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The First Step in Triadic Decision-Making Involving People with Dementia: Determining Who Talks When

I. L. Windeatt-Harrison [a], T. Walker [a], S. M. Bell [b,c], D. Blackburn [b,c], J. M. Dickson [d], S. Jones [e], A. Wardrope [b,f], and M. Reuber [b,f]

[a]Division of Human Communication Sciences, The University of Sheffield, Sheffield, UK; [b]Department of Clinical Neurology, Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield, UK; [c]SITraN, The University of Sheffield, Sheffield, UK; [d]Academic Unit of Medical Education, The University of Sheffield, Sheffield, UK; [e]Rotherham Older Adults Hospital Liaison Team and Young Onset Dementia Service, Rotherham Doncaster and South Humber NHS Foundation Trust, Rotherham, UK; [f]Academic Neurology Unit, The University of Sheffield, Sheffield, UK

ABSTRACT

Everyone should have the opportunity to participate in decisions about their health, including people living with dementia. People with dementia typically bring a companion to medical appointments, so most care decisions are made in interactions involving three parties. To make decisions about their care, patients with dementia must have the opportunity to take a turn-at-talk in conversations where decisions are made. However, negotiating who speaks next in triadic talk is a complex task, especially when dementia-associated language and/or memory problems impact communication. Findings show that using second person ("you") pronouns assist people with dementia in responding to queries, yet third person ("she/he") can exclude them from the interaction, although this near-canonical pronoun use can be overridden by sequential placement, gesture, and gaze. We also demonstrate how midturn pronoun switching often only provides for tokenistic inclusion, though this again is dependent on sequential placement and embodied interaction. Data are in English.

Background

There is a drive within policy and practice to ensure that all patients, including those with dementia, are included in decisions about their health (Department of Health and Social Care, 2021). Because people living with dementia frequently bring a companion (e.g., a family member or friend) to healthcare appointments, decision making involving a person with dementia is often done in triadic interactions (Elsey et al., 2015). People with dementia may also invite or rely on their companions to respond on their behalf (Dooley et al., 2018). Companions can provide necessary medical details to the healthcare professional, taking on a dual role of patient advocate and professional informant (Dooley et al., 2015; Reuber et al., 2018). Through unmotivated looking (Sacks, 1984, p. 27), we found that who talks when, (i.e., how speakers are selected, including self-selection) is one of the first decisions to be made in medical consultations. However, negotiating who speaks next in multiparty talk is a complex task, especially when one participant has dementia and the associated language and/or memory problems.

In this article, we focus on one aspect of speaker selection – pronoun usage – which may include or exclude people with dementia from participating in talk about their condition. We find that the "typical" uses of second- and third-person pronouns occur in our data – "you" (second person) addresses a speaker directly, and may select them as next speaker, whilst "he/she" (third person) indirectly refers to the co-

CONTACT I. L. Windeatt-Harrison i.windeatt@sheffield.ac.uk Division of Human Communication Sciences, The University of Sheffield, 362 Mushroom Lane, Sheffield S10 2TS, UK

present participant and is not commonly used to select next speaker. However, there are certain sequential modifications and embodied features of interaction that can be used to make these pronouns do the opposite of what they are linguistically designed for.

Specifically, we show that:

(1) Selecting the person with dementia as next speaker through direct address using the second person pronoun "you" can assist in scaffolding their response, and may encourage further talk.
(2) Referring to the person with dementia using third-person pronouns "he/she" can exclude them from the interaction, especially if used to maintain the person with dementia's position as overhearer even when they are contributing to the talk.
(3) Switching between pronouns midturn, from third person to second person and back again, can be exclusionary as the person with dementia joins the talk only briefly, by providing a minimal response.
(4) Both third-person pronouns and midturn pronoun switching can also be used inclusively and collaboratively by companions, e.g., when produced in response to a person with dementia's turn.

Next, we review the literature on methods of speaker selection in multiparty talk. We then discuss how general cognitive and language deficits associated with dementia impact on turn-taking ability, and thus inclusion or exclusion from talk.

Next speaker selection in typical interaction

The mechanisms governing turn transition as described by Sacks et al. (1974) are well known. When one speaker's turn comes to possible completion, speaker transition may, though is not guaranteed to, occur, and this transition is dictated by a set of rules. Current speaker can select a next through multiple methods, including direct address (e.g., use of second person "you" or a name/other address term), gaze direction, gesture, or more often, a combination of these features.

