u> (0.4) ((enactment))
17		.p ((enactment))

18 okay I said that (0.2)
 19 okay: do it ((enactment))
 20 >and ju-< ((enactment))
 21 so I do like tha:t ((enactment))
 22 mo:re ((enactment))
 23 more more ((enactment))
 24 so: (0.8) ((repeat enactment))
 25 and then she did not do it to me:
 26 ↑okay:: whatever you want↑ to do: (0.4) ((enactment))
 27 do it. ((enactment))
 28 so:: it's like-

Nancy begins her narrative in line 1 by giving background information – that the resident doesn't like to be touched. When she says this resident is “reverse” in line 4, Nancy orients to the fact that most residents like to be touched, and that a strategy involving touching will not work here. In a way, Nancy may already be orienting to anticipated negative assessment from George. She then initiates part pre-A of her narrative in lines 6 through 8 (if “you are going to clean her”), and part A in lines 9 through 11 (“she will scratch you,”). Ashley co-constructs part A in line 12 (“she pulled my hai:r,”), which Nancy orients to as an interruption when she repeats part A in lines 16 and 17 (“and then she do like that to me”). Every time Nancy uses the deictic “this” or “that” in part A, she performs the action by lashing out with an open palm either toward George or toward herself. She moves on to part B in lines 18 through 23, describing how she moves her face close to the combative resident and says “okay: do it” (line 19), to which the resident responds by not lashing out. George orients to the completion of Nancy's narrative by summing it up (part D) in lines 29 through 33:

29 George so okay:
 30 you'[re confront her:
 31 Nancy [yeah: so it-
 32 George to see if she means it,
 33 or she [just >threatens you with that<
 34 Nancy [mm hm

35 George do you ever had a-
 36 a uh::
 37 situation before with her, (0.2)
 38 although at some point (0.4)
 39 I say or somebody else, (0.4)
 40 that actually is gonna do it? ((enactment))
 41 actually is gonna scratch y[ou?
 42 Ashley [yea:h
 43 [yeah she scratched me befo:re. ((enactment))
 44 Nancy [yes boss yes:: >yes< boss.
 45 yes (very-/there e-)
 46 yes [(
 47 Ashley [sometimes she pull my \$hair\$ ((enactment))
 48 >heh heh<
 49 [I'm changing her
 50 Nancy [pull (the/like) hair
 51 the- then after [that
 52 George [alright
 53 so you [s- you taking
 54 Nancy [pull more ((enactment))
 55 [pull more ((enactment))
 56 George [you taking a risk the:n (0.4)
 57 to do that. (0.8)

Unlike in other narratives, George does not move on from the topic at hand. Instead, he asks Nancy (and other participants by looking at them) if she's ever had a resident actually scratch her in lines 35 through 41. In doing so, George is already marking some sort of trouble with the content of Nancy's narrative. Nancy agrees that she's been scratched in lines 44 through 46, and orients to Ashley's overlap as co-construction in line 50 ("pull (the/like) hair"). However, she then re-states part B of her narrative in lines 54 and 55, when she puts her face close to the resident and tells her to "pull more," which recontextualizes the scratching and hair-pulling as part A of this narrative, to which her strategy is a response. George returns to part D of her narrative, but with an upgrade: Nancy's not just confronting the resident "to see if she means it" (line 32), she's also "taking a risk" (line 56). Nancy repeats part B of her narrative in lines 58 through 61:

58 Nancy tell her that y-
59 okay pull more ((enactment))
60 >more more< ((enactment))
61 and th[en it will:
62 George [okay
63 th[at wor:ked for you because
64 Nancy [(go that)() ((enactment))
65 George you (confront it)
66 you didn't wanna do: i:t an:::-
67 that worked.
68 but in general though, (0.6)
69 it's no:t suggested
70 it's no:t advisable to:
71 put \$your f(h)ace there\$ (or [clo[se) ((enactment))

George's "okay" in line 62 works not only to acknowledge receipt of Nancy's point, but also to mark the end of her telling and the beginning of his response. However, although Nancy has completed part C of her narrative (line 25) and George has – twice – completed part D (lines 29-33 and 53-57), Nancy continues to attempt to re-take the floor. Nancy's lines 61 and 64, for example, look like a re-attempt at part C of her narrative ("and then it will: (go that)"). George overlaps by revisiting the narrative himself: he re-summarizes part B of Nancy's narrative in line 65 ("you (confront it)"), part C in line 66 ("you didn't wanna do: i:t" where "you" appears to refer to the resident), and a potential part D in line 67 ("that worked."). This brief summary provides contrast with George's next turn, which is an assessment of Nancy's story. George says "it's no:t suggested it's no:t advisable to: put \$your f(h)ace there\$" in lines 69 through 71.

George's laughter in the final line marks Nancy's suggested strategy as laughable as he looks at the other caregivers. In response, Nate and Ashley immediately agree.

72 Nate [(I: [know)
73 (Ashley) [yeah
74 George because now we'[re gonna switch:
75 Nancy [y:eah >I know< but-
76 Nate it might be:

77 (0.8)
 78 George we're gonna switch to somebody else (0.6)
 79 Harry for example
 80 Nancy but you fee::l=
 81 George =you don't even ha:ve to k-
 82 to do any of tha:t
 83 if you're close enou:gh, (0.4)
 84 he mi:ght hurt you right, ((enactment))
 85 so: we need to: (0.8)
 86 protect ourselves ((enactment))
 87 prevent of that happening by
 88 bein' on a distance from that.
 89 okay
 ((continues))

Nancy, on the other hand, verbally agrees in line 75, but moves to continue her case with “y:eah >I know< but-.” During the silence in line 77, George’s hands are frozen in the air in a visual attempt to take the floor, and when he has it he changes the topic to another caregiver. Even then, Nancy attempts to re-take the floor to continue her topic in line 80 (“but you fee::l”). By doing so, Nancy shows that George’s assessment is a problem for her narrative telling. Not only is this excerpt evidence of George marking the content of a caregiver’s narrative as non-exemplary, but it also shows that caregivers orient to such actions by George as consequential. In other words, the caregivers orient to the same goal as George, that their narratives should be exemplary of caregiver responses to agitation.

As the data have shown, George has unique rights to determining what kind of narrative is told and when. We’ve just seen that he marks caregiver narratives as exemplary or non-exemplary of caregiver reactions to agitation. In addition, by soliciting narratives from scratch to speak to his own topic goals, recontextualizing ongoing talk to be part of a narrative, and interrupting potential narrative tellings, George marks described resident behavior as either problematic (i.e. worthy of an ABC narrative) or unproblematic (i.e. not worthy of an ABC narrative). Because these narratives focus on

agitated resident behavior, we see that “problematic” often equates with “agitated” for George. The final excerpt in this chapter shows that caregivers orient to this contrast between problematic and unproblematic resident behavior.

The following excerpt follows some time after Drea’s story opening about feeding Maria in Transcript (7). However, the numbering begins from 1 due to the gap between the excerpts. In the lines preceding the excerpt, Drea has been telling her story. Line 1 is her final iteration of part A, line 4 is part B, and line 7 begins part C.

(11) “Maria is a very good lady”

(Drea orients to her narrative’s atypicality in behavior contrast)

1 Drea I don’t like the foo::d ((enactment))
2 (she said)
3 she tell me that
4 okay just taste it ((enactment))
5 George ((nod))
6 Drea okay
7 and then when:
8 she taste, she eat (.)
9 a half of the: cup
10 with uh: .hh
11 uh::
12 the one you::
13 George I made [similar?
14 Drea [yeah
15 (Louisa) [I made that also:
((lines omitted))
16 George okay
17 so you-
18 you were able to feed her a little bit
19 Drea yeah yeah
20 I [feed her::
21 George [alright
22 Drea and just this::< (.)
23 uh Maria is a very good lady
24 George yeah
25 easy going:
26 very nice
((continues))

Drea's enactment of part A in line 1 is minimal; the utterance is slightly high pitched, she lengthens the vowel of "food" to simulate whining, and her facial expression changes slightly. Although George has framed this narrative as an ABC agitation narrative through his solicitation in Transcript (7) ("they say no- >I don't wanna eat< what d'you do"), Drea does not perform the resistance as agitated or pronounced. In addition, Drea is able in her narrative to get the resident to eat quite easily: she asks her to taste it in line 4, and when the resident "taste, she eat" in line 8. The conversation veers off between lines 9 and 15 and into the omitted lines, as George and Drea discuss what she ate (an orange and oatmeal). George sums up in line 18 ("so you were able to feed her a little bit").

Although Drea has completed her narrative, this summary is similar to the one George gives after Nancy and Ashley's failed narrative in Transcript (9) ("so he has preferences"). Drea agrees with George's summary in lines 19 and 20 ("yeah yeah I feed her::"). As we have seen, George is the default holder of the floor unless there is some interactional trouble at hand, which we can see again here. Although Drea's narrative is finished, and George has acknowledged its completion with "alright" in line 21, Drea retakes the floor in line 22 ("and just this::"). She adds that "Maria is a very good lady" in line 23. Drea's overall assessment of Maria as unproblematic is unusual in that it explicitly speaks to the problematicity of a resident's behavior; such a contrast is typically only implicit. A possible interpretation of Drea's statement is that, because George's solicitation asked about Maria specifically, and because ABC narratives have been marked as the preferred way of sharing experiential knowledge, Drea fit her experience with Maria into the narrative structure. However the narrative doesn't feel like a typical ABC narrative because of the subdued enactment of part A, and the ease with

which part B is reportedly accomplished. In addition, the follow-up conversation is about what was fed to Maria, and not how Drea got her to eat. By describing Maria as a nice lady, Drea is orienting to why her narrative is atypical: Maria is a nice lady, and therefore a narrative involving agitation is not possible. In other words, Drea is orienting to the co-constructed contrast between problematic and unproblematic behavior.

