

## *Challenges of trust in atypical interaction*

Camilla Lindholm (Tampere University) & Melisa Stevanovic (Tampere University)

To cite: Published in *Pragmatics & Society*

### Abstract:

All effective communication is based on the participants trusting that they share their basic orientations to the world—that is, they have a common ground. In this paper, however, we examine situations in which such trust is lacking. Drawing on conversation-analytic methodology and on 30 hours of video data featuring persons with dementia and their caregivers in a Swedish-language daycare center in Finland, we consider some of the social consequences resulting from a lack of trust. Our analysis focused on three different interactional contexts, highlighting the relevance of different facets of the participants' common ground. These facets are anchored in the deontic, epistemic, and emotional orders, respectively. We show that, with regard to each order, a lack of trust in the existence of common ground has drastic consequences, leading to (1) problems related to getting one's will acknowledged, (2) a scarcity of conversational partners, and (3) a lack of resources to maintain affection.

Keywords: Trust, atypical, interaction, conversation analysis

## #1. *Introduction*

Atypical interaction is a particularly fruitful case for studying intersubjectivity. While in typically unfolding interaction intersubjectivity is an inherent component of all action, the conversationalists' communication impairments make the mechanisms of intersubjectivity observable at the interactional surface. Conversation analysis (CA) methodology has been successfully applied in accounting for the processes of talk-in-interaction, where the consequences of communication impairments become "both visible and consequential for people's lives" (Goodwin 2003: 3). In this study, we approach atypical interaction and intersubjectivity from the perspective of *trust* as a fundamental principle in interaction.

From the point of view of CA and ethnomethodology, everything that is meaningful in interaction involves trust. According to Garfinkel (1963), all production of mutually intelligible actions is enabled by participants trusting that ordinary things in the world are as they are expected to be. At the same time, actions have the character of reflexivity, where the sequential relation between the next thing said or done in relation to the last one constitutes a basic order of sensemaking (Garfinkel 2006). Mutual intelligibility of action therefore requires enduring mutual orientation—constant work to sustain the orderliness of the world. The ability of participants in an interaction to trust each other to maintain such an orientation is a matter of deep moral sentiments: for the interaction to make any sense at all, the participants *must* be able to take such an orientation for granted.

In cognitive psychology and pragmatics, trust can also be related to the basic inference processes underpinning all human communication (see e.g., Scott-Phillips 2015). Inferences about what a person means with his or her communicative behaviors are guided by the participants' considerations of what can be called their mutual "common ground" (Clark 1996), that is, the set of knowledge, beliefs, and suppositions (concerning both the material and social world) that the participants believe they share. Arguably, there is an unavoidable difference between what is directly said in an utterance and what the actual communicative intention behind the utterance is. Thus, all effective communication in social situations is based on the participants complying—and trusting that others

will also comply—with what Grice (1975) termed the “cooperative principle.” Essentially, compliance with that principle requires that the participants make the specific inferences needed to make sense of each other’s behaviors as actions in a given communication situation.

If one of the participants in the interaction deviates from the cooperative principle, his co-participants normally assume that the principle is nevertheless maintained at some higher level. However, as we will show in this paper, if such deviations occur because of a specific medical condition, this may be treated by the co-participants as a threat to trust as a basis for communication. If trust is threatened, what are the consequences for interaction? This is what we aim to shed light on in this paper.

## # 2. *Background*

As a collaborative achievement, social interaction is realized by participants assuming more or less symmetric or asymmetric roles in it (Drew and Heritage 1992; Heritage 1997: 2013; Arminen 2005). In asymmetric interactional encounters, a participant who has more *resources* (e.g., advanced communication compared to his or her co-participants) can carry a disproportionately large responsibility for the smooth unfolding of the interaction (Goodwin 1995, 2013; Linell 1998; Laakso 2012). Thus, for example, in conversations with an aphasic participant, the non-aphasic co-participants may construct interactional sequences in ways that enable the aphasic participant, despite his or her narrow vocabulary, to contribute to these sequences in substantial ways (Goodwin 1995). More linguistically competent conversational partners can also help the aphasic participants in their word searches by verbalizing their gestures (Kurhila and Laakso 2016). In conversations in which one participant speaks a language other than his or her mother tongue, the other participants have often been found to try to solve understanding problems by using candidate understandings, which may be more easily responded to than other types of repair initiations commonly used in first-language conversations (Kurhila 2006). Also, in conversations with persons with hearing impairments, their conversational partners tend to keep track of the successfulness of communication even if there have not been overt indications of a hearing problem in the interaction (Lind, Hickson, and Erber 2004; Egbert and

Deppermann 2012; Pajo 2013; Ekberg, Hickson, and Grenness 2017). Likewise, in joint decision-making interactions in mental health rehabilitation, support workers seek to maximize clients' participation in the content of emerging decisions, while simultaneously carrying a larger responsibility than their clients to bring the interaction sequences actively toward decisions (Stevanovic et al. 2018).

