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Unmet wishes: A multimodal interaction analysis of the rejection of choice in assisted shopping interactions

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Abstract

In the field of health communication, it is increasingly important to understand the interactional management of free choice and the demands of (good) care, especially in situations where these two objectives conflict with each other. In a multimodal interaction analysis of video recordings, this paper examines decision-making processes in which a caretaker refuses to retrieve a requested object for a woman living with acquired brain injury during their weekly shopping trip. The multimodal analysis describes both the sequential unfolding of these assisted shopping interactions and the interplay of multimodal resources used by the participants. The analysis demonstrates how choice is made available, despite communication impairments, and how the participants deal with the potential loss of face resulting from the caretaker's rejections.

Keywords: Brain injury; Choice; Embodied interaction; Health care; Rejection; Request; Shopping

1 Introduction

The United Nations' 'Convention on the Rights of Persons with Disabilities' specifies a range of basic human rights that should be guaranteed for people living with disabilities, such as the right to autonomy and self-determination, which includes the freedom to make your own choices. These principles reflect on the inherent human right of all individuals to participate in decision-making processes in all aspects of their lives, and these principles increasingly guide the provision of support for people with disabilities by their caretakers so that they can participate in decision-making processes. Little is known, however, about how choice is exercised in everyday interactions with people with limited cognitive and communication means, and in particular how conflicts between the 'logic of choice' and the 'logic of care' (Mol 2008: ix) become manifest and are dealt with in those interactions.

This paper takes an ethnomethodological and conversation analytical (EMCA) perspective on the interactive organisation of the rejection of shopping choices in decision-making processes during the assisted shopping interactions of a woman living with acquired brain injury (ABI). EMCA studies approach choice and decision-making as mundane and everyday practices in care settings (e.g., deciding what to eat, wear and buy) as well as situated and interactive achievements by the participants. As Finlay, Antaki and Walton (2008a: 56) point out:

> Choice and control are issues that arise in the way people talk to each other, in which utterances are taken up and which are ignored, in how and what options are offered, in how preferences are expressed, how information is presented, how spaces are opened up for people to express preferences and how spaces are shut down.

People living with limited communication and cognitive means have only limited resources with which to express their choices and are thus dependent on the interactive support of their

communication partner. It is therefore of utmost importance to understand the interactional construction of choice and control, in order to enable people with disabilities to participate in decision-making processes — especially those that have consequences for them.

This paper is concerned with the interactional management of rejections of choice during the assisted shopping trips of a woman with ABI (we will call her Sarah, which is not her real name). Owing to her communicative, cognitive, and physical challenges, a caretaker assists Sarah in her shopping activities. During these trips, Sarah requests the caretaker's assistance regularly, for example to fetch items that are out of her reach. The expression and negotiation of choice, in the form of requests, are thus fundamental to an assisted shopping interaction. Unlike the shopping decisions of couples described by De Stefani (2014: 290), Sarah and the caretaker do not buy products 'for the couple' or for 'each one's household', but for Sarah's personal use only. The caretaker oversees the basket, however, and can deny her assistance to obtain particular products.

In a multimodal interaction analysis of two video-recorded examples, we examine situations in which the caretaker refuses to retrieve a certain product that Sarah has requested. We are interested in understanding how the conflicting aims of care (granting individual wishes that seemingly conflict with the maintenance of institutional norms or agendas) are made visible and are negotiated during the ongoing decision-making process. Our interest is in the sequential and multimodal organisation of request and rejection. How are Sarah's requested shopping choices, and the caretaker's rejections, made visible in the ongoing shopping interaction? How are requests and rejections 'accounted' for by the participants (Garfinkel 1967: vii)? Does the assistive context of the interaction become salient in the expression of the request–rejection sequence? Are Sarah's communicative and cognitive competences made relevant in the way the rejection is delivered, and if so, how?

We will present relevant findings from conversation analytical (CA) studies to understand a) the interactional management of request and rejection, and b) the interactional management of choice and decision-making in interaction with people with communicative and cognitive challenges. Afterwards we will briefly present the data and methods of the study before analysing two examples in which the caretaker rejects Sarah's shopping choices. The analysis emphasises the situated, multimodal and collaborative nature of assistance and rejection in decision-making processes and demonstrates how the participants deal with the potential loss of face resulting from the caretaker's rejections. The paper ends with a systematic discussion of the insights gained.

2 Related work

2.1 Request, recruitment and rejection in interaction

Requesting involves asking for someone else's help, and thus constructs a need on the part of the requester and an obligation that is sought from the request's addressee (Drew and Couper-Kuhlen 2014). CA studies approach requests as interactional constructions (rather than, e.g., as an individual speech act) that are made visible and accountable through the way in which the participants produce their action as requesting to be recognised and responded to by others. Drawing on several CA studies, Drew and Couper-Kuhlen (2014: 13) point out that, 'the *nature of what is being requested* is consequential for the selection of an appropriate request form and for the provision of an appropriate response once the action has be recognized as a request'. For example, whether the target action is immediate or can be fulfilled at a later time, what are the costs (high or low) of the target action, whether the target action is bi- or unilateral, or whether it is practical or more abstract in nature. They also show that CA studies have identified several principles relevant for the selection of a specific form of request, such as its sequential placement in the ongoing interaction, the entitlement to make a request, and contingency displaying the