In this analysis so far, we've seen that the caregivers share their tacit knowledge about how to be a caregiver in a highly templated way. We've also seen that George performs actions on that talk – and the caregivers respond to those actions – that influence whether and how a narrative will be told. Through these variations in participation actions, many aspects of professional socialization can be accomplished. As we've seen, George not only marks successful narratives in terms of their exemplariness, but he also marks which types of resident behavior merit a narrative in the first place. Specifically, there is a distinct contrast being co-constructed between what I have called problematic and unproblematic resident behavior. This makes the ABC narratives an observable site of professional socialization in this workplace. In other words, the caregivers are being socialized not only in how to talk about the work they do, but also how to “see” the landscape of that work (Goodwin 1994) – that is, how to see different kinds of resident behavior in terms of whether it is deserving of caregiver intervention as reportable in an ABC narrative. Next we will zoom in some more to see how the structure of these narratives interacts with the enactments performed within them to further shape the local interpretation of dementia behavior.

CHAPTER 6: ANALYSIS PART 3 ENACTMENTS IN THE CONTEXT OF AGITATION NARRATIVES

So far, we've seen that both George and the caregivers tell parallel ABC narratives about agitation behavior and how to deal with it. And although the narratives are parallel, we've also seen that participation actions during and in the surrounding context of the narratives differ between George and the caregivers. Taken together, these differences are evidence of a socialization happening in the meetings, in which George shapes not only how caregivers talk about their interactions with agitated residents, but also how they orient to resident behavior in terms of whether it is problematic or unproblematic. But it would be a mistake to assume that George is the sole producer of this socialization and the caregivers passive recipients. Rather, all participants co-construct this socialization through their participation in telling the narratives.

In this final analysis chapter, I will present an even more detailed analysis of some of the ABC narratives considered above, in order to analyze a recurring gesture in terms of its role in the narratives, and in this professional context. Specifically, I will consider how the action of categorization is embedded in the gesture's performance during enactments of resident behavior. At the end of the chapter, I will show evidence from the data that the category of resident behavior constructed in the narratives and enactments is salient for the members of this professional community, and referenceable by the flail. This close look at the gesture and its context will emerge as an exploration of how the caregivers are all co-constructing an interpretive framework for dementia.

The flailing gesture occurs more than a dozen times in the data, both within and outside the context of ABC agitation narratives. Interestingly, when asked during an informal conversation, some relatives of one of the residents at the home responded that

they had rarely seen any of the residents actually flail their arms while agitated. Unfortunately, it is beyond the scope of this paper to speculate about the cognitive underpinnings of this discrepancy between enactment of resident behavior and actual resident behavior. However, knowing there is a discrepancy lends support to the argument I am making that the gesture is part of an interactionally co-constructed interpretive framework for agitated behavior, as opposed to being simply representative of any given resident's actual behavior.

The flailing gesture typically consists of more than one stroke, with the boundaries between strokes often aligning with the speaker's emphasis on specific words or phrases. On occasions, especially when the gesture is performed as part of an enactment of resident behavior, other gestures are incorporated into the rhythmic strokes of the flail. In these cases, I include the other gestures as part of the overall flailing gesture for that performance, for two reasons. First, the few incorporated non-flail gestures are embedded within the flails without rests in between, giving the overall impression of a unified string of flailing. In addition, as will become clear in the analysis, it is indeed the flail, and not the other gestures, that is repeatedly selected over time.

As we have seen in previous chapters, enactments of part-A resident behavior incorporate not only the flailing gesture, but also intonation patterns, eye gaze, and constructed dialogue. It is the interaction of these semiotic resources with the flailing gesture – along with their positioning within the structure of the ABC narrative – that allows for the action of categorization to be embedded in its performance. I will focus on both points for each of the following excerpts. In the transcripts, as noted in the transcription conventions in Appendix B, bolded typeface indicates that a speaker is

performing the flailing gesture. In the micro-excerpts that accompany images, asterisks correspond to the moment represented by the image.

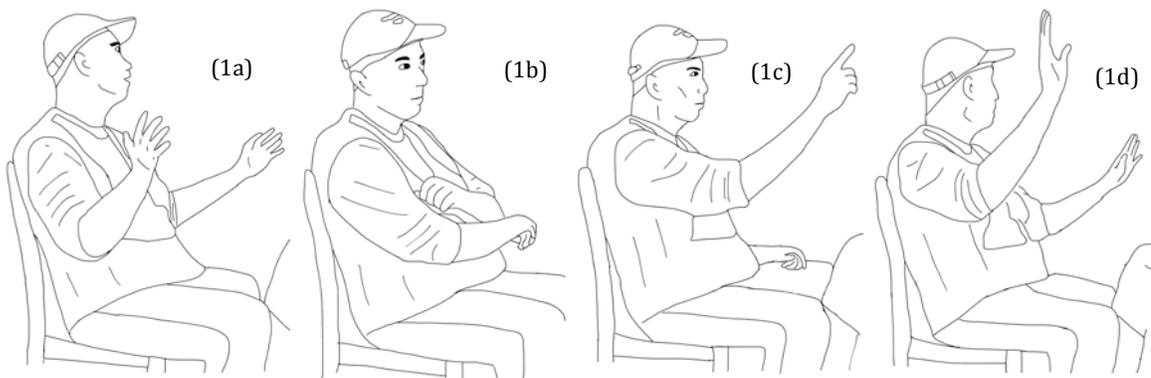
The first excerpt is from Nate's narrative in Transcript (1), in which he makes a case for dealing with an agitated resident by leaving and coming back later. Part A of Nate's narrative is in lines 6 through 17; the enactment occurs in lines 10 through 14:

(1) Excerpt

(Nate enacts agitated behavior with flails)

6 Nate one on:e uh
7 residents her:e uh
8 sometimes they're really agitate:d
9 they gonna tell you:
10 °↑**oh:: get out get out no:**
11 **I don't like your face**
12 **[no ra blah blah blah↑°**
13 Nancy [heh
14 Nate >**you know**<
15 like uh some uh
16 <good and bad> words
17 at the [same [time, (1.0)
18 George [right
19 Nancy [heh
20 Nate and: then you back up:
21 and then later on:
22 you just wa::tch,
23 (glance) a bi:t
24 and then you come back again (0.6)
25 eh: try to check the:
26 the emotion of the face,
27 and then- and then you approach again. (0.8)
28 can I help you
29 Judy °ye[ah°
30 George [good
31 Nate and then (0.4)
32 when he wants to help you now:
33 and then
34 ↑come come come let's go let's go↑ (0.8)
35 it's it's it's depends how you approach
36 George good

Nate’s enactment of part A combines eye gaze, gesture, intonation, and constructed dialogue. Beginning with a shift in eye movement from gazing at the other participants to looking around wildly above their heads, Nate shifts his footing to enact the resident. He introduces what Tannen (1989) calls *dialogue as instantiation* – what I will call *constructed utterances* – in line 9 (“they gonna tell you:”), and performs the utterances in lines 10 through 12 with the intonation of a mimicked, quiet scream. It is here that Nate performs the flailing gesture. The flail consists of four strokes, the first of which aligns with the utterance in line 10 (see figure (1a)). The second stroke aligns with “no,” again in front of Nate and lower, with his arms crossed in a pre-flail position (see figure (1b)). As his arms move out of this position, one arm rests, while the other rises up, the hand moving into a position pointing into the air above Nate’s head (see figure (1c)). Because this stroke aligns with the word “face” in line 11, the finger may be enacting the resident pointing at someone’s face. The final flail stroke peaks around eye level, with the open palms beating once for each “blah” in line 12 (see figure (1d)).



Figures (1a)-(1d): °↑oh:: get *out get out *no: I don't like your *face no ra blah *blah blah↑°

As mentioned in the discussion of this excerpt in the first analysis chapter, George has already marked avoidance strategies as non-exemplary before Nate tells this narrative. By enacting part A of his narrative – as opposed to simply describing it – Nate frames his

avoidance strategy in part B as something that, on one hand, logically follows from that dramatic behavior. On the other hand, the avoidance strategy is narrated as the catalyst for the resulting, desirable behavior: a resident who “wants to help you now” (line 32); this further strengthens Nate’s argument for avoidance.

While Nate is telling this story to make a case for his strategy for dealing with agitated residents, its very telling – along with the enactment of agitated behavior – is in turn contributing to the local interpretive framework for categorizing such behavior. First, the constructed utterances that co-occur with Nate’s flail index an important aspect of the invoked behavior. Those utterances, along with their intonation of a quiet scream, have two distinct qualities. First, the utterances are of a specific, agentive variety – here via imperatives (“get out get out”) and negative assessments (“I don’t like your face”). Second, only some of the utterances are explicitly uttered; others consist only of “blah,” which can be glossed as something like “person continues speaking in the same manner.” Along with Nate’s appeal to his interlocutors’ shared experiences with “you know” in line 14, his “blahs” show that he expects his listeners to be able to fill in the blanks with other utterances typical of this behavior. The fact that each “blah” is accompanied by a beat of the final peak of the flailing gesture (1d) suggests that any other utterances in the category would also co-occur with a flail. This strategy could be considered a mechanism of Overstreet and Yule’s general extension for locally contingent categories. In other words, it indicates that there is a category into which the utterances fall – that is, the category of agitated resident behavior to which the gesture refers.