Apparent from the discussion above, we may consider asymmetric interaction from the point of view of the distribution of the type of *behaviors* that each participant is able to bring to the joint interactional process. As the behavioral resources (e.g., candidate understandings, hearing checks) are publicly observable, the highly cooperative quality of interaction is emphasized. As long as the interaction keeps unfolding smoothly, there is no need for the participants to question the sharedness of the social world in which their interactional behaviors are embedded. In other words, trust, or a lack of it, never becomes an issue. However, not all of the resources that participants use and rely on in their interactions with each other are behavioral in nature. Instead, there are resources, such as money or governmental power, which have an abstract social nature: they are brought into being by multiple people trusting that they exist and orienting to them accordingly. These resources may be characterized as “social facts” (Durkheim 1982 [1895]) and observed only indirectly in participants' systematic orientations toward them. Such aspects of the social world include cultural and institutional roles, norm-based expectations, and different types of personal relationships—all aspects of the intersubjective context of interaction that are encompassed in what Clark (1996) referred to as a “common ground” and Garfinkel (2008: 141) called a “system of expectations.” Stevanovic and Peräkylä (2014) described the corollaries of a number of such social facts for action formation and ascription. They suggested that the momentary relationship between the interaction participants can be described with reference to three different aspects of that relationship: *power*, *knowledge*, and *affect*, each of which pertains to the specific ways in which people may design their actions to be recognizable as such by others. Arguably, healthy human adults orient to these aspects of their momentary relationships as accountable enough to be able to use them as a resource when designing their actions. These orientations are suggested to be anchored in three orders in the organization of human action: (1) the *deontic* order (power), (2) the *epistemic* order (knowledge), and (3) the *emotional* order (affect).

The existence of social facts is based on individuals being able to trust that others orient to the fact in the same way. Such trust enables the design of actions in reliance of these facts. The participants need to be able to count on their co-participants orienting to the existence of the same cultural or institutional roles, norm-based expectations, and different types of personal relationships that inform the ways the participants designed their actions to be recognizable by others. From the point of view of social interaction, particularly relevant facts to consider involve relational questions, such as the following: Do I have the final word in this particular decision, or is it you (deontic order)? Who has primary access to knowledge about a certain issue: is it you or me (epistemic order)? Are you close to me or not (emotional order)? Notably, what is at stake in all of these questions is whether my understanding of *self* is in line with others' understanding of myself. Self is an image that is objectified and shared with others, and—as has been pointed out in the classical social scientific literature (James 1952 [1891]; Mead 1950 [1934]; Cooley 1967 [1909]; Goffman 1967)—it will be constantly updated and negotiated in relation to others. From this point of view, self is also a social fact and, indeed, a particularly important one.

In the CA literature, the dialectical connection between pre-existing relational social facts and publicly observable interactional events has been described with reference to the distinction between “stance” and “status” (Heritage 2012). While statuses—oriented-to “real” states of affairs with respect to participants' mutual relations—are pre-given at each moment of interaction, this is not the case for stances that participants take through their publicly observable interactional behaviors. Co-participants' treatment of their stances, however, has consequences for their (pre-given) statuses in the next moment of interaction. Thus, while participants may use their deontic, epistemic, or emotional statuses as interactional resources when designing their utterances as actions, their co-participants may not always acknowledge these statuses through the ways in which they respond to the utterances. As with all social facts, a lack of such acknowledgment may have drastic consequences for the future existence of these statuses. In this paper, we seek to elucidate some of these consequences.

### #3. *Data and Methods*

The data analyzed in this article were collected from a larger project on dementia, exploring interaction in a Swedish-language daycare center in Finland. Recorded over a three-month period, the 30 hours of video data feature dyads and multi-party conversations involving professional care providers and persons with dementia (cf. Lindholm 2008, 2015; Lindholm and Wray 2011).

There is a long tradition in CA of investigating challenges related to speaking and understanding language, focusing on certain clinical populations, such as persons with aphasia (e.g., Beeke, Wilkinson, and Maxim 2001; Goodwin 2003; Laakso 1997; for an overview, cf. Wilkinson 2019). Only lately has research on impaired interaction expanded into the areas of socio-emotional disorders, such as autism spectrum disorder (Maynard 2005; Sterponi and Fasulo 2010; Stevanovic et al. 2017; Stribling, Rae, and Dickerson 2009) and cognitive disorders, including dementia (Guendouzi and Müller 2006; Jansson and Plejert 2014; Jones 2013; Lindholm 2008; Mikesell 2009, 2016; Plejert, Lindholm, and Schrauf 2017; Rasmussen, Andersen, and Kristiansen 2019; Rasmussen, Kristiansen, and Andersen 2019). As we will argue in this paper, in interactional terms, some of the consequences of interactional deficits caused by these disorders can be accounted for with reference to the notion of trust.

An earlier version of the empirical analysis of this paper was partly presented in a Finnish-language piece by Lindholm (2016).

#### # 4. *Analysis*

In this section, we analyze authentic interactions involving participants with dementia. More specifically, we focus on three different interactional contexts in which we may observe challenges of trust: (1) situations of everyday choice, in which caregivers ask persons with dementia to choose between various alternatives, (2) confabulations (untrue statements and stories) produced by speakers with dementia, which call for responses by the listeners, and (3) playful utterances, where persons with dementia invite joint laughter. These three cases exemplify different problems of trust that are embedded in the three orders discussed above.