acceptability of a request. Different authors emphasise the important roles of displays of knowledge and authority, discussed under terms of epistemic and deontic stances and their relationship to their actual epistemic or deontic status[i] in request sequences and decision-making processes (Heinemann 2006; Heritage 2012; Stevanovic and Peräkylä 2012; Stevanovic and Svennevig 2015). Critical for the recognition of a request is the use of distinctive linguistic formats, such as 'will/would you X', 'can/could you X', or 'I wish/need/want X' (Drew and Couper-Kuhlen 2014: 15). These formats are often used in interplay with visible bodily conduct, and some requests are even made without verbal expressions (Cekaite 2010; Rossi 2014; Tulbert and Goodwin 2011). Request can be used for the 'recruitment of assistance' (Kendrick and Drew 2016: 2), defined as the result of '(embodied) attempts to enlist someone's assistance, typically with respect to an immediate, physical need, problem or wish' (Drew and Couper-Kuhlen 2014: 17). Assistance is then understood as 'actions by one person that may resolve troubles or difficulties in the progressive realization of a practical course of action by another' (Kendrick and Drew 2016: 2). A recruitment does not need to be requested, it can also be offer by another person. The recruitment is often shown in 'wordless acts of assistance' bound to a 'here-and-now' context, which is fundamentally different from request that ask for distal, delayed action cooperation, which often places a greater demand on the person providing the assistance (Heritage 2016: 30).

Within the field of health interaction, Lindström (2005) and Heinemann (2006) show how senior citizens display their entitlement to ask their home-helpers for assistance. This can be seen in their use of either positive or negative interrogative structures, imperatives, or statements for formulating their request. Furthermore, Lindström (2005) points out that senior citizens account for their entitlement by constructing their requests as reasonable in the given context of care, a) by

timing the request in a way that does not interfere with the home-helpers' other tasks and thus enables the establishment of a mutual visual orientation, and b) by referring to their own vulnerability.

Requests are also a common interest in EMCA studies on shopping and sales interaction (De Stefani forthcoming; Fox and Heinemann 2015, 2016; Sorjonen and Raevaara 2014; Vinkhuyzen and Szymanski 2005). In these contexts, requests are often combined with displays of epistemic stances — as, for example, when the customer knows what to buy but not how to get it (Vinkhuyzen and Szymanski 2005) — or displays of knowledge towards a certain product (Fox and Heinemann 2015, 2016). Other authors show how requests are organised in an interplay of the participants' movements through the physical environment of a supermarket or store. Sorjonen and Raevaraa (2014) show how customers in a tobacco store use different request formats depending on their physical position in relation to the counter. De Stefani (forthcoming) shows how straightforward requests at the counter are prepared by shopping couples in preceding interactions while approaching the counter. This study underpins Kendrick and Drew's (2016: 11) claim: 'requests for assistance are not initial actions', but are prepared, often in embodied ways.

Rejections are often discussed in the context of preference related to conversational actions. Sacks (1992) shows how questions can be constructed to display a preference or expectation for a particular answer (e.g., yes or no). Our data will show that Sarah's pointing gestures are understood as a request whose preferred action is the handover of the identified object. Different studies show that participants avoid disconfirmation in favour of confirmation. Heritage and Pomerantz (2013: 215) define the 'preference principle' (for yes/no questions, invitation and impersonal assessment):

'if possible, avoid or minimize a stated disagreement, disconfirmation, or rejection and, if possible, include an agreement, confirmation, acceptance or other supportive action'. This principle can be seen in the ways in which participants' disagreements or rejections are '"reluctantly" performed' (Heritage and Pomerantz 2013: 215), for example by delaying and mitigating the delivery. The delay can then give the requester the option of reformulating their action and thus collaborating in the prevention of a direct disagreement (Pomerantz 1984). As such our question is directed to how Sarah's embodied request that aim for the recruitment of assistance are denied by care personal and how both participants deal with the potential face-threatening character of this rejection.

2.2 Choice in atypical interaction

This study examines request–rejection sequences in assisted shopping interaction with a person who has cognitive and communicative impairments. In recent decades, several EMCA scholars have examined interaction with so-called 'atypical populations', which are defined as 'people for whom frustrations in communication are experienced as a permanent fixture of daily life' (Antaki and Wilkinson 2012: 533). In detailed analysis, these studies highlight the situated and interactional construction of communicative competences of people with communication disabilities in spite of their impairments, and emphasise the communication partner's crucial role in enabling (or limiting) the involvement of the person living with disabilities in the interaction (for an overview see Antaki and Wilkinson 2012).