Another way categorization is embedded in Nate’s enactment of part A of his narrative has to do with the contrastive nature of the narrative structure discussed

throughout this analysis. Because the enactment of resident behavior is presented as the initiating event of the narrative, the behavior that is presented as the result or goal of caregiver intervention is necessarily its contrast. That is, the flailing gesture refers to a category of behavior that is as much defined by what it is as by what it is not. Here, the contrasted, desirable behavior can be glossed as “cooperative.” Nate describes this behavior in line 32, as “he wants to help you now.” He also evokes the cooperative behavior by enacting his own character’s willingness to engage with the resident in line 34 (“come come come let’s go let’s go”). As we will see in the following excerpts, these aspects of the resident behavior evoked by the flailing gesture are both preserved and built upon when other caregivers perform the gesture for their own discursive purposes.

The next excerpt is from Nancy’s narrative in Transcript (2), in which she discusses the strategy of changing the subject and complimenting an agitated resident. Part A of Nancy’s narrative is in lines 12 through 15, and her enactment occurs in lines 14 and 15:

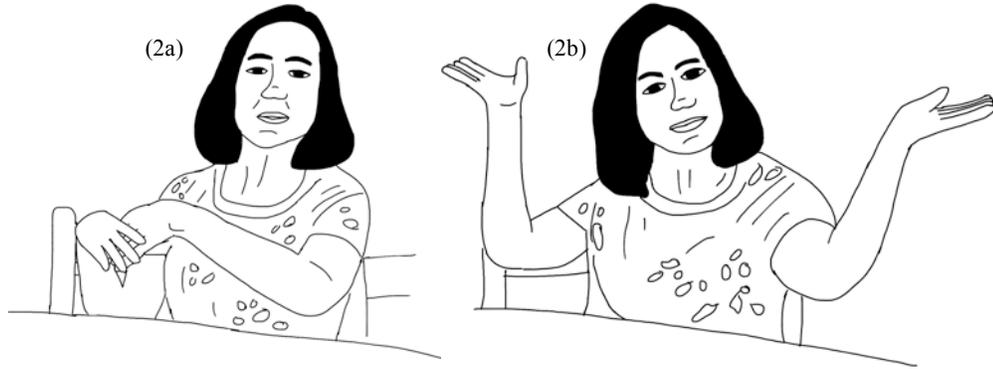
(2) Excerpt

(Nancy enacts agitated behavior with flails)

12 Nancy (so the lady) will: (0.6)
 13 approach you something
 14 **↑ah this is mine this is like**
 15 **[get out of he:re↑**
 16 Judy [(get o-) yeah get out
 17 Nancy but then:
 18 I (decided), (0.4)
 19 this- that ti::me, but-
 20 uh: and then:: suddenly
 21 >I say< ↑oh miss::[::
 22 George [so and [so
 23 Nancy [so::,
 24 you have a rosy cheek!
 ((lines omitted from Transcript 1))
 44 Nancy [and [then-

45 Judy [yeah
 46 Nancy her face will be chan[ged then
 47 George [Ashley:. (0.2)
 48 [sit
 49 Nancy [like-
 ((lines omitted from Transcript 1))
 63 Nancy her face will [be changed and then
 64 Nate [>that's a ver- a really nice approach.<
 65 Nancy she'll do
 66 ↑reall::y↑ like that
 67 and then she's [like
 68 Judy [praise her:
 69 prai[se
 70 Nancy [will
 71 have on-
 72 George good
 73 Nancy calm fa:ce
 74 [and then
 75 Nate [and then
 76 starti[ng to smi:le with you
 77 Nancy [°praise.°
 78 Nate and [then °↑(okay come on)↑° and
 79 Judy [smi:le and say ↑oh rea:lly:: ↑
 80 Nate then you hug her.
 81 (0.8)
 90 George okay

Like Nate, Nancy sets the scene for her narrative by enacting the initiating event of problematic resident behavior. It is during this enactment that she performs the flailing gesture. During the first constructed utterance (“ah this is mine” in line 14), she gestures a beat with both hands in front of her. Then, as she moves to the next utterance, she brings her arms up to flail, pausing in a pre-flail position that aligns with “get” (figure (2a)). The peak of the flail aligns with “here” (figure (2b)). Also like Nate, Nancy uses an intonation of quiet screaming for her constructed utterances. Unlike Nate’s performance, Nancy’s enactment elicits a high level of co-construction, which becomes part of the co-constructed category of agitated resident behavior.



Figures (2a)-(2b): ↑ah this is mine this is like *get out of *he:re↑

Nancy’s performance both preserves and co-constructs the category of agitated behavior referred to in Nate’s narrative. The flailing gesture again co-occurs with mimicked screaming and agentive utterances that are imperative (“get out of here”) and possessive (“this is mine”). In addition the contrasted, desirable behavior is both enacted and described. In the first iteration of part C in lines 46 and 49, Nancy smiles and brings her left hand up to shoulder level with the palm facing up, as though presenting her smiling face. She repeats this framing of her smiling face (with one or both hands) throughout her attempts to re-enact part C in the following lines. This enacted resident behavior can be glossed as “calm,” as in Nancy’s eventual statement that she “will have on- calm fa:ce” in lines 70, 71 and 73. She also enacts the resident’s receptivity to the compliments with the constructed utterance “↑reall::y↑” in line 66. In other words, the desirable behavior of calm, smiling receptivity of part C of the narrative is placed in direct contrast with the enacted agitated behavior of part A via both the narrative structure and the contrasting enactments. Nate’s co-construction in lines 75, 76 and 78 returns to the desirable behavior from his own narrative (“and then starting to smi:le with you and then °↑(okay come on)↑°”), which orients to Nancy’s enactments as part of the same category of behavior he described himself.

The next excerpt is from Transcript (5), which shows George responding to Nancy's account above. It is an excellent illustration of how a local interpretive framework for dementia is being constructed through the context of the flailing gesture's use. Part A of George's narrative is in lines 20 through 27, with the enactment beginning with a flail during the pause in line 21.

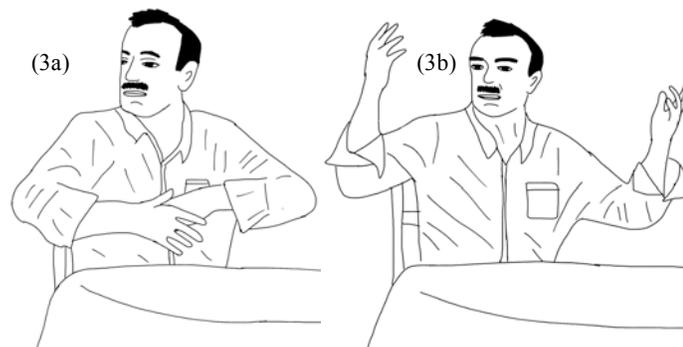
(5) Excerpt
(George enacts agitated behavior with flails)

20 George the person's coming
 21 he's already with that mood. (1.0)
 22 **I own this pla::ce,**
 23 **I want everybody out.**
 24 **I'm unha:ppy,**
 25 **I don't wanna li:ve,**
 26 **>I don't wanna eat,< a-**
 27 **you know all that. (0.8)**
 28 and you approach that >person<
 29 ↑oh my god↑ so good to see you
 30 so and so, (0.4)
 31 give her a hu:g (0.6)
 32 I do that all the ti:me and (0.4)
 33 immediately:: (1.2)
 34 she comes out of that pla:ce (.) and
 35 concentrates on the likeness par:t, (0.6)
 36 that says ↑oh↑ Nancy just told me
 37 °(the secon-)
 38 thank you that was°
 39 the answer, (0.4)
 40 of (0.2) she likes me.
 41 she compliments me.

Like Nancy and Nate, George enacts the resident's behavior in part A through constructed utterances and the flailing gesture. What is interesting about this instance of the gesture is that George begins to visibly enact the behavior before producing anything in his speech stream, which is a common occurrence with spontaneous gestures (McNeill 1992). This lack of alignment in the onset of gesture and speech points to the referential

power of the gesture. Unlike in the previous examples, George does not add a mimicked screaming intonation to the utterances in lines 22 through 26. Rather, these constructed utterances are characterized by lengthened syllables and continuation intonation at utterance boundaries. This prosodic quality suggests more of a list of hypothetical utterances than a string of utterances a resident might actually put together.

This time, the flailing gesture occurs four times, with each consisting of a pre-flail, in which the hands are close together in front of George, and a flail peak. The first movement from pre-flail to flail is during the pause in line 22, with a peak on “I own” in line 22, and a return to rest during “this pla::ce.” The hands move back up on “I want” in line 23, with a second peak in the middle of the word “everybody,” and a return to pre-flail position on “out.” The hands move immediately back up on “I’m” in line 24, to peak – lower down – for the third time in the middle of the word “unhappy.” Finally, the hands cycle smoothly toward the pre-flail position during “I don’t wanna live,” and back toward the low peak during “I don’t wanna eat,” with the fourth and final peak on “eat.” Figures (3a) and (3b) correspond to the second pre-flail and flail peak of the four. After enacting his own hypothetical intervention in lines 29 through 31, George highlights the effectiveness of his strategy by enacting the result: a change of emotional state marked by the “oh” (line 36) in his construction of the resident’s inner speech (Heritage 1984b).



