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UNIVERSITY OF SOUTHAMPTON

FACULTY OF LAW, ARTS & SOCIAL SCIENCES

School of Humanities

Dinner with Wilma.

**On the relation between (inter)subjectivity, memory and emotion
management in migrant-in-the-family interactions.**

by

Hilke Engfer

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ABSTRACT

DINNER WITH WILMA. ON THE RELATION BETWEEN (INTER)
SUBJECTIVITY, MEMORY AND EMOTION MANAGEMENT IN MIGRANT-IN-
THE-FAMILY INTERACTIONS

This thesis reports on the findings of a heuristic study on participants' communicative means of co-constructing (inter)subjective remembering in interactions with an Alzheimer's patient. The case study presented in this thesis reflects a typical German 'migrant-in-the-family' home care arrangement, consisting of a number of family carers and nursing service employees alongside the frail elderly and a migrant live-in. Oral data were collected through ethnographic fieldwork. Over a period of six months, for approximately four days a week, three hours a day, interactions were audio recorded that involve one Alzheimer's patient ('Wilma'), three Polish live-ins, three of Wilma's five children, and seven employees of the local nursing service. In the existing literature on the 'migrant-in-the-family' model, the scholarly focus in sociology is on the devaluation of domestic work. In particular, Arlie Hochschild's framework for the analysis of 'emotion management' is used to outline the strategies individuals use to create 'appropriate' feeling displays, as well as the emotional costs of doing so. Categorising feeling displays either as surface acting (feigning emotion) or deep acting (authentic emotion), this approach treats 'emotion management' as a subjective and cognitive process. Taking on board an interactional perspective, this thesis approaches 'emotion management' as situated and distributed social practice and not only as cognitive achievement. In the spirit of Sacks's 'any-direction' approach to analysis, this thesis's data analysis draws on research in cognitive and social psychology, as well as neuroscience to gain a deeper understanding of the meaning-making processes. The general framework for analysis are Sacks's lectures on story-telling in conversations. Findings show that participants' schema-consistent actions can achieve affective coherence regarding the individual's goals. However, this can, as a side effect, provoke a relationship mismatch. Consequently, it is argued that schema-related feeling displays of internal emotion management simultaneously affect negotiations of positions within the relationship. This way, participants' conflicting frames concerning the home care situation potentially explain dysfunctional communication in terms of overall aims and the setup of Wilma's care. Yet, my analysis shows that frames and schemata are subject to an on-going adaptive learning process as emotion management is distributed within the participation framework.

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Declaration of Authorship

I, Hilke Engfer, declare that the thesis entitled Dinner with Wilma. On the relation between (inter)subjectivity, memory and emotion management in migrant-in-the-family interactions and the work presented in the thesis are both my own, and have been generated by me as the result of my own original research. I confirm that:

- this work was done wholly or mainly while in candidature for a research degree at this University;
- where any part of this thesis has previously been submitted for a degree or any other qualification at this University or any other institution, this has been clearly stated;
- where I have consulted the published work of others, this is always clearly attributed;
- where I have quoted from the work of others, the source is always given. With the exception of such quotations, this thesis is entirely my own work;
- I have acknowledged all main sources of help;
- where the thesis is based on work done by myself jointly with others, I have made clear exactly what was done by others and what I have contributed myself;
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Signed:

Date:

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*To
Alfred, Hans, Sofia
and Wilma*

1

All you need is *Love*¹

The migrant-in-the-family model of home eldercare in Germany

The ability to care runs in their blood. They are warm- hearted and loving. They care for the elderly person the way a family member would do – 24 hours each day. Besides, they are much cheaper than nursing homes.

Beata is mom’s sunshine – and I can also afford her.

Without Grazyna mummy would have to live in a nursing home.

Contemporary Germany is one of Europe’s fastest ageing countries. As far as care for the elderly is concerned, the buzzword in public and political discussions about the nature and quality of professional care is ‘care crisis’ (‘Pflegenotstand’²). The national care system is frequently reported to be marked by severe deficits in every respect, ranging from a lack of

¹ Parts of this chapter have been published in Engfer (2011).

² This political buzzword dates back to the 1960s and was originally used to describe the serious consequences of staff shortage in hospitals only (see Fussek & Loerzer, 2005).

modernisation³ of the interplay between public interventions and families (as regulated through the long-term care insurance system) to abuses and human rights violations in nursing homes⁴. In order to circumvent these problems, an ever-increasing number of elderly people are being cared for in their own homes by live-in care workers from Poland and other Eastern European countries.

This thesis looks in-depth at one such home care arrangement – in the following referred to as the ‘migrant-in-the-family’ model (Bettio et al., 2006) – which, according to a recent study conducted by the National Institute for Ageing Research, in Germany typically consists of a number of family carers and nursing service employees alongside the elderly in need of care, and a migrant live-in (see Neuhaus, 2009). The purpose of this introductory chapter is to provide the necessary background and to give an overview of this thesis’s objectives, research design, and structure. This chapter begins with a short outline of the demographic environment in Germany, which puts into context the so-called ‘care crisis’ and its relevance for research on the migrant-in-the-family model in Germany. This section will be followed by a short introduction into existing research. Having identified significant gaps in the literature, I will then outline the motivation for this study, its objectives, and structure.

1.1. Demographic background

With 82 million inhabitants in 2009, Germany has the largest population among all 27 EU member states. This population, however, is marked by an ageing society, with death rates continuously exceeding the low birth rate of approximately 1.4 children per mother (Lanzieri, 2009; Destatis, 2010).

³ See Reimer & Merold (2008) for a comprehensive overview of the changes made to the care insurance system in 2008 and Brandenburg (2010) for a critique.

⁴ In summer 2008 a disturbingly high number of stories like the following made the headlines: ‘Grandpa found dead in nursing home only 10 days later’ (‘Opa liegt 10 Tage tot im Seniorenheim’, BILD, 30.8.2008).

According to the 2006 census, 98% of Germans between 65 and 84 years live in private households, of which one third are single person households. Merely one fifth (18%) of those who are older than 85 years live in nursing homes (see Hoffmann & Nachtmann, 2007: 4). In 2003, 1.44 million people of those living in private households were in need of care. These individuals were almost exclusively (92%) cared for by family members, with 28% of the families receiving additional professional help from nursing services (see report of the Federal Ministry of Family Affairs, Senior Citizens, Women and Youth, henceforth BMFSFJ, 2005: 313). In 1995, the German government implemented a new long-term care insurance system. This gave rise to a number of benefits including community-based care, payment to family carers and payment to nursing homes. It particularly emphasizes the filial obligation to organise eldercare, and as we can see with regard to the figures mentioned above, home care is by-far the most popular solution in Germany.

Thus, upon considering the estimated demographic scenario for Germany, including both population ageing and changing family structures, it can be expected that non-familial networks will become increasingly important in the future to arrange home care. At the same time, it is anticipated that by 2030 the number of people with so-called 'Fourth Age' (Baltes & Smith, 2003) diseases will double (see BMFSFJ, 2005: 318). A growing body of research provides evidence that the oldest-old, or individuals in their 'Fourth Age' (aged 85+), are more likely to be multi-morbid, depressed and demented (Baltes & Mayer, 1999). In public Discourse⁵, in particular the Alzheimer's disease embodies the vulnerabilities of very old age. Although the existing body of knowledge about forms of dementia has already been translated into specific care techniques and state-of-the-art dementia units, the vast majority of individuals suffering from dementia now is cared for at home (see BMFSFJ, 2005: 318). Professional nursing services in Germany, however, are expensive, more expensive than the 'do it yourself solution' of migrant-in-the-family care (Lamura et al., 2008). Accordingly, recent estimates say that

⁵ I follow Gee (1990) in his distinction between discourse and Discourse. While the former is used for "connected stretches of language" (1990: 142), Gee argues that "Discourse with a big 'D' is always more than just language" (ibid). He defines Discourse as an 'identity kit' that "comes complete with the appropriate costume and instructions on how to act, talk, and often write, so as to take on a particular social role that others will recognize" (ibid).

approximately 50.000 to 60.000 Polish live-ins assist in German home care today (see BMFSFJ, 2005: 316). It is assumed that the actual number is much higher, with the majority of migrants not being registered for work.

1.2. Rationale and Research Questions

While a number of ground-breaking studies have been dedicated to migrant care workers in the Mediterranean area (Lamura et al., 2008; Degiuli, 2007; Bettio et al., 2006; Anderson, 2000; Anderson & Phizacklea, 1997), in Germany, this topic has so far received little attention. Predominantly, sociologists in gender and migration studies have been contributing research, in particular with regard to the legal status of employment (Karakayali, 2007), and the *New Maid* as a challenge to gender studies (Lutz, 2002a, 2002b, 2007; Lutz & Lenz, 2002; Lutz & Koser, 1998; Odierna, 2000). No interactional data and research is available so far on the communicative aspects, and in particular the everyday life interactions between all parties concerned: the live-in, the cared-for, his or her family members, as well as external care providers.

The case study presented in this thesis's main body therefore provides interactional data of a migrant-in-the-family home care arrangement that includes family caregivers, as well as nursing service employees, migrant live-ins and the person in need of care. Furthermore, acknowledging the high number of individuals with dementia being cared for in this model of home eldercare, as well as the future scenario outlined above, the person receiving care in this case study suffers from the Alzheimer's disease. The Alzheimer's patient, Wilma, was diagnosed⁶ with this disease in 2006 when she was 74

⁶ Despite the fact that there is consensus that a diagnosis is only possible post-mortem, Wilma's GP diagnosed her on the basis of the very same symptoms listed in this section. Although Wilma's daughter Gudrun who accompanied her doubted the GP's diagnosis, which according to her was not backed up by any extensive tests, the whole family consistently used the term 'Alzheimer's' when talking about Wilma's condition. Because of the fact that participants themselves use this term, it is used in the description of Wilma in this study as well. However, accepting this label has serious consequences, as I will outline in chapter 4.

years old. After a brief stay at a psychiatric unit, her oldest daughter, Gudrun, hired the Polish nurse Elisabeta through an agency in spring 2007 (all names are pseudonyms). By the time of the participant observation in 2007 and 2008, Wilma exhibited many symptoms of advanced stage Alzheimer's disease, including incontinence, weight loss, wandering, tremors, and sundowning (a range of 'abnormal' behaviours such as wandering or mood swings that occur in the late afternoon or evening). Wilma also exhibited severe speech disorders as well as noticeable declines in reasoning and memory skills. All of these symptoms are commonly associated with a rapid decline in cognitive functions (Scarmeas et al., 2007). Describing Wilma in this fashion portrays her as a patient suffering from progressive neurodegenerative brain disorder – someone whose existence has been stigmatized as “drifting towards the threshold of unbeing” (Kitwood & Bredin, 1992: 285). Taking linguistic degradation as a hallmark feature of dementia, the dementia patient's declining ability to communicate with others about past and present events has led some authors to hypothesize an “internal loss of self in dementia” (Small et al., 1998: 292). According to Cohen and Eisdorfer (1986: 22), “the victim of Alzheimer's disease must eventually come to terms with the complete loss of self”. This representation of selfhood is itself the legacy of Western philosophy's tendency to split mind from body in a Cartesian fashion, and to position the former as superior to the latter. There are thus deep philosophical roots to the prevalent assumption that cognitive impairment implies a loss of selfhood. In this sense, the presumed 'existential erosion of selfhood' with Alzheimer's disease is not simply the result of neuropathology, but is, to a large extent, also the consequence of a certain philosophical inheritance (see Kontos, 2006).

In her works, Pia Kontos challenges the mind/body dualism that underlies the assumed loss of selfhood in the current construction of Alzheimer's disease, endorsing a theoretical framework of embodiment (Kontos 2003, 2004, 2005, 2006). In her seminal ethnographic study of an Orthodox Jewish Alzheimer's support unit in Canada (2004, 2005, 2006), Kontos explores the notion of selfhood in the face of severe cognitive impairment. Drawing in particular on the works of Merleau-Ponty (1962), an embodied understanding of cognition is manifest in her perspective. Kontos approaches

the body focusing on its "concrete, spatial, and pre-reflective directedness toward the lived world" (Kontos, 2006: 203), endorsing an understanding of the "active presence of the past in the body itself" (ibid: 209). From this perspective, contrary to the medicalised view on Alzheimer's introduced above, the construction of self is not reliant on language per se, but can be "enacted in the actual movements of the body" (ibid: 209).

Furthermore, a focus on narratives and the discursive properties of communication with dementia patients has identified a number of external influences on the preservation of 'self' or personhood in dementia (Kitwood & Bredin, 1992; Sabat & Harré, 1992; Hamilton, 2011, Ryan & Schindel Martin, 2011). In contrast to the previously mentioned studies and their focus on the internal, neuropathological and neuropsychological decline, studies such as the one by Kitwood (1993) analyse the role of external, social-psychological factors in maintaining personhood. Acknowledging assumptions that self-identity is constituted by and through social interaction (Coupland et al., 1993; Mead, 1934), these studies have shown that the way other people interact with a dementia patient has a significant impact on that individual's sense of identity and well-being.

The present study endorses this latter, interactive approach to Alzheimer's disease while taking on board an embodied and distributed understanding of cognition that builds on the research of Pia Kontos, as well as on research findings in developmental psychology (see chapter 4). This stance on Alzheimer's, and cognition in general, first of all, expresses and emphasizes the critical perspective underlying this study's methodological framework which is highly skeptical of the idea that social practice is merely an effect of structurally given forms. As part of this endeavour, this thesis therefore raises questions concerning the dominance of discourse-centred studies on the 'migrant-in-the-family' model and with Alzheimer's patients. In the following chapter, as well as in chapter 4, selected studies will be discussed to show that researchers have to be careful not to confuse the discursive constructs of reality, with the actual physical reality (see Deleuze, 1988).

Secondly, as cognition is not disembodied, separate from perception and action (see for instance, Hutchins, 1995; Cowley & Love, 2006; Barsalou, 2008; Cowley, 2009; Steffensen & Cowley, 2010), the general aim of this study is to put the focus on behavioural processes (including verbal language) underlying and embodying the acquisition of that type of knowledge, which in contemporary sociological research on the ‘migrant-in-the-family’ model is described as ‘emotion management’ (Hochschild, 1983; see chapter 2). In her seminal book *The Managed Heart* (1983), Hochschild studied the training, as well as daily routine of PanAm flight attendants. She focused in her analysis on the strategies flight attendants learned as part of their training, or developed themselves on the job, to manage their emotions in order to create the feeling expressions (e.g., smiles) that the employers and customers expect. Here, Hochschild borrows the terms *surface acting*, or feigning, and *deep acting*, or feeling, from Erving Goffman (1959), as well as classical and method acting (see Krasner, 2000). Based on these two categories, she draws attention to the negative psychological implications of *emotional dissonance*, which she defines as the condition of “maintaining a difference between feeling and feigning” (1983: 90), respectively being not allowed to show the feeling expression that matches the emotion one feels (for instance, show a smiling face but feel angry).

Taking on board an interactional and embodied perspective, this thesis approaches ‘emotion management’ not only as an individual’s cognitive achievement but also as distributed social practice. My goal is therefore to produce an explorative study that hopes to contribute to the discussion concerning the relative contribution of individual cognition and situated collaborative action in the observed care practices. At the centre of interest is the crucial role of experience and the activity of remembering in doing ‘emotion management’. This thesis therefore also problematizes the classical assumption that memory is an individual cognitive resource and activity.

The first hypothesis underlying this study is thus that the recorded actions and physical signs of affection potentially give insight into individual cognition, as well as the situated, distributed organisation of actions. Participants build action by assembling a range of quite different kinds of

sign systems in different media to build multi-modal contextual configurations (Goodwin, 2000). So, rather than being coded entirely in a single semiotic system, i.e., verbal language, meaning and action are constituted through the mutual elaboration of these different kinds of sign systems.

The second hypothesis underlying this thesis's data analysis is that as participants co-construct actions and emotions, emotion management strategies are not entirely pre-existent prior to the setup of a 'migrant-in-the-family' care network, but are constant learning processes. An extract from my own data exemplifies this:

“Of course, the care worker belongs to my mother like a husband!
And this is why she certainly attends all family parties and events.
She is a family member” (Donna, online diaries, 11/2007).

1 year later: “Unfortunately, in the meantime 9 care workers, among them 4 Polish women have "run away". The relationship between the care workers and my mother is indescribable. They are all annoyed, stressed and want to go home. My mother's disease (Parkinson) uncovers viciousness in her, no one can cope with. From my perspective, I don't want the care workers to treat the one they care for like their own mother. Because I myself have reached the point that I no longer know what to do. We try everything to make her life easier, but she always finds a way to make things bad. My mother thinks that the care workers, my granddaughter and I are 100% her property. Everything has to be done the way she wants it to be done. My almost 5 year-old grandson found the right words to describe this: we are slaves” (Donna, online diaries, 11/2008).

The literature review in chapter 2 will provide the necessary context for this quote, and in particular discuss the idea of *innateness* that is anticipated here. The next chapter will provide evidence that a number of studies base their analysis on this assumption. In line with the critical perspective summarised so far, this study rather aims to gain insight into a) how

participants subjectively describe, b) how they interactionally/ intersubjectively co-construct ‘emotion management’, and c) in which ways this affects their relationships. To gain knowledge about the subjective understandings, attitudes and experiences, as well as the interactional co-construction of ‘emotion management’, is therefore at the centre of interest.

Out of these aims three broad research questions emerge which motivate and guide this study:

1. How do the individual participants describe subjective emotion management?
2. How are emotion management strategies embodied in interactions?
3. What impact do these strategies have for the manner in which care is provided for an Alzheimer’s patient who is in the late stages of the disease?

The following chapter overview will briefly introduce the selected theories deemed to be essential in order to contextualise this study’s research questions, leading up to the introduction of the methods used for data analysis and the results obtained.

1.3. Chapter Overview

A review of existing literature (or rather texts) in chapter 2 will trace contemporary Discourses on the ‘migrant-in-the-family’ model in the marketing and academic sphere. A look at the marketing Discourse created and perpetuated by those agencies specialised in the provision of Eastern European migrant care workers reveals that there are very specific images and definitions of the relationships and interactions in this home care model. Their web-based marketing commonly invokes the stereotypical *Polish warm heart* as a strategy to ‘commodify love’ (Hochschild, 1983). Polish women, like Eastern European women in general, are framed as helpers who are able

to make up, both physically and emotionally, for absent family members because of their *warm heart*, their supposedly innate ability to care.

The second part of chapter 2 traces the origins of research on the migrant-in-the-family model that date back to 1970s and 1980s feminist sociology, in particular eminent studies on the devaluation of domestic work. Two recent studies on the migrant-in-the-family model of home eldercare (Ibarra, 2002; Degiuli, 2007) will then be discussed in the light of this research tradition and also in their specific application and understanding of Arlie Hochschild's 'emotion management strategies' (1983). As mentioned earlier, Hochschild proposes the techniques of *surface acting* ('feigning emotions') and *deep acting* ('authentic emotions') to show how individuals create 'appropriate' feeling displays on the job and the emotional costs of doing so. Ibarra (2002) and Degiuli (2007), who apply this approach to research on migrant live-ins in home eldercare in Italy and the US, exemplify how this framework can be used to demonstrate the physical, as well as psychological exhaustion that migrant live-ins experience. However, the critical discussion will highlight certain methodological and analytical practices which although considered mainstream in this research field, are considered to be inappropriate and even detrimental to this study's research design. This chapter concludes that there are striking similarities between both Discourses. This concerns the cognitive architecture set up, the one-sided representation of emotion management in face-to-face interaction, and the idea of *innate* emotions underlying and guiding social interaction.

Moving on from the shortcomings outlined in chapter 2, chapter 3 will look at the growing body of research on emotion management in work psychology. There is consensus to date that human beings use more than 100 strategies to regulate their own and other people's emotions. Emotion management is thus considered to be a highly interactional enterprise. In spite of this, a number of studies in psychology, and also those studies in sociology introduced in chapter 2, focus on the isolated verbal reports of individuals. The crucial question this chapter raises is to what extent a discursive analysis is at all appropriate to conduct research on emotions and cognition.

Therefore, chapter 4 discusses different scholarly attitudes in conversation analysis (CA) and discursive psychology (DP) to *discourse* as the object of research in studies that aim to shed light on certain cognitive functions. We will see that this discussion revolves around the two paradigms, ‘cognitivist’ versus ‘anti-cognitivist’. This thesis, however, pursues a conciliatory path that will show that both positions are not necessarily in opposition to each other. Testing DP’s and CA’s outspoken anti-cognitivist agenda, this chapter looks in its second half at selected CA studies with Alzheimer’s patients. This review concludes that these studies share the same methodological shortcomings identified in chapter 2. In acknowledging the dominant, medicalised Discourse on Alzheimer’s, which regards the self as ‘unbecoming’, these studies are expressions of mentalist thinking and ultimately help perpetuate this stigmatising image of Alzheimer’s.

Chapter 5 will then have a close look at Harvey Sacks and his ideas on the *mind* since it is in particular his research that marked the beginning of what became the field of CA. With his outspokenly social cognitive stance on memory and remembering, I argue that the studies presented in chapter 4 have very little in common with Sacks’s work and falsely claim to be his legacy. In fact, his lectures, discussed in the broader context of early ethnomethodology in the fashion of Garfinkel, Goffman, and Mead, offer the framework for data analysis deemed appropriate to test this study’s hypotheses and provide answers to the research questions.

Chapter 6 then outlines this study’s methodology, including data collection methods, transcription and methods for analysis. Data analysis follows Harvey Sacks’s thoughts on how participants ‘do remembering’. More specifically the focus is on how participants ‘bring their minds to each other’ early on in and over the course of conversations. This analysis will be embedded within Harvey Sacks’s framework for story-telling and also draws on research in cognitive and social psychology to gain a deeper understanding of the meaning-making processes, and to argue that contrary to the way interactions are conceptualised in the marketing and academic Discourses, situated meanings are not static.

Based on the assumption that communication, emotion and cognition depend on how activities are integrated in and across time, my analysis will shed light on the spectrum of the participants' frames, schemata and alignment in situational meaning-construction processes. Schemata are, however, understood as 'interactive schemata': subjectively based on the individual's unique appraisal - however, the context in which this happens is interactionally and intersubjectively co-constructed. With regard to the participants' inter- and intrapersonal aims, the communicational and emotional effects of the individual grounding strategies will be analysed through embodied affective reactions, including (linguistic) actions and feeling expressions. Data analysis therefore draws on appraisal theories in psychology that cue bodily actions and feeling expressions with internal feedback and coping strategies in emotion-generation processes. This toolkit should allow for a heuristic analysis of the possible causes for an emotion and its interrelation with the expressive reactions observed as actions unfold.

The purpose of chapter 7 is to understand the development of the emotion-related emergence of specific care practices. In order to examine these activities, my analysis connects the perspective of subjective experience and beliefs to the shared activity of feeding Wilma dinner. The first step of data analysis will discuss the recorded interactions in the light of the interviews conducted prior to the observation where participants reported how they consciously frame their situation. Wilma's daughter Gudrun claimed that her experience of Wilma's stay at a psychiatric unit is engrained in the strategy to treat her mother in a 'loving and calm way'. The Polish live-in Elisabeta, by contrast, consciously manages interactions with regard to her work experience as a nurse. Borrowing the concept of affective coherence (Centerbar et al., 2008) from psychology, analysis in this chapter will show that the strategies both women were reported to use allow for conclusions on the extent to which their actions are specific to their own goals and the overall aim to achieve *intrapersonal* coherence. Hence, considering frames and schemata as mental representations of experiences, the analysis will show that participants' schema-consistent actions can achieve affective coherence regarding the individual's goals. However, this can, as a side effect, provoke a relationship mismatch. Consequently, it is argued that schema-

related feeling displays of internal emotion management simultaneously affect negotiations of status and positions within the relationship. This way, participants' conflicting frames concerning the home care situation potentially explain dysfunctional communication in terms of overall aims and the setup of Wilma's care. Yet, the analysis will show that the frames participants apply are subject to an on-going adaptive learning process. While discussing the spectrum of an individual's own-goal-related actions, this chapter provides at the same time evidence that emotion management takes place within a participation framework and is distributed among participants.

Building on the findings of chapter 7, chapter 8 further pursues a distributed understanding of emotion management. Chapter 8, first of all, focuses on the relevance of internal feedback which is discussed in chapter 7 in the light of conscious achievement of intrapersonal affective coherence. Presenting interactions between Wilma and one nursing service employee (Edeltraud), I argue that there is a clash between Edeltraud's proclaimed motivation and her internal feedback. Using Edeltraud's story about the day she had to take Wilma to the podiatrist as a 'compass' to understand how she perceives the present situation, an analysis in line with Dalglish and Power's emotion appraisal model (2007) will reveal that her subsequent actions are grounded in and significantly affected by fear appraisal. In particular, analysis in this chapter will argue that Edeltraud's attention is fixed on specific, partly highly personal fear-inducing cues and thus narrowed in such way that she not only misses out on Wilma's actions which clearly signal that she is also scared, but reacts in a way that potentially borders on violent behaviour once the conflict between the two women peaks.

Focussing on Wilma's position in Edeltraud's story, we learn that the feeling of fear on that day at the podiatrist's was mutual. With the two women facing each other while Edeltraud narrates how she recalls this specific day, Wilma's reactions to the linguistic and visible cues Edeltraud provides, and vice versa, build up a set of cues which analysis in this chapter cautiously treats as the set of cues of their shared embodied fear appraisal. As the interaction that follows the conclusion of the story unfolds, the analysis hence draws on the

meaning attached to these cues by participants themselves. This way analysis suggests that the two women co-construct the highly emotional and stressful conflict that occurs within minutes after Edeltraud finished her story as a re-enactment of their shared fear appraisal. Although Wilma's possibilities for speech are limited, she demonstrates through her visible bodily participation an on-going analysis of the emotionally charged context changes in the events she is engaged in. Therefore, this chapter also provides evidence that challenge the dominant Discourse's construction of total memory loss in Alzheimer's patients.

Chapter 9 discusses findings and offer conclusions concerning potential future research, as well as methodological issues which arise from distributed thinking - the perspective that forms this thesis's backbone.

2

Love is just a four-letter word⁷

The migrant-in-the-family model in marketing
and academic Discourses

A brief analysis of contemporary semiotic representations of the migrant-in-the-family model of home eldercare in the German marketing Discourse forms the first part of this chapter. Focussing on the two leading employment agencies in Germany, analysis will carve out how their web-based marketing relates to the political-economic and socio-cultural context in Germany sketched out in the previous chapter. A closer look at the commercial strategies of two distinct Internet employment agencies will then not only shed light on specific cultural aspects, but will also reveal more general statements which this Discourse makes about human interaction. The second part of this chapter will then present existing research on the migrant-in-the-

⁷ Parts of this chapter have been published in Engfer (2009, 2011).

family model and is organised in the following way. First, a short overview of the dominant research strands and historical development shall form the introduction. Evolving out of this overview, this chapter focuses specifically on Arlie Hochschild's notion of emotional labour and her framework for the analysis of 'emotion management'. This will then be followed by a critical discussion of two studies that adopt Hochschild's framework for the study of care practices migrant live-ins develop in home eldercare. This chapter concludes that despite the fact, that care work is considered to be 'interactive in nature' (Timonen & Doyle, 2009), an interactional perspective is notably missing. Acknowledging that this study is in particular interested in interactions with an Alzheimer's patient, situating this study within the existing research is difficult because this thesis's critical perspective is incompatible with the methodology of the studies presented in this chapter, and more importantly with the cognitive architecture they imply.

2.1. The migrant-in-the-family model in the marketing Discourse

A look at the marketing Discourse created and perpetuated by those agencies specialised in the provision of Eastern European migrant care workers reveals that there are very specific images and definitions of the relationships and interactions in this home care model. As we will see further down, their web-based marketing commonly invokes the stereotypical *Polish warm heart* as a strategy to 'commodify love' (Hochschild, 1983). Polish women, like Eastern European women in general, are framed as helpers who are able to make up, both physically and emotionally, for absent family members because of their *warm heart*, their supposedly innate ability to care. Thus, according to the agency *seniocare*²⁴,

'[t]he ability to care runs in their blood. They are warm-hearted and loving. They care for the elderly person in the same way a family member would do – 24 hours each day. Besides, they are much cheaper than nursing homes.'

In traditional marketing research a large number of publications is dedicated to the multimodal affordances of websites in emotion marketing (O'Shaughnessy & O'Shaughnessy, 2003; Robinette, Lenz, Brand, 2000), and the textualisation of emotion in advertising language (Haig, 2001; Janoschka, 2004). At the centre of interest is to study how people design, but also how potential customers interpret the resulting semiotic systems, and how this process is shaped by ideological and social interests (see for instance, Hodge & Kress, 1988).

Links can thus be made between the branding decisions and the political and cultural Discourse on home care. As we have seen earlier, the sign-making process in Germany is embedded in a specific culture that highly values familial care. Therefore, the selected forms and symbols will express the social meanings specific to this particular culture. At the same time, we have to keep in mind that they are chosen and arranged for their potential to *mean* by a web designer. However, the visitor's interest determines where he or she wishes to enter the page. The same applies to the 'reading path' which the visitor wishes to construct. Thus, the designers of websites cannot be considered 'authors' of a fixed text. Rather, they are providers of material arranged in relation to the assumed characteristics of the imagined audience. As Hodge & Kress (1988) state, "[e]ach producer of a message relies on its recipients for it to function as intended" (1988: 4). For the visitor, however, "information is material which is selected by individuals to be transformed by them into knowledge to solve a problem in their life-world" (Böck, 2004: 281).

Since the websites are usually the first point of contact with the agencies, it is assumed that potential clients will make their 'purchase' decision to a certain extent on the basis of their impression. It has been found that in particular an emotional connection on the part of the consumer with a particular product or service has several implications: it can stimulate buying interest, guide choices, arouse buying intentions, and influence future buying decisions (O'Shaughnessy & O'Shaughnessy, 2003). Emotions have thus been identified as a major catalyst in the consumer decision-making process.

I will therefore predominantly focus on the nonverbal and linguistic emotional cues we can find on the following two screenshots (taken on 17.10.2008) of the two leading agencies' websites: Seniocare24 (Fig. 1) and GKT-Serwis (Fig 2):



Fig. 1



Fig. 2

Both agencies provide very similar information on their websites, ranging from currency converters to addresses of local nursing services they cooperate with. However, we will see in the following that they frame their services in two very distinct ways. On both websites two specific pictures are likely to catch a visitor's attention upon first visiting it. Analysing these in terms of presumed entry points, both websites immediately employ specific local, as well as universal cultural symbolisms. Whereas the use of a universal icon (red heart) on *seniocare.de* is potentially tailored to German clients', as well as Eastern European caregivers' concerns, the uniform yellow t-shirts we can see on GKT-Serwis's website fulfil the double function of appealing to local cultural depictions of nursing service employees in Germany, while at the same time exploiting this dress code's universal semiotic meaning potential framing these women as nurses, or medically trained staff in general. This is further supported by the strip of four images underneath the banner to which I will come back further down. Focusing exclusively on the images so far, it can be concluded that GKT-Serwis's website conforms with, and supports, existing cultural concepts of home care, hence achieving 'cultural congruity', which Williamson (1994) lists as one of the most successful strategies commercial websites employ.

Considering these two websites in the light of the 'care crisis' Discourse introduced in the previous chapter, the strip of images placed underneath GKT-Serwis's banner gives insight into the detailed shaping of home care practices. Based upon the initial framing of their employees as medically trained care workers, the four pictures provide the corresponding semiotic practices. We can see the same person performing a number of recognisable tasks, i.e. feeding, or cleaning a frail person. For the time being, I want to highlight here that on GKT-Serwis's website we learn about very specific tasks immanent to homecare, and which potentially require medical training. In the following we will see that a very decisive part of both websites' marketing is 'outsourced'; both agencies heavily rely on the national printing press and television to not only disseminate, but to supplement their individual framing strategies. However, before I come to this we need to analyse *seniocare's* marketing strategy.

So far, I have stressed that this agency does not employ local symbolism. It can also be stated, at least at first glance, that the chosen universal symbol, the heart, does not immediately evoke the kind of associations that situate the text within a specific national Discourse. Rather, the symbol of a heart only unfolds its specific meaning in combination with the written text which is provided right next to the image. Here, the agency owner herself confronts the visitor with a hypothetical question, asking what happens in old age when one can no longer do all of the things one used to be able to do. In contrast to GKT-Serwis, where the attention is drawn to specific tasks one may need help with, the personalised text on seniocare starts a discussion about values. We learn that in old age individuals still want to be treated in a respectful and loving way. According to the agency, these values can be translated into care practices, namely the way family members care for each other. Having established this context, it is here that we can find the above-mentioned quote,

‘[t]he ability to care runs in their blood. They are warm-hearted and loving. They care for the elderly person in the same way a family member would do – 24 hours each day. Besides, they are much cheaper than nursing homes.’

We can see that both marketing strategies - live-in replaces kin and live-in is skilled nurse - are interdiscursively connected with the national ‘care crisis’ Discourse. The previous chapter established that the preferred form of eldercare in Germany is familial care. This is not only reflected in the numbers of people cared for at home, but also in the design of the national long-term care insurance system. At the same time, a growing number of people in their ‘Fourth Age’ are cared for at home. Therefore, professional assistance is potentially crucial in order to realise, or keep up this form of care arrangement. However, 24h care provided by local nursing services is considered expensive.

2.1.1. The migrant-in-the-family model in the media Discourse

An examination of media representations of the migrant-in-the-family model will further elaborate the two strategies, as a high number of articles and TV shows are created with the help of the agencies, and are also disseminated via their websites. Thus, both websites have an archive of press material. As with the layout of the websites, the articles one can find on *seniocare.de* and *GTK-Serwis* are very similarly structured. However, since the agencies are involved in the creation, subtle details do reflect the two different framing strategies outlined above. Also, the newspaper and magazine articles usually provide basic information about the legal situation, the services, and the contact details of the respective agency. In general, articles reporting on the-migrant-in-the-family model are personal accounts of either live-ins or the German family members, and very rarely one can also find the voices of those cared-for. Accordingly, the headlines are: “Beata is mom’s sunshine – and I can also afford her” (“Beata ist Mamas Sonnenschein – und ich kann sie mir auch leisten”, Lisa (34) 2007), “Without Grazyna mummy would have to live in a nursing home” (“Ohne Grazyna müsste Mutti ins Heim”, *Superillu* (46) 2007), or “Without Ivona we would have to live in a nursing home” (“Ohne Ivona müssen wir ins Heim”, *BILD* 13.9. 2007).

Keeping in mind the distinctive way the agencies frame their employees either as fictive kin or nurses on their websites, two images shall briefly be analysed with regard to their complementary effect and role in the complex marketing machine. Fig.3 is featured on *seniocare.de*, Fig.4 refers the reader to *GTK-Serwis*:

Fig. 3





Fig. 4

First, I will look at the role of those individuals whose voices are predominantly featured in these articles – German family members – but who are notably absent on the websites. Whereas *seniocare* indirectly refers to them, framing in particular the Polish care workers as fictive kin or a replacement for absent family members, on *GTK-Serwis*'s website (Fig. 2) we can find a picture that is very similar to Fig. 4, only that the woman on the right, presumably the daughter, is missing. A potential reader can therefore conclude, reading the article online in the context of this website, that the woman on the left is a migrant care worker because she is wearing the same typical yellow t-shirt we can see in the banner.

In the following, I will propose a very basic analysis of the composition of the two images, which shall serve the following purpose. Having established the two distinct marketing strategies, I argue that the images not only support the framing one can find on the respective websites, but make actual statements about the social interactions in this homecare model. Fig.3 can be found on *seniocare.de* who frame their employees as fictive kin. Focussing on the composition of the three bodies in this picture, certain strategies evoke a perceived synchrony. This is, first of all, achieved through similar clothing and age of the two younger women. Only because of the fact that the one in the middle helps the elderly person, one can guess that she is the migrant care worker.

Secondly, synchrony is expressed in the way vertical and horizontal lines are arranged in this image (for instance both women stretching forward their hands). The window in the back further enhances this impression, providing

a 'solid frame' with the care worker in the middle, linking the daughter to her mother. In contrast to this composition, the daughter in Fig. 4 is literally closer to her mother than the care worker. Here, the daughter is actively involved in caring for her mother, in contrast to Fig. 3 where we can see the daughter patting her dog instead. Furthermore, the care worker in Fig. 4 is only assisting the daughter, which resembles more the role of a nursing service employee than a family member. Also, a hierarchy is implied. There is a striking difference in the images when it comes to portraying the frailty of those in need of care. Whilst the elderly woman in Fig. 3 seems to need very little help, the woman on the right seems to need a lot more, and also professional help, which according to the statistics quoted earlier, is a lot closer to reality.

The analytical step I propose is that one can see here the interrelation between the schemata the symbols on both websites activate, and what is assumed to be real-life everyday interaction in a migrant-in-the-family household. While supporting the individual strategies of the agencies, these articles also validate and confirm the expectations raised with regard to how the care workers are framed. GTK-Serwis's employees not only differ from kin in the nurse-like uniforms they are wearing, but they also do what nurses do. Thus, in combining the web marketing with Fig.4, GTK-Serwis promises coherence among topographically different behaviours: someone who is good at feeding the person is also good at cleaning them, for instance. Seniocare, on the other, framing their employees as fictive kin, alludes to coherence among semantically different traits: someone who is 'warm-hearted' is also patient, for instance. These sorts of conclusions one can arrive at about the situational behaviours of individuals based on specific traits are common in personality psychology, a subdiscipline of social psychology – or rather I should say before the late 1960s.

In the 1960s, there was a shift away from a concern for identifying a set of fixed personality traits, or motivational dispositions, toward a concern for behavioural contexts and cognitive processes. In particular, Walter Mischel was responsible for a paradigm crisis in personality psychology. He challenged the assumption, so prevalent in Western psychology, that

personality dispositions, or traits, are relatively stable, highly consistent attributes that exert widely generalised causal effects on behaviour. Rather, he came to the conclusion that the data he compared in his extensive review (1968) simply do not support the hypothesis that individuals exhibit marked cross-situational consistencies in behaviour. Mischel asserted that the notion of 'typical' behaviour has lead psychometricians and trait theorists to view situational variability as a form of error. He advocated a situational view of dynamics, which "rather than being exclusively intra-psychic, focuses on the relations between behaviour and the conditions in which it occurs, and on how an individual's behaviour in any one condition is functionally related to what he does on another occasion" (1968: 198).

Hence, a psychodynamic view on personality variables as the main determinants of behaviour is no longer sufficient. Rather, situationist research also aims at understanding behavioural reactions to various kinds and intensities of external stimulation. Accordingly, one of the outcomes of the so-called 'person v. situation debate' in psychology led to the Doctrine of Reciprocal Determination (Bandura, 1978). This social cognitive view on personality states that the person, the environment, and the behaviour constitute a dynamic system in which each element is both a cause and an effect of the others (triadic reciprocity). If everything is a cause and an effect, sometimes simultaneous, sometimes unfolding over time, Bandura makes a strong point that an analytic decomposition of this reciprocal determination that exclusively considers a unidirectional connection between person and behaviour is hardly able to explain the complexity of everyday social interaction.

This paradigm shift has also impacted on theories about adaptive and learning processes. In framing migrant live-ins as 'warm-hearted', or fictive kin, one of the pitfalls is that analysis of adaptive, or learned behaviour (which is at the centre of interest in modern live-in research and analysed in terms of 'emotion management', as we will see in the following) that focuses on one particular trait which is ascribed cross-situational consistency potentially ignores subtle differences in behaviour and situations.

In terms of data analysis, mapping discourse objects (e.g., ‘warm-hearted’) to emotional experience (e.g., ‘replace absent family members’, ‘innate love’) has to be carefully tested, as it potentially performs the very same step. We will see in the following, however, that this has to be considered mainstream practice in modern research on migrant live-ins.

2.2. Name it and claim it - The migrant-in-the-family model in academic Discourse

As already mentioned in the previous chapter, a number of German sociologists have contributed research on migrant domestic workers in Germany, predominantly with regard to changes in informal work and networks (Irek, 1998; Alt, 2003; Pfau-Effinger, 2005; Mischke, 2008; Tießler-Marenda, 2002; Rübler, 2007), the legal status of evolving new networks (see Karakayali, 2010 for a focus on web-based agencies; Weinkopf, 2006), the feminisation of migration (Koser, Lutz, Koser, 1998), and the *New Maid* as a challenge to gender studies (Lutz, 2002a, 2002b, 2007; Lutz & Lenz, 2002; Lutz & Koser, 1998; Odierna, 2000). However, a general lack of research on migrant live-ins in German home eldercare has been stated (Lutz, 2007; Karakayali, 2010).

Within the wider, international scope, there exist a small but growing number of studies on the migrant-in-the-family-model of home eldercare (Degiuli, 2007; Glucksmann & Lyon, 2006; Himmelweit, 1999; Ibarra, 2002; Lan 2001). These studies build upon research on the ‘commodification of love’ (Hochschild, 1983, 2005; Hochschild & Ehrenreich, 2002; Parreñas, 2001, 2005) which is rooted in Feminist research of the 1970s and 1980s. Rejecting the prevalent understanding which embedded domestic and care work within a Discourse that viewed it as ‘labour of love’ (Ungerson, 1984), it was argued that a rethinking of domestic and care work is needed that goes beyond the normative gendered label ‘labour of love’. Apart from the gendered nature of the concept, attention was also drawn to the power

dynamic engraved in the normative categorisation, which “overstates the subordination of the carer to the needs of the care recipient” (Leira, 1994: 189). Ungerson therefore suggested splitting the concept of *care* into two: *care* understood as paid *work* and *care* understood as *feeling* (see Ungerson, 1984, 2005). Hence, the meaning of *care* was deconstructed in order to theoretically grasp the increasing ‘commodification of care’ (Ungerson, 1997; Hochschild, 1983).

As logical as this development may sound, I cautiously argue that the research field’s admirable political appeal and agenda potentially interferes, or guides data analysis in a way that is not unlike the above-outlined marketing strategies. In their seminal work *Global woman* (2002), pioneers Ehrenreich and Hochschild provide a definition of ‘global care chains’: “[T]he wealthy parts of the world are running short on precious emotional and sexual resources and have had to turn to poorer regions for fresh supplies” (ibid.: 4; see also Yeates, 2004 for a critical reflection). They explain this shortage stating that “women in Western countries have increasingly taken on paid work, and hence need other – paid domestics and caretakers for children and elderly people – *to replace them*” (ibid.: 7, emphasis added).

Whereas one might argue that the phrase ‘to replace them’ literally refers to the gaps working mothers have created, a look at one of Hochschild’s data analyses reveals how she contextualises this expression. In her essay *Love and Gold* (2002a), Hochschild quotes nanny Rowena who says: “I give Noa what I can’t give to my children. (...) She makes me feel like a mother” (ibid: 16). In her interpretation Hochschild then labels the emotion expressed as “real maternal affection” (ibid: 16), portraying Rowena’s story as one of many examples of what she calls the ‘global heart transplant’. Arlie Hochschild concludes that Rowena feels ‘real maternal affection’ because she stated that the US American child she cares for makes her ‘feel like a mother’. In performing the analytical step to conclude that Rowena feels ‘*real maternal love*’ because she says her employer’s child makes her feel like a mother, we find here the very same tapping of emotions to verbal reports that we have encountered in the marketing Discourse. In chapter 4, we will see that the question concerning the implications of this analytical step is a ‘bone of

contention' that is not only discussed across disciplinary boundaries, but also divides whole disciplines.