In particular, CA studies on interactions including people with learning or intellectual disabilities (ID) examine how the inclusion (or exclusion) of people with disabilities in decision-making processes becomes visible in the concrete practices of care. In a literature review, Ellis (2018) points out that the dominant paradigm in understanding decision-making processes with people with learning disabilities is based on the understanding that the restriction in decision-making is

either the cause or the consequence of the impairment (see also Jenkinson 1993). In contrast, CA studies highlight the competences shown by people with learning or intellectual disabilities in the situated and interactional management of decision-making processes in everyday situations with staff (Antaki 2013; Antaki and Crompton 2015; Antaki, Finlay and Walton 2009; Antaki and Kent 2012; Finlay, Antaki and Walton 2008; Finlay, Walton and Antaki 2008; Houtkoop-Steenstra and Antaki 1997; Pilnick et al. 2010; Rapley and Antaki 1996, 1996; for an overview see Ellis 2018). Antaki and Crompton (2015) identify different practices used by staff to enhance the participation of residents with ID in interaction. For example, staff cast the ongoing activity as located in a meaningful overall framework, or designing turns as suggestions or requests, enabling the people with ID to make an active choice. Finlay, Antaki and Walton (2008) show how staff deal with dilemmas of care when residents refuse to cooperate in institutional routines of care (e.g. , when being weighed). In these situations, two opposing institutional objectives come into conflict: the respect for the resident's free choice, and the institutional task of getting the job done. The study demonstrates both the residents' difficulties in expressing their choices with the little symbolic language they have, and the staff's practices overriding the residents' refusal. 'The upshot is that the institutional imperative trumps the residents' exercise of choice' (Finlay, Antaki and Walton 2008: 71). Pilnick et al. (2010) come to a similar conclusion. They describe how political agendas regarding the rights, independence, choice and inclusion of young people with ID are applied in service meetings in which caretakers, professionals and the young people decide on the young people's future after they leave school. The authors observe a tension between the need to maintain professional competency and the need to respect the autonomy and choice of the people with ID. The study shows how the maintenance of professional competency undermines the choice and control of the person with ID. Likewise, Antaki and Kent (2012: 876) report that 'staff resolve the

dilemma of care and control mostly in favour of getting jobs done, at the expense of residents' potential trouble in fulfilling their request'. While staff often use imperatives in interaction with people with ID, the authors found only a few cases in which staff explained their requests, downgrading their imperatives. These explanations were mostly given either as 'post hoc accounts of the staff member's epistemic entitlements to make the request or designed to remove contingencies standing in the resident's way' (Antaki and Kent 2012: 886). Thus, the political need for empowerment creates a tension. Furthermore, policy documents do not specify how autonomy can be granted in assisted interactions. As people with limited communication and cognitive means need assistance in expressing their choice, caretakers have to find their own ways of both supporting the autonomy of the person with cognitive or communicative disabilities in decision-making processes and at the same time maintaining their professional competencies or agendas (Ellis 2018; Pilnick et al. 2010).

Only a few CA studies focus on decision-making processes in interactions specifically with people with ABI. Goodwin (1995) analyses collaborative decision-making processes in interactions with Chil, a man living with aphasia. After a stroke, Chil can utter only three words: 'yes', 'no' and 'and'. Goodwin observes a decision-making process in the form of a guessing sequence. In this sequence, Chil's nurse and his wife offer him different choices of food for breakfast. Answering with 'yes' and 'no', Chil draws on the sequential environment constructed by his interlocutors, and thus he can act as a 'competent speaker' (Goodwin 2004: 151). Searching for alternatives, the interlocutors offer category sets to Chil (e.g., does he want to have toast or English muffins, which differs from the category set of what to put on the toast or English muffins, such as jam or cheese). In his response to these offers, Chil not only rejects or accepts the suggested alternatives (e.g., toast or English muffins); he also uses prosody and his bodily orientation to display his stance on

the offered alternatives and is thus able to indicate whether the guesses belong to the right category set. Goodwin points out, however, that Chil's communicative competences rely heavily on a collaborative interlocutor who treats Chil's actions as communicative contributions (and not as random behaviour).

Summarising the research on decision-making processes in 'atypical' interaction, we can conclude that the inherent tension between 'the logic of care' and 'the logic of choice' (Mol 2008) is framed by an asymmetric participation framework in which the person with communicative and cognitive disabilities depends highly on the collaboration of their interlocutor to understand and pursue their choices. As several authors show, the institutional agenda tends to overwrite the individual's wishes. This paper contributes to this discussion by examining the organisation of choice in a new context: assisted shopping interaction. In addition to the existing research, we offer a multimodal analysis which takes into account the detailed interplay of various resources used by the participants (e.g., bodies, materials, sounds/language) to construct meaning in the ongoing interaction. This context aligns our study with the above-mentioned discussion of embodied requests and the recruitment of assistance (Cekaite 2010; Drew and Couper-Kuhlen 2014; Kendrick and Drew 2016; Tulbert and Goodwin 2011).

3 Data and method

The data that form the basis for this article consist of video recordings from four shopping trips undertaken by Sarah and one of her caretakers. We video-recorded interactions with two different caretakers. The examples in this paper are all based on the interaction with her closest caretaker; the interaction with the other caretaker (a substitute) informs the analysis but is not presented in the examples. These recordings form part of a bigger project, which investigates the concrete

practices of guiding and reminding in health-care settings, with the future aim of informing both practice and the design of guiding and reminding technologies.

Sarah is living in a Danish residential home for people with ABI who have been through the rehabilitation process. No further progress towards independent living is expected. Sarah uses a wheelchair because the left side of her body is paralysed. Due to her brain injury, Sarah cannot formulate words, but she uses sounds, facial expressions and gestures to express herself. Even though the staff describe her cognitive abilities as 'well-functioning' (in Danish 'velfungerende') in comparison to other residents, they express doubts about her ability to remember things, and also describe their own difficulty in understanding the rationale of some of her choices when shopping.