Figures (3a)-(3b): (1.0) I own this pla::ce, * I want every * body out.

As in previous excerpts, both the multimodal performance and the context of George's enactment contribute to the local interpretive framework for dementia behavior. George constructs utterances that are again of an agentive type: possessive in line 22 ("I own this pla::ce"), imperative in line 23 ("I want everybody out"), and negative self-assessments in lines 24 through 26 ("I'm unha:ppy, I don't wanna li:ve, >I don't wanna eat,<"). George then adds "you know, all that." In addition to the continuation tone, this phrase acts as another mechanism of general extension, suggesting that everything before it is part of a category that has other, unuttered members. Likewise, "you know" suggests that George's listeners know what those other members could be. And like the beats on Nate's "blahs," the fact that the flailing gesture co-occurs with the list of constructed utterances implies that any other utterance within the same category could also co-occur with a flail. That the two so intimately co-occur throughout the data supports the idea, introduced by McNeill (1992), that the gesture and the utterances emerge from a common cognitive growth point, and are each therefore likely to be part of George's conceptual category of behavior. This recurring close relationship may be what allows the gesture to be used effectively on its own – that is, to develop into what is known as an emblem among this group of caregivers (McNeill 1992) – as we will see in a moment.

The final two excerpts focus on how the flailing gesture has begun to have a specific meaning in this community that is related to its use within enactments of agitated behavior in ABC narratives. The first excerpt is taken from Transcript (3), in which Drea narrates her strategy for getting a resident to eat. Part pre-A occurs in line 19, and part A is made up solely of the enactment in line 20. The enactment is then repeated in line 30:

(3) **Excerpt**

(Drea enacts agitated behavior with flails)

12 Drea oh: but sometimes you kno:w
13 he don't like to: drink the: (1.2)
14 George the f- the: [uh::
15 Drea [that ensure [()
16 George [okay:,
17 Drea this is a:
18 a way (0.8)
19 mister Martin, can you drink this one,
20 **↑I don't li:: wuh nuh:: nuh↑ (0.4)**
21 and (then/I go) okay: (0.6)
22 °(okay)° (0.2)
23 this (0.6)
24 is <good for you::> (0.4)
25 because when your stomach no:: food, (0.2)
26 it's like (1.0)
27 George yup,
28 (1.8)
29 Drea again (and the)
30 **↑I don't li: uh:: nuh↑**
31 okay
32 I'll just be back
33 I just-
34 can I put this one in he:re? (0.4)
35 can I leave this o:ne, (0.4)
36 eh- then I'll do- (0.2)
37 go back agai:n,
38 and then when (1.0)
39 I come back with him:, (1.2)
40 George he start drink[in' it
41 Drea [he drank already.

In this narrative, Drea enacts the resident's behavior twice with the flailing gesture.

During the first flail in line 20, her arms move in a single smooth, wide movement from rest to peak to rest again. Figure (4) displays the peak of this flail. During the second enactment in line 30, there are two smaller and lower – but more emphatic – peaks that align with “li:” and “nuh” of the utterance. Figure (5) displays the first peak of that flail. Again, the constructed utterances are accompanied by an intonation of mimicked

screaming. What is noticeably different about Drea’s enactment is that, while she fully constructs her own dialogue, she only gives Martin two or three words, filling the rest in with nonce words (“li:: wuh nuh:: nuh” in line 20; “li: uh:: nuh” in line 30). The words she does vocalize for Martin parallel features of utterances that have been attributed to the category of agitated behavior in previous excerpts. That is, they’re both agentive and negative. In addition, Drea does not use any quotatives to introduce Martin’s utterances. On one hand, this strategy emphasizes the instantaneity of Martin’s refusal to drink (Mathis & Yule 1994). On the other hand, the lack of quotatives, along with the lack of complete constructed utterances, may have been allowed for by the flailing gesture in the first place. That is, if the gesture itself has taken on referential power within this group, then the need to complement it by fleshing out the other modes of enactment is erased. Indeed, this is the case in the next excerpt.

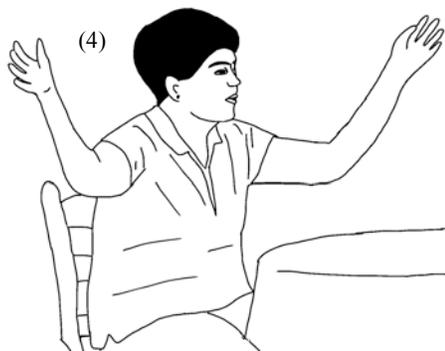


Figure (4): ↑I: don’t *li:: wuh nuh:: nuh↑



Figure (5): ↑I don’t *li: uh:: nuh↑

The final example is perhaps the most revealing in terms of the gesture’s meaning within this community of practice. In the excerpt, which occurs at the beginning of a meeting, George is detailing what the group will discuss:

(12) “Or by being very difficult”
(George flails referentially)

1 George but
2 that’s pretty much what I’m concentrate today:: (0.4)

3 on the subject of (0.2)
 4 ca:se scena:rios o:ne by o::ne, (0.6)
 5 few of the residents,
 6 that they stand out by their:
 7 uniqueness of their ca:se, (0.8)
 8 by their
 9 co:lorful: fu:n even (0.6)
 10 funny way: of
 11 saying or doing things, (0.6)
 12 or whatever (0.4)
 13 **o:r (0.4)**
 14 **by being very difficult** (1.0)
 15 and doing things that (0.6)
 16 sometimes can be inappropria:te,
 17 () can be difficult to deal wi:th,
 18 ((continues))

In this instance, George is neither narrating a story, nor is he enacting a specific resident. As he introduces types of residents that will be discussed in the meeting, he lists ones that stand out “by their: uniqueness” (lines 6 and 7), and “by their co:lorful: fu:n even (0.6) funny way: of saying or doing things,” (lines 8 through 11); he ends the list with “or whatever” (line 12). He then contrasts that group of residents with a pause and an emphasized “or,” mentioning residents who stand out “by being very difficult” in line 14. It is concurrently with this phrase that George performs the flailing gesture: his arms reach out in preparation for the gesture as he says “or,” and the peak of the flail occurs with the first syllable in “difficult” (see figure (6)).



Figure (6): o:r (0.4) by being very *difficult

This is an excellent example of the dual nature of this gesture, and its near lexicalization within the group (McNeill 1992). First, by using the gesture while describing some residents as “very difficult,” George constitutes that type of behavior as such. At the same time, this use of the gesture is isolated from other semiotic resources that have been used for enactments in the data, such as constructed dialogue, intonation, and head and eye movements. In other words, it is the flail – and not the other features of enactments – that has been selected and used referentially. Although the caregivers may not be dealing with residents who literally flail in their everyday work lives, it is clear that the flail gesture is somehow uniquely representative of agitated resident behavior. Its representative power is no doubt shaped by some salient aspect of what it’s like to deal with agitation as a caregiver, but as we’ve seen in this chapter it is also constituted and reconstituted through its recurring use in ABC agitation narratives.

As we’ve seen, both George and the caregivers are embedding a lexicalized (for this group) categorization gesture into their ABC-narrative tellings about how to deal with agitation behavior. Although categorizing resident behavior is not an oriented-to goal of the narrative tellings, it is an important, observable component of the semiotically complex performances within the narrative ABC structure as we’ve seen in this chapter. Although George may shape how they tell stories about agitated behavior, the caregivers are exploring their tacit knowledge about that behavior by inserting it into the narratives in specific ways. In other words, by participating in these enactments and narrative tellings, the caregivers become active participants in their own professional socialization.

CHAPTER 7: DISCUSSION

For this study, I have explored the notions of tacit knowledge sharing and socialization in the workplace by approaching the data from a multi-modal conversation analytic approach. In other words, I analyzed the video data while looking for neither evidence of existing social roles like “boss” and “employee” nor internal phenomena like speaker intentions. Instead I approached the interactions as collaborative accomplishments among participants, and looked for observable patterns in what they orient to in the data. What I found in terms of ABC agitation narratives and the enactments embedded within them indeed speaks to a dichotomy in participants’ roles. However, it also speaks to a more subtle aspect of the notion of collaborative co-construction. That is, it is not simply – nor *a priori* – the case that the participants inhabit different social roles; rather, they all co-construct those roles through the very actions I point to as evidence of the roles’ existence. In other words, the socialization that is purportedly occurring during the telling of agitation narratives is at once influenced by a single participant via contrasting social roles, and co-constructed by all.

By recontextualizing their experiences as caregivers to fit into the structurally similar ABC narratives illustrated in the analysis chapters, participants are sharing their tacit knowledge about how to be a caregiver in a highly templated way. Although not all narratives told in these meetings are about agitation, an important commonality among a majority of them is that they are about resident agitation and how to deal with it. The narratives also share a similar ABC structure, where parts pre-A and A set up the problematic, initiating agitated resident behavior; part B presents caregivers’ response to that behavior, and part C depicts the outcome of that response: desirable, non-agitated

behavior. This template, which was outlined extensively in the first chapter of the analysis, is what makes the narratives an observable site of professional socialization, which George is driving and in which the caregivers are co-participating.