One can derive from Hochschild's interview with nanny Rowena that kinship terms play a crucial role in the analytical process. It can be argued that these have been systematically established as one of the main markers of exploitation, following the line of argumentation that "the 'part of the family' rhetoric obscures (...) that relations in paid care are (...) asymmetrical" (Anderson, 2000: 123). Anderson further elaborates that "while the worker is expected to have familial interest in the employing families, this is not reciprocated" (ibid: 123). This tradition possibly explains the high number of studies that frame migrant care workers as fictive kin. Fictive kin are understood to be those "who provide care like family and do what family does (...) the labour of kin with its attendant affection, rights, and obligations" (Karner, 1998: 70). However, with regard to Hochschild's analysis of her interview with Rowena, it should become apparent that there is a danger of analysing caregivers' performances as internalised gendered expectations of familial care as a matter of obligation and love - hence reinforcing what this research field set out to deconstruct in the first place: a normative understanding of 'care' understood as 'labour of love'.

Glucksmann & Lyon (2006) have already drawn attention to the dominance of research that focuses on the cultural representation of *emotion* in Western (European) home eldercare. They conclude that "□m□uch of the Labour of care is performed by a relative stranger in a cultural context which prizes kinship in care. This might help explain the widespread depictions of fictive familial ties and the caring qualities of the migrant women themselves" (2006: 64). There is a certain ambiguity, however, as to who uses the label *fictive kin*. In Hondagneu-Sotelo (2001), for instance, we can find the suggestion that apart from organising themselves politically, domestic workers need to start thinking of themselves as just that –workers – instead of 'one of the family'. Hence, according to her it is the care workers themselves who use this label. On the other hand, Lan (2001) argues that "we should recognize the social values of paid care work and improve institutional regulations on the working conditions of migrant workers. Thereby, personal

meanings and emotional ties can be achieved in the relationships between care recipients and providers without reproducing a family-like oppression upon these fictive kin workers” (ibid: 24). In this study we can see that Lan shifts the focus on the care recipients and their families, arguing that a ‘family-like oppression’ is created by them.

Leaving the term ‘fictive kinship’ aside, for the moment, I want to address a second method which is commonly found in studies on the migrant-in-the-family model and which also touches upon the idea of innate emotions. Again, Arlie Hochschild is the eminent figure who provided a framework in her seminal book *The Managed Heart* (1983) for the purpose of analysing how difficult and demanding social interactions are managed by the individual. Based on her analysis of the strategies PanAm flight attendants were trained in, or developed themselves on the job, she proposed two categories of ‘emotion management’: *surface acting*, or feigning, and *deep acting*, or feeling. In particular the practice of feigning emotions over a certain period of time motivated her to consider the negative psychological implications of *emotional dissonance*; the condition of “maintaining a difference between feeling and feigning” (1983: 90).

Before we look at two selected case studies that apply Hochschild’s emotion management model to the migrant-in-the-family model of home eldercare, a deeper understanding of the framework’s theoretical foundation is crucial.

2.3. Hochschild's concept of 'emotion management'

In *The commercialisation of intimate life* (2002b), Arlie Hochschild outlines the relationship between sociology and emotion studies in her quest for the 'sentient self': "We need a third image – that of the *sentient self*, a *self that is capable of feelings and aware of being so*" (ibid: 78). She argues that a focus on conscious thinking, as with Goffman, and a focus on unconscious prompting, as with Freud and Slater, "allow conscious feeling to fall into a no-man's land in between" (ibid: 78). Criticising the practice in sociology of distinguishing between different emotional states with the help of the emotional vocabulary at hand, she concludes that researchers thereby ignore the informant's own codification of feeling, and thus eliminate what is social about emotion:

"If we want to pretend we know what the actor's emotion "really is" (e.g., "It's really depression") and call what a person thinks it is "bias" ("I'm tired"), then part of our intellectual domain must still be precisely this "bias." For in ridding ourselves of the actor's own codification of feeling, and of his or her ignorance or linguistic habits, we rid ourselves of part of what is social about emotion" (ibid: 78).

She suggests to start instead with the idea of a self, capable of feeling, a sentient self, and then to take an interest in a person's *own* definition of his or her feeling. We can learn from this how the individual uses an emotion vocabulary and "what social situations or rules call feelings forth or tuck them under" (ibid: 78).

Turning her attention from language to feeling expressions she unfolds the tenets of her theory on 'emotion management'. Hochschild argues that feeling expressions develop and occur in normative contexts. Through mapping a rule to a feeling, or expression, we can therefore judge whether an expression is true or false:

"We can see emotional expressions as a medium of exchange. The translation between expression and experience can be seen as analogous to the translation between a paper dollar bill and what it symbolizes. Like

paper money, many smiles and frowns are in circulation. They are symbolic with reference to certain taken-for-granted agreements as to which gesture goes with which meaning in which context. Like money, expressions work on a basis of trust that this expression (e.g., a clenched fist) corresponds to that range of inner experience (e.g., anger, exuberant bravado). So our trust in a gesture rests on a public trust in the general validity of such expressions, their general link to inner experience” (ibid:83).

In her next step she confronts the conscious actor in Goffman’s work with her argument so far. Hochschild criticises that the characters in Goffman’s books actively manage outer impressions but they do not actively manage inner feelings. She perceives this as a short-coming and argues that the reason can be found in Goffman’s concept of acting: “Goffman suggests that we spend a good deal of effort managing impressions – that is, acting. But he talks about only one sort of acting – the direct management of behavioural expression” (ibid: 92). Hochschild’s crucial observation is that Goffman’s illustrations actually point to *two* types of ‘acting’: “the direct management of behavioural expression (e.g., the given-off sigh, the shoulder shrug), and the management of feeling from which expression can follow (e.g., the thought of a hopeless project)” (ibid).

She uses the examples of two different actors playing the part of King Lear to exemplify what she means. According to Hochschild the one actor who represents the ‘English school of acting’ will focus on the outward demeanor. Whereas the other who follows the ‘American school’, or ‘Method acting’, will guide his memories and feelings in such a way as to elicit the corresponding expressions (ibid: 92). She calls the first technique *surface acting* and the latter *deep acting*. Coming back to Goffman, she states that he fails to distinguish the first from the second, and obscures the importance of *deep acting*. However, “when this is obscured we are left with the impression that social factors pervade only the “social skin,” the tried-for outer appearances of the individual. *We are left underestimating the power of social forces on our inner grip of ourselves*” (ibid: 92; emphasis in the original).

Essentially, to Hochschild a focus on emotion management fosters attention on how people try to feel, not, as for Goffman, on how people try to appear to

feel. It is crucial to point out that Hochschild highlights that this is about how people *consciously* feel and not, as for Freud, how people feel unconsciously (see 2002: 94). Accordingly, she stresses the “alternate theoretical junctures” (ibid) that an interactive account of emotions points to: “between consciousness of feeling and consciousness of feeling rules, between feeling rules and emotion work, between feeling rules and social structure” (ibid). The term “emotion work” means the act of trying to change in degree or quality an emotion or feeling and is used synonymously with “to manage” an emotion (ibid). Hochschild gives the following examples she found in her explanatory study and characterised as emotion work: “I *psyched myself up*... I *squashed* my anger down ... I *tried hard* not to feel disappointed... I *made* myself have a good time ... I *tried* to feel grateful ... I *killed* the hope I had burning.” (ibid: 95). Outlining next the different techniques of emotion work, she stresses first that emotion work “can be done by the self upon the self, by the self upon others, and by others upon oneself” (ibid: 96).

Concerning the specific techniques, she distinguishes between a *cognitive* and a *bodily* one. Whereas the first attempts to “change images, ideas, or thoughts in the service of changing the feelings associated with them”(ibid: 96), the latter is the “attempt to change somatic or other physical symptoms of emotion (e.g., trying to breathe slower, trying not to shake) (ibid: 96)”. As a third one, she adds *expressive* emotion work which she describes as “trying to change expressive gestures in the service of changing inner feeling (e.g., trying to smile or cry)” (ibid). Here, Hochschild applies her knowledge of Method acting, as this differs from simple display in that it is directed toward a change in feeling. According to her, all three strategies often go together in practice (ibid).

Before concluding this section, it is important to define ‘feeling rules’ to fully understand Hochschild’s framework. Feeling rules are the “rights and duties [which] set out the proprieties as to the *extent* (one can feel “too” angry or “not angry enough”), the *direction* (one can feel sad when one should feel happy), and the *duration* of a feeling, given the situation against which it is set. These rights and duties of feeling are a clue to the depth of social convention, to one final reach of social control” (ibid: 97; emphasis in the

original). This means that, once agreed upon, feeling rules “establish the worth of a gesture and are thus used in social exchange to measure the worth of emotional gestures” (ibid: 100). It follows that based on “framing rules” (ibid: 99) which are the rules according to which we ascribe definitions or meanings to situations, Hochschild argues that it depends on an individual’s motivation (“what I want to feel”) to mediate between feeling rule (“what I should feel”) and emotion work (“what I try to feel”) (ibid: 98).

Feeling rules, however, are subject to change. To exemplify this, Hochschild gives the following example of two mothers who feel guilty because they give their small child into day care while working: “One mother, a feminist, may feel that she should not feel as guilty as she does. The second, a traditionalist, may feel that she should feel more guilty than she does. Part of what we refer to as the psychological effects of “rapid social change,” or unrest, is a change in the relation of feeling rule to feeling and a lack of clarity about what the rule actually is, owing to conflicts and contradictions between contending rules and between rules and feelings. (...) Not simply the evocation of emotion but the rules governing it become the objects of political struggle” (ibid: 100).

In adding the empirical study on PanAm flight attendants’ emotion management strategies to her theoretical work, Hochschild’s findings indicate that emotional labour jobs reduce emotions to objects of commercial exchange, since workers are required to work on their own emotions to produce an emotional state in another. The predominant understanding derived from her results is that as a consequence workers lose right of and suppress their *authentic* feelings. However, as Hochschild provides a detailed account of the situation-specific feeling displays PanAm demands from its employees, it becomes apparent that *authentic feeling* is defined relative to the ‘feeling rules’ which are shaped by and shape the script a customer presumably has for ‘travelling on an airplane’.

Coming back to the context of home eldercare, Himmelweit argues that “[s]pecific techniques, such as those described by Hochschild (1983) in the training of flight attendants, may be needed to engender the appropriate

emotions when emotional labour is performed for strangers. However, where a continuing relationship is set up, as is usually the case for caring labour, its own development may be all that is needed to generate the appropriate ties” (1999: 10). It has been shown earlier in this chapter that a similar understanding seems to underlie those studies that map the migrant live-ins’ practices against those of kin; thereby perpetuating the ideologically charged label ‘fictive kin’ and evoking the idea of ‘automatic ties’. In the context of domestic work, one can find a number of studies that apply Hochschild’s seminal work to analyse the management of these ‘automatic emotional ties’, as Himmelweit suggested. Having outlined Hochschild’s framework in lengths, this endeavour potentially implies a very selective approach and a closer examination of Degiuli (2007), followed by Ibarra (2002) shall exemplify this.

2.3.1. Analysis of *automatic emotional ties*

According to Degiuli (2007), it is her intention to explore the relationships that generate from home eldercare work. More specifically, she asks if it is possible “that the relationships established between employers of home eldercare assistants and the immigrant workers, who perform these jobs, could open the way to new forms of solidarity?” (2007: 195). Acknowledging the dominant research agenda in this field, she further elaborates that she wants to find out “if the employment relationship is *always only* an exploitative one” (2007: 195, emphasis added). In order to answer these questions she conducted interviews in Italy with 35 home eldercare assistants from different nationalities and 26 interviews with Italian employers.

In the following we will see an interview excerpt which is immediately followed by Degiuli’s interpretation:

”(...) I like this job because it rewards me, every time I walk into their house [the elder couple she works for] and notice that they are happy to see me, I become happy too. Aside from the salary, which obviously I

need, these things give me satisfaction. Working with the elders is satisfying because no matter how little you give them, they enjoy it, because they feel lonely and instead I like to chat and laugh, I keep them company” (2007: 198)

The following extract shows Degiuli’s interpretation:

“Aside from performing practical tasks, what most of these women do in these jobs is to give the elders a part of themselves, of their desire to be alive, of their personal histories, of their future, of their dreams. They share with the elders a large part of their private selves and, sometimes, even their children, but while doing all this in exchange for wages, they do not consider this aspect of their occupation as exploitative (Hochschild, 2003). On the contrary, for the most part, they consider performing this ‘love work’ a redeeming aspect of the job, what makes it worthy and irreplaceable” (2007: 199)

First, I want to draw attention to the fact that Degiuli distinguishes between ‘practical tasks’ and ‘love work’. With regard to the feminist discussion on the nature of *care* mentioned earlier, this resembles Ungerson’s suggested concepts of *care* understood as paid *work* and *care* understood as *feeling* (see Ungerson, 1984, 2005). The term ‘love work’ has been established in order to differentiate between unpaid settings (that is ‘love work’ or ‘emotional work’ usually performed by spouses, relatives, friends or neighbours), and paid (‘emotional labour’) work settings. Thus, based on her choice of terms, Degiuli creates ambiguity. Rather than deconstructing a gendered ideal of *innate love*, she achieves the opposite in creating this image of women who “give a part of themselves” to accomplish ‘love work’.

In the following extract she then sets out to describe how these ‘ties’ develop. Degiuli states that lunchtime “and the activities involved in it like cooking and sharing meals” (2007: 199) helps the care workers to “bond with the elders” (ibid):

“The evening routine, for the most part, is very similar to the lunchtime one. When the physical conditions allow for it the elders usually participate in the preparation of the meal and if feeling well enough also

in sharing the meal with the rest of their own or their *adopted families*. For the most part, though, the meals are shared only between the elders and their assistants, their respective families are absent for very different reasons. The workers' families have been left behind either in the country of origin, or at their new home in Italy to allow the worker to do her job. The elders' families, instead, are absent for various reasons: some live in other cities, some feel that their lives are already difficult enough to manage without the burden of an ailing relative, some have their own families to take care of, while others actually fear witnessing their parent's decay and are unable to face it first hand. In all these cases, the elders and the workers end up sharing their different solitude, one stemming from old age in industrial societies and the other from the need to provide remittances in a globalized economy" (2007: 200, emphasis added)

Rather than providing data of the actual interactions that fulfil the task of 'bonding', Degiuli concludes this section stating that "sharing meals for some elders means that they no longer consider the worker simply a 'worker' but also a 'member of the family'" (2007: 200). Hence, she claims that everyone involved 'automatically' developed the 'deep ties' one expects to find in care work (according to Himmelweit) without actually providing evidence of it. Although Degiuli stated in the introduction that she is interested in the *relationships* and therefore also conducted interviews with the employers, their voices and those of 'the other' in interaction/bonding, are completely absent in this study. In fact, the description of the care recipient's family only seems to be used to underline that actual kin in home eldercare is far from the ideal *fictive kin* embodies.

2.3.2. Analysis of *authentic feeling*

Next, I want to have a more detailed look at a study that refers to Arlie Hochschild's emotion management strategies in order to give a detailed account of the role and embodiments of emotions in relationships between migrant live-ins and care recipients.

In contrast to Degiuli, Ibarra (2002) suggests a typology of ‘coping mechanisms’ Mexican live-ins in US home eldercare employ. She states that the narratives of Mexican women working in the Bay Area “reveal that workers undertake a broad range of unrecognized emotional efforts such as facial and bodily displays, tone of voice and spoken word, and more significantly, empathy and long-term strategic choices. These types of emotional labour stand in sharp contrast to those performed by the prototypical “emotional proletarians” of the academic literature and suggest that there is a new, more flexible type of emotional proletarian in the global economy, one whose skills involve providing authentic emotion” (2002: 321).

First of all, it is important to point out that Ibarra labels her data ‘narratives’. This might explain that she presents her data which she has collected in interviews in quite large chunks; thereby not only reproducing the voices as streams of consciousness, but also deleting herself from the data as the one who asked questions and triggered responses at some point. Secondly, she proclaims the existence of a “prototypical” emotional proletariat that comes with a variant that she discovered in her own data. Ibarra distinguishes hence between the “prototype” and the “more flexible” one based on the ability of being able to provide “authentic emotion”. Here, she refers to Arlie Hochschild, quoting her in defining emotional labour as “the act of inducing or suppressing feeling in order to sustain the outward countenance that produces the proper state of mind in others” (Hochschild, 1983: 7, in Ibarra, 2002: 332). Ibarra further defines those who have to perform emotional labour as “emotional proletariat”: their “skills are critical to profitability and are carefully scripted for workers in the new economy” (2002: 332), however with regard to the constant faking of emotions this potentially threatens their health. The article centres on ‘Mrs. Archuleta’ - based on Ibarra’s framing, the reader expects her to be a member of the “more flexible emotional proletariat”:

“At the very beginning things were difficult on Mrs. Archuleta because Mrs. Sara did not want to be touched if she was naked or if it was necessary for Mrs. Archuleta to change her diaper. Mrs. Archuleta recognized that this would make the morning more stressful for both of them, so she verbally soothed her ward to help Mrs. Sara manage the idea of a stranger

performing such intimate tasks. Mrs. Archuleta said: Poor old woman, she would get very embarrassed. Then when she got embarrassed she would try to hide herself and it would make the job more difficult on me. So I decided that she had to be comfortable. I told her, “I have done this all my life, so this is not the first time I change somebody (referring to diapers). Before I came here I took care of my own mother as well, who was very much like you.” By putting herself in the position of a daughter, Mrs. Archuleta helped “normalize” the experience for Mrs. Sara and made the job easier for both of them. Mrs. Archuleta then organized the rest of the day around Mrs. Sara’s two remaining mealtimes and afternoon exercise routine” (2002: 328).

I would like to draw attention first to the phrase “Mrs. Archuleta recognized that this would make the morning more stressful for both of them, so she verbally soothed her ward to help Mrs. Sara manage the idea of a stranger performing such intimate tasks”. This one sentence summarises at least three fascinating instances of interaction, which unfortunately go unnoticed in the analysis. First of all, it is Mrs. Archuleta who not only describes mornings as stressful for herself, but also for Mrs. Sara. We could ask here for example: What exactly is stressful for her? And how does she know it stresses Mrs. Sara? What are both contributing to the situation in order to construct a ‘stressful’ experience for the both of them? Next, Mrs. Archuleta either says, or Ibarra interprets, that she ‘verbally soothed’ Mrs. Sara. Once again, we could ask: What exactly did she say? Why is it soothing? How do both women (and the researcher) co-construct this episode as a ‘soothing’ one?

Finally, Mrs. Archuleta states that she ‘helped Mrs. Sara manage the idea’. Regardless of the possibility that Ibarra chose the word ‘manage’ randomly, this situation clearly involved interaction of a certain, yet unknown, kind. It is likely that Ibarra chose the word ‘manage’ purposefully, since emotion management can also refer to managing someone else’s emotions. As we can see here, Mrs. Archuleta “managed” to “soothe” Mrs. Sara and resolve a “stressful” situation. However, the crucial question of how exactly this happened remains unanswered. I argue that this type of analysis, which lacks interactional data, is not fit to provide sufficient proof for her results, namely the different types of care strategies Ibarra announces in the introduction to

her study because Mrs. Archuleta's goals in her care practices (i.e. keep her ward happy, safe, etc.) necessarily involve participation in joint activities. This lack of an interactional perspective that also considers emotion management as distributed social practice, however, is possibly a result of the dominant assumption that in service sectors and in the context of domestic employment emotional labour is rarely reciprocal (Ibarra, 2002: 323).

Instead of exploring this very "intimate" act of bonding, Ibarra focuses on the verbal utterance: "I have done this all my life, so this is not the first time I change somebody (referring to diapers). Before I came here I took care of my own mother as well, who was very much like you". This she then maps against the dominating image of live-ins as fictive kin: "By putting herself in the position of a daughter, Mrs. Archuleta helped "normalize" the experience for Mrs. Sara and made the job easier for both of them." Although she chooses "a daughter" instead of "her daughter", the mere fact that she analyses this as "normalizing" the situation reveals that Ibarra frames care work in her analysis in a normative and gendered way.

Coming back to the 'emotion management strategies' she set out to find, Ibarra then "deconstructs" (2002: 332) the four types she identifies in Mrs. Archuleta's performance: "facial and bodily displays, tone of voice and language, empathy and long-term strategic choices" (ibid). Concerning smiling, for instance, Ibarra explains: "This may mean that workers hide their own feelings (such as anger, sadness, or fear) behind a smiling face so that their wards do not feel badly. (...) Likewise Mexicanas may simply put on an impassive or serious face (neither smiling nor frowning) to let their wards know that they are "busy" with other tasks" (ibid). Furthermore, conscious control of tone of voice is used to soothe and to encourage. Although Ibarra states that "Mexicanas, however, do not work from a script provided by their employers but rather from the knowledge they are able to get from their ward" (2002: 332), yet again, the examples she gives exemplify that she exclusively focuses on the subject (for instance, a woman who tries not to show disgust while changing a diaper). Hence, once she talks about "empathy", it becomes apparent that such a one-sided analysis does not allow for the conclusions she arrives at:

“Among elder care workers in Santa Barbara empathy means trying to apprehend, not only what their wards feel in the present moment, but also how the present is tinged by the past. That is, workers express that it is necessary to have an understanding of their ward’s life and the history of their physical and, sometimes, mental decline. (...) Over time, however, empathy also involves trying to understand in more detail a ward’s worldview, a person’s way of life relative to their social class (...) For workers who are simultaneously in a position of needing to care while in a position of great social inequality, learning about those elements of life history that are most relevant to their own lives is one way *to positively ‘feel’ for their wards and subsequently provide better care*” (2002: 337, emphasis added).

Apart from the fact that the reader is not provided with sufficient information one could ask here: what, when, why and how do they share which stories? And what does it mean for the ward to share? It is not clear at all how the data allows for the judgement that the women “subsequently provide better care”. In an attempt to explain her findings, Ibarra points outside her own analysis, quoting other research: “When engaging in the emotional labour of empathy, workers in essence recognize that their wards’ past, imagined or otherwise, “entered into their way of being-in-the-world” and subsequently elicit this knowledge and “fold” it into their everyday practices (E. Valentine Daniel 1996)” (2002: 340).

Drawing attention back to the fact that she takes these women’s strategies to be the insignia of the new “more flexible emotional proletariat” that provides “authentic emotion”, her concluding remarks on the strategy ‘empathy’ read like this: “Workers need to “know” to care well (they need a reason for empathy) but the details do not all have to be accurate. [A few lines earlier she talks about a live-in who invented a life story of her ward based on a few bits of information] (...) In short, empathy allows workers to diachronically get to “know” their ward and subsequently “feel” their plight. In so doing, workers are able to provide better care because they take into consideration not only physical needs but also the emotional needs of people who are at the

end of their lives” (2002: 341). Not only that one has to wonder what “authentic” emotion means if the “reason for empathy” can be a ward’s fictive life story, the mere fact that Ibarra states that these women will “care well” as long as one tells them any kind of story, runs the risk of potentially stigmatising the very same people their work sets out to help. Considering the number of neologisms in this field that are walking the high wire, i.e. *New Maid* and *emotional proletariat*, one may conclude that a political message (as important as it may be) is potentially carried on the back of insufficient data analysis. Degiuli’s and Ibarra’s findings certainly call out for empirical testing based on interactional data.

To sum up, Ibarra and Degiuli share the specific analytic shortcomings of under-analysis through summary, over-quotation, and circular discovery (Antaki et al., 2003). Furthermore, I would argue that both are examples of under-analysis through taking sides, as both omitted the voices of those cared-for as well as their children. In particular this latter aspect affects the analysis in a crucial way because we can find statements about the nature of the relationships to these individuals in these two studies. This leads to a pattern in the qualitative evaluation of individual interpretations of meaning-making in day-to-day home care experience: (1) A subjectivist approach to communication and emotion where (2) data is collected in interviews, (3) interpreted in figurative language, where verbal reports are mapped to emotions (4) contributing to a homogeneous picture of “migrant-in-the-family” realities.

Finally, I want to draw attention to the method of establishing emotion management as embodied care practices. Once more acknowledging that care is ‘interactive in nature’ (Timonen & Doyle, 2009), studies like Ibarra (2002) make a peculiar statement about adaptive learning in focusing on the individual alone. Yet, I think that in relating the emergence of ‘empathy’ to acts of (shared) remembering, Ibarra, just like Hochschild, traces and highlights the essential connection between emotion and memory. Two guiding questions therefore arise from this literature review which shall form the basis of inquiry in the following chapter on research in work psychology

on emotion management: What is the role of memory in emotion management? And what is the role of emotion in acts of remembering?

Hochschild uses Lee Strasberg's notions of *Emotional Recall*, *Affective Memory* and *Sense Memory* (Strasberg, 1988) for her concept of *deep acting*. Here we will find potential links to modern thoughts about cognition, memory, perception, emotion and action. *Emotional Recall* is the Method, or its 'essence', that trains actors to draw upon their own emotions and memories in their performance of characters. It can be divided into the exercises *Affective Memory* and *Sense Memory*. While *Affective Memory* trains an actor to call on the memories he or she felt when they were in a situation, either similar to that of their character, or in one that triggered the emotion required, *Sense Memory* is used to refer to the recall of physical sensations surrounding emotional events, instead of the emotions themselves (see Krasner, 2000). Hochschild's focus is on the 'conscious sentient self'. She compares this with an actor trained in method acting. However, this simile is not entirely correct. Latest research in neuroscience shows that memory encoding, activation and updating employs and needs all senses, consciously and unconsciously.

2.4. Summary

In the beginning of this chapter we have seen that in public Discourse the image is invoked that an individual's traits (i.e., 'warm-hearted') are consistent across situations, causing the same behaviour, over and over again, regardless of the context and situation. A similar homogenising trend can be observed in academic Discourse. Established labels, such as the *New Maid* (Lutz, 2002) and the *emotional proletariat* (Ibarra, 2002) dominate the 'knowledge regime' (Foucault, 1982) of research with live-ins. While in the 1970s and 1980s feminist researchers argued for a rethinking of domestic and care work, beyond the normative gendered label 'labour of love', contemporary research on the 'migrant-in-the-family' model of home

eldercare reinforces this normative concept of care for the sake of highlighting markers of exploitation. As we have seen, kinship terms play a crucial role in these analyses. This in turn has led to a specific understanding of ‘emotion management’ in this research field.

Considering the ideological heritage and aims of above-mentioned studies, there is a danger of *professional vision* (Goodwin, 1992), the power to convince that certain interpretive procedures of analysts have. I believe that research on and with live-in domestic and care workers should feel an obligation to draw attention to human rights violations, as well as to illegal and precarious situations of live-ins worldwide. However, at the same time, studies like Ibarra (2002) need to be carefully tested for their homogenising and potentially stigmatising effects. This chapter shall hence establish this study’s research context. While certainly agreeing that scientific research has a mission to make the world a better one, this study hopes to contribute to the research field in providing data analysis of the situational dynamics in specific interactions – an aspect which by and large has been ignored in the above-mentioned studies.

However, data analysis will not make use of established labels like ‘New Maid’, or ‘innate’, because in this case I would merely study the categories common to above-mentioned research tradition. Furthermore, I do not want to treat ‘emotion management’ as a “concept on holiday” (Lynch & Bogen, 1996: 273) but ground it in situated context. Hence, I will concentrate on how participants themselves create meaning in interactions. This evidently also affects the methodology used. It can be considered common practice that data is obtained in interviews, with the vast majority of studies focusing exclusively on the migrant workers. Another common aspect is that usually these interviews are conducted in hindsight.

Today, Hochschild’s framework for surface and deep acting are widely used as a method of data analysis in research areas as varied as patient-physician relationships (e.g., Larson & Yao, 2005) or management studies (e.g., de Castro et al. 2006). In particular, many studies depart from her notion *emotional dissonance* and explore the mechanisms in emotional labour that

may lead to burnout (Adelmann, 1995; Grandey, 2000, 2003; Johnson, 2007; Naring & van Droffelaar, 2007; Wharton, 1993; Bolton & Boyd, 2003). Whereas *surface acting* is usually connected with emotional exhaustion, findings on *deep acting* are mixed. However, some studies at the same time conclude that there are positive outcomes (e.g. Ashforth and Humphrey, 1993; Karner, 1998). In her work, Hochschild bridges the gap between the cultural meaning level and the biological level of emotions, drawing on research findings in psychology. However, attention has been drawn to the fact that “strangely, perspectives on emotional Labour have not specifically considered emotion theory since Hochschild” (Grandey, 2000: 4). More generally, Milton & Svašek (2005) highlight that the challenge for anthropology and the other social sciences has been to develop an understanding of emotions that takes both their cultural and biological character into account.

The following chapter will therefore discuss a psychological perspective on emotion management which will provide the necessary background to critically assess the notions of internal emotion regulation and coping strategies in interdependent social actions.

3

Love is just a four-letter *word*?

A psychological perspective on emotion management

Departing from last chapter's conceptualisations of *innateness*, *automaticity* and *trait coherence*, a review of psychological perspectives on emotions will follow the first section of this chapter which reviews existing research in work psychology on 'emotion management'. It will be shown that research on 'emotion management' ultimately poses the question: managing, or regulating emotions compared to what? An in-depth comparison of emotion theories that consider neurological, as well as psychological positions then shows that *emotion* cannot be discussed without *memory*. This insight is essential for two reasons. First of all, we will see that those connections between subjective remembering and embodied emotion that Ibarra and Hochschild insinuate in their conceptualisation of 'emotion management' can

be backed up by neurological research. In fact, looking at the neurological basis it has to be concluded that these two, emotion and memory, are intertwined in such way that they cannot be analysed individually without considering the other at the same time. Consequentially, in the second part of this chapter these findings will then be discussed in the light of Alzheimer's disease.

The purpose of this chapter is hence twofold: The previous chapter's review of studies on 'emotion management' in sociology singled out methodological short-comings, but also two guiding questions towards the formulation of this thesis' framework, that were derived from the crucial role memory plays in 'emotion management'. These were: What is the role of memory in emotion management? And what is the role of emotion in acts of remembering? Considering this study's interest in interactions involving *all* members of a migrant-in-the-family model, this chapter provides sufficient background knowledge to challenge the dominating medicalised Discourse on Alzheimer's disease.

This is important in that we will see in the following chapter that the majority of discourse analytical studies with Alzheimer's patients inevitably limit the scope of their findings based on their decision to take the assumed markers, such as impaired language and memory loss, as the default position. This in turn radically affects the (researcher's) attitude towards the Alzheimer's patient's place in the participation framework. He or she may not be considered a fully competent member because of their condition, but in conversations they are nevertheless in the immediate presence of others which satisfies the basic requirement for social interaction. The present study therefore treats the study of emotion management as distributed social interaction between individuals who are immediately present with one another.

3.1. Emotion management research in work psychology

According to the emotion regulation research group (EROS) based at the University of Sheffield, emotion regulation, or management, in general describes the mental and behavioural processes by which people influence their own feelings and the feelings of other people (see Miles, 2010; Niven, 2010). Right from the start, I want to draw attention to the fact that emotion regulation concerns mental *and* behavioural processes. I will come back to this further down. Emotion regulation first of all refers to the ways in which individuals regulate their own feelings (*intrapersonal* emotion regulation). With regard to emotional labour, the last chapter has highlighted that intrapersonal emotion management is a form of self-control. We have encountered the concept of ‘surface acting’ as one of the means through which people are able to regulate their feeling expressions (face, tone and posture). However, to what extent this does, or does not, affect an individual’s feelings will be problematised as this chapter unfolds.

As for the mental processes, regulation strategies can involve thoughts, for instance thinking about a situation differently. In fact, the strategies of reappraisal (thinking about something from a different perspective) and distraction (thinking about something else) have been found to be very effective in producing the desired change in feeling. For instance, Garnefski et al. (2004) outline different cognitive emotion regulation strategies in response to the experience of life stress. Strategies women were reported to use more often than men are rumination (repetitively and passively focusing on the symptoms of distress, and on its possible causes and consequences), catastrophising, and positive refocusing. The results of this study show that the first two strategies are positively related to depression, whereas higher extents of using positive reappraisals were related to lower depression scores (ibid: 267).

It is suggested that the effectiveness of emotion regulation is influenced by the individual’s beliefs concerning their regulation ability (Miles, 2010). A lot of contemporary research provides in this respect most interesting studies based on Buddhist meditation (for instance, Lehrer 2009). Insights have

been popularly translated into an overwhelming number of self-help books and meditation workshops that aim at helping people to cope with stress, anger, or low self-esteem. The perspective promoted is that feelings are seen as part of the *mind*. Hence, it is proposed that one can change their feelings through changing their own *mind* (for instance through meditation) to generate pleasant feelings, or reduce stress and anger.

The second form of emotion regulation refers to strategies with which people try to change another person's feelings (*interpersonal* emotion regulation). Although this is a recent research area, there is already a body of research that shows that individuals not only do it on a daily basis (with their friends, partners, colleagues, customers, etc.), but that people also draw on hundreds of distinct strategies to change others' emotions (Niven, Totterdell & Holman, 2009; Parkinson & Totterdell, 1999). The above-mentioned research group confirmed research that shows that the ability to regulate how others feel is vital to building good relationships with colleagues and customers. One focus of the research group in Sheffield is on co-regulation in close relationships and on the adoption of complementary or conflicting regulation strategies by partners and their effects on relationship quality (Niven, 2009). There is considerable proof that emotion regulation has important consequences for well-being (for instance, Gross & John, 2003) and goal attainment in a number of life domains. Malcolm & Greenburg (2000), for instance, found that the ability to attend to emotions enables individuals to take another's perspective and thus affects the development of empathy.

Although by now researchers have identified hundreds of different strategies how people influence how they feel and how others feel, it is not known, yet, how emotion regulation exerts these effects. "Specifying precisely what is regulated – and whether emotion regulation has taken place at all – is one of the most serious challenges this area faces" (Gross, 1999: 564). Accordingly, one of the many questions that have to be addressed in defining emotion management is: "*Changes compared with what?*" (ibid: 564, emphasis added). Gross elaborates: "Presumably, emotion regulation may be inferred when an emotional response would have proceeded in one fashion, but instead proceeds in another. (...) Little is known about the complexities of

normative emotional responding, let alone the effects of dispositional variables, such as neuroticism, and group differences, such as sex. This means that at best, probabilistic statements can be made about emotion regulation in any given case” (ibid: 564/ 565). Niven (2010) adds that to date it is impossible to recommend which course of emotion regulation to take. Furthermore, attempts at eliciting emotion in the laboratory have demonstrated that emotional responses vary as a function of subtle environmental cues (Gross & Levenson, 1995).

A hypothesis that has attracted a lot of attention which is reflected in a growing corpus of interesting studies in disciplines as varied as developmental psychology (Trevvarthen, 2010, 2004, 1978) or artificial intelligence (Cañamero, 2010), is the idea that we often regulate how we feel without being aware of it. In particular, it has been shown that feelings are ‘contagious’ and that we non-consciously mimic others. From a biological perspective, this is very prominently backed up by research on mirror neurons (Damasio 2003, 2008). At the University of Hertfordshire, for instance, we can find a most interesting project where researchers are able to combine these findings with the help of modern robotics. The robot Nao has been developed as part of a project led by Lola Cañamero to use the same types of expressive and behavioural cues that babies use to learn to interact socially and emotionally with others. Nao is able to detect human emotions by studying body language and facial expressions and becomes better at reading someone's mood over time as it grows to 'know' the person. It is also able to remember its interactions with different people and memorises their faces. Nao has been created through modelling the early attachment process that human and chimpanzee infants undergo when they are very young. According to Cañamero (2010), one of the aims is to study non-verbal cues and the emotions revealed through physical postures, gestures and movements of the body rather than facial or verbal expressions.

Before I turn attention to the cues Gross and Levenson (1995) and also Cañamero (2010) hinted at, it is necessary to learn about emotion theories. We do not know much, yet, about the behavioural processes involved. We have seen that Hochschild and Ibarra stress the mental processes involved.

However, we will see in the following that the role of the body cannot be ignored.

3.2. Love is *not* just a four-letter word.

A psychological perspective on emotions

In psychology it is a common practice to “tap emotional experience through verbal report” (Holodynski & Friedlmeier, 2006: 43). This procedure involves participants themselves classifying the quality of the feeling they are experiencing into emotion categories and qualifying its intensity on a set scale. Holodynski & Friedlmeier stress the shortcomings of this method. They argue that the results are subjective verbal reports based on emotion categories (e.g. scared, sad, etc.) that represent the feeling experienced. According to Holodynski & Friedlmeier, the problem at hand is that individuals do not consciously experience the act of appraisal, that is, the internal process of constructing an emotion in the brain. They only experience the action readiness resulting from this appraisal. Holodynski & Friedlmeier (2006) hence argue that individuals “are exposed to a feeling in the form of expressive and bodily sensations, and, as such, it evokes the impression that something real has happened and not that something has been constructed subjectively” (ibid: 55). Furthermore, Holodynski and Friedlmeier point out the actor’s random selection of certain cues by asking: “What special sign embedded in the entirety of the sensations experienced does a person refer to when judging an emotion from the actor perspective? What could these special signs be?” (2006: 54).

Holodynski & Friedlmeier’s emotion model invites criticism as it describes a one-way relationship between the body and emotions, where the individual experiences the bodily changes first and then appraises the emotion. Over the centuries there has been much debating about the sequence of events. Ever since the influential James-Lange theory that states that “[t]he bodily changes follow directly the perception of the exciting fact, and our feeling of

these same changes as they occur is the emotion” (James, 1892: 375), the question nowadays is whether the relation between emotions and the body could be two-way: emotions do influence the body – but can the body also influence emotion?

Research on the ‘facial feedback hypothesis’ (Buck, 1980), for instance, offers interesting answers to this question. This hypothesis suggests that facial expressions influence our emotional experience. In the famous ‘pencil experiment’ participants were asked to hold a pen either sideways between their teeth (thereby activating the muscles used in smiles), or to hold the pen between the lips like a lollipop while watching cartoons. Afterwards participants rated the cartoons. Results show that those who produced a grin holding the pen sideways rated the cartoons funnier. Studies like this have led a high number of researchers to suggest that bodies do influence emotions and our emotional evaluation of our environment. Participants, however, were unaware that their actions were related to emotions. The explanation for this is that the actions these participants performed had a priming effect on their emotions.

Priming refers to the activation of concepts or goals outside a participant’s awareness, which then unconsciously influence behaviour. Miles (2010) refers to a study by Bargh, Chen and Burrows (1996) as a good example of priming. Participants were primed with the concept ‘elderly’ by asking them to complete a word search containing words like old, grey, and retired. The researchers observed that participants who had been primed walked more slowly than the control participants when leaving the room after the experiment. Just like in the above-mentioned experiment participants once again did not realise that they were doing this, or why it happened. So, priming the concept of ‘elderly’ had an unconscious effect on their behaviour.

With regard to the ‘pencil experiment’, performing an emotion-relevant action seems to automatically prime the related emotion. This suggests that the motor, sensory, and affective components of each emotion are linked, so that activating one component activates the others. An intriguing explanation for this process is that the sensory, motor and affective experiences of an

emotion might *be* the representations of that emotion. While most cognitive theories view representations as abstract symbols, embodied cognition theories suggest that emotions are represented in modality-specific systems (Barsalou, 2008). In this view, when we think about an emotion, we are partially activating the same sensory, affective, motor and physiological components that were involved in experiencing it. And this same re-activation also occurs when the emotion is primed, whether it is by making an emotion-related facial expression or by seeing someone else experience that emotion.

We can see that bodies do not only express what is being felt. Rather, they actually play a causal role in the experience and understanding of emotions. Whereas in the heydays of cognitivism in the 1960s and 1970s, emotion theory focused on the cognitive antecedents of emotions (appraisal processes), and hence on the subjective evaluations of the significance of events, in recent years, this disembodied conception of cognition has been seriously challenged by the rise of embodied and situated approaches in cognitive science (see Clark, 1999; Varela, Thompson & Rosch, 1991). Nevertheless, most emotion theorists have not embraced the embodied view of the mind (see Colombetti and Thompson, 2007). As mentioned earlier, according to this approach the human *mind* is embodied in our entire organism and embedded in the world, and hence not reducible to structures inside the head. Meaning and experience are created by, or enacted through, the continuous reciprocal interaction of the brain, the body, and the world. From this standpoint just sketched, emotions are simultaneously bodily and cognitive. In contrast to the traditional conceptualisation, where they are made up of separate, but co-existing bodily and cognitive constituents, they convey meaning and personal significance as “bodily meaning and significance” (Prinz, 2004). Hence, in the words of Thompson (2009) “[i]ntersubjective interaction is the cognition and affectively charged experience of self and other” (ibid: 564).

More recently, the value of an embodied perspective has been recognized in social psychology (e.g., Barsalou, Niedenthal, Barbey & Ruppert, 2003; Schnall, 2004). Since the assumption that cognition ultimately serves action is central to the embodied cognition position, a similar assumption can be made about affect and emotion, because affect provides information about the liking or disliking of objects and situations, and about the value of pursuing or avoiding particular actions (Clore et al., 2001). Similarly, attitudes serve not merely as mental structures of preference, but also as a ‘compass for action’ (Clore & Schnall, 2005).

What might this imply for emotion regulation? We understand now that the way in which individuals regulate feelings always depends on the *context*. One can study not only how emotions influence the subject and its environment, but also how they are oriented to the social function of emotions, and emotionally orientated towards an object of common concern. Emotions as such, or the behaviours following from these emotions, may affect the environment, thus changing the situation in which the emotions were elicited in the first place (see Lazarus, 1994).

Here, I want to come back to Mischel now whose views on the ‘person v. situation’ debate were introduced in the second chapter of this dissertation. His analysis revealed that an individual’s behaviour is highly dependent on situational cues, rather than consistent across diverse situations that differ in meaning. Whereas in the classic view “the basic qualities of the person are assumed to be independent of, and unconnected with, situations: causal powers then are attributed either to one or the other” (Mischel, 2004: 3). He justified his seminal review, claiming that his purpose was to draw attention to abuses of personality models by clinicians, and specifically to attack their tendency “to use a few behavioural signs to categorize people enduringly into fixed slots on the assessor’s favourite nomothetic trait dimensions and to assume that these slot positions were sufficiently informative to predict specific behaviour and to make extensive decisions about a person’s whole life” (Mischel, 1979: 740). Mischel concluded his work by arguing that the data reviewed aimed at “fit[ting] the view that behaviours depend on highly

specific events but remain stable when the consequences to which they lead, and the evoking conditions, remain stable” (1968: 282).

The focus thus shifted away from broad situation-free trait descriptors (e.g. *warm-hearted*) to more situation-qualified characterizations of persons in contexts, making dispositions situationally hedged, conditional, and interactive with the situations in which they were expressed (see Mischel, 2004). Rather than argue about the existence of personality consistency across *situations*, Mischel holds that “it would be more constructive to analyze and study the cognitive and social learning conditions that seem to foster – and to modernize – its occurrence” (Mischel, 1973: 259). As for their relative potency in determining behaviour, he writes: “Psychological “situations” (...) induce *uniform* expectancies regarding the most appropriate response pattern, provide adequate incentives for the performance of that response pattern, and instill the skills necessary for its satisfactory construction and execution”. On the other hand: “Conversely, situations and treatments are weak to the degree that they are not uniformly encoded, do not generate uniform expectancies concerning the desired behavior, do not offer sufficient incentives for its performance, or fail to provide the learning conditions required for successful construction of the behavior” (Mischel, 1973: 276, emphasis in original). Mischel thus calls for a personality psychology more attuned to “the dual human tendency to invent constructs and adhere to them, as well as to generate subtly discriminative behaviours across settings and over time” (Mischel, 1973: 279).

So what are the cues we need to look out for? Very broadly, situational cues are defined as contextual cues in the environment that signal a person that an action or event may occur. On the one hand, these specific cues and signals can be culturally grounded and contain information about the social aspect of a situation. For instance, if someone walks up to you, holds out their hand and says ‘hello’, you know from these situational cues that you should shake their hand (see Howard, 1982). On the other hand, an important perspective in social, personality, and cognitive psychology is that different people can perceive the same objective stimulus differently depending on the subjective meanings they attach to it, and that these meanings often derive from

personal histories (e.g., Anderson & Bushman, 2002; Higgins, King, & Mavin, 1982; Cantor & Kihlstrom, 1981). That is, differences in past experience lead to different knowledge about the relationships among objects in the world, and this knowledge influences how information about such objects is processed.

