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# Instrumental and Moral Assistance

## An embodied interaction analysis of assisted shopping activities between a person with acquired brain injury and her caregivers

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**Abstract:** The present paper takes an ethnomethodological and conversation analytical perspective on assisted shopping as it is done by a person with acquired brain injury in collaboration with her caregiver. My interest is directed towards the interactional and embodied organization of the situated selecting and decision-making processes, while I am aiming to understand the interactional organization of assistance and agency. The embodied interaction analysis is based on two video-recorded examples in which a caregiver treats the institutional resident's shopping choice as either unproblematic or undesirable. I will differentiate five phases in which the participants systematically organize the selection process. In these phases, the participants take different roles either as shopper or as assistant caregiver; as to the later, I will distinguish between moral and instrumental assistance. The analysis demonstrates an inherent tension in the assistance during shopping activities, as it is oriented to both the incompetence that justifies the need for assistance and to the interactional construction of a competent and independent shopper.

Keywords: EMCA, acquired brain injury, caregiving, atypical interaction, embodied interaction, guiding, shopping, decision-making

## *Introduction*[1]

> "I found myself shopping
> whenever I had an afternoon free.
> I should have been working, I should have been reading,
> I should have been taking care of the children ..." (Kennedy 2001: 491)

In the beginning of her poem, Sarah Kennedy identifies shopping as an experience of freedom and independency. The poem describes shopping as a world of its own, as a rush in which the author escapes everyday duties and demands. While Kennedy describes an independent shopper who can choose what to buy on her own, the present paper scrutinizes the embodied and interactional management of assisted shopping activities happening between a person living with acquired brain injury, whom I will call Sandra, and her caregiver. Sandra lives in a Danish residential home for people with severe brain injuries. Sandra's brain injury affects her speech production as well as her physical and cognitive abilities; she cannot walk and can only use one arm. She is good at expressing herself, using sounds, facial expressions and gestures, but she cannot produce words. Even though the caregivers describe Sandra's cognitive abilities as 'well-functioning', the data show that the care personnel sometimes question the relevance or adequacy of her shopping decisions. Needing assistance with her communicative, physical or cognitive abilities is therefore a permanent feature of Sandra's everyday life.

The paper provides an ethnomethodological and conversation analytical (EMCA) perspective on assisted shopping activities, taking a special interest in the embodied organization of the situated selecting and decision-making processes. Since I aim to understand the interactional organization of assistance and agency, I am not too interested in the medical description of Sandra's brain injury, but rather in how these impairments become visible and are managed in the interaction during the assisted shopping trip, both by Sandra and her caregiver.

Hence, I want to formulate the following research questions:

*How do the participants organize the assisted shopping trip?*

[1] I wish to thank the participants in the shopping trip for allowing us to record and analyze their interactions and for answering all my questions. I also wish to express my gratitude to Niels Dyrskjøt, Lisa Marie Kongsgaard, and Sophie Mortensen for producing the rough transcriptions of the video data, and I thank the reviewers for their supportive and constructive critique.

*What are the embodied interactional features of 'doing assistance' and 'being assisted'?*
*How is Sandra constructed as a competent shopper, despite her impairments?*
*When and how are her impairments made relevant?*

The analysis will demonstrate the tension inherent in the assistance provided during the shopping activities, inasmuch as assistance, requested or offered, is oriented to an incompetence that justifies the need for such assistance. Assistance in itself may always be face-threatening (Goffman 1982) as it reflects the assisted person's incompetence. Even so, the participants in my data show a strong orientation towards constructing Sandra as a competent and independent shopper. Thus, the paper contributes to the growing amount of research that aims to understand the complex practices of care (Mol 2008; Mol et al. 2010) as well as the guiding or scaffolding practices intending to ensure the participation of people with communication disorders (for references see the next section).

In the following, I will present an EMCA perspective on shopping as embodied interaction and position the paper in the field of communication and cognitive impairments. Subsequently, I will present the context of my research project and briefly describe the data collection and analysis. The analysis presents two typical examples, differentiated in accordance with the caregiver's stance towards Sandra's shopping choices, by framing them as either unproblematic or undesirable. The examples will show how the selection process is organized into five phases in which the participants take different participation roles as shopper or assistant; here, I will distinguish between instrumental and moral assistance. Finally, I will discuss the implications of my insights for the understanding of interactive competence and care.

## *Shopping as embodied interaction in a material world*

To my knowledge, De Stefani (2013, 2014) is the only scholar who has analyzed navigation and selection activities of shoppers from an EMCA perspective.[2] His embodied interaction analysis of video recordings of three shopping couples (De Stefani 2013: 133) demonstrates how these couples establish joint orientation towards commercial objects that are either marked as

[2] In contrast, the interactional management of sales activities has attracted more attention (see e.g. Clark and Pinch 2010; Heath and Luff 2007; Llewellyn and Hindmarsh 2013; Stokoe, Sikveland and Huma 2017; vom Lehn 2014).

"potentially buyable" or as objects to talk about. De Stefani identifies three phases of how shoppers systematically and methodically establish joint orientation towards an object (2014: 278): (1) One person (A) introduces a new referent; (2) the other person (B) acknowledges and/or displays a change of orientation, which establishes a joint focus; (3) comments, directives, assessments, questions or other expressions are uttered by either individual (A or B). De Stefani emphasizes that the decision regarding the object's "purchasability" is not an individual decision, but refers to a "situated, locally established object category that shoppers work out collaboratively" (De Stefani 2014: 284). Within these practices, not only the object is negotiated, but also the locally relevant social relations of the couple, as either purchasing products "for the couple" or purchasing them "for personal use" (De Stefani 2014: 290).