##### # 4.1. *Everyday choice*

Our everyday life is underpinned by the assumption that we can make our choices independently and that they will be treated with respect by our co-participants. However, such basic deontic-order assumptions are frequently violated in contexts involving persons with interactional challenges. Previous studies (e.g., Antaki et al. 2008; Antaki and Finlay 2013: 21–35) have demonstrated that support workers frequently distrusted the choices made by participants with intellectual disabilities. The support workers did not immediately approve of the choices but continued to pose clarifying questions, obviously to make sure that the persons with intellectual disabilities were making conscious choices. However, the clarifying questions turned out to be connected with interactional risks, as the repeated questions occasionally made the persons with disabilities change their mind in order to please the support workers. Indeed, this “problem of acquiescence” has been described as a significant challenge in interactions involving persons with intellectual disabilities (Matikka and Vesala 1997).

The following excerpt demonstrates an interaction situation of everyday choice involving Martin, who is an elderly man with Alzheimer’s disease, and two caregivers. One of the caregivers is completing a form to register the lunches of the day. There are two lunch alternatives, and the caregiver needs to determine which alternative Martin prefers. She raises her voice when she poses the question because Martin is sitting a bit further away. The caregiver’s question contains the expectation that Martin will select either of the two given alternatives.

(1) Trout, mushrooms, and onion (Martin = elderly man, C1 and C2 = caregivers, R = researcher)

01 C1: MARTIN VE- VA VILL DU HELLRE HA TIL LUNCH FORELL ME

*Martin what would you prefer for lunch trout with*

02 SVAMP Å LÖK ELLER BROILERSALLAD

*mushrooms and onion or chicken salad*

03 (0.5)

04 Martin: lök  
*onion*

05 (0.9)

06 R: heh[heh heh

07 C2: [heh heh heh

08 (1.7)

09 C1: FISK ELLER HÖNA  
*fish or chicken*

10 (1.0)

11 C1: FORELL ELLER BROILERSALLAD  
*trout or chicken salad*

12 (0.2)

13 Martin: heh heh heh

14 (2.8)

15 C1: TROR DU ATT DEN DÄR FORELLEN SKU VARA GOD  
*do you think that trout would taste good*

16 (0.4)

17 Martin: jo  
*yes*

18 ((C1 writes down Martin's choice))

Martin does not choose either of the two alternatives but responds by repeating *lök* (onion), which occurs at the end of the first alternative. The caregiver's following turn (l. 9) demonstrates that she does not treat Martin's answer as an acceptable choice. She does not fill in the form, instead returning to her original question by repeating the potential alternatives. However, she does not perform an exact repetition but rather provides a simplified version of the two alternatives: *fisk eller höna* (fish or chicken). When Martin



does not respond, the caregiver produces another question repeating the initial alternatives (l. 11). This question can be considered a simplification of the initial turn, as the caregiver does not mention the side dishes of the first alternative, *forell* (trout). Martin answers by laughing (l. 13), which indicates awareness of his communication difficulties (Lindholm 2008). Finally, the caregiver points out that the trout might taste good. Martin's positive answer (l. 17) is treated as indicating a choice, and the caregiver fills in "trout" as Martin's choice for lunch (l. 18). The excerpt demonstrates how the caregiver first provides various alternatives but finally ends up making the choice on behalf of the person with dementia. Martin's response in line 4 is not treated as irony or humor but as a manifestation of an interactional problem, which leads to a lengthy problem sequence in which the caregiver makes several unsuccessful repair attempts. It is worth speculating about the caregiver's potential responses if the initial response had been uttered by a speaker without dementia. The caregiver would probably have treated the answer either as humorous, as an indication of preferring the side dish to the main dish, as an indication of choosing the first alternative, or as an indication of a problem of hearing or understanding, which would otherwise occasioned a "what did you say" or "what do you mean" type of repair initiation. However, in excerpt (1), the caregiver treats Martin's response as an expression of a broader comprehension problem, which—in addition to dealing with the content the caregiver's offer—might also concern the situation as a whole. She repeats both alternatives while removing the potentially cause of the confusion—the word *lök* (onion)—from the first alternative. This modification, however, appears to make the situation potentially even more difficult for Martin to grasp (Antaki et al. 2008; Antaki and Finlay 2013). Further, why does the caregiver focus so much on Martin's choice? This is related to the institutional situation. Professional caregivers are continually balancing their clients' right to self-determination with issues related to institutional care. The right to self-determination for individuals with dementia is an area of lively debate and has an inexorable effect on the caregivers' understanding of how they should interact with their clients. On the other hand, the aim of institutional care is to guarantee the well-being of persons with dementia. As excerpt (1) demonstrates, a solution has to be found, even at the risk of causing embarrassment to the person with dementia. Providing choices and preferences is considered to be a central aspect of person-centered mealtime care (Reimer and Keller 2009), so potential difficulties and discomfort cannot be bypassed. Notably, however, when other people's trust in the person's capacity to make informed choices or to communicate his or her will in an

understandable way is compromised, it becomes more difficult for the given person to get his or her expressions of will acknowledged.

#### # 4.2 *Confabulation*

In mundane communication, we usually assume that what people say is *true*, in the sense of there being some correspondence with the words and the actual world. However, in interactions involving participants with dementia, we sometimes have a reason to question the epistemic validity of what these participants are saying. When a person with dementia confabulates—that is, says something that is not true in the current moment without the conscious intention to deceive (e.g., Schnider 2008)—the maxim of quality is violated. The information given thus goes against the basic expectations underpinning the epistemic order. Confabulation, however, differs from pathological lying, as there is no intent to deceive and the person is unaware that the information is false. In other words, the confabulating participant might take a high epistemic stance with reference to the events that he or she is recounting. Due to the recipients' awareness of the speaker's dementia diagnosis, however, the recipients do not acknowledge the speaker's epistemic status in the matter at hand.