Research shows that the more frequently the linkage between an object and a subjective evaluation of that object is activated, the more likely it is that the evaluation will be spontaneously activated in the presence of the object (e.g., Fazio, Chen, McDonel, & Sherman, 1982). The famous ‘weapons priming effect’ experiment (Bartholow et al., 2005) shall exemplify this. Bartholow and his colleagues theorised that repeated exposure to the use of guns for aggressive purposes may lead people to form gun-related knowledge structures that include the idea that guns cause or enable aggressive behaviour and information about how guns are used to threaten or harm people. The presence of a gun should thus activate these gun-related knowledge structures.

Their research was designed to test whether pre-existing individual differences in knowledge structures about aggressive stimuli have similar effects on the interpretation of weapon stimuli and on the likelihood that such stimuli will evoke aggressive behaviour. Bartholow and his colleagues found that individual differences of several types (e.g., knowledge structures, levels of trait hostility) influence the interpretation of situational variables (e.g., the presence of guns) related to aggression. The combination of these factors then influences one or more of three major routes to aggression, including the accessibility of aggressive thoughts, the experience of affect, or arousal. The interaction among these aspects of the internal state influences appraisal and decision processes (e.g., interpretations of intent to harm) that ultimately determine whether or to what extent an aggressive response will occur.

The multimodality and interplay of cues, environmental and internal, is also exploited in research on addictions. For instance, Tapert et al. (2004) presented patients with words to induce alcohol craving, whereas Schneider

et al. (2001) used olfactory stimuli. While these studies made use of general cues, craving is, of course, also associated with highly individual situations and personal cues. This example shall exemplify, yet again, the sheer number of cues that can be potentially considered.

Concluding, I want to introduce a study (Duclos & Laird, 2001) that considers the role of situational cues in emotion management. Based on the research findings in work psychology outlined earlier, it was theorised that deliberate manipulation of expressive behaviours might self-regulate emotional experiences. In the previous chapter we have seen that this idea has also been developed from a sociological perspective in the work of Arlie Hochschild. “The core assumption of self-perception theory is that we know ourselves by, in effect, observing ourselves, in the same way that someone else would know us. How could another person know our emotional state? Someone trying to identify our emotional state would have only two kinds of information to use. One is behaviour: Are we smiling or frowning? The other is our circumstances: Did we just receive a compliment or were we just insulted?” (Duclos & Laird, 2001: 30). We have seen earlier that the first type of cues has been labelled *personal* and the latter one *situational*.

In their experiment, Duclos and Laird want to identify whether individuals tend to be more responsive to situational or personal cues and to what extent this is affected by conscious expressive behaviour (facial manipulation to produce a smile or frown) and emotion induction (imagery on anger or sadness). They first induced eighty people to adopt emotional expressions in a successfully disguised procedure that identified whether their feelings were affected by their expressive behaviour when they were unaware of the nature and purpose of that behaviour. In the first part of the experiment, participants’ responses to personal or situational cues were tested. This classification was based on two pairs of facial manipulation trials, each trial consisting of one ‘frown’ and one ‘smile’ manipulation (p.35 ff.). A series of drawings was placed on the wall in front of the participant that provided him or her with situational cues for their feelings. The pictures entitled ‘Dancing’ and ‘Spring’ were then in view when participants were asked to ‘frown’, and the ‘Betrayal’ and ‘Rip-off’ pictures were in view during the ‘smile’ trials.

Participants either reported that their feeling emotion was congruent with their manipulated facial expressions, or that feeling emotions were instead congruent with the titles of the drawings.

Participants were then instructed to close their eyes and imagine themselves in a particular situation in which most of the people around them are feeling angry or sad (for instance, at a funeral). They were also told to try to “smell the appropriate smells, hear the appropriate sounds, see and feel the appropriate things” (ibid: 38). Participants then completed a post-induction Emotion Rating Scale and were asked to verbally report what they were thinking while doing the task.

Duclos and Laird observed that “people who are responsive to personal cues should find that deliberately adopting or inhibiting facial expressions will change their feelings. However, people who are unresponsive to personal cues should be relatively unaffected by their deliberate attempts to manipulate their expressions” (ibid: 32). Compared to people who respond to personal cues, those who are unresponsive to personal cues are more responsive to situational cues that imply what they should feel. For example, they are more likely to accept an experimenter’s implication about how confident they *should* feel (Kellerman & Laird, 1982). Also, participants attempted to change emotional feelings by adopting or inhibiting emotional behaviours, or by focusing on or being distracted from situational cues for emotion. Hence, the effectiveness of techniques for emotional self-regulation largely depends on the characteristics of the person. These individual differences suggest that deliberate manipulations of expressive behaviour, as suggested in Hochschild (1982) and Ibarra (2002), will be more successful for some people than for others, which implies that it is very difficult to arrive at a general set of emotion management strategies for emotional labour jobs.

3.3. Emotions and Alzheimer's disease

We have seen that understanding situational influences on behaviour is in the focus of research in behavioural and social psychology⁸. This general interest gains even more impetus with an increasing awareness of, and interest in Alzheimer's disease. The more we learn about it the more we have to start asking questions concerning the interrelationship between *memory* and *emotion*, and how this eventually touches upon the question of 'self'.

Considering emotions in the light of Alzheimer's disease, we are faced with a multitude of 'truisms'. For instance, we learn from Feil (1999), the creator of Validation Therapy, that "[t]he very-old often lose their control of strong emotions they have kept bottled up inside". She advises caregivers to act as 'sounding boards': "By venting these emotions, they are in a sense unpacking before their last journey (...) Guiding them toward successful resolution before vegetation occurs is a chief goal of validation" (ibid: 4). In chapter 4 I will discuss in detail the medicalised and inhumane rhetoric that seems to have been established in studies with Alzheimer's patients across disciplinary boundaries, but for the time being I want to point out that the simple rule of thumb seems to be: feelings outlast facts.

In her book *Learning to speak Alzheimer's* (2004), Joanne Koenig Coste hence gives advice to caregivers on how to work with the "remaining emotions" and skills of the patient. According to her, it is essential that family members understand that the person's behaviour is largely fuelled by their emotions. Koenig in particular promotes two popular hypotheses. Her first claim is that "[m]ost behavioural changes in a person with progressive dementia are rooted in frustration of being unable to master an emotional or physical environment that feels like foreign territory". Thus, she advises family members to keep their own emotions as even as possible and invents

⁸ Some popular examples by David Givens to exemplify the scope of this 'business': *Love Signals: A Practical Field Guide to the Body Language of Courtship* (2005; has been translated into 15 languages); *Crime Signals: How to Spot a Criminal Before You Become a Victim* (2008); *Office Signals: What Corporate Walls Would Say If They Could Talk* (2009).

the '7-second Alzheimer's hug' which according to her is long enough to be registered by someone with cognitive deficits.

The second claim concerns the hypothesis that emotional reactions outlast memory. It is here that we find most interesting examples of how emotion and memory go hand in hand. Kennedy & Heilman (2010) claim that emotions may be blunted in Alzheimer's patients because in their experiment individuals suffering from the disease did not find the pleasant pictures (such as babies and puppies) as pleasant as did the healthy participants, and they found the negative pictures (snakes, spiders) less negative. Why this blunting of emotions may occur is unknown. Kennedy & Heilman speculate that there may be a degradation of part of the brain or loss of control of part of the brain important for experiencing emotion.

According to Kennedy (2010), what these findings suggest is that as memory goes, so does some emotion. As a possible explanation for the blunted emotions, Zaitchik & Albert (2004) suggest that individuals suffering from Alzheimer's become incapable of interpreting emotion correctly because the lack of nerve cells and synapses does not allow the brain to process the necessary information. They report that their study, in line with previous research studies, indicates that brain damage associated with Alzheimer's prevents sufferers from recognizing emotions and appropriately interpreting those emotions in social situations.

3.4. Emotion and memory - two sides of the same coin

Based on the interrelation between emotion and memory Kennedy (2010) stressed earlier, it is essential to follow this trail, as we will see that it is very difficult to support the claims Zaitchik & Albert (2004) arrive at. In fact, starting from the assumption that emotion and memory go together, we will find on the neurological level very little support for the truisms about Alzheimer's mentioned earlier. Above all, this concerns the taken-for-granted

assumption of close to absolute memory loss in Alzheimer's patients. In chapter 4 we will see that whole research designs are built on this fallacy. We will see that research tools originally developed in conversation analysis have been established across disciplines in particular to trace and mark the assumed 'loss of self' which the majority of studies on Alzheimer's presuppose based on the assumed memory loss.

From a neurological perspective, looking at the brain's anatomy reveals that memory is tied to emotion and vice versa. Emotions, as well as memory functions are broadly distributed across both hemispheres of the brain, indicating that emotion and memory processes involve multiple functions. Hence, a high number of brain regions are involved in the emotion-memory interaction with the limbic system, and in particular the amygdala playing an essential role. The amygdala is the brain region most strongly implicated in emotional memory because it is critically involved in calculating the emotional significance of events, and, through its connection to brain regions dealing with sensory experiences, also appears to be responsible for the influence of emotion on perception (see Smith & Squire, 2009). Brain imaging methods have also revealed that the frontal cortex is crucially involved, and it is currently thought that new memories are transferred to there for long-term storage.

Without going into too much depth, the crucial insight we get from neuroscience is that *only* patients with lesions in the hippocampus on *both sides* of the brain not only lose the ability to form new memories, but also lose memories of events which occurred in the years preceding the onset of their amnesia. To suffer from lesions on *both* sides is a very unlikely scenario. A famous individual who suffered from this condition, and hence received a lot of interest from cognitive neuroscientists and psychologists over the course of his life time, was H.M. who in 1953 had large parts of his hippocampi on both hemispheres removed in an attempt to cure his epilepsy. Almost two years after the surgery, Scoville & Milner (1957) reported that H.M. appeared to have a complete loss of memory of events subsequent to the operation, and also a partial retrograde amnesia for the three years

leading up to the surgery; however, early memories were reported to be intact (1957: 17).

Based on the insights cognitive neuroscientists gained from the case of H.M., it has been shown, first of all, that most importantly the hippocampi and limbic system are involved in the laying down of recent memories. Secondly, it has been found that people do not have a recent memory impairment unless these structures, which are all paired, are affected bilaterally. So, to affect laying down of new memories both right and left hippocampi (or other paired structures such as mamillary bodies, thalamus, etc.) have to be destroyed; which rarely occurs.

Remote or old memories, in contrast, reside in multiple brain areas. Modern functional imaging shows that the patterns of activation are widespread, including visual areas to auditory and olfactory regions, frontal attentional areas and the limbic system “as the entire scene ramifies through the brain and widespread groups of neurons get recruited” (Smith & Squire, 2009: 4). Based on his observations of people suffering from dementia, Ribot formulated his law (1888) which states that remote memories are more resistant to memory destroying processes than new ones. Hence, by simply destroying one part of the brain one cannot expunge remote memories. Moreover, Smith & Squire (2009) outline that certain memories will never be affected unless for some reason the whole brain shuts down, as in coma: “If a person is otherwise communicating logically he will never forget his own identity, his own childhood, nor will he forget about well-rehearsed tasks such as tying shoelaces or even complex well-learned tasks. She is unlikely to forget about her parents or his wife and children unless such memories were recently established” (ibid: 5).

So, while *memory* refers to writing up the engram into the brain, *recall* means bringing the memory back up into awareness and finding some means to express it. Based on Ribot’s insights into dementia, nowadays it is assumed that recall of verbal memory, that is memory of words, is first to be affected in Alzheimer’s disease (see Smith & Squire, 2009). To test this, subjects suffering from mild to severe Alzheimer’s and a control group of healthy

subjects are typically asked to store a small number of unrelated words and are then asked to repeat these words after a few minutes (for instance, Kramer et al., 1988; Pepin, 1989; Finali, 1992; Kaltreider, 1999). Zakzanis & Boulos (2002) even claim that tests of verbal memory are the best predictor of who will suffer from Alzheimer's.

For different reasons, I argue that the above-mentioned studies have to be carefully tested. The first reason concerns the neurological basis of language, the second the role of emotions in memory retrieval, and the third one the recurring triadic relationships between a person, the environment and their behaviour. Starting with the first point, Antonio and Hanna Damasio (1992) have discovered that specific verbal categories may have an exact localization within the brain. They give the example of patients in whom after having had a stroke or brain injury, a small specific brain region stops working which stored a specific category of words, for instance 'tools'. The interesting observation is that the lesion prevents certain patients from being able to make that specific association, for instance that a 'hammer' is a 'tool', though they may very well be able to focus their attention on the uses or characteristics of a hammer if shown a picture.

In another study, Lyons et al. (2010) studied the role of personal experience in the neural processing of action-related language. They investigated how auditory language processing is modified by a listener's previous experience with the specific activities mentioned in the speech. They show that personal experience with linguistic content modulated activity both in regions associated with language comprehension and in those related to complex action planning. Furthermore, their findings suggest that the degree to which one finds information personally relevant also modulates processing in brain regions related to semantic-level processing.

These are striking examples of the fact that conceptualizations are stored in memory and have multiple 'handles' (Smith & Squire, 2009) by which they may be pulled up into awareness. In the following we will have a brief look again at the interconnection of emotion and memory to understand what is potentially meant by 'handles' apart from verbal language. I hope that so far

we have collected enough proof that we have to carefully test certain truisms in research with Alzheimer's patients. In particular, I want to provide the essential background knowledge for the critical discussion in chapter 4 of traditional views on the 'self' that is tied to (flawless) verbal language and that take impaired speech as a hallmark feature of declining cognitive abilities. So far, we considered emotion and memory on the neuronal level. In the following we will now focus on the psychological level.

Coming back to the relationship between memory and emotion as it has been suggested earlier in the studies with Alzheimer's patients, and also in relation to method acting in chapter 2, we know that a specific memory itself may be difficult to recall, but the emotional association occurs and affects the behaviour in multiple ways. There is a solid body of research that suggests that the more emotion one attaches to an event, the more likely one is to remember it (see Russell, 1980). In Yanofsky's words, "once made, the nexus between emotion and specific memories is hard to tear asunder" (Yanofsky, 2001: 2). So, how does this work? Most studies focus on the arousal dimension of emotion as the critical factor contributing to the emotional enhancement effect on memory (Guderian et al., 2009). Latest research suggests that it is the emotions aroused, not the personal significance of the event, that makes such events easier to remember. The memory of strongly emotional events, however, may be at the expense of other information.

Thus, an individual may be less likely to remember information if it is followed by something that is strongly emotional. Another crucial aspect is mood or more precisely an individual's emotional state at the time of memory encoding or retrieving. On the one hand, our mood interacts with our perception in influencing what is noticed and encoded. On the other, it has been shown that individuals remember events that match their current mood (mood congruence), and also tend to remember more easily when the mood at retrieval matches that at encoding (mood dependence). Thus, chances of remembering an event are higher if one evokes the emotional state one was in at the time of experiencing the event or learning the fact.

Finally I want to draw attention again to the fact that a very high number of brain regions may become involved in recollecting a memory as emotion. Vision, hearing and other senses are recruited. Of all five senses, olfaction seems to be the most closely associated with memory function (Lehrer, 2009). This has been argued anatomically, because olfaction is probably the most tied to the limbic system and the motivational areas of the frontal lobe as well (see Smith & Squire, 2009). With regard to evolution, it has been found that olfaction appears early in animals who inhabit water; far before cognition.

3.5. Summary

This chapter began with an introduction into emotion management research in work psychology. This overview was followed by a discussion of emotion theories in neuroscience and psychology. Here, it was concluded that emotion and memory are interrelated. This can be shown on the biological level, but also in psychological experiments. With regard to Alzheimer's, and dementia in general, these insights provide the necessary background information to question certain truisms; the most important one being that absolute memory loss has to be expected in individuals with this diagnosis. Whereas the disease is known to be neurodegenerative, meaning that brain tissue is destroyed over the course of it, we have seen that the way memory is spread all over the brain is so complex, that it is literally impossible to know for sure if it is 'lost'. Furthermore, we have seen that the role of emotions is crucial in memory formation and remembering. Remembering can be expressed using the multimodality of our bodies (facial expressions, gestures, etc.), with language being only one aspect of many. The same holds true for emotion processes. In the following chapter we will now apply these insights to recent discourse studies in psychology and conversation analysis with Alzheimer's patients.

In psychology it is common to study empathic behaviour and emotion recognition through emotion word questionnaires (Werner et al., 2007) and standard Ekman 60 Faces Test (Ekman & Friesen, 1976; modified version: picture-picture matches, instead of picture-word matches). Another tool is the Interpersonal Reactivity Index (IRI; Davis, 1983), a questionnaire that measures the different aspects of empathy. Also, quite frequently Interpersonal Adjective Scales (IAS; Wiggins, 1995) are used, a self- and other- report questionnaire based on a personality theory of interpersonal constructs. Upon learning about the social nature of emotion, as well as the broad range of cues which are factored into social psychological research, research on 'emotion management' has to reflect the highly interactive nature. This cannot be sufficiently realised with the help of the research tools just listed. Therefore this thesis's main body will present ethnographic data that sets out to capture emotion and cognition 'in the wild' (Hutchins, 1995). Yet, since this study is situated within discourse studies, the following chapter first needs to answer the crucial question as to what a discourse-based study can possibly achieve and if there is room to integrate the insights we gained in this chapter.

4

Love *and* the four-letter word

Discourse studies, emotions and cognition

There is no reason to look under the skull since nothing of interest is to be found there but brains.

(Garfinkel, 1963: 190)

Don't worry about how fast they're thinking. First of all, don't worry about whether they're 'thinking.' Just try to come to terms with how it is that the thing comes off.

(Sacks, 1992: 11, Vol. 1)

We have seen in the previous chapter that in this 'decade of the brain' (Jones et al., 1999) there is a strong tendency to study *cognition* hand-in-hand with progress in the neurosciences. However, these phenomena which are usually summarised under the umbrella term *cognition*, i.e. memory, learning, linguistic performance, and comprehension, for instance, enjoy equally high, and long-established interest from those disciplines traditionally more interested in the social level of analysis, for instance sociology, ethnomethodology, and conversation analysis. This chapter discusses

theoretical and methodological approaches to cognition in the wider field of discourse studies. This will encompass conversation analysis but also discursive psychology, a growing subfield of social psychology. We will see that scholars in discursive psychology draw heavily on the theoretical framework of conversation analysis to distance themselves from their colleagues in cognitive psychology. Contrary to their paradigm, this subdiscipline rejects the ‘cognitivist’ model of mind, focusing rather on the emergence and role of cognitive functions as they occur in social interactions. As mentioned earlier, we can see here CA’s influence in providing not only the motivation but also the toolkit to analyse how participants themselves create meaning. As one of Harvey Sacks’s closest colleagues, Schegloff (e.g., 1997, 2006) is a major proponent of the importance of limiting analysis to participants’ own categories and demonstrable concerns. The wording here, of course, is ambiguous, considering that a ‘cognitivist’ perspective promotes exactly this view: that subjects create meaning in their own minds. So, the crucial question that fuels this ‘cognitivist’ v. ‘anticognitivist’ debate is where exactly *cognition* resides. From the beginning, it has to be pointed out that the label ‘anticognitivist’ does not equal an embodied and distributed view on cognition. In fact, we will see in the first part of this chapter that among those who have been debating about this topic in eminent journals over the course of years, an embodied perspective, as introduced in the past two chapters, is not represented.

Taking this discussion from the theoretical level to actual studies with Alzheimer’s patients, we will see, that despite using the label CA many studies are cognitivist in disguise. Calling into mind the existing medicalised Discourse on the disease, it is in particular this type of approach that perpetuates a Cartesian notion of ‘self’ which provides the basis for those who theorise a loss of ‘self’ attached to the progression of Alzheimer’s. In the last section of this chapter we will therefore consider the work of Charles and Marjorie Goodwin, who not only are eminent scholars in CA, but also proponents of the embodied and distributed perspective on cognition.

4.1. Is discourse analysis suitable for cognitive analysis?

In order to understand the scepticism about cognitive analysis in discourse studies, I will present in the following selected contributions to this debate as published in the journals *Discourse Studies*, *Discourse & Society* and *Discourse & Communication*. The contributors are established scholars in (anthropological) linguistics, cognitive science, sociology and discursive psychology (for instance, van Dijk, Billig, Cicourel, Coulter, Duranti, Edwards, Potter, Wodak, Schegloff, and Levinson, just to name a few) and either declared proponents or opponents of those links between conversation and cognition.

First, the position of discursive psychology (DP) will be introduced as this discussion first of all establishes DP's radically different perspective within psychology, and secondly outlines the pre-eminent role of conversation analysis (CA) within DP. DP is a systematically non-cognitive approach. That is, "it brackets off questions about the existence (or not) of cognitive entities and processes (...). Its focus is squarely on cognitive entities as they are constructed in and for public, interactional practices" (Potter & Hepburn, 2006: 166). Contrary to the majority of subdisciplines in social psychology, DP accordingly rejects the cognitivist approach, which treats human action as a product of cognition. This implies that within cognitivism discourse is treated as the expression of thoughts. We have seen in the previous chapter that in psychology it is a common practice to "tap emotional experience through verbal report" (Holodynski & Friedlmeier, 2006: 43). In particular in cognitive psychology, discourse is seen as: "1) the input to, or output from, or categories and schemas used in, mental models and processes; and/ or 2) a methodological resource for research into mental states and representations" (Edwards, 2006: 2).

In opposition to this approach, DP promotes an interpretivist examination of behaviours that foregrounds "participants' own concepts and understandings" as these are deployed in practices of interaction (Edwards and Potter, 1992: 100). In contrast with the mainstream social-cognitive tradition in psychology is DP's use of records of natural, everyday interaction,

such as police interrogations, psychiatric assessments, and family mealtimes (Edwards, 2006; see Hepburn and Wiggins, 2007, for reviews and summaries of recent work). So, in contrast to modelling action ('behaviour') experimentally with the aim of deducing general, trans-situation, trans-historical processes (representative experiments were presented in the previous chapter), discursive psychology emphasizes the importance of working with participants' orientations (see Potter, 2003). Regarding discourse as a social rather than a psychological phenomenon, orderliness is hence found in the observable composition and positioning rather than in tracking underlying mental processes.

One can tell that discursive psychology has been profoundly shaped by conversation analysis (see for instance Potter, 2006). In fact, Edwards (1995) points out that in particular the reception of Sacks's work in DP provided a radical alternative to mainstream cognitivist approaches to psychology. Based on the short introduction to DP so far, we can see why CA appeals to proponents of DP. Sacks's emphasis was on how the visibility/ hearability of interaction is crucial to its operation, with *cognition* (mind, thoughts, knowledge, etc.) relevant through how it is heard and seen. Considering talk as a medium for action, Sacks's focus was on the issue of how language can work as something that can be both culturally learnable and publicly understandable. It is the following quote, possibly one of Sacks's most famous statements, that DP identifies with and refers to:

"When people start to analyze social phenomena, if it looks like things occur with the sort of immediacy we find in some of these exchanges, then, if you have to make an elaborate analysis of it - that is to say, show that they did something as involved as some of the things I have proposed - then you figure that they couldn't have thought that fast. I want to suggest that you have to forget that completely. Don't worry about how fast they're thinking. First of all, don't worry about whether they're 'thinking.' Just try to come to terms with how it is that the thing comes off. Because you'll find that they can do these things" (Sacks, 1992: 11, for instance in Edwards, 2004).

At the end of his very first lecture Sacks claimed that analysis would be most effective without thinking about how fast people think or whether they are thinking at all. While we can see here how this quote can be fitted to DP's program – we will see in the next chapter that this quote is taken out of context - Potter (2006) takes it a step further in highlighting “the potential pitfalls” (ibid: 4) of using conversation analytic techniques to identify cognitive states. As the first ‘pitfall’ he describes the development of a dualistic picture that “distinguishes conduct from state of mind, and uses the classic depth/ surface figuration of cognitivism where cognitive states can ‘come to the interactional surface’ or remain ‘disguised’” (ibid: 5). Accordingly, he problematizes in a next step the analysis of a speaker's ‘intention’. Although he outlines that there are important traditions of psychology where intentions are treated as mental events that are (somewhat) causally related to subsequent actions (ibid: 6), he argues that the tradition of thinking inspired by Wittgenstein rather tends to treat the term ‘intention’ as part of a particular language game, as a *way of talking* rather than a referential term for a mental state (ibid: 8).

Potter's colleague Edwards adds and concludes that “the key to analysis is to locate psychological and other issues in participants' own practices of accountability. Whatever people say is always action-oriented, specific to its occasion, performative on and for its occasion, selected from an indefinite range of options, and always indexically tied to particulars. (...) Examining discourse as a socially disembedded realm of mental representation will inevitably, and circularly, reproduce discourse as the expression of cognitive states and schemas” (Edwards, 2006: 3). Hence, discursive psychology's message directed at everyone else in discourse studies has been quite bluntly formulated by Antaki, Billig, Edwards & Potter (2003): “it is to suggest that whatever kind of discourse analysis is being done, it has to amount to much more than treating talk and text as the expression of views, thoughts and opinions, as standard survey, ethnographic and interview research often does” (ibid: 17).

Of course, not all discourse analysts share discursive psychology's rejection of underlying mental schemata. Most prominently, van Dijk (1977, 2008) incorporates cognitive factors within his *context models*, without regarding discourse as a means of discovering cognitive structures or mental representations.

4.1.1. Coulter's critique of DP

In particular Coulter (1999) has frequently accused DP scholars of "missing the essential point, namely, that 'cognition' is intersubjectively ascribable and *ratifiably* avowable. That is the nub, if you will, of the 'social' take on 'cognition'" (1999: p.165/ 166; emphasis in original). He explains, that "*if* the mental and cognitive (and the 'personality' and the 'self') are indeed real entities in some sense, then the entire discursive approach is at best a side-show: the *serious* business at hand will remain the work of the cognitive sciences" (ibid). As outlined earlier, DP holds that mind and reality are treated analytically as discourse's topics and the analytic task is to examine how participants descriptively construct them (see Edwards, 1997). According to Coulter, the problem with such formulation is that "the 'mental' is thus to be construed solely in terms of what people say about it" (1999: 166).

To justify his criticism and to show "how the conflation of discourse with conceptual analysis can lead us astray" (ibid: 167), he has a closer look at how Edwards (1997) considers and analyses the concept of 'memory'. Edwards states that from a discursive perspective memory can be studied in two related ways: "as acts of remembering, as the discursive equivalent to what people do in memory experiments when they recall events" (Edwards, 1997: 282), or "as a participants' concern, examining the situated uses of words such as 'remember', 'forget', and so on" (ibid). Also, "we can study how these two things go together, how appeals to notions such as remembering and forgetting feature in the dynamics of event reporting, and vice versa." (ibid). Either way, Coulter concludes, that "for them, 'mental' predicates are either

names for real, interior entities or processes or they are names deployed in discourse as just “ways of talking” about self and other(s)” (Coulter, 1999: 168/ 169).

To clarify his position, Coulter quotes Wittgenstein’s famous ‘beetle in the box’ thought experiment: “Imagine a community in which each member had a box with something inside it. Everyone calls the object in the box a ‘beetle’, but no one can look in anyone else’s box and can only determine the nature of a ‘beetle’ by looking into his *own* box. Wittgenstein proposes that, *if* ‘beetle’ has a use in the public language, then the object in the box must be irrelevant to its meaning. If this private object *does* play a part in the understanding of ‘beetle’, then intersubjective communication would be impossible” (Coulter, 1979: 78; emphasis in original).

Indeed, the ‘language system’ is, as Harris (1981, 1996, 2003, 2004) has argued, a myth which prevents us from appreciating the constant creation of linguistic means in our everyday acts of communication. The alternative promoted is to see communication not as a process in which individuals are merely the embodiment of meanings set up in advance in the ‘language system’, but to place it “on a par with all other forms of voluntary human action” (Harris, 1981: 167).

This chapter will now discuss a number of studies in psychology and CA that conducted research with Alzheimer’s patients. We have seen in chapter 3 that many studies focus on the individual in isolation, shifting the focus to the presumed cognitive representations and/ or biological underpinnings of memory, cognition and emotions. However, we have seen that these phenomena are at the same time thoroughly social in nature. Hence, both components – individual cognition and the emerging interactional organisation/ distribution – are absolutely necessary. We have seen in chapter 2 and 3 that a focus on only one aspect potentially results in one-sided studies which deliver over-simplified reports on the complex issues they set out to study. In this chapter we will now have a concluding look at studies that intend to shed light on social interactions with Alzheimer’s sufferers. The discussion will reveal that original CA tools are re-

contextualized in such ways that help maintaining a Cartesian view on cognition where the *self* is tied to language. These studies thereby establish a view on language that resembles Chomsky's 'ideal speaker' – a view Sacks prominently rejected.

4.2. Name it and claim it - Discourse studies and Alzheimer's

I have mentioned earlier that Wilma exhibits certain symptoms which are assumed to be markers of Alzheimer's disease, such as incontinence, weight loss, wandering, tremors, and sundowning. All of these are not only commonly associated with the late stage of the disease but also with a rapid decline in cognitive functions (Scarmeas, Brandt, Blacker, et al., 2007). Furthermore, Wilma exhibits a severe disorder of speech production, including to different extents phonology, morphology, semantics, and syntax, as well as noticeable declines in her 'reasoning' and ability to memorize or recall information. Describing Wilma in this fashion hence establishes her as a patient who suffers from a progressive neuro-degenerative brain disorder - someone whose existence is often stigmatised as "drifting towards the threshold of unbeing" (Kitwood and Bredin, 1992: 285). Taking in particular linguistic degradation as a hallmark feature of dementia, the dementia sufferer's declining ability to communicate with others about past and present events has led some authors to the hypothesis of an "internal loss of self in dementia" (Small et al., 1998: 292).

As introduced in chapter 1, more recently there has been a focus on narratives, or the discursive properties of communication with dementia sufferers. Drawing the attention away from the prevalent Cartesian understanding of 'self' in research with Alzheimer's patients, this new research direction has identified a number of external influences on the preservation of 'self' or personhood in dementia (Kitwood and Bredin, 1992; Sabbat and Harré, 1992; Golander and Raz, 1996). In contrast to the aforementioned studies, and their focus on the internal, neuro-pathological and neuro-psychological declines, studies such as Kitwood (1990) analyse the role

of external, or social-psychological factors in maintaining personhood. Acknowledging assumptions that self-identity is constituted by and through social interaction (Coupland et al., 1993; Mead, 1934), these studies have shown that the way in which other people interact with the dementia sufferer has a significant impact on the individual's own sense of identity and well-being. However, only when turning the attention from academic to popular literature, one fully understands the importance of this insight, or rather its urgent appeal. It is reflected in a growing body of personal journals of caregivers of people with Alzheimer's disease, and a few first-hand accounts of individuals living with the disease. One of them is Richard Taylor, a former psychology professor who was diagnosed with Alzheimer's disease more than a decade ago. Challenging the above-mentioned scholarly attitude that theorises the ongoing 'unbecoming of self' in individuals with Alzheimer's, Taylor named his collection of essays: 'Alzheimer's – From the Inside out' (2007). Pondering the diagnosis, we learn from Richard Taylor that relationships with other people are among the crucial factors that shape and impact his life with Alzheimer's disease:

“What is it like to have Alzheimer's? This, too, depends on many things: Do you have an existing group of individuals who are committed to your well-being? Are you a proactive or a reactive person when it comes to dealing with doctors, your health insurance company, and yourself? Where do you live: Houston, Texas, or Houston, Nigeria? Do you have insurance? Especially long-term care insurance? Does your culture and economic class encourage and promote younger generations taking responsibility and care of their family's older generations? There are dozens of important factors outside of yourself that will directly and significantly influence you and your inner experiences with the disease.” (Taylor, 2007: 15)

Relationships with other people are thus the central topic of his book. However, the reader does not only learn about how he feels and reflects upon his interactions with his environment and the role he plays, but he provides us with an invaluable, and sometimes angry voice that reminds us that it is in

no man's power to decide when another one's 'reasoning' and self has 'unbecome' or is 'lost':

"I feel as if I am sitting in my grandmother's living room, looking at the world through her lace curtains. From time to time, a gentle wind blows the curtains and changes the patterns through which I see the world. There are large knots in the curtains and I cannot see through them. There is a web of lace connecting the knots to each other, around which I can sometimes see. However, this entire filter keeps shifting unpredictably in the wind. Sometimes I am clear in my vision and my memory, sometimes I am disconnected but aware of memories, and other times I am completely unaware of what lies on the other side of the knots. As the wind blows, it is increasingly frustrating to understand all that is going around me, because access to the pieces and remembering what they mean keeps flickering on and off, on and off." (Taylor, 2007: 75)

On the one hand, the image Richard Taylor gives us describes the mystery of subjective experience, occupying a private mental world. We have no access to his memory of his grandmother's living room and the specific curtains he recalls. On the other hand, his image allows for an interpretation of *self* that goes beyond a purely mental entity, as it is grounded in the sentient, physical body. One could say that he narrates the experience of an embodied *self*, sitting in the chair, feeling the wind, the visual information of shifting curtains, all embodying his memory, or recall. However, his body is not an entity independent of the other bodies or objects surrounding him. The previous chapter's review has given striking examples of the cues we encounter in our everyday life that can work as memory 'handles', with verbal language being only one of them. This, of course, also works the other way round, and can also be learned from Taylor: when we share memories and do remembering we do not only do this with the help of verbal language but use the multimodality we are capable of as human beings.

In the existing literature, it is common ground that the language, and in particular, the conversational skills of individuals with Alzheimer's reflect the

progressive decline of cognitive functions. Hence, it is not surprising that Kontos (2004) refers to these works as “a catalogue of horrors and documents of fear, dread and loss” (ibid: 845). One can argue that this fear and stigmatization of Alzheimer’s is a product of the ‘hypercognitive’ culture (Post, 2000) we are living in, where people who are best at rapidly processing symbols are most competitive. At the same time, the commonly held assumptions concerning the degenerative nature of the disease, which implies a limited ability of patients to learn new information have “discouraged speech-language pathologists from attempting therapeutic programs that might help to overcome the communication deficits of patients with Alzheimer’s disease” (Golper & Rau, 1983), creating a climate of “therapeutic nihilism” (Cheston & Bender, 1999: 77).

This attitude of ‘nihilism’ can also be found in discourse studies with Alzheimer’s patients. Certain features of speech such as word substitutions, pauses, and a slowing down, are established as markers of the deterioration of verbal communication. An alarmingly high number of authors come to a similar conclusion like Appell, Kertesz and Fishman (1982) who state that discourse eventually becomes “circuitous and verbose, yet empty” (ibid: 87). This has two very specific implications. The first one concerns the conceptualization of ‘self’ in Alzheimer’s, and the second one how this presumed ‘empty’ speech of one individual affects the ‘quality’ of communication in interactions with others.

Considering the use of the expression ‘quality of conversation’ in existing research, it has to be pointed out that the word ‘quality’ is used in an ambiguous way. In Bourgeois (1990), for instance, ‘quality’, on the one hand, refers to the “quality of the conversational content” (ibid: 29). On the other, the term seems to be used synonymously when talking about the interactants’ subjective sense of wellbeing and comfort of interactants who find themselves involved in conversations with Alzheimer’s patients. For instance, family caregivers are frequently described as feeling ‘discomfort’ and ‘burdened’ in such situations, while at the same time having the tendency to act in a ‘patronizing’ way (see for instance, Joaquin, 2010). In contrast to their family members, individuals suffering from Alzheimer’s tend to react ‘embarrassed’,

‘frustrated’, and ‘anxious’, which leads to ‘further withdrawal’ (see for instance, Cohen, 1991). As a result, the interactants’ behaviour causes further reduced opportunities for ‘meaningful interaction’ (ibid).

We will see further down that in many cases data is mapped against these assumptions. It has to be considered that the studies presented below aim at developing communication strategies for caregivers in conversations with Alzheimer’s patients. Setting these studies in the context of ‘therapeutic nihilism’, these strategies, as we will see, inevitably cannot aim at improving the quality of the conversational content (as this perspective implies that content will get lost at some point, and is irretrievable due to the Alzheimer’s patient’s increasing loss of memory, reasoning, etc.). Thus, these communicative strategies aim at influencing the interactants’ behaviour in interactions; namely strategies that work on the negative emotions, like frustration, anxiety, embarrassment and discomfort, that can occur in these conversations. Accordingly, one can find a number of studies that focus on verbally aggressive outbursts (Spayd & Smyer, 1988) and negative accusations (Green, Linsk & Pinkston, 1986), for instance. If the proposed strategies, or interventions, are successful, these behaviours have been shown to decrease and social interaction to increase, as for instance Blackman, Howe & Pinkston (1976) and Carstensen & Erickson (1986) point out. Pulling the strings together, the quality of social interaction can thus, first of all, be *measured* in conversations with Alzheimer’s patients. Secondly, the *content* of these interactions is close to irrelevant, as it is assumed that the language of an individual with Alzheimer’s is potentially empty.

Anticipating and guessing at least one party’s inner emotions in these situations, these works then agree in advising families to modify their communicative behaviours – almost exclusively linguistic behaviour, such as simplified speech (Kemper et al., 1994) - to manage the Alzheimer’s sufferer’s emotions, in particular to avoid outbursts of anger, or anxiety. This in turn will affect their own emotions through reducing frustrating experiences. In Savundranayagam, Ryan, Anas & Orange (2007) we can find “communication-enhancing strategies” (ibid: 47). Among other strategies they focus on simplified language, concluding that “simplified language

enhanced those effects by showing staff as less patronizing and residents as more competent” (ibid: 62). Normann, Norberg & Asplund (2002) test similar strategies in what they perceive to be the small window of ‘lucidity’: “Patients with severe dementia sometimes surprise the care providers because they seem to be much more aware of their situation and function much more adequately than usual. Such episodes are labelled ‘episodes of lucidity’ (ELs)” (2002: 370). Based on their results, they conclude that lucidity is promoted by “sharing the patient’s view, repeating and reformulating the patient’s utterance, reinforcing the patient by using positive utterances, not emphasizing errors and supporting the patient’s language in various ways, and avoiding making demands” (ibid). According to the authors, the relation between the patient and her conversation partner during ELs is characterized by “confirmation and communion” (ibid).

Lucidity and clear communication in the face of advanced Alzheimer’s disease are inexplicable, given that cognition and memory have come to be equated with selfhood in Western culture (Basting 2003 in Kontos, 2006). This representation of selfhood is itself the legacy of western philosophy’s tendency to split *mind* from *body* in a Cartesian fashion, and to position the former as superior to the latter. There are thus deep philosophical roots to the prevalent assumption that cognitive impairment implies a loss of selfhood. In this sense, the presumed existential erosion of selfhood is, to a large extent, owed to a certain philosophical inheritance (see Kontos, 2006). I want to stress here, that I certainly do not ignore the fact that Alzheimer’s is a neurodegenerative disease. I think that one of the biggest challenges in contemporary research in neuropathology is to identify at what stage which markers occur and how to best treat them. But because of this lack of detailed understanding of the disease’s progression, I agree with Kontos that there is a tendency to philosophically ground the notion of personhood.

As already introduced in chapter 1 (p. 5), Pia Kontos challenges the mind/body dualism that underlies the assumed loss of selfhood in this particular understanding of Alzheimer’s disease, endorsing a theoretical framework of embodiment (Kontos 2003, 2004, 2005, 2006). In her seminal ethnographic study (2004, 2005, 2006) of an Orthodox Jewish Alzheimer’s

support unit in Canada, Kontos explored the notion of selfhood in the face of ‘severe cognitive impairment’⁹.

She integrates Merleau-Ponty’s¹⁰ (1962) radical reconceptualisation of perception and Bourdieu’s (1977, 1990) theory of the logic of practice (see for instance Kontos, 2004: 830 ff.). Drawing in particular on the works of Merleau-Ponty, an embodied understanding of cognition is manifest in her perspective. Kontos approaches the body focusing on its “concrete, spatial, and pre-reflective directedness toward the lived world” (2006: 203), endorsing an understanding of the “active presence of the past in the body itself” (2006: 209). From this perspective, contrary to studies cited above, the construction of self is not reliant on language per se, but can be “enacted in the actual movements of the body” (ibid: 209). Shifting the focus on appearance, etiquette and dance, for instance,

“[t]he residents did not communicate with each other with words alone. Gestures, movements of the body, limbs, hands, head, feet and legs, facial expressions (smiles, frowns), eye behaviour (blinking, winking, direction and length of gaze and pupil dilation) and posture carried implication and meaning. Constantly and everywhere these gestures were employed. They played a large role in inter-personal communication, and often conveyed praise, blame, thanks, support, affection, gratitude, disapproval, dislike, sympathy, greeting or farewell. Slight head nods, eye and small lip movements, chin thrusts, shoulder nods, hand and finger movements, as well as leg and foot shifts were intentional, informative, communicative and interactive. A short sequence of acts might signal for another resident’s attention: a directed gaze

⁹ In particular the studies cited here conducted in psychology use so-called mini-mental-state examination (MMSE) questionnaires to define the nature and severity of participants’ cognitive impairment. Just like this thesis’s author, Kontos does not make use of this questionnaire. Since we both argue for an embodied and distributed perspective on cognition, the insights one can gain from MMSEs are considered to be insufficient – at least in my opinion.

¹⁰ “I experience my own body as the power of adopting certain forms of behavior and a certain world, and I am given to myself merely as a certain hold upon the world; now, it is precisely my body which perceives the body of another, and discovers in that other body a miraculous prolongation of my own intentions, a familiar way of dealing with the world. Henceforth, as the parts of my body together comprise a system, so my body and the other’s are one whole, two sides of one and the same phenomenon...” (1962/2003: 412).

towards another person, a smile, a lift of an eyebrow, a wave, and a quick head nod. Likewise, gaze avoidance signalled a desire not to communicate, often accompanied by particular body movements or postures, such as turning away” (Kontos, 2004: 835).

Considering the remarkable observations in her studies, I am certainly with Kontos, when she argues that “[i]f we could shift the discourse on selfhood in Alzheimer’s disease towards a greater recognition of the way that humans are embodied, it would critically challenge the widespread presumption of the loss of agency with cognitive impairment. It would do so by disentangling selfhood from the cognitive categories upon which long-standing notions of selfhood are presumed, and it would ground selfhood in corporeality. Rather it promotes a perspective on the body and selfhood that provides new insight and direction for future investigation of Alzheimer’s disease, and more broadly of embodied ways of being-in-the- world” (Kontos, 2004: 846). I would add that researchers who investigate the speech of Alzheimer’s patients nowadays have the *option* to embed their data analyses within this established Discourse. However, as we have seen, this potentially implies that researchers perpetuate what Kontos called ‘horror stories’ of Alzheimer.

The following study exemplifies this once more. Tappen, Williams, Fishman & Touhy (1999) conducted conversations with nursing home residents with a diagnosis of probable Alzheimer’s disease. They focused specifically on their use of the “first person indexical and other evidence, such as awareness and reactions to the changes that had taken place, in support of and counter to the notion of persistence of self, were sought” (ibid: 121). The authors found that “respondents used the first person indexical frequently, freely and coherently” (ibid). Hence, they conclude that this is evidence that “awareness of self persists into the middle and late stages of Alzheimer’s disease” (ibid).

Considering the claims so far, it can be concluded that there seems to be the following consensus, or line of argumentation. The behaviours outlined above (e.g., anxiety) are considered ‘trouble’ or ‘troublesome’. These behaviours, however, occur with and are signalled through specific linguistic markers (e.g., slowed down speech, errors in the lexicon or syntax). In the Cartesian

tradition, these signal a dysfunct *self* which emerges in interactions. Accordingly, it has been highlighted that the effects of the disease on the communicative competence of the sufferer, and the quality of the relationship with their caregivers, are almost exclusively negative for both parties involved.