We used a mobile camera to follow Sarah and her caretaker during their weekly shopping trips to different supermarkets. Sarah and the caretaker agreed to be recorded during the trips. Written informed consent was solicited from staff and residents at the beginning of the research project; in addition, we renewed the consent by asking again for permission each time we came to do video-recordings.[ii] For publication, names and places have been substituted, and cartoon sketches are used to mask faces.

The analysis follows the principles of conversation analysis, aiming to describe the situated achievement of social order and mutual understanding, with a special focus on the participants' displayed orientation to the ongoing interaction (Antaki and Wilkinson 2012; Goodwin and Heritage 1990; Hepburn and Bolden 2013; Hutchby and Wooffitt 1998; Sacks, Schegloff and Jefferson 1974; Sidnell and Stivers 2012). We combine a sequential analysis of the unfolding interaction with the simultaneous interplay of multimodal resources, such as language, bodies and material artefacts used by the participants (Heath, Hindmarsh and Luff 2010; Streeck, Goodwin

and LeBaron 2011). The analysis is based on video recordings of naturally occurring shopping interactions and the detailed transcriptions of these interactions, aiming to capture both the temporal unfolding of the interactions and the interplay of the different multimodal resources used by the participants (the transcription key can be found in the appendix). To improve the level of validity and reliability of our analysis (Parry 2010; Peräkylä 1997), we presented our analysis in data sessions with several experts in CA. We also engaged in a video review session where we presented video clips of the shopping interactions and discussed them with the caretaker and Sarah (for similar procedures see Carroll, Iedema and Kerridge 2008; Ylirisku and Buur 2007: 121).

4 Analysis

In an earlier study, we analyse the embodied and interactional organisation of the assisted shopping decisions of Sarah and her caretaker, where Sarah request the caretaker's assistance to retrieve objects out of Sarah's reach (Krummheuer 2020). The results of this study determine that the participants regularly organise these decision-making processes in five phases. 1) The participants establish a mutual focus in a certain area. For example, Sarah marks a certain area of shelves or bins as relevant for further action, presenting herself as an independent shopper, and the caretaker positions herself beside the shopper, presenting herself as ready to assist. 2) Sarah points at a certain object and the caretaker understands this gesture as a request for assistance and hands the object to Sarah. They have thus identified a 'potentially buyable product' (De Stefani 2013: 133). 3) Sarah engages in an inspection of the chosen object while the caretaker may (or may not) provide a commentary about the obtained object. 4) Sarah decides whether to take or leave the object and then hands it over to the caretaker, who puts it either into the basket/trolley or back on the shelf. 5) Sarah and the caretaker disengage their joint focus and orient to the next activity. During this interaction, Sarah is constructed as an independent shopper assisted by the caretaker.

We differentiated between 'instrumental assistance', in which the caretaker manipulates a certain object for Sarah (this can be compared to the definition of recruitment; see Kendrick and Drew 2016), and 'moral assistance', in which the caretaker's action is directed towards assisting Sarah in making an 'appropriate choice'.

In what follows, our interest is directed towards two instances in which the caretaker rejects Sarah's request for instrumental assistance in phase 2. This means that the caretaker is not recruited for assistance, as she refuses to pick up the requested item. In the subsequent multimodal and sequential analysis, we describe: 1) how Sarah makes her request/choice visible despite her impairment; 2) how the caretaker projects, presents and accounts for her refusal (both verbally and bodily); and 3) how both participants deal with the refusal.

The following transcriptions try to cover both the sequential and embodied development of the interaction (Hepburn and Bolden 2013). For reasons of reader-friendliness, utterances are emphasised in bold letters. An idiomatic English translation of the Danish utterances is written in bold italics in the line below each utterance. In cases were Danish and English grammar derive, a word for word translation is provided in italics in the next line. Embodied actions are described within double parenthesis; central embodied actions are presented in the screen shots. The transcription key can be found in the appendix.

Example 1: The wine glass

Sarah (S) has just chosen some drinking glasses, and the caretaker (C) bends down to put them in the basket on the floor (line 1). When the caretaker rises, Sarah points at some wine glasses on the shelf in front of them (line 2--3, Figure 1.1).

Figure 1: Transcription of Example 1: Wine Glass

01. C: ((bends down and puts the glasses in the basket;
02. [rises, looking at S, then at the glasses))
03. S: [((looking and pointing at some glasses on the shelf)) (Fig. 1.1)

04. C: ((moves closer to the shelf, [putting her hand on a glass))(Fig. 1.2)
05. S: [((lowers her hand)) ↑**eh: eh.**

06. C: [**men=ha:r du ik det.**
[***but don't you have one of these***
[but have you not these
07. [((stops her movement, turns her head to S) (Fig. 1.3)

08. S: ((moves her head slightly to the side and then up and down, pulls the corners of her mouth down and moves her hand up (Fig. 1.4) and down again. She disengages her gaze from the glass))

09. C: [**#jea:h:#**
[***yeah***
10. [((takes her hand from the glass, looking down))

11. ((both look at different objects on the shelves))(Fig. 1.5)