Over many decades, confabulations have been categorized based on their etiologies and their content. For example, the literature distinguishes between plausible and fantastic confabulations (Berrios 1998; Bortolotti and Cox 2009). Recognizing confabulations is often difficult in everyday interaction because they are rarely markedly bizarre, fantastic stories (e.g., *I travelled to the moon yesterday; I'll meet the Queen of England*); instead, they are usually, content-wise, plausible (e.g., *I had oatmeal for breakfast*), and judging them as untrue requires extensive background knowledge about the confabulating person. The apparent plausibility of the story of the speaker with dementia also appears to lead to interactional problems in the following excerpt, in which an elderly man, David, tells the professional caregiver about his aim to take the famous Finnish actor Lasse Pöysti for an outing. This mentioning of Lasse Pöysti was preceded by the caregiver's comment about the family ads in today's newspaper.

(2) An outing with Lasse Pöysti (David = elderly man, C1 = caregiver)

01        David:            (hh) de va tal om att

(hh) there was talk that

02 (1.5)

03 David: ja möjligen sku fara  
I possibly would go

04 (2.1) ((C1 turns her gaze toward David))

05 David: föra Lasse Pöysti å  
take Lasse Pöysti and: ((I gazing at D))

06 (1.8) ((David gazes at C1))

07 David: hans hustru  
his wife

08 (0.9)

09 David: på nån (2.3) utfärd ida: men  
on some (2.3) outing today: but((I gazing at D))

10 (4.0) (David turns toward C1, C1 turns away)

11 David: va hände  
what happened

12 C1: ja:  
yes

13 (2.2)

14 C1: [[vart då  
[[where to then

15 David: [[men sen (1.2) nå u- di di  
[[but then, (1.2) well on-

16 (0.8) ha båda vari bara sjuka  
(0.8) have both just been ill

17 å dåliga så att tyvärr  
and unwell so unfortunately

18 (2.8)

19 C1: m[m:

20 David: [(- -) vi må- måst nog antagligen  
[(- -) (2.0) we mu- must probably

21 vänta me de nu  
wait for that now

22 (0.7)

23 C1: mm ((turns her gaze away))

24 (2.4)

25 C1: ((makes a smacking sound))

26 (1.7)

27 C1: ja tror du att man sku våga sig  
yes: do you think that one should dare to

28 dit ut på en promenad

Obviously, the believability of David's story constitutes an interactional problem. This is not a fantastic confabulation but rather a plausible story about a planned outing that never occurred. Even though the protagonists of the story seem to compromise the trustworthiness of what David is saying, it is not fully impossible that David would know Lasse Pöysti. Further, the caregiver started working at the daycare center only a few days earlier, so she might have had difficulties in assessing the truthfulness of David's stories.

The caregiver's difficulties in responding to David are demonstrated in the variability in her verbal and embodied behavior. First, she gazes at David (l. 4), but when he turns his gaze toward her (l. 10), she looks away. Verbally, she first produces a minimal token (l. 12) uttered with closed lips, indicating a noncommittal stance. Her following question *vart då* (where to then, l. 14), for its part, calls for more information about the outing. When David brings his contribution to an end, the caregiver only utters minimal acknowledgment tokens (l. 19 and 23). She also alternates her gaze between David and the newspaper. Thus, the caregiver shows her decreasing interest in David's story in both verbal and embodied ways, working towards ending the sequentially organized story.

Excerpt (2) exemplifies caregivers' varying ways of responding in situations in which there are reasons to doubt the truthfulness of what a person with dementia is saying. Caregivers' displays of interest in such stories may fluctuate and vary, which can be observed in both their verbal and embodied behaviors. Specifically, caregivers' insecurities and the delicacy of the situation usually become clearly visible in how they refrain from commenting on the details of the story. Notably, the lack of trust may also lead to caregivers withdrawing from the interaction earlier than would have otherwise been the case. While in a different context the recipient of an implausible story could openly challenge the storyteller, in interactions with persons with memory problems, it does not make sense to deal with the problem in this way (cf. the example by Schermer 2007: 16 on telling painful truths to persons with dementia), which may lead to the caregiver resorting to withdrawal as a solution.

The “common ground” (Clark 1996) that serves as the intersubjective context of interaction (see above) is essential in helping us to understand indirect speech, such as irony or humor. At least in the Western world, one basic assumption underpinning the emotional order is that, in close relationships, even hard teasing may be understood as a display of affection (Keltner et al. 2001). Many apparent violations of conduct may thus often be received only with laughter. Communication problems, however, cause difficulties in the usage of irony and humor as interactional resources. Some of these difficulties have a clinical basis. For example, it has been shown that persons with dementia have problems understanding complex sentences and indirect manners of speech, such as humor and irony. Language comprehension is usually already affected in the early stage of the disease (Bayles and Tomoeda 2007). However, there are other difficulties based on how conversational partners react to the potential use of irony and humor by speakers with dementia. According to Shakespeare (1998: 171), “normal members have irony as a potential resource. But if your membership is in question, it may not be heard as irony, and then you are in serious trouble.” Thus, conversational partners do not trust speakers with dementia to be able to use the resources of interaction in the same manner as so-called typical speakers. As a result, the potentially humorous utterances of a speaker with dementia are easily misinterpreted.

