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## **The Use of Directives to Repair Embodied (Mis)Understandings in Interactions with Individuals Diagnosed with Frontotemporal Dementia**

Lisa Mikesell

Department of Communication

Institute for Health, Health Care Policy and Aging Research

Rutgers University

[lisa.mikesell@rutgers.edu](mailto:lisa.mikesell@rutgers.edu)

**Abstract:** This paper investigates caregivers' use of directives to repair embodied engagements of individuals diagnosed with frontotemporal dementia. High entitlement/low contingency (HE/LC) formats (e.g., imperatives) are consistently employed to elicit an alternative engagement in a current course of action that is treated as required for the accomplishment of an ongoing activity. In selecting directive formats, caregivers appear to orient to whether the alternative engagement is essential for the completion of an activity, how urgent or time-sensitive it is for the activity's progressivity, and whether the current engagement is of a compulsive-type. Less essential, less urgent engagements elicit slightly mitigated formats, and compulsive-type engagements are repaired with multiple directives. The affordance of HE/LC directives in activity-focused contexts is that they explicitly identify the trouble source and often articulate the next action required for the activity's progression. Additionally HE/LC formats expect compliance, which may minimally derail the progressivity of an activity compared to more mitigated forms. HE/LC formats in activity repair contexts reveal caregivers' claimed rights to determine another's actions as well as sensitivity to the activity requirements and progression. Data are in American English.

### **Running Head:** Directives in FTD Interactions

In talk-in-interaction participant understandings are made available in mundane ways. Whether or not intersubjectivity is reached does not often come into question, in part, because how understandings are expressed and attended to is part and parcel of the organization of talk-in-interaction: "Because participants in conversation display their analysis of prior talk, the sequential organization of conversation provides rigorous, empirical ways of understanding how participants themselves make sense of the talk they are engaged in" (Goodwin & Goodwin, 2000, p. 240). In other words, a speaker's current turn (and/or embodied action) provides evidence of that speaker's relationship to what occurred prior, and becomes decipherable to one's co-participants. The mechanism – the sequential organization of talk-in-interaction – by which understandings are made

available is therefore robust, and “unless otherwise marked, a turn will ... be heard as contributing to the course of action advanced by the prior turn” (Barnes, 2014, p. 131; see Robinson, 2014).

In this paper, I consider how understandings are achieved and negotiated in interactions involving individuals recently diagnosed (within two years of data collection) with frontotemporal dementia (IwFTD). I highlight instances when IwFTDs’ contributions *are* “marked,” that is, treated as inappropriate or disruptive to a particular course of action or activity framework. These “marked” contributions are notably not conversational turns-at-*talk* but physical embodiments or engagements, upon which interlocutors initiate repair in the form of directives to resolve potential misalignments and progress the ongoing activity. Elsewhere (Mikesell, 2014, 2015) I have examined interactional misalignments, characterizing the nature of the trouble source (TS) to consider how the unique combination of preserved basic cognitive skills (Walker, Mearns, Sachdev & Brodaty, 2005) and declining executive functioning (Gregory et al., 2002) associated with FTD emerges in everyday contexts, particularly in light of how cognitive functioning and FTD behaviors are typically characterized and assessed in the laboratory. Here, I focus not only on the nature of the TS but on how (mis)understanding becomes topicalized and the trouble dealt with. As such, I highlight what the trouble resolution may reveal about what is relevant for participants in these moments.

### **Frontotemporal Dementia**

Frontotemporal dementia differs from most dementias in its relative preservation of basic cognitive functioning (linguistic, spatial, perceptual abilities) and intact reasoning skills in early stages (Walker et al. 2005). Rather, neural degeneration,

particularly of the frontal lobes, is noted to result in marked changes in personality and interpersonal conduct (Kipps, Knibb & Hodges, 2007). Reported deficits include loss of social emotions such as embarrassment, guilt and shame (Miller et al., 2001); disinhibition; apathy; compulsive behaviors and perseveration; inappropriate touching and other social transgressions (Grossman, 2002; Hodges & Miller, 2001; Neary et al., 1998). Although the frontal lobes are also strongly implicated in executive functioning – tasks requiring planning, multitasking and complex decision-making (Gregory et al., 2002), traditional laboratory measures of executive functioning (e.g., Wisconsin Card Sorting Test) have been found to be insensitive to early executive impairments in FTD, inspiring efforts to design measures more reflective of everyday executive tasks (Roca et al., 2013). The impact of executive decline on real-world functioning, however, remains uncertain. Torralva et al. (2009) note that if one’s “environment poses little demand on certain skills, executive deficits may have no impact on real-life settings” (p. 1307). Indeed, caregivers of IwFTD are likely to limit the complex activities and decisions of those in their care. Although real-world tasks believed to require executive skills such as organizing multiple errands (Torralva et al., 2009) are unlikely to be tasks IwFTD perform, the skills implicated in executive functioning may impact everyday interactional tasks not typically considered highly demanding (Mikesell, 2014, 2015).

Mikesell (2014, 2015) examined how IwFTD produce incongruent practices within ongoing courses of action by, for instance, aligning with and *claiming* understanding of (Sacks, 1992) individual turns negotiating an activity’s arrangements but subsequently *demonstrating* (Sacks, 1992) an incongruent engagement in and thus

understanding of the activity itself.<sup>1</sup> I considered how participation in such framing activities requires tracking the cumulative relevance of a series of individual turns across larger sequences of action, which may contribute to this discrepancy (Mikesell, 2008, 2009, 2014). The following extract demonstrates this observable incongruence in individuals' verbal claims of understanding and subsequent engagement in the activity. While the TS constitutes a verbalized action, it is not a conversational turn in the ordinary sense but constitutes an absent visible and performative engagement that was made relevant by the previous turns. The extract includes Steve (SD) who was diagnosed with FTD, his hired caretaker (CT) and an ethnographer (ET) at breakfast. Steve's wife described him as becoming increasingly passive and inactive and expressed concerns about how to keep him engaged. Activities like the one ET suggests here – “doing” the comics – are occasionally taken up during mealtimes presumably to engage Steve in ways that are not physically or cognitively burdensome, and are perhaps notably designed for adults perceived to be not fully competent.

Following ET's activity proposal (line 1), Steve responds with a *'yes' token + modified repeat* (Stivers, 2005; see Mikesell, 2010a), accepting the proposal. ET then guides the activity arrangements, proposing that they “do Peanuts” (line 6) to which Steve again responds with *'yes' + modified repeat*. Similarly, in line 10, Steve produces another modified repeat confirming his knowledge of the particular comic ET has proposed, and in lines 11-13, ET proposes which characters they will read to which Steve again aligns with a *nod + 'okay.'* Steve's responses to each turn align with ET's

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<sup>1</sup> Mikesell (2014) distinguished between types of understanding (claims, displays and demonstrations) to consider the ease with which IwFTD negotiated individual turns and demonstrable difficulties participating in the activities that framed those turns. However, Mikesell (2015) noted the over simplification of such a trichotomy, noting that what seemed most relevant across contexts was that IwFTD show difficulties projecting participation in ongoing courses of action regardless of the nature of understanding.

proposals, thereby *claiming* an understanding (Sacks, 1992) that progresses the activity forward. However, when the arrangements end and the activity is launched (line 16), Steve, whose character speaks first, does not *demonstrate* the understanding (Sacks, 1992) that his previous turns projected (line 18); he remains gazing at the newspaper. (Trouble sources are marked in the transcript by ‘TS’).