As we saw in the second chapter of the analysis, George engages in participation actions that influence when and how the narratives are told, and the caregivers' actions respond to that influence. For example, there are noticeable differences in overlap behavior among participants, who engage with narratives told by other caregivers at a noticeably higher level than those told by George. However, caregiver storytellers only orient to George's listener actions as consequential, by altering the trajectory of their narratives in response beyond simple acknowledgement tokens or overlap-related repair. We saw this in Nancy's repeated efforts to finish part C with George's attention in Transcript (2) ("You have a rosy cheek"). In other words, the caregivers construct their narratives specifically for George and not the other caregivers, thus co-constructing his power to influence how and why they are told.

We've also seen that George fully controls the context surrounding both his own and the caregivers' narratives. For example, George self-selects for his own narrative tellings, while the caregivers do not. Rather, caregivers' narratives are always solicited by George, through open questions regarding resident agitation, or through requests for part B after some potential part A has been described or enacted. By doing this, George marks described or enacted agitated behavior as problematic and deserving of a narrative. He also marks other behavior as *unproblematic* by interrupting a narrative's development, as we saw in Transcript (9) ("Mama"). Finally, George marks entire caregiver narratives as exemplary or non-exemplary through explicit comments such as "thank you, that was the

answer” in Transcript (5), or through negative assessments as we saw in Transcript (10) (“Pull more, more more”). Through these observed actions, George controls when and how narratives are told, which socializes caregivers to orient to different kinds of resident behavior in terms of whether the behavior is deserving of caregiver intervention as reportable in an ABC narrative.

By constructing actions that are responsive to George’s, the caregivers are unquestionably participating in that socialization. We saw further evidence of caregivers’ orientation to George’s influence in Transcript (11) (“Maria is a very good lady”), in which Drea orients to her own narrative as atypical. Caregivers also participate in their own socialization each time they fit their experiences into an ABC narrative. Although part B is typically oriented to as the focus of each narrative, parts A and C come to play an important role in the caregivers’ co-construction of an interpretive framework for agitated dementia behavior. As we saw in the third chapter of the analysis, the action of categorization is embedded in narrative enactments of resident behavior, which are performed through unique combinations of semiotic resources including constructed utterances, eye and head movements, intonation patterns and, of course, the flailing gesture. These performances, as well as how they interact with the contrastive nature of the ABC narrative structure in parts A and C, are integral aspects of participants’ categorization of resident behavior. The fact that the flailing gesture has become uniquely representative of that agitated behavior is no doubt shaped by some salient aspect of what it’s like to deal with agitation as a caregiver, but it is also continuously reconstituted through its recurring use in ABC agitation narratives.

Taken together, the observations presented in the three analysis chapters illustrate how participants are co-constructing an interpretive framework for – or a way of “seeing” – dementia behavior by sharing their tacit knowledge about caregiving via ABC narratives. By doing so, the caregivers are participating in a professional socialization driven by George via his control over how the narratives are told. As I gathered from personal conversations with George, and as I mentioned in earlier chapters, dementia-related agitation is an important focus for this facility – in particular, the focus is on dealing with agitation through non-medical avenues such as specific communication and intervention strategies. I also understand, from conversations with family members of residents, that the facility is well-known for its success with highly agitated and aggressive residents, as well as its homey, holistic approach to dementia care. While it is beyond the scope of this study to comment on possible correlations between how caregivers co-create interpretive frameworks for dementia and the efficacy of how they interact with dementia residents, it is my hope that such a line of inquiry can be opened.

The implications of this study can be broadened in three directions. First, my findings related to the structural similarity of the narratives, as well as the variations in how they are interactionally co-constructed, can add to institutional CA’s understanding of what makes talk in different institutions unique, and how such idiosyncrasies constitute, transform, and perpetuate those institutions. The study also contributes to gesture studies a situated look at gesture in interaction, which illustrates not only the local purposes gestures serve, but also how they can be reflexively constituted through their very use and assume the status of an emblem. Finally – and most importantly in terms of why the study was put together in the first place – I hope this study contributes to a new

line of inquiry into dementia, in which researchers complement research on communication practices among dementia patients and their interlocutors with research looking at how their interlocutors – and their caregivers – talk about those interactions. Ultimately, understanding how caregivers’ co-constructed interpretive frameworks for dementia informs the decisions they make about how to interact with residents can benefit all of us, whether someone we love is one of those residents, or we ourselves are.

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APPENDIX A: BLANK CONSENT FORM

California State University, Northridge CONSENT TO ACT AS A HUMAN RESEARCH PARTICIPANT

Communicative Practices in Group Decision-Making: Case Studies in Human Service Facilities

You are being asked to participate in a research study. Participation in this study is completely voluntary. Please read the information below and ask questions about anything that you do not understand before deciding if you want to participate. A researcher listed below will be available to answer your questions.

RESEARCH TEAM

Researcher:

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PURPOSE OF STUDY

The purpose of this research study is to explore communication and decision-making processes in human service facilities. While the actual content of what people say is important, it is often the taken-for-granted aspects of human interaction that guide the way we communicate when we are making decisions together. My analyses will add valuable insights into the inner workings of communication and team decision-making, which can be of benefit both to the participants, and to academia and human service facilities in general.

SUBJECTS

Inclusion Requirements

You are eligible to participate in this study if you are a staff member of a human service facility, and are present at the meetings that will be video recorded.

Time Commitment

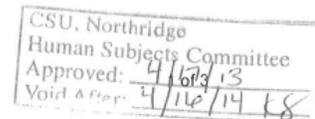
Because this study is of staff members in their typically scheduled meetings, this study will not take any additional time that you would not already be spending in a meeting.

PROCEDURES

The study will involve your typical participation in a staff meeting, but with the addition of one or two video cameras in the corner(s) of the room, and a microphone nearby.

RISKS AND DISCOMFORTS

A potential risk involved in this consent process is that you may feel obligated to sign the consent form because this research is being conducted at your place of work. If you choose not to consent, the



researcher will not disclose that information to your employer, and will choose alternative staff meetings to record in which you would not typically participate. A potential risk from participation is nervousness while being video-taped. Should you prefer not to continue, the taping will be stopped immediately.

BENEFITS

Subject Benefits

This research study is expected to directly benefit staff members by providing data they can use to foster discussion and reflection on their organization's communication and decision-making processes.

Benefits to Others or Society

A pervasive issue in our society is the question of how to create better decision-makers in our governments, institutions, and organizations. Researchers have begun to highlight some of the problems with the ways we've tried to do so. For example, automating the decision-making process may actually reduce effectiveness by taking away staff members' agency. However, little research has looked at the actual everyday practices of communication and decision-making among members of human service facilities. It is my hope that analyses of these interactions will enhance an understanding of the real ways that decisions are made in organizations, which could be used to improve policy and procedures that guide such interactions.

ALTERNATIVES TO PARTICIPATION

The only alternative to participation in this study is not to participate.

COMPENSATION, COSTS AND REIMBURSEMENT

Compensation for Participation

You will not be paid for your participation in this research study.

WITHDRAWAL OR TERMINATION FROM THE STUDY AND CONSEQUENCES

You are free to withdraw from this study at any time. **If you decide to withdraw from this study you should notify the research team immediately.**

CONFIDENTIALITY

Subject Identifiable Data

For transcripts, publications, and presentations, all identifying information about you and about your clients will be removed or changed, including names of people and places. This may involve using pseudonyms in transcripts, and/or rendering names inaudible in videos used in presentations; for example, a spoken name will be dubbed over with a buzz or beep. Each individual participant will have the opportunity (below) to indicate whether their image may or may not be used in publications and in video clips designed for academic presentations. For those participants who do not give explicit permission to have their image used, their image will also be visually altered so as to be unidentifiable; for example, their faces will be blurred.

Data Storage

Unaltered, raw video data will be stored electronically with password protection on the researcher's personal computer. The raw data will never be sent to anyone.

Data Access

Data that has been de-identified as outlined above may be viewed by colleagues in the presence of the researcher for collaborative and pedagogical purposes. Any information derived from this research project that personally identifies you will not be voluntarily released or disclosed without your separate consent,

CSU, Northridge
Human Subjects Committee
Approved: <u>4/20/13</u>
Void After: <u>4/16/14 KS</u>

except as specifically required by law. Publications and/or presentations that result from this study will not include identifiable information about you, as detailed above.

Data Retention

One copy of the identifiable data will be maintained indefinitely in the researcher's electronic possession and under password protection. The data will be maintained for future analyses and to build a collection of interactions in diverse facilities. For the entire life of the data, the researcher will follow the procedures outlined above.

IF YOU HAVE QUESTIONS

If you have any comments, concerns, or questions regarding the conduct of this research please contact the research team listed on the first page of this form.

If you have concerns or complaints about the research study, research team, or questions about your rights as a research participant, please contact Research and Sponsored Projects, 18111 Nordhoff Street, California State University, Northridge, Northridge, CA 91330-8232, or phone 818-677-2901.

VOLUNTARY PARTICIPATION STATEMENT

You should not sign this form unless you have read it and been given a copy of it to keep. **Participation in this study is voluntary.** You may refuse to answer any question or discontinue your involvement at any time without penalty or loss of benefits to which you might otherwise be entitled. Your decision will not affect your relationship with California State University, Northridge. Your signature below indicates that you have read the information in this consent form and have had a chance to ask any questions that you have about the study.