In excerpt (3), the caregiver is playing a game with two persons with dementia. The caregiver reads the first part of well-known Swedish sayings aloud, and the persons with dementia are supposed to produce the missing second part (Lindholm and Wray 2011). The activity is presented as a game, but it also has the therapeutic function of maintaining the memory and linguistic abilities of the clients. Even though it is not a test or a learning situation, the professional still searches for responses of a certain type, and the correctness of the answers is assessed based on the solutions provided in the game material. In excerpt (3), a potential conflict arises when the person with dementia produces a linguistically correct answer that is wrong in the context because it differs from the answer provided on the game card.

(3) Better one bird in the hand (David = elderly man, C = caregiver, R = researcher)

01	C:	bättre en fågel i handen, <i>better one bird in the hand</i>
02	David:	än tie i <u>*tanden*</u> (heh [heh heh]) <i>than ten in the tooth heh heh</i>

03 R: [(heh heh heh)  
04 C: [(heh heh heh)  
05 C: ja t- eller tie i \*skogen\* [(heh heh) (.hh)  
*yes t- or ten in the forest heh heh*  
06 David: [ja  
*yes*  
07 (2.8)  
08 C: på finska e de väl (de) översättningen  
*in Finnish I think the translation*  
09 e väl tie på grenen  
*is ten on the branch*  
09 David: (heh [heh)  
10 R: [m  
11 C: (ku-)  
12 (0.3)  
13 R: m  
14 (0.4)  
15 C: pyy pivossa kuin kymmenen oksalla  
*a hazel grouse in the bag, than ten on the branch*

David's answer (l. 2) does not show any signs of difficulties producing the response; it lacks pauses and other signs of problems in progressivity or fluency. Further, the caregiver's previous turn (l. 1) and David's response form a grammatical unit: David's answer can be seamlessly connected to the previous turn. Thus, David produces a syntactical construction that completes the incomplete structure in line 1, but the element *skogen* (forest) from the correct answer has been replaced with the element *tanden* (tooth). David also starts laughing, and both the caregiver and the researcher join him in laughter (l. 3 and 4). In line 5, the caregiver produces a correction, which is embedded in the sense that it is presented as an alternative to David's response. Further, she continues by discussing the Finnish equivalent to this saying (l. 8 and 15).

In this excerpt (3), David does not provide the desired response. Instead, he utters a response with the same syntactic construction as the correct answer. The caregiver encounters a dilemma: Is David just playing with words? Does she need to correct David's answer, which is not the right answer in this context? The caregiver cannot know for sure whether David has a problem in answering or whether he is just teasing (Drew 1997). Thus, the caregiver resorts to a two-step response: first, she laughs to respond to

the potential humor in the utterance, and then she uses an embedded correction to react to the assumed problem of answering. The situation here is reminiscent of excerpt (1), in which the researcher and one of the caregivers are laughing while the other caregiver repeats the alternatives. Whereas in excerpt (1) different caregivers dealt with different possible interpretations of the situation, in this instance, these different interpretations were incorporated in the responsive action of a single caregiver. In both instances, however, the basic dilemma is the same. The caregiver obviously does not treat the person with dementia's contribution as something in its own right, and dealing with this dilemma is visible in the caregiver's complex response. Again, this gives us indirect evidence of the relevance of the dementia condition for the participants themselves.

## #5 *Discussion*

Challenges of trust are always present when we are engaged in an interaction with a person with deficits in his or her interactional competence. In the case of dementia, we may observe such challenges in how others repeatedly and systematically treat the turns of that person—not on its own terms, as a choice, a joke, or a problem of hearing, but as an indication of a fundamental comprehension problem. Such sequential patterns offer us indirect evidence that the dementia condition is relevant—not for all participants in the interaction—but for the *co*-participants interacting with the person with dementia. Thus, although the ethnomethodological understanding of social action highlights the participants' collaborative orientations in the maintenance of the intelligibility of action, here we need to relax one part of this basic assumption. Indeed, we need to assume precisely a lack of such an orientation on the part of the person with dementia. Otherwise, we would not have challenges of trust in the first place, but mutual orientation to the current states of affairs (which would also include the person with dementia displaying understanding and orienting to the specifics of his or her condition).

The analyses in this paper have shown how the challenges of trust make the activity delicate and cause the conversational partners to resort to various interactional efforts to deal with the problematic situations. The more specific practices used depend on the ongoing action and the epistemic roles of the conversational partners. For example, when a person with dementia speaks about his or her own experiences and intentions, he or she might confabulate or tell stories that may be untrue in the current situation. However,