Now, a second reason that explains why conversation analysis is increasingly being used to analyse conversations with people with neurogenic language disorders is because “it allows for the description of how trouble in a conversation is signalled, how it is repaired and to what extent these conversational repairs are successful” (Watson et al., 1999: 195). Schegloff, Jefferson & Sacks (1977) distinguish between several interactional types of repair. First of all, there is a distinction between the initiation of repair after a trouble-spot (‘initiation’), and the potential outcome of the repair (‘correction’).

As far as repair-initiation is concerned, Schegloff, Jefferson & Sacks (1977) make a distinction between initiation by the speaker herself (‘self-initiation’), or initiation by another participant (‘other-initiation’). Accordingly, there is correction by the speaker herself (‘self-repair’) and correction by another person (‘other-repair’):

“SELF-initiation of repair (i.e by speaker of the trouble source) and OTHER-initiation of repair (i.e. by any party other than speaker of the trouble source). Examples follow.

2.21. Self-repair can issue from self-initiation:

- (10) N: She was givin me a:ll the people that
 -> were go :ne this yea: r I mean this
 -> quarter y' // know
 J: Yeah [NJ:4]
- (11) Vic: En- it nevuh happen. Now I could of
 wen' up there en told the parents
 -> myself but then the ma- the husbin
 liable tuh come t'd'doh ... [US:4]

2.22. Self-repair can issue from other-initiation:

- (12) Ken: Is Al here today?
 Dan: Yeah.
 (2.0)

Roger: -> He is? hh eh heh
 Dan: -> Well he was. [GTS: 5:3]

2.23. Other-repair can issue from self-initiation:

(13) B: -> He had dis uh Mistuh W- whatever k- I can't
 think of his first name, Watts on, the one thet wrote // that piece,
 A: -> Dan Watts. [BC: Green: 88]

2.24. Other-repair can issue from other-initiation:

(14) B: Where didju play ba: sk//etbaw.
 A: (The) gy:m.
 B: In the gy:m?
 A: Yea:h. Like grou(h)p therapy. Yuh know=
 B: Oh:::
 A: half the group thet we had la:s' term wz there en we jus' playing
 arou:nd.
 B: -> Uh- fooling around.
 A: Eh-yeah... [TG:3]"

(Schegloff, Jefferson & Sacks, 1977: 364/365)

Altogether this system allows for four different scenarios: Self-initiated self-repair, self-initiated other-repair, other-initiated self-repair, and other-initiated other-repair. There is agreement in CA that self-repair is always favoured and self-initiated other-repair virtually impossible (Levinson, 1983).

Self-initiated repair can occur in any of the three positions in the turn-taking sequence:

- (a) in the same turn as the trouble-spot source (which can be a lexical 'error', but repair is not restricted to these)
- (b) in the 'transition relevance place' (TRP) of that turn
- (c) in the 'third turn', which is the turn subsequent to the one following the trouble-spot turn

The defining characteristic of conversational repair is that the current activity is put on hold and dealing with 'trouble' is made the business of the interaction. Once the problem is resolved, the main activity is resumed. Repair operations may include reformulations, word searches, corrections, and clarification requests.

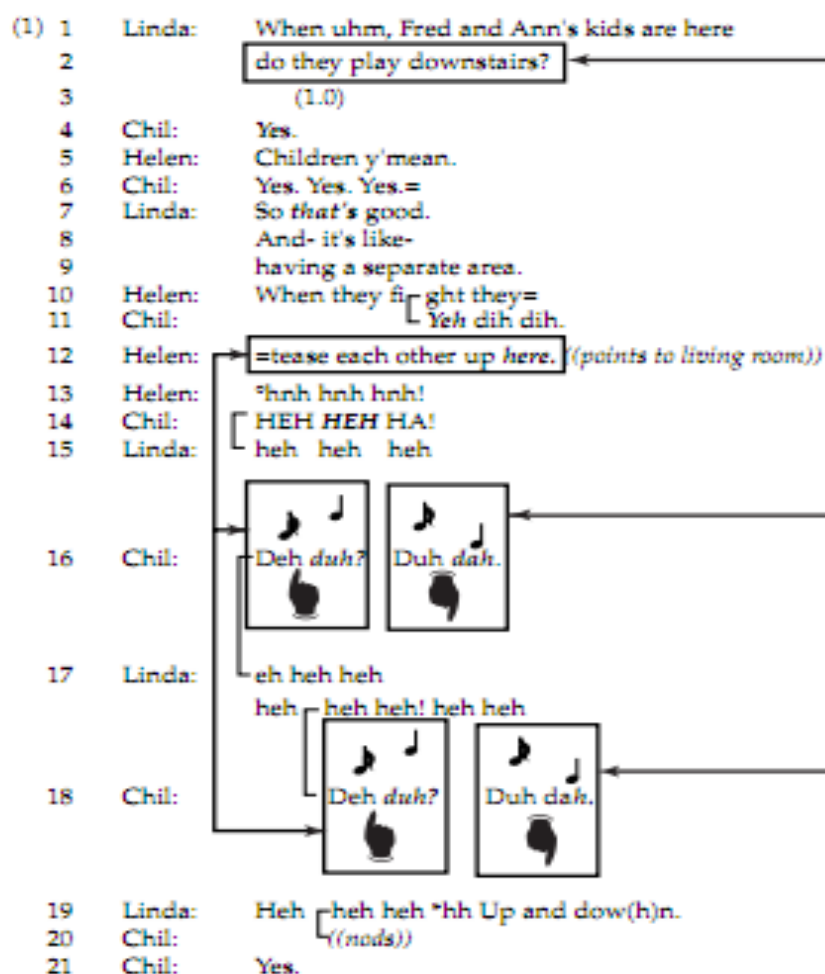
In their conversational data that includes one Alzheimer's patient, Watson et al. (1999) identified and analysed 'trouble indicating behaviour', specific repair types, and the successfulness of these repair types. They claim that trouble indicating behaviour signals a "breakdown" in the conversation (ibid: 195). Whilst the authors acknowledge that indicating trouble is an interactive enterprise, they state that the "normal partner" (ibid) is the one who carries "a greater burden" (ibid) negotiating the repair sequence. Concerning the role of the individual with Alzheimer's in these interactions, Watson et al. claim that "there were more instances of inappropriate repair by individuals with AD that were sometimes accepted by the normal partner in an attempt to preserve the self esteem of the subjects with AD or to maintain the flow of conversation" (ibid: 216). Or, as Small, Gutman, Makela & Hillhouse (2003) put it: "Caregivers carry the burden of managing breakdowns in communication because people with AD are often unable to modify their communicative behaviour" (2003: 353).

As we can see here, CA's notions of 'trouble', 'repair' and 'appropriateness' in these studies come dangerously close to Chomsky's 'ideal speaker' and eventually play a significant role in sustaining the Cartesian view on cognition that links the *self* to appropriate verbal expression. In the following chapter we will see that this application of CA's repair tools cannot be found in the work of Harvey Sacks, and I would argue that re-contextualising them in this fashion is oddly contrary to his beliefs and the reasons why he set out to study conversations in the first place. To give another example, Gentry & Fisher (2007) define in their study two types of listener repair responses, indirect and direct repairs. They claim that there are two repair types: in an indirect repair, the listener paraphrases the speech of the person with Alzheimer's disease, while in a direct repair response, the listener interjects with corrective. They conclude that indirect repair responses may decrease "the risk of excess verbal deficits" (2007: 97). In line with their argumentation they hence recommend that caregivers should "reinforce rather than punish verbal behaviour" (ibid: 97) and thereby improve the "quality of life" (ibid) for both parties.

4.3. A distributed view on language and cognition

In his research on the active participation in conversations of individuals who suffer from brain damage, Charles Goodwin, and also his wife Marjorie, choose CA for very different reasons: “CA provides a theoretical framework in which the visible displays of the body are thoroughly integrated into language practice, something that is especially important for the analysis of the language ability of parties whose speech production is impaired” (Goodwin & Goodwin, 2000). Through changing participation displays, including concurrent assessments and appropriate use of the visible body, hearers not only co-construct an assessment being given voice by another speaker but, more important, display through their embodied actions their detailed understanding of the events in progress. Hence, the focus is not just on the (proper) language abilities of the individual whose brain has been damaged, but he takes as the basic unit of analysis sequences of talk constructed through the collaborative actions of multiple parties.

In particular Goodwin’s research with ‘Chil’, a New York lawyer who after having had a stroke is left with the ability to produce merely three distinct words (yes, no, and), provides striking examples of distributed cognition (Goodwin, 1995, 2000, 2002, 2003; Goodwin & Goodwin, 2000, 2002). In contrast to the studies presented above, Chil’s communicative ‘problems’ are never contextualized in the light of declining cognitive functions. In fact, what Goodwin focuses on is how Chil gets others to produce the words he needs, by embedding his talk within sequences of action co-constructed with his interlocutors. If analysis were restricted to the structure of his utterances in isolation, most of his competence to understand and use language to build meaningful action in concert with others would be hidden.



(Goodwin & Goodwin, 2002: 5)

The Goodwins (2000) show that someone who is not able to produce multi-word utterances on his own might nevertheless display understanding of the talk in progress, by performing relevant participation displays at appropriate places. Yet, to ‘display understanding’ and also ‘relevant participation displays’ have to be clarified. In his fictive ‘Pacific Palisades’ dialogue, Harvey Sacks suggests that in order to *demonstrate* understanding the speaker would “provide clear EVIDENCE of recognition of the referent that (...) would normally have to involve some expansion or transformation of the reference” (Heritage, 2007: 268). In Sacks’s example this would imply to “DEMONSTRATE a grasp of the place reference ‘Pacific Palisades’ by re-referencing it in other words. In this way it shows a recognition of the location that is amenable to correction” (ibid: 255). To simply repeat the

place reference “Oh Pacific Palisades” (Sacks, 1992, Vol.2: 141) “may CLAIM recognition of the location, but it does not demonstrate it in a fashion that is amenable to correction” (Heritage, 2007: 255).

Coming back to Chil now, the Goodwins developed an approach to the analysis of action within interaction that takes into account the simultaneous use of multiple semiotic resources. In the data extract presented above we can thus find a most interesting instance where Chil, despite his impaired language, *demonstrates* understanding through different kinds of signs which are produced in different media and which mutually elaborate each other. Following Linda’s inquiry where the children usually play when they visit in line 1, we can see in line 16 and 18 that Chil uses sounds and gestures to expand his wife’s original reply that they play on two floors, adding the information that they ‘go up and down and up and down’ which his wife repeats in line 19. The Goodwins thus provide evidence that in concert with other semiotic resources, “the human body is made publicly visible as the site for a range of structurally different kinds of displays implicated in the constitution of the actions of the moment” (Goodwin, 2000: 1491).

In investigating action as contextual configurations, in their analysis the Goodwins bridge the (disciplinary) analytical gap between language and material structure, analysing both as integrated components of the process of the social production of meaning and action. Inspired by the pioneering works of Bateson (1967) on distributed cognition, Goodwin claims that the interplay between the semiotic resources provided by language on the one hand, and tools, documents and artefacts on the other constitutes a most important future direction for the analysis of participation. However, he points out that this multimodal framework should not be seen as something new but as recognition of the rich contextual configurations created by the availability of multiple semiotic resources which has always characterized human interaction (see 2000: 1491). The emphasis is on cognition as a public, social process embedded within a historically shaped material world. In showing how meaning arises as gestures are co-ordinated with verbal activity, the Goodwins document that “[h]uman sense-making integrates

wordings with what we hear, expectations, physical events and, indeed, contents of working memory” (Cowley, 2009: 8).

Cowley (2006, 2007, 2009) argues that language is distributed. According to him (and others) language is behaviour that serves in constructing a world where, using experience, we modify each other’s perception and action. “Speaking and understanding depend – not on wordings – but physical and cultural experience” (Cowley, 2009: 5).

His position is backed up by research in developmental psychology. Studies on conceptual thinking in pre-linguistic infants (see Brown, 1973; Trevarthen 1985, 2004, 2010) have shown that there is no inevitable connection between concepts and words. There is both developmental and comparative evidence that the human brain is formed prenatally with adaptations at all levels to motivate activity and emotions (Trevarthen, 1985, 2004, 2010). Trevarthen explains that this indicates that the cortico-subcortical integrations necessary for learning the codes for intersubjective communication, including those for language, are already functioning at this early stage in proto-conversation:

“How can a newborn baby, a being with no meaningful knowledge, no education in the habits of culture and language at all and therefore, it is assumed, incapable of reflective intelligence, be a person? An infant must be unable to understand anything and unable to infer anything about an outside reality or to articulate meanings in communication. That is what our psychological science, attending to measurable *products* of intelligence, especially well-defined cultural and linguistically sophisticated intelligence, rather than to any essential motive/emotional *creative processes*, has assumed must be the state of a newborn mind. It follows that the human newborn has no 'self-awareness', no awareness of other human selves, and is not a person” (...) “It awaits a consciousness that depends on development of a special facility to acquire articulate language (Rolls, 2005). Thus developmental science has conceived the initial state of the human mind as lacking intentions, feelings and consciousness. It is hardly a mind at all. But, when calm, healthy, comfortable and well supported, an awake newborn infant, observed closely, shows a remarkably coherent *rhythmic purposeful consciousness* – a spontaneous directing of well-formed

movements, selective awareness and affective appraisals in a precisely regulated, brain-generated time” (2010: 2).

With reference to Trevarthen’s research, Cowley (2009) exemplifies in his own data how in mother-infant dyads both parties attribute similar values to interactional moves (ibid: 13). Over time, but long before learning verbal language, infant motivations engender specific expression. Conversely, changing adult behaviour alters infant expression (ibid: 14). Emerging out of mother-infant dyads by the 4th month of life (see, Cowley et al., 2004), Cowley (2010) and Steffensen (2010) use the term *co-action* to describe “the capacity for each party to exploit the context of other’s behaviour to come up with something that could not have been achieved alone” (Steffensen, 2010: 210). Cowley (2009) concludes that infant expression combines mimetic and instinctive expression with aspects of normative display (ibid: 14).

The emotional displays hence become “the essential regulatory feature in human life” (Trevarthen and Aitken, 2007: 24): “In games with others, infants negotiate at the growing borders of shared purposefulness with powerfully expressed emotions of self- and self-other-experience, and they learn rituals of body movement and of joint intention with others” (Trevarthen, 2010: 12). Infants, it appears, are born with motives and emotions for actions that sustain human intersubjectivity (Trevarthen, 2010: 12). We can see now that those claims Goodwin makes in his work with Chil that concern the sharing of intentions and feelings with other humans by means of many expressive forms of body movement that may be perceived in several modalities can be backed up by extensive research on early development in human infants. But maybe the most important message is that we, as human beings, use a ‘feeling of what happens’ (Damasio, 2003) as “we hear what people mean – not just words that are actually spoken” (Cowley, 2009: 8).

4.5. Summary

This chapter discussed approaches to *cognition* in discourse studies, and more specifically the position put forward by discursive psychology. Opposing the cognitivist attitude commonly found in particular in cognitive psychology, DP does not make ascriptions of speaker intention to support claims about discourse meanings, but instead relies on the analysis of the discourse objects' composition and positioning. We have seen that conversation analysis's analytical framework and tools play a shaping role in this regard. A comparison of studies with Alzheimer's patients then outlined a number of short-comings these share.

In particular, I argued that these works, though grounded in CA, promote a rather untypical perspective on conversations in shifting the focus on what participants 'should' do, rather than to provide detailed descriptions of what they actually do. Accordingly, CA's repair tools are modified and used to detect 'impaired' speech in conversations with Alzheimer's patients. Coming back to Richard Taylor, I think that the majority of studies presented in this chapter describe the 'curtain', in using their data to decide whether an individual is 'lucid' or not; somewhat assuming that "behind the curtain there is nothing to see, but it was all the more important each time to describe the curtain" (Deleuze, 1988: 54).

The works of Pia Kontos and the Goodwins who are proponents of an embodied and distributed perspective on cognition were then discussed. Both researchers provide interactional data that contradict a Cartesian view on *self*, which then in the last part of this chapter is further backed up by research in developmental psychology. In particular, Trevarthen's research with infants makes a strong point that "[w]e must respect these intuitive beginnings if we are to comprehend the elaborately representational and rationally regulated minds of speaking humans" (Trevarthen, 2010: 14).

We will see in the following, and final, chapter of the theoretical section of this thesis, that in his lectures, Harvey Sacks's notion of *mind* encompasses the *innate intersubjectivity* Trevarthen suggests. In putting the above-mentioned famous quote back into its original context within the lectures, I argue that those studies presented in this chapter that refer the reader to CA have nothing in common with the original inspiration that motivated Harvey Sacks.

5

You are always on my *mind*

Harvey Sacks and the *mind*

Don't worry about the brains that these persons couldn't have but which the objects seem to require. Our task is, in this sense, to build their brains.

(Sacks, 1992: 115, Vol.1)

In this chapter, I introduce Harvey Sacks's position on the *mind* as it unfolds over his lectures (1964 – 1972). This will underpin the method for data analysis which I consider appropriate for this thesis. In particular, his socio-cognitive stance on memory suits best this study's hypothesis that acts of remembering in emotion management, as well as adaptive learning processes, are co-constructed within specific contexts which have specific situational affordances. Integrated within Sacks's framework for the analysis of story-telling in conversations, his ideas about how participants do this ongoing process of 'bringing their minds together' seem to be best suited to understand how participants in this study co-construct emotion management. This will be elaborated in the following and in particular in the final section of chapter 6. In the spirit of Harvey Sacks, the general approach

to data analysis is one of ‘any-direction’ considerations (Sacks, 1986: 128). This means that “various theoretical, methodological, and analytic issues are raised by reference to items which happen to occur” (Sacks, 1986: 127). This expresses the necessity and commitment to integrate the insights we have gained in previous chapters into data analysis as they have essentially contributed so far to the process of finding approximate answers to this study’s research questions. In the following section, I first summarise again a cognitivist perspective on memory before I contrast such a position with Sacks’s ideas about how we do understanding and how memory seems to be ‘at the service of conversation’.

In chapters 3 and 4, it has been shown that the prevalent assumption underlying both memory tests in psychology as well as CA studies with Alzheimer’s patients is that one can discover how individual word meanings are represented in memory independent of how they may be used in the dynamic context of conversations. In particular with regard to the findings in chapter 4, I argue that results of these tests are insufficient because they lack the social context. Context-specific details are omitted and the reader is merely confronted with the categories which are based on language. It has been shown that a linguistically grounded notion of memory in the strongest sense presents cognition as a *state*. In focussing on the neural underpinnings of memory, researchers run the risk of expressing the belief that remembering happens in the brain. This in turn potentially implies that researchers miss the public, social process that remembering certainly also is. In chapter 2, a discussion of Ibarra’s work (2002) offered a related critique of data analysis that is grounded in the monological, rather than dialogical individual. I argued that the most apparent short-coming of such an approach is that it does not allow for the conclusions about the nature of the relationships between participants the author arrives at.

In cognitive psychology, the representation of knowledge is conceptualised as schemata (e.g., Bartlett, 1932; Piaget, 1954; Rumelhart & Ortony, 1977) and behavioural scripts (see Schank & Abelson, 1977). Whereas the latter are thought to contain information about how people behave under varying circumstances, schemata have been defined as “organized representations of

prior experience” that allow “a person to screen, code, and assess the full range of internal or external stimuli and to decide on a subsequent course of action” (Kovacs & Beck, 1978: 526). Modern understanding of schemata was fundamentally impacted upon by Bartlett’s famous experiments on recall of folk-stories (1920). He observed that recall of a story was not mere duplication of the same pattern over and over again. Rather, it was flexible, with participants adding new details or leaving out information. Hence, he concluded that memories are not stored as static entities, but form parts of larger constructs, called schemata. This concept of schemata allowed Bartlett to integrate his observation that one can form new combinations of individual memories, with individual components possibly changing any time there is a retrieval act. Whereas Bartlett’s experiments certainly highlight the assumed internal, subjective processes of schemata formation, Harvey Sacks explores in his lectures the publicly observable social practice that remembering also is. Focussing on story-telling in conversations, he unfolds and outlines the ways in which remembering is also an inherently interactional business.

5.1. Reading people’s minds

It is in his first lecture about the rules of conversational sequence where Harvey Sacks’s often-quoted statement on the *mind* appears:

“When people start to analyze social phenomena, if it looks like things occur with the sort of immediacy we find in some of these exchanges, then, if you have to make an elaborate analysis of it - that is to say, show that they did something as involved as some of the things I have proposed - then you figure that they couldn't have thought that fast. I want to suggest that you have to forget that completely. Don't worry about how fast they're thinking. First of all, don't worry about whether they're 'thinking.' Just try to come to terms with how it is that the thing comes off. Because you'll find that they can do these things” (1992: 11, Vol.1)

We will see in the following how this quote, and also his remark on ‘building brains’ that introduced this chapter, can be grounded in the context of his lectures. In the previous chapter it was argued that within discursive psychology, Sacks’s position is commonly equated with an ‘anti-cognitivist’ one: “Conversation analysis, in the hands of Harvey Sacks, however is a wholly different animal, necessitating no appeal whatsoever to interior, ‘mental’, ‘unconscious’ or ‘cognitive’ processes, mechanisms or operations” (Coulter, 1999: 178).

While Harvey Sacks certainly does not represent a cognitivist perspective, I claim that we can find evidence in his works that defy labelling on the grounds of Coulter’s definition. In the last section of the previous chapter, I have drawn attention to the very last sentence of the above-mentioned quote: “Because you’ll find that they can do these things” (1992: 11, Vol.1). In the following, this sentence is contextualised in such a way that we follow closely how Sacks himself explains his opaque references to “you”, “they” and “these things”. Instead of explicitly explaining what he means, Sacks sets the first assignment: an observation of the use of glances in interactions. Furthermore, instead of equipping his students with guidelines and a method, Sacks describes the following situation to his students:

“I was walking down the hall the other day, to give an exam to one girl. She was standing, leaning up against the wall. In between us walked another girl. She passed this girl first, and then me. And the girl who was standing leaning against the wall looked at me and gave a shrug of her shoulders with a big smile, which I returned. And I don’t think it was a big puzzle over what was going on. The girl who walked by was smoking a pipe” (1992: 82, Vol. 1).

Worried about the assignment, one student gives voice to her confusion claiming that she can usually tell what “sort of interaction is occurring” (1992: 82, Vol. 1) when someone is looking at her. “But if someone is looking at someone else, it’s going to be kind of hard to differentiate between people that just happen to be looking at each other” (ibid). In response Sacks nonchalantly replies: “Try it and see” (ibid); and he adds that he would be

“willing to make a fair bet that you can guess, seeing somebody get up and start to move out of a place, whether they will be somebody that others will notice. And you can probably say who will notice them, knowing nothing about the persons except what they look like; both the person who gets up and the other persons around. Because after all, when persons look at somebody passing, they know from having scanned the room in the first place, who to turn to get an exchange of glances” (ibid).

Although this approach to teaching may seem sphinx-like, in frequently offering examples, either from his own data or based on the human experience, he shows his students as a matter of fact that they can “notice them [other human beings] doing it” (1992: 96, Vol. 1). Sacks, hence, continuously proves and reminds us that as human beings we have a *feeling* for certain things. Accordingly, he introduces his examples very often in this way: “Picture yourself in the scene. Here’s Estelle driving by. ... ” (1986: 135). This *innate intersubjectivity*, however, gets scaffolded by the norms of the society one is a member of. Based on this, Sacks argues that we can detect ‘incongruities’ which we frequently apply in the meaning-making process: “People seem to know what others are thinking without having any idea who they are, apart from their class membership” (1992: 93, Vol. 1). Yet again, Sacks immediately offers his students an example. He wants them to imagine “a worn old man and a very pretty young girl” (1992: 90, Vol. 1) together. He claims that the most likely scenario to happen is that this couple gets noticed. Immediately an exchange of glances takes place, which act as a confirmation of the spotted incongruity (see ibid). Just like Trevarthen (2010), Sacks points out that we learn about the ability of others to ‘read our minds’ as children (see 1992: 115, Vol. 1).

After highlighting the crucial role of (shared) culture to explain how people ‘read’ each other’s minds, he draws attention to how we achieve this in everyday interactions. Sacks argues that very early in a conversation one can see that interactants ‘bring their mind to each other’ (see 1992: 166, Vol. 1). To exemplify this, he tells his students to imagine the situation of someone visiting you who has been to your house before:

“And they walk through the house and say, “Gee that’s new isn’t it?”. And you say “Yeah, I got it a couple of months after the last time you were here,” or “I just got it,” etc. Consider that as one of the ways in which, as between two parties, one goes about showing the other ‘how much you’re in my mind,’ i.e., on any given occasion of looking through your place, I can see the sorts of changes that have been made since I last visited you, and show them to you. I can find things that have changed in ‘our time,’ i.e., time that is only marked by our relationship” (1992: 166, Vol. 1).

With the help of this example, Sacks claims that at a very early point in the conversation participants show that they are ‘turning their mind’ to the history of that particular relationship. Early into a conversation participants would therefore use different ways of showing that they have found “that part of ‘us’ that is involved in our last interaction” (1992: 193, Vol. 1). The example he uses above clearly shows that in their effort to ‘bring their minds together’, individuals draw on a broad range of cues that include verbal language, but also visual ones (e.g., furniture as seen above), as well as personal, nonverbal ones (e.g., voice, tone, mimics). He gives a second example of a phone conversation where ‘How’s your mother?’ is used as a way of saying ‘I know who you are and I know that the last time we talked your mother was sick’ (see 1992: 167, Vol. 2). Apart from signalling in general that one is “attentive to the other party” (1992: 257, Vol. 2), his line of argumentation suggests that in doing so we “show that the things they say have full control over your memory. That is to say, you put your memory utterly at their service” (ibid.).

In a conversation, showing that ‘my mind is with you’ is, according to Sacks, an on-going analysis to find things to say, and more specifically finding things to say within ‘conversation time’ (1992: 27, Vol. 2): “That is not merely to say that it can take place such that the person remembering can do it in the same conversation, but can announce the memory when you finish your utterance, or even before. And that the usual timing constraints of conversation – that people start up very rapidly after somebody finishes – can accommodate remembering is a kind of impressive fact” (ibid). It is probably a universal human experience that what one remembers is closely related to what has just been going on in a conversation and if one does not

get the opportunity to say it, chances are one will forget it. Therefore, Sacks suggests that it does appear “that memory is in some perhaps quite dramatic way at the service of the conversation” (ibid).

“I’ll give a much more dramatic instance, from these kids in group therapy session. One kid is talking about a job he got. At some point the therapist says “Last week you were mentioning something about the fact that you uh -” and he’s cut off by the kid saying “I got lost in one job? Yeah” (...) How does he know? Of all the things he said last week that it is this he’s being invited to remember. Obviously what it turns on is things having been said right now in this conversation, where one can use what you’re being invited to remember (...) you know that they remember it in just the same way that you remember it” (1992: 24, Vol. 2).

In approaching public remembering as an ‘utterance by utterance phenomenon’ (1992: 24, Vol.2), Harvey Sacks gives special attention to the fact that something “pops into one’s head within these very severe timing constraints” (1992: 28, Vol. 2): “they haven’t found themselves working to do it, it just literally pops into their head. Which is to say, perhaps, that it may be possible that this thing we think of as an extremely private repository but which we’re also aware of as operating quite without control, is something that operates by virtue of procedures which are socially organized and are characterizable” (1992: 7, Vol.2). He raises the question if the organization of conversation has some relevance for the study of memory, in such a way that time constraints in conversation may be some basis for the time constraints of memory (1992: 28, Vol. 2). At the same time, he stresses that he is “a bit leery of moving from people saying things like: ‘I remember’ to talking about ‘memory’” (1992: 28, Vol. 2). Connecting this remark with his initial famous quote, I argue that taken out of context this quote certainly blends in with discursive psychology’s agenda. However, following the line of his argument here, namely the analysis of how memory might be at the service of conversation, it should be clear that in thinking this through he trespasses back and forth between the interactional and subjective level, identifying “I remember” as a sequential locator, meaningful within the turn-taking system,

but also as a ‘co-participant verb’, “one that should be used as between these two participants, in the doing of such an activity as ‘showing that I had my mind on you’” (1986: 131).

5.2. On story-telling

Coming back to Bartlett, the crucial question certainly is where exactly Harvey Sacks locates the *mind*, by which I mean the place where memories are stored. As Sacks puts his ideas on how people bring their minds together in the bigger picture of how he imagines knowledge transfer to happen, he provides answers himself: “[O]ne kind of problem a culture faces is getting its known things kept alive. A basic thing it uses is people’s heads. Where people’s heads are not just to be repositories for known things, but they have to be repositories that are appropriately tapped so that those known things get passed to others. And, having been put in some others’ heads, there need to be ways that those known things again get tapped and put into yet others’ heads” (1992: 468, Vol. 2). With regard to face-to-face interaction, Sacks explains in the following way how he imagines this ‘tapping’ to work: People store experiences in terms of their own involvement, “but have them be available to anybody who taps them right. Anybody can get the story if they ask in the right way. And the right way is to tell one just like it” (1992: 258, Vol. 2). Offering a similar experience hence can be a way of confirming aspects of the told experience: “I can solve that uniqueness problem by just telling somebody else the story – not even specifically asking them for another – and they will simply come up with one if they have one. And not only will they come up with one if they have one, they will often know one that somebody else has come up with. The consequence of that is the familiar phenomenon of ‘Until I had this problem I didn’t think anybody had it. When I had it it turned out that lots of people have it’” (1992: 258, Vol. 2).

This is what Sacks describes as people’s ‘preference to be ordinary’. Even while sharing the extraordinary with others, one continues to do ‘being an

ordinary person'. While Sacks focuses on how this creates a tricky situation for psychotherapists who have to learn strategies for how to undo this automatic response of 'popping up stories', I argue that this affects researchers who are doing ethnographic fieldwork as well. I will come back to this in chapter 7 and 8. Departing from the common problem of psychiatrists falling asleep during sessions, Sacks suggests that this possibly has to do with "that they know that they can't say any of the things that are interesting, that they might think of when somebody might tell them something, and therefore they have no good way to listen to find anything interesting" (1992: 260, Vol. 2). However, given that the therapist does not respond with offering the same experience, this violates the idea that "the way you find out you're not crazy is that people who you figure aren't crazy tell you that they've had exactly the same experience you had" (ibid.).

Conceptualising memory in Sacks's fashion, the starting point for analysis would hence be radically different to the studies I discussed in chapter 4, in that researchers acknowledged that "the teller's position is in each case key" (1992: 28, Vol. 2). Sacks refers to a remarkable psychological paper by David Rappaport "on a fellow who had amnesia. And they gave him a story that they figured was similar to his circumstances, and he read the story aloud, burst into tears and his amnesia disappeared. So the issue of the way in which stories operate to produce memories is maybe a curious one" (ibid.). As unbelievable as this story may seem this is one of many of Sack's examples where a story is not only told on an occasion that it seems to be "powerfully relevant" to (1992: 469, Vol. 2), but where Sacks's relentless effort to describe how meaning-making is done by participants' themselves becomes strikingly evident. This effort includes that he harshly criticised the research practices found in linguistics: "It happens to be perfectly reasonable for linguistics and philosophy to proceed by considering, 'Well, let's take a certain locution, a sentence. Would anybody say that? If they said it would we figure it grammatical? Or a puzzle? Or not? (...) That is to say, they feel that they have control over what it is someone might say. They recognize someone as loony or not loony' (1992: 5, Vol. 2).

Rather than treating the occurrence of ‘errors’ in conversations in the research fashion he criticised so fiercely, Harvey Sacks understands them to be integral elements in participants’ signalling their understanding. Based on ‘Ken’s story’ (1992: 420 ff., Vol. 2), Sacks develops his argument that the occurrence of an ‘error’ and the somewhat abrupt ending of the story are in fact most relevant to finding an object that signals understanding. The story is told by seventeen-year old Ken who is telling his friend Louise about his twelve-year old sister’s odd behaviour. She has pictures of the Beatles on the “roof” and would lie in her bed at night staring up at them. There is an occurrence of an error in the story (‘roof’ rather than ‘ceiling’) and the story stops before some obvious sense of its appropriate completion. At the perceived completion where a recipient is expected to signal understanding for the story (see 1992: 422, Vol. 2) Louise then uses a proverbial expression to create the pun ‘they need something to look up to’ (1992: 421, Vol. 2).

Sacks claims that in general the ‘understanding-object’ (ibid) used “stands in some methodic relationship to the form of the story, i.e. the story is a puzzle and the understanding is an explanation” (ibid). Hence, he proposes that “these two matters [the abrupt ending and the ‘error’] could have a bearing on where her mind is” (ibid) while Louise searches for a pun. So, what Louise does “is to use materials from the story that were themselves needing of treatment, as resource for arriving at a proverb” (1992: 430, Vol. 2). Put in another way, she picks up on the “relevantly-to-be-picked-up-on aspects of the story” (ibid). That is, “a correctable thing was said, and she didn’t correct it, and nobody corrected it” (1992: 429, Vol. 2). In chapter 4, it was a common occurrence that recipients reacted to a perceived word misuse and often corrected it aloud. Since Louise does not show that she saw an error when she could have shown it, but nevertheless signals through the specific pun she uses at some later point that she did see it and understood the story, Sacks proposes that she must have ‘mentally corrected’ it (ibid).

It is not clear what Sacks exactly means with this expression. It certainly allows for a cognitive reading, that is, that Louise did the repair in her head. However, I argue the opposite that this mental repair and the concluding pun were in Trevarthen’s sense intersubjectively co-constructed. Although Sacks

provides minute observations, they are reduced to a focus on verbal language. Sacks pointed out himself that “[i]t might be possible to do some things with, say, facial expressions, but I don’t know what to do with them now. (...) It would be great to study them. It’s an absence” (1992: 26/ 27, Vol. 2). I think that a deeper insight into the understanding that Ken and Louise signal can only be achieved through thick descriptions that include detailed observations of nonverbal behaviour because it has been shown that “cues in any modality can prime human perception, categorization, and decision-making” (Streeck & Jordan, 2009: 94).

Furthermore, the fact that Louise offers a humorous conclusion to the story in the form of this pun carries crucial information about the relationship between these two individuals. Sacks does not stress this aspect that individuals when bringing their minds together do not merely signal what they remember to be their last encounter but their actions are also meaningful statements about their relationship. Locating Sacks’s research within the broader field of ethnomethodology, Erving Goffman and George Herbert Mead provide answers to how social scientific research can deal with these ‘absences’.

5.3. Goffman and Mead

For Goffman, social order is based on the collective maintenance of particular definitions of the situation which allow the systematic exclusion of ‘troubles’. Here it is particularly important to understand how events are ‘framed’, that is, how people establish and negotiate “definitions of a situation” (Goffman, 1974: 11). More specifically, Goffman argues that “each participant is expected to suppress his immediate heartfelt feelings, conveying a view of the situation which he feels the others will be able to find at least temporarily acceptable. The maintenance of this surface of agreement, this veneer of consensus, is facilitated by each participant concealing his own wants behind

statements which assert values to which everyone present feels obliged to give lip service” (1959: 9).

We have seen in chapter 2 that this is the essential idea Arlie Hochschild borrowed from Goffman and adapted to her framework. However, while Hochschild focuses on the emotion management strategies an individual develops to work on her own emotions, Goffman gives an account of how the *self* is embedded in the collective effort of keeping up a shared definition of a situation: “In noticing the tendency for a participant to accept the definitional claims made by the other present, we can appreciate the crucial importance of the information that the individual initially possesses or acquires concerning his fellow participants, for it is on the basis of this initial information that the individual starts to define the situation and starts to build up lines of responsive action” (1959: 10).

He elaborates that when individuals know each other, they partly rely on “the persistence and generality of psychological traits as a means of predicting his present and future behaviour” (1959: 1/ 2). In his ethnography of the Shetland Islands, however, Goffman shows that “[m]any crucial facts lie beyond the time and place of interaction or lie concealed within it. For example, the ‘true or – real’ attitudes, beliefs and emotions of the individual can be ascertained only indirectly, through his avowals or through what appears to be involuntary expressive behavior” (see 1959: 8):

“Knowing that the individual is likely to present himself in a light that is favourable to him, the others may divide what they witness into two parts; a part that is relatively easy for the individual to manipulate at will, being chiefly his verbal assertions and a part in regard to which he seems to have little concern or control, being chiefly derived from the expressions he gives off. The others may then use what are considered to be the ungovernable aspects of his expressive behaviour as a check upon the validity of what is conveyed by the governable aspects. In this a fundamental asymmetry is demonstrated in the communication process, the individual presumably being aware of only the stream of his communication, the witnesses of this stream and one other. Now given the fact that others are likely to check up on the more controllable aspects of behaviour by means of the less

controllable, one can expect that sometimes the individual will try to exploit this very possibility, guiding the impression he makes through behaviour felt to be reliably informing” (1959: 7).

In *Conversation of Gestures* (1934), Mead regarded gestures as early parts of social actions, which come to stand for these actions, thus taking on objective significance, displaying intent to other and self. He describes how two organisms, in this case dogs, display to one another their imminent actions and thereby afford each other the opportunity to adjust to these:

“I have given the illustration of a dog-fight as a method of presenting the gesture. The act of each dog becomes the stimulus of the other dog for his response. There is then a relationship between these two; and as the act is responded to by the other dog, it, in turn, undergoes change. The very fact that the dog is ready to attack another becomes a stimulus to the other dog to change his own position of his own attitude. He has no sooner done this than the change of attitude in the second dog in turn causes the first dog to change his attitude. We have a conversation of gestures” (1934: 42/ 43).

The facial expression that indicates an incipient attack allows the other animal to adjust by readying itself, retreating, or displaying submission. The two dogs thus negotiate their relationship through quasi-symbolic communication. In a climate dominated by Skinner’s behaviourism, the social psychologist Mead pointed out the relevance of the social context of the learning environment. He rejected the idea so prevalent in cognitive psychology that *mind* is something pre-existing to interaction. Rather he figured that the mind is a process, found in social phenomena and not within individuals. The ‘essence of thinking’ is to him the internalisation of the external conversations of gestures in our experience, which we carry on with other individuals in the social process. Hence, according to Mead “[m]eaning is thus not to be conceived, fundamentally, as a state of consciousness, or as a set of organized relations existing or subsisting mentally outside the field of experience into which they enter; on the contrary, it should be conceived objectively, as having its existence entirely within this field itself. The

response of one organism to the gestures of another in any given social act is the meaning of that gesture” (1934: 78).

Mead’s analysis of gestures eventually led him to critically question the traditional notion of *language* in a fashion that reveals parallels to the position of those scholars introduced in the last section of chapter 4 that have been chosen to represent an embodied and distributed stance on language:

“We are too prone, however, to approach language as the philologist does, from the standpoint of the symbol that is used. We analyze that symbol and find out what is the intent in the mind of the individual in using that symbol, and then attempt to discover whether this symbol calls out this intent in the mind of the other. We assume that there are sets of ideas in persons’ minds and that these individuals make use of certain arbitrary symbols which answer to the intent which the individuals had. But if we are going to broaden the concept of language in the sense I have spoken of, so that it takes in the underlying attitudes, we can see that the so-called intent, the idea we are talking about, is one that is involved in the gesture or attitudes which we are using. The offering of a chair to a person who comes into the room is in itself a courteous act. We do not have to assume that a person says to himself that this person wants a chair. The offering of a chair by a person of good manner is something which is almost instinctive. This is the very attitude of the individual. From the point of view of the observer it is a gesture. Such early stages of social acts precede the symbol proper, and deliberate communication” (1934: 13/ 14).

It is part of the human experience that we get the meaning of what people do in social interactions. I think we can draw on our very own experiences to confirm that “communication set up in this way between individuals may be very perfect” (Mead, 1934: 14) and most importantly it “cannot be translated into articulate speech” (ibid).

5.4. Summary

This chapter's purpose was to highlight, first of all, the tradition in the social sciences that describes meaning-making as an external, inter-individual process. Mead, Goffman, and Sacks have produced pioneering descriptions of the means and spectrum of human meaning-making processes. In chapter 2 and 4, on the other hand, we have seen striking examples of social scientific research that reduces the complexity of interactional meaning-making to an individual's monologue, and breaches of the interaction order and/or the conversational organisation. Furthermore, the role of linguistic contributions to social interaction is paramount in these studies, despite the fact that it is part of the human experience that "[t]here is something that reveals to us what the purpose is - just the glance of an eye, the attitude of the body" (Mead, 1934: 14). Hence, there is a danger of mapping data against a Cartesian notion of *self*. In ascribing 'lucid episodes', we learn a great deal about how the researcher makes sense herself, but little about how participants themselves do it; let alone about those relationships which these studies set out to observe.

Therefore, the research tradition introduced in this chapter, and in particular Harvey Sack's work, shall be the guiding light for this study's goal to realise an interactional approach to Alzheimer's disease and emotion management. The following and final chapter of the methodological section outlines this study's data collection methods and proposes a method for data analysis.

6

A toolkit for the analysis of (inter)subjective remembering

This study focuses on three research questions:

1. How do the individual participants describe subjective emotion management?
2. How are emotion management strategies embodied in interactions?
3. What impact do these strategies have for the manner in which care is provided for an Alzheimer's patient who is in the late stages of the disease?

In order to address these, methods of data collection are required which allow for a rich description of everyday interactions of participants. An ethnographic framework that seems to be most suitable to blend with this

thesis's critical perspective can be found in the works of Blommaert (2005, 2009) and Scollon & Scollon (2003). These three scholars are among the few exceptions in sociolinguistics that put the focus on the interrelationship of physical context and language. Their stance on ethnography assumes that it is a theory of situated knowledge production on situated objects (Blommaert & Huang, 2009) which I very much share. The following sections describe the data collection process for this study, introducing the different ethnographic data collection methods used. Considerations of ethical issues are included at each stage. The last section of this chapter, deals with data transcription and analysis.

6.1. Recruitment of participants - online and offline

Different access methods were used for both online and offline fieldwork. In the following I will outline the online methods first. For ethical and methodological reasons I wanted to avoid accessing Polish women through their employers, i.e. the agencies. One disadvantage is that employers can act as gatekeepers in preventing access to families who might otherwise be interested in participating. I saw the main disadvantage, however, in the practices of the agencies I have outlined in chapter 2. Getting agencies involved would have ignored the potential risk of 'feeding' this thesis's research into the 'marketing machinery'. However, in order to understand the role of the agencies (e.g., the terms and conditions of employment, as well as processes involved), I conducted telephone interviews between December 2007 and June 2008 with four representatives; three in Germany and one in Poland.

I approached approximately 20 Germans and 50 Poles in internet forums where both parties had placed ads offering their services, or searching for homecare assistants. Since this is an exploratory study of a 'hot topic' I did not expect as high a response rate as the 14 percent I received which is higher than the average response rate of 12.5 percent in mail surveys (Anderson, 2000). Contrary to my expectations, those who replied stated that they were

happy to get the opportunity to share their experiences. Some mentioned that they would like to write a book themselves. Those who indicated interest in this study received an information sheet (see Appendix 2) and the questionnaire, either in Polish or in German. Further down in the section on data analysis I will come back to the issue of translating data. As an optional follow-up to the questionnaire, I asked participants to keep online diaries. However, less than one-third who returned the questionnaires agreed to keep a diary.

I chose the small town G. in the German-Dutch border region as the field site for the offline fieldwork. Apart from the fact that I could draw on personal contacts, this rural region has a long history of circular migration from Poland, dating back as early as the early 1980s (see Becker, 2010). In order to get access to the Polish community in G., I contacted Mirco, a Polish priest in G., enclosing an information sheet which outlines the research study and a request to meet. Mirco replied, but based his decision to participate on the outcome of a personal meeting and my willingness and ability to secure every participant's anonymity. In the meeting, I thus explained in detail the research aims and emphasised the voluntary nature of participation. In the following section on written consent I will come back to the crucial topic of confidentiality.