The following analysis demonstrates how the participants in my data are oriented to similar structures when selecting a potentially buyable. In contrast to De Stefani's research, I focus on how practices of assistance are interwoven with the ongoing shopping activity. Here, the participants demonstrate themselves to be an asymmetric couple: one person is buying for her own personal use, while the other is assisting her.[3]

## *Atypical interactions and professional practices of care*

In my examples, the assistance is oriented to constructions of Sandra's brain injury-related disability. Thus, the paper contributes to a growing amount of EMCA research which analyzes interactions with so-called "atypical populations", i.e. "people for whom frustrations in communication are experienced as a permanent fixture of daily life" (Antaki and Wilkinson 2013: 533). These studies point out the interactive competences of people with communicative and cognitive disabilities despite their impairment as well as the interlocutors' important role in enabling or limiting a disabled person's participation in interaction (see e.g. the contributions in Goodwin 2003; Krummheuer et al. 2016; Wilkinson 1999, 2015). In contrast to medical conceptions of disabilities as impairments inside the individual, the analytical focus is directed

[3] To my knowledge, only Karola Pitsch (2016) is also working on this topic; she presented her work on assisted shopping with people with cognitive disabilities at the "Atypical Interaction Conference" held in Odense, Denmark, 2016.

towards the question of how the results of a disability "become both visible and consequential for people's lives" in their interaction with others (Goodwin 2003: 3; see also Goode 1994).

These results become visible, for example, in research on interactions with people with aphasia. Different authors show how problems in the production of words and word search often lead to lengthy repair sequences, due to the difficulties of the speaker with aphasia in producing the problematic words (Laakso 2015; Laakso and Klippi 2010). It is also shown how people with aphasia present their interactional competences by using other resources than language for communication, such as nonsense syllables, prosody, gestures, written and graphic representations (Beeke et al. 2014; Goodwin 2010; Klippi 2015; Wilkinson, Bloch, and Clarke 2011). Furthermore, people with aphasia often use resources offered by their interlocutors to perform an activity. Utterances and actions that are typically produced by one speaker are thus co-constructed among two or more participants, which can lead to episodes of distributed agency (Bloch and Beeke 2008; Goodwin 2004). These studies do not disregard the communicative asymmetries in interaction with people with aphasia, but show how communicative competence and participation in social encounters can be achieved despite verbal impairments.

EMCA research on interaction with people with dementia and mental disabilities demonstrates how cognitive impairments are organized in interaction. Jones (2015: 568) shows, for example, how a woman with dementia uses the technique of "answering without knowing" to disguise her cognitive problems, with the aim to "pass as normal", while Kitzinger and Jones (2007) point out the devastating consequences of episodic memory loss for social relationships during telephone conversations between a woman living with dementia and her daughter. Similar to the concept of co-construction and distributed agency in research on communication disability, Hydén (2014) draws on the concept of "distributed cognition" (Holland et al. 2000) in his interactional study on dementia. He describes how the residential staff break down the activity of preparing food into smaller units and arrange tools for chopping in a meaningful pattern that allows the participants with dementia to engage in the activity without needing to remember the whole routine.

Antaki, Walton, and Finlay (2007) demonstrate that staff proposing an activity to people with intellectual disabilities often point out the social aspects of the activity, rather than its quality. On the one hand, these proposals highlight the resident's place in the social network of the institution, thereby emphasizing an institutional and governmental philosophy of community

inclusion. On the other hand, the large number of these proposals, being only directed towards the social aspect of the activity, "[negate] the residents' abilities to choose activities on other grounds" (Antaki et al. 2007: 407). This can imply a limited identity construction and stigmatization of people with intellectual impairments (see also Yearly and Brewer 1989).

In line with these studies, I am interested in the interactional organization of communicative, cognitive, and also physical competences, paying special attention to the way in which assistance is organized in interaction, and how this is interwoven with constructions of agency and care.

## *Data, participants and method*

The data derive from interdisciplinary research collaboration between a computer scientist, a participatory designer, and a sociologist, all having an interest in developing technologies that are firmly based on the situated practices of the institutional setting under study. The project started with ethnographic field studies in which we used video recordings and participant observations to understand the everyday practices of guiding and reminding in the institutional setting of a Danish residential home for people living with acquired brain injuries. The home offers private apartments for people with acquired brain injury who have completed the rehabilitation process and for whom no further improvement is expected. In Spring 2016, we accompanied different residents and caregivers during their everyday affairs for a total period of two weeks. Shopping trips were pointed out by the staff as one activity that offers a good view of guiding practices. The current paper thus focuses on three shopping trips of approximately one hour each, with one resident (Sandra) and two of her caregivers in different supermarkets. As the residential home provides Sandra with meals and daily care, she does not need to do grocery shopping, but Sandra has a certain amount of 'pocket money' for the purchase of private items such as toiletries, flowers, special beverages or snacks.

The shopping activities were video-recorded using a mobile camera, operated by the researcher accompanying the two participants on their shopping trips. We obtained informed consent from both participants and anonymized the data (such as names, places, faces). The analysis follows the principles of EMCA, with a special focus on embodied interaction (Heath et al. 2010; Streeck et al. 2011). In a first step, the video recordings were roughly transcribed, and collections of

different activities were built. Based on these selections, single episodes were chosen for more detailed transcription. The transcripts aim to capture both the temporal unfolding of the interaction and the interplay of the different resources used by the participants.[4] In order to improve the validity and reliability of the analysis, I presented data-clips at several data-sessions to scientific experts (see Parry 2010; Peräkylä 1997). I also personally engaged in a video review session, by showing one of the caregivers and Sandra the video clips of their shopping trip. The aim of this was to expand my context knowledge and to understand the participants' view on the ongoing interaction.