these stories are primarily related to the world of experience of the person with dementia, and the conversational partner does not necessarily have objective knowledge about this world and should thus take a more lax attitude toward the truthfulness of the experiences being related. Further, confabulations are rarely related to issues with a high level of consequentiality, and because of this, the contents of the confabulations may not need to be rejected (unlike in the instances where a person with dementia, for example, thinks he owns another person's belongings). On the other hand, in game situations in which there are correct responses to questions, the activity frame highlights the need to judge answers as right or wrong even in the face of utterances that were possibly intended as humor. Here, the two-step answers—as described, for example, in excerpt (3)—come across as a viable resource. In other situations, humor is not sanctioned as strongly but treated as an indication of playfulness. Hence, although challenges of trust in encounters with persons with dementia are multifaceted, their consideration in naturally occurring interactions increases the understanding of their detailed mechanisms, which can help develop strategies to overcome these challenges. However, the idea that some interactional encounters are more challenging than others is not straightforward. In particular, it makes one ask who suffers from the difficult situation—the speaker or hearer, the participant with dementia, or his or her conversational participant? The specificity of the challenges of trust may be elucidated with reference to other types of interactional problems. If a conversationalist has challenges in producing spoken language, the difficulties are manifested in his or her role as a speaker. We may thus assume that the speaker is acutely aware of his or her problem. In contrast, if the challenges are related to hearing and comprehending, the problems are related to the listener's role. It is thus the listener who needs to come up with adequate ways to respond in the face of a lack of hearing and comprehension and who may sometimes need to halt the progress of the conversation by producing a repair initiator. Challenges of trust are different from both of these two types of interactional problems. The problematic situation involves the “non-trusting” conversational partners trying to deal with delicate situations from which they cannot easily escape. From the perspective of the burden of interactional work, it is thus the conversational partners, be they professional caregivers or family members, who draw the shorter straw. On another level, however, the challenges of trust place the participants with dementia in a particularly disadvantaged position because what is at stake in these instances is a set of *social* facts.



As pointed out at the beginning of this paper, the participants' deontic, epistemic, and emotional statuses are, paradoxically, both pre-given and negotiable at each moment of interaction. These statuses may be treated as resources in reliance of which the participants may design their utterances and other interactional behaviors to take stances on the given issues. The co-participants may, however, respond in ways that do not acknowledge the first speakers' statuses. This, again, leads—sooner or later—to the weakening and non-existence of these statuses. In the context of interactions involving a participant with dementia, the consequences of this mechanism are drastic: (1) As for the deontic order, when other people's trust in the participant's capacity to make informed choices is compromised, it is all the more difficult for the participant to get his expressions of will acknowledged; (2) As for the epistemic order, when there is a lack of trust in the truthfulness of the contents told, the amount of interactional work needed to deal with the delicate situation may motivate the conversational partners to withdraw from the interaction, which impoverishes the social life of the participant in a dramatic way; Finally, (3) as for the emotional order, when there is no trust in the sharedness of the world, it becomes nearly impossible for the participant to express humor and irony, resources that are essential in the maintenance of affection in close relationships. Thus, while social relations are an aspect of common ground underpinning all intersubjectivity (Stevanovic and Peräkylä 2014), the analysis of this paper points to the importance of *trust in the existence of common ground and intersubjectivity* in maintaining the social relations that make a human life meaningful.

#### # Acknowledgements

The study was supported by the Academy of Finland (Project No. 256792).

#### # References

- Antaki, Charles, and Mick Finlay. 2013. "Trust in What Others Mean: Breakdowns in Interaction Between Adults with Intellectual Disabilities and Support Staff." In *Discourses of Trust*, ed. by Christopher Candlin, and Jonathan Chricton, 21–35. Basingstoke: Palgrave Macmillan.
- Antaki, Charles, W. Finlay, L. Mick, Chris Walton, and Louise Pate. 2008. "Offering Choices to People with Intellectual Disabilities: An Interactional Study." *Journal of Intellectual Disability Research* 52 (12): 1165–1175.
- Arminen, Ilkka. 2005. *Institutional Interaction: Studies of Talk at Work*. Farnham, UK: Ashgate Publishing Limited.

- Bayles, Kathryn, and Cheryl K. Tomoeda (eds.). 2007. *Cognitive-Communication Disorders of Dementia*. San Diego: Plural Publishing.
- Beeke, Suzanne, Ray Wilkinson, and Jane Maxim. 2001. "Context as a Resource for The Constructions of Turns at Talk in Aphasia." *Clinical Linguistics & Phonetics*, 15(1–2): 79–83.
- Berrios, German. E. 1998. "Confabulations: A Conceptual History." *Journal of the History of the Neurosciences* 7: 225–241. doi:10.1076/jhin.7.3.225.1855
- Bortolotti, Lisa, and Rochelle E. Cox. 2009. "Faultless" Ignorance: Strengths and Limitations of Epistemic Definitions of Confabulation." *Consciousness and Cognition*, 18: 952–965. doi:10.1016/j.concog.2009.08.011
- Clark, Herbert H. 1996. *Using Language*. Cambridge, UK: Cambridge University Press.
- Cooley, Charles. 1967 [1909]. "The Social Self." In *Theories of Society. Foundations of Modern Sociological Theory Vol. 2*, ed. by Talcott Parsons, Edward Shils, and Kaspar D. Naegle, 822–828. New York: The Free Press of Glencoe.
- Drew, Paul. 1997. "Po-faced Receipts of Teases." *Linguistics* 25 (1): 219–253.
- Drew, Paul, and John Heritage (eds). (1992). *Talk at Work: Language Use in Institutional and Work-Place Settings*. Cambridge: Cambridge University Press.
- Durkheim, Emile. 1982 [1895]. *The Rules of Sociological Method*. New York, NY: Free Press.
- Egbert, Maria and Arnulf Deppermann. 2012. *Hearing Aids Communication. Integrating Social Interaction, Audiology and User Centered Design to Improve Communication with Hearing Loss and Hearing Technologies*. Mannheim: Verlag für Gesprächsforschung.
- Ekberg, K., L. Hickson, and C. Grenness. 2017. "Conversation Breakdown in the Audiology Clinic: The Importance of Mutual Gaze". *International Journal of Communication and Language Disorders* 52 (3), 346–355.
- Garfinkel, Harold (1963). A Conception of and Experiments with "Trust" as a Condition of Stable Concerted Actions. In *Motivation and Social Interaction: Cognitive Determinants*, ed. by O. J. Harvey, 187–238. New York: Ronald Press.
- Garfinkel, Harold (2006). *Seeing Sociologically*. Boulder, CO: Paradigm Publishers.
- Garfinkel, Harold (2008). *Toward a Sociological Theory of Information* (edited and introduced by Anne Warfield Rawls). Boulder, CO: Paradigm Publishers.
- Goffman, Erving. 1967. *Interaction Ritual: Essays on Face-to-Face Behavior*. Garden City: Doubleday.
- Goodwin, Charles. 1995. "Co-constructing Meaning in Conversation with an Aphasic Man." *Research on Language and Social Interaction* 28 (3): 233–260.
- Goodwin, Charles (ed.). 2003. *Conversation and Brain Damage*. Oxford, UK: Oxford University Press.