Extract 1. Steve (SD): Comics

01 ET: Oh we should do the comics again.  
 02 SD: Yes we should. ((SD looking at breakfast))  
 03 (0.9)  
 04 ET: >Y'know where they ar:e<?  
 05 (16.0) ((ET shuffles through newspaper and  
 06 sits next to SD))  
 07 ET: We can do Peanuts.  
 08 SD: Yes we can do Peanuts.  
 09 ET: You know 'em. You know it?  
 10 SD: I know it.  
 11 ET: Um: (0.4) So you c'd be (0.4) this character.  
 12 ((pointing to character in comic))  
 13 And I'll be (0.3) this girl (.) on the phone.  
 14 SD: ((nods)) Okay. ((ET holds newspaper up and points  
 15 to mark point of initiation))  
 16 ET: Ready, ((ET is holding paper in front of SD; CT is  
 17 looking at SD; ET looking at newspaper))  
 18 TS (5.9) ((2.5 seconds elapse when ET looks at SD))  
 19 ET: ((ET looks back down at newspaper))  
 20 CT: No, read loud [(Mr. Davies).  
 22 ET: [Ow- out loud.  
 23 SD: ((reads comic aloud))

In earlier work, I considered whether such discords in participation – the incongruence between the claimed understandings of the responses to individual turns and the subsequent demonstrated difficulty projecting the anticipated embodied engagement that those responses make relevant – may reflect the preserved basic cognitive resources noted to be common to FTD along with declining executive skills for planning and multitasking. Participation in many activities (like the one in Extract 1) requires holding the cumulative relevance of multiple turns in mind (a sort of “everyday”

multitasking) in order to project appropriate future participation (a sort of “everyday” planning) in an activity. Responding to an individual turn may require cognitive skills that are preserved in early stage FTD (e.g., linguistic, memory and perceptual skills), while subtle executive impairments may surface in interaction in ways not typically measured in laboratory tests, or in ways not typically considered “executive.”

Focusing on the TS when such incongruence surfaced afforded this exploration into “everyday cognition” for interaction. Equally important is that these moments often produced misunderstandings and, at times, confusion on the part of caregivers. Steve’s wife, for instance, reported that sometimes ‘yes’ means ‘yes’ and sometimes it means ‘no,’ which may reflect the challenges for caregivers to make sense of such seemingly incongruent practices. My previous focus characterizing the TS was often to the exclusion of examining how interlocutors respond to possible trouble, or initiate repair, and the subsequent negotiation that takes place between them, that is, how participants topicalize (mis)understanding and resolve (or not) the trouble. While recognizing that different repair practices may target particular types of TSs, Schegloff (1987) highlights the importance of examining repair initiations and the repair management sequence, rather than the troubles that occasioned repair (cf. Drew, 1997; Svennevig, 2008). This paper takes up this focus in interactions with IwFTD when non-conversational or visible embodied engagements are treated as the source of trouble, but also suggests that the nature of the TS – that the TS is an engagement that is visibly available to interlocutors to determine its contribution to an ongoing activity – is reflected in the directive formats interlocutors employ to initiate repair in these cases.

### **Topicalizations of (Mis)Understanding**

Conversation analysts treat understanding, not as a private mental state, but as practices viewable as contributing or not to ongoing courses of action. Schegloff (1992) describes intersubjectivity – mutual understanding – not as “a matter of a generalized intersection of beliefs of knowledge” and not as the “convergence between multiple interpreters of the world” (p. 1299) ... but as the “convergence between the ‘doers’ of an action” (p. 1299). Although convergence may often be assumed between participants, Hindmarsh et al. (2011) identify contexts when understandings are more likely to be topicalized: interactions with children, novices and apprentices. They observed such topicalizations in dental apprentice interactions, describing how students’ claims of understanding went unquestioned when their bodily position “display[ed] engagement in the domain of scrutiny,” what they call an “understanding position” (p. 495). However, when students embodied possible misunderstanding by reorienting their bodies to re-examine a patient’s mouth by “look[ing] again and from a different angle” (p. 499), the supervisor performed an understanding check.

These dental interactions aim to both treat a patient and build student knowledge and expertise. Apprentices often participate as observers as they learn their craft, and their direct engagement is not always required for the focal activity of treating patients. Such topicalizations in these contexts target how learners understand supervisors’ observable actions to be relevant to the treatment activity. Contrastively, IwFTDs’ participation in the activities highlighted below is (treated as) required. Thus, what becomes topicalized is not what IwFTDs understand about another’s engagement (to put to future use) but about how they are (in)effectively contributing to the accomplishment of a current activity. Relatedly, unlike the apprenticeship interactions, such embodied



engagements are often treated not as *possible* misunderstandings that are probed in repair sequences (e.g., ‘Do you understand?’; ‘What’s wrong?’), but as demonstrable misunderstandings requiring immediate repair, initiated with directives (‘No, read loud’ in Extract 1) to prompt a different participation in the activity being carried out.

### **Trouble Sources, Directives and Repair**

Repair refers to the set of practices available to participants to address troubles in speaking, hearing, understanding (Schegloff et al., 1977) and acceptability (see Drew et al., 1997; Schegloff, 2007), where the latter might involve problems of truthfulness, appropriateness and relevancy (Svennevig, 2008). Repair practices are important for achieving mutual understanding in both ordinary interactions and ‘atypical’ interactions involving individuals with various communicative and cognitive impairments (Griffiths et al., 2015; Wilkinson, 1999). Two phases of repair have been characterized: *repair initiation*, which can be by the speaker of the TS (self-initiated) or by another participant (other-initiated), and the *repair outcome*.

The subsequent analysis highlights other-initiated repair formats (OIs) which have been categorized according to their “power” to locate the TS (Schegloff et al., 1977, p. 369): Weaker forms include open class OIs (‘Huh?’, ‘Pardon?’), while wh-words (‘Who?’), partial repeats (‘You were with who?’) and understanding checks (‘Do you mean Ann?’) increase in their capacity to precisely identify the TS. Previous research has identified a natural order in their usage, and some have described how participants employ OIs indicating a problem in hearing where problems of alignment, agreement or acceptability eventually surface (Pomerantz, 1984; Schegloff, 2007). Pomerantz describes this usage as “the least complicated and costly remedy” (p. 156), because it is

less socially sensitive and more easily resolvable sequentially. Selting (1988) also describes preferences in German for dealing with “local” problems of understanding (e.g., acoustic problems) rather than “global” problems (e.g., problems in expectations), and Svennevig (2008) describes a similar “preference hierarchy” in Norwegian data.

Notably, much work on repair examines OIs as operating on prior turns-at-talk. In the extracts below, the OIs operate not on TSs embedded in conversational turns-at-talk but those that are embodiments or engagements in a current activity. Such engagements in an activity visibly exhibit how they understand the activity and/or their relevance to its completion. In these cases, interlocutors’ OIs attend to troubles in understanding and particularly the acceptability of the embodied engagement to accomplishing the ongoing activity. Interlocutors’ OIs in these contexts include various forms of directives to elicit an alternative participation treated as required for the activity’s accomplishment.

Accordingly, interlocutors’ OIs might be examined as a type of *correction*, which has been described as domain distinct from but related to *repair* in which the former has been argued to premise “error” or “mistake” and the latter to highlight more broadly shared understanding which may not constitute “error” in the strict sense (Macbeth, 2004; Schegloff, Sacks & Jefferson, 1977). While several of the extracts below can be seen to involve corrections of another’s engagement by providing instruction on another’s actions, it is not the corrections themselves that are the analytical focus, technically or practically. Following Macbeth’s (2004) exploration of correction and repair in classroom settings, I also find repair to be relevant to the corrective or instructional tasks being taken up. These interactions are not simply about correction – about rendering another’s actions ‘correct’ – but about establishing among multiple participants a

common understanding of a particular activity for its successful or normative accomplishment.