## *Analysis*

Sandra and her caregiver organized the shopping trips to the supermarket as a stop-and-go activity in which the participants show different degrees of involvement with the environment and with each other. While the two participants can be clearly identified as belonging together, they are still engaged in different activities. Sandra navigates systematically through the aisles of the supermarket, browsing the bins and shelves, sometimes stopping to touch something or to look at an item more intensely. Unless she needs assistance, Sandra rarely orients towards the caregiver. The caregiver carries the shopping basket and generally stays behind Sandra, adjusting her pace and walking trajectory to Sandra's movements. Her attention is oriented to both the environment and Sandra's activities. Passing by the shelves, the caregiver also browses the products, sometimes touching them or taking them briefly out of a bin, but this activity is treated as a side issue. The caregiver does not show the products to Sandra or put them in the basket for later purchase (as was the case for the couples in De Stefani's study), but still appears to be mainly orientated to Sandra's activities.

In the following, I detail the five phases in which the participants systematically and methodically organize their selection and decision-making processes regarding a chosen potentially buyable:

(1) *Establishing a joint focus in a certain area.* Sandra marks her higher interest in a certain shelf or bin by slowing down, approaching the shelf/bin and looking at the products. The caregiver

[4] A transcription key can be found in the Appendix.

treats Sandra's activities as a change in orientation and positions herself next to Sandra. They thus establish an embodied display of a joint focus in a specific area and their readiness for the next action.

(2) *Identifying a certain product as potentially buyable.* This is mostly initiated by Sandra pointing at a product out of her reach (which she otherwise just might be taking down). The caregiver generally treats this pointing gesture as a request for assistance, and the product pointed at as a potentially buyable, so she takes down the product and hands it to Sandra.

(3) *The inspection phase.* Sandra takes the product and inspects it, for example by feeling it, looking at it from several angles, reading the product labels on the item or on the shelves. This phase is closely observed by the caregiver and sometimes commented on.

(4) *Selecting/deselecting a product for purchase.* Sandra either puts the item in the basket herself or hands it to the caregiver for putting it in the basket; alternatively, she returns the product to the caregiver with an indication of decline.[5] Correspondingly, the caregiver either places the object in the shopping basket or back on the shelf / in the bin.

(5) *Orienting towards a next activity.* Both participants disengage their joint focus either by, for instance, moving on or by engaging in the selection of a new product.

The main focus of my analysis is directed towards the embodied and interactive accomplishment of *doing assisted shopping* as a situated and ongoing achievement during the process of selecting, and deciding on, a potential object for purchase. This process takes place within a certain participation framework in which Sandra becomes an independent shopper who makes the shopping decisions, while the caregiver displays her status as an assistant. The five phases illustrated above demonstrate two different logics of assistance: *instrumental assistance*, directed towards the fetching of objects that Sandra cannot reach herself, and *moral assistance*, directed towards the buyable qualities of Sandra's choices. In the following, two examples of Sandra's assisted shopping will be described and analyzed in more detail.

[5] This phase can also include negotiations about how many items should be bought, or if several items of different quality should be bought.

***Example 1: The unproblematic potentially buyable***

1. S: [((approaching the shelves of the multi-deck cabinet, facing
   the products, slowing down))
2. C: [((follows S, looking at the shelves))(Fig. 1.1)

3. S: ((stops))
4. C: ((stops next to S, looks briefly at her, smiles, looks to the
   shelves))

5. S: [((raises her hand, [stops the movement mid-air, lowers hand))
6. C: [((looks at S smiles))[(Fig. 1.2)

7. C: er >der et eller andet< du gerne [vil købe? ]((looks at the products))
   **is >there something< you'd like [to buy? ]**
   is >there one or another> you gladly [want to buy?]
8. S: **[ehm e::hm:]::.**
9. [((points at a product))(Fig. 1.3)

10. C: ((moves forward, pointes at a package))
11. hellefisk? ((looks over her shoulder to S)) (Fig. 1.4)
    **halibut?**

12. S: ((points to another product to the left))
13. C: ((points at the other product)) den der?
    **this there?** (Fig. 1.5)

14. ((C takes the package and gives it to S)) (Fig. 1.6).
15. ((Both look at the package. It says "smoked trout" ("røget ørret")
16. and it is on sale.) (Fig 1.7)

17. C: ( ) ørred
    **( ) trout**

18. S: ((turns the package to the back and to the front; shakes her head))
19. C: ((takes the package, looks at S)) vil du ik ha: den?
    **don't you want it?**
    will you not have it

20. S: [((let's go of the package, shaking her head, 'making a face'))
21. C: [((turning to put the package back in the shelf)) (Fig. 1.8)

22. ((S turns away, while C puts the package back.))(Fig. 1.9)
23. ((C turns to S and both start to move on.))


**Figure 1: Screenshots example 1**

Sandra approaches a multi-shelf cabinet that displays various fish products (line 1, Figure 1.1). She is closely followed by the caregiver (line 2). Sandra moves directly towards the shelves while looking at them, slows down and stops (line 1 and 3). Sandra shows what Clark and Pinch (2010: 148) call a "high-involvement bodily conduct" displaying the shopper's "buyer status". When, for instance, shoppers stop and direct their whole body to the product (not just their heads while passing) and look at a product for an extended period of time, they mark the product as a "potential object of [their] next involvement" (Clark and Pinch 2010: 160). Clark and Pinch show how this high-involvement bodily conduct is used systematically by shoppers in order to make them seeable as open to verbal contact; this is also taken into account by sales personnel, who regularly approach such shoppers and offer their assistance.