12. S: ((moves slightly forward, [moving her hands up with a thumb up))
13. [**ja:**: (Fig. 1.6)
[***yes***

14. C: **yes**:
yes

15. ((both orient to go forwards))

Figures 1.1 -- 1.6: Figures for the Transcription of Example 1: Wine Glass

Figur 1.1 line 3

Figur 1.2 line 4

Figur 1.3 line 7

Figur 1.4 line 8

Figur 1.5 line 11

Figur 1.6 line 13

Within this interaction, the caretaker treats Sarah's gaze and pointing gesture as a request, as she directs her gaze towards the glass, moves closer to the shelf and touches the glass (line 4, Figure 1.2). Both participants thus establish a joint focus and orient to the glass identified by Sarah as relevant for the upcoming interaction. The caretaker's hand forms the shape of the glass and thus indicates that she is prepared to take it. Sarah treats the caretaker's action as the expected answer to her request. While the caretaker places her hand on the glass, Sarah lowers her hand (line 5), allowing room for the caretaker's arm movement. Sarah also utters a confirming sound when the caretaker touches the glass (line 5). Both participants are thus oriented to the imminent selection of the glass. It seems that Sarah has recruited the caretaker's assistance.

The caretaker then disengages from the projected and joint action trajectory. Still touching the glass, she stops her movement and turns her head to Sarah, asking 'but don't you have one of these' (line 6--7, Figure 1.3). Keeping her hand on the glass, the caretaker marks the glass as the referent of her utterance and orienting to it as a potentially buyable product. The word 'but' is a 'disagreement component' (Pomerantz 1984: 72) and foreshadows a potential rejection of the request. In the continuance of her utterance, the caretaker produces an account for her potential rejection of Sarah's request/choice: 'don't you have one of these' (line 6). She claims knowledge about Sarah having this kind of glass at home. Within the given context, she thereby questions the need to purchase this glass. At the same time, the question format invites Sarah to account for her choice to buy something that the caretaker believes she already possesses. As such, the question is both a reminding practice and a guiding practice that are not only oriented to encouraging Sarah to recall her possessions, but also to reconsider or account for her choice (see also Antaki 2013).

Sarah's response to the caretaker's objection is ambiguous. She shakes her head slightly, turns the corners of her mouth down, moves her hands up and down, and shifts her gaze to another object

(line 8, Figure 1.4). While her headshake and facial expression display her as considering her choice, her hand movement and gaze shift indicate that she disengages from the glass. A clear answer is missing, however. The caretaker's verbal and embodied actions in line 9--10 mirror this ambiguity. On the one hand, the caretaker releases the glass and thus marks the deselection of the glass visually (line 10); as such, she pursues her indicated decision not to purchase the glass. On the other hand, her creaky-voiced 'yeah' (line 9) and the prolongation of the vowels display an orientation to Sarah's ambiguity or indecisiveness. But the caretaker does not offer alternative possibilities (such as offering a candidate question, why Sarah would like to have more glasses) and thus pushes for the rejection of the object.

In the following pause both participants look at different objects on the shelves (line 11, Figure 1.5). This pause opens a possible slot for further interaction on the glass. However, Sarah finally, closes the decision-making process: while she moves slightly forwards with the wheelchair, she forms a thumbs-up gesture with her hand and utters a confirming vocal response that sounds like the Danish word for yes (line 12--13, Figure 1.6). She thus accepts the rejection and shows her readiness to proceed. The caretaker aligns with Sarah's closing activities, uttering yes in English (line 14), and both orient to another activity by organising their bodies to move along (line 15).

The example shows the multimodal interplay and sequential development of the negotiation of Sarah's shopping choice and the caretaker's rejection. The analysis demonstrates the participants' asymmetric resources needed to participate in the pursuit and rejection of Sarah's choice. This example emphasises how Sarah uses several resources to display her initial choice and her stance towards the caretaker's rejection. At the same time, the caretaker pursues the deselection of Sarah's choice. Even though the caretaker includes Sarah in the decision-making in the form of a request, and allows Sarah to reconsider her choice by waiting for her decision (line 6, 9 and 11), the

caretaker does not respond to Sarah's indecisiveness in a way that enables Sarah to express her reasons. As Sarah lacks spoken language, she is in a difficult position to express her reasons for choosing the glass (e.g., she might not like the ones she has or might want to have more of the same). For us as observers, it therefore remains unclear whether an institutional objective (e.g., frugal decision-making during shopping) trumped Sarah's wishes, or whether Sarah accepted the caretaker's argument.

Example 2: Frozen pizza

In the next example, Sarah and the caretaker reach the freezer section containing frozen pizzas. Frozen pizza is a regular stop, but before this shopping trip, they checked Sarah's drawer in the communal freezer in the residential home and agreed not to buy any more.