- Goodwin, Charles. 2013. The Co-operative, Transformative Organization of Human Action and Knowledge. *Journal of Pragmatics* 46 (1): 8–23.
- Grice, Herbert Paul. 1975. “Logic and Conversation.” In *Studies in Syntax and Semantics III: Speech Acts*, ed. by Peter Cole, and Jerry L. Morgan, 183–98. New York: Academic Press.
- Guendouzi, Jacqueline, and Nicole Müller (eds.). 2006. *Approaches to Discourse in Dementia*. Mahwah, NJ: Lawrence Erlbaum Associates Inc. Publishers.
- Heritage, John. 1997. Conversation Analysis and Institutional Talk: Analysing Data. In *Qualitative Research: Theory, Method and Practice*, ed. By David Silverman, 161–182. London: Sage Publications.
- Heritage, John. 2012. “Epistemics in Action: Action Formation and Territories of Knowledge.” *Research on Language and Social Interaction* 45 (1): 1–29.
- James, William. 1952 [1891]. *The Principles of Psychology (Great Books of the Western World 53)*. Chicago: Encyclopaedia Britannica.
- Jansson, Gunilla and Charlotta Plejert. 2014. “Taking a Shower: Managing a Potentially Imposing Activity in Dementia Care.” *Journal of Interactional Research in Communication Disorders* 5(1): 27–62.
- Jones, Danielle. 2013. “A Family Living with Alzheimer’s Disease: The Communicative Challenges.” *Dementia: The International Journal of Social Research and Practice* 14 (5): 555–573.
- Keltner, Dacher, Lisa Capps, Ann M. Kring, Randall C. Young, and Erin A. Heerey. 2001. “Just Teasing: A Conceptual Analysis and Empirical Review.” *Psychological Bulletin* 127: 229–48.
- Kurhila, Salla. 2006. *Second Language Interaction*. Amsterdam/Philadelphia: John Benjamins Publishing Company.
- Kurhila, Salla, and Minna Laakso. 2016. ”Puhumisen Haasteet.” [Challenges of Speech]. In *Keskustelunalyysi: Kuinka tutkia sosiaalista toimintaa ja vuorovaikutusta [Conversation Analysis: How to Study Social Action and Interaction ]*, ed. by Melisa Stevanovic, and Camilla Lindholm, 224–242. Tampere: Vastapaino.
- Laakso, Minna. 1997. *Self-initiated Repair by Fluent Aphasic Speakers in Conversation*. *Studia Fennica Linguistica* 8. Helsinki: Finnish Literature Society.
- Laakso, Minna. 2012. “Aphasia as an Example of How a Communication Disorder Affects Interaction.” In *Hearing Aids Communication*, ed. by Maria Egbert, and Arnulf Deppermann, 138–145. Mannheim: Verlag für Gesprächsforschung.
- Lind, Christopher, Louise Hickson, and Norman P. Erber. 2004. “Conversation Repair and Acquired Hearing Impairment: A Preliminary Quantitative Clinical Study”. *Australian and New Zealand Journal of Auciology* 26 (1), 40–52.