Similarly, the caregiver orients herself towards Sandra's conduct as an activity that might require her assistance. She displays herself to be ready to provide assistance by taking a side-by-side position next to Sandra (line 4, Figure 1.2). This position provides her with the "work-relevant perception" (Goodwin 2007b: 61) that is needed to assist Sandra, as she can access both Sandra and the environment in front of Sandra (visually, respective physically). The bodily orientation

of both participants in front of the shelves establishes a joint focus and marks the shelves in front of them as relevant for further involvement (phase 1). While Sandra orients herself towards the shelves only, the caregiver shows a split orientation to both the shelves and Sandra's conduct, which can be seen by the way she twice looks at Sandra (line 4, Figure 1.2. and line 6).

Even though Sandra does not look at the caregiver, she indicates her awareness of being assisted by waiting with the next action until the caregiver is next to her. Sandra raises her hand but stops the movement before it is accomplished (line 5, arrow in Figure 1.2). The caregiver, who has observed this, turns to Sandra and asks her if there is something she would like to buy (line 7). Thus, the caregiver's utterance is formulated as a question asking for identification of a potentially buyable (initiation of phase 2), articulating an offer of assistance but also "accounting" (Garfinkel 1967) for Sandra's action. In line with the sales people in Clarke and Pinch's study, the caregiver displays herself as the assistant and Sandra as the buyer. Sandra immediately reacts to the caregiver's utterance; she anticipates the end of the sentence by pointing, in overlap with the caregiver's utterance, to one of the products in the upper shelves and producing some sounds (lines 8-9, Figure 1.3). The pointing is an "environmentally coupled gesture" (Goodwin 2007a) that can only be understood in the context established by the previous interaction (her standing in front of a shelf with products and registering the caregiver's question) and by the physical organization of the environment (the arrangement of certain products on the shelves). The pointing gesture marks a certain product on the shelf in front of the interactants as relevant. Furthermore, the gesture demonstrates that the object is out of Sandra's reach and visualizes her physical impairments as the reason that she needs assistance.

The caregiver adjusts herself to Sandra's pointing gesture, pointing at one of the products in turn and identifying it as a "halibut" (lines 10-11, Figure 1.4). While pointing, the caregiver looks back to Sandra, thus indicating that her utterance is a request for Sandra's confirmation. Sandra dismisses the selection by pointing at a different product (line 12). The caregiver treats Sandra's pointing gesture as a repair action and adjusts her outstretched arm to the direction in which Sandra is pointing. Uttering "this one", she points at a box with packages of smoked trout (line 13, Figure 1.5). Not looking at Sandra, the caregiver takes one package and hands it to Sandra, who takes it (line 14, Figure 1.6). The caregiver and Sandra have thus chosen a potentially buyable and are preparing for its inspection.

The transcript shows how the selection activity (phase 2) is organized by means of distributed agency. Drawing on Goffman's (1981) concepts of “speaker” and “author”, Goodwin (2013) shows how Chil, a person who, due to a brain injury, can only speak three words, uses his interlocutors' resources so as to formulate the words of a story authored by Chil himself, thus “distribut[ing] the activities that constitute visibly doing being a speaker into multiple bodies” (Goodwin 2013: 14). Similarly, in my example, Sandra is the author of the pointing gesture, which embodies the caregiver's request for confirmation (line 11), and the way in which she physically extends Sandra's pointing gestures (Figure 1.5). As Sandra leans forward and holds her arm in the position of the desired object, she builds an embodied scaffold that guides the caregiver’s pointing gesture as if it were her own. The mutual construction of this distributed agency ends when Sandra leans back in her wheelchair, while the caregiver hands her the package (line 14, Figure 1.6), thereby confirming that the object was fetched for Sandra. I will call this type of assistance *instrumental or physical assistance*, as it is aimed at manipulating objects in the environment for Sandra, while orienting to her physical impairment.

Both participants’ attention is now directed towards the object in Sandra's hands (lines 15-16, Figure 1.7). The caregiver identifies the package as “trout” (line 17), probably assisting Sandra by reading the letters on the package for her. However, the caregiver does not give an assessment of the product or any directions as to whether or not to take it (as was seen in De Stefani's data, for instance). Thus, she orients herself towards Sandra as the person who makes the shopping decision. Sandra shows a similar orientation, as she does not ask for the caregiver's assessment, but silently continues the inspection. She turns the product around to inspect it from different angles and finally deselects it by shaking her head and handing it back to the caregiver (line 18). The caregiver understands this gesture as a rejection of the product. She takes the package, ensuring her understanding by asking “don’t you want it?” (line 19), which Sandra confirms with a hand movement and a facial expression showing her dislike and rejection of the product (line 20, Figure 1.8). The caregiver turns to put the product back on the shelf, while Sandra turns away (lines 21-23, Figures 1.8 and 1.9). The caregiver thus accepts Sandra's decision (closure of phase 4) and re-establishes the original order of the shelf. The participants disengage from their mutual focus and enter the transitional phase to engage in their next activity (phase 5; see also De Stefani 2013).

The analysis shows how, despite her impairments, Sandra is constructed as a competent and independent shopper who is responsible for the selection and decision-making processes. Thus, the participants organize themselves as belonging together, but in contrast to De Stefani's study, they do not present themselves as a ‘shopping couple’. Sandra is constructed as a shopper who purchases products for her own personal use, while the caregiver is constructed as her assistant. The transcription also shows how the caregiver offers assistance during the selection of a potentially buyable by taking a side position and interpreting Sandra's actions concerning a possible purchase. Sandra accepts this assistance by pointing at products that are out of her reach, her need for assistance being accounted for by her physical impairment and the assistance being performed by the construction of an embodied scaffold, built by both participants. I identify this as *instrumental or physical assistance* as it is directed towards the instrumental manipulation of objects (out of Sandra's reach) and oriented to Sandra's physical impairment.