Getting another to do something can be accomplished in a number of ways and can take many forms including *Could you ...*, *can you ...*, *I was wondering if you might ...*) or a bald imperative (*Do x*). Curl and Drew (2008) outline two elements contributing to the selection of request formats: entitlement – the degree to which requesters claim rights to tell another what to do, and contingency – the degree to which requesters acknowledge potential challenges completing the request. For example, imperatives are high entitlement/low contingency (HE/LC) practices for getting another to do something and have been commonly found in parent-child interactions (Craven & Potter, 2010) and between facility staff members and intellectually impaired adults (Antaki & Kent, 2012).

The interactions below take place between IwFTD and hired and spousal caregivers and what is being requested comes in a repair sequence to direct an alternative engagement in an immediately pressing activity. In these contexts when an embodied engagement and its contribution to an activity is the targeted trouble, HE/LC OIs may provide a solution affording a sequentially efficient way to target and resolve the trouble and quickly resume with the activity, rendering these OI formats the “least complicated” solution. However, such formats are perhaps not the least social “costly” remedy (Pomerantz, 1984) as they eliminate the interactional opportunity for self-repair. That is, these OIs explicitly identify the interlocutor’s contribution as inappropriate and expect compliance. As such, these OI formats highlight how caregivers may draw on their understanding of IwFTDs’ impaired status to make sense of embodied participations they ultimately treat as ineffective.

## **Data and Participants**

The data include video-recorded interactions between IwFTD, spouses, other caregivers and the ethnographers who visited the families over the course of 3 to 12 months. The extracts highlight three IwFTD with the pseudonyms Steve<sup>2</sup> (age 72), Robert (age 63) and Kelly (age 52). Steve, introduced above, was described by caregivers and in fieldnotes as disengaged and initiating very little. His wife described him before noticing behavioral changes as reserved, athletic and active. Robert was described as easily distracted and sometimes compulsive, becoming increasingly restless and agitated, which his wife noted to be in contrast to his gregarious and fun-loving demeanor before the onset of FTD. Kelly was described as restless, at times hyperactive, disinhibited and childlike, often engaging in perseverative behaviors involving checking her medication and other scheduling concerns (Mikesell, 2010b). Her husband described her prior to onset as a dedicated piano teacher with a quirky sense of humor.

## **Analysis**

Activities were frequently initiated and guided by caregivers and were treated as expecting a particular kind of participation. Some of the activities below are explicitly articulated, well-defined and collaboratively negotiated by the IwFTD and their interlocutor(s) (similar to enacting the comics in Extract 1), thus making publicly available the relevance of a particular kind of participation. Other activities remain unarticulated or ill-defined when initiated but are equally treated as expecting a particular kind of participation to accomplish (e.g., taking sitting blood pressure in Extract 4).

Although the activities and participation in them vary, in each the visible engagement of

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<sup>2</sup> Study procedures were approved by the sponsoring university's Institutional Review Board. All participants signed informed consent and, when appropriate, caregivers signed proxy consent for IwFTD.

the IwFTD is treated as inapposite and interlocutors initiate repair by producing various forms of directives, designed to elicit a change in participation in the activity.

### **Eliciting Engagement Required for Activity Completion**

Extract 1 highlighted an activity that is framed as ‘do[ing] the comics.’ ET guides the negotiation of the arrangements required to accomplish such an activity. The nature of the TS, briefly described above, comes in the form of an incongruent engagement in the ongoing activity.<sup>3</sup> The TS – the lack of uptake from Steve in response to ET’s activity launch – occurs in line 16. When ET announces ‘ready’ (line 15), he and Steve are both looking down at the newspaper while CT is looking towards them. The OI (line 17) is initiated not by Steve’s activity collaborator but by CT, who has been uninvolved in, but an overhearer to, the activity in progress. The OI is not immediately produced following the possible TS. After 2.5 seconds of silence, ET glances towards Steve to monitor his attunement to the activity (Goodwin, 2006). Steve is looking towards the comic and ET reestablishes his focus on the newspaper. It is at this point that CT treats Steve’s mere orientation to the newspaper as an insufficient engagement and initiates repair to elicit a more appropriate or expected contribution in the established activity. ET then in overlap echoes CT’s directive (line 23; see Egbert, 1997 regarding multiple participants initiating repair on the same TS).

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<sup>3</sup> Notably reading aloud is a verbalized performance of, as much as an embodied participation in, this ongoing activity. As such, Steve’s not reading aloud is both *hearably* and *demonstrably* absent as the next, projected action. Steve’s engagement is treated by the participants as reading silently (and thus as an absent verbalized performance) but whether Steve was reading silently of course cannot be determined from the interactional data alone. What is relevant for this extract and the subsequent analysis is that the source of trouble that is treated as in need of repair is not a conversational turn but a performative engagement (one that is both hearably and visibly available) treated as necessary for the activity’s successful completion.

CT's OI takes the form *'no' + imperative + address term*. The "no" particle may introduce the repair (Schegloff, 1992) providing an immediate uptake of Steve's current engagement, and the imperative –"read loud" – provides a sequentially 'local' solution by identifying the action required to accomplish the activity currently framing their participation. The OI format is a bald imperative without mitigation such as an account ('read aloud because ...'). In contrast to Hindmarsh et al.'s (2011) apprenticeship context when a learner's observable misunderstanding elicited an understanding check affording the student to identify the need for further clarification or not, CT's OI does not probe Steve's understanding ('is something wrong'/'what's the matter') to provide him the opportunity to characterize the possible trouble or dismiss it.

What gets topicalized then is not Steve's understanding – or how he understands his engagement in the activity – but his apparent *misunderstanding* about what the ongoing activity requires. CT's imperative targets the most immediately observable action-oriented problem with Steve's participation (i.e., the problem that is most proximate in the sequential organization of the activity) – that he is not reading aloud (Mikesell, 2014). Her OI does not reach back to the previous turns making the arrangements: she does not work to resolve a possible problem in understanding which comic they are reading or which characters they are to enact. Given Steve's incongruent engagements in the activity displaying possible confusion, the source of confusion may not be evident to CT. However, by framing Steve's silence as silent reading and targeting it as the trouble, CT's OI is sensitive to the progression of the activity and is successful in eliciting the expected participation. It is, however, noticeably insensitive to the normative social roles of competent adults as it presumes misunderstanding and its high entitlement

format expects compliance. The social cost of such OIs is potentially high in identifying an observable incompetence of another and presuming the rights to correct it, but perhaps superseded by participants' attentiveness to activity completion.

### **Repairing Engagement following Proclaimed Uncertainty**

In the following extract, Robert and his wife, Juliet, are at the pharmacy waiting to pay and Juliet asks Robert to stand in line so she can sit down (line 1). After Juliet sits, Robert looks towards her and asks “now what.” “Now what” is a practice commonly employed by Robert (see Extract 4, line 8) and displays possible uncertainty about what kind of involvement is required. Whereas Steve's potential confusion about his engagement goes unacknowledged by Steve, with this practice Robert publicly recognizes his uncertainty projecting the relevant next action and the practice often works to solicit assistance in identifying a relevant next step. At this point, Robert has not exhibited a particular type of engagement in the current activity that Juliet treats as in need of repair, but his display of uncertainty is initially treated quite similarly: she responds with an imperative “just wait our turn” which she quickly reformulates as a description of the action they are attending to – “we are waiting our turn,” which both mitigates entitlement and identifies the local action required to accomplish the framing activity of paying.