- Lindholm, Camilla. 2008. "Laughter, Communication Problems and Dementia." *Communication & Medicine* 5 (1): 3–14.
- Lindholm, Camilla. 2015. "Parallel Realities: The Interactional Management of Confabulation in Dementia Care Encounters." *Research on Language and Social Interaction* 48 (2): 176–199.
- Lindholm, Camilla, and Alison Wray. 2011. Proverbs and Formulaic Sequences in the Language of Elderly People with Dementia. *Dementia* 10 (4): 604–624.
- Lindholm, Camilla. 2016. "Luottamuksen haasteet." [Challenges of trust.] In *Keskustelunalyysi. Kuinka tutkia sosiaalista toimintaa ja vuorovaikutusta [Conversation analysis. How to Study Social Action and Interaction]*, ed. by Melisa Stevanovic, and Camilla Lindholm. Tampere: Vastapaino.
- Linell, Per. 1998. *Approaching Dialogue: Talk, Interaction and Contexts in Dialogical Perspectives*. Amsterdam: John Benjamins Publishing.
- Matikka, Leena.M, and Hannu T. Vesala. 1997. "Acquiescence in Quality-of-life Interviews with Adults Who Have Mental Retardation." *Mental Retardation* 35: 75–82
- Maynard, Douglas W. 2005. "Social Actions, Gestalt Coherence, and Designations of Disability: Lessons From and About Autism." *Social Problems* 52: 499–524.
- Mead, George. H. 1950 [1934]. *Mind, Self, and Society from a Standpoint of a Social Behaviorist*. Chicago: The University of Chicago Press.
- Mikesell, Lisa. 2009. "Conversational Practices of a Frontotemporal Dementia Patient and His Interlocutors." *Research on Language and Social Interaction* 42 (2): 135–162.
- Mikesell, Lisa. 2016. "The Use of Directives to Repair Embodied (Mis)Understandings in Interactions with Individuals Diagnosed with Frontotemporal Dementia." *Research on Language and Social Interaction* 49(3): 201–219.
- Ochs, Elinor, Emanuel A. Schegloff, and Sandra A. Thompson (eds.). 1996. *Interaction and Grammar*. Cambridge: Cambridge University Press.
- Pajo, Kati. 2013. "The Occurrence of 'What', 'Where', 'What House' and Other Repair Initiations in the Home Environment of Hearing-Impaired Individuals". *International Journal of Language and Communication Disorders* 48 (1): 66–77.
- Plejert, Charlotta, Camilla Lindholm, and Robert W. Schrauf (eds.). 2017. *Multilingual Interaction and Dementia*. Bristol: Multilingual Matters.
- Rasmussen, Gitte, Elisabeth Muth Andersen, and Elisabeth Dalby Kristiansen (eds.). 2019. Professional Interactional Practices in Dementia Care. Special issue of *Logopedics, Phoniatrics, Vocology*, 1/2019.

- Rasmussen, Gitte, Elisabeth Dalby Kristiansen, and Elisabeth Muth Andersen. 2019. "Working out availability, unavailability and awayness in social face-to-face encounters: The case of dementia". *Discourse Studies* 21(3): 258–279.
- Reimer, Holly D., and Heather H. Keller. 2009. "Mealtimes in Nursing Homes: Striving for Person-centered Care." *Journal of Nutrition for the Elderly* 28 (4): 327–347.
- Schermer, Maartje. 2007. "Nothing but the Truth? On Truth and Deception in Dementia Care". *Bioethics* 21 (1), 13–22.
- Schneider, Armin. 2008. *The Confabulating Mind: How the Brain Creates Reality*. Oxford: Oxford University Press.
- Scott-Phillips, Thom. 2015. *Speaking our minds: Why Human Communication is Different, and How Language Evolved to Make it Special*. Basingstoke, UK: Palgrave Macmillan.
- Shakespeare, Pamela. 1998. *Aspects of Confused Speech: A Study of Verbal Interaction between Confused and Normal Speakers*. Mahwah, NJ: Lawrence Erlbaum Associates.
- Sterponi, Laura, and Alessandro Fasulo. 2010. "How to Go on: Intersubjectivity and Progressivity in the Communication of a Child with Autism." *Ethos* 38 (1): 116–142.
- Stribling, Penny, John Rae, and Paul Dickerson. 2009. "Using Conversation Analysis to Explore the Recurrence of a Topic in the Talk of a Boy with an Autism Spectrum Disorder." *Clinical Linguistics & Phonetics* 23 (8): 555–582.
- Stevanovic, Melisa, and Anssi Peräkylä. 2014. "Three Orders in the Organization of Human Action: On the Interface Between Knowledge, Power, and Emotion in Interaction and Social Relations." *Language in Society* 43 (2): 185–207. <https://doi.org/10.1017/S0047404514000037>
- Stevanovic, Melisa, Pentti Henttonen, Sonja Koski, Mikko Kahri, Liisa Voutilainen, Emmi Koskinen, Taina Nieminen-von Wendt, Pekka Tani, Elina Sihvola, and Anssi Peräkylä. 2017. "On the Asperger Experience of Interaction: Interpersonal Dynamics in Dyadic Conversations." *Journal of Autism* 4 (2). <https://doi.org/10.7243/2054-992x-4-2>
- Stevanovic, Melisa, Taina Valkeapää, Elina Weiste, and Camilla Lindholm. 2018. "Osallisuus ja yhteinen päätöksenteko mielenterveyskuntoutuksessa." [Participation and Joint Decision Making in Mental Health Rehabilitation]. *Psykologia* 05–06/2018: 402–420.
- Wilkinson, Ray. 2019. "Atypical Interaction: Conversation Analysis and Communication Impairments." *Research on Language and Social Interaction* 52(3): 281–299.

# Transcription key (cf. Ochs et al., 1996, 461–465).

(but)	parenthesized words are possible hearings
(( ))	transcriber's comments
<u>but</u>	emphasis
<but>	talk at a slower pace than the surrounding talk
*but*	smiling voice
-	cut-off (bu-)
:	lengthening of a sound (bu:t)
↑	rising intonation
(0.6)	silences timed in 10ths of a second