In the next analysis, I will distinguish between instrumental assistance as an answer to Sandra's request to obtain a certain object that is out of her reach, and the moral assistance directed towards guiding Sandra in her choice of product.

***Example 2: The problematic potentially buyable***

1. S: ((moves closer to the products approaching them))
2. C: ((looks at products on the other side of the aisle)) (Fig. 2.1)

3. S: [((stretches to reach one of the jars))
4. C [((looks at the product S is reaching for, moving next to S))

5. S: (drops her hand, reaches for the products again)) (Fig. 2.2)
6. C: ((moves forwards, touches one of the jars)) (Fig. 2.3)
7. C: **chili:?**

8. C: [((takes the jar from the shelf))
9. S: [**n::::e:ja::↑ he [jeah↓**
10. C: [((holds the jar in the air))
11. S: [((takes the jar)) (Fig. 2.4)

12. S: ((leans back, holding the jar in front of her))
13. C: ((looks at the jar))

14. C: [>£vil du ha=[såhan [no(gen),£<
[**>£do you want this thing £<**
[>£will you have[such [a (something),£<
15. [((looks at the shelf [looks at the jar in S's hand))
16. S: [**e:h e: jeh.**[(Fig. 2.5)
17. [((turns the jar from side to side))

18. S: ((holds the jar a bit up towards C))

19. C: [noget stærkt noget?
[**something spicy?**
[something spicy something?
20. [((looks at S, taking the jar)) (Fig. 2.6)

21. S: ((nods)) ↓**°>ja h<°**

22. S: [((turns forwards and starts to drive ahead))
23. C: [((puts the jar in the basket, sniffs))(Fig. 2.7)

Figure 2.2. TC 09:34:01

Figure 3.2. TC 09:37:08

Figure2.4 TC 09:38:24

Figure 2.5 TC 09:40:00

Figure2. 5 TC. 09:42:07

Figure 2.6 TC 09:44:09

Figure 2.6 TC 09:46:10

**Figure 2: Screenshots example 2**

Before the beginning of the transcribed event, Sandra was moving slowly along the shelves, with a caregiver assuming a waiting position on the other side of the aisle while observing Sandra. After approximately ten seconds, Sandra moves closer to a certain portion of a shelf, showing high-involvement bodily conduct towards this area. At this point, the caregiver moves closer to Sandra, placing herself next to Sandra, and facing the products (like the caregiver did in Figures 2.1. and 2.2). Both participants thus establish a joint focus on a certain area, marking it as relevant for the next action (phase 1). Like the caregiver in example 1, this caregiver too interprets Sandra's conduct as a possibly marking an upcoming selection process and offers bodily assistance. Again, we observe how the side-by-side position not only provides the caregiver with a work-relevant perception of, and with bodily access to both Sandra and the area marked by her as relevant for the next action, but also displays the caregiver's assistant status. As

in the first example, Sandra waits to identify an object until the caregiver is next to her, thus showing an orientation towards her physical requirement of being assisted.

Sandra moves closer to the shelves and reaches for a jar on the top shelf (lines 1 and 3, Figure 2.1 and 2.2). The caregiver has just disengaged from their joint focus, turning her head to the other side of the aisle (line 2, Figure 2.1), but noticing Sandra's movement, the caregiver re-establishes their joint focus, turning her head towards Sandra and the shelves and moving closer (line 4, Figure 2.2). Sandra's hand, being not able to reach the jar, drops slightly, but she repositions her hand in a 'freezing' reaching-for-the-jar position (line 5, Figure 2.2). This gesture takes the form of an embodied repair action, as it reshapes (rather than reformulates) Sandra's earlier movement as a request for assistance and demonstrates her waiting for help. Having turned her head, the caregiver is now able to see what Sandra is reaching for and offers her assistance. She moves forward and picks the jar almost touched by Sandra's outstretched hand and places it carefully in Sandra's hand, which is prepared to take it (line 6, Figure 2.3). Sandra has thus identified and chosen a potentially buyable (phase 2).

As in Example 1, we see here how the assistance is accounted for by orientation to Sandra's physical impairment, and again how the assistance is accomplished by means of distributed agency. When taking the jar from the shelf, Sandra's and the caregiver's bodies together form an embodied scaffold. In this 'joint venture', the caregiver's arm prolongs Sandra's outstretched arm, while Sandra's arm guides the caregiver's towards the desired object (Figure 2.3). The performance of the action is distributed between two bodies, but authored by Sandra, who indicates her authorship not only by pointing at the jar, but also by stretching out her hand and arm, showing that she is prepared to take the jar (Figure 2.3-2.4). Thus, Sandra is seen as the person choosing the object, while the caregiver is assisting her.

Taking the jar, the caregiver identifies the product as "chili", with raised intonation (line 7). As in the first example, the caregiver thus identifies the object without further elaboration or assessment. Whereas in the first example, the caregiver first checked if she was pointing at the right product (Example 1, line 11), and only later on seemed to assist Sandra in reading and thus identifying the product in Sandra's hand (Example 1, line 17), in the second example, the caregiver is evidently picking the right product, as Sandra is still holding her hand close to the jar and shaping her hand in a jar-like form (Figure 2.3). Thus, the word "chili" seems not to question

whether the caregiver is taking the right object, but if Sandra really wants to buy chili, the product; here, the caregiver uttering the word “chili” questions Sandra's choice and assesses it as unexpected. When Sandra confirms her choice, the caregiver takes the jar from the shelf, Sandra uttering some affirmative sounds (line 9). The first of these is a prolonged sound, uttered with a slightly restrained voice, something which also indicates Sandra’s efforts as she is still stretching out to reach the jar. The final sound can be heard as a clear confirmation, which is also supported by Sandra’s taking the jar (line 11).