Shortly afterwards, Robert orients to the framing activity (the reason for waiting in line), asking Juliet if he should use the credit card<sup>4</sup> (line 9). Similarly to ‘now what,’ this question may be heard as displaying uncertainty about what sort of participation is

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<sup>4</sup> Robert often poses questions asking about what he can/should do. Sometimes these questions provide him clarification about his next action step. Other times, they are designed as questions seeking permission (e.g. ‘Can I turn the TV on?’)

required, and its design notably highlights his deontic position (Stevanovic & Peräkiylä, 2014) vis-à-vis his wife, as one of low entitlement. While both questions may be hearable to Juliet as displaying possible uncertainty about Robert’s engagement, ‘now what’ requires the respondent to determine appropriate engagement while his second question identifies a possible next action required to accomplish the activity for Juliet to confirm and provide allowance for. After Juliet confirms/grants permission, he embodies the just determined acceptable action by opening his wallet (line 12), a move that is treated as an inappropriate next step (presumably because there are several people ahead of them in line).

Extract 2. Robert: Line Waiting

01 JL: Can you stand there? I’m gonna sit for a moment.  
 02 JL: ((*JL sighs, sits down*))  
 03 (0.9) ((*RO turns to look at JL*))  
 04 RO: Now what.  
 05 (1.6)  
 06 JL: Just wait our tu:rn. ((*RO returns to facing front*))  
 07 We’re waiting our turn.  
 08 (3.2)  
 09 RO: (You) wan’ me to use the credit card?  
 10 (0.5) ((*wallet is in hand*))  
 11 JL: Yeah.  
 12 TS ((*RO opens wallet*))  
 13 JL: [>Ya don’ need to bring it ot yet,<Rob=  
 14 [((*RO attending to wallet*))  
 15 JL: =Rob, ya don’ need to bring it ot yet.  
 16 (0.6)  
 17 RO: Okay. ((*closes wallet*))  
 ((*2 minutes 20 seconds of line waiting*))

When Robert opens his wallet, he is visibly orienting to paying, which is treated as in conflict with Juliet’s orientation to line waiting. To interrupt Robert’s current engagement, Juliet produces a *negated ‘need statement’ directive (+ address term)*: ‘You don’t need to bring it out yet.’ This first directive is immediately responsive to Robert attending to his wallet. The turn-final address term may serve to solicit his attention and



highlight the importance of the latched forthcoming repeated directive (Clayman, 2010). Her repeated directive is designed with the same repair elements in inverse order: *address term + negated 'need statement' directive*. Producing the name first may preface the second directive and work to solicit Robert's attention when it was not evidently forthcoming (Lerner, 2003; Rendle-Short, 2005). Robert is looking down as Juliet produces the first directive and looks toward Juliet when she begins her repeated directive, just following the second address term. Her repair is successful in interrupting Robert's current engagement as he complies with her directives, closing his wallet and resuming line waiting.

While a particular kind of engagement was required from Steve to accomplish the framing activity in Extract 1 and the OI to accomplish that was a direct imperative, here Robert and Juliet display orientations to two different actions that are both required for the framing activity: Robert orients to paying and Juliet to line waiting (Mikesell, in press). Paying requires a credit card but Juliet treats Robert's action as ill-timed, as coming too early in the sequence of actions. Juliet's directive format, unlike CT's imperative, glosses an account for the action which could have been embedded in a mitigated imperative format: 'don't bring it out because you don't need it yet'). Although still highly entitled in format (as compared to 'Why are you getting the credit card out?'/ 'Could you put it back?'), its slightly more mitigated form may reflect the fact that Robert's action is not disrupting or inhibiting the accomplishment of the paying activity. The direct repair in slightly mitigated form may also implicate a slightly different social cost than CT's direct imperative to Steve in Extract 1. Here Juliet may be displaying more attentiveness, not to the quick or urgent successful accomplishment of the paying

activity but to Robert's displayed confusion about the nature of his participation as well as to perceived expectations of normative practices of line waiting.

### **Repairing 'Compulsive-type' Engagement with Multiple Directives**

In the previous extracts, Steve and Robert complied with the directives with no observable resistance. Interlocutors' directives, however, are not always straightforward or successful. In Extract 3, Juliet is guiding the arrangements for making a box for Robert to store his daily prayers. Juliet initiates the activity and instructs both Robert and the ethnographer (ET), who is to help him decorate the box while Juliet works in her office. She tells ET that they will have to use tape to secure colored construction paper to the box and tells Robert that he "can pick the colors" (not shown). When Extract 3 begins, the activity has been intermittently attended to over the course of an hour. Robert occasionally becomes visibly agitated and unsure about what to do: He repeatedly paces the room, sits down to watch television for a few seconds at a time and then returns to the box. The activity is further suspended when Juliet comes to check on the progress and announces that she will "have to get involved" because the current decorations are "not workin'" (not shown). The colored paper is loosely fitted to the box and not secured around the corners. Juliet tells Robert he will "just have to wait" while she finishes her work.

Extract 3 shows when Juliet returns to work on the box. Notable in Extract 3 is Robert's 'compulsive'-like engagement in which he repeatedly attempts to participate in the decorating activity in the same manner that is being targeted for repair. Compulsive behaviors have been examined as a presenting clinical behavior of FTD. While the most commonly documented behaviors pertain to repetitive checking, frontal striatal circuit

damage may result in difficulties inhibiting various types of behaviors and movements (Mendez, Perryman, Miller, Swartz & Cummings, 1997). In this case, Robert repeatedly tapes colored paper to the box while Juliet is demonstrably weighing the color options, and thus Robert's moves to tape the paper comes before the paper has been selected. Although Juliet produces multiple directives to halt Robert's engagement in the activity, which she treats as ill-timed, and although Robert verbally aligns with her directives, he continues to reach for the tape (lines 9, 13, 16).

Extract 3. Robert (RO): Prayer Box

01 JL: You think that's the sa:me.  
02 (0.3)  
03 ET: I guess I think that's red.  
04 JL: And that's sort of: (.) hot pi(h)nk. heh But>anyway<  
05 RO: .hhh ((tapes a corner of the paper to the box))  
06 JL: [ugh hh ((reaching to put paper back))  
07 RO: [((walks around JL to tape corner he can't  
08 reach))  
09 ET: [Well: color]s kinda tricky for==  
10 RO: [Now what]  
11 TS RO: ((reaches across Juliet))  
12 JL: =aw Rob gaw.h Rob Rob Rob Rob Ro:b<your  
13 jumpin ahead:d. ((annoyed tone))  
14 RO: Okay.  
15 TS (1.2) ((RO gets tape from dispenser))  
16 JL: Here- [lets: just hold off hold off, [ oka:y?=  
17 [((places hands over RO's)) [ ((gets tape))  
18 TS RO: [=Hold off hold off.  
19 JL: [Okay.<okay, now what. ((agitated tone))  
20 (0.4)  
21 RO: What.  
22 JL: How- hold off.

The TSs constitute embodied engagements in the ongoing activity that Juliet has earlier provided instructions for. Although those instructions left open for interpretation how the paper should be used to decorate the box, Juliet treats Robert's attempts as inadequate and in conflict with her own expectations. At this point, Juliet has returned to make sure her expectations are met. She tapes the salvageable paper already on the box more securely and then begins to select additional colored paper. As she is comparing

color options, Robert tapes down one corner of a piece of paper (line 5) that Juliet had laid on top of the box. He walks behind Juliet to the other side of the box presumably to tape the other side down (line 7), but as he reaches in front of Juliet towards the tape dispenser (line 9), she quickly produces a response cry, address term and negative stance marker *'aw'* + *name* + *'God'* followed by a series of quickly produced, high pitched *'Rob's* in an effort to interrupt his forthcoming action. As Robert repositions himself away from the dispenser, she accounts for why his action is problematic: *'your jumpin ahead.'* Juliet is weighing color options and the piece of paper on top of the box is only one possibility on which she has not yet decided. Robert, however, is following through with his earlier engagement of taping paper to the box, which he seems to do without consideration of the colors (he selects always the first piece of paper in the stack) or fittedness to the box (he leaves the corners of the paper unsecured). Juliet's animated response cry and address terms may attend to Robert's observable disregard in the task Juliet is orienting to (picking colors) and her directive glosses only an account.