<input type="checkbox"/> I agree that my image may be used in video clips for academic presentations.
<input type="checkbox"/> I do not agree that my image may be used in video clips for academic presentations.
<input type="checkbox"/> I agree that my image may be used in publications.
<input type="checkbox"/> I do not agree that my image may be used in publications.

By signing this document, I agree to participate in the study.

Participant Signature _____ Date

Printed Name of Participant

Researcher Signature _____ Date

Printed Name of Researcher

CSU, Northridge Human Subjects Committee Approved: 4/17/13 Void After: 4/16/14 E8
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APPENDIX B: TRANSCRIPTION CONVENTIONS

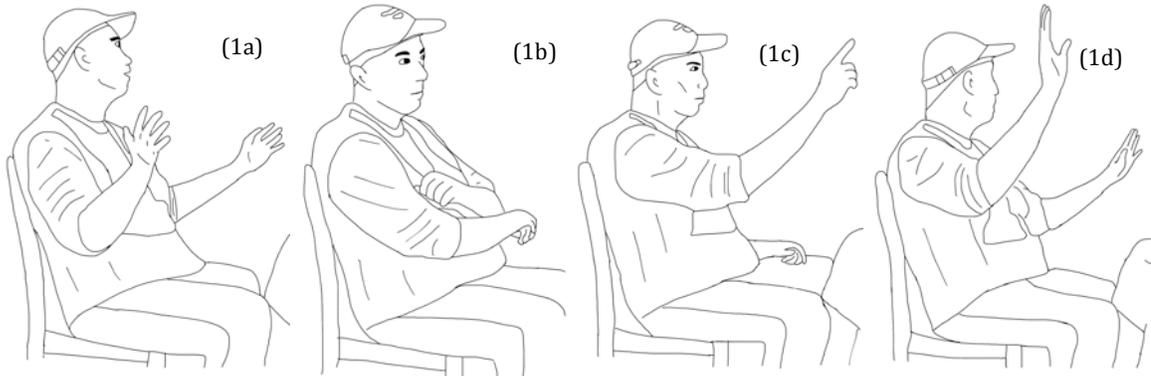
?	strong rising intonation
,	slight rising intonation
.	falling intonation
(#. #)	pause (measured in tenths of a second)
(.)	micro-pause (shorter than 0.2 seconds)
<text>	spoken slowly, relative to surrounding talk
>text<	spoken rapidly, relative to surrounding talk
:	lengthening of the preceding sound
-	abrupt cutoff
=	latched talk; no gap between utterances
[]	overlapping talk
<u>text</u>	stress or emphasis
°text°	spoken softly
(speech)	unclear speech
heh; hah	laugh
te(h)xt	laughing while speaking
\$text\$	said with smiling voice
.h	intake of breath
h.	breath out (sometimes a laugh)
↑text↑	spoken with higher pitch
text	co-occurring with gesture under discussion
te*xt	moment corresponding with illustrated gesture

APPENDIX C: FULL TRANSCRIPTS WITH CORRESPONDING ILLUSTRATIONS

(1) “I don’t like your face”

1 George wh- anything eh-
2 specific to calm them down?
3 do you find anything here that works to calm them down?
4 Nate yeah the same as uh::
5 I- I don't want to mention
6 one on:e uh
7 residents her:e uh
8 sometimes they're really agitate:d
9 they gonna tell you:
10 °↑oh:: get out get out no: ((enactment))
11 I don't like your face ((enactment))
12 [no ra blah blah blah↑° ((enactment))
13 Nancy [heh
14 Nate >you know<
15 like uh some uh
16 <good and bad> words
17 at the [same [time, (1.0)
18 George [right
19 Nancy [heh
20 Nate and: then you back up:
21 and then later on:
22 you just wa::tch,
23 (glance) a bi:t
24 and then you come back again (0.6)
25 eh: try to check the:
26 the emotion of the face,
27 and then- and then you approach again. (0.8)
28 can I help you ((enactment))
29 Judy °ye[ah°
30 George [good
31 Nate and then (0.4)
32 when he wants to help you now:
33 and then
34 ↑come come come let's go let's go↑ (0.8) ((enactment))
35 it's it's it's depends how you approach
36 George good
37 Nate and you have to stu:dy (0.6)
38 what they need
39 George exactly
40 le[t's (hear the) specifics though
41 Nate [not- (there's a)
42 yeah

43 ther- there'[s a
 44 George [okay
 45 Nate different uh
 46 person
 uh personality



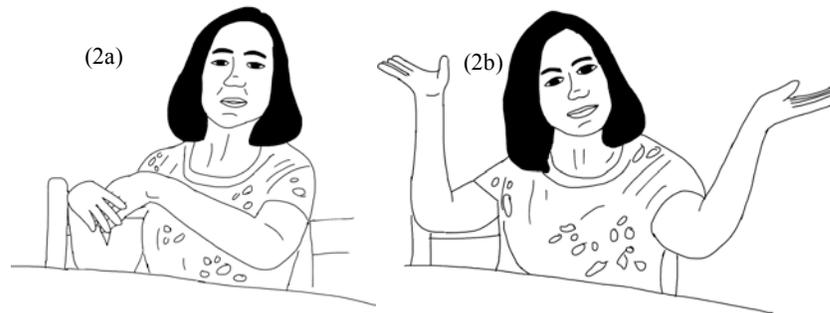
Figures (1a)-(1d): °↑oh:: get *out get out *no: I don't like your *face no ra blah *blah blah↑°

(2) “You have a rosy cheek”

1 George anything specific you would do?
 2 Nancy oh: [for-
 3 George [the person is coming now.
 4 saying these things
 5 what d'you actually do
 6 I wanna know °specifically°
 7 Nancy you know of- uh-
 8 because it depends on:::
 9 in- on her mood too..
 ((lines omitted))
 10 Nancy uh: actually they have
 11 a- different mood swings.
 12 (so the lady) will: (0.6)
 13 approach you something
 14 ↑ah this is mine this is like ((enactment))
 15 [get out of he:re↑ ((enactment))
 16 Judy [(get o-) yeah get out ((enactment))
 17 Nancy but then:
 18 I (decided), (0.4)
 19 this- that ti::me, but-
 20 uh: and then:: suddenly
 21 >I say< ↑oh miss::[:: ((enactment))
 22 George [so and [so
 23 Nancy [so::, ((enactment))
 24 you have a rosy cheek! ((enactment))

25 w[o [::w you look- ((enactment))
 26 Judy [°y[eah (nice skin)° ((enactment))
 27 Nate [yeah change the topic.
 28 Nancy you look [young= ((enactment))
 29 Judy [yeah
 30 Nancy =tod[ay::↑ ((enactment)) this time and then it's like
 31 Nate [it's like you're changing the topic
 32 Nancy >oh my gosh< you look like ((enactment))
 33 Judy yeah: [you have nice ski:n ((enactment))
 34 Nancy [() oh:: ((enactment))
 35 and [you know you- are the one= ((enactment))
 36 Judy [°(you're)° so pretty:: ((enactment))
 37 Nancy =who teach me how to:: ((enactment))
 38 Judy dan:[ce ((enactment))
 39 Nancy [can you do that for me ((enactment))
 40 now::? (0.2) ((enactment))
 41 °again [like that°
 42 Nate [that's true:
 43 tha[t's go[od.
 44 Nancy [and [then-
 45 Judy [yeah
 46 Nancy her face will be chan[ged then
 47 George [Ashley:. (0.2)
 48 [sit
 49 Nancy [like- ((enactment))
 50 George we wanna hear your too: so
 51 l(h)eave the c(h)a[mera (down)
 52 Nate [that's re- that's really good
 53 that's [really ([)
 54 Judy [yeah
 55 Nancy [yeah: [and her f-
 56 Nate [that's really- I-
 57 Nancy and [her:
 58 Nate [you change the topic.
 59 [you- you- you
 60 Nancy [yes:
 61 Nate go: and change the topic.
 62 (that i-) [that's really good.
 63 Nancy [her face will [be changed ((enactment)) and then
 64 Nate [>that's a ver- a really nice approach.<
 65 Nancy she'll do
 66 ↑reall::y↑ ((enactment)) like that
 67 and then she's [like
 68 Judy [praise her:
 69 prai[se
 70 Nancy [will

71 have on-
 72 George good
 73 Nancy calm fa:ce
 74 [and then
 75 Nate [and then
 76 starti[ng to smi:le with you
 77 Nancy [°praise.°
 78 Nate and [then °↑(okay come on)↑° ((enactment)) and
 79 Judy [smi:le and say ↑oh rea:lly:: ↑ ((enactment))
 80 Nate then you hug her.
 81 (0.8)
 82 George okay (0.6)
 83 so:
 84 what we learned from that,
 85 is this right, that
 86 no matter where they come from (1.0)
 87 first thing in the morning:: (0.2)
 88 in the afternoon,
 89 which is sundow::ning,
 90 tends to be mo:re in the evening, (0.6)
 91 you almost pretend you didn't hear that
 ((continues))



Figures (2a)-(2b): ↑ah this is mine this is like *get out of *he:re↑

(3) “I don’t li- wuh nuh”

1 George ((to Drea)) you’re new
 2 have you noticed anything with the professor,
 3 wor:ks it doesn’t work,
 4 how challenging it can be,
 5 (0.8)
 6 George what do you think abou:t (0.4)
 7 professor.
 ((lines omitted))
 8 George [have you dealt with him?
 9 Drea [oh: the one in here? ((pointing to couch))