Mirco decided to help me, and I only then found out that he not only organises an evening language class specifically for Polish care workers, but that families in G. who want to hire a Polish care worker frequently turn to him. He is therefore probably the only one who knows exactly where and how many migrants work in home eldercare in G. It has to be stressed though that Mirco refuses to compare his service with the work of the agencies. To him, helping these families is an act of compassion. He does not charge them, but speaks of "building intercultural bridges". At the same time, he is well aware of the risks and dangers of illegal employment. Therefore, he considers it his obligation to keep in close contact with the Polish women and the German families he brought together, in order to be able to mediate, or intervene if necessary.

Usually, Mirco approached families and individuals first and explained the research study to them. Based on his introduction I was then able to make contact with potential interview partners. Snowballing from these initial contacts was crucial to the success of the project. With prior notice and arrangement (to ensure group members are in agreement), I also attended the language course in order to explain the research. Only once did we conduct an interview immediately after class. If a person expressed an interest, a further meeting was arranged with the individual at a separate time and location convenient to them. This was usually either Mirco's or the teacher's (Margareta's) place. Between December 2007 and March 2008, and July 2008 and October 2008, fourteen Polish women, seven German family members, and six nursing service employees were recruited to the study. In two households participant observation of interactions including all network members of a typical 'migrant-in-the-family' household was possible. The interactional data of one of these two case studies to which I will come back further down form the analytical body of this thesis. During and in-between both fieldwork phases, I remained in close contact with both Mirco and Margareta, so that where appropriate, (and within the boundaries of confidentiality), support could be facilitated for participants as necessary.

Half of the Germans that participated were recruited drawing on my own personal contacts in this town. However, it is unlikely that methodological issues arise from this because although my contacts made initial contact with participants, I had not met any of them prior to the study. Thus, although there was undeniably a certain level of trust because of the contact we have in common, the formality of the interview situation, as well as the nature of the topic created in all instances a cautious distance within the first minutes of the interview, comparable with the interview situations with the other participants.

A factor that influenced the approach to recruitment, and ultimately all aspects of the research process, is the need to ensure that all voices are heard. People with dementia can be marginalised in situations where 'competent' adults are present, potentially because they are viewed as being unable to express a meaningful or informed opinion (see Wilkinson, 2002). Therefore,

initial contact with the family and the nature of the first meeting is crucial in establishing the characteristics of future involvement. Furthermore, I established early on the intention of the research to include as many family members as possible, and to hear all family members' views who are involved in the homecare. Unfortunately, this was only possible in the 'Wilma' case study.

Once initial contact had been made with the families that agreed to participant observation, I arranged to meet with the family to assist them to understand the research aims, process and methods. Since the study involved non-native German speakers and people with dementia, a certain degree of flexibility in regard to how the research was explained was needed. While in some cases seeing the family together was possible, I was very careful in assuring understanding. Whenever possible, but always when it was needed, Mirco or Margareta accompanied me. Alongside verbal explanations of the research project, I provided written information in two formats as required by the participants (the English original and a German translation). Questions were encouraged not only in the first meetings, but throughout the entire process of producing this thesis. I therefore provided all participants with my personal contact details.

It was anticipated that people with dementia may experience varying capacity in regards to comprehension, concentration and language use. In order to address this, I only arranged meetings where a person of trust was present and who assisted me in facilitating understanding. Also, the recording equipment (mini-disc recorder and microphone) was shown, so that potential participants could become familiar with, or evaluate the intrusive potential of these objects. Conversations were recorded as audio. Participants did not give their consent to video recordings; however, notes of shifts in body postures and gazes were taken during the interactions. With regard to this thesis's research aims and the focus on bodies, acknowledging confidentiality to such an extent that video recordings do not form the basis of analysis is a crucial point. There are certainly ways to use video footage and nevertheless secure participant's anonymity. However, this study would not have been possible if I had insisted on the use of a video camera. The consequences of illegally

employing a Polish live-in range from a very high fine to imprisonment. The trust that is needed to justify such risk cannot be built within a few months. To compensate for the lack of video material, I attempted to obtain adequate coverage of events through frequent participation and written records of observed conversations while they were actually occurring. I developed a very simple sign system that allowed me to rapidly make notes of body movements, tone of voice and facial expressions in these records. These observations were then compared with significantly related events that occurred at a later point either in the same interaction or a related one.

6.1.1. Informed Consent

Consent to be involved in the research was sought from every single individual that decided to participate. While family members and nursing service employees were able to give informed consent, the other two groups were potentially vulnerable participants, as they potentially are not able to give informed consent. Nevertheless, I do not want to marginalise them by the method of proxy consent (Cowdell, 2006). This study therefore takes the position of consent as an ongoing process (Wilkinson, 2002). I sought to clarify the views of the individuals within the family about their continued participation in the research each time a visit took place. In this context I utilised a reflexive approach, maintaining vigilance throughout the research process with regard to the verbal and non-verbal indicators of assent or consent to participate. Furthermore a research diary was kept and regular research supervision with my supervisory team took place while on fieldwork to further consider that the rights of participants are being upheld.

After consulting Jenny La Fontaine, who at that time worked on a project about grandfathers with Alzheimer's disease at the Centre for Research on Ageing based at Oxford University, consent was addressed in the following stages. The provision of information during the first meeting with prospective participants followed the guidance set out in the regulations governing

informed consent. During the discussion of the research process with interested families, I assessed the capacity of the individuals to give informed consent with reference to the following criteria:

- a. That the proposed participants have been presented with adequate information
- b. That the proposed participant is able to assimilate the information about the study
- c. That the participant is able to make a response to the information

If family members who decided to participate in the study were able to give informed consent, the consent process was explained and they were asked to consider giving their written consent (see Appendix C and D). The consent form was then explained to them, and any further clarification was provided. Those who agreed to give written consent were asked to sign the form. I explained, however, that they can certainly withdraw at any time. Each person who signed a consent form received a copy of the signed form.

One family withdrew consent before the actual interviews started. This created a dilemma since the family members had decided not to participate at all in the study (neither interviews nor participant observation), while the Polish live-in was most interested in taking part. Unsure as to how to proceed, I discussed this matter with my supervisor and advisor, and decided not to include this woman in the study since she brought her two highly demented wards to the first interview in a neutral space, although she knew that the family members had withdrawn. The second dilemma was created by the paradoxical situation of asking the Polish women to sign a consent form after having promised absolute anonymity. I therefore decided together with them that they should sign consent forms with the pseudonym they want me to use for them in the study.

Before focussing in the following on the issue of consent and dementia, I want to mention the parallel, second snowballing that started immediately

upon my arrival in G. Participating individuals were asked to keep their participation a secret. However, this turned out to be an impossible request considering the small size of the town. In many cases Polish women welcomed me saying that they had already heard about my project. However, they never asked me about the situation of other live-ins. The reason for this may be that many of them regularly saw each other in the language classes, or met at other meeting points in town and talked. In contrast to this, the German families were most interested in finding out about other families involved in the study. Approached like this, I explained again the highly confidential nature of co-operation. However, I could not prevent the families from doing some research themselves, but I never gave away inappropriate information and names.

Consent with people with dementia is challenging not only because of the afore-mentioned issues of capacity and cognitive abilities, but also because of the progression of dementia over time. Previous studies have found changes in a person's capacity to consent and retain a memory of the research during the course of the research and in their willingness to participate (Pratt and Wilkinson, 2001). It is therefore crucially important to treat consent as an on-going process, in which the willingness to participate is clarified through verbal interaction, as well as observation of non-verbal behaviour at each occasion when the research is taking place (Hubbard et al., 2002). Recommendations regarding informed consent indicate that where informed consent is not possible, in this case proxy consent from a family member should be used. In the case of Wilma who is in a very advanced stage of Alzheimer's disease, her oldest daughter who is also her guardian gave proxy consent. However, this process runs the risk of undermining the person with dementia's capacity to assent. I therefore did treat her consent as an on-going process in line with the practices outlined above. In every single session, I paid close attention to her nonverbal communication and I also requested the present family members and/ or live-ins who know her well to pay attention.

As indicated earlier, a meeting was arranged with the person with dementia and a person of trust during which the project was explained. During this meeting, I assessed the capacity to give informed consent, with reference to

the above criteria. Jenny La Fontaine again helped in defining a number of possible outcomes that could have arisen at this point:

- a. The person with dementia understands and is able to give written informed consent.
- b. The person with dementia is able to understand and give informed consent but is unhappy about or unable to provide written consent. The researcher will ask if the person with dementia is happy for a family member to witness their verbal consent. If this is not acceptable, verbal consent will be accepted.
- c. The person with dementia understands, is able to give informed consent, but refuses to participate, in which case the research will not take place.
- d. The person with dementia is unable to give informed consent but is able to understand enough to assent to participation. An assent form will be completed and a family member asked to witness the researchers' actions in achieving assent. A family member will also be asked to give proxy consent.
- e. The person with dementia is unable to give informed consent and in addition indicates through verbal or nonverbal communication that they do not wish to take part. The research will not take place.

When consent or assent was achieved with the person with dementia, I nevertheless requested their consent to continue in each session. If at any time the person with dementia indicated verbally or nonverbally that they did not wish to continue with the research either at that time, or completely, then I respected this. It occurred twice that I left Wilma's home before starting the research because the present live-in at that time found her increasing restlessness alarming. I once decided myself to leave when Wilma not only showed nonverbal signs of stress but also clearly intelligibly said "Go away". In the case of the second case study, Ludwig's guardian called me once to cancel a meeting because he thought that Ludwig was not in the mood for my visit. On another day, the live-in told me at the doorstep to come back on the following day because according to her Ludwig was very aggressive that day.

Following the agreement to consent, where possible, I spent some time with the person with dementia and the person of trust, agreeing with them the procedures for the interviews, and the participant observation. The final part of the meeting was a negotiation of the setting and boundaries of the interview process including a discussion about the nature of the meeting. In the case of Wilma, it was decided that I could join her and her second daughter on their Tuesday routine, which often included visiting the GP, a dermatologist, or taking Wilma to the podiatry or hair dresser. However, as outlined above, every single time I accompanied them the rules of ongoing consent applied. Furthermore, I decided with the live-in Elisabeta to keep my visits around lunch to a minimum since this is the time of day where Wilma's restlessness is at peak level and Elisabeta finds it most difficult to feed her even without any further distractions.

6.2. Overview of research instruments

In the following an overview of the research instruments used in this project will be discussed. There were minor differences between the research instruments developed for online and offline fieldwork which I will explain in the following section. I also needed to design different instruments for re-surveys or re-interviews. It is important to emphasise again that this research project was designed to be exploratory. The participants interviewed do not comprise a representative sample, but patterns within the questionnaires, interviews and the interactional data could be revealed which indicate certain tendencies and relations.

While the qualitative interviews were designed to be conducted face to face, the quantitative instrument was a self-completion questionnaire. Just like the in-depth interviews with Polish women and German family members in G., the online questionnaires were also translated into the participants' first language (Polish or German). I believe that the fact that instruments were translated, and that questionnaires and interviews were conducted in the

participant's first language was crucial, both to their openness and in ensuring consistency across interviews. The accurate translation of research instruments to ensure comparability was thus of crucial importance, and especially the Polish translations were discussed with two different translators.

6.2.1. Questionnaires

Both questionnaires for Polish women and the German host families included 20 questions that could be answered in approximately 60 minutes. Separate ones were used for either party. However, the two questionnaires were designed to ensure comparability of results. The questionnaires for live-ins and host families were both designed as self-completion mail questionnaires. This constrained the number, scope and depth of questions that could be asked. The emphasis was on exploring the relationship from both points of view, with particular focus on the use of kinship terms in these descriptions. It was anticipated that for the second fieldwork four months later the same participants would be approached, thus a second set of questionnaires was required with a focus on the development and changes in the relationships in the mean time.

For the quantitative questionnaires I was not concerned with obtaining a 'representative sample'. Rather, the questionnaires, on the one hand, tested the reproducibility of the findings of Ibarra (2002) which I discussed in chapter 2, and which concerned the nature of employment, as well as the use of kinship terms in these relationships. On the other hand, these questionnaires were then used as a pilot study for the fieldwork in G., and hence results helped in refining the questions used in the offline questionnaires.

6.2.2. Online diaries

As an optional follow-up to the online questionnaire, I asked participants to keep virtual diaries in the form of emails. The idea was to give the women space to record their thoughts and experiences in a semi-structured way, in their own language, and when their time allowed it. I have already mentioned that less than one-third of those who completed the questionnaire agreed to keep a virtual diary. The frequency of submitted 'entries' was very inconsistent. Some sent emails every month, others every three months (before and after employment) and a few sent only one 'entry'. One year later, I chased up all who had participated a year earlier. Although the response rate was very low, these very personal accounts, specifically those that described the trajectories of relationships over time, greatly contributed to the shaping of this thesis.

6.2.3. Interviews

The qualitative interviews took place in G. between December 2007 and September 2008. I began with the same questions as the quantitative questionnaires to triangulate the responses. Once consent had been achieved a date and venue for interviewing a participant was agreed. In the section on consent I have already outlined that prior to the commencement of an interview, I asked if participants had any further questions about the research, and confirmed that we would stop the interview immediately if this was the participant's wish. The research interviews followed a conversational style, using open-ended, non-directive questions asking the participants to describe their relationships with every single individual involved in the home care. In interviews with Polish live-ins and German family members, their perceptions of the nature of their relationship with the person cared for were of most interest to me. Participants were asked to consider how they experienced the onset and progression of dementia, how the disease impacted on their relationship, and what changes had occurred.

With regard to the very sensitive nature of the topic, I monitored participants closely for signs of distress. When a participant signalled discomfort I did not insist on pursuing the interview but let the participant decide in what way (if at all) to continue narrating a specific event or emotion. The individual interviews with live-ins and German family members lasted between 30 min and three hours, allowing for breaks. As mentioned earlier, in all interviews the use of a mini-disc recorder was discussed again before I switched it on.

Interviews with a person with dementia were always organised to take place in their home. In all interviews a trusted family member or guardian was present. In these meetings I tried to flexibly adapt the interview according to the level of communication abilities and other needs (e.g., impaired hearing, restlessness) of the participant. Again, the interviews were conducted in a conversational style which followed the agenda agreed upon in the initial meeting. In the initial meetings, a family member had also been asked to provide me with biographical information and significant events (e.g., with regard to the onset of dementia) to help me with placing the conversation in context. As outlined earlier, I was careful not to cause any distress in the interview situations. This of course also included a consideration of the impact of the conversation. When the interview had ended, I thus sought feedback from the participants, and allowed for some extra time to discuss any issues that might have arisen.

6.2.4. Participant Observation

During the recruitment and consent phase of the research, originally three families were asked if they would agree to the collection of observational data. As outlined earlier, one of the three approached dropped out prior to the first session. The observational process first of all involved revisiting consent with the individuals involved. With regard to the use of tape recordings, strategies to protect participants' anonymity were outlined again. Also, the dates for observational visits were checked again. This included

discussions about the types of interaction I intended to record and what I would be doing as a participant observer. As outlined earlier, everyone involved in the home care was involved in these discussions to minimise the potentially disturbing impacts of my visits on the daily routines. Furthermore, we discussed the process of ending the relationship once data collection was complete. I will come back to this ‘tricky’ aspect further down in the section on ‘taking sides’ with participants, and the inevitable development of emotional bonds in long-term observations.

I pursued an active participation approach, which actively incorporated the views of participants. Participants who had been recorded were interviewed about the interaction at hand. This created further opportunities to understand the perspectives of those being recorded, thus reducing the risk of marginalisation or misinterpretation. However, sometimes further clarifications, or interpretations were simply needed.

After the first three months of fieldwork, I had some difficulty negotiating the boundaries with Wilma’s family members and also one Polish live-in. I found myself ‘taking sides’ (see Armbruster & Laerke, 2008) with the Polish live-ins and Wilma. This issue and its impact on data analysis will be addressed in the two analysis chapters and the last chapter of this thesis. In general, I began boundary work right from the start in stressing frequently that I am a researcher not a member of Wilma’s care network. The intimacy of a family, the requirement that the researcher develops the form of relationship necessary for participant observation, needs to be balanced against the reality that the researcher will ultimately withdraw. Hence, I tried to be reflexive and considerate in the actions I got involved in during the observation; in particular those actions I performed frequently as outlined earlier, i.e. going on walks with Wilma and the live-ins, to the dermatologist, hairdresser, etc. The impact of my presence was monitored regularly within supervisions and through the use of a research diary.

6.3. Data Transcription

All transcripts of interviews and material collected through observations were anonymised in a structured way. Participants were given a code, with a different set of sub-codes for the participants of the two case studies. This also includes the translations. German translations of the Polish questionnaires and online diaries were made between April and August 2008 by a certified translator I had worked with on another project in Germany in 2007. These translations were then double-checked by a German friend of mine who had been living and studying in Poland for many years. Only after the completion of data analysis I translated the chosen transcripts from German into English. The accuracy and appropriateness of these translations was discussed with my supervisor and advisor who are native Germans. The next step included a review of all transcripts of interviews as well as the interactions recorded during the observations. In this process, the thematic framework, the task or interaction categorised as *feeding*, was identified in the raw data, which then led to a selection of interactional data in line with this thematic framework. The main corpus of data presented in this thesis's analysis chapters was collected in the 'Wilma' Case Study.

In line with Jefferson (2002), I employed CA conventions for a line-by-line transcription (see Appendix A). However, a number of important questions arose with regard to the role of transcribing in the actual analysis. The participation framework is strongly affected by 'Wilma' who is not fully competent. Thus, the focus is on her participative status. A multilayered analysis would have probably been able to capture more precisely the different processes involved; however, I chose to make it more accessible to readers. Also I wanted to increase transparency by not overly systemising and categorising it. At the same time, applying a CA transcription as the basic transcription should also serve as a reminder to readers that what is in front of their eyes is 'the data', or rather what I have made of it. I was cautious to avoid the many ways in which I could have manipulated Wilma's speech. Thus, there are no instances of 'guessing' the meaning and correcting her accordingly, and no parts of data are omitted in selected real-time sequences.

/6.4. Data Analysis

Adhering to the critical perspective and framework established over the course of the previous chapters, the data analysis attempts to trace the role of memory in ‘emotion management’ with regard to its assumed functions as introduced in the chapters 2 and 3. Therefore, this thesis’s toolkit should potentially allow for conclusions concerning the way participants *subjectively* frame the home care situation, as well as the interdependent, situated nature of memory as it is *intersubjectively* (re)enacted and scaffolded by partners in care interactions.

Having spent a considerable amount of time with Wilma and those who care for and about her, apart from scientific curiosity, I feel heart-felt respect and an obligation to follow Sacks’s suggestion to “work at some single conversation as elaborately as one can; to subject any particular conversation you happen to have your hands on to investigation in any direction that can be produced of it” (ibid.: 127/ 128). The initial approach to data analysis was therefore one of ‘any-direction’ considerations (Sacks, 1986: 128). This means that “various theoretical, methodological, and analytic issues are raised by reference to items which happen to occur” (Sacks, 1986: 127). Following this spirit, one important aim of section A and B of this thesis is therefore to set out a path in-between those Discourses, terminologies and practices that frequently produce data analysis at the expense of the studies’ participants. Of course, I am not immune to bias but this study hopes to avoid those practices we have seen in chapter 4 and that in their extreme forms touch upon questions of dignity and human rights.

Earlier in this chapter, the data collection methods were outlined. Apart from the interactional data collected during participant observations, *subjective* reports in the form of interviews have also been sought. As I have mentioned elsewhere (p.11), I neither side with the ‘cognitivist’ camp, nor the ‘anticognitivist’ one; partly, because in line with Duncan & Fiske (1977), I think we have seen examples in chapter 3 (in particular p. 53 ff.) that show that internal states may reflect situational and interactional factors and should thus be considered (inter)dependent rather than independent

variables in analysis. Also, we have seen that there are alternative conceptualizations, such as grounding cognition and emotion in the body, but I will come back to this further down. The crucial point here is that the method of eliciting specific types of information from individuals in interviews, who are in turn aware of this specific type of *situation* and are assumed to consciously select to a certain degree their responses, shall be matched by corresponding data analysis.

We have seen that there is a tradition of analysing exactly these types of *conscious, subjective* responses in terms of mental representations, or more precisely in terms of frames, scripts and schemata. In the following data analysis, participants hence generated the characteristics (environmental, emotional, social, and cognitive) that they found characteristic of the homecare situation. With a focus on frames and schemata, my analysis will show that participants frame the homecare situation based on prior experiences. However, the data extract (Donna) used in chapter 1 (p. 8) made a strong point that over the course of time changes occur. These changes can be due to various factors, for instance, the progression of a certain disease, or changes in the network that makes up a migrant-in-the-family household. In combining Donna's report on the perceived effects of certain changes on attitudes (her own, her grandson's), and also behaviour (her mother, the live-ins), with the emergence of certain coping or care strategies, as seen in chapter 2 (p.34 ff.), this analysis pursues the following line of argumentation.

In order to trace these assumed ties between a subject, its actions, and the environment, specific situational and personal cues will have to be identified. Here, for instance, emotion appraisal theories in psychology that cue bodily actions and feeling expressions with internal feedback and coping strategies in emotion generation processes will serve to trace the instantiation of schemata. I will not go into detail here as this will be developed hand-in-hand with the data. Since from this 'cognitivist' perspective, the observed feedback and coping strategies are assumed to be actions that are steered by the individuals' internal goals, schemata are, first of all, understood to potentially give insight into the individual's goal-specific actions, and furthermore, are identified based on specific recurring patterns. Since this thesis, however,

above all promotes an interactional perspective, data analysis will also focus on the situational meaning of it in interactions. Schemata are hence approached on two levels: *subjectively*, based on the individual's unique cognitive appraisal, however, the context in which this happens is *interactionally* and *intersubjectively* co-constructed. Results are also discussed in terms of how participants in interaction orient to the social function of emotions, how relationships are affected.

Concerning the data on face-to-face interaction between participants, I argued in particular in chapters 4 (p. 83 ff.) that participants build action by assembling a range of quite different kinds of sign systems in different media. Rather than being coded entirely in a single semiotic system, meaning and action are constituted by the mutual elaboration of these different kinds of sign systems. I, therefore, argue in reference to general studies on feeling expressions in psychology, and Trevarthen's research on mother-infant interactions (p. 86 ff.), as well as Mead's research on gestures (p. 100 ff.) in particular, that we have seen considerable proof so far that understanding meaning does not rely solely on verbal language – let alone its 'appropriate' use.

Thus, while it is a common assumption in modern CA that participants orient to the turn-taking system and the linguistic information, in acknowledging that we are born with an *innate intersubjectivity*, I take on board a perspective that sees language as only one of many possible cues. I will trace instances in the data where participants potentially do not orient to the verbal level (as the main point of reference in meaning-making) but to emotions. This will be identified through shared attention and synchronous movements but mostly through feeling expressions (including facial expressions, tone, gestures and body posture). If emotions are oriented to other people's actions and reactions, then their expression will be affected. So, for example, one can assume that perceptions of Wilma's facial expressions can affect her daughter's appraisal of the *situation*, and emotional orientation towards Wilma. This type of analysis will be embedded in instances of story-telling. Following Sacks, a focus on how participants achieve 'my mind to your mind' and unfolding second actions will at the same

time then pay also equal attention to the role of verbal language in the organisation of stories, as well as the fit between story-telling and the ongoing conversation, the story preface, the story response and the re-activation of turn-by-turn talk (Sacks, 1992: 421, Vol. 2).

7

Cake or meat?

An embodied perspective on emotion management and (inter)subjective remembering in the collective activity of feeding Wilma dinner¹¹

Starting from the hypothesis that emotion management strategies are not present prior to the setup of a ‘migrant-in-the-family’ care network but constant learning processes which can be traced, this chapter’s data analysis and discussion provide results that allow for approximate answers to this thesis’s guiding research questions. Starting off with the first research question which asks about the subjective emotion management strategies individuals employ, the literature reviews in chapter 2, 3 and 4 provided crucial insights. First of all, it has to be said that a number of studies do exist, both in research with migrant live-ins and with Alzheimer’s patients, that do provide answers to the question how subjective emotion management works. The literature reviews, however, have also provided evidence that such a research question may in fact be utterly inadequate if one wants to learn

¹¹ Parts of this chapter have been published in Engfer (2011).

about a phenomenon which seems to be interactional in nature. This in turn diverges into a number of methodological issues. Drawing on Goffman's work on appearance before others, Arlie Hochschild developed a widely used framework that divides actions which an individual uses to regulate primarily his or her own emotions into 'surface' and 'deep acting'. Applied to homecare settings, it has been shown in chapter 2 that these strategies are not easily transferable, let alone universal. In tracing the monological subject in her own data, one major short-coming of Ibarra's work is that in focussing on her main informant (Mrs. Archuleta), 'the other' is absent and only exists within Mrs. Archuleta's experience. This chapter therefore presents a case study that investigates how participants in interaction achieve understanding dialogically.

Following Harvey Sacks's unconditional commitment to how participants themselves 'do understanding' this chapter attempts to utilise an 'any-direction' analysis. This means that participants will be 'held responsible' for the accounts given prior to the observation. Acknowledging the concepts of frames and schemata as mental representations of experiences these will work as a compass for observed interactions. Analysis then combines the perspective of subjective experience with observed task-related interactions of participants to find evidence for emotion management strategies in Ibarra's sense. With regard to the participants' inter- and intrapersonal aims, the communicational and emotional effects of the individual grounding strategies will be analysed through embodied affective reactions, including (linguistic) actions and feeling expressions. Acknowledging that the social and psychological aspects of meaning-making are in dialogical interchange, the array of situational and personal cues that participants potentially assemble will be discussed in the light of relevant findings in psychology presented in chapter 3 and integrated into Sacks's proposed analysis of how participants do this on-going analysis of 'bringing their minds to each other'.

The frames participants apply to the homecare situation

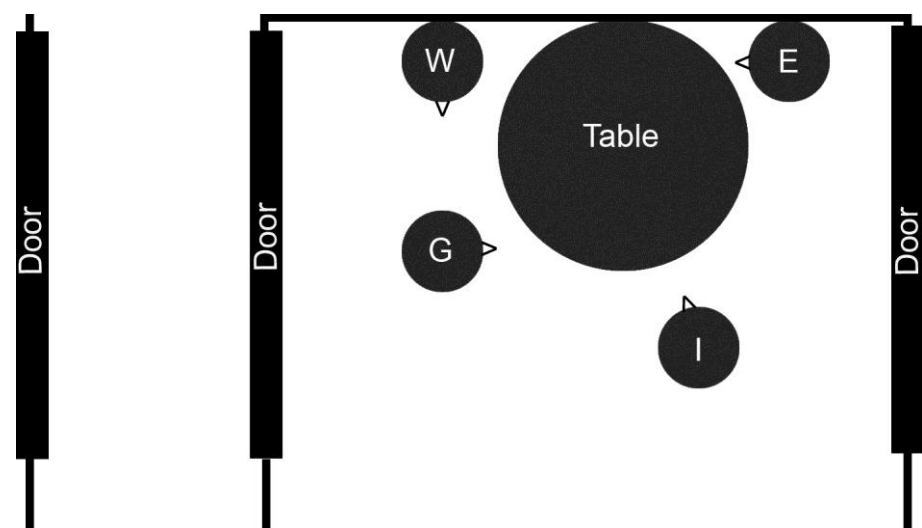
Prior to the observations, selected interviews were recorded to provide insight into how participants frame the home care situation. Asked about her mother, Gudrun, Wilma's oldest daughter and guardian, reported that in 2006, when she was 53 years old, she "had to" admit Wilma into a psychiatric unit. She explained that due to Wilma's increasingly aggressive behaviour "we couldn't handle her anymore". Gudrun did not want to talk about this experience, but repeatedly stated that it was "horrible" for both Wilma and her. Faced with the personality-changing effects of Alzheimer's disease on the one hand, and the dissatisfying care facility they had chosen on the other, this event marks a significant experience and a kind of climax in the course of Wilma's disease. Gudrun realised after a few weeks that she could not leave Wilma in the psychiatric unit. She brought her back home, and soon afterwards the Polish nurse Elisabeta moved in. Based on the memory of experiencing how Wilma was (mis-)treated at the psychiatric unit, Gudrun explained that she learned that at all times her mother has to be treated "in a calm and loving way".

Elisabeta, the Polish live-in involved in the conversation extract below, is a trained nurse and experienced in the care of dementia patients. She worked for 35 years in a Polish hospital prior to retirement. In August 2008, the 57-year-old woman had been working for almost one-and-a-half years in this family. Asked about Wilma, she replied that she is able to "cope" with working as a live-in because she is a nurse and "a nurse has to be strong". She thinks that it is very important that Wilma's children visit her "so that Wilma does not forget that she is a mother". Elisabeta is a mother herself, and treating Wilma as such, while framing the overall live-in situation based on her professional experience as a nurse, helped her to bond with Wilma in the beginning. Asked about Wilma's children, Elisabeta reported: "The family is good. No problems. However, I am not integrated. Don't get me wrong. I have to care for their mummy. But the moment I decide not to return from Poland, another woman will replace me".

Introducing these two participants in this fashion, a parallel can be drawn to Ibarra's work. According to her, Mrs. Archuleta used the little information she had about her ward's life story to bond with her. This in turn helped her to provide better care which Ibarra categorised in terms of different strategies which are marked by specific verbal and non-verbal behaviour. One could thus say that Wilma's daughter potentially developed a certain strategy based on 'calm and loving' behaviour following her mother's traumatic stay at the psychiatric unit, while Elisabeta primarily draws on her experience as a 'nurse'. Furthermore, one could also argue in the fashion of Ibarra and Degiuli that Elisabeta's account foreshadows the cold and anonymous relationship between live-in carers and relatives. These hypothetical claims will be tested in the following interactions which were recorded on a Saturday evening.

Dinner with Wilma – the episode to be examined

On Saturdays, Gudrun usually visits them and takes over the task of feeding her mother. Prior to her arrival at around 6 pm, Elisabeta prepares dinner for Wilma and joins them at the table once Gudrun is there. Gudrun sits next to Wilma, Elisabeta sits opposite her. In front of Wilma on the table is a plate with two sandwiches with ham and cheese and tomato slices.



> = direction of chair facing

Kitchen – 16/8/08 - 6 pm - Wilma (W), daughter Gudrun (G), live-in Elisabeta (E),
and I (I*)

- 1 W: *ich will da weg ge gehen (tries to get up from the chair)*
i want to go away
- 2 G<quiet>: *dat tun wir gleich zuSAMMEN schatz (pushing down her shoulders)*
we will do that together in a minute my darling
- 3 W<loud>: *machte da hab ich ja (eyes on G)*
made there I have
- 4 G<whispers>: *wir (.) zwei (.) gleich (.) zusammen (eyes on W)*
us two soon together
- 5 =E: *aber besser zuerst ESSEN schatz (eyes on W)*
but better eat first darling
- 6 =W: *aber wenn wir rausgehen dann machen wir ne*
but when we go outside then we make a
- 7 *neue (eyes on G)*
new one
- 8 G<confirming>: *dann machen wir ne neue schatz (eyes on W)*
then we make a new one darling
- 9 E: *essen ist immer eine stunde (glances at I*) <laughs>*
meal takes always an hour
- 10 =G: *aber weisst du (eyes on W)*
but do you know
- 11 <whispers>: *wir machen das gleich zuSAMMEN. das machen wir zusammen (eyes on W)*
we do it soon together. we will do it together
- 12 <loud>: *WIR ZWEI gehen dann gleich (eyes on W)*
us two go soon
- 13 W: *ja*
yes
- 14 G: *SIEHste (eyes on W) und man muss immer so auf diese leute EINgehen (glances at E & I*)*
see and this is how one always has to respond to these people

In chapter 5, the idea has been introduced that early in a conversation participants use some way of showing that they have found “at least that part of ‘us’ that is involved in our last interaction” (Sacks, 1992: 193, Vol. 1). A first glance at this sequence shows that it is Wilma who provides the theme (lines

1 and 6) that defines the course of this interaction. Her desire to leave the table causes Gudrun to react with repeated confirmations (lines 2, 4, 11, 12), adding the rheme 'together' to the established theme 'I want to leave'. Her posture, facing Wilma, as well as her gaze signal Gudrun's engagement (see Goodwin, 1981) with Wilma. 'Being together' is thus expressed through a variety of modes ranging from holding the gaze, and sitting close with bodies facing each other, to the stressing of syllables (lines 11, 12, 14), and the intimacy of a whisper (line 11).

Holding the topic of 'being together' in abeyance, attention will focus first on Gudrun's final comment 'And this is how you always have to respond to these people' (line 14). This seems to stand in stark contrast since within the sequential order of events, Gudrun provides the appropriate *second* to her mother's definitional claim and 'invitation to remember' that it is Saturday which means that the two of them always go for a walk together. It is an essential part of their Saturday routine. The transcript indicates that what happens is that she notably shifts her gaze from Wilma to me and Elisabeta. This shift in gaze is crucial because in turning her attention to me she signals that she knows that I am here because Wilma was diagnosed with Alzheimer's. She establishes as common ground not only that all three of us understand that she refers to Alzheimer's patients in general, when she says 'these people', but that all her actions in this short interaction are recognisable as a proper way of responding to people with Alzheimer's. Gudrun herself never received any specialist training in dementia care, but 'learns by doing'. Her use of the specialist term 'eingehen' (respond, validate) possibly refers back to Wilma's stay at the psychiatric unit in 2006, where Gudrun was in contact with qualified staff. Taking this as an instance where Gudrun self-monitored her actions, this supports the idea that this is essentially a demonstration of her care strategy. Focussing in detail on Gudrun's actions should help to find proof for this assumption.

The high frequency and stress of the word 'together' (lines 8, 10, 17) draws attention to Gudrun's *intrapersonal* aims. Gudrun described Wilma's stay at the psychiatric unit as a "horrible" experience for both of them. As Wilma's guardian, she was the one who made the momentous decision that she

cannot talk about even two years later. From this perspective Gudrun's repeated confirmation that she will leave 'together' with Wilma supports her positive assimilation process of the traumatic experience. She learned to treat her mother with 'love and calm', performing what she perceives as best possible care for Wilma. Gudrun thus aims for coherence through engaging in actions appropriate to the activated concept¹². In her first turn (line 8), Gudrun embodies 'love and calm' through a range of semiotic modes, including tone ('leise'), stress of syllables ('zuSAMMEN') and her choice of the emotional address 'Schatz'. In the following turns she modulates these cues, attentive to Wilma's actions; lowering her voice to a whisper (line 10) and adding pauses (line 10) to soothe Wilma's growing anxiety, while validating on the semantic level Wilma's request to leave. The coherence of her actions, as well as the actions themselves, identify her above-mentioned 'love and calm' strategy. Thus, when she validates in this sequence her affective meaning through embodied affective reactions the intended aim serves *intrapersonal* coherence (see Centerbar et al., 2008).

In line 11 ('but better eat first, darling'), Elisabeta establishes what she thinks is common ground in this situation: stressing the word 'ESSEN' (eat), she draws attention to the task of feeding Wilma. Bearing in mind that Elisabeta stated earlier that she cares for Wilma drawing on her many years of experience as a professional nurse, her request that overlaps with Gudrun's turn (line 10), alongside the use of the word 'better', and the fact that she addresses Wilma mimicking Gudrun's emotional language ('schatz'), indicate a proposed reciprocal, or business relationship (Fiske, 1992). However, whereas Elisabeta offers reciprocity, Gudrun signals dominance, overlapping Elisabeta's turn (line 10) and not providing a second pair part after Elisabeta's request in line 11. Elisabeta's laughter following her turn might indicate the emotional cost of awkwardness resulting from this relationship mismatch. Elisabeta makes a remedial effort in line 9, sharing her knowledge that 'eating always takes one hour' ('essen ist immer eine stunde'). This exclamation contextualizes her first remark, stressing that the task of successfully feeding Wilma is not only of most importance, but that it is a

¹² See for instance Freedman & Fraser (1966) on their famous foot-in-the-door-technique that provides striking examples of how attitude affects behaviour and vice versa.

routine she developed over the past 1.5 years that ‘always’ takes one hour. This is the average time she needs to keep Wilma’s attention focussed on the dinner, and physically present at the table. Within the first weeks of the observation, Elisabetha asked me if I could keep my visits to a minimum during breakfast, dinner, and especially lunch. For her, feeding Wilma is a crucial, but very stressful and sensitive part of her everyday routine, and she prefers to keep factors that can potentially affect Wilma’s attention to a minimum. This is an experience I share with Elisabetha because before making the final decision, I did join the two for meals at times. Hence, our exchange of glances expresses this knowledge that ‘I know that you know it always takes an hour’.

Since Gudrun holds my gaze, I shift the topic and bring up what I remember to be significant about our last encounter. That is, her use of dialect with Wilma; signalling that despite my initial interest in Wilma because of the diagnosis, I have gotten to know her and I have memories of Gudrun interacting with her.

15 I*: *sprechen sie fließend platt?* (E rearranges slices of bread.)
are you fluent in the local dialect?

16 G (eyes on W) <quiet>: *sach ma nee* <loud> (*glances at I**) *UNSERE MUTTER KONNTE*
say no our mother could

17 *DAT FRUEHER* (eyes on W) *sach ma, ne? PAPA nich, ne?* (E frowns, starts feeding W)
Do it back then say yes, eh? papa couldn’t, right?

18 W<chewing>: *nee* (eyes on bread)
no

19 I*: *wurde zuhause platt gesprochen?* (eyes on G)
did you speak dialect at home?

20 G: *nee* (eyes on I*)
no

21 E (eyes on W): *bitte schön TRINKEN frau wilmusz* (gives W the glass) (.) <quiet> *JA*
please drink this nicely mrs wilmusz yes

22 =G (eyes on I*): *mit den nachbarn, mit den bekannten und so*
with the neighbours, acquaintances and such

23 *mit dem MILCHbauern, mit dem briefträger und all die, ne* (.) (*glances at W*) *dat*
with the milk farmers, the postman and all those, right

- 24 =E: *hier tomate (eyes on W)*
here tomato
- 25 =G (eyes on I*): *ham wir natürlich auch gehört eh also auch FRÜHER. vater war ja*
of course we also heard it eh I mean back then. father
- 26 =E (eyes on W): \uparrow GUCK \downarrow MA
LOOK HERE
- 27 =G (eyes on I*): *selbstständig im baugewerbe*
had his own construction business
- 28 =E (eyes on W): \uparrow HMMMMMMMMMMMMM (.) *lecker tomate*
tasty tomato
- 29 =G (eyes on I*): *und da ham die auch viel platt gesprochen (glances at W)*
and there they also used to speak a lot of dialect
- 30 =E: (eyes on W): *sehr lecker*
very tasty
- 31 G (eyes on I*): *das haben wir immer MITgekriggt (.) (glances at E)*
and we were exposed to it
- 32 =W (eyes on E): *du oder ich*
you or me
- 33 =E (eyes on W): *das ist viel frau wilma (.)* \uparrow HHHHHHHHHHMMMMMMM \uparrow SCHÖN
that's a lot mrs wilma nice
- 34 G (eyes on I*): *aber WIR (.) so (.) sprechen (.) mit den geschwistern kein platt. (.) ABER*
but we like don't speak dialect with our siblings but
- 35 =E (eyes on W): *das is lecker*
that is tasty
- 36 G (eyes on I*) <loud>: *ich hab in X ein geschäft bei uns sind viele holländer und da red ich*
i have a business in X and there are many Dutch and there i talk
- 37 =E (eyes on W) <loud>: *SOO hast du* \uparrow GUT \uparrow GE \uparrow MACHT
So well done
- 38 G (eyes on I*): *also platt, ne?*
eh dialect, right?
- 39 E (eyes on W) <smiling>: *WUNDERSCHÖN*
wonderful
- 40 G (eyes on I*): *ja das funktioniert gut*
yes that works fine
- 41 W (eyes on G): *na KOMMA (attempts to get up from chair)*
let's go

Analysis of this sequence pursues three themes: First of all, having established in the first sequence the definitional claims of the individuals as expressed in their initial effort to share their memory of significant past encounters with each other, attention will be given to how participants manage the on-going process of keeping their minds on each other. Secondly, keeping in mind the perceived relationship mismatch between Elisabeta and Gudrun, the question is if and how participants continue to signal that this is meaningful to them. Finally, analysis will also focus on how Gudrun deals with my invitation to remember.

Upon first glance, the sequential order of events seems to suggest a 'struggle' between Elisabeta and Gudrun for Wilma's attention. Gudrun's attention initially rests on me, which is indicated by her gaze and posture. Gudrun hands over my question to Wilma (line 16), who frequently reacts to gazes as invitations to contribute to conversations, and thus aims to involve her. We can see here that Wilma, whose eyes are fixed on the sandwiches in front of her, signals understanding of Gudrun's second request (line 18). To say, however, that this can be understood as an instance of remembering would imply drawing the connection between co-active verbs as 'remember', or here 'say', and memory. In chapter 4, we have seen that this is a typical example used by discursive psychologists to exemplify the analytical reasoning of cognitive thinking. Nevertheless, this idea is relevant because Gudrun described Wilma in the previous sequence as one of 'these people', meaning Alzheimer's patients, which implies that one feature 'they' all have in common according to public Discourse is severe memory loss. Hence, Gudrun's action is interesting in that she asks her mother to remember her own, as well as her husband's use of dialect, but incorporated in her request what she thinks to be the correct answer to it (lines 16 and 17). So, while signalling to Wilma that they are 'together', that she is still on her mind, she also continues to stress that her mother suffers from Alzheimer's disease.

We can see in the transcript that while Gudrun's attention rests on me, Elisabeta rearranges the slices of bread (line 15). However, as soon as Gudrun addresses Wilma, Elisabeta's glance at Gudrun can be clearly identified as frowning. What happens next is that Elisabeta leans across the table and puts

a piece of bread into Wilma's mouth. In the course of the sequence Elisabeta employs a number of different strategies to keep Wilma's attention successfully focussed on the food through addressing all her senses. She strategically shows her the food or drink and denominates it (line 21, 24 and 28), she hands it over to her (line 21), she puts it in front of her own mouth, or tries it herself, followed by sounds of enjoyment, thus inviting Wilma to mimic her behaviour (line 28). Any time Wilma cooperates, Elisabeta praises her (line 33, 37, and 39). Over the course of the sequence, repeatedly successful feeding is accompanied by an increasing intensity of tone and voice (lines 28, 33, 37), and a smile (line 39).

Bearing in mind how Elisabeta frames her work, her performance is recognisable as the practice of feeding someone who is unable to feed herself, which is associated with the way mothers or nurses feed. Elisabeta's memory of 35 years of professional nursing is embodied in this skilled performance of feeding. From a psychological perspective, her feeling expressions can be discussed as resulting from the affective coherence Elisabeta experiences while engaging in an activity that is appropriate to the activated concept. Furthermore, successfully feeding Wilma is consistent with her goal as expressed in sequence 1: If feeding Wilma always takes an hour, this means that she has to be fed efficiently.

I suggested in sequence 1 with regard to Gudrun's actions that achievement of *intrapersonal* coherence potentially affects *interpersonal* alignment. In this respect, one can see a continuation of subject-positioning and relationship matching here. In line 42, Elisabeta's turn, slightly delayed, overlaps Gudrun's turn, and the voices of both women are of equal volume. Although Gudrun glances frequently (lines 23, 29, 31) at Elisabeta and Wilma she does not interrupt them. In fact, Gudrun's concluding comment 'Yes that works fine' (line 40), indicates alignment. However, her gaze reveals that this turn connects with her command of Low German (lines 38, 40) and not Elisabeta's successful task management.