While her repair halts Robert momentarily, it does so for only as long as it takes him to align with her repair attempt: a moment after Robert's *'okay'* (line 12), he reaches for the tape dispenser, and Juliet tries again to prevent this continued engagement. His *'okay'* aligning response to Juliet's first directive may be heard by Juliet as contrastive to his continued embodied engagement and therefore possibly hearable as confusion: In other words, Robert's *'okay'* may have been heard as a cooperative move. If Robert was unclear about what action he was engaged in that was *'jumping ahead,'* a more explicit directive identifying the appropriate action could perhaps rectify this possible confusion. Juliet's upgraded directive (in terms of entitlement and in explicating an action) *'hold*

off,' which she repeats twice, does not name the perceived offense, but her physical gesture accompanying her imperative may “manage the possible contingencies that could prevent compliance” (Craven & Potter, 2010, p. 425): she positions her hand to block access to the tape dispenser. As she repositions her hand, Robert again reaches for the tape and she seamlessly (through produces) a continuation of her directive, producing ‘hold off’ two more times (line 17). Later in the interaction, she tells ET that she does not know if Robert’s persistence is compulsive but she eventually stops trying to solicit a different engagement, declaring that she “ain’t gonna be able to stop him.”

Of note again are Robert’s turns in lines 8 and 18. Robert’s understanding that he is to participate is evident by his positioning toward the activity. However, uncertainty about how he is to participate seems to again be glossed in this recurring practice he employs when his participation is relevant but unclear. After Juliet’s repeated directives to “hold off,” (line 17) he again produces a louder, more agitated “now what.” “Hold off” interrupts his current engagement in the activity but may not provide clear direction about what action to take. As such, this recurring practice, as noted in Extract 2, may anticipate possible uncertainty about what his participation should look like. Juliet’s repeated directives increasing in entitlement and explicitness in identifying an appropriate action may present a “diagnosis” (Svennevig, 2008) of the TSs that both embody possible confusion and compulsive-type engagement.

Extract 4 illustrates another seemingly<sup>5</sup> compulsive-type engagement that elicits multiple directives in which a home nurse repeatedly attempts to coordinate Steve’s

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<sup>5</sup>While compulsive behaviors are clinically described by Mendez et al. (1997) as an inability to inhibit a movement or behavior due to neurological damage, the cause of Robert and Steve’s repetitive engagements are challenging to identify and may be related to other sources of confusion, which is why these are characterized as “compulsive-type” engagements.

embodied engagement to take his sitting blood pressure (BP), an activity which is not explicitly articulated. To accomplish this activity, Steve must remain seated for the BP machine to get an accurate reading, but Steve repeatedly leans back on the bed and the nurse's repair initiations both attempt to prevent him from leaning back and also work to encourage him to sit up. At the start of Extract 4, the nurse and Steve are in Steve's bedroom and while the nurse reaches for the BP cuff, she directs Steve to "have a seat" to which Steve both verbally and actionally complies by sitting on the bed. The TS occurs when Steve starts to lean back (line 6).

Several factors may contribute to the TS (Mikesell, in press): Steve's action of leaning back may be prompted or fitted to the environment (he is sitting on the bed not a chair), and the activity to be accomplished is not made explicit until later in the interaction so there is not yet a framework for what activity the nurse is orienting to except for environmental cues (e.g., the visibility of the BP cuff). Steve repeatedly leans back on the bed and the nurse initiates repair each time with multiple, variously formatted directives.

Extract 4: Steve: Sitting blood pressure

01 RN: Have a seat sir. ((bright tone; reaches for bp cuff on bed))  
 02 (0.3)  
 03 SD: Yes, alright. ((sitting down on bed))  
 04 RN: Okay?  
 05 SD: Okay okay.  
 06 TS SD: ((starts leaning back))  
 07 RN: No- don't sit down. We're not sitting  
 08 down.<We' [re not laying down yet. ((holding bp cuff))  
 09 SD: [We're not sitting down=we're not  
 10 laying down yet. ((Steve sits up; nurse waving hand  
 11 towards her))  
 12 RN: [no no no  
 13 RN: W' got a few hours to go until we do that. ((arranging  
 14 bp cuff))  
 15 SD: Okay o[kay ((positioning hand toward cuff))  
 16 RN: [(Th'n/we'll-)get you ready for bed right?  
 17 SD: Right right right.

18 RN: All we're doin' is gonna take yer t- take your blood  
 19 pressure (n)kay?  
 TS ((3:23-3:29 Steve singing, leans back))  
 22 RN: >No no no< we're not s- we're not laying down. ((putting  
 23 cuff around Steve's arm; shaking head))  
 24 SD: ((singing, suspends movement))  
 25 RN: We're not laying down.  
 26 SD: [((sits up))  
 27 RN: [We're sitting up. ((waves hand))  
 28 ((finishes securing cuff on Steve's arm))  
 29 SD: ((singing))  
 29 RN: We're just sitting there how we usually  
 30 [d o, r e m e m b e r.<No no we're [not laying down.  
 31 TS SD: [((starts leaning back)) [( )  
 32 SD: [(sits up))  
 33 RN: We're not laying d- No no sit [up.  
 34 SD: [( )  
 35 RN: Then after, we do that standing up, remember?

As Steve begins to lean back for the first time (line 6), the nurse intervenes, producing a 'no' particle which, as noted earlier, may work to initiate repair (Schegloff, 1992), followed by a directive, first in a HE/LC imperative format identifying (incorrectly) what Steve should not do ('don't sit down'). This is immediately followed by a slightly mitigated directive, articulating what action 'we' are not doing ('we're not sitting down'). The nurse then quickly self-corrects to "we're not laying down yet," as she has been incorrectly directing Steve to not sit down, the embodied position that she requires Steve to assume. Steve repeats her directives while the nurse gestures, waving her hands towards her, and begins to sit up.

As the nurse prepares for the BP activity, she offers explanation for her directives, that lying down will not happen for "a few hours" when they will get him "ready for bed." As the nurse widens the cuff opening, Steve cooperatively anticipates his involvement in the activity, bringing his arm toward the cuff with his fingers pulled together (line 15). The nurse then names the BP activity 'they' are attending to (lines 18-19) when she provides an account for her previous directives: "all we're doin' is gonna

take yer- t- take your blood pressure.” Although this move names the activity, it does not clarify Steve’s required seated positioning. While the BP cuff is attached to Steve but before it is secured, he begins to lean back again. Steve had previously complied with the directive to sit up and demonstrated cooperative moves in the BP activity (e.g., line 16), which may make interpretable his current repositioning as ‘hearable’ confusion. The nurse again initiates repair (lines 21, 24, 26), first producing a series of ‘no’ particles, followed again by a description of Steve’s current action as one they are not doing (‘we’re not laying down’), prompting Steve to suspend his movement. She repeats (line 24) the same directive format and as Steve starts to sit upright, she reframes her directive, this time describing the action they are engaged in (line 26, ‘we’re sitting up’) while gesturing towards her.

The nurse finishes securing the cuff and then extends her explanation characterizing the desired engagement as what “we usually do,” at which point Steve again begins to lean back, prompting the nurse to attempt another similarly formatted directive: repeated ‘no’ particles followed by a description of the action that ‘we’ are not doing (‘no no we’re not laying down’). She begins to repeat a similarly formatted directive, which she abandons in favor of an upgraded imperative (‘sit up’) preceded by two ‘no’ particles (line 33).