Schegloff (1996) describes the different outcomes of referring to a participant in multiparty interaction (Mike) in third person or second person. Based on the design and content of the talk, "you" selects Mike as next speaker and makes relevant a response from him alone. The use of "he" to refer to Mike has the effect of making another interlocutor the next relevant speaker. To bring Mike back into the talk, a turn containing his name or a second person pronoun was required.

Lerner (1996, p. 292) notes that "the employment of 'you' is a resource for speakers and their co-participants to solve the problem of either who is being addressed, or who is being referred to—or both." "You" alone may not be enough to identify the next speaker in multiparty interaction, but when combined with gaze, that party is selected as next speaker (Lerner, 1996).[1]

Auer (2021, p. 137) describes gaze as the "most ubiquitous" but also a weak next-speaker selection technique when employed on its own in face-to-face triadic talk. It becomes a much stronger method when combined with second person pronouns or address terms (Auer, 2021, pp. 125–126). Similarly, Lerner (2003, pp. 197–198) shows that gaze can be unreliable when participants are not attentive or are involved in other tasks; however, the use of "you" attracts co-participants' attention to the speaker's gaze, which then assists in selecting the next-speaker.

Finally, gaze direction from a non-speaking party can also play a role in next speaker selection. Stivers (2001) shows that when a parent gazes toward a child following a doctor's ambiguously directed query, the child would provide the response to that query.

Next speaker selection and turn-taking difficulties in dementia

Dementia can result in language decline that includes word-finding and attention difficulties, issues with topic maintenance, reduced speech production, and a loss of speech fluency and

[1]In English, the same lexical item "you" is used for both the singular and plural form. This is not the case in all languages.

content (Blair et al., 2007). Although it has been shown that some turn-taking skills of persons living with dementia are preserved (Ripich et al., 1991), dementia can cause delays in both initiating and responding actions and people with dementia may be excluded from talk due to coparticipants treating them as less than competent interlocutors (Österholm & Samuelsson, 2015). This is especially relevant in multiparty interactions, where the pressure to respond in a timely manner is heightened.

Speakers typically commence a turn with less than 300 ms gap (Stivers et al., 2009). However, the short-term memory and comprehension problems, and slowed cognitive processing associated with dementia can make it difficult to initiate a turn-at-talk in a timely manner, even if selected to do so. Therefore, people living with dementia may miss the opportunity to speak next, particularly in interactions with non-cognitively impaired participants who may speak in the interturn gap. Additionally, a delay in responding may be treated as part of the person with dementia's turn design, rather than resulting from cognitive impairment (Perkins et al., 1998). Others may then attempt to pursue a response or treat the person with dementia's talk as indication of a forthcoming dispreferred turn.

Companions can assist in providing necessary details that people living with dementia either cannot or do not produce and can fill in important gaps in knowledge that occur due to memory loss (Surr et al., 2020), or scaffold a person with dementia's talk during storytelling about past events (Hydén, 2011). It may be diagnostically relevant for companions to describe symptoms and/or behavior; they may even be selected to speak about the person with dementia. However, this is a complex interactional situation to navigate. Speakers typically avoid telling others something they already know and avoid talking about certain kinds of information that others are normatively treated as having primary rights to speak about (Heritage, 2013; Sacks, 1973, p. 139). Thus, companions in healthcare appointments can find themselves in a delicate epistemic space: to talk on the person with dementia's behalf risks a threat to face and/or telling them something they already know, or excluding them; but not offering the information risks omitting potentially relevant information.

One finding from Dooley et al.'s (2015) systematic review of observational studies was that patient involvement decreased in consultations (aside from assessments) when interactions were triadic, with companions speaking twice as much as the patient with dementia. This finding may highlight the catch-22 in which dementia patients find themselves—their healthcare interactions are usually triadic, but turn-taking itself is more complex and challenging in triadic interaction because it requires a selection of who speaks next that is not present in dyadic interaction.

Ghadiri-Sani and Larner (2019) identified through a review of experimental and observational studies that people with dementia themselves may invite their companions to respond on their behalf using the "head turning sign" where they turn to their companion when a question has been addressed to them by the healthcare professional (HCP). This indicates that some turn-taking skills are preserved in early dementia, as, through this sign, persons with dementia demonstrate understanding that the question was addressed to them and use a widely known and understood method to pass the floor to an accompanying person.