10 George yeah
11 Ashley yeah
12 Drea oh: but sometimes you kno:w
13 he don't like to: drink the: (1.2)
14 George the f- the: [uh::
15 Drea [that ensure [()
16 George [okay:,
17 Drea this is a:
18 a way (0.8)
19 mister Martin, can you drink this one, ((enactment))
20 ↑I: don't li:: wuh nuh:: nuh↑ (0.4) ((enactment))
21 and (then/I go) okay: (0.6) ((enactment))
22 °(okay)° (0.2)
23 this (0.6) ((enactment))
24 is <good for you: > (0.4) ((enactment))
25 because when your stomach no:: food, (0.2) ((enactment))
26 it's like (1.0) ((fists in front, squeezing and twisting))
27 George yup,
28 (1.8)
29 Drea again (and the)
30 ↑I don't li: uh:: nuh↑ ((enactment))
31 okay ((enactment))
32 I'll just be back ((enactment))
33 I just- ((enactment))
34 can I put this one in he:re? (0.4) ((enactment))
35 can I leave this o:ne, (0.4) ((enactment))
36 eh- then I'll do- (0.2)
37 go back agai:n,
38 and then when (1.0)
39 I come back with him:, (1.2) ((hand up, like drinking))
40 George he start drink[in' it
41 Drea [he drank already.
42 (1.6)
43 George you all agree with that right,
44 Nancy yes b[oss:
45 Nate [yeah
46 George any othe[r uh:
47 Nancy [because I'm doing-
48 um
49 (.)
50 George anybody [()?
51 Nancy [because you know:



Figure (4): ↑I: don't *li:: wuh nuh:: nuh↑



Figure (5): ↑I don't *li: uh:: nuh↑

(4) “Sometimes she asks for food”

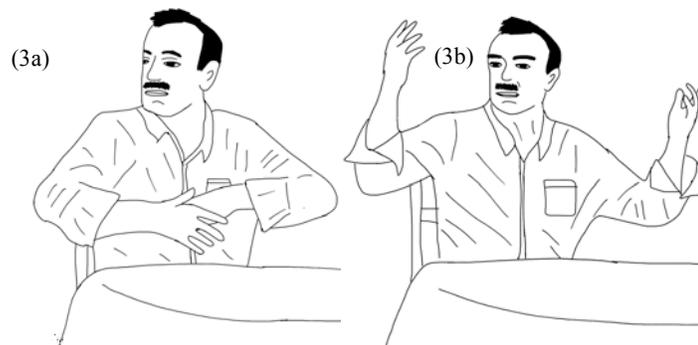
- 1 George so Annabel for example (0.4)
 2 I know: that it's very challenging
 3 why:,
 4 because she has (0.2)
 5 a: physical:: (0.4)
 6 immobility:: a-
 7 inability: in one leg,
 8 >you know.<
 9 by having it always closed ((enactment))
 10 to even mo:ve and that
 11 so: I know that challenging
 12 that's why (0.4)
 13 physical ther:apy ther:e
 14 to open >to do< but (0.6)
 15 between her: not liking that. (0.4)
 16 therefore screaming someti:mes.
 17 Ashley [and she's ve:ry combative
 18 George [we've seen in the morning can wake up
 19 everybody.
 20 (every/very) combative.
 21 .h um:::: (0.2)
 22 wh- anything that you:: noticed
 23 that it works for you:,
 24 in terms of (0.2)
 25 making her life easier, (0.8)
 26 her experience easier of cleaning,
 27 and of course your life easier.
 28 anything [there that you noticed,
 29 Drea [°() touch:
 30 (1.2)
 31 Ashley y-
 32 she always asks for food,
 33 (0.4)

34 George oh:: [okay,
35 Ashley [sometimes she helps.
36 if- she asks for food
37 and you'll say:: to her:
38 okay. ((enactment))
39 we'll change first, ((enactment))
40 and then I will give you food afterwards. ((enactment))
41 sometimes she::
42 it works.
43 (1.0)
44 George or also:
45 even if you give a little food
46 whi:le she's doing tha:t.
47 (there's a) for example
48 when I come there sometimes I give
49 her a little for a cough
((continues))

(5) “You almost pretend you didn’t hear that”

1 George okay. (0.8)
2 so
3 what we learned from tha:t,
4 is this ri::ght, that (0.6)
5 no matter where they come from. (0.4)
6 first thing in the mor:ning:: (0.6)
7 in the afternoon
8 which is sundow:ning
9 tends to be mor:e,
10 and the evening, (0.8)
11 you: al:most pretend you didn't hear that
12 Nate h[eh
13 George [this is like (0.6)
14 somebody says no: no: no. ((enactment))
15 I don't li:ke you:, ((enactment))
16 I don't like the ba- (0.2) ((enactment))
17 then nobody gonna hear you
18 >you hear< yes.
19 so what d'you do? (0.2)
20 the person's coming
21 he's already with that mood. (1.0)
22 I own this pla::ce, ((enactment))
23 I want everybody out. ((enactment))
24 I'm unha:ppy, ((enactment))
25 I don't wanna li:ve, ((enactment))
26 >I don't wanna eat,< a- ((enactment))

27 you know all that. (0.8)
 28 and you approach that >person<
 29 ↑oh my god↑ so good to see you ((enactment))
 30 so and so, (0.4) ((enactment))
 31 give her a hu:g (0.6)
 32 I do that all the ti:me and (0.4)
 33 immediately:: (1.2)
 34 she comes out of that pla:ce (.) and
 35 concentrates on the likeness par:t, (0.6)
 36 that says ↑oh↑ Nancy just told me ((enactment))
 37 °(the secon-)
 38 thank you that was°
 39 the answer, (0.4)
 40 of (0.2) she likes me. ((enactment))
 41 she compliments me. ((enactment))
 42 she forgets completely why she's agitated
 43 why she doesn't own this pla:ce, (0.6)
 44 \$why e(h)veryb(h)ody pays the b-
 45 Nancy h.
 46 George the re:nt on ti:me
 47 and everything's fine\$ (0.8)
 48 none of that and now:
 49 she's shift-ed her thinki:ng,
 50 which is kind of-
 51 limited but easy to transition her into like
 52 somebody likes me somebo-
 53 and you say \$okay come\$. ((enactment))



Figures (3a)-(3b): (1.0) I own this pla:ce, * I want every * body out.

(6) “He's gonna stick it in my mouth”

1 George for example in this case
 2 (if) he wanted chocolate.
 3 I do some things
 4 that('re) almost be
 5 magic sho:ws

6 they >you know<
7 do it he:re ((enactment))
8 they get your attention, ((enactment))
9 an:d they ((enactment))
10 take it off from he:re. ((enactment))
11 \$they r(h)ip y[ou off:\$
12 Drea [yeah
13 yea:h
14 George >same thing<
15 so-
16 you give the chocolate ((enactment))
17 but you do a little of tha:t ((enactment))
18 you see, ((enactment))
19 this o:ne (1.0) ((enactment))
20 here ((enactment))
21 or a little connection (0.6) ((enactment))
22 body language, ((enactment))
23 it gives a signal to the bo:dy that says ((enactment))
24 something good is co:ming ((enactment))
25 encouraging (0.8) ((enactment))
26 that's so much easier
27 and so much more simple
28 than explainin' it.
29 so you give the chocolate ((enactment))
30 and he doesn't li:ke (0.2) ((enactment))
31 he doesn't (0.6) ((enactment))
32 think this is good for hi:m, (1.0) ((enactment))
33 by co:lor,
34 by:- by::
35 texture,
36 by whatever:,
37 and you're doing thi:s ((enactment))
38 and almost it's f:- ((enactment))
39 it's not forceful but ((enactment))
40 [forceful enough ((enactment))
41 Nancy [.h heh .hh ((enactment))
42 George encouraging enough,
43 Nancy \$hss.\$ ((enactment))
44 George to say oh I'll give it a try ((enactment))
45 because the guy:: ((enactment))
46 is not giving u:p ((enactment))
47 he's gonna stick it in my mou:th ((enactment))
48 >put tha:t,< ((enactment))
49 >(they) put it,< ((enactment))
50 eh hh >I don't want it,< ((enactment))
51 and then goes a li:ttle (0.6) ((enactment))

52 e- give him one more minute,
 53 and the experience starts like
 54 ↑oh:↑ (1.0) ((enactment))
 55 and now what you have do:ne.
 56 you have reestablished trust (0.4)
 57 the likeness (0.8)
 58 here's the guy who wa:nts to ((enactment))
 59 steal my mi:llions ((enactment))
 60 who: (0.4) ((enactment))
 61 did thi:s ((enactment))
 62 >who did that,< ((enactment))
 63 but no:w
 64 because I associate the plea::sur:e (0.8) ((enactment))
 65 o:f ((enactment))
 66 that chocolate wi:th ((enactment))
 67 experience ((enactment))
 68 no:w everything start translating >(very)<
 69 °oh::° he's my friend. ((enactment))
 70 he's my nice- ((enactment))
 71 guy, >because< ((enactment))
 72 he's giving me good e- ((enactment))
 73 experience. ((enactment))
 74 he giving me pleasure (0.6) ((enactment))
 75 and that's the way I:
 76 describe this thing.