Steve begins to lean back on three occasions over the course of a few minutes and the nurse initiates repair each time to redirect his engagement. Her initial OIs are somewhat elaborate, perhaps because of the added complexity that she not only requires Steve to suspend his engagement but also assume a new one. The elements composing the directives are also repeated, which may work to interrupt a compulsive-type of



engagement and encourage a quicker resumption of the activity, which the nurse orients to as the goal of the interaction. Notably, the nurse's first and last directives are the strongest and most entitled. The first (incorrectly) framing what Steve should not do ('don't sit down') may work to immediately suspend his action that is interrupting the activity while the last framing what he should do ('sit up') comes following a repeated, compulsive-type problematic engagement.

### **Repairing Embodied Engagement to 'Blend In'**

In the previous extracts, IwFTDs' engagements (Steve's incongruent engagements, Robert's displays of uncertainty and the compulsive-type engagements alongside displays of cooperation/compliance) may be hearable by interlocutors as possible confusion and thus contribute to their highly entitled OI formats which, along with claiming deontic status, identify an explicit corrective embodiment to progress an activity-in-progress. Importantly, not all attempts to repair embodied engagements accompany such displays of possible confusion. In the following extract, Kelly; her husband (BR); an ethnographer (ET) and two staff members, Rachel (RA) and Elinor (EL), of Kelly's care facility, are sitting around a table chatting and eating cookies when another staff member, Gina (GI), comes in carrying glasses of water. Gina spills the water upon entering the room, which elicits consolation and help cleaning up the spill. Kelly engages in neither of these efforts, visibly disengaging from the cleaning/consoling activity when she stands up and begins to turn away from the table (line 39). While her engagement in the activity may not be essential for its completion, her repositioning away from the activity noticeably contrasts with the other participants who are helping clean up

and console Gina, who shows embarrassment. Kelly's observable disengagement is treated as problematic by Bron, who works to prompt her to embody a different physical relationship towards the activity.

Extract 5. Kelly (KE): Water Spill

06 ET: It's okay. ((*cleaning spilled water*))  
 07 (1.1)  
 08 GI: ooo[:hh  
 09 EL: [It's jus' water. ((*picks up glasses*))  
 10 RA: he he he he he heh  
 11 GI: [oh  
 12 ET: It's [okay. (0.5) I've done that.  
 13 EL: [it's no problem.  
 14 (0.5) ((*Gina turns around to get something*))  
 15 ET: I was a waiter. ((*Kelly looking at her cookie*))  
 16 GI: sorry. ((*whispers; bumps camera*))  
 17 RA: Wake up.  
 18 GI: he he I'm n(h)ot a w(hh)ai[(h)t(h)er.  
 19 KE: [((*leans towards Bron*))  
 20 BR: What?  
 21 (0.5)  
 22 GI: (that's alright. I'll do [it.)  
 23 RA: [that's fine. ((*Kelly looks at*  
 24 *Bron, then cookie*))  
 ((*lines omitted*))  
 36 GI: I'm fi:ne.  
 37 ??: ( )  
 38 EL: (Ok, it's just) water.  
 39 TS KE: ((*stands, shifting away from table, eating cookie*))  
 40 ET: I've done it with lots of be:er in front of a bunch of  
 41 gu:lys  
 42 BR: [Sit down sit down because it's wet (t's wet)  
 43 ((*grabs Kelly's purse strap*))  
 44 KE: How long are we supposed to stay here ((*to Bron*))  
 45 ET: `n they all like cla:pped,  
 46 `n then I was [like he he he  
 47 [((*Kelly sits down*))

Upon Kelly's disengagement from the activity (line 39), Bron, in his attempt to redirect her, produces a bald imperative instructing her to *sit down*, which he repeats (line 42) upon her visible noncompliance, and then provides an account ('because it's wet'). Bron's imperative exemplifies high entitlement making compliance a relevant next action and may be selected for its efficiency in attending the activity. OIs inquiring about Kelly's disengagement such as 'Where are you going?' or 'What do you need?,' make

relevant an explanation and may only momentarily interrupt her disengagement and possibly make her disengagement more noticeable to the others by encouraging continued verbal negotiation. Similarly to the previous extracts, Bron's OI works to produce a particular engagement rather than understand the one Kelly is adopting. He further constrains Kelly's conduct by holding gently onto her purse strap.

Bron's account justifying his directive may work to mitigate the high entitlement embedded in the imperative format, by implying concern for Kelly's safety (that she might slip) and not his concern that she might interfere with the clean up, that it is their social obligation to stay and help, or his desire that she stay so he is not inconvenienced (as she is rarely left alone). Antaki and Kent (2012) observed that staff members' imperatives to adults with intellectual impairments were accompanied by accounts when the action benefited the requester. While Kelly's compliance certainly benefits Bron, it may also socially benefit her and the other participants as well, as the others are less likely to interpret her disengagement as inconsiderateness or feel offended. Additionally, speakers can account for directives by relating them to the "requirements of the current activity" or the speaker's desires (Goodwin, 2006, p. 515). The accounts provided to Steve and Robert more evidently related to fulfilling perceived activity requirements. Robert's engagement, for instance, in decorating the prayer box was identified as 'jumping ahead' in the activity. Bron's account, however, appears to be neither explicitly about the accomplishment of the activity nor about his personal desires (as might be glossed in an account such as 'because I need you to stay'), thus leaving Kelly to reason for herself why avoiding the spill (or 'wet') might be preferred. While his imperative

claims authority to direct Kelly's actions and expect compliance, his account may mitigate by recognizing Kelly's capacity to make sense of his implied reasoning.

Bron's directive is successful in prompting Kelly to sit down and embody a physical orientation more in line with the others attending the spill; however, Kelly questions how long they are supposed to stay (line 44), subtly resisting Bron's request and also verbalizing a contrast in desires. While Steve and Robert's resistance surfaced in repetitive or 'compulsive-type' engagements that might have been interpretable as disease-related, Kelly's resistance explicitly highlights her intent or desire, which is in contrast with the intent of the other participants.

### **Discussion**

These interactions involved IwFTD exhibiting engagements that were treated as problematic to the accomplishments of the activities in progress and in need of repair. In Extract 1 a particular type of engagement was required from Steve for the ongoing activity to be accomplished, and CT's repair – a direct, HE/LC imperative – identified reading aloud as the relevant next action, required for the activity's successful accomplishment. In Extracts 2 and 3, Robert's retrieving the credit card and taping the paper were actions required to accomplish the framing activities of paying and decorating the box but were treated as inappropriately timed in the course of the activities and thus ineffective for their successful or normative accomplishment. In Extract 2, Juliet's slightly mitigated, though still highly entitled, directive (*negative 'need statement' + address term*) identified the action she was treating as problematic and also implied an account for her directive (that the credit card was not needed yet) in a way an imperative

would not ('put it back'/'don't get it out now' does not imply a reason). Her first directive to interrupt Robert's taping in Extract 3 included *only* an account (with no imperative form; 'you're jumping ahead') following a series of response cries and address terms. It is not until Robert's engagement appears to be 'compulsive' that Juliet produces a HE/LC imperative form ('hold off').