Wilma's request in line 41 ('Let's go') draws Gudrun's attention back to her:

42 G<quiet> (eyes on W): *ja aber effkes (.) effkes ma nie so unröstich (pushes W down)*
yes but now now not so uneasy

43 =E: *ICH mach das schon. (glances at G) (.) <quiet> schön*
i do it nice

44 G: <loud> (eyes on I*): *und sie merkt das SCHON (.) also ICH MUSS SAGEN ich hab viel*
and she does notice it well I must say that i am a lot

45 *von meinem VATER weg und wenn ICH hier bin hab ich immer das gefühl dat die dann*
like my father and when I am here i always have the feeling that she then

46 *meint, (.) ne?*
thinks you know

47 W: xxx

48 G: *↑ja? set ↑römmelich? is et ↑römmelich? (kisses W) die braucht sehr viel*
yes is it noisy is it noisy she needs a lot of

49 *ZUNEIGUNG und so*
affection and stuff

50 =E: *OCH frau wilma SELber SELBER. (W reaches for slice but puts it back)*
oh mrs. wilma yourself yourself

51 G: *wa, ma↑ma?*
right mama

52 W: *nee dat glaub glaub (W gets up, goes towards the corridor, then turns around)*
no this believe believe

53 G<quiet, encouraging>: *Na TU MA mama <whispers> nur effkes komm (eyes on W)*
Do it mama just now come

54 =W: *nee ich nich (eyes on G)*
no not me

55 G: *↑komm hier (eyes on W)*
come here

56 W: *NEE (eyes on G)*
no

57 G<loud>: *NA ↑KOMM (.) SCHATZ (eyes on W)*
come on darling

58 =E<whispers>: *bisschen warten (eyes on W)*
wait little

59 W: *dat is aber schön (eyes on E)*
but that is nice

60 G<loud>: *↑SCHÖN? (gets up from chair, facing W)*
nice

61 W<loud, agitated>: *JA NEE GAR NIX* (*eyes on G*)
yes no nothing at all

This sequence is remarkable in that a highly emotional conflict occurs which climaxes in line 61. This climax is made visible through the enhanced prosody (which cannot be adequately captured in the transcript) that seems to convey increasing emotional involvement. This is also expressed through aspects of Wilma's and Gudrun's body movements (Wilma moving away from Gudrun with Gudrun following her). As actions unfold towards the climax, we can try to make sense of Wilma's and Gudrun's continuous assessment of not only linguistic structure in the stream of speech, but also prosody, their visible bodies (gesture and orientation), and potentially also the structure of the environment as Wilma gets up and moves through the kitchen.

The prelude to the climax is that Elisabetha signals that she wants to shift Gudrun's and Wilma's attention back to dinner. In line 50, she places the plate directly in front of Wilma and encourages her to grab a slice. But Wilma does not comply this time. She leaves the table (line 52) and walks in the hallway. She stops in front of the locked front door and turns her head, facing Elisabetha, Gudrun and me again, who can see her from the kitchen table; a distance of approximately three metres. Whereas Elisabetha watches Wilma silently, Gudrun starts calling her (line 53, 55, 57). Although Wilma signals twice that she does not want to come back to the table (line 54 and 56), Gudrun insists and changes her voice from a whisper (line 53) to high-pitched calling (line 57). Watching Wilma's anxiety grow, Elisabetha tries to intervene (line 58) and advises Gudrun to give Wilma time.

In line 42 and 48, one can see that Gudrun is aware of a change in Wilma's behaviour. She uses the Low German variety to point out that she recognises this behaviour as growing restlessness¹³, 'unröstig' (restless) behaviour, and asks Wilma if she thinks it is 'römmelig' (noisy). Gudrun and Elisabetha are both familiar with the markers (including voice, tone, facial expressions,

¹³ As Schlosberg has shown, facial expressions are readily arranged on a circular scale, but the variety can be described fairly well in terms of two dimensions of variation, namely, the pleasant-unpleasant and the acceptant-rejectant (Schlosberg, 1952: 229-237). Wilma's face frequently showed expressions of disgust, confusion, joy, or anger.

gestures, walking) of such a mood swing as this happens fairly often. In chapter 3, I showed that the dominant perspective on mood swings in Alzheimer's patients was that it is pathological in the sense that mood swings occur with the disease. Mood swings are then located within the field of clinical depression because the individual despairs, upon realising the decline in cognitive functions. As seen in chapter 4, it is not unusual to adopt this view and to label emotional situations like the one at hand as 'conflict' which require a specific set of emotion management strategies from nursing staff and relatives to be properly dealt with. Accordingly, a popular research topic in gerontology is 'conflict management in dementia units'. For instance, Small (2005) theorises that "in conflicts awareness of and resistance to the violation of their desires by others was a clear expression of an intact self. However, because conflict is an undesirable event, the residents' behaviour in conflict can be viewed as a negative expression of self."

Contextualising this 'conflict' with the preceding sequence will show that this mood swing does not just happen like this, but actions and meanings that lead up to this conflict are built in concert with Gudrun, Wilma and me. Going back to line 42 where Gudrun first highlights a change in Wilma's behaviour, her use of the dialect here relates back to her statement in lines 38 and 40 that she has no problems speaking Low German with her Dutch customers. However, within the six months of fieldwork, Gudrun frequently spoke Low German with her mother as well, in order to stimulate memory retrieval. She repeatedly stated 'Von früher, das weiss die alles noch!' (She still recalls everything that happened in the past). Accordingly, she repeatedly asked Wilma questions, such as 'Mama, wie was de Dragoner? En de Roje?' ('Mum, who was the dragon? And the redhead?'). 'De Dragoner' ('the dragon') was Wilma's sister-in-law's nickname, while 'de Roje', the redhead, was Wilma's nickname. Gudrun pointed out that especially these two questions are highly emotionally charged, because Wilma and her sister-in-law did not like each other; yet, she is unaware of the emotional arousal she induces. In her replies to my question concerning Low German she furthermore modulates a number of verbal emotional stimuli, such as 'daddy' (line 17), 'father had a construction business' (lines 25 and 27), 'the siblings'

(line 34), 'I have got my own business in X' (line 36) - all of which are likely to induce emotional arousal because they work as memory 'handles' for Wilma.

Furthermore, Gudrun frequently re-enacts highly emotional situations with her mother based on her personal memory of her parents' emotional relationship and activities they shared. I have seen her dancing with her mother the way her father used to dance with Wilma, holding her very closely, and humming the tune. Every single time I witnessed this, Wilma cheered up, and not only started swaying but also singing the lyrics of this, her favourite song. Gudrun refers to this as ways to 'activate' her mother. She announces the activities to follow quoting her father: 'Wat sacht Albert? Immer Turnen, hoch das Bein!' ('What does Albert say? Work out! Lift your leg!'), or 'Was hat Papa gesagt? Der Kopf muss arbeiten?' ('What did daddy say? The head has to work!'). Her remark in lines 44 and 45 ('And she does feel it. I have to say that I am a lot like my dad, and when I am here I always have the feeling that she thinks - you know?') refers to this. Since she stops her sentence in the middle and neither Elisabetha nor I offer a second action it can be argued in line with Sacks (1992) that this confirms our and her understanding: "the sheer fact that others don't continue can in some way evidence that they see what you were saying. And furthermore, that you don't continue can inform them that that's what you were indeed going to say" (Sacks, 1992: 430, Vol.2).

This is true, at least in my case, as I immediately recall the above-mentioned instances of what Gudrun calls 'activation strategies'. I also remember that in some cases a negative development in Wilma's mood follows. However, Gudrun herself never indicated that this is possibly in relation to her strategies. Yet, I propose that we can indeed find proof for this, starting off from the idea that Wilma is given a range of cues in language structure, prosody and the body that work as memory triggers. The term 'trigger' here is potentially misleading, as Gudrun's and Wilma's shared memory enactments touch upon a weaker understanding of embodied remembering. While Oliver Sacks certainly provides most fascinating insights into the effect of music on coma patients, my concern aims at the opposite direction. I do not think that Wilma needs to be 'activated', but that her actions are recognisably

meaningful in interactions with others. As the interaction further develops, the following sequence will exemplify this. Leading her mother back to the table after her emotional outburst, Gudrun and Wilma co-construct a story about grief and loss:

62 G<whispers>: *komma hier bei schatz. wir zwei schatz. wir zwei* (takes W in her arms)
come to me darling us two darling us two

63 *machen das schon. siehst du? KALTE ARME haste mein schatz* (eyes on W)
will do it see you have got cold arms my darling

64 W: *ja* (eyes on G)
yes

65 G<loud>: *wie KANNET?* (eyes on W)
how come

66 W: *ja ich weiss et auch nich* (eyes on G)
yes i don't know that either

67 G<loud>: *↑weisse ↑nich?* (eyes on W)
you don't know

68 W: *ja*
yes

69 G: *och dat hat man schon ma, ne? findse nich?* (eyes on W)
och this sometimes simply happens, eh? Don't you think?

70 W: *hm hm*

71 G: *gleich gehn wa inne SOInne (.) ich war schon aufem FRIEDHOF (.) und da*
soon we will go into the sun i've already been to the cemetery and there

72 *war es so warm da hab ich die jacke alles ausgeschmissen mama. hab ich frische*
it was so warm that i threw off the jacket and everything mama. i put fresh

73 *blumen drauf getan. (.) weisst du? ne KERze* (feeds W, still holding W in her arms)
flowers on it you know a candle

74 W<bitter, chewing>: *die können ja nix*
they aren't good at anything

75 G<confirming>: *die können nix. nee, die können nix*
they aren't good at anything. Nothing at all

76 W<chewing>: *xx*

77 G<quiet>: *ja?*
yes

78 W<chewing>: *xxx*

79 G<quiet>: *ja?*
yes

80 W: *ja jetzt komma*
yes let's go

- 81 G<whispers>: *gleich gleich schatz*
soon soon darling
- 82 =W: *komm mit (moves body towards the door)*
come with me
- 83 G (keeping W in her arms) <whispers>: *tun wa auch. gleich gleich schatz. tun wa*
we'll do it. soon soon darling. we'll do
- 84 *dat gleich zusammen. (.) tun wa gleich zusammen schatz (.) hm? hm?*
it together soon we'll do it together soon darling
- 85 ↑*guck* ↓*ma wo die Elisabetha (.) (points and turns head and looks at slices of bread)*
look here where Elisabetha
- 86 *hm? schön ne?*
hm nice eh
- 87 W<bitter>: *die haben alles vernommen*
they heard everything
- 88 G<loud>: *ALLES haben die genommen?*
they took everything
- 89 W<quiet>: *schöne*
nice
- 90 G<quiet>: *alles SCHÖNE ham die nich genommen schatz (.) hm? (.)*
they didn't take everything nice darling
- 91 *DU hast doch alles schöne (feeds W)*
you do have all the nice things
- 92 W<chewing>: *ja aber woll wir ma rissen*
yes but we want *ma rissen*
- 93 G<quiet>: *musst du auch wissen ne?*
you have to know it, eh
- 94 W<quiet>: *ja*
yes
- 95 G<whispers>: *ja schatzzilein (.) (feeds W)*
yes darling
- 96 W<chewing>: *wo gehse jetzt hin?*
where are you going now
- 97 G: *ich bleib bei DIR. is dat □ GUT?*
i stay with you. is this fine?
- 98 W: *dat is schön*
that's nice
- 99 G<tender, quiet>: *siehste (.) ich bleib jetzt bei dir*
see i'll stay with you now
- 100 W: *mussfuss*
mussfuss

- 101 G<whispers>: *schön ne? (feeds W)*
nice eh
- 102 W<chewing>: *jetz stell dich grün hier*
now put yourself green here
- 103 G<tender,quiet> *IMMER bei dir mama (.)<whispers> immer bei dir (G's & W's
foreheads touch)*
always with you mama always with you
- 104 W <firm>: *da musse dat sagen*
then you should tell me
- 105 G<quiet>: *tu ich doch. das sag ich doch <loud> GUCK MA HIER (turns head)*
but i do i do tell you look here
- 106 *was die elisabeta lecker gekocht hat hier. nimm das ma das kannse auch*
what elisabeta cooked. tasty. take this you can do it yourself
- 107 JA ↑*siehse? (.)*↑NE? (.) HM *lecker ne?*
yes see eh hm tasty right
- 108 W: *ja*
yes

Holding Wilma in her arms, Gudrun expands the topic ‘together’ that she introduced in the first sequence. Lowering her voice to a whisper again, she confirms Wilma that ‘us two, darling. We can do it’ (lines 62, 63). Once more, her behaviour shows all of the semiotic modes established in the first sequence that are coherent with her ‘love and calm’ strategy, adding a tight embrace in this sequence. Picking up the analysis of Gudrun’s ambivalent behaviour initiated in the previous sequence, this action yet again blurs the boundary between ‘loving’ and ‘violating behaviour’. Wilma twice rejected Gudrun’s request to come back into the kitchen in the previous sequence. In her turn that follows after Elisabetha’s intervention in line 58, where, based on her experience with Wilma, Elisabetha advises Gudrun to ‘wait little’. However, she keeps up her loud, high-pitched voice and rises from her chair, thus indicating a follow-up action.

This in turn is met by a high degree of emotional arousal in Wilma. Her emotion experience is displayed in facial expressions, gestures, tone, the semantic level of the verbal information, all of which signal an event that in research with Alzheimer’s patients is described as ‘communicative breakdown’. However, Gudrun performs the action she announced when she got up from her chair. She walks over to Wilma, takes her into her arms and

leads her back to the table, but holding her tightly all the time. Something most interesting follows this perceived emotional climax. Gudrun initiates a story about her Saturday afternoon routine which includes visiting her dead father's grave (lines 71-73).

To start with what might be called the preface to Gudrun's story, it is interesting to see that she points out the coldness of Wilma's arms (line 63) only to express a little later in line 69 that this is perfectly normal ('Well, this sometimes happens, doesn't it?'). I think that this sheds light in a significant way on the structure of the actions to follow. I argue that Gudrun signals a remarkable change in behaviour that is entirely new in this interaction. Whereas in the previous sequences her interactions with Wilma and me have been predominantly grounded in her own subjective experiences of different stages of her mother's disease, either in terms of her 'love and calm' strategy that goes back to the times of Wilma's stay at the psychiatric unit, or what she calls 'activation strategies', what happens here seems to be what Harvey Sacks observed to be people's preference to be 'ordinary'.

In the sequences so far I have stressed those aspects of Gudrun's behaviour which seem to be carefully devised appearances in front of me and Elisabeta. This does not mean that I consider certain ways of behaving to be more authentic than others; yet, I think that the analysis so far provides some proof for this claim. In this respect, Gudrun's actions in the present sequence provide us with some important information, because, as I said, I do think that something new is happening here. Telling us what she usually does and where she goes on Saturdays, the important change is that through telling this story Gudrun for the first time claims *her* position in the story, which is her being Wilma's daughter. In chapter 5, Sacks's idea was introduced that one could imagine experience as stored with regard to the role we play within it (p. 97). In the following, this idea will be developed with a focus on the position provided for Wilma through this story, and how Gudrun and Wilma achieve this understanding in concert with each other.

What Gudrun talks about is that she visited her father's grave. She describes that she has been 'to the cemetery. And it was so warm there, that I threw off

the jacket, everything, mum. Put fresh flowers on it. You know? A candle' (lines 71-73). Immediately after, Wilma indicates in her turn (74) 'trouble-indicating behaviour'; the negative information Wilma expresses on the linguistic level is presented with a notably bitter tone of voice. In line 90, Wilma once more picks up the same bitter tone she expressed earlier, but here the semantic information she provides does not match the tone in such a way, that a distinct emotion that shows coherence on all levels is communicated. Gudrun initiates a sequence of repairs (line 88 and 93) which aim at creating coherence between the semantic level and the tone. She substitutes consonants (lines 87/88 and lines 92/93), changing 'vernommen' (heard) to 'genommen' (took), thus forming 'ALLES haben die genommen?' (they took everything). The question is why does she co-construct with Wilma a markedly depressive mood here?

If we consider the idea that memory is at the service of conversations, which means that participants control each other's mind contents in such a way that they influence which memories 'pop into' the other's head, we can approach this, as Sacks suggests, as an utterance-by-utterance phenomenon to find out how Gudrun's story provides a participation framework. Upon learning that Gudrun visits her dead father's grave before coming to her mother on Saturdays the position reserved for Wilma within the story according to her own perspective is notably that of a widow. I argue that the 'achieved similarity' (Sacks, 1992: 4, Vol.2) that Gudrun and Wilma display sheds light on how crucially this story can be seen as a way to analyse the psychological aspects of the situation; however, the notion of 'situation' then transcends the present sequence as the story can be fitted to the overall interaction which implies all the previous actions, as well as those to come.

Sacks suggested that once the hearer has analysed a story, she searches her memory and produces a "story in such a way that its similarity to A's will be seeable; that is, in such a way that A can see that what B is telling A is 'a story similar to the story that A told B'" (Sacks, 1992: 4, Vol.2). Sacks elaborates that "[w]hen the listener does the job of understanding, he puts the original teller in precisely the position that the listener was put in originally, i.e., when the listener produces his understanding the teller himself has to keep in mind

the story, to understand that the story is understood” (Sacks, 1992: 427, Vol.2).

In lines 87 to 94, we can find evidence for this ‘interactional business’ of doing understanding, as Wilma and Gudrun mutually and consistently signal and confirm understanding in the positions reserved for these actions. In chapter 4, the majority of studies focused on instances where participants use the first slot to signal that they have spotted an error. I have criticised the use of the term ‘error’ in these studies in chapter 4, but this sequence at hand will be used to exemplify that researchers have to be careful not to identify instances as ‘errors’ in their data when there is evidence that participants signal understanding. I argue that when Gudrun initiates repair (line 88 and 93) this gives us a hint that Gudrun’s mind is on the emotion conveyed. One possible explanation is that Gudrun perceived an incongruity. As seen in chapter 5 (p.94), we are able to spot social incongruities. This certainly also holds true for the emotion-related aspects of interactions. Hence, there should be an incongruity in line 87, a mismatch of affective behaviour and verbal information. However, there is nothing ungrammatical about ‘they heard everything’. Rather, following the idea that her story is key, and the focus on the fit between it and the on-going conversation, Gudrun’s repair move (‘they took everything’) indicates that she understands and enhances the emotional impact of Wilma’s contribution in such a way that it can be seen as an appropriate emotional response to her story.

As we can see in the following two lines 89 and 90, there is agreement in recognising and accepting each other’s responses, as they mutually establish a shared mourning over the loss of everything beautiful in Wilma’s life. What is specific about ‘loss’ is that it expresses time. One can only mourn the loss of something that is gone. Considering that Gudrun’s story significantly changes participant alignment in that she positions herself as a daughter who visits her father’s grave before visiting her mother, this draws the attention to Wilma’s position which is that of a widow. So, in a way one could argue that Gudrun performed repair to make visible also on the verbal level what she *felt* to be Wilma’s reaction to her story.

In chapter 5 (p.100), we saw that Sacks stated that despite its crucial role in human communication, he thought that he does not really know yet how to analyse feeling expressions. However, in persistently focussing and carefully describing how participants signal understanding, he shows that we can learn and talk about things as vague as ‘gut feelings’ first of all because we are ourselves human beings. Asking the following question, “When people tell a story about a car wreck they saw yesterday, could somebody, e.g. report on a wreck they read about in the paper?” (1992: 5, Vol. 1), he suggests that in terms of experience and emotional impact it would not be appropriate. We have the gut feeling, as human beings, that this is not the proper response. In order to deal with this as a researcher, Sacks advice is simply to watch what interactants do in the following, how they solve it themselves, and possibly find that we understand it, too, because of our own experience. I think that this sequence provides striking proof for this. When Gudrun states twice ‘always with you’ in line 103, we can tell that her every action in this sequence has expressed that she *is with* Wilma. Research in developmental psychology, and specifically the work of Trevarthen discussed in chapter 4, has provided evidence that the expressive gestures of another person convey intersubjectively salient information, such as a person's mood or particular emotional states. In a way, “self and others are ‘coupled’” (Downing 2000: 256) and this also includes the researcher who is present.

The transcript shows that Gudrun starts feeding Wilma in line 94 and keeps up feeding her over the course of this interaction (lines 95, 101). This is noteworthy, first of all, because of the mere fact that this is the first time in the whole interaction that she feeds Wilma. Secondly, we can see that Gudrun displays the same strategies Elisabeta used in sequence 2: She points in the direction of the plate (line 85, 105, 106), puts a slice of bread into Wilma's hand (line 106), and voices in line 110 the ‘gustatory Hmm’ (Wiggins, 2002). Furthermore, she highlights twice that it was Elisabeta who prepared the dinner (line 85, 106). The second time she mentions this she also adds ‘tasty’ (line 106). The action of synchronizing her style with Elisabeta's strategies and voicing that it was Elisabeta who prepared the food for Wilma are clearly produced in reference to Elisabeta's interests and not necessarily by reference to Gudrun herself (see Sacks, 1986: 131). Considering Gudrun's behaviour

towards Elisabetha in the previous sequences, I argue that she shows that she is keeping her mind on Elisabetha as well, which can be understood as an act of reconciliation.

The following analysis therefore specifically concentrates on the trajectories of what seems to be a conflict between Elisabetha and Gudrun concerning Wilma's eating habits.

109 E: *ja jetzt mutti nehmen tabletten (.) ist ein bisschen*
yes now mum take new pills is a little

110 G: *RUHIGER* (glances at W)
calmer

111 E: *ja, ist ein bisschen ruhiger*
yes is a little bit calmer

112 G: *wir haben sie jetzt ja glaub ich vor einem MONAT umgestellt, ne?* (glances at E)
i think we changed her medication a month ago, right?

113 E: *ABER* <clears throat> *jeden tag ist andere*
but every day is different

114 =G: *anders*
different

115 E: *zum beispiel HEUTE* <laughs> *das essen war schlecht*
for example today food was bad

116 G: ↑ *ehrlich?* (glances at W)
really?

117 E: *GANZE zeit laufen laufen*
whole time walking walking

118 =W: *xxxxx*
xxxxx

119 =G: *ja (.) ja.* (glances at W)
Yes yes.

120 E: *gestern war gut. aber heute ist schlecht*
yesterday was good. but today is bad

121 G: *hm*
hm

122 E: *isch weiß nischt ob das ist WETTER oder weiß isch weiß nischt*
i don't know if it's the weather or what, i don't know

123 G: *aber das hab ich auch gelesen* (glances at E)
but I've read this too

124 =E: *FÜR MICH IST GUT WIE LAUFEN.* *das ist*
For me is good if walking, that is

125 =G: *ja*
yes

126 E: *ja, ne?*
yes, right?

127 G: *ja*
yes

128 E: (.) *BESSER die mutti bisschen ESSEN bisschen DENKEN*
better mum eat a bit think a bit

129 =W: xxxxxxxxxxxxxxxxx
xxxxxxxxxxxxxxxxx

130 G: *ja* (glances at W)
yes

131 E: *mutti gut essen eh gegessen dann ich bin FROH. aber so*
mum well eat eh eaten then i'm happy. but like this

132 =G: *hm*
hm

133 *wie heute das isch bin NICH froh* <laughs> (.) *zu WENISCH*
today i'm not happy too little

134 =G: *hm*
hm

The conversation extract starts with a brief exchange about Wilma's medication (lines 109 to 115). Elisabeta states that the new medication positively affects Wilma's behaviour (line 109). In the following lines, Gudrun's anticipative statement 'calmer' (line 110), the inclusive 'we' and the directive 'right?' (line 112), as well as simultaneous speech (line 114), all indicate alignment. Both women agree that Wilma is less restless, but that 'every day is different' (line 113). Especially this latter information is an observation that is based on Elisabeta's daily experience of living with Wilma for almost one-and-a-half years. Since Gudrun does not live with her mother and thus lacks knowledge of Wilma's daily eating habits, Elisabeta provides information. The high frequency of disagreement markers (line 113: 'but' and <clears her throat>; line 115: 'for example' and <laughs>) reflects that, in contrast to Gudrun, she perceives a 'misunderstanding' (Pomerantz 1984) rather than an alignment.

This can be explained with regard to the lack of shared background knowledge and can be explained in the following way. Sacks argues that “for every day one can have events in that day which are day’s events, mentionable to somebody one talks to on that day whom one talks to regularly” (1992: 16, Vol.2). However, Gudrun comes to visit once a week on Saturdays. This implies that the two women do not talk on a daily basis about Wilma and therefore Gudrun cannot understand the full meaning when Elisabeta says that ‘every day is different’. It can be assumed that because Gudrun anticipates Elisabeta’s actions this indicates that they have a very similar conversation maybe not every Saturday but fairly frequently. Hence, if Gudrun signals ‘I know what you are thinking and based on our shared experience I can anticipate what you are going to say next’, Elisabeta’s actions show that this does not mean that she actually *knows*. What Gudrun knows is what Elisabeta is going to say next. Talking about the change in medication, that counts over a week, seems to be more appropriate to the frequency of the times they see each other. Elisabeta’s preface seems to express this.

In lines 116 to 123, Gudrun notably changes her actions and signals misalignment. Her clarification request (line 116: ‘really?’) precedes her disagreement (‘but’) and her attempt to take over in line 123. The clarification request ‘really?’ is an immediate response to Elisabeta’s statement ‘the food was bad’ (line 115). Whilst Elisabeta’s further explanation in line 117 (‘WHOLE time walking walking’) indicates that she intended to convey that feeding Wilma was problematic, rather than as a comment on the poor quality of the food. This time Gudrun’s attempt to repair the conversation by signalling understanding (as previously performed in line 114) is absent. Nevertheless, Gudrun’s minimal turn in line 121 (‘hm’) seems to signal to Elisabeta that she understands her, because rather than further explaining the connection between the medication and its impact on Wilma’s restlessness at lunchtime, Elisabeta gives another possible explanation why Wilma did not eat properly (line 122: ‘weather’). Here, Gudrun unsuccessfully attempts to take over the turn in line 123, stating that she ‘read this’, probably referring to an article or a book about dementia-related eating disorder. However, Elisabeta overlaps her turn and explains how both she (line 131:

‘Mum well eat eh fed then I’m happy’) and Wilma (line 133: ‘better mum eat little think little’) would benefit from regular eating.

Gudrun’s high frequency of backchannel cues between lines 132 and 134 precedes turn taking in line 135. Mirroring Elisabeta, Gudrun starts her narration proclaiming that she will also give an example (‘for instance’):

- 135 G: *aber das is zum BEISPIEL sie hat*
but for instance she never liked
- 136 *früher nie gern gekocht, ne? zwar für uns kinder und so aber mutter war*
to cook, right? of course, for us children, but mother didn’t really like
- 137 *nicht so für fleisch und so. die hat lieber immer kuchen oder so*
meat and stuff. she always prefers cake and stuff
- 138 *süßigkeiten. wa Mama?*
sweets. right mama?
- 139 W: *ja, frisch*
yes, fresh
- 140 G: *und ich mein immer DANN SITZT das heute auch noch SO drin*
and I always think that today this is still inside her
- 141 W: *ja, das is wahr*
yes, that’s true
- 142 G: *dann WILL DIE NICHT jeden mittag essen. dann isst die SO (.)*
and she doesn’t want to eat lunch every day. she eats like this then
- 143 *NE? so wat GEREGLTES und dann mittagessen und auch noch mit*
right? something structured and then lunch and also with
- 144 *DESSERT und PUDDING und so*
dessert and flummery and stuff
- 145 *also (.) da mein ich dann kommt et wie früher dann auch immer so*
so I think she does what she always used to do
- 146 *wa mama?*
right mama?
- 147 W: *ja*
yes
- 148 G: *PUDDING JA (.) FLEISCH nich. und das ändert sich nicht (.)*
flummery yes meat no. and this doesn’t change
- 149 *also ich könnte jetzt mit der nach dem essen wenn se nicht isst, wa*
i could take her now if she doesn’t eat, right
- 150 *sofort nach café X*
straight away to café x
- 151 <laughing voice>: *zwei stückchen KUCHEN (.) da würd die, NE? (glances at E)*
two pieces of cake she would, right?

- 152 E: <laughing voice>: *JA JA*
yes yes
- 153 G: *die würd den kuchen essen, der kaffee STEHT noch nicht da*
she would eat the cake even if the coffee hasn't arrived yet
- 154 =E <laughing voice>: *JA JA* *aber kuchen gucken* <laughs>
yes yes but watch cake
- 155 G: *da wär das stück weg (.) WA MAMA?* (glances at W)
simply disappeared, right mama?
- 156 W: *NEE, wa?*
no, right?
- 157 G: <laughs>
- 158 E: *FLEISCH AUCH. will muss sein*
meat too. wants must be
- 159 G: *IST DIREKT WEG*
immediately gone
- 160 E: *wenn SCHMECKT ihnen GUT dann ESSEN. nee wenn NISCH* <laughs>
when tastes good she eats. if not then doesn't
- 161 =G: *JA*
yes
- 162 G: *das ist direkt weg, wa MAMA?* (glances at W)
it's gone immediately, right mama?
- 163 *DANN IS DER KUCHEN WEG* <loud> *WA schatz?* (glances at W)
then the cake is gone right darling?
- 164 W: *ja, wat willse haben?*
yes, what do you want?
- 165 G: <quiet> *nix will ich haben* (kisses W.)
i don't want anything
- 166 W: *dat kannse weg tun*
you can put this away
- 167 G: <loud> *Hm Hm ALSO DAS IS IMMER NOCH WIE FRÜHER*
hm hm so this is still the same as before
- 168 *was sie früher gerne gemacht haben oder NICH gerne gemacht haben dat is*
what they liked to do in the past or did not like to do that is
- 169 *NACH WIE VOR. dat sitzt ganz tief drin*
still the same. that is deep down inside

Saying that she will 'also give an example' announces that what is about to follow will be "topically coherent" with the conversation (Sacks, 1992: 22, Vol.2; he uses the expression 'I remember'), but what follows is an account of

Wilma's eating and cooking habits when Gudrun and her siblings were young and her mother healthy. Considering that "one announces that one remembers something when what has just been said stands as an explanation for how it is you remembered that" (Sacks, 1992: 19, Vol. 2) this tells us where Gudrun's mind was while Elisabeta was talking. In contrast to Elisabeta, who initially highlights the positive effects of the new medication on Wilma's eating habits – thereby contextualizing these as markers of a disorder caused by Alzheimer's disease – Gudrun interprets Wilma's behaviour with regard to the biographical knowledge she has of her mother. Based on this knowledge, she constructs Wilma's behaviour as a unique personality trait of hers (line 136: 'mother didn't really like'), which she has retained to the present day, according to her daughter (line 137: 'she always prefers cake and stuff'). Gudrun turns to her own childhood because she is Wilma's daughter. At the same time, one could argue that "if we're taking the situation as being one in which the storyteller is a character, then which character they are can matter a good deal for what the others are" (1992: 6, Vol.2). Thus, one could argue that she is not only *a* daughter but the daughter of a 'sick' person because Elisabeta provided the perspective of a nurse.

Contrary to Elisabeta, who identified Wilma's restlessness as her main characteristic (line 117: 'whole time walking walking'), Gudrun explains two habits she thinks are distinctive about her mother: First, her mother never liked the structured routine of having lunch every day (line 143: 'Something structured'); second, she always preferred, and still prefers, cake over a typical lunch that includes meat (line 143: 'She eats like this then'; line 148: 'pudding yes, meat no.'). In line 138 and line 146, Gudrun seeks validation from her mother, and thus seemingly co-constructs Wilma's eating behaviour in concert and agreement with her. Whilst Gudrun's posture, facing Wilma, and her gaze between lines 138 and 150 signal her engagement with her mother, her orientation notably shifts to Elisabeta in line 151.

Having established this history of her mother's eating habits, Gudrun initiates a topic change, referring to the situation 'now' (line 149), thus reconnecting with Elisabeta's account of Wilma's behaviour 'today' (line 115). Whereas in lines 113 and 115 Elisabeta signalled disagreement due to the

perceived lack of shared background knowledge, her contributions in line 152 ('<laughing voice>: yes yes') and line 154 ('<laughing voice>: yes yes. but watch cake <laughs>') signal that she actively supports achieving common ground (see Clark 1996) through the shared experience of taking Wilma to a café. In shifting the story, Gudrun significantly restructures participant alignment (see Goodwin, M., 1982). At the café both are guests. The interesting observation here is that despite the fact that Wilma's behaviour, or in particular the speed of it as indicated in line 153, is not in line with the script for having a coffee and cake at a café, yet, Elisabeta gives no indication that this breach of script is a clue to Wilma's disease.

Gudrun and Elisabeta frame the live-in situation and their relationship to Wilma based on different perspectives: personal experiences and childhood memories in the case of Gudrun, professional experiences and everyday care interaction in the case of Elisabeta. The frames they apply are a result of an ongoing adaptive learning process that is closely linked with the progression of Wilma's disease. In Gudrun's case, her experience of Wilma's stay at a psychiatric unit is engrained in the strategy to treat her mother in a 'loving and calm way', which functions as one of her main care strategies. Elisabeta, by contrast, consciously manages interactions with regard to her work experience as a nurse ('I can stand this kind of work because I am a nurse'). By the time Elisabeta moved in, Wilma already exhibited a number of behavioural changes typical of the early stages of Alzheimer's disease. Thus, based on her experience and the changes she has witnessed while living with Wilma, to her Wilma's eating habits are a clear marker of the disease and are, therefore, a disorder. This is in conflict with Gudrun's care strategy that draws on biographical knowledge of her mother's eating habits.

The way Gudrun frames the home care situation also allows for conclusions about the extent to which her actions are specific to her own goals. It can be argued that Gudrun prioritizes the preservation of a 'shell of normalcy' by restoring a past version of Wilma in her interactions with Elisabeta and Wilma. The data presented in this sequence does not provide sufficient proof, but Gudrun's significant change in address from 'darling' to 'mama' in interactions with Wilma seems to signal a shift – with 'mama' being more

likely to respond to normal/healthy behaviour, and ‘darling’ more likely to occur with trouble-indicating behaviour. In her interactions with Elisabeta, Gudrun indicates twice that she is aware of standardized dementia care practices (line 15: ‘but I’ve read this too’; lines 57–58: ‘what they liked or did not like to do that is still the same’). However, she contextualizes this information with regard to achieving her overall aim of restoring Wilma’s normal eating behaviour. In the last two lines (168 and 169), Gudrun states that ‘What they liked or did not like to do that is still the same. That is deep down inside’. The newly introduced third person plural form clearly indicates that Gudrun no longer refers only to her mother. In fact, the use of ‘they’ seems to refer back to the first sequence and in the present sequence to line 123 where Gudrun indicates that she does have a certain knowledge about Alzheimer’s patients and probably even about Alzheimer-related eating disorders. Here, it is essential to have knowledge about Elisabeta’s, Wilma’s and Gudrun’s shared care history. Although Gudrun states in line 168 that Wilma “does not want to eat lunch every day”, her and Elisabeta’s actions, as well as the nursing record contradict this statement. In fact, the ability to feed Wilma properly seems to be the most important task that everyone involved in Wilma’s care has to be able to perform, as the nursing record informed me of Wilma’s weight loss, and Gudrun’s subsequent arrangement to get Wilma’s weight checked on a regular basis.

Essentially, the analysis of the conversation shows that the distribution of knowledge between the two main carers, Gudrun and Elisabeta, is uneven. The clash between Elisabeta’s apparent lack of biographical knowledge about Wilma on one hand, and Gudrun’s lack of knowledge about the day-to-day business of living with her on the other, provoke a relationship mismatch. Enfield (2011) explains this uneven distribution of knowledge in relation to power in the following way: “source-based authority concerns actual experience and what it enables (...) namely, the range of things I can say or do as a result of that knowledge” (Enfield, 2011: 300). He continues that “by contrast, status-based authority concerns not what you actually know, but what you *should* know, or are entitled to know, given your status (Drew, 1991: 37ff.)” (ibid: 301, emphasis in the original).

This status asymmetry between the two carers visibly affects negotiations of changes for the better within the home care arrangement. As seen in lines 149 to 163, the shared experience of taking Wilma to the café serves to temporarily create common ground between the two women. That such common ground is considered important by the two interlocutors is testified by Gudrun's subsequent concession to Elisabeta's point of view (line 159), where she acknowledges that Wilma likes meat, too. However, Gudrun's concluding remark about Wilma's unaltered personality traits clearly signals that she is adamant about her original point of view. This shows that the two women are not equal partners who discuss Wilma's eating habits, but hold different positions in the 'home care hierarchy', with Gudrun, as Wilma's daughter and Elisabeta's employer, being the head.

Summary

I argue that this chapter's analyses allow for conclusions concerning the way participants subjectively frame the home care situation, as well as the interdependent, situated nature of memory as it is intersubjectively re-enacted in interactions. Analysis has shown that Gudrun and Elisabeta frame the live-in situation based on prior experiences. However, it can be argued that the updating and modifying of specific schemata is an on-going adaptive process that is closely linked with the progression of Wilma's disease. From the point of view of subjective appraisal, I proposed that over the course of the sequences participants' schema-consistent actions can achieve affective coherence regarding the individual's own goals. However, as the context in which this happens is intersubjectively co-constructed, it was argued that schema-related displays of emotion management potentially also impact in a visible way on the relationships between individuals.

These events in turn allow insight into a possible relation between conflicting frames and dysfunctional communication. Here, a focus on story-telling has proven to be an appropriate way to analyse how memory is at the service of emotion management, which seems to be a highly interactional and adaptive

phenomenon. In highlighting the spectrum of social and psychological factors that influence behaviour, it can be shown that emotion management takes place in a participation framework; it is distributed among co-participants, and does not happen (exclusively) in an individual mind. Although this chapter's data analysis merely scratched the surface, I hope that its data not only made a strong point that memory must be understood in terms of its contribution to situation-appropriate behaviour (Wilson, 2002), but that even in the advanced stage of the disease, Alzheimer's disease does not entail a complete disruption of intersubjective memory.

The following chapter will present data on interactions between Wilma and a nursing service employee called Edeltraud, who stays with Wilma for two hours per week. This woman initially states that care work makes her happy. However, analysis shows that her actions are grounded in fear appraisal while narrating a story about a fearful episode she has experienced with Wilma. Focussing on the intersubjective experience of embodied fear appraisal, this chapter will provide evidence that Wilma demonstrates through her visible participation an on-going analysis of the emotionally charged context changes in the events she is engaged in.

8

Locked Doors

The role of experiential cues in emotion management

The previous chapter provided potential answers to all three research questions. My analysis has shown that Gudrun and Elisabeta frame the live-in situation and care of Wilma through their prior experiences. Both women instantiate schemata based on episodic memories. However, I argued that the updating of schemata is an on-going adaptive process. From the point of view of subjective appraisal, I proposed that over the course of the sequences participants' schema-consistent actions can achieve affective coherence regarding the individual's own goals. However, as the context in which this happens is intersubjectively co-constructed, I claimed that schema-related displays of emotion management potentially also impact in a visible way on the relationships between individuals. This was discussed with a focus on the possible relations between conflicting frames and dysfunctional communication between the individuals involved in Wilma's care. A focus on

story-telling has proven to be an appropriate way to analyse how memory is at the service of emotion management, which seems to be a highly interactional and adaptive business. The results of chapter 7 could show that emotion management does not happen (exclusively) in an individual mind but is distributed among co-participants.

The current chapter will build on and expand on these results. Specifically, this chapter's analysis will further explore the hypothesis outlined in chapter 3, where it was discussed that emotions are complex events triggered by a number of stimuli, which participants' verbal reports of their feelings may be unable to capture. This will be tested in the data below. While initially stating that eldercare makes her "happy", analysis of interaction between the nursing service employee Edeltraud and Wilma reveals that Edeltraud's actions can be grounded in fear appraisal events. Thus, the discussion of data aims for a deeper understanding of the complex emotion processes at work, and the interrelation with cognitive phenomena, such as memory and attention. Focussing on two stories Edeltraud narrates upon arriving at Wilma's flat, the data analysis will trace the process of affective adaptation based on the experiential affective cues which both women establish as meaningful in their interactions. This is relevant as far as results suggest that emotion appraisal affects Edeltraud's attention to such an extent that she misses Wilma's emotional responses which are marked by a mutual feeling of fear. This in turn causes a conflictual situation that Edeltraud solves through the use of violence. Since she leaves without reporting this to Elisabeta once she returns, this chapter crucially confirms those conclusions in chapter 7 where a significant absence of organised communication flows in Wilma's care was stressed.

Wilma and Edeltraud - the episode to be examined

Since the end of May 2008, Edeltraud stays once a week on Thursdays for two hours with Wilma “so that Elisabetha can take some time off” (“damit die Elisabetha frei hat”). In the beginning, she did not know anything about Wilma, and within the four months of her placement in August 2008, she had not met any of Wilma’s children. Prior to her employment with the nursing service, Edeltraud had worked for 35 years at a butcher’s. Once she had retired, a neighbour asked her if she would like to take care of her mother on three days a week for approximately six hours a day. Since she had known her neighbour’s mother for more than 50 years by that time she agreed: “She was like a substitute mother to me and a friend” (“Die war für mich Mutterersatz und Freundin”).

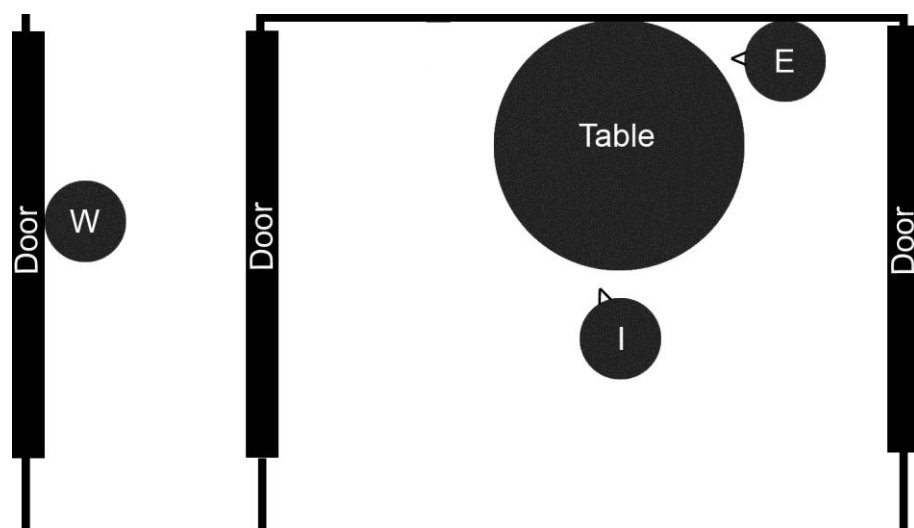
This is how Edeltraud first met with the nursing service she is working for today. Every morning and evening a nurse helped her dressing and cleaning the woman. After her neighbour’s mother had died the company approached Edeltraud and offered her a job. She immediately accepted: “I enjoy helping old people so much! I really like doing it! To see the elderly satisfied. Unlike other people who are nagging and only pretend they are thankful. When you see how thankful they are it is real fun. To me this is really beautiful! I am really happy when I am able to help”¹⁴. She adds: “In general, I thrive in service occupations as I have worked at a butcher’s before” (“Ich gehe generell im Dienst am Kunden auf. Ich hab ja vorher in einer Metzgerei gearbeitet“).

Bearing in mind her proclaimed attitude to eldercare, in particular that care work makes her happy, her actions in the following interaction show a remarkable incongruency once Edeltraud is in the flat together with Wilma and me. For me, it is the first time I have met Edeltraud and I notice immediately that Wilma’s behaviour is unusual: “But, it seems that she finds it suspicious that we are sitting here because she doesn’t come into the

¹⁴ “Das ist so schön für mich alten Leuten zu helfen! Ich mach das so gerne! Die alten Leute zufrieden zu sehen. Die sind dankbar. Als wenn sie jetzt nur jemanden hätten der rumnölt und so tut. Wenn man sieht wie dankbar die alten Leute sind, das macht schon Spass. Für mich find ich das schön! Helfen zu können! Ich bin da richtig glücklich bei.“

kitchen, right?” (“Aber ich glaub’ das scheint ihr nicht geheuer, dass wir zwei hier sitzen weil sie kommt gar nicht in die Küche, ne?“). Although Edeltraud initially confirms my assumption, she adds that Wilma in general cannot sit still, but constantly walks back and forth in the flat. She concludes that Wilma always stands at the door and that she basically always wants to leave¹⁵. Edeltraud then continues to give an account of how she remembers the first day she spent with Wilma.