Figure 2 Transcription of Example 2 -- Frozen Pizza

```
1.  S: [((leans forward looking into a freezer with frozen pizzas))
2.  C: [((bypasses S, looking at the shelves on the other side)) (Fig. 2.1)

3.  S: ((orients and points at a pile of frozen pizzas))
4.  C: ((turns to S and starts to walk towards S)) (Fig. 2.2)
5.  S: ((withdraws her hand, still oriented to the frozen pizzas))

6.  C:  n:=JA  [#n::m::#
        n:=yes [#n::m::#
7.  S:         [((points at the pizzas))
8.             [(Fig. 2.3)

9.  C: [((approaches the freezer in front of S))
10.    [men [Sarah?]
       [but [Sarah ]
11. S:      [e::?  ]e::h.

12. S: ((withdraws her hand, orients to C))

13. C: [>kan du< husk vi      [li: kiggede i  [frysern.
       [can you remember we   [just looked in [the freezer
14.    [((puts basket on the freezer))
15.                           [((looking at S))
16. S:                        [((nods         [raises her hand))
17.                           [(Fig. 2.4)     [(Fig. 2.5)

18. C:  [ja:h.
        [yes
19.     [((raises her hand briefly))
20.     [(Fig. 2.6)

21. C:  [de var he:lt fyldte           [skufferen
        [the drawers were completely full
        [they were completely full     [the drawers
22.     [((disengages her gaze from S, [looks at S))

23. C:  ((turns around taking the basket with her)) (Fig. 2.7)
24. S:  ((prepares to move forward))
```

Figures 2.1--2.7 Figures for the Transcription of Example 2 -- Frozen pizza


Figur 2.1 line 2


Figur 2.2 line 4


Figur 2.3 line 8


Figur 2.4 line 17


Figur 2.5 line 17


Figur 2.6 line 20


Figur 2.7 line 23

When Sarah slows down near the freezer's pizza section and leans forward, she shows a 'high-involvement bodily conduct' (Clark and Pinch 2010: 160) that marks the products in the freezer as potentially relevant for purchase (line 1; Figure 2.1) and displays herself as potentially interested in those products. While Sarah approaches the frozen pizzas, the caretaker leaves her usual position behind Sarah and bypasses her, looking at the shelves on the other side of the aisle (line 2; Figure

2.1). In contrast to the first example, the caretaker does not establish a joint focus by placing her body next to Sarah, but orients to the products on the other shelf. Thus, she marks the area to which Sarah is oriented as not relevant for the next action. However, when the caretaker becomes aware of Sarah's pointing gestures (line 3), she immediately reacts to them by approaching Sarah (line 4, Figure 2.2). This demonstrates the caretaker's orientation to Sarah's shopping activities (instead of, e.g., her own shopping interests) and thus marks the caretaker's assistant status. As in Example 1, the caretaker treats the pointing gesture as a request for assistance, and Sarah orients to the caretaker's approaching body as an answer to her request, as she withdraws her hand (line 5) and thus enables the caretaker better access to the freezer. As her head is still oriented to the frozen pizzas in the freezer (line 5), Sarah still marks them as relevant for interaction, and displays her body as waiting.

While the caretaker moves towards Sarah, she utters a 'n:=yes' (line 6). The 'n'-sound before the 'yes' projects a dispreferred 'no'-answer to Sarah's request (Heritage and Pomerantz 2013), but the answer is then changed into a preferred positive response. Sarah repeats her pointing gesture (line 7, Figure 2.3), reshaping (instead of reformulating) her request, treating the caretaker's utterance as repair initiation. While Sarah is pointing, the caretaker produces a creaky sound ('#n::m::#', line 6) that displays her orientation to her obligation to deliver an answer to Sarah's request, but which also projects an imminent rejection. Then, the caretaker moves opposite Sarah to face her (line 9 and 15, Figures 2.3--2.4). This embodied position differs from other situations in which the caretaker positions her body beside Sarah, marking her readiness to assist — as, for example, in the beginning of Example 1 (see also Krummheuer 2020). Instead, the caretaker arranges her body in a 'facing-formation' (Kendon 1985) towards Sarah's body. We observed this formation regularly in situations in which the caretaker was oriented to address Sarah's request

rather than fulfil it. Similarly, Cekaite (2010) and Tulbert and Goodwin (2011) report this formation in instances of opposition when guiding children in family interaction. Both the embodied move to face Sarah and the verbal display of the caretaker's delayed, and thus potentially dispreferred, response to Sarah's request, establish an interactional environment in which the caretaker will address the appropriateness/requirements of Sarah's request. Thus, both methods are used to initiate a guiding sequence.

This can be seen in the following lines when the caretaker starts to account for her potential rejection with the words 'but Sarah' (line 10). As in Example 1, she uses the word 'but' as a disagreement marker, which projects a turn continuation. Sarah reacts to this word with several vocalisations with a rising intonation (line 11), while she is still pointing at the pizzas. Thus, she shows an orientation to the caretaker's rejection and displays her disagreement by insisting on her choice. While overlapping with Sarah's actions, the caretaker calls Sarah by her name, which not only summons her attention, but also appeals to Sarah's willingness to reconsider her request. Finally, Sarah withdraws her pointing gesture and looks at the caretaker (line 12), committing to the caretaker's summons.

Meanwhile, the caretaker delivers an account for her intervention, while she positions the basket on the freezer and looks at Sarah (line 14--15; Figure 2.4). More forcefully than in Example 1, the caretaker frames her utterance as a reminding practice, as she utters the words: 'can you remember' (line 13). Then she reminds Sarah of a previous joint experience that is relevant for the current decision-making process (i.e. that they have checked Sarah's drawer in the communal freezer). As such, the caretaker claims to know how many packets of pizza Sarah has. In a later interview, the caretaker told us that she and Sarah had agreed at that moment not to buy more pizza. So, the caretaker not only reminds Sarah of the past event but also of her commitment. Furthermore, the

caretaker's accounts are given in the context of rejection; the caretaker's intervention is therefore also framed as a guiding practice to encourage Sarah to reconsider her shopping choice. Like Example 1, the caretaker guides Sarah in her decision-making process by both reminding her of her possessions/commitment and asking her to reflect on her possessions and the necessity of her current request/shopping choice.