Practices for assisting a person living with dementia to participate in talk, or speaking for them (whether invited to or not), are recurrently described in the literature as inclusive or exclusive, but in reality, these practices can occur on a gradient. Landmark et al. (2021) show that during both triadic research interviews and informal talk between a person with dementia and their partner, alongside a carer, family member or friend, partners use a range of strategies to correct the individual with dementia. These range from concealed other-correction, in which only the third-party is addressed and the person living with dementia is excluded from the correction, to producing a repair initiator directed at the person with dementia, including them in the repair production and ascribing to them "the right and the accountability to have a contrasting view" (Landmark et al., 2021, p. 205). This suggests that although direct address is potentially face-threatening, it can be used as an inclusive practice as it provides a person with dementia an opportunity to take a turn-at-talk.

Another practice recurrently identified as excluding people living with dementia is the use of third-person reference. Österholm and Samuelsson (2015) analyzed assessment meetings with a social worker and discuss how persons with dementia are positioned as having reduced interactional competence compared to someone a similar age without dementia. In particular, they demonstrate how individuals with dementia are

talked about and not to through the use of third-person pronouns, which excludes them and treats them as lacking competence.

Nilsson et al. (2018), however, discuss how the exclusionary effect of third-person pronouns to indirectly refer to a co-present person with dementia during research interviews, involving storytelling between a person with dementia, their spouse, and a researcher, can be mitigated through shifting pronouns from third person to second, particularly at sensitive points, such as when dementia-related talk about the person with dementia's condition is raised. They argue pronoun shifting, alongside gaze, touch, and bodily orientation, can form episodes of joint speakership and can be a way of counteracting exclusion through providing interactional space for the person living with dementia to take a turn-at-talk.

Examining the wider literature on patient-companion talk, Antaki and Chinn (2019) and Chinn and Rudall (2021) present novel investigations of how companions may speak for a person with a learning or intellectual disability. Additionally, in triadic pediatric consultations, parents were found to be the primary respondent to doctors' questions, with the child having little input (Cahill & Papageorgiou, 2007), as parents are treated as having the deontic authority to speak for their children (Mikesell et al., 2020). Although we acknowledge the potential to draw lessons from the wider companion literature, we have chosen here to focus only on research involving people living with dementia because dementia presents several unique communication challenges.

In contrast to individuals whose cognitive impairments are due to congenital or developmental causes, people with dementia most commonly decline from a position of relatively unimpaired cognition and communication, and family or carers will usually have experience of their premorbid condition. As dementia becomes more severe, the companion's role often changes dramatically from that of a spouse or child with equal levels of autonomy and knowledge about self, to becoming someone who, increasingly, is involved in making decisions for the person with dementia.

The interactional contributions of partners or carers in conversations involving persons with dementia are therefore likely to reflect a tension between their relationship with the person as it is now and what this relationship was like previously. This particular dynamic would not be expected to affect conversations involving individuals with learning or intellectual disabilities. Furthermore, with parent-child interactions, the expectation is that children will grow and become more capable, whereas for people with dementia the opposite is true. The moral and epistemic dilemma still exists for the companion of the person living with dementia in a way it does not for these other groups: how can/should the companion speak for the other who used to have the capability to speak for themselves.

This research examines how patients with dementia are selected or not selected to speak by their companion, and how this can lead to inclusion or exclusion during diagnostic healthcare appointments with a doctor. It differs from prior research due to its focus on the context of triadic diagnostic medical consultations, rather than dyadic or multiparty meetings and the care environments examined in prior research. We focus on the role that pronouns, alongside gaze and gesture, play in one of the first decisions to be made in diagnostic healthcare interactions: who talks when.

Materials and methods

The data analyzed here were collected for an earlier study, with ethical approval granted by the National Research Ethics Service Committee for Yorkshire & the Humber (South Yorkshire), REC reference 12/YH/0205. Our study only uses recordings and pseudonymized transcripts of patients who gave consent for their recordings to be used in future studies. The current research study was approved by the Health Research Authority and Health and Care Research Wales, reference 23/WA/0147.

This research applies the methodology of conversation analysis (CA) to recordings of triadic interactions between a doctor, a person subsequently diagnosed with dementia, and their companion.[2] The recordings

[2]We do not dispute the importance of multimodal analysis of data gathered from face-to-face settings, and present only excerpts from video-recorded data in this article. However, the full dataset includes six audio-only recordings, which did inform the analysis. We are grateful to all participants for granting access to any recording whatsoever of what was expectably a sensitive moment in their lives.

involve the patients' initial visits to the memory clinic and participants received a dementia diagnosis following the recorded encounter. Patients had various types of dementia including Alzheimer's, vascular, frontotemporal, primary progressive aphasia, and neurodegenerative mild cognitive impairment. Further details of the methods and participants are described in Jones et al. (2016) and Reuber et al. (2018); however, as we are examining only triadic encounters, a total of 17 recordings (approximately 11 hours, 30 minutes) from this dataset were analyzed. Details of the participants are provided in the Appendix A – Table A1.