The caregiver’s assessment indicates a wish to *morally* assist Sandra in making ‘the right choice’, which implies an underlying tension with regard to who knows and/or decides what is best. The caretaker’s wish and this tension are negotiated in the next lines. During the following inspection (phase 3), the caregiver assesses Sandra's choice a second time by asking Sandra “do you want this thing?” (line 14). Using the words “this thing”, the caregiver no longer categorizes the product as a spice; she ‘blurs’ its identity, thus implying that she cannot see any use for it. In other words, the caregiver does not seem to understand the purpose of Sandra's choice: she no longer checks if Sandra is pointing at the right product ("chili", line 7), but if what Sandra wants is the right thing for her to buy. The caregiver's utterance is produced in a laughing voice that both mitigates her inherent criticism of Sandra’s choice and displays her own inability to understand this choice.

The implied disapproval of Sandra's choice is also displayed in caregiver's bodily positioning. Even though she is standing beside Sandra, thus presenting herself as available for assistance, she does not turn her body to Sandra or bend down during the inspection phase, like the caregiver did in the first example (Figure 1.7). Instead, her body stays upright, directed towards the shelves, and she only turns her head to look at the object in Sandra's hands (Figure 2.5). Thus, the caregiver's body remains oriented to the shelves as a possible field of action (e.g. for putting the jar back).

Sandra does not wait for the caregiver to complete her utterance (lines 14-17). She utters some sounds that seem to accompany her inspection of the jar, turning it from side to side (Figure 2.5). As her sounds overlap the caregiver's turn before a possible completion point is reached, they might also be directed at the caregiver's utterance: e.g. Sandra might expect an objection and thus show her unwillingness to even listen to it. However, Sandra presents the jar to the caregiver

(line 18), thus demonstrating her decision to take the jar, while asserting her independence and free will, in spite of the caregiver's intervention.

When the caregiver takes the jar, she is indicating that she accepts Sandra's decision, but at the same time elaborates her concerns regarding Sandra's choice in a third attempt (lines 19-20). Using the words “something spicy” (line 19), she still categorizes the object as unspecified, but with a possibly doubtful characteristic (being “spicy”). Thus, she frames Sandra's choice as problematic with regard to its consequences: her utterance invites Sandra to reconsider or account for her choice in regard to any undesirable consequences of the product’s properties. I understand this as the caregiver's attempt to guide Sandra to a different shopping decision (moral assistance) and thus, it orients to Sandra's in/competence to arrive at a ‘correct’ decision.

However, Sandra nods and formulates an affirmative sound (line 21) confirming her decision. As she does not see any problem and rejects her possible incompetence of judgment, Sandra turns away from her caregiver (line 22, Figure 2.7), which signals the end of both the discussion of her competence and the decision-making process. The caregiver places the jar in the basket (line 23, Figure 2.7), thus accepting Sandra's decision (phase 4). Both participants disengage their joint focus and thus close the selection process (phase 5).

As in the first example, we see here how the selecting and decision-making process of a potentially buyable is organized into five phases. Again, we see how Sandra is oriented to as a shopper who selects potentially buyables and decides about their eventual purchase, while the caregiver assumes the status of an assistant. In contrast to the first example, we see how this caregiver orients to the different logics of care: instrumental care, oriented to Sandra's physical impairments vs. moral assistance oriented to guiding Sandra in making the right decision. While instrumental care is requested by Sandra, the moral assistance is spontaneously offered by the caregiver and, in the present case, rejected by Sandra. Furthermore, we see how moral assistance is reframing Sandra's competences, by calling into question her cognitive and other abilities: to recognize a certain object as ‘chili’; to make a decision that makes sense (in the caregiver’s view); and to be aware of the consequences of her choice (e.g. having to eat something hot).

## *Conclusion and Discussion*

The two examples analyzed above show how a person with acquired brain injury and a caregiver together systematically organize selection activities during a shopping trip in a supermarket. Through this interaction they do not only manage the construction of choices and the de/selection of potentially buyables, they also engage in the construction of agency and assistance, and build their participation status as shopper and assistant, in a combined construction of competence and care.

I have demonstrated how the selection of a potentially buyable and decision-making process is organized into five phases: (1) Establishing a joint focus in a certain area, (2) identifying a certain product as a potentially buyable, (3) inspecting the chosen object, (4) de/selecting the product for purchase, and (5) closing the selection process/orienting to a next activity.

Within these phases, the participants take on different participation statuses. While Sandra is constructed as an independent shopper, the caregiver is constructed as her assistant. The examples show the interactive construction of Sandra's shopping competences despite her disabilities. She navigates independently within the semiotically rich environment of the supermarket, and despite her impairment, Sandra demonstrates herself, and is treated by the caregiver, as an independent shopper who is the initiator and author of the selecting and decision-making processes. The caregiver's assisting status is displayed by her split focus on Sandra and the environment she is acting in (and on); this is demonstrated, for instance, by the side-by-side position, which indicates a work-relevant perception of her role as Sandra's assistant and signals that the caregiver) is available to Sandra (as is the shopping basket).