Similarly, Extract 4 highlights a 'compulsive-type' engagement from Steve where he repeatedly leans back on the bed, preventing the sitting BP activity from progressing. There is an extended repair sequence, with multiple repair elements ('no' particles, imperatives, action descriptions, accounts) and repetition of those elements, which was prevalent with such compulsive-type engagements. In contrast to Juliet's OIs in Extract 3, the nurse's first (and last) repair attempt is strongest (in entitlement and directness) '*no*' + *imperative* and then subsequently softened to action descriptions and accounts/explanations. Directives moving from strong to weak is the reverse pattern found in parent-child interactions where parents' directives increased in strength when children showed resistance or unwillingness to comply (Craven & Potter, 2010), which was the same pattern employed by staff members to residents with intellectual impairments (Antaki & Kent, 2012). Antaki and Kent remark that this pattern might reflect "the assumed ability between children and the residents" (p. 882). Unlike the children's displays of resistance in Craven and Potter's data, neither Steve (nor Robert) overtly resists or demonstrates an unwillingness to comply with the nurse's directives and in fact displays moves to cooperate. As such, his repeated engagement may be perceived by the nurse as confusion caused by impairment and may partially account for her initial HE/LC imperative form. Additionally, taking sitting BP requires Steve to be sitting for its

successful accomplishment and interlocutors focused orientations to the activity at hand may be glossed in their directive formats.

Extract 5 is an interesting case and contrasts in several ways with the others: Kelly's embodied engagement does not display evident confusion that might call for clarity that an imperative OI might provide and it also does not appear to be strictly required for the activity to continue successfully (given the multiparty context). Bron's imperative rather may be addressing the 'here-and-now'-ness of an activity (Antaki & Kent, 2012) and the immediacy with which an alternative embodiment is required to not disrupt the activity or be noticeably contrastive to the others' orientations to helping. Interestingly, Bron's imperative is mitigated with an account suggesting his concern for Kelly and not the activity per se.

### Summary of OI Directives

Extract	Trouble	Format	Example	'Outcome'
Ex 1 Comics	Incongruent engagement halts framing activity	'No' particle + directive + address term	<i>No read loud, Mr. Davies</i>	Elicits alternative engagement; no resistance
Ex 2 Line Waiting	Engagement treated as inappropriately timed in activity	Neg 'need statement' + address term (repeated in inverse order)	<i>You don't need to bring it out yet Rob. Rob you don't need to bring it out yet.</i>	Interrupts current engagement; no resistance
Ex 3 Prayer Box	'Compulsive' engagement treated as inappropriately timed in activity	Neg stance marker + address term + account	<i>Aw Rob Gawh Rob Rob Rob Rob your jumpin ahead</i>	Temporarily interrupts (compulsive-type) engagement; no resistance
		Repeated (positively formed) directives + physical blocking	<i>Hold off hold off +</i> blocks access to dispenser	
Ex 4 Sitting BP	'Compulsive' engagement derails framing activity	'No' particle/ stance marker + directive (neg form) + action description (pos and neg forms) + explanations	<i>No don't sit down. We're not sitting down. We're not laying down yet. + waving gesture</i>  <i>No no no we're not laying down. We're</i>	Temporarily interrupts (compulsive-type) engagement;  Temporarily elicits alternative engagement; no

			<i>not laying down. We're sitting up.  We're not laying d- No no sit up.</i>	resistance
Ex 5 Water Spill	Discrepancy in expectations/ Expressed desires about participation	Repeated imperative + account + physical prompting	<i>Sit down sit down because it's wet. + Grabs purse strap</i>	Elicits alternative engagement; verbalized resistance

In short, it seems that when a well-defined activity requires a particular embodied engagement (Extracts 1 and 4), HE/LC directives may be the preferred format to elicit a more appropriate embodiment, which perhaps illustrates interlocutors' sensitivity to the disruption of the progressivity of those activities by explicitly identifying the TS and offering the 'quickest' fix (Mikesell, 2010b). Engagements in activities that may not be essential to interrupt for activity completion (Extracts 2-3) but that are treated as ineffective for the activity's accomplishment in other ways, seem to elicit weaker, more mitigated directive formats, unless the engagement becomes compulsive in nature (Extracts 3-4). To be sure, the directives employed throughout were often HE/LC formats but the variation in these formats may reveal a sensitivity to the activity requirements that Antaki and Kent (2012) also considered when commenting on their "intuition" that "more concrete and immediate actions afford speakers more leeway for claiming greater entitlement" (p. 887).

The extract below between Robert and ET in which ET initiates repair on Robert's conduct may provide a useful comparison. Upon noticing that Robert has left the water running, ET gets his attention (line 2) and asks a 'why' question ('why is the water on'), which suggests a potential problem in his conduct but makes relevant an explanation or account for his behavior.

Extract 6: Water On

01 RO: (15.0) ((*washes apple; leaves the faucet on*))  
02 ET: Hey Robert?  
03 RO: Mhm=  
04 ET: =Why is the water on?  
05 RO: I don' know.  
06 ET: Well why don' you turn it off.  
07 RO: Okay. I'll turn it off.

Following Robert's response claiming to not know, (possibly hearable as confusion, resistance or denial), ET does not employ a stronger imperative format ('turn the water off'), which would make relevant his compliance and possibly work to maintain the progressivity of the activity they are engaged in (taking lunch to the table). The suspension of the framing lunch activity caused by the multiturn repair sequence, however, may be less noticeably disruptive to its successful accomplishment. Preparing lunch does not necessarily require Robert's compliance to successfully accomplish and there is no apparent urgency or particularity with which making lunch must happen.

In sum, when selecting an OI format to redirect an IwFTDs' engagement, caregivers may orient to 1) whether a particular type of engagement is essential and urgent for the accomplishment of the activity (stronger directives employed to elicit required and more pressing engagements) and relatedly 2) whether the current engagement is a compulsive-type of engagement (stronger, multiple directives are selected when an engagement is repeatedly performed, regardless of whether one displays willingness to comply with the directive). HE/LC formats used in such repair contexts make relevant the next action required for the activity's progressivity. In contrast, for activities not requiring a precise type of engagement or for which embodied repair is less urgent for the activity's accomplishment, interlocutors'



orientation to progressivity as glossed in their repair formats seemed less evident (Extract 6).

Of note is that HE/LC requests were made outside of these activity-oriented repair sequences and participants' orientations were notably different in other contexts. Relatedly, directives in family interactions between parents and children (Craven & Potter, 2010; Goodwin, 2006) display contrasts in participants' relative deontic status, which may appear similar to the participants in the interactions above: Caregivers are often the ones to initiate and guide activities and explicitly evaluate appropriate conduct. In this way, the perceived impaired status of IwFTDs seems to be glossed in caregivers' use of directives, particularly the imperative formats, which claim "rights to determine actions" (Stevanovic & Peräkiylä, 2014, 2008, p. 190) or high entitlement. For instance, a response to Robert's paper taping could have been 'what are you doing' which makes relevant an explanation/account for his engagement while the imperative to 'hold off' makes relevant compliance (Craven & Potter, 2010). While one can respond with resistance, which children have been shown to do (thereby eliciting increasingly stronger imperative forms), in many of these repair sequences, IwFTDs complied or produced verbal aligning responses indicating a willingness to comply (e.g., 'okay') even when they subsequently produced the same embodied engagements that were previously treated as inappropriate. In this way, individuals' deontic status appears interactionally negotiated.

### **Activity, Visual Trouble Sources and Repair**

Greiffenhagen and Watson (G&W; 2009) highlight the collaborative achievement of a repair outcome in their examinations of "visual repairables" in the context of

students tasked with using software to represent scenes from Shakespeare's *Macbeth* on a computer screen. While it is the visual nature of the repairables that motivates the authors to bring these repair sequences together for examination, it is the collaborative nature of the task that led the authors to claim difficulty in applying traditional CA notions of repair to their specific repair instances. They argue that the repair initiation and outcome, "often seen as virtually instantaneous and straightforward" in ordinary conversation "may involve considerable work for participants" (p. 84) in these human-computer interactions. Given the collaborative task and outcome-focused orientation in their mediated context, the authors claim that repair initiators may "not only differ in their strength of locating a trouble source, but may also differ in their strength in indicating a preferred repair-outcome" (p. 85). The same may be said of the OI directives examined above. In both G&W's interactions as well as the ones explored above, the TSs are visibly available to interlocutors and they are framed by a particular activity and its successful achievement (i.e. a particular outcome). Both the framing activity and the activity outcome can be well-defined, or ambiguously defined and left for participants to work out which becomes relevant to the repair sequences.