These patients were on a pathway to dementia diagnosis when their recording took place, meaning they had been referred by their GP for neurological assessment and were in the process of undergoing neuropsychological assessment and neuroimaging, including MRI scans, to confirm their diagnosis. Dementia was a suspected diagnosis at the time of recording and confirmed once the above testing was complete.

All recordings were made in small offices in a hospital outpatient department. Patient and companion sit side-by-side, with the doctor either to their front or side. Bold highlights the pronoun usage of interest in all extracts. Due to camera angles, it is not always clear to which participant the doctor's gaze is directed, but this has been included where identifiable.

Results

Exclusionary use of third person pronouns

This section demonstrates how companions use third-person pronouns to refer to patients with dementia. Companions' turns containing third person pronouns often present claims or complaints about what the patient with dementia cannot do or remember. Use of this turn design might mitigate such turns, allowing the companion to present information to the doctor that could be treated as a request for assistance, e.g., "there is something wrong with him" rather than challenging or complaining to the patient by using a second person pronoun, e.g., "there is something wrong with you." Nonetheless, in this section we show that using third-person pronouns results in the companion and doctor talking *about* rather than *to* the patient, thus excluding them from participating fully in the interaction.[3]

Extract 1 demonstrates how third person is used by the companion to issue a complaint about the patient to the doctor despite the patient requesting assistance in responding to the doctor's query. In

1. Patient_083_forgotten_already

```
01 HCP: ((gazes at patient)) what was your la:st job that you did
02 Pat: me last job (5.2) ((turns to companion)) I've forgotten
03 Com: good heavens [huhhuh
04 Pat:              [(enough)
05 Com: ((rolls eyes, looks to HCP)) this i- thi- this is a prime
06      example (0.3) he's only been retired not quite twelve month ten
07      month and he's forgotten alre(h)dy w(h)hat he did
08      (2.3)((HCP writing then turns back to both participants))
09 HCP: okay
```

line 1, the doctor (HCP in the transcripts) asks the patient about his last job, directing his talk to the patient by both using a second-person pronoun and gazing at the patient.

The patient displays difficulty recalling the requested information; he repeats the query, hesitates for 5.2 seconds, then turns to his companion stating that he has "forgotten" (line 2). The patient's head-turn to the companion invites her, nonverbally, to provide the information on

[3]In other parts of the data, patients produce extended turns when not talked about in third person, suggesting minimal responses are not a result of their dementia.

his behalf, or at least to assist him with recalling what he did for work (Elsey et al., 2015; Ghadiri-Sani & Larner, 2019).

Rather than provide the invited assistance, the companion responds with an exclamation, "good heavens" (line 3), and rolls her eyes.[4] She shifts her gaze to the doctor, thus directing her talk to him. and speaks about the patient using third person, describing his lack of response as a "prime example" of the patient's symptoms; "he's forgotten alrea(h)dy w(h)hat he did" (line 7). Through the eye roll, third-person pronoun and other linguistic devices such as the quantifiers "only" and "already" (see talk in lines 6–7), the companion complains about the patient to the doctor, rather than providing the assistance the patient requested. This treats the patient's memory issues as deviant and shows a lack of collaboration and inclusion. Her complaint emphasizes his communicative incompetence and is designed for the doctor through the third-person pronoun usage. This talk excludes the patient from the interaction as the companion neither responds with an answer on his behalf nor offers any prompts to assist his recall.[5]