I distinguished between two forms of assistance: instrumental assistance, directed towards a concrete local practice in which the caregiver offers and lends her body to Sandra, by taking objects down from the shelf and replacing them. This assistance is accomplished by episodes of distributed agency, while being authored by Sandra. I also found other forms of instrumental assistance in the data. For example, the caregiver carries the basket for Sandra, and in a difficult situation, she asks Sandra if she needs her wheelchair to be pushed.

Moral assistance is directed towards guiding Sandra in making a choice. Both forms of assistance are basically oriented to Sandra's agency and competences, which is marked as

relevant for offering assistance in performing an activity like shopping. While the instrumental assistance is oriented towards Sandra's physical impairment, moral assistance is oriented to her ability to make the 'right' choice. This makes assistance a delicate matter, as the 'assistee' and the assistant may have conflicting ideas about the need for assistance and what choice is 'right'. Offering assistance also means questioning competences and agency; this constitutes a tension that is an integral element of practices of care.

I have tried to avoid making any normative or moral judgement of the caregiver's or Sandra's activities. As Mol et al. (2010) point out, it is not always obvious what is good vs. bad care. Rather than formulating abstract guidelines, I find it more important to analyze how tensions, ambivalences and dilemmas become consequential in (health care) interaction. Example 2 shows how the caregiver and the assisted person navigate this possibly face-threatening type of situation, the former demonstrating her concerns about the latter's choice, but in the end accepting Sandra's decision, and thus balancing her orientation both to Sandra's free will and to her need of guidance. At the same time, we see how this navigation is also oriented to not only Sandra's competences ("Can she do x?"), but also to the caregiver's understanding of how to provide care for a person in need of assistance.

## *References*

Antaki, Charles, Chris Walton and W.M.L. Finlay. 2007. "How Proposing an Activity to a Person With an Intellectual Disability Can Imply a Limited Identity." *Discourse & Society* 18 (4): 393–410.

Antaki, Charles, and Ray Wilkinson. 2013. "Conversation Analysis and the Study of Atypical Populations." In *The Handbook of Conversation Analysis*, 533–50. Chichester, UK: John Wiley & Sons.

Beeke, Suzanne, Fiona Johnson, Firle Beckley, Claudia Heilemann, Susan Edwards, Jane Maxim & Wendy Best. 2014. "Enabling Better Conversation Between a Man With Aphasia and His Conversation Partner: Incorporating Writing Into Turn Taking." Research on Language and Social Interaction 47 (3): 292–305.

Bloch, Steven, and Suzanne Beeke. 2008. "Co-Constructed Talk in the Conversation of People with Dysarthria and Aphasia." *Clinical Linguistic & Phonetics* 22 (12): 974–990.

Clark, Colin, and Trevor Pinch. 2010. “Some Major Organizational Consequences of Some 'Minor', Organized Conduct: Evidence From a Video Analysis of Pre-Verbal Service Encounters in a Showroom Retail Store.” In *Organisation, Interaction and Practice. Studies in Ethnomethodology and Conversation Analysis,* ed. by Nick Llewellyn and Jon Hindmarsh, 140–171. Cambridge: Cambridge University Press.

De Stefani, Elwys. 2013. “The Collaborative Organisation of Next Actions in a Semiotically Rich Environment: Shopping as a Couple.” In *Interaction and Mobility. Language and the Body in Motion*, ed. by Pentti Haddingtonand, Lorenza Mondada, and Maurice Nevile, 123–51. Berlin & Boston: De Gruyter.

De Stefani, Elwys. 2014. “Establishing Joint Orientation Towards Commercial Objects in a Self-Service Store. How Practices of Categorisation Matter.” In *Interacting with Objects: Language, Materiality and Social Activity*, ed. by Maurice Nevile, Pentti Haddington, Trine Heinemann, and Mirka Rauniomaa, 271–94. Amsterdam: John Benjamins.

Garfinkel, Harold. 1967. *Studies in Ethnomethodology*. Englewood Cliffs, N.J.: Prentice-Hall.

Goffman, Erving. 1981. “Footing. ” In *Forms of Talk,* ed. by Erving Goffman, 124–159. Oxford: Blackwell.

Goffman, Erving. 1982. “On Face-Work: an Analysis of Ritual Elements in Social Interaction.” In *Interaction Ritual. Essays on Face-to-Face Behavior*, ed. by Erving Goffman, 5–45. New York: Pantheon.

Goode, David. 1994. *A World Without Words: the Social Construction of Children Born Deaf and Blind.* Philadelphia: Temple University Press. http://www.jstor.org/stable/j.ctt14btbtx.

Goodwin, Charles (ed.). 2003. *Conversation and Brain Damage*. Oxford: Oxford University Press.

Goodwin, Charles. 2004. “The Competent Speaker Who Can't Speak: the Social Life of Aphasia.” *Journal of Linguistic Anthropology* 12 (2): 151–170.

Goodwin, Charles. 2007a. “Environmentally Coupled Gestures.” In *Gesture and the Dynamic Dimension of Language*, ed. by Susan D. Duncan, Justine Cassell, and Elena T. Levy, 202–19. Amsterdam: John Benjamins.

Goodwin, Charles. 2007b. “Participation, Stance and Affect in the Organization of Activities.” *Discourse & Society* 18 (1): 53–73.

Goodwin, Charles. 2010. “Constructing Meaning Through Prosody in Aphasia.” In *Prosody in Interaction*, ed. by Dagmar Barth-Weingarten, Elisabeth Reber, and Margaret Selting, 373–394. Amsterdam: John Benjamins.

Goodwin, Charles. 2013. “The Co-Operative, Transformative Organization of Human Action and Knowledge.” *Journal of Pragmatics* 46 (1): 8–23.