Thus, not only the visual quality of the TSs, but the activity itself seems interactionally important; it, too, provides "instruction" regarding how another's actions can be understood, whether as contributing to its achievement or not. Sometimes the framing activity is well-defined providing stronger "instruction" for participants to work together to meet clear expectations but sometimes it is less well-defined. While the activity provides some instruction for understanding participants' actions, at the same time, the activity is interactionally being built and negotiated embodied action by

embodied action (see Figure 1), where each action can be visibly inspected and can become a potential source of trouble. The repair outcome thus often indexes the next embodied action step or, on occasion, the end result of the activity being engaged in.

[Insert Figure 1 about here]

Relatedly, the nature of the activity outcome – whether it is a physical object (prayer box) or the accomplishment of a particular task (getting a BP reading) that is produced seem to be relevant for G&W’s analysis of how repair can be understood in these collaborative contexts dealing with visual trouble sources. In their contexts, an ambiguously defined product is to become the outcome of a well-defined activity – that is, while the framing activity seems clearly specified at the outset of the class, the product the students produce could take many forms. They remark how, in their contexts, “the product of [an] action does not necessarily ‘belong’ to that of the doer” in the way an utterance is “typically ‘owned’ by [its] enunciator” (p. 85) and that repair in their contexts “is not so much that one of the pupils has problems ‘understanding’ the other, but that the instances raise issues about what they are both trying to achieve” (p. 85). The authors contrast this to how repair is discussed in ordinary conversational contexts:

Repair in ordinary conversation is tied to the achievement of shared, specific understanding. However, there is an asymmetry in the socially organized practices involved in achieving of such understanding or alignment, since one co-participant has to gain an understanding of the other. That is to say, in ordinary conversation, other-initiation may occur when ‘other’ is not quite able to understand (in the alignment sense) what ‘self’ has just done (p. 85).

This difference may reflect the ambiguity of the outcome/product being negotiated in their repair sequences as much as it reflects the collaborative nature of the activity.

In the cases involving IwFTD, the activity outcomes are often treated by the carers as well-defined (or known), and they tend to treat the framing activities as specifying a particular kind of task accomplishment, which may also highlight participants' understandings of relative deontic status (i.e. whose expectations about the outcome should be met). Extract 3 (Prayer box) is perhaps the most similar to G&W's cases in which the outcome of the activity negotiation is a physical object that is unknown at the activity's start because the parameters of what is being produced (a visual representation on a screen and a prayer box) are not specified beforehand. Accordingly, the outcome – the physical object being created – is a work in progress built incrementally by the contributions of both parties having to come to terms with (or resolve potential disagreements about) what the outcome of the activity is or should be. In short, embodied actions are understood both within the context of the activity framing those actions but also with respect to how those embodied actions project the activity outcome down the 'interactional' road.

### **Limitations and Implications for Caregivers**

The findings discussed here are limited in scope for several reasons. As I did not intend to present an overview of directives used across interactions involving IwFTD and their carers, I cannot comment on how these directives fit within a broader use of these forms in different interactional contexts. Similarly, the current examination involved only three families providing a limited view of caring and communicative practices, which might surface differently across familial settings. Even within these three families, Kelly

was described by family members and observed by ethnographers as being active and engaged – initiating activities, expressing desires and overtly resisting others’ initiations – while Steve and Robert were rarely described in similar ways. Thus, the limited ethnographic information provided about the contexts of these families additionally narrows the view of the use of OI directive formats and how misunderstandings and activity arrangements are handled by carers.

Nevertheless, there may be some valuable insights that even this limited exploration can offer regarding the situation of caring for IwFTD. The potential challenges for IwFTD performing executive functioning skills such as multi-tasking and planning may surface even in such mundane activity contexts, and caregivers may benefit from recognizing the difficulty some IwFTD might have determining the meaning of one discrete action in relationship to the framing activity or projecting its relevance to the activity outcome, which may be several action steps away. Confusion does not only seem to surface for the IwFTD but also for the caregiver who may struggle to contextualize an embodied action or understand it in relationship to perhaps contradictory actions, for instance, an individual’s turns-at-talk such as agreement tokens (Extract 1) or embodied actions such as sitting up (Extract 4) that are then followed by contradictory moves. Thus the work required for carers in such contexts seems two-fold – making sense of an action for what it means in relationship to the previous incongruent actions and making sense of an action for what it means for the completion of the activity. The use of directives highlights the importance of the activity and its completion for carers and perhaps underlines a significant caregiving challenge that they face – how to accomplish sometimes seemingly straightforward multistep activities that require collaboration.

Some types of tasks might be easier for carers to independently complete but this also runs the risk of encouraging passivity or inactivity, which families also seem concerned about, particularly for individuals such as Steve and Robert who were described as more disengaged. Steve's wife, for instance, maintained a fairly well-established routine with reading, exercising, walking and playing piano and often directed Steve from one activity to the next. From the exploration of activity-focused interactions above, organizing activities and then managing their accomplishments seems to entail an intricate involvement from caregivers to balance the concern about how best to engage individuals in family activities when their efforts to align participation may not be easily accomplished.

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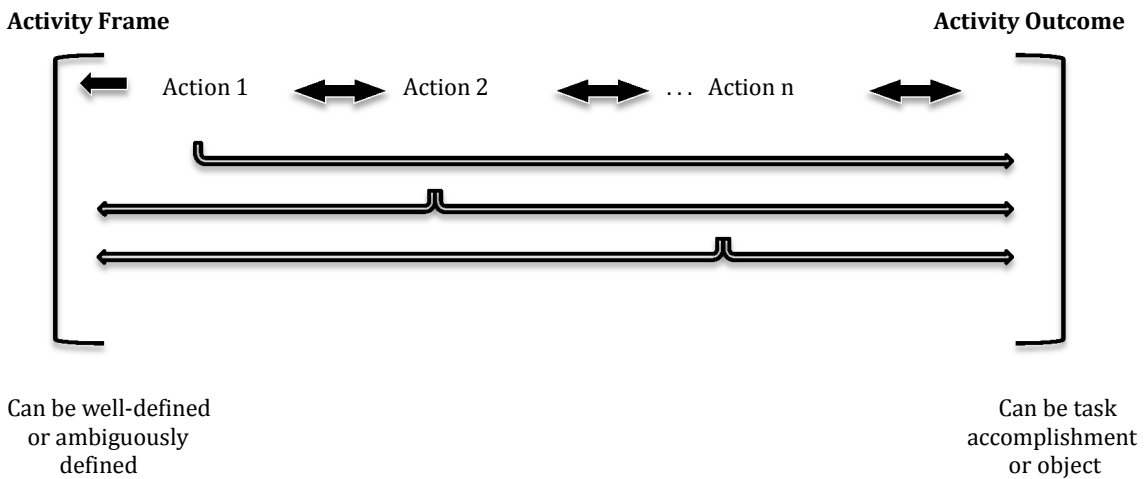
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Figure 1: Activity Frame and Activity Outcome Provide “Global” Instructions for Making Sense of “Local” Actions



The arrows represent the bi-directional relevance of an action where each action becomes understood in a ‘backwards’ manner (for how it reflects the activity framework) and ‘forwards’ manner (for how it projects an activity outcome).