(7) "They say no I don't wanna eat"

1 George tell me (0.2)
 2 let's::
 3 talk about her:,
 4 or anybody (0.4)
 5 including this guy
 6 if: he says I don't wanna eat ((enactment))
 7 what d'you do.
 ((lines omitted))
 8 so, (0.4)
 9 let's say you bring food
 ((lines omitted))
 10 you bring food. (0.8)
 11 in this case to (1.0)
 12 Maria. the new lady (0.8)
 13 they say no- >I don't wanna eat< ((enactment))
 14 what d'you do.
 15 (1.2)
 16 Drea this morning, (0.6)

17 George or any morning. (0.4)
 18 [>when somebody says< no-
 19 Drea [(this mo-)
 20 George I don't wanna eat ((enactment))
 21 what do you do?
 22 Drea (uh:/yeah)
 23 I just tell her
 24 okay Maria:: ((enactment))
 25 you need to eat your foo::d, ((enactment))
 26 so that you can become stron::g, ((enactment))

(8) “What d’you do to help him change”

1 George you all agree with that right,
 2 Nancy yes b[oss:
 3 Nate [yeah
 4 George any othe[r uh:
 5 Nancy [because I’m doing-
 6 um
 7 (.)
 8 George anybody [()]?
 9 Nancy [because you know:
 10 w-u:m: (0.8)
 11 Ashley (because) at night
 12 he doesn’t like to be changed huh.
 13 George m[m
 14 Ashley [someti:mes he d[o- he doesn’t
 15 Nancy [y:eah and- then: (0.6)
 16 Ashley °sometimes he ch-°
 17 George so what d’you do to: (0.4)
 18 to help him change
 19 (.)
 20 George ((stomps foot)) any[thing:,
 21 Nancy [>(you know)< actually what- uh::
 22 what I do is like (0.4)
 23 when he see me wh(h) .hh
 24 Ashley sometimes [he- he- he prefers (0.2)
 25 Nancy [((h) (h))
 26 Ashley reina [ha .h ha [.h ha .hh
 27 George [oh::: °rei[na°
 28 Nancy so he will go there,
 29 at the room,
 30 even I’m [sleepin like
 31 Ashley [heh
 32 Nancy .h uh: reina ((enactment))
 33 Ashley h[eh

34 Nancy [this is Martin (son) (0.4) ((enactment))
 35 I love your foo:d ((enactment))
 36 I love you[r >everyth- (things like that)< ((enactment))
 37 Ashley [heh
 38 Nancy and I will- (0.4)
 39 Ashley will tell me that (0.6)
 40 °tita° ((enactment))
 41 she will leave a me a- message
 42 >(so he says leave you a m(h)essage)<
 43 () [like that
 44 Ashley [I tried [to:
 45 George [(oh:)
 46 Ashley to change him, (0.2)
 47 and he- he: doesn't want me to do it
 48 .h
 49 (1.0)
 50 George mm
 51 so he has preference (though)
 52 as far as changes >and that<
 53 um::
 54 but the food that you're talkin'
 55 I wanna stay no:w
 56 move on a little b-
 57 away from: um:
 58 personal hygiene: because (0.6)
 59 we can talk a lot about different cases
 ((continues))

(9) "Mama"

1 George but [she was trying to get up? ((enactment))
 2 Ashley [(anything) she can reach
 3 (0.6)
 4 Ashley yeah.
 5 she was trying [(to)
 6 George [she was trying to get up also
 7 Ashley °mm hm°
 8 George a::nd,
 9 she was sa:ying things, like
 10 I wanna do [this, I °wan-° ((enactment))
 11 Ashley [m- mama
 12 (0.6)
 13 George [mama
 14 Ashley [>mama< mama ((enactment))
 15 George she was calling mama,
 16 Ashley mm [hm,

17 George [okay,
 18 (1.4)
 19 George a[:nd
 20 Ashley [she was restless
 21 (0.6)
 22 George mm
 23 Ashley >restless< (0.4)
 24 for the whole night
 ((lines omitted))
 25 George an[d,
 26 Ashley [she was up,
 27 and she was: (0.6)
 28 saying: (0.4)
 29 mama
 30 George sa[me thi:ng,
 31 Ashley [(again)
 32 George a little ma:ma,
 33 a lil-
 34 (0.6)
 35 George alright,
 36 went back to sleep or not.
 37 [after that.
 38 Ashley [no
 39 George that's it.
 40 the:n you guys took her
 41 to the sho:wer and everything else,
 ((continues))

(10) “Pull more, more more”

1 Nancy Annabel is the type of person:
 2 tha:t (1.0)
 3 she doesn't like the touch (0.8)
 4 she is reverse (0.6)
 5 so:: (0.4)
 6 what- if you are going (0.6)
 7 to her:
 8 and you are going to clean her
 9 y- you will do like that (0.4) ((enactment))
 10 she will scratch you, ((enactment))
 11 and do like that on your fa:ce, ((enactment))
 12 Ashley she p[ulled my hai:r, ((enactment))
 13 Nancy [so what I do yesterday.
 14 the- the- I:
 15 did yesterday.,
 16 and then she do like that to me (0.4) ((enactment))

17 .p ((enactment))
18 okay I said that (0.2)
19 okay: do it ((enactment))
20 >and ju-< ((enactment))
21 so I do like tha:t ((enactment))
22 mo:re ((enactment))
23 more more ((enactment))
24 so: (0.8) ((repeat enactment))
25 and then she did not do it to me:
26 ↑okay:: whatever you want↑ to do: (0.4) ((enactment))
27 do it. ((enactment))
28 so:: it's like-
29 George so okay:
30 you'[re confront her:
31 Nancy [yeah: so it-
32 George to see if she means it,
33 or she [just >threatens you with that<
34 Nancy [mm hm
35 George do you ever had a-
36 a uh:::
37 situation before with her, (0.2)
38 although at some point (0.4)
39 I say or somebody else, (0.4)
40 that actually is gonna do it? ((enactment))
41 actually is gonna scratch y[ou?
42 Ashley [yea:h
43 [yeah she scratched me befo:re. ((enactment))
44 Nancy [yes boss yes:: >yes< boss.
45 yes (very-/there e-)
46 yes [(
47 Ashley [sometimes she pull my \$hair\$ ((enactment))
48 >heh heh<
49 [I'm changing her
50 Nancy [pull (the/like) hair
51 the- then after [that
52 George [alright
53 so you [s- you taking
54 Nancy [pull more ((enactment))
55 [pull more ((enactment))
56 George [you taking a risk the:n (0.4)
57 to do that. (0.8)
58 Nancy tell her that y-
59 okay pull more ((enactment))
60 >more more< ((enactment))
61 and th[en it will:
62 George [okay

63 th[at wor:ked for you because
64 Nancy [(go that)() ((enactment))
65 George you (confront it)
66 you didn't wanna do: i:t an:::-
67 that worked.
68 but in general though, (0.6)
69 it's no:t suggested
70 it's no:t advisable to:
71 put \$your f(h)ace there\$ (or [clo[se] ((enactment))
72 Nate [(I: [know)
73 (Ashley) [yeah
74 George because now we'[re gonna switch:
75 Nancy [y:eah >I know< but-
76 Nate it might be:
77 (0.8)
78 George we're gonna switch to somebody else (0.6)
79 Harry for example
80 Nancy but you fee::l=
81 George =you don't even ha:ve to k-
82 to do any of tha:t
83 if you're close enou:gh, (0.4)
84 he mi:ght hurt you right, ((enactment))
85 so: we need to: (0.8)
86 protect ourselves ((enactment))
87 prevent of that happening by
88 bein' on a distance from that.
89 okay
((continues))

(11) “Maria is a very good lady”

1 Drea I don't like the foo::d ((enactment))
2 (she said)
3 she tell me that
4 okay just taste it ((enactment))
5 George ((nod))
6 Drea okay
7 and then when:
8 she taste, she eat (.)
9 a half of the: cup
10 with uh: .hh
11 uh::
12 the one you::
13 George I made [similar?
14 Drea [yeah
15 (Louisa) [I made that also:

((lines omitted))

16 George okay
 17 so you-
 18 you were able to feed her a little bit

19 Drea yeah yeah
 20 I [feed her::
 21 George [alright
 22 Drea and just this:: (.)
 23 uh Maria is a very good lady

24 George yeah
 25 easy going:
 26 very nice
 ((continues))

(12) “Or by being very difficult”

1 George but
 2 that's pretty much what I'm concentrate today:: (0.4)
 3 on the subject of (0.2)
 4 ca:se scena:rios o:ne by o::ne, (0.6)
 5 few of the residents,
 6 that they stand out by their:
 7 uniqueness of their ca:se, (0.8)
 8 by their
 9 co:lorful: fu:n even (0.6)
 10 funny way: of
 11 saying or doing things, (0.6)
 12 or whatever (0.4)
 13 o:r (0.4)
 14 by being very difficult (1.0)
 15 and doing things that (0.6)
 16 sometimes can be inappropria:te,
 17 () can be difficult to deal wi:th,
 18 ((continues))

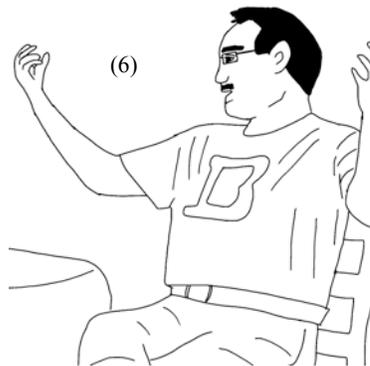


Figure 6: o:r (0.4) by being very *difficult