Heath, Christian, Jon Hindmarsh, and Paul Luff. 2010. *Video in Qualitative Research: Analysing Social Interaction in Everyday Life*. London: Sage.

Heath, Christian, and Paul Luff. 2007. “Ordering Competition: the Interactional Accomplishment of the Sale of Art and Antiques at Auction.” *The British Journal of Sociology* 58 (1), 63–85.

Hollan, James, Edwin Hutchins, and David Kirsh. 2000. “Distributed Cognition: Toward a New Foundation for Human-Computer Interaction Research.” *Computer-Human Interaction* 7 (2): 174–196.

Hydén, Lars-Christer. 2014. “Cutting Brussels Sprouts: Collaboration Involving Persons With Dementia.” *Journal of Aging Studies* 29: 115–123.

Jones, Danielle. 2015. “A Family Living With Alzheimer's Disease: the Communicative Challenges.” *Dementia* 14 (5): 555–573

Kennedy, Sarah. 2001. “Shopping.” *Feminist Studies* 27 (2): 491.

Kitzinger, Celia, and Danielle Jones. 2007. “When May Calls Home: The Opening Moments of Family Telephone Conversation With an Alzheimer's Patient.” *Feminism & Psychology* 17 (2): 184–202

Klippi, Anu. 2015. “Pointing as an Embodied Practice in Aphasic Interaction.” *Aphasiology* 29 (3): 337–354.

Krummheuer, Antonia, Anu Klippi, Pirkko Liisa Raudaskoski, and Christina Samuelsson. 2016. “Participating with Limited Communication Means: Conversation Analytical Perspectives on the Interactional Management of Participation Structures.” *Clinical Linguistics &*

*Phonetics* 30 (10): 721–29.

Laakso, Minna. 2015. “Collaborative Participation in Aphasic Word Searching: Comparison Between Significant Others and Speech and Language Therapists.” *Aphasiology* 29 (3): 269–290.

Laakso, Minna, and Anu Klippi. 2010. “A Closer Look at the 'Hint and Guess' Sequences in Aphasic Conversation.” *Aphasiology* 13 (4–5): 345–363.

Llewellyn, Nick, and Jon Hindmarsh. 2013. “The Order Problem. Inference and Interaction in Interactive Service Work.” *Human Relations* 66 (11): 1401–1426

Mol, Annemarie. 2008. *The Logic of Care: Health and the Problem of Patient Choice*. London: Routledge.

Mol, Annemarie, Ingunn Moser, and Jeannette Pols (eds). 2010. *Care in Practice: On Tinkering in Clinics, Homes and Farms*. Bielefeld: transcript.

Parry, Ruth. 2010. “Video-Based Conversation Analysis.” In *The SAGE Handbook of Qualitative Methods in Health Research*, 373–96. London: Sage.

Peräkylä, Anssi. 1997. “Reliability and Validity in Research Based on Tapes and Transcripts.” In *Qualitative Research: Theory, Methods and Practices*, ed. by David Silverman, 201–19. London: Sage.

Pitsch, Karola. 2016. “Grocery Shopping: Embodied and Verbal Practices of Assisting a Cognitively Impaired Person to Participate in Everyday Life. ” In Book of Abstracts, Conference on Atypical Interaction, July 3-5, 2016, University of Southern Denmark, Odense. https://sites.google.com/site/atypicalinteractionconference/book-of-abstracts

Stokoe, Elizabeth, Rein Ove Sikveland, and Bogdana Huma. 2017. “Entering the Customer's Domestic Domain: Categorial Systematics and the Identification of 'Parties to Sale'.” *Journal of Pragmatics* 118: 64–80

Streeck, Jürgen, Charles Goodwin, and Curtis LeBaron (eds.). 2011. *Embodied Interaction: Language and Body in the Material World*. New York: Cambridge University Press.

vom Lehn, Dirk. 2014. “Timing is Money: Managing the Floor in Sales Interaction at Street-

Market Stalls." *Journal of Marketing Management* 30 (13–14): 1448–66.

Wilkinson, Ray. 1999. "Introduction" (to the Special Issue on Conversation Analysis). *Aphasiology* 13 (4–5): 251–58.

Wilkinson, Ray. 2015. "Conversation and Aphasia: Advances in Analysis and Intervention." (Special Issue). *Aphasiology* 29 (3): 257–421.

Wilkinson, Ray, Steven Bloch, and Michael Clarke. 2011. "On the Use of Graphic Resources in Interaction by People with Communication Disorders." In *Embodied Interaction. Language and Body in the Material World*, ed. by Jürgen Streeck, Charles Goodwin, and Curtis LeBaron, 152–168. Cambridge: Cambridge University Press.

Yearly, Steven, and John D. Brewer. 1989. "Stigma and Conversational Competences: a Conversation Analytical Study of the Mentally Handicapped." *Human Studies* 12: 97–115.

## *Appendix: Transcription conventions*

| | |
|---|---|
| ((nods)) | Words in double parentheses indicate a description of nonverbal activities |
| (ja/ah) | Words in single parentheses indicate a sound that the transcriber was uncertain about. If the parentheses are empty, speech could be heard but not identified. |
| >yeah < | pointed parentheses indicate that the speech was produced faster |
| [ | A left bracket marks overlapping talk or action |
| : | Colons indicate that a sound was prolonged |
| # | Words in hash tags were produced in a creaky voice |
| £ | Words in English pound signs were produced in a smiley voice |
| ? | Question marks indicate upward intonation |
| . | A period indicates falling intonation |
| ↑↓ | Up/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 |
| <u>ja</u> | Underlining indicates some form of emphasis |