2. Patient_96_sweet_food

```
01 HCP: has his eating habits changed
02 Com: er:: ↑yes↑ he doesn't eat as much as he did (.) by- by any means
03      his- his appetite's not as [good
04 Pat:                            [and I-] (.) oh [I'll not say (xxxx)
05 Com: ((turns to patient))                       [go on then what- what
06      (you say xx) ((HCP and companion gaze at patient))
07 Pat: well I- (.) er I like a drink but I'm not- heh I'm not an
08      alcoholic (.) but I do find that (0.3) er if I'm having
09      (0.8) really bad tinnitus (1.2) I know this can be
10      sound as an excuse I find that (0.4) I d- I like a whisky a coupla
11      drams of whis[ky
12 Com:              [mm
13 Pat: and it tends to help me relax and if you relax (1.0) the tinnitus
14      subsides (0.8) it's where you're irritable (0.4) a:n[d te]nse
15 Com:                                                     [yeah
16      (0.9)
17 Pat: t[hat] it gets worse=
18 HCP:  [yeah ((looks down to notes))=sure ((looks to companion)).h but
19      he doesn't like more sweet food than before↑ ((gaze at notes))
20 Com: ((gaze at HCP))[yes he does he never used to eat it
21 Pat: ((gaze at HCP))[YEAH: I never used to eat sweet food
22 Com: but he does [now ((looks down at lap))
23 Pat: ((leans forward gaze to distance))
24                  [n(h)o(h)w] I've always- (0.4) that's why I've put
25      weight on ((hand on stomach)) I used to be fifteen 'n'half
26      ((mutual gaze with companion)) din't I=
27 Com: =mmh. ((looks down))
28 Pat: ((gaze to notes))and now I'm ↑seventeen  a[nd half.
29 HCP: ((looking down at notes))                 [and you say he's-] he's
30      quite rigid in his ideas [and his opinions
31 Com:                          [yes
```

[4]The patient utters something that could be the word "enough" at line 4, but this is issued in overlap and cannot be clearly heard.
[5]The patient eventually provides the answer to the doctor's question, but without receiving the sought-after assistance of his companion.

In Extract 2, both the doctor and the companion use third person to talk to each other about the patient, even though the patient is attempting to contribute to the talk. Here, the doctor asks about the patient's eating habits using the third person pronoun "his."
By referring to the patient in third person, the doctor's query is directed to the companion (line 1). The companion treats this turn as selecting her as next speaker, and also responds with third-person pronouns, "he doesn't eat as much as he did . . . his appetite's not as good."

In overlap with the final word of the companion's turn, the patient begins to speak, but cuts off (lines 3–4) and indicates he will not continue ("oh I'll not say"); however, the companion invites him to continue ("go on then," line 5). The patient then discusses his drinking habits and tinnitus, displaying a lack of understanding of the current topic of food and failing to respond to the doctor's question. The companion offers two minimal responses, "mmh" and "yeah" during the patient's turn and maintains her gaze at the patient, keeping her body oriented toward him, displaying that she is attending to his turn.

Although the doctor maintains his gaze at the patient while the patient speaks, the doctor looks down and provides only a minimal response, "yeah sure," before again looking toward and re-addressing the companion. The TCU-initial "but" at the end of line 18 skips over the patient's contribution, continuing to use third-person pronouns to speak about rather than to the patient ("but he doesn't like more sweet food than before," line 19); the design of this turn does not orient to the patient's talk nor invite him to say more.

However, the companion and patient both respond. The companion uses third person: "yes he does he never used to eat it" (line 20), as the patient provides, in overlap, the same information, "YEAH I never used to eat sweet food" (line 21). Despite the patient's attempts to respond to the doctor's question, in her next turn the companion continues with another third-person pronoun, "but he does now" (line 22).

Although the patient contributes additional talk about the effect of now liking sweet food (lines 24–26, about his weight gain), once again, the doctor does not respond to him but instead gazes at his notes, then continues his queries using third person while addressing the companion: "and you say he's- he's quite rigid in his ideas" (lines 29–30).

Although the patient does contribute to the talk, the minimal orientation to his turns by the doctor and the companion, including their continued use of third-person pronouns and gaze to direct their talk to each other following the patient's contributions treats them as not interactionally relevant. Although the doctor may be seeking only the companion's views at this point, and so perhaps talk from the patient is not warranted, the lack of visible and verbal orientation to the patient's talk effectively excludes him and negates his contributions.

This section has demonstrated a canonical use of third-person pronouns in triadic interactions: that they are used to talk about the co-present third-party both when the third party is attempting to respond to a question, and when they are not.

Inclusive use of second-person pronouns

Here we examine how patients with dementia respond to companions' use of the second person, "you," as a way of directly involving them in talk. When companions offer information that has been omitted or claimed as forgotten by the patient, second-person pronouns direct talk to the patient for (dis)confirmation. Through directing talk to the patient using "you," the companion is treating the patient as having agency — the ability and knowledge to respond — and the patient participates more actively than when talked about in third person. Second-person pronouns thus scaffold the patient's response when they are struggling to recall or respond, allowing for participation in the talk as far as they are able.