Sarah nods (line 16) in overlap with the caretaker's narration of their prior activity ('we just looked in the freezer', line 13) and thus demonstrates herself as remembering. This is supported by a gesture (line 16, Figure 2.5) in which she raises her hands and then lets them fall, which we interpret as an embodied display of withdrawing from her choice, indicating her acceptance of the rejection. Unlike in the first example, her acceptance is given more willingly, and it seems as if she marks her memory slip as accidental.

The caretaker then mirrors Sarah's gesture, confirming Sarah's agreement with a 'yes' (line 18--19, Figure 2.6). The mutual hand gesture establishes a collaborative stance and an agreement to deselect the pizza as buyable. The prolongation of the vowel, however, displays insecurity in their intersubjective understanding. This insecurity is made explicit in the caretaker's upcoming extension of the account. Even though Sarah seems to have accepted the caretaker's rejection, the caretaker continues her account, describing how Sarah's drawers of the communal freezer were completely full (line 21). The words 'completely full' indicate that there was no space for more pizza. As in Example 1, the caretaker's account constructs the need for her rejection. As this account comes after Sarah's acceptance of the caretaker's rejection, the demonstration of accounts seems therefore to be an important part of guiding practices, as the caretaker not only consents to Sarah's acceptance of the rejection but also gives an unrequested account.

Due to the camera's placement we cannot see whether Sarah reacts to the account with facial expressions. However, the caretaker takes the basket and turns away to proceed in the direction in which they were moving (line 23). As Sarah also prepares to move forward (line 24), both close the decision-making process and orient to another activity (Figure 2.7).

5 Discussion and conclusion

Examples 1 and 2 demonstrate the situated and collaborative nature of decision-making processes in assisted shopping interactions, and the delicate negotiation process in which the caretaker and Sarah deal with rejections of Sarah's choices. The examples demonstrate how Sarah uses the 'full expressive power of [her] body' (Goodwin 1995: 252) (sounds and intonation, gestures and facial expression as well as bodily orientation) to display her choices and responses to the caretaker's actions. The examples also demonstrate that Sarah is able either to insist on or to withdraw her request and thus displays different forms of wishing or desiring. Thus this study stresses the need for a multimodal understanding of communication as well as the need for methods that are suited to the analysis of multimodal interaction, to visualise and understand communicative competences and ways of participation besides language (Goodwin 2004).

Sarah not only expresses her choice, she also orients to the assistive context. As in Lindström's (2005: 211) study on home-helpers assisting elderly people at home, Sarah's requests underscore the caretaker's 'institutional role as a helping hand'. Sarah also shows herself to be sensitive to the interactional context (as noted in Lindström's study). She times her request so that it is visually accessible to the caretaker, for example by slowing down and pointing at a given object once she has the attention of the caretaker (see also Krummheuer 2020) and she displays her entitlement to make requests. While elderly people display their entitlement by verbally accounting for its reasonability (owing to their vulnerability), Sarah visualises the need for assistance via a pointing

gesture. This gesture embodies Sarah not only as requesting, but it also provides the account of the need for the assistance of others, as it visualises that the requested object is out of her reach. Sarah thereby shows herself to be a 'competent' requester, despite her communicative disabilities.

Not only Sarah's embodied actions but also those of the caretaker are crucial to understanding the interactional organisation of rejections. In each instances, a disagreement marker frames the rejection as a non-preferred answer to the request and prepares the rejection. Furthermore, the rejection is performed and combined with the establishment of a facing formation and the visual omission of physical assistance. In Example 1, the caretaker stops moving and turns to Sarah, finally releasing the wine glass. In Example 2, the caretaker positions herself in opposition to Sarah and does not orient towards or touch the requested pizza. The caretaker thus creates an interactional space, introducing a topic: a) she orients to Sarah and not to the object, and b) she talks about the request instead of granting it. The importance of bodily positioning in carrying out assistance was also highlighted by Cekaite (2010) and Tulbert and Goodwin (2011) in their work on family interaction, and we understand it as a guiding practice that establishes the interactional environment in which the caretaker then presents the account for her rejection and suggests that Sarah reconsider her choice.

The caretaker's accounts are always combined with a reminder, displaying the caretaker's epistemic stance, demonstrating that they are 'knowledgeable in the matter at hand, in relation to their co-participants' (Stevanovic and Svennevig 2015: 1). At the same, the reminder is formulated in a question format, inviting Sarah to remember a mutually shared knowledge (e.g., Sarah's possession of wine glasses, her full freezer drawers, and her commitment not to buy more pizzas.) As such, they are aimed at (re-)establishing a shared knowledge and encouraging Sarah to reconsider her choice. The examples do not give enough evidence to state that the accounts are

oriented towards Sarah's cognitive disabilities. We can, however, see displays of the caretaker's insecurity if mutual understanding is reached, when she continues her account in Example 2.