Kitchen – 21/8/08 – 4 pm - Wilma (W), nursing service employee Edeltraud (E) and I (I*)



> = direction of chair facing

¹⁵ “Nee. (.) Sonst setztse sich schon ma mit hier hin oder wir sitzen beide mal eben kurz im Wohnzimmer. (.) Lange bleibt se ja nich sitzen. (.) Wir gehen meistens hin und her. Se sitzt meistens hier eben auffe Kante und dann isse auch schon wieder auf. (.) Dann gehen wa schon ma nach draussen hinten hin. Aber da muss ich immer sehen dass ich se auch wieder zurückhole. Wie gesacht und eh (.) Ich hab se schon ma auf die Couch gekricht. Ich hab gesacht komm setz dich doch ma zu mir. Und da hab ich mich bewusst auch drauf gesetzt und ich sach komm. Ja dann hat se sich hingesetzt und dann hat se auch zum Fernseher geguckt. Aber sie versteht et ja nich un eh (.) aber wie gesagt also wenn se auch hier sitzt ne? Nur auf de Kante und dann wieder auf. Sie läuft permanent hin und her. (.) Und steht immer anne Tür. Sie will immer raus. (.) Sie will einfach immer raus.”

- 1 E <stern, quiet>: *Es war schwierig. Es war sehr schwierig am Anfang.*
It was difficult. It was very difficult in the beginning.
- 2 *Weil sie (.) weil sie (.) hm auch nicht so MITMACHEN KANN (.) Ich bin dann mit*
Because she, because she hm can't really participate. Then I also
- 3 *ihr auch schon mal in die STADT geGANGEN (.) Dat war (.) erste Mal ne*
went to town with her from time to time. It was the first time a
- 4 *KatasTROPHE (laughs) die Leute guckten schon alle. JA ich wollte mit der so ein*
catastrophe people all started watching. Yes I wanted to go for
- 5 *bisschen spaZIEREN gehen weil das Wetter schön war und (.) eh am Anfang ging*
a little walk with her because the weather was nice and eh in the beginning
- 6 *es auch ganz GUT und dann sacht ich komm wir gehen jetzt geradeAUS.*
it was just fine and then I said come on let's go straight on
- 7 *NEIN. NEIN. Also war NIX zu machen. Und ich sach nur ich hab se festhalten*
No. No. It was pointless. And let me tell you I just wanted to restrain her
- 8 *wollen (sighs) (.) Sie hat sich UNHEIMLICH gesträubt.*
She didn't want it at all.
- 9 <very quiet> *Un dann guckten die Leute schon alle so weil sie SCHLUG*
And then people were all watching because she slapped me
- 10 *dann auch SO. Bis ich sie dann ein bisschen im Griff hatte. Dat ich se umdrehen*
so hard. Until I finally got her a little under control again. So that I could turn her
- 11 *konnte (.) dann (.) gings dann. Ich hab versucht sie zu beruhigen. Ich hab gesagt:*
around then it was fine. I tried to calm her down. I said
- 12 *Wir wollen doch nur spaZIEREN gehen. NEIN NEIN NEIN und et war eh ganz*
We simply want to go for a walk. No No No and it was eh very
- 13 *schlimm. Und dann sind wir noch so eh (.) ne kleine Runde gegangen. AUF*
terrible. And then we did another small walk. Making
- 14 *UMWEGEN DANN aber nach HAUSE. Ich hab gedacht (.) dat war mir eigentlich*
detours we eventually reached home. I thought for me this was actually
- 15 *(.) ich muss se ja auch erstmal kennenlernen und (.) jede Situation.*
and I have to get to know her first and each situation
- 16 *HEUTE kann et wieder ANDERS SEIN. Und morgen is et wieder anders. Es geht*
today can be different again. And tomorrow it is different again. There's
- 17 *nich anders. Die geht immer zu Tür (glances at W in the corridor).*
no other way. She always goes to the door.
- 18 W (in the corridor, eyes on E): *Ja*
Yes
- 19 E (sighs): *(.) Da musste ich mit ihr (sighs) zur FUSSpfleGE*
I had to go with her to the podiatry
- 20 W (comes into the kitchen) <quiet>: xxx xxxxx xx
- 21 =E: *Weil das gerade in den Zeitraum FIEL. Und da hab ich gesacht macht nix. (.)*
Because the appointment happened to be on that day. And I said no problem

- 22 *Mach ich schon.*
I will do it.
- 23 W (standing in front of E) <loud>: *xxxx xxx Kummer DIE kannse DA*
Look you can these there
- 24 E: *Dann*
Then
- 25 =W <loud>: *Ich sprech da da neues van de diss.*
I speak there there new *van de diss.*
- 26 E<loud>: *Die Türe ist ZU WILMA.*
The door is locked Wilma.
- 27 W: *Ja*
Yes
- 28 E: *Ich KANN die nicht aufMACHEN.*
I can't open it.
- 29 W: *Ja ich weiss et nicht.*
Yes I don't know.
- 30 E <laughs>

Just like in the previous chapter, analysis will begin with a focus on how participants signal that they have found “that part of ‘us’ that is involved in our last interaction” (Sacks, 1992: 193, Vol.1). At first glance, Edeltraud seems to narrate two thematically distinct stories: ‘going for a walk with Wilma’ (lines 2 – 17), and ‘going to the podiatrist’s with Wilma’ (starts in line 19 and finishes in line 54 in the second sequence). I claimed earlier that there is a significant mismatch between Edeltraud’s reported subjective feelings about eldercare and the memories she recalls within the first few minutes at Wilma’s flat. The mismatch occurs between the emotions Edeltraud reports to connect with her job and what she actually experienced on her first day with Wilma: while she claims that eldercare makes her happy, we learn that it was “very difficult in the beginning” (line 1) and that Wilma even “slapped” her (line 9).

In order to better understand how Edeltraud’s narratives can be used to understand, first of all, why she tells them so very early in the conversation and, secondly, how these stories can be used as a compass to understand her and Wilma’s subsequent behaviour, analysis follows to some extent Dalglish and Power’s emotion appraisal model since it has been suggested that an

emotion process exhibits crucial information about the relationship between the present situation and an individual's goals (Lazarus, 1991). According to Dalgleish and Power (2007), an emotional state consists of the following defining components: an event, an interpretation, an appraisal, physiological change, a propensity for action, and conscious awareness. They suggest that it is only really possible to reliably distinguish one emotion from another on the basis of the appraisal component, which can be thought of as a metacognitive strategy or how an individual monitors the progress towards his or her goal. However, the authors propose that emotional states often include reference to certain patterns of behaviour or action (see 2007: 132). For example, fear is associated with an appraisal of physical or psychological threat (e.g., a clenched fist).

Situations are appraised in terms of the content of the individual's mind. That is, the individual's knowledge of the world, of themselves, of previously similar occasions, and so forth. Dalgleish and Power distinguish between three main domains of information: knowledge and models of the world, knowledge and models of the self, and knowledge and models of others. As cognitive psychologists, Dalgleish and Power argue that these are captured by analogical, propositional, and schematic model representation formats. Representations of information in memory are possible in all three representational formats for all content types (see 2007: 148 ff). Dalgleish and Power propose that, subsumed within the domains of knowledge and models of the self and of others, is information concerning an individual's goals. Goals are defined as a way of talking about the temporal dimension of representations and plans with which the individual operates (see 2007: 140).

In a first step my analysis suggests the individual's defining elements that according to Dalgleish and Power (2007) make up an emotional state in order to discuss this in a second step with regard to the social level of emotion experience. In the first narrative I propose that the *event* can be found in lines 6 and 7, when Wilma refuses to walk in the direction Edeltraud suggests ("and then I said come on let's go straight on. No. No). The *interpretation*

process (line 7: “It was pointless”) results in an *appraisal* (line 9: “she slapped me”) followed by a *propensity for action* (line 10: “Until I finally got hold of her again. So that I could turn her around.”), and *conscious awareness* that defines the emotion as ‘fear’ (line 12-13: “it was eh very terrible”). Apart from the appraisal of Wilma’s threatening behaviour, a second source potentially intensifies and simultaneously confirms Edeltraud’s fear appraisal. She states in line 3 that this story is about the first time she went to town with Wilma. Bearing in mind that she did not know Wilma at all, lines 4 and 5 show that she expected a script-consistent event (“I wanted to go for a little walk with her because the weather was nice”, and also “properly go outside” in line 59). Contrary to her expectations, the walk turned into a “catastrophe” (line 4) and “people all started watching” (line 4). Sacks has argued that “people can become awfully nervous where they figure that something really extraordinarily notable is happening but nobody’s looking at it, they’re just passing along. And you get, then, a frantic attempt to get individual eyes, though you don’t know the individuals whose eyes you’re seeking, to have them tell you, ‘Yeah, it’s really happening” (1986: 136). Noticing the exchange of glances confirmed Edeltraud that Wilma’s and her behaviour was considered unusual in public and script-inconsistent.

We can see in the transcript that Edeltraud glances at Wilma in line 17 while concluding her story about the first day saying that “she always goes to the door” (line 17). Having established eye contact something interesting follows: while Edeltraud begins to narrate her second story Wilma comes into the kitchen and stops right in front of the woman (lines 20 and 23). I argue that we can find evidence that the exchange of glances is crucially meaningful to the both of them. Once initiated, Wilma typically holds eye contact for a long time. Since she does not avert gaze from time to time her continuous stare made me feel very uncomfortable in the beginning of the observation. In the previous chapter, however, we have seen that Gudrun perceives Wilma’s gaze as being ‘attentive’. Yet, a prolonged stare can also be perceived as threatening. In particular, if the body is in the ‘proper’ state. What I am suggesting is thus that through telling the first story Edeltraud re-creates the particular mood that was part of her emotional state at the time of encoding;

that is, her first day with Wilma. According to Centerbar et al. (2008), this is reflected in two effects: mood congruence, whereby one remembers events that match the current mood, and mood dependence, which refers to the fact that remembering is easier when the mood at retrieval matches the mood at encoding. Thus, remembering an event is more likely if one evokes the emotional state one was in at the time of experiencing the event. Centerbar et al. (2008) call this *affective (in)coherence*. Based on their study (2008) they suggest that coherence between affective concepts and affective experiences leads to better recall of a story than affective incoherence (see 2008: 560). The authors suggest that “the experience of such experiential affective cues serve as evidence of the appropriateness of affective concepts that come to mind” (ibid).

Highlighting the crucial importance of ‘experiential affective cues’, I come back to my hypothesis that the exchange of glances between the two women is key. I will explain this in the following. Drawing on Dalgleish & Power’s model, I claimed earlier that Edeltraud recalls an event that happened roughly four months ago and that is marked by intense feelings of fear and public humiliation. While telling this particular story, Edeltraud’s gaze rests on me or the table in front of her. She does not look once in Wilma’s direction. Thus the emotional distance she describes between her and Wilma is reflected in the distancing of her body (as she sits at the far end of the table), as well as it is matched by a distancing in language. She uses the definite article (‘die’) rather than the pronoun (‘sie’) when she concludes that “she always goes to the door” (line 17). In stating this she looks for the first time at Wilma who is in fact standing at the front door in the corridor. I claim that this visual cue ‘Wilma standing by the door’ is crucially relevant for the subsequent recall of the fear appraisal in the second narrative. In addition, when she comes into the kitchen, eyes fixed on Edeltraud, Wilma does not conform with this very behaviour the nursing service employee defined as ‘normal’ in her (“she always goes to the door”). This in turn confirms Edeltraud’s perception that “each situation, today can be different again” (lines 15 and 16). Focussing on the transition between the first and the second story (lines 17-19), I suggest that we can single out the visual cues of ‘Wilma standing by the door’ and Wilma’s stare as those crucial cues that Edeltraud

picks up on in creating affective coherence and from a psychological perspective a situation that she perceives as potentially dangerous. As mentioned earlier, she believes that Wilma's sole desire is to leave, and ever since she arrived Wilma has signalled this not only through standing by the door, but also verbally in line 18. In her first story, she gives an example of the conflict that potentially results from this constellation: Edeltraud describes Wilma's behaviour as erratic, potentially violent and impossible to reason with ("can't really participate", line 2).

Yet, we also learn from Edeltraud's story that Wilma's behaviour was mutually marked by a feeling of fear on that day. The simultaneous increase in voice in lines 25 and 26, as well as Edeltraud's statements in lines 26/ 28 that "the door is locked Wilma" and "I can't open it" and Wilma's reaction "yes I don't know" (line 29) shift the focus on Wilma to which I will come back further down. Facing each other while Edeltraud narrates the second story, I argue that Wilma and Edeltraud establish in concert a set of cues which analysis in this chapter cautiously treats as the set of cues of their shared fear appraisal. As the interaction unfolds we will see that this becomes crucially meaningful once a conflict occurs.

Significantly, Edeltraud marks the beginning of her second story with a sigh (line 19). This announces that the emotional value of what is about to follow potentially matches her first story:

31 E: *Und eh (.) ja (.) dann hat se mir erklärt daHINTEN (points) aber ich WUSSTE*
 And eh yes then she explained to me back there but I knew

32 *NICH da da is wohl eh Krankengymnastik und sowas (.) aber ich wusste nich*
 not there there is a physiotherapist and such like but I did not know

33 W: *Ja*
 Yes

34 E: *dass da auch medizinische FUSSpflege is.*
 that there is also a podiatry.

35 W: *Ja*
 Yes

36 E: *Ja ich bin jedenfalls mit ihr darunter gelaufen und jetzt sind die ja dahinten (points)*
 Yes anyway I went down there with her und now there are road works back there

- 37 *die STRASSE am MACHEN (.) denk aber auch nicht drüber nach und eh (.) JA Richtung*
am not thinking about it and eh yes direction
- 38 *DAHIN war dat erstens noch ZU wat ich nicht wusste. Die machen erst um drei Uhr auf*
there it was first of all still closed which I didn't know. They only open at three pm
- 39 *und sie sachte um drei Uhr hab ich den Termin. Dann sind wir bis dahin (points)*
and she said that I have the appointment at three. Then we walked up there
- 40 *geLAUFEN und ich hab nix gesehen von Fusspflege (.) Ich denk NEE kann nicht richtig*
and I can't see the podiatry I think no can't be right
- 41 *sein. Ich dann de Strasse entlang (.) eh wo da die Bauarbeiten is und da*
I then follow the street eh where the road works are and there
- 42 *war es natürlich SEHR laut. Da kricht die Panik.*
it was of course very loud. There she panics.
- 43 <whispers>: *Da wär se mir bald abgehauen (.)*
She almost ran away from me
- 44 <quiet>: *und ich dann hinterHER bis ich se wieder eingeFANGEN HATTE.*
and I chased her until I finally recaptured her again.
- 45 *Dann sind wir wieder SO (points) an dem Haus vorbei und HINTENRUM (points)*
Then we walked like this around the house and back there
- 46 *geguckt und dann sass da so ne Frau und war am telefoNIEREN. Und da hab ich*
we had a look and there sat a woman and was on the phone. And then I
- 47 *gefragt ob sie mir sagen könnte wo hier die medizinische Fusspflege wäre. Ja hier bei X.*
asked her if she can tell me where I can find the podiatry. Yes here at X's.
- 48 *Ja machen die denn auch FUSSPFLEGE? JA. Machen die. JA. Dann ich wieder*
Yes but is there also a podiatry? Yes. There is. Yes. Then I went again
- 49 *so RUM (points) und dann kriegte sie Panik wie ich dann wieder daHIN wollte, ne?*
like this and then she panicked when I wanted to go back there, right?
- 50 W: *Ja*
Yes
- 51 *JA (.) und dann hab ich se dann*
Yes and then I
- 52 <loud>: *IRGENDWIE SCHAFFT MAN ET JA DANN DOCH wieder ne? Dann*
Somehow you always do manage right? Then
- 53 *sind wa da REIN. Wollte se sofort wieder RAUS. Und da hab ich sofort schnell die Tür*
we walked in there. She wanted to go out immediately. And then I quickly
- 54 *zugeschlossen. Die KANNTEN se zum Glück da se schon oft da war. Ja, ich musste die*
locked the door. Fortunately, they knew her because she's been there quite often. Yes, I
- 55 *Tür zuschliessen sonst ist se WEG. Ne? (.) GING dann aber auch GUT. Wie die nächste*
had to lock the door because otherwise she is gone. Right? (.) Went fine. When
- 56 *Patientin kam hab ich dann wieder AUFgeschossen. (.)*
the next patient arrived I unlocked the door.
- 57 *JA DAT SIND NATÜRLICH SO SITUATIONEN wo man dann (sighs) (.)*
Yes these are of course the kind of situations where one then

- 58 <loud>: SELBER N BISSCHEN PANIK KRICHT WEIL MAN DAT NOCH NICH SO
panics a little bit oneself because one doesn't know this
- 59 KENNT NE? *Ich hatte wohl schon ma ne Demenzkranke eh wo ich PRIVAT WAR.*
yet right? But I have already cared for someone with dementia eh privately
- 60 *Aber da war, der hat sich in den ROLLstuhl setzen lassen. Ne? Dann haben wir den*
But there was, you could put him in a wheelchair. Right? Then we
- 61 *auch angeschnallt und wir sind mit dem überall HINGeGANGEN. Ne?*
also buckled him up and we walked everywhere with him. Right?
- 62 *Und SIE bleibt ja nich. Ne? Ich hab schon ma gefragt ob se nich ma im Rollstuhl sitzen*
And she doesn't stay. Right? I have asked if she could possibly sit in a wheelchair
- 63 *könnte (.) damit man auch ma (.) RICHTIG raus könnte. Wa? (sighs)*
so that one could properly go outside. Right?
- 64 <very quiet, concerned> *Wär nich zu machen (.)*
Can't do it
- 65 *JA et gibt VERSCHIEDENE ARTEN DAVON. NE? (.) Und bei dem ich privat war den*
Yes there are different kinds of this. RIGHT? And the one I worked for privately
- 66 *geh ich heute IMMER NOCH besuchen. Der liegt im KRANKENhaus. Ne? So ne Art*
I still visit today. He is in hospital. Right? A kind of
- 67 *Pflegeheim is das (.) Aber eh dat is*
nursing home. But eh it is
- 68 <loud>: *DAT IS NE GANZ ANDERE DEMENZ wieder wie (.)*
It is a whole different kind of dementia than
- 69 <quiet>: *SIE hat. Ne? (.) Ich wusst auch nich dat es so viele verschiedene gibt. Ne?*
her's. Right? I didn't know that there are that many different ones. Right?
- 70 W<quiet>: xxxxxx
- 71 E<quiet>: *Aber wenn man denen was SAGEN will*
But if you want to tell them something
- 72 <loud> *GeSACHT HAT*
have told
- 73 *Der hat immer zugehört. Der hat auch TEILS verstanden und TEILS NICH*
He always listened. He also partly understood and partly didn't
- 74 *verSTANDEN aber er war RUHIG. NE? (.) Aber SIE is einfach (.) (.) Hin HER*
understand but he was calm. Right? But she is simply stop-go
- 75 *HER HIN. WA? Und wenn se DA (points to frontdoor) nich rauskommt dann*
stop-go. Right? And if she can't get out there
- 76 *versucht se Hinten (points to veranda door behind her) raus zu gehen. JA JA*
she tries the backdoor. Yes yes
- 77 *da hab ich se schon ein paar Mal zurückholen müssen. Weil ich nie weiss is hinten die*
I had to go get her a few times. Because I never know if back there
- 78 *Türe auf oder nich. Ne? Und wir dürfen ja nicht da hinten auf dem Rasen laufen.*
the door is open or not. Right? And we are not allowed to step on the lawn back there.

79 Wilma <loud>: *JA JA xxxx LÄUFT DAS (.) Dat SACH ich dir.*
Yes yes Does that go I tell you.

80 E: *Ja (laughs)*
Yes

81 W: *Von DOS.*
Von DOS.

82 I <loud>: *Wat SACHse? (.) (.)*
What are you sayin'?

83 W: *Hier* (points at her blouse, then walks out of kitchen)
Here

I propose that this second story exhibits the event in line 42/ 49 (“There she panics”) followed by the appraisal in line 43 (“She almost ran away from me”) and her conscious awareness in line 57 and 58 that defines the emotion as ‘panic’ (“Yes these are of course the kind of situations where one panics a little oneself). In contrast to the first narrative which described “the beginning” (line 1; and “I have to get to know her first” in line 15), the second narrative contains information about a more recent event that happened a few weeks ago. The high frequency of instances where Edeltraud states that she “did not know” (lines 31/32: “but I did not know”, line 38: “which I didn’t know”, line 40: “I think no can’t be right”, line 57/ 58: “because one doesn’t know this yet”) first of all draws attention to the learning process that has happened. I have argued earlier that we can potentially draw the conclusion after her first story that Edeltraud is alert whenever she is with Wilma. Based on the two stories, I suggest now that Edeltraud learned the crucial lesson that she must be familiar with the environment because there is always the risk that Wilma tries to run away again.

I suggest that her increased use of gestures in the second story supports this assumption. In lines 31, 36, 39, and 45, Edeltraud points into the directions while verbally supporting the explanation of the route to the podiatry. While the place-indexical terms can be seen as binding the story together in such a way that “whatever takes place in the course of the narrative is taking place in this story” (see Sacks, 1992: 179), Edeltraud at the same time literally shows me that she now knows exactly where to go. Also inside the flat her conceptualization of space is based on Wilma’s potential actions. In lines 17,

26, 28, and 75-79, she explains that she has to keep an eye on both doors and make sure that they are locked. Once she reached the podiatry with Wilma, she also immediately locked the door (“And then I quickly locked the door”, line 53/ 54). Focussing on doors or exits in general, it can be argued that she uses this as a strategy to mentally set up relevant places in such “a way that [they] could be remembered” (Sacks, 1992: 759, Vol. 2). In a way, it could then be suggested that the place-indexicals serve a double function in being crucially important in the encoding¹⁶ of spatial information while serving as emotion-inducing cues as I have claimed earlier.

In line with Dalglish and Powers’ understanding that appraisals are made with respect to mind content, one could conclude so far that Edeltraud crucially draws on prior fearful situations in order to identify situations as potentially threatening. Here, I mean threatening to Wilma’s health but also her own. Upon our second meeting Edeltraud informs me that she still suffers from a hip surgery she had earlier that year and that walking is still painful. Thus, creating a bounded and therefore potentially secure place for the two of them is arguably among her priorities. Coming back to Dalglish and Power, it can be argued that her conceptualization of Wilma is represented across the different representational formats in the same way. ‘Fear’ is generated via the activation of the analogous model level of meaning (the visual input ‘Wilma’ and ‘door’), the schematic level (the stories), and propositional level (the beliefs about dementia expressed in her third story “But I have already cared for someone with dementia”, lines 59 – 74; in particular line 60/ 61: “you could put him in a wheelchair. Right? Then we also buckled him up and we walked everywhere with him”).

Interestingly, such an inherently cognitivist type of analysis puts to the fore the striking insight that ‘memory is for actions’ – the perspective promoted by proponents of an embodied and distributed view on cognition. The main hypothesis of an embodied cognition framework is that mind, body, and world mutually interact and influence one another to promote an organism’s adaptive success. Therefore, the *mind* cannot be understood solely on the

¹⁶ Here, I do not mean that she memorizes the actual place-indexical terms, i.e. verbal language.

basis of inner mental processes independently of the external environment. Glenberg's action-based view of memory (1997) is in line with this understanding in that he proposes that "memory evolved in service of perception and action in a three-dimensional environment" (1997: 1). He argues that the traditional approach to memory as 'for memorizing' needs to be replaced by a view of memory as "the encoding of patterns of possible physical interaction with a three-dimensional world" (ibid). He suggests that the meaning of a situation is given by a "meshed pattern of possible actions, and that is an embodied conceptualization" (ibid). Glenberg gives the example of a Coke bottle that can quench thirst, be used as a weapon, a door stopper, or a vase to show that "[t]he embodied account of meaning is situated so that action-oriented meaning can vary greatly with context" (1997: 3). Meshing occurs not just in imagination, but in memory, comprehension, and perception: "We do not experience categories, but individual, particular events" (1997: 7).

In his critique of Glenberg's model, MacDorman (in Glenberg, 1997) stresses that "memory must incorporate internal feedback and motivation (...) because we cannot settle the symbol grounding problem¹⁷ until we have explained how goals arise" (Glenberg, 1997: 29). Echoing Dalglish and Power's position, he states that "an organism develops goals with reference to its conceptualisation (or perceptual world) under the influence of internal feedback" (ibid).

Having established the psychological meaning of the present situation based on the two stories that potentially do allow to some extent conclusions concerning Edeltraud's internal feedback and goals, the stories also allow us to cautiously model Wilma's multisensory encoding of the very same events. In particular in the second story, we learn about a stressful situation that Edeltraud describes as Wilma panicking (line 42 and 53). The crucial cues here seem to be the noise of the construction site (line 41), that Edeltraud

¹⁷ Glenberg thinks that his model can settle the debate: "This framework provides a way to address meaning, symbol grounding, recollective and automatic uses of memory, and language comprehension" (Glenberg, 1997: 17).

chased and grabbed her when she ran away (line 44) and that she locked her up (line 54).

Before coming back to this, however, it is crucial to draw the attention to the high number of tag questions that occur once Edeltraud talks about her prior experiences with another dementia sufferer (line 59, 60, 61, 62, 63, 65, 66, 69, 74, 75). Despite the high frequency, I refuse to signal agreement with her for two reasons. First of all, concerning the podiatry, I have been to this place with Wilma as well since she had a corn at that time and therefore several appointments had been scheduled in the weeks prior to the present interaction. My memory of this situation, however, is radically different; marked by Wilma being very calm and Gudrun's younger sister's remarkable use of humour in managing 'trouble'.

Secondly, she uses the first tag question in line 51 where she implies that she used violence to get Wilma under control ("Yes and then I") before she then continues to emphasize the abnormal nature of Wilma's case in contrasting it with the other dementia sufferer she knows. Here, she also makes suggestions how Wilma should be treated and presented in public, i.e. strapped to a wheelchair (line 62). There was a similar instance to the one here in line 51 in the previous chapter where Gudrun did not finish a sentence when she talked about the similarity between herself and her father. Whereas a corresponding story 'popped' into my head then, as this was my first meeting with Edeltraud I have no prior experiences with her. However, the fact that I take it that she possibly hit Wilma shows that I am biased. Paraphrasing Sacks here, in deliberately not offering a similar experience I run the risk of signalling disagreement. This is my intention in the present situation. I have no sympathy whatsoever for her behaviour and so this second conflict is developing at the same time¹⁸.

While Edeltraud's attention rests on me, I frequently glance at Wilma who is in the corridor again. I notice that she picked up the cordless phone.

¹⁸ Witnessing other instances of violence towards Wilma ultimately led to an earlier end of participant observation than originally planned, because I found it very difficult to understand, let alone accept this behaviour.

Interpreting my unusual long glance appropriately, Edeltraud also turns her head in Wilma's direction:

- 84 E: *Wat machse Wilma?*
What are you up to Wilma?
- 85 W<loud>: *Ich hab NIX!*
I have nothing!
- 86 E<caring>: *↑NEE. Du musst dat hier ↑DRAUF lassen.*
No. You have to leave it on here.
- 87 W (clings to the phone, turns away from E.) <quiet>: xxx
- 88 E <hectic>: *↑NEE pass auf ↑DAT GEHT KAPUTT! Da kann*
No be careful you'll break it! Then
- 89 =W<loud>: *XXX RAUS*
Out
- 90 E <hectic>: *keiner ANrufen!*
no one can call!
- 91 W <agitated>: *Mach ma los! (.) MANN* (dial tone starts)
Open! man
- 92 E <loud, shocked>: *↑Hör mal! Jetzt hast du ge↑WÄHLT?*
Listen! Now you have dialled?
- 93 W<loud>: *JA (.) TU TU MA DU MUSS MUSSE FÜR DICH DEINE MANN.*
Yes Do do *ma* you must must for you your man.
- 94 E<quieter>: *Nee, komm!*
No, come on!
- 95 W<assertive>: *NEIN* (clings to phone)
No
- 96 E<quieter>: *Komm! Du hast ein Gespräch drauf!*
Come on! You have dialled!
- 97 W <loud>: *Sei ruhig und zeschlaf de Dreck.*
Be quiet and *zeschlaf* de dirt.
- 98 Computer voice: *Herzlich Willkommen beim Kundenservice der Telekom.*
Welcome to the Telekom customer service.
- 99 E <loud>: *NA ↑GUCK MA DA du hast jetzt das Telefon.*
Look you have the phone now.
- 100 =W<loud>: *DAS HAB ICH NICH.*
I have not.
- 101 E<loud>: *↑KOMM du muss dat ↑DRAUF TUN! (.)*
Come on you must put it back on there
- 102 W <quiet>: *Met di gleech ich leg die dahin.*
Met di gleech I put them there.

- 103 E<loud>: *Nee. KOMM du musst das ZURÜCKlegen.*
No. Come you must put it back.
- 104 W<loud>: *Nee der kricht dat keiner.*
No no one gets it.
- 105 E<begging>: *DOCH! Wilma komm das kostet doch GELD! (grabs phone)*
Oh yes! Wilma come on this is expensive
- 106 =W: *NEE*
NO
- 107 E: *Wir müssen das wieder da ↑DRAUF tun!*
We have to put it back on there!
- 108 =W: *Das is aber auch was.*
That's something.
- 109 E <very loud>: *NEE das is NIX ANDERES. KOMM (.) KOMM. NEE. KOMM*
No that is nothing different. Come Come. No. Come
- 110 <assertive>: *DAS müssen wir jetzt drauf legen. (grabs phone)*
This we have to put back on there.
- 111 <loud, assertive>: *NEIN! WILMA LASS ES SEIN! (.)*
No! Wilma let it be!
- 112 <whispers>: *Die hat Kraft (.)*
She is strong
- 113 <quiet>: *Komm. Das GEHT nicht. (takes the phone away from her)*
Come on. You can't do this.
- 114 W: *Da will et ma krijen. (.) Da stell hier mal hier hin. (points to charging point)*
Da will et ma krijen. Put it here.
- 115 =E: *NEE. Dat GEHT NICH. (takes the phone to the*
No. You can't do that. kitchen)
- 116 E<indignant>: *Dat hat se noch NIE gemacht!*
She's never done this before!
- 117 W (follows her into kitchen): *Jung, jung, nee.*
Boy, boy, no.

So far, I have suggested in this chapter that an analysis of Edeltraud's stories can carve out a set of cues which tentatively have been established as crucially meaningful in how the two women 'bring their minds to each other' in the present interaction. While grounded in the recall of fear appraisal that happened at some point within the past four months, I claimed that we can find and verify a number of these highly meaningful cues in the present environment. Focussing on visual ones, I suggested that this input has an

immediate effect on Edeltraud in that she achieves *affective coherence* evoking the particular mood of the time when she encoded that event. I then suggested that if she defines the present situation as potentially dangerous and is hence in a state of alarm, this affects how she perceives her environment. For instance, it is possible that she perceives Wilma's stare as threatening. Having learned that these two women have at least twice shared a fearful experience, analysis of the present sequence follows two goals: Glenberg's idea that memory evolves in the service of perception and action shall be considered, while analysis aims to find further evidence for the hypothesis that mood and emotions affect and potentially guide behaviour.

Having highlighted markers of distancing behaviour over the course of the interaction, the crucial change in this sequence now is that Edeltraud gets up from her chair and goes to Wilma. As they stand close to each other, the quality of touch will be at the centre of interest in the following analysis. In the previous chapter it was shown that Gudrun employed different forms of touch (for instance hugs and kisses) which expressed a coherent quality in line with her proclaimed strategy of 'calm and loving' behaviour. Based on Edeltraud's stories, we have learned that touch is crucial in their interactions as well; however, it usually occurs in highly stressful situations. This affects the nature of the touch: in the two stories Edeltraud refers to her own actions as 'restraining' ("ich hab se festhalten wollen" in lines 7/8), 'get her under control' ("bis ich sie dann ein bisschen im Griff hatte", line 10) and 'recapturing' ("bis ich se wieder eingeFANGEN HATTE", line 44).

At first glance, it seems to be Wilma who first signals a high level of arousal which is indicated by a sudden increase in voice in line 85. This reaction occurs as soon as Edeltraud approaches her and is in turn met by a calm response of the younger woman (line 86). However, the transcript shows in the following lines 88 to 93 that very quickly the two of them achieve a synchrony in vocal affective reactions (E<hectic>, W <loud>, E<hectic>, W <agitated>, E <loud, shocked>, W <loud>). This scene is remarkably different from the instance in the previous chapter where Gudrun also purposefully approached her agitated mother. In the present one, Wilma instantly reacts verbally impulsively and turns away her body (line 87).

Considering the shared history of violent behaviour, I cautiously argue that Wilma's behaviour, as well as Edeltraud's immediate change in tone (<hectic>, line 88) can be explained with the help of Glenberg's theory. Since we have seen in the previous chapter that this behaviour cannot be considered to be Wilma's usual reaction whenever somebody approaches her, she clearly signals that there is something special about her relationship with this particular woman. We know from Edeltraud that there have been instances in the past when she had to "recapture" and "restrain" Wilma. While Edeltraud's choice of words already expresses that someone acts against someone else's wishes, we also know from Edeltraud that her actions have frequently evoked resistance ("She didn't want it at all", line 8; "No No No", line 12). Considering Edeltraud's quick pace but neutral voice (line 84), on the one hand, and Wilma turning her back on her but with a quiet voice (line 87), on the other, it seems that both women select the body cues over the vocal ones. I suggest that this is so because in both cases the bodies express an action-readiness, or a follow-up action, which in Edeltraud's case is marked by dominant and in Wilma's case by defensive behaviour. Narrowing their attention to these cues could be treated as pointing in the direction Glenberg suggests, which is that perception affects remembering in such a way that the 'survival-relevant' information is prioritised. Both women seem to anticipate and at the same time embody in their action-readiness the conflict which is about to happen. The above-mentioned synchrony in vocal affective reactions shows that they immediately achieve the same high level of emotional arousal.

A closer look at these lines 88 to 93 where a high level of arousal is clearly indicated in the tone of both women reveals something interesting. I have argued from the point of view of Edeltraud's stories that both women signal clearly within the first seconds of the present interaction that their relationship is strained because of their shared fearful experiences. However, we can find within this interaction how Edeltraud and Wilma build this conflict through unsuccessfully directing each other's attention to what they perceive to be meaningful in this situation. I have proposed earlier that very early on both women provide the visual cues which they have learned to identify as trouble-indicating: Edeltraud quickly approaching Wilma while

the latter turns her body and signals non-compliance with whatever is going to follow. So, once Wilma turns around Edeltraud's tone changes (<hectic>, line 88). The transcript shows that significantly her attention is focused on the phone. This is indicated through her gaze and on the verbal level as she expresses her concern that Wilma will break it ("You'll break it!", line 88). It also shows in the transcript that her turn overlaps twice now with Wilma's. While Edeltraud continues to indicate that her attention is fixed on the phone (line 88 and line 92 where she wants to draw Wilma's attention to the audible dial tone and the fact that she has dialled herself), Wilma says in a loud voice "out" (line 89) and a second time clearly agitated "open" (line 91). While the latter coincides with the dial tone, the first coincides with her body movement and in both instances Edeltraud does not signal at all that she understood Wilma.

A possible way to explain this is with regard to Easterbrook's (1959) cue utilisation theory which predicts that high levels of arousal will lead to attention narrowing. This is defined as a decrease in the range of cues from the stimulus and its environment to which the organism is sensitive. According to this hypothesis, attention will be focused primarily on the arousing details (cues) of the stimulus, so that information central to the source of the emotional arousal will be encoded while peripheral details will not. A possible reason for this is that in the case of anxiety, part of the working memory may be taken up with our awareness of fears and worries, leaving less capacity available for processing. In support of this theory, Kensinger & Corkin (2004) found that math-anxious people have working memory problems while doing maths.

Also, the weapons effect experiment which I summarised in chapter 3 possibly sheds light on this situation. The insight from this experiment is that individual differences of several types (e.g., knowledge structures, levels of trait hostility) influence the interpretation of situational variables (e.g., the presence of guns) related to aggression. The interaction among these aspects of the internal state influences appraisal and decision-making processes (e.g., interpretations of intent to harm) that ultimately determine whether or to what extent an aggressive response will occur (see Bartholow et al., 2005:

48–60). It can be concluded that evidence hence exists that emotional arousal has a selective effect on the particular stimuli one notices in times of stress. Coming back to Glenberg who proposes that attention may be thought of as a state of activity I have so far suggested that emotional arousal, or rather certain affective experiential cues, might have ‘triggered’ the attention of both women in the first place and that we can trace how emotional arousal modulates it over the course of this sequence. The transcript shows that Edeltraud’s attention in this sequence is at all times fixed on the phone. This is expressed verbally, through her gaze, as well as gestures which she uses as different strategies to shift Wilma’s attention to the object in her hand. She verbally directs Wilma’s attention to the object she is holding in her hands (“<loud> LOOK you have the phone”, line 99) and we can see in line 86 that she furthermore shows and tells Wilma where it usually is and that she has to put it back on the charging point. Contrary to her belief stated earlier she also reasons with Wilma (“no one can call!”, line 89).

In line 105, Edeltraud finally grabs the phone but she cannot get hold of it. She tries a second time in line 110 and this time she does not let go. As they wrestle she says under her breath “She is strong” (line 112). This gives us a crucial hint as to ‘where her mind is’. Treating this as an instance of metacognition, our ability to direct the spotlight of our attention (see Lehrer, 2009) to what is important in the situation at hand, Edeltraud signals that she shifted her attention from the phone to Wilma. More precisely, her focus is on Wilma’s physical strength which she can feel wrestling for the phone with her. Based on her narratives we know that all her encounters with Wilma get physical at some point and that Wilma is a more than equal partner in conflicts. According to her, Wilma has slapped her before and we can see here that Wilma insulted her shortly before Edeltraud reaches out for the phone (“<loud> Be quiet and zerschlaf de dirt!”, line 97).

I do not think that Edeltraud’s commentary (“she is strong”) was directed at me and therefore a cry for help. I am too far away and she is almost whispering. Yet, I have a hard time not intervening, but I want to see how the two handle this conflict and in particular the resolution or what immediately follows. I have mentioned earlier that I frequently witnessed forms of violent

conflicts between Wilma and nursing service staff. I once could not help but step in as one of Edeltraud's colleagues tried to force pills down Wilma's throat. This was at a later point with a different live-in who had only just arrived. In this situation I pushed away the nursing service employee and fled with a devastated Wilma into her bedroom where I tried to calm her down. This however was neither tolerated by the nursing service employee nor the live-in and they kicked me out. Shortly after, I decided to stop visiting Wilma¹⁹. In the present situation, I stay in the kitchen and merely watch the two women quarrelling in the corridor. However, once the two are back in the kitchen in the following sequence I do comment on Edeltraud's behaviour.

Edeltraud eventually manages to take the phone away from Wilma in line 107. In a way mirroring each other's earlier actions it is Wilma who now points to the charging point (line 114) and says "Put it here". Instead of performing what she wanted Wilma to do earlier, Edeltraud replies "No. You can't do that!" (line 114) and comes back into the kitchen with the phone. I claimed that once Edeltraud resolved the conflicts with Wilma in the second story some sort of 'punishment' or sign of dominance follows (an unknown action after the second time Wilma panicked, line 51; she locked her inside the podiatry, line 53/ 54). In the present interaction Edeltraud comes back into the kitchen where she immediately places the phone out of Wilma's reach on the highest shelf. The initial focus in the following sequence is thus on further signs of dominance:

118 E <imploringly>: *Nee, Wilma, das GEHT NICH!*

No, Wilma, you can't do this!

119 W <quiet>: xx

120 E <pedantic>: *DU DRÜCKST irgendwo drauf und dann kostet das GELD!*

You push some button and it costs money!

121 W<whining>: *Ja, dat will ich nich (.) Will ich nich.*

Yes, I don't want this Don't want this.

122 = E:

na SIEHSE

See

¹⁹ However, as this was a very stressful time for the new live-in as well, we agreed that I would call her once week or every fortnight once I am back in England; which I did for the three months until Elisabeta returned from Poland and took over again.

- 123 W<whining>: *NEE NEE (.) Wo komm ich denn hier bei liss?*
No No How do I get to liss?
- 124 =E<irritated>: *Was denn? (.)*
What is it?
- 125 *Sollen wir denn nochmal nach DRAUSSEN gehen?*
Shall we go outside once more?
- 126 =W: *JA JA*
Yes Yes
- 127 E: *Sollen wir SPAZIEREN gehen?*
Shall we go for a walk?
- 128 W<quiet>: *NEE (.) Ich glaub nich xxx (.)*
No I don't think so xxx
- 129 E: *JA. ↑GLAUBEN heisst nicht WISSEN! (.) Wir können GERN spazieren.*
Yes to think doesn't mean to know! (.) I'd be happy to go for a walk with you.
- 130 =W <louder>: *JA Ich hab ich ja gerade geweisst.*
Yes I have I just known.
- 131 E<loud>: *WAS DENN?*
What is it?
- 132 W<quiet>: *Der hatte ja gar nich.*
He didn't have.
- 133 E<quiet>: *WAS hat der gar nich?*
What does he not have?
- 134 W<quiet>: *Von FRÜher*
Back then
- 135 E: *JA?*
Yes?
- 136 W<quiet>: *Ja (.) ja. (W turns around, makes a few steps towards the corridor)*
Yes yes.
- 137 E: *Wat machse denn jetzt?*
What are you up to now?
- 138 W<quiet>: *xxxx (turns around, eyes on E)*
- 139 =E: *Und wat hat er gesacht? (.) (.)*
And what did he say?
- 140 W<quiet>: *Da hab ich gar nich mitte gelost.*
There I have not mitte gelost.
- 141 E: *Hm?*
- 142 W: *Stehse? (.) (.)*
Stehse?
- 143 E: *Ich hab dich jetzt nich verstanden.*
I didn't understand you.
- 144 W: *Hasse nichn Barrett?*
Don't you have a Barrett?