In both examples, the accounts explain the need for the rejection (i.e., you have these glasses already at home, the freezer drawers are full). As such, the caretaker not only reminds Sarah of her possessions, but she also presents a rationale for assessing and rejecting Sarah's shopping choices. With this rationale the caretaker constructs normative expectation of appropriate shopping choices: 'you do not buy more of what you have already' or 'you do not buy more than you can fit in your freezer'. These explanations are mitigating the potential face-threatening character of the rejection, as they give a reason why the caretaker is entitled to reject the request. As such, the accounts are used as a means of maintaining the caretaker's obligation to care, by rejecting Sarah's request and at the same time saving Sarah's face by presenting a rationale.

It is the caretaker's refusal to obtain the requested object, her non-recruitment, that distinguishes these examples from other incidents in our data. Several times, we observed the caretaker commenting on Sarah's choices, trying to make her reconsider her choice, but still handing the object to Sarah for inspection and accepting Sarah's selection or deselection of the product (see Krummheuer 2020). The refusal of the instrumental assistance makes the institutional framing of the assisted shopping trip salient. In these rare cases of rejection, the caretaker's deontic status becomes visible — that is, her responsibility and her authority to decide about Sarah's future (Stevanovic and Peräkylä 2012; Stevanovic and Svennevig 2015). In our provided examples, the caretaker shows herself to be sensitive to this asymmetry, as she a) rejects Sarah's choices only a few times in our data, b) she always includes Sarah in the decision-making process by using reminders to establish shared knowledge and awaiting confirmation, and c) she always accounts for her rejections. She often pushes her rationale, however, and does not allow Sarah to present

hers. It is difficult to say whether, in these situations of rejection, the institutional agenda wins out (Finlay, Antaki and Walton 2008), as Sarah accepts the rejections. However, Sarah's ability to defend her choices is limited, as she cannot account for her choices verbally and depends on the caretaker to guess and vocalise her rationale.

Our analysis shows how delicately self-determination is negotiated and collaboratively managed in contexts where both assistance is needed and an indicated expression of choice is rejected. This negotiation process is embedded and influence by the ongoing interaction, institutional contexts, individual rationalities and the knowledge the participant share (or not share) of each other as well as their understanding of the current context and the consequences of decision-making process etc. As such we do not aim to determine what 'good' or 'bad' care ist but to emphasize that making-a-choice demands many communicative competences from all participants. Not all expressed choices/wishes will be understandable for staff and not all choices (and their granting or rejection) will be understandable for people with limited communication and cognitive means. To grant the human right of self-determination, we both need trained staff and time to support participation in these decision-making processes as much as possible.

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Appendix: Transcription key

T

((nods)) Words in double parentheses describe non-verbal activities

(ja/ah) ( )	Single parentheses indicate that the transcriber had difficulty hearing what was said, if the parentheses are empty, speech could be heard but not identified.
>yeah <	Pointed parentheses indicate that the speech was faster
[	A left bracket marks the onset of overlapping speech or action
:	Colons indicate that a sound has been lengthened
#	Hashtags indicate speech produced with a creaky voice
£	GBP signs indicate speech produced with a smiley voice
?	A question mark indicates a rising final intonation
.	A full-stop indicates a falling final intonation
↑↓	Up and down arrows indicate higher/lower pitch than surrounding speech
◦	Degree signs indicate speech produced at a lower volume
CAP	Capital letters indicate speech produced at an increased volume
ja	Underlining indicates some form of emphasis

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[i] Epistemic stances are claims concerning the extent to which a speaker 'is to be seen as knowledgeable in the matter at hand, in relation to their co-participants', while the epistemic status denotes 'the rights and responsibilities that a participant is considered to have or not to have, irrespective of what that participant claims through his or her public interactive conduct' (Stevanovic and Svennevig 2015: 1; see also Heritage 2012). Similarly, the deontic stance refers to 'the participants' public ways of displaying how authoritative or powerful they are in certain domains of action relative to their co-participants' and the 'deontic status denotes the relative position of authority and power that a participant is considered to have or not to have, irrespective of what he or she publicly claims' (Stevanovic and Svennevig 2015: 2).

[ii] Making video recordings of the lives of people with cognitive and communicative disabilities requires special awareness of the ethical and legal dimensions of research, as we not only run the risk that they might not have understood, for example the consent form, but also the risk of objectifying them in our research (Cook 2001). However, we believe that Sarah was both aware of our research interest and willing to be part of it. The centre is organized as a 'Living Lab' and the residents are used to research projects taking place there. This does not mean that they have to take part: Sarah volunteered to be part of our research project; she actively read and signed the

consent form. Each time we video-recorded activities, we asked the residents whether they wished to be part of it and also informed them about the ongoing video-recordings. We respected their wishes to withdraw and/or other wishes. For example, Sarah did not wish to have a microphone positioned on her body or wheelchair; we therefore asked the caretakers whether they would use it (one accepted, one refused). Not only was Sarah recorded during the shopping trips, but she also took part in the video-review session (Carroll, Iedema and Kerridge 2008) and co-creation workshops to inform the design of new technologies (Rehm, Krummheuer and Rodil 2018). As such, we hope she felt that she was treated as an equal.