- 145 E: *Ein Brett?*
A board?
- 146 W: *So so ne Schxx*
- 147 E<loud>: *N SCHLÜSSEL?*
A key?
- 148 W<quiet>: *Hierhin (points on the floor in front of her)*
Here
- 149 =E<loud>: *NEE. Ich ich hab jetzt keinen Schlüssel! (.)*
No. I don't have a key at the moment!
- 150 *Den krieg ich nachher ers.*
I'll only get it later.
- 151 W<quiet>: *Ja is gut.*
Yes that's fine.
- 152 =E: *NE? (.) Müssen wir eben warten. (.)*
Right? (.) We have to wait a little.
- 153 W: *Ja*
Yes
- 154 E: *KOMM. TU ma eben was TRINKen. (points to glass of water)*
Come here. Drink a little.
- 155 W <quiet>: *xxxx drin? (eyes on glass)*
xxxx in there?
- 156 E: *KOMM wir müssen eben was trinken.*
Come we must quickly drink something.
- 157 W: *Nee*
No
- 158 E: *DOCH. Das ist GANZ WICHTIG!*
Oh yes. This is really important!
- 159 W<quiet>: *Nee. Dat tu ich nich. (E goes and gets glass with tap water)*
No. I won't do it.
- 160 *Ich kann da doch nich raus! (E returns with glass)*
I can't get out!
- 161 E<quiet>: *Komm her. (.) xxx*
Come here
- 162 = W<scared>: *↑NEE. Dat tun wa nich! (backs off).*
No. We won't do it!
- 163 E <loud>: *Sowat nich? (.) Wat willse? Willse Wasser haben?*
Not that? What do you want? Do you want water?
- 164 =W <quiet>: *NEE*
No
- 165 W <quiet>: *Nee*
No

- 166 E <loud>: *Möchse denn WASSER haben?(turns head, looks at bottle of water)*
Would you like some WATER?
- 167 W: *Ja (.) dat wollte ich.*
Yes that's what I wanted.
- 168 =E <assertive>: *JA. Dann krichse Wasser (gets bottle of sparkling water)*
Yes. Then you'll get some water.
- 169 W: *Nee (.) Kannse mir ja geben (E fills glass, W behind her back, watching E)*
No You can give it to me.
- 170 E: *NA KOMM (turns around with glass, W backs off)*
Come here
- 171 W <scared>: *Nich so VIEL*
Not so much
- 172 = E<loud>: *NEIN. Nur ein paar Schluck. NE? (puts glass to W's lips)*
No. Only a few sips. Right?
- 173 I* <harsh>: *Sie kann alleine trinken*
She can drink on her own
- 174 W: x
- 175 E<loud>: *Schön langsam (.) Schön festhalten (W drinks, holding the glass) (.)*
Nice and slow Hold on to it
- 176 *PRIma (.) GUT so, NE? DAT IS JA SCHON WAS*
Great Good, right? That's an achievement/ We are getting there

The transcript of the previous sequence shows that while both women come back into the kitchen they express their shock and exhaustion over what just happened ("E <indignant>: She's never done this before!" in line 116 and "W: Boy, boy, no." in line 117). The present sequence now shows the interactions once they are back in the kitchen. We can see that Edeltraud continues to signal dominant behaviour: She tells Wilma off which is expressed in her tone of voice as well as in describing the negative consequences of her behaviour to Wilma ("<imploringly>: No, Wilma, you can't do this!", line 118 and "<pedantic>: you push some button and it costs money!" in line 119). In contrast to her very high arousal earlier, we can see that Wilma's mood has changed notably. She is no longer agitated and the information about her tone of voice in the transcript (<quiet> in line 119, <whining> in lines 121 and 123) alongside her clearly audible agreement with Edeltraud in line 121 now indicate an opposite response to her earlier one when Edeltraud reasoned with her in a similar way while she still had the phone ("Wilma come on this

is expensive”, line 105). She does not contradict Edeltraud like in line 106 (“no”) and we can see in line 122 (“see”) that Edeltraud thus concludes the event in the way one resolves a conflict where one accepts the other’s expression of regret as an indication that they understand that they were wrong.

Yet, Wilma signals in her following turn in line 123 a misunderstanding (“no no. How do I get to *liss*?”). For the first time in the whole interaction Edeltraud now turns her attention to what it is that Wilma actually wants in asking her if she wants to go outside once more (line 125). Although Wilma reacts positively (twice in line 126) to her request Edeltraud rephrases the question and asks Wilma once more. We can see in line 127 that she made one change on the semantic level, replacing “go outside” with “go for a walk”. Something interesting happens now. Although Wilma emphasised her agreement earlier in overlapping with Edeltraud’s turn and repeating “YES” twice, she declines Edeltraud’s offer after she rephrased it. Based on Edeltraud’s first story we have an idea of what potentially happens once the two women ‘go for a walk’. Although speculative, I suggest that Wilma also seems to signal that she as well differentiates between the two scenarios Edeltraud suggests.

Apart from drawing on the background knowledge Edeltraud provided through the stories, we can find in the transcript how Edeltraud potentially feels about her offer. I suggest that the two instances of emotion mismatch are significant. The first one occurs when Edeltraud first asks Wilma if she wants to go out but her tone notably indicates annoyance or anger (line 124/125). The second instance can be found in line 129 where Edeltraud stresses that she would *like* to go for a walk with Wilma but contextualises this in a peculiar way. In response to Wilma’s change of mind she asserts with a patronizing voice that “to think doesn’t mean to know” (line 129). I propose that this can be understood in the following way. In the same way that there is a semantic difference between ‘to go outside’ and ‘to go for a walk’ there is a conceptual difference between ‘to think’ and ‘to know’. Framing her statement that she would *like* or *enjoy* to go for a walk with Wilma in such way is hence significant in that she emphasises that one has to be precise

because the slightest difference changes meaning. Pointing out that she would *like to go for a walk* shows us then that she has a clear definition of the event she is proposing; that is a script-consistent event, a ‘proper’ walk.

Furthermore, I cautiously argue that her patronizing behaviour and in particular the focus on precise and clear language is a continuation of the distancing behaviour she has signalled prior to the conflict. I claimed in the discussion of the previous sequence that from a psychological perspective her high level of emotional arousal may have affected her perception in such a way that she ignored or did not hear Wilma’s clearly audible utterances. In the present situation I suggest now that we find something Edeltraud frequently shows in this interaction and which I treat as an example of how *hearing* is also a socially organised activity in Garfinkel’s sense. He suggested that *hearing* (and also *seeing*) happens within a socially organised field of perception (1952/ 2008). Pronouncing the boundaries between herself whose expressions are clear and who can show that she is in full control of choosing what she perceives to be the most appropriate wording to express a certain concept, and Wilma whose speech is frequently marked by ‘mistakes’ on all linguistic levels, Edeltraud establishes her understanding of *normal* and *sick* behaviour.

Coming back to her earlier comment that Wilma in general “cannot participate” (line 2) and the way she singled out decisive aspects of Wilma’s behaviour as ‘typical’ for her which she then contrasted with the other dementia sufferer she knows (lines 59-78), I propose that Edeltraud *hears* Wilma’s change of mind here (although not ungrammatical) in the biased way just described and which is not unlike the dominant Discourse on Alzheimer’s disease I discussed in chapter 4. The consequence seems to be that she ignores both of Wilma’s replies and makes the decision herself to stay at home because as soon as Wilma moves towards the corridor (line 137) Edeltraud indicates that going for a walk now is no longer an option. Rather, in asking Wilma once again what she is up to now (line 137) she seems to anticipate another conflict. Comparing the preface to the conflict in the previous sequence with Edeltraud’s (verbal) behaviour in the present one (line 137) can possibly justify this guess, however, I think that the remaining

sequence offers evidence that *mutual distrust* does guide both Wilma's and Edeltraud's actions to a considerable extent. Distrust is usually connected with unknown situations or strangers and it serves as a warning system for situations that could be harmful. Coming back to the opening interaction of this sequence, or rather the immediate actions following the conflict, I claimed that the way this was managed by both women indicates that despite Wilma's agreement with Edeltraud which may have served as a temporary assurance, these two do not trust each other and in fact their individual concerns or fears become relevant immediately after. I have discussed this when Edeltraud asked Wilma earlier if she wants to go out/ go for a walk and I propose that we can find a crucially relevant situation beginning in line 144 where Wilma asks Edeltraud a question that starts with "Don't you have". In lines 147, 148 and 149 we can see that both women come to an agreement that Wilma wants to find out if Edeltraud has the key to the front door. With regard to how I suggested data allows for conclusions about the ways Edeltraud's *hearing* is affected in interactions with Wilma, I first of all think that it is remarkable that Edeltraud did not just ignore Wilma. This possibly emphasises that it is in her own interest to help Wilma express that she is looking for the keys. There are other instances in this chapter (most notably the exchange between lines 154 and 176 that will be discussed further down) where Edeltraud has ignored unintelligible speech (line 23/ 24, line 69/ 70, line 119/ 120) and gestures (line 85), or laughs instead of replying (line 30, line 80).

A possible explanation is certainly my presence. I said earlier that I find it increasingly difficult over the course of the interaction not to get involved. Once Edeltraud comes back into the kitchen she seeks eye contact which I return with a glare. Of course, this is highly speculative but this has to be taken into account; especially, since we can see for the first time that Edeltraud initiates a longer exchange with Wilma (line 131, 133, 135). Yet, coming back to the proposed relevance and signs of distrust, I argue that while Edeltraud may be concerned with her appearance in front of me, we can tell at the same time that co-constructing with Wilma her request for the key is coherent with Edeltraud's belief that Wilma always wants to leave. On the other hand, we also know that Edeltraud has locked Wilma in at the

podiatry, and although Edeltraud tells her very early in the interaction that she does not have the keys and thus cannot open the door, the usual routine on Thursdays implies that Edeltraud locks the door of Wilma's flat once Elisabeta has left. I think that based on this chapter's data we have enough proof to seriously question that Wilma 'cannot participate' on the grounds of presumed Alzheimer-related memory impairment. We do not know if Wilma is aware of the fact that Edeltraud had the key all the time and hence is lying to her for the second time. Yet, this might very well explain her increased signalling of distrust in the following lines 154 – 176. Edeltraud holds Wilma's attention in telling her that she has to drink something now (line 149).

The transcript shows that Wilma consistently signals that she feels violated. She expresses verbally that she does not want to drink ("No", line 157; "No. I won't do it.", 159) and more specifically that she does not want to drink from the glass Edeltraud is offering her ("xxxx in there?", line 155; "no", line 164; "no", line 160). She backs off (line 162) when Edeltraud tells her to come closer. She wants Edeltraud to take the closed water bottle instead (line 167) and clearly audibly produces that she wants to do it herself (line 169) when Edeltraud turns her back on her to fill Wilma's glass. As soon as Edeltraud turns around again, Wilma backs off (line 170) and her tone is notably scared (line 171) when Edeltraud approaches her with the glass. We can see in the transcript that Edeltraud does use her glance to suggest to Wilma the water bottle as an alternative to the glass she is offering her, but she ignores in a remarkable way that Wilma is not only clearly in distress but notably 'lucid'.

Hence, once Edeltraud reaches out her arm to put the glass to Wilma's lips I tell her that Wilma does not require assistance to drink. This is the first time in this interaction that I am signalling Edeltraud that I do have prior experiences with Wilma. She does know this, though, since I told her about the project and asked for permission to record interactions. Yet, my harsh tone and the fact that I refused to comment on her methods earlier implies that I disagree. The following and final sequence now shows that as soon as Edeltraud admits that she has the key Wilma is not only co-operative but her

and also Edeltraud's mood brightens up remarkably. Yet, achieved consensus is fragile and only temporary as both women continue to signal distrust.

Wilma drinks a few sips and then goes back to the front door where she turns around and watches us.

177 E (goes to corridor) <loud>: *KOMM wir ziehen mal SCHUHE an Wilma! JA? Dann*
Come let's put on your shoes Wilma! Ok? Then

178 *gehen wir ma gleich eben nach draussen. OK? (W stands in front of I*, not follow E)*
we can quickly go outside. OK?

179 E: *KOMMse? (W follows but stops in front of the front door, E is in the right*
Are you coming? *corner in front of the shoe cabinet)*

180 E <assertive>: *(.) Na ↑KOMM (.)*
Come here

181 <assertive>: *↑KOMMSE?*
Come?

182 <friendly>: *Kurz eben Schuhe anziehen JA?(on her knees, holding shoes)*
Just quickly put on the shoes yes?

183 W: *Ja (doesn't move)*
Yes

184 E<friendly>: *NA komma HER.*
Come HERE.

185 W <quiet>: *Ich bin nich xxxx*
I am not xxxx

186 E: *Nee wir müssen die Hausschuhe AUSziehen! So können wir nicht nach*
No we have to take off the slippers! We can't go outside like

187 *draussen (.) Wir wollen doch ein bisschen spazieren gehen.*
that We want to go for a little walk.

188 W: *Ja das stimm stump xx*
Yes that *stimm stump xx*

189 =E: *JA*
Yes

190 W: *Da beis das xlich.*
There *beis* this *xlich*.

191 E: *Ja*
Yes

192 W: *Ja*
Yes

- 193 E<loud>: *KOMMA bis hier*
Come here
- 194 W: *NEE so kann ich doch nich sachen*
No this way I can't sachen
- 195 =E <loud>: *DOCH Komma eben bis hier*
Oh yes Come to me
- 196 <friendly>: *So können wir nich RAUS gehen.*
We can't go outside like this.
- 197 =W: *NEE*
No
- 198 E<friendly>: *So kannse doch nich LAUfen mit den Schuhen. (.) KOMMSE?*
You can't walk with these shoes. Are you coming?
- 199 <irritated>: *Dann können wir auch DIE TÜR gleich aufmachen.*
And then we can open the door.
- 200 *Komma ersma Schuhe an (.) JA?*
Let's put on the shoes first Yes?
- 201 W: *HASSE keinen SCHÜSSIS? (.)*
Don't you have a SCHÜSSIS?
- 202 E<hesitating>: *Doch (.)*
I do
- 203 <friendly>: *Komm. Tu ma eben hier rein. (shows shoes, W comes)*
Come. Put 'em quickly in here.
- 204 *So JA. Tu ma eben HOCH. FUSS HOCH (.) Tu ma eben Fuss hoch! KOMM*
Like this yes. Put 'em up. Foot up Lift your foot! Come on
- 205 *HAUSSCHUH ausziehen! (.) SO. Und jetzt gehse hier REIN (.) WarTE! Geh ma rein (.)*
Take off the slippers! Ok. And now you go in here. Wait! Put 'em in
- 206 *SO (.) GUT so?*
Ok. Everything alright?
- 207 W: *Ja*
Yes
- 208 E<friendly>: *Warte eben zumachen. (.) SO. Jetzt den anderen Fuss. (.) SUper.*
Wait let's quickly close it OK. Now the other one. Super.
- 209 W<loud>: *ZWEI STIMMT isse toll gemacht.*
Two is correct isse well done.
- 210 =E: *JA. HOCH den Fuss! (.) VORSICHT! (.) SO. (.) Warte eben*
Yes. Lift the foot! Careful! Wait
- 211 <groans>: *SO. Jetzt versuch ma!*
OK. Try now!
- 212 (W puts foot in the second shoe) *JA! SUPER! Hm?*
- 213 W<quiet>: *Ja*
Yes

- 214 E<happy>: *KLASSE. GUCK jetzt hasse die Schuhe an (.) Solln wa noch ne Jacke*
Great. Look now you have both shoes on Shall we also put on
- 215 *anziehen? (goes to coatrack) (.) Oder is et warm genug? (takes a jacket) (.)*
a jacket? Or is it warm enough?
- 216 *Wir tun se ma drüber, wa?*
We better put it on, eh?
- 217 W<quiet>: *Nee*
No
- 218 =E: Ja. KOMMA. (dresses her) (.) GUCK! Klappt doch alles wunderbar. (.) Ne?
Yes. Come here. Look! Everything's working out fine. Eh?
- 219 W: *STECKEN dat dat de tus tus?*
Put this this *de tus tus?*
- 220 E: *Was denn?*
Sorry?
- 221 W: *Gehen bei de FREUndin herein.*
Visit the friend
- 222 E<loud>: *Bei deine FREUNDin rein?*
Visit your friend?
- 223 W<loud>: *JA SICHA.*
Yes sure.
- 224 E: *Machen wa das. (comes into the kitchen, W stays in the corridor, but gaze follows).*
Let's do it.
- 225 *SO. Dann hol ich jetzt die Schlüssel. Und dann sind wa soweit.*
Alright. I go get the keys now. And then we're ready.

The first half of this final sequence shows some striking parallels with the conflict earlier on. Although both are in the corridor now, Edeltraud and Wilma achieve maximum spatial distance through standing at either ends of the corridor. Once again Edeltraud modulates the affective quality of tone (<assertive>, line 180; <friendly>, line 184) to persuade Wilma to come over to her end. Furthermore, she justifies her request (“No we have to take off the slippers! We can’t go outside like that”, line 186/ 187) and reminds Wilma of the reason why they want to do it (“We want to go for a little walk”, line 187) which Wilma confirms (“Yes that *stimm stump xx*”, line 188). Yet, she does not co-operate.

When Edeltraud states in line 199/ 200 that “we can open the door” after Wilma put on her shoes, however, something interesting happens. We can

see in the transcript that Wilma asks Edeltraud in return “Don’t you have a *Schüssis*?” (line 201) which Edeltraud hesitantly confirms (“I do”, line 202). Contrary to the previous sequence, Edeltraud does not audibly repair Wilma’s utterance but must have ‘mentally corrected’ it in the fashion Sacks suggested in ‘Ken’s story’. This may be so because this time Wilma’s wording is much closer to what is considered ‘normal’ speech (from “*Schxx*” in line 146 to “*Schüssis*” in line 201). We can see in the following in line 203 that Wilma complies now that Edeltraud confirmed that she does have the key. In fact, a whole new emotional quality occurs in the following. Temporary trust seems to develop based on this moment of honesty which markedly affects both Edeltraud’s (<happy>, line 214) and Wilma’s (line 209) mood. For the first time Edeltraud expresses an interest in Wilma’s opinion asking her if everything is ok in lines 201 and 207 and in return Wilma praises her in line 209 (“Two is correct *isse* well done”).

In chapter 3, I referred to recent research in neuroscience which suggested that the emotions aroused make certain events easier to remember. Emotional memories are encoded in the amygdala. Its function has been studied intensively, and findings suggest that the amygdala is responsible for the influence of emotion on perception since it is so critically involved in judging the emotional significance of events (see Anderson & Phelps, 2001). In particular, it has been found that it plays an important role in the formation of fearful memories (see Chiao et al., 2008). Crucially, evidence exists that the amygdala shows relatively less decline with age than many other brain regions (Mather, 2004). I also discussed in chapter 3 that despite considerable experimental work on Alzheimer’s disease, the underlying cognitive mechanisms as well as the precise localization of neuropathological changes critical for memory loss are still mostly unknown (see Carlesimo & Oscar-Berman, 1993). Taking this into consideration, I argued in chapters 3 and 4 that one has to be highly critical of studies that jump to conclusions despite the apparent lack of evidence. Haist et al. (2001), for instance, state as a fact that the hippocampus and related structures where short-term memory is processed are damaged early in the process of Alzheimer’s disease. Hence they conclude that these findings support the idea that those individuals with mild Alzheimer’s can successfully use implicit memory

(which is memory without conscious awareness) to support recognition. Acknowledging this as a fact, Ally, Gold & Buson (2009) thus state that this may point to new strategies for dealing with *their memory problems*. A review of psychological literature on memory deficits in Alzheimer's patients in chapter 4 provided similar examples of research where memory loss is taken to be the default position. Hence, it was suggested that individuals display a deficit of explicit memory, as well as a deficiency of implicit memory for verbal and visuoperceptual material. This is usually measured by the various priming methods to some of which I referred in chapter 4.

There is a strong tendency to study cognition hand-in-hand with progress in the neurosciences. Yet, an increasing number of psychologists have recognised that cognitive skills are often difficult to assess under lab conditions (see Eysenck & Keane, 1995). The discrepancy between people's routine cognitive achievements in everyday life and their often poor performance under lab conditions is evidence of the fact that, as Norman (1993) puts it, "the power of the unaided mind is highly overrated" (Norman, 1993: 43). Accordingly, there is an increasing awareness that laboratory studies have to be supplemented with studies of 'cognition in the wild' (Hutchins, 1995) as these are typically done in a perceptually poor environment, facilitating recall which is not relevant to the subject.

In fact, here neurosciences provide evidence that Sacks was right in his assumption that we (better) remember events that involve us as an actor or interested observer. Cabeza et al. (2004) found that compared with the controlled laboratory condition, controlled recall of autobiographical memories elicits greater activity in regions associated with self-referential processing, visual/ spatial memory and recollection. According to the authors, greater activation of self-referential areas is plausible because people are more involved in their own autobiographical memories, while greater activation of the visual and spatial areas supports existing evidence that we remember events that happen in the real world with more vivid sensory recall. Over the course of the observation I tried several times together with Elisabeta to get Wilma to memorize words with the help of a memory game (our visual priming method). This was always unsuccessful. However, I argue

that data in this chapter provides evidence that if recall is studied as it occurs within Wilma's everyday life a whole different story can be told.

Although highly speculative, I suggest considering an alternative story which could possibly be called 'Wilma's very elaborate yet 'ordinary' rescue plan'. When Wilma takes the phone she yells at Edeltraud "open" and "out". Concerning the first utterance, I hope that this chapter has established enough evidence that we can confidently trust Wilma that she knew all the time that Edeltraud had the key. In this regard her action could be interpreted as 'blackmailing' Edeltraud. To understand the possible double function of the latter one ("out") it is necessary to have more background knowledge about Edeltraud. We can see in the transcript that while holding the phone Wilma tells her "Do do *ma* you must for your man" (line 93). I said in the beginning of this chapter that this was my first meeting with Edeltraud. However, in the following weeks I twice more had the opportunity to spend time with the two of them and on both occasions Edeltraud used Wilma's phone to call her boss. Once because Elisabeta needed her to stay 30 minutes longer than they initially had planned and she wanted to inform him. The second time she used the phone for a reason that concerned her work schedule.

So for all we know Wilma knows that Edeltraud can call a man who knows that she is at Wilma's place on Thursdays. Although highly speculative, under 'normal' circumstances one would think that Wilma tells Edeltraud to inform her boss that she is coming back earlier than planned because Wilma is throwing her out. Treating Wilma like any other 'normal' human being there appears a striking logic in her emotional responses: First, Edeltraud completely ignores her, talking to me all the time. Once Wilma seeks contact she lies to her saying that she does not have the keys and on top of it does not show any interest in what it was Wilma actually wanted to tell her. Getting angry seems to me a 'normal' response, just like a notably depressed mood and increased signs of distrust once Edeltraud wrestles with Wilma to get back the phone without even once inquiring why she took the phone in the first place. We can see that only after Edeltraud admits that she does have the

key and starts to show some respect and interest in Wilma's needs her mood brightens up significantly and she co-operates with Edeltraud.

Summary

Chapter 8, first of all, pursued and stressed the relevance of internal feedback which was discussed in chapter 7 in the light of conscious achievement of intrapersonal affective coherence. In the case of the nursing service employee Edeltraud, I argued that there is a clash between her proclaimed motivation and her internal feedback. I proposed an analysis borrowing Dalglish and Power's appraisal model (2007) from psychology. This way it could be shown that memory plays a crucial role in emotion appraisal processes. In order to identify situations as potentially threatening we saw that Edeltraud draws on prior fearful experiences with Wilma. Establishing specific affective cues based on a neuropsychological discussion, I then transferred insights to the social level of interactions. This was relevant to the analysis in a twofold way: after having established potentially meaningful cues, we could then see when participants signalled recognition and when not. In particular in the latter case I argued that psychology offers extensive research on selective perception and the effects of emotions on attention. I argued that these insights, though firmly rooted in cognitive psychology, can be well discussed and adapted to an embodied and distributed understanding of cognition. In fact, I do not think that it could do without this. In particular if we want to understand cognition according to one of the main tenets of this perspective which promotes the view that cognition is action at the service of adaptive behaviour.

Following Glenberg's model I presented evidence that memory is at the service of perception and action in a three-dimensional world. Contrary to the previous chapter, where the focus was on how memory affects emotions, the present one emphasised the interplay between both. In this chapter it could be shown that both Edeltraud's and Wilma's distrust result from shared learning processes. One aim of this chapter was to highlight the crucial role of emotions in these processes. Both Edeltraud and Wilma have learned to treat

each other with suspicion, which means that conflict is very likely to occur. Once a conflict does happen, reactions are potentially inappropriate and border on violent behaviour.

Discussing this chapter's findings in the light of the previous one, maybe the most important insight again is dysfunctional communication. Edeltraud does not share her highly negative emotional experiences with Elisabetha or Gudrun. Hence, no one knows and thus no one can help her. At the same time we get a feeling for what it means when Elisabetha says that 'every day is different' with Wilma. Once Edeltraud has left without briefing her about the events of that day Elisabetha wants to feed Wilma dinner. She tries all the strategies she has displayed in chapter 7 to get Wilma to eat but she simply does not want to. With regard to the emotional costs of having spent two hours with Edeltraud loss of appetite does not really seem Alzheimer-related in this situation.

9

Discussion of Findings

&

Conclusion

In this age of demographic change, Germany, as well as many other countries, faces the challenge of an increasing number of elderly people living alone and requiring domestic help and/ or care. This study was motivated by the growing number of households in Germany that choose the ‘migrant-in-the-family model’ (Bettio et al., 2006) to realise home eldercare. This trend is documented and manifested on the Discourse level in a twofold way. On the economic side, the employment agencies’ web-based marketing strategically employs the stereotypical ‘Polish warm heart’ to frame female Polish live-ins as helpers who ‘replace absent family members’. In academic Discourse, established terms, such as the *New Maid* (Lutz, 2002) and the *emotional proletariat* (Ibarra, 2002) dominate the “knowledge regime” (Foucault, 1982: 212). In chapter 2, a review of contemporary research with migrant live-ins

highlighted Arlie Hochschild's influential framework for the analysis of emotion management strategies in emotional labour jobs. This concept stresses the crucial role of appropriate emotional displays in service professions while also considering the emotional costs of doing so. Subsequently, two case studies were introduced (Ibarra, 2002 and Degiuli, 2007) to identify the short-comings of applying such an approach to research on interactions in home eldercare.

Despite a proclaimed interest in relationships, my discussion concluded that a subjectivist perspective is applied to communication, emotion and cognition, as data is collected exclusively in individual interviews with live-ins. Data analysis in these two studies then maps interactions onto above-mentioned Discourse metaphors (Zinken, 2008), isolating live-ins as fictive kin, and potentially missing out the interactional nature of adaptive processes, as well as experiential differences of all the interacting individuals who make up a 'migrant-in-the-family' household. Thereby, a homogeneous and potentially stigmatising picture of 'migrant-in-the-family' realities is perpetuated that provides little insight into the actual interactions which are understood to be emotion management strategies. This is particularly problematic since studies like Ibarra (2002) and Degiuli (2007) derive a set of care practices from their data. In order to test this approach on the basis of interactional data this thesis proposes an ethnographic study which was guided by the following research questions:

1. How do the individual participants describe subjective emotion management?
2. How are emotion management strategies embodied in interactions?
3. What impact do these strategies have for the manner in which care is provided for an Alzheimer's patient who is in the late stages of the disease?

9.1. Discussion of Findings

Having identified the dominant Discourses on migrant live-ins and Alzheimer's patients in chapters 2 and 4, the aim of this study was to discover participants' emotion management strategies in relation to their own, and in particular shared experiences, and not pre-figure strategies based on the images perpetuated on the Discourse level. This decision is first of all based on the discussion of Ibarra's and Degiuli's work in chapter 2. Both studies share the method of approaching emotion management simultaneously as public, problem-focused and internal, emotion-focused and thus treat the observed coping strategies of live-ins as care strategies. I criticised that mixing both perspectives is difficult because the presented data first of all only allows for emotion-focused analysis; that is *intrapersonal* emotion regulation. Ibarra gave, for instance, the example of Mrs. Archuleta who tried not to show disgust while changing a diaper, and we learned that her coping is based on prior experience because this is not the first time she changed a diaper.

Secondly, I argued with Bandura (1978) that the person, the environment, and the behaviour constitute a dynamic system in which each element is both a cause and an effect of the others (triadic reciprocity). This perspective was further developed and explained in chapter 3 where a review of a number of studies in psychology concluded that research on emotions necessarily needs to consider this triadic reciprocity; in particular since care work inevitably implies face-to-face interaction. Hence, the present study set out to also include those voices which are present in interaction, yet absent in Ibarra's work. It was stressed in chapter 2 that Ibarra and Degiuli nevertheless put the focus on relationships in their studies and make statements about the nature of these, in particular about hostile relationships between migrant live-ins and family members of the person cared for. Taking on board an interactional and embodied perspective, this thesis approached emotion management not only as an individual's cognitive achievement but also as distributed social practice. Therefore, this study aimed to gain insight into a) how participants subjectively describe, b) how they interactionally/ intersubjectively co-

construct emotion management, and c) in which ways this affects their relationships.

In the first step of analysis, results reproduced Ibarra's findings concerning the role of prior experience. It has been shown that participants draw on individual prior (personal or professional) experiences to develop care strategies. Following Bartlett's notion of schemata, emotion displays and feeding strategies were discussed in the light of Gudrun's and Elisabeta's individual experiences and attitude, in order to understand to what extent these have been translated into specific behaviour. Borrowing the concept of affective coherence (Centerbar et al., 2008) from psychology, I argued that analysis in chapter 7 could show that the strategies both women use allow for conclusions about the extent to which their actions are specific to their own goals and the overall aim to achieve *intrapersonal* coherence.

However, my observation and participation in their interactions over time revealed that schemata are not static but subject to an on-going interactive learning process which can be traced within the interactions. This was achieved with the help of Harvey Sacks's framework for the analysis of storytelling, which incorporates his approach to memory and how remembering is at the service of conversation. I argued that a focus on the tapping of stories is an appropriate way of showing that participants *share the experience* of interaction and meaning-making, instead of exclusively subjectively appraising it. My analysis of a conversation between Elisabeta and Gudrun about Wilma's eating habits revealed that the two main carers achieve temporary common ground based on their shared experience of taking Wilma to a café. This is reflected on the verbal level but also in the positive alignment in bodily displays which includes a synchronization of feeding styles. Yet, the process of coming to an agreement is markedly affected by their conflicting frames. By the time Elisabeta moved in, Wilma already exhibited a number of behavioural changes typical of the early stages of Alzheimer's disease. Thus, based on her experience and the changes she has witnessed while living with Wilma, to her Wilma's eating habits are a clear marker of the disease and are, therefore, a disorder. This is in conflict with Gudrun's care strategy that draws on biographical knowledge of her mother's

eating habits. Consequently, Elisabeta's apparent lack of biographical knowledge about Wilma and Gudrun's limited knowledge concerning the day-to-day business of living with her mother provoke a relationship mismatch between the two carers. The two women are not equal partners who discuss Wilma's eating habits, but they embody different positions in the 'home care hierarchy', with Gudrun, as Wilma's daughter and Elisabeta's employer, being the head. I will come back to this further down in the conclusion.

Chapter 8, first of all, pursued and stressed the relevance of internal feedback which was discussed in chapter 7 in the light of conscious achievement of intrapersonal affective coherence. In the case of the nursing service employee Edeltraud, I proposed that there is a clash between her proclaimed motivation and her internal feedback. Using Edeltraud's story about the day she had to take Wilma to the podiatrist as a compass to understand how she perceives the present situation, an analysis inspired by Dalgleish and Power's emotion appraisal model (2007) revealed that her subsequent actions are grounded and significantly affected by fear appraisal. In particular, my analysis in this chapter showed that Edeltraud's attention is fixed on specific situational and highly personal fear-inducing cues.

Focussing on Wilma's position in Edeltraud's story, we learn that the feeling of fear on that day at the podiatrist's was mutual. With the two women facing each other while Edeltraud narrates how she recalls this specific day, Wilma's reactions to the linguistic and visible cues Edeltraud provides build up a set of cues which I interpret as the set of cues of their shared fear appraisal. As the interaction unfolds that follows the conclusion of the story, my analysis hence draws on the meaning attached to these cues by participants themselves. This way my analysis suggested that the two women co-construct the highly emotional and stressful conflict that occurs within minutes after Edeltraud finished her story as a re-enactment of their shared fear appraisal. In chapter 3, in particular the weapons effect experiment was a striking example how emotions are necessary to identify the aspects of the situation that are most important for survival and learning (Duclos & Laird, 2001). While one major strand in chapter 7 was to trace the subjective perspective

on the emergence of specific care practices, chapter 8 showed how emotion informs knowledge formation and how one particular emotion (fear) can serve as a knowledge source. I will come back to this in the following.

9.2. Conclusions

I argue that this study's analyses, on the one hand, allow for conclusions concerning the role of memory and emotion in the way in which participants subjectively and consciously frame the home care situation. On the other, I stressed the interdependent, situated nature of remembering. Data analysis has shown that Wilma's two main carers, her daughter Gudrun and the Polish nurse Elisabeta frame the live-in situation and their relationship to Wilma through different experiences: personal experiences and childhood memories in the case of Gudrun, professional experiences and everyday care interaction in the case of Elisabeta. The frames they apply are a result of an on-going adaptive learning process that is closely linked with the progression of Wilma's disease.

Gudrun's actions give insight into the way she frames the home care situation and in particular to what extent these are own-goal-specific actions. She prioritises the preservation of a 'shell of normalcy', restoring a past version of Wilma in her interactions with Elisabeta based on her biographical knowledge. In fact, biographical knowledge seems to be her primary source which then in turn informs emotional behaviour. Here, we can see a parallel to how Mrs. Archuleta (Ibarra, 2002) describes her coping strategies. Yet, a focus on change of post-appraisal responses (e.g., change facial expression, suppress disgust) as in Degiuli (2007) and Ibarra (2002) is not enough since emotional episodes carry valuable information. I claimed that Edeltraud regulates her emotions to prevent confrontation, and thus possibly anticipates an emotion, while simultaneously coping with her assumed growing anxiety which in turn is a response. Although very speculative, I argue that her responses include changing the situation, for instance when

she changes her tone to a friendly voice after a conflict occurred. Also there were several instances in the data where she avoided situations that potentially increase her anxiety. One strategy of avoidance was to ignore Wilma's trouble-indicating behaviour which was indicated by Wilma's tone of voice or facial expressions. Gudrun, on the other hand, shifted her attention to Wilma every single time she signalled a change in mood. Contrary to Edeltraud who had spent only little time with Wilma and where the fearful experience itself seems to be the source for knowledge, Gudrun has no problems adapting to mood swings since she uses her biographical knowledge for ad hoc coping strategies.

Finally, my analysis in chapter 7 showed that the distribution of knowledge between the two main carers, Gudrun and Elisabeta, is uneven. The apparent lack of communication of biographical knowledge about Wilma, on the one hand, and knowledge concerning the day-to-day business of living with her, on the other, provoke a relationship mismatch between Gudrun and Elisabeta that affects negotiations of changes within the home care arrangement in order to best meet Wilma's needs. In the care of Wilma, Gudrun prioritises comfort and life quality in her mother's care, but a certain amount of 'blindness to the facts' makes her the one who potentially prevents changes which may improve Wilma's quality of life. Gudrun is focused on who Wilma once was and rejects certain crucial changes that her disease entails. Being the one who lives with Wilma, Elisabeta's opinions and views are therefore essential.

Yet, the process of communicating, negotiating and prioritising interpretations of Wilma's behaviour in order to assure the best possible care is potentially problematic. Enfield (2011) explains this uneven distribution of knowledge in relation to power in the following way: "source-based authority concerns actual experience and what it enables (...) namely, the range of things I can say or do as a result of that knowledge" (Enfield, 2011: 300). He continues that "by contrast, status-based authority concerns not what you actually know, but what you *should* know, or are entitled to know, given your status (Drew, 1991: 37ff.)" (ibid: 301, emphasis in the original). We saw in chapter 7 that this status asymmetry between Elisabeta and Gudrun is

apparent throughout the whole interaction. We learn from Ibarra (2002) and Degiuli (2007) that relationships between migrant live-ins and family members can become hostile. Yet, the difference in my study is that Wilma and all of her children live in the same town. I mentioned earlier that both her daughters visit her once a week. Whereas Mrs. Archuleta in Ibarra (2002) claimed the authority to make crucial decisions because family members did not live nearby, Elisabeta's situation is completely different. We saw in chapter 7 how she tried to discuss Wilma's eating habits from a medical perspective with Gudrun who in turn immediately positioned herself as Wilma's daughter who has known her mother's eating habits for decades. Since Wilma was actually losing weight, Elisabeta reported Wilma's eating habits and consequential loss of weight in the end to the nursing service employees who assist her twice a day. Gudrun then did consult the nursing service employees, who then, in turn, organised a regular weight check for Wilma together with Elisabeta.

External nursing employees thus can function as mediators between migrant live-ins and the family members. However, in the case of Edeltraud it became apparent that a structured way of distributing knowledge between all the individuals involved in a home care system will not only help assess more appropriately the quality of life and needs of the person cared for, but also help the individuals to cope emotionally. Compared with Elisabeta and Gudrun who got to know Wilma over the span of several years, Edeltraud has very little experience. However, since she neither had the opportunity to discuss with Gudrun those fearful experiences she had with Wilma, nor reported it to Elisabeta once she returned and took over again, she is isolated within the network in a way that is not only detrimental to her own wellbeing but also to Wilma's.

Essentially, family members must provide the live-ins and also the nursing service employees with sufficient biographical information about the care recipient and also essential information concerning the progression of the disease. At the same time live-ins and nursing service employees must keep the family and each other informed on a regular basis about their everyday life with the patient. A focus on shared care biographies should also help to

avoid a generalisation of emotional episodes as Alzheimer-related personality changes, e.g., viciousness is a symptom of the disease.

Contrary to the Discourse perpetuated by the employment agencies, migrant live-ins do not simply ‘replace’ absent family members. They fill a crucial gap in the provision of home eldercare. However, they rely on assistance and the organised distribution of knowledge in order to achieve – as part of a network – the best possible environment for the person in need of care. Applied to care work, it has been shown in chapter 2 that in outlining a set of strategies for the emotion work of live-in care workers, there is a risk of prioritising the positioning of one’s research along the lines of the *innateness* dilemma sketched out. I argued that in certain studies the symbols therefore attract a lot more attention and hence analysis is preoccupied with the discursive constructs and definitions (e.g., kinship term), and not reality itself. We need awareness that these relationships are constant learning and adaptation processes which have to be promoted through advice and moral support.

9.3. Limitations & Implications for Future Research

The form in which data is presented in this study highlights a significant problem. On the one hand, a sequential order of events is useful to understand contributions within a framework for the analysis of story-telling. Yet, this overly puts the focus on verbal language and potentially distracts attention from the multimodality participants make use of to create meaning and understanding. Therefore, to conceptualise ‘remembering’ as an utterance-by-utterance phenomenon inevitably does not fully capture the intersubjective understanding of emotions, as facial, vocal and gestural responses happen within “temporal frames that are much shorter than those of microsociological interaction” (Steffensen & Cowley, 2010: 213). Since I was not allowed to film interactions and had to rely on my written notes on nonverbal behaviour and affective expressions, the findings and conclusions presented in this study remain tentative.

Yet, I hope that this study despite its limitations draws attention to an alarming lack of ethnographic studies in the field of health care. An increasing number of psychologists have recognised that cognitive skills are often difficult to assess under lab conditions (see Eysenck & Keane, 1995). The discrepancy between people's routine cognitive achievements in everyday life and their often poor performance under lab conditions is evidence of the fact that, as Norman (1993) puts it, "the power of the unaided mind is highly overrated" (Norman, 1993: 43). *Cognition* thus needs to be studied 'in the wild' (Hutchins, 1995) with the methods of social scientists, since it involves language and social interaction.

Based on ethnographic methods researchers are able to provide a thoroughness and thickness of description of how meaning and remembering evolves dialogically rather than by essentialising the *self*. Kitwood (1990) highlighted the importance of relationships with Alzheimer's patients. Since in the advanced stage of the disease medication that aims to increase brain activity shows to-date little effect, it is crucial to produce further empirical data on the lived relationships in this stage, as the environment and relationships become most important. At the same time, there is a need to produce more studies that stress the alternatives to verbal communication (e.g., touch, olfactory stimulation, etc.), because these studies (and corresponding care practices) help restore the voice of those whose verbal language is long lost.

Therefore, my goal in this thesis was to suggest that an embodied and distributed perspective on cognition and emotion potentially contributes to ethnographic research in general, and the study of multi-party groups including Alzheimer's patients in particular. A paradigm that no longer assumes the independence of participant's cognition, emotion and actions, will greatly contribute to far more heterogeneous research on 'migrant-in-the-family' interactions, as well as research on interactions with Alzheimer's patients.

[A] Appendix: Transcription conventions

<word>	comment on articulation
=	simultaneous talk; more than one person is speaking at a time
(word)	body posture, activity, nonverbal communication
(.)	micro pause, less than one second long
wo: rd	lengthening of a syllable
x	inaudible syllables
↑	rising tone
WOrd	stressed articulation

[B] Appendix: Participant Information Sheet

Participant Information Sheet

Researcher: Hilke Engfer, University of Southampton/ UK

Ethics Number: RGORef5520

Preliminary Study Title: *Constructions of identities and mental borders between Female Polish care workers and elderly Germans in the German-Dutch.*

Please read this information carefully before deciding to take part in this research. If you are happy to participate you will be asked to sign a consent form.

Why have I been chosen?

- I chose you because of your unique life history and experiences.

What will happen to me if I take part?

- We will agree together upon the length of the interview and whether there will be a follow up. The interview will be semi-structured, which means that I thought about questions prior to the interview. Many questions are very general so that there is enough space for spontaneity, and of course you also have the opportunity to ask me questions, to reject questions, to actively create the conversation and, of course, to end it at any time. If you agree, I will record the interview.

Are there any benefits in my taking part?

- In this age of demographic change, Germany, as well as almost every other European country, faces the challenge of an increasing number of elderly people living alone and requiring domestic help and care. Considering the hundreds of thousands of households in Germany, where migrant care workers form the backbone of familial care, I think that it is most important

and overdue to talk to those involved, and to get to know their various experiences, in order to stimulate and influence policy making processes.

Are there any risks involved?

- I understand that discretion and anonymity are of most importance. I assure you that I will handle your data with greatest care and discretion. You will have to sign a consent form before we start the interview, but I will not ask you to give me detailed information about your date and place of birth, or your address in Germany or Poland.

Will my participation be confidential?

- As stated above, I will guarantee your anonymity. There are clearly defined rules – the Data Protection Act/ University policy - concerning the storage of your data. I will code your data, which means that I will change your name and place names in order to make it impossible for third persons to draw any connections between you and my notes. Furthermore, data will be kept on a password-protected computer. If we agree to record the interview on mini discs, I will delete the recordings as soon as I transcribed the interview.

What happens if I change my mind?

- You have the right to withdraw at any time and without explaining the reasons for your withdrawal.

If you have any other questions please ask me!

If you are interested in the results of my study, we could arrange a presentation or I could send you a copy / short version of my dissertation. But you have to be patient: I have just started!

Thank you very much for your help!

[C] Appendix: Consent Form

CONSENT FORM

Name:

Name of Researcher: Hilke Engfer, University of Southampton/ UK

Ethics Reference: RGORef5520

Preliminary Study Title: *Constructions of identities and mental borders between female Polish care workers and elderly Germans.*

I have read and understood the information sheet and have had the opportunity to ask questions about the study.

I understand my participation is voluntary and I may withdraw at any time without my legal rights being affected.

I agree to take part in this research project and agree for my data to be used for the purpose of this study. I understand that my data will be anonymised.

I understand that the interview will only be tape recorded if I agree.

I received of a copy of this consent form.

Date

Signature of Participant

Date

Signature of Researcher

[D] Appendix: Consent Form – German version

Einverständniserklärung

Von: _____

zur Teilnahme an der Studie von Hilke Engfer im Rahmen ihres
Dissertationsprojekts an der Universität Southampton:

*Constructions of identities and mental borders between female Polish care workers
and elderly Germans.*

Ich wurde von der verantwortlichen Person vollständig über Inhalt, Bedeutung und
Tragweite des Projekts aufgeklärt. Ich hatte die Möglichkeit Fragen zu stellen und
habe die Antworten verstanden und akzeptiere sie. Ich bin über die mit der
Teilnahme an der Studie verbundenen Risiken und auch über den möglichen Nutzen
informiert. Ich hatte ausreichend Zeit, mich zur Teilnahme an dieser Studie zu
entscheiden und weiß, dass die Teilnahme daran freiwillig ist. Ich weiß, dass ich
jederzeit und ohne Angabe von Gründen diese Zustimmung widerrufen kann, ohne
dass sich dieser Entschluss nachteilig auf mich auswirken wird.

Mir ist bekannt, dass meine persönlichen Daten in verschlüsselter Form gespeichert
werden. Die Interviews werden in einem geschützten Rahmen stattfinden und alle
Informationen werden mit größter Sorgfalt und Diskretion behandelt. Somit kann
kein Rückschluss auf die TeilnehmerIn oder die Institution gezogen werden.

Bei Interesse können die Ergebnisse der Studie von den TeilnehmerInnen
eingesehen werden. Sofern Aufnahmegeräte während der Interviews benutzt
werden, bedarf das meiner zusätzlichen Zustimmung.

Ich habe eine Kopie dieser Einwilligungserklärung erhalten und erkläre hiermit
meine freiwillige Teilnahme an dieser Studie.

Ort und Datum

Unterschrift des/ der Mitwirkenden an der Studie

Ort und Datum

Unterschrift der Projektverantwortlichen

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