Extract 3 demonstrates how patient and companion work together to produce responses to the doctor's queries. In this extract, the doctor directs a query to the patient about her writing. The

patient's response is countered by the companion using second person, which enables the patient to subsequently amend her response.

3. Patient_102_writing

```
01 HCP: ((gaze at patient)) d'you find any problems writing
02          [(0.8)
03 Com:     [((shifts gaze from HCP to Patient))
04 Pat: ((gazing at HCP, shakes head))
05 HCP:     nope
06 Com: yes you [do love (.)
07 Pat:         [((shifts gaze to towards but not at companion))
08 Com: [yuh-] yuh- yuh- yuh- [you do find it diff]icult
09 Pat: [uh-]                 [it   mo-  oh   yes:]
10      (0.4) I do find it- ehah yes
11 Com: not like you used to do on:mh
12 Pat: no ((shakes head, gaze to distance/0.4))
13      no I- I could do it (.) ((scratching nose)) at wa- at one time but
14      I can't now (.) .h so: um (.)((crosses arms)) .h I wri- I write
15      it dow:n (1.1) s'best as I ca:n .h and then
16     ((gestures to companion while gazing at HCP)) he- he- he
17      [puts: summat on (0.5)
18      [(( makes box shape with hands])
19 Com: I put it on the com[puter 'nd] edit it [°y'know° ((shrugs))
20 Pat:                   [computer]
```

Following the query about the patient's writing, the companion and doctor both orient to the patient during the silence. The patient eventually shakes her head (line 4). The doctor verbalizes the patient's response, "nope" (line 5), before the companion counters with "yes you do love" (line 5), addressing the patient through the second person pronoun. The term of endearment, "love," mitigates this potentially indelicate correction of something that lies in the patient's epistemic domain. The companion repeats his correction after the patient's gaze has shifted toward him, "you do find it difficult" (line 8), again, addressed directly to the patient with a second person pronoun.

This second person address and gaze at the patient selects her as the intended recipient and next speaker, rather than the doctor. The patient turns toward but does not gaze directly at the companion and commences her next turn in overlap with him, claiming remembrance via a change of state, "oh yes:" (line 9), followed by agreement with the companion through a partial repeat once in the clear (line 10) "I do find it ehah yes." This claims equal epistemic access with the companion, despite her prior response suggesting no difficulty with writing (line 4).

The companion qualifies this information, still addressed to the patient, with "not like you used to do on:mh" (line 11), which highlights the patient's past competence and contrasts it with her current abilities. The patient again confirms the companion's information ("I could do it . . . at one time but I can't now," lines 13–14). She goes on to display understanding of the talk and epistemic authority over the knowledge of her writing skills by explaining her current capabilities, "I write it down (1.1) s'best as I can .h 'nd then he-he-he- puts summat on," gesturing to the companion and then making a box shape with her hands (lines 14–18). This is treated by the companion as being an embodied representation of how he puts "it on the computer 'nd edit it," which he details in a collaborative completion (line 20).

In effect, the stepwise provision of information the companion addresses to the patient via second person pronouns, treats the patient as capable of retrieving knowledge about her writing, mitigating the potentially face-threatening correction, and including the patient in a way that allows her to reverse her position from unknowing to a knowing participant. Through

aligning with the companion's responses, she reclaims epistemic authority over the knowledge of her own skills.

Extract 4 demonstrates that inclusion in talk is not just down to the companion or doctor selecting who should speak next. The patient can self-select to be the respondent of the companion's talk, and then patient and companion can work collaboratively to report symptoms.

4. Patient_089_last_time

```
01 HCP: can you tell me the last time your memory let you down
02      (1.5)
03 Pat: .h °heh° .h um: it happens all the time (.) er
04      (1.0)/((turns to companion))
05      can you tell me the last time
06      (1.2)
07 Com: mmh er: (0.8) I think there was something er (0.7) something
08      yesterday that er (1.1) ah: I think I'd (0.4) ((mutual gaze)) told
09      you that I was: (0.9) working (1.2) tomorrow- tomorrow night,=
10 Pat: ((turns back to HCP but gazes to distance)) =and I'd forgotten
11      that. ((shakes head))
12 Com: ((mutual gaze)) a:nd you'd forgotten and you asked me again
13 Pat: mmh
14 Com: yeah
```

The doctor asks the patient about "the last time your memory let you down." The patient appears unable to give a specific instance, hesitating and saying it "happens all the time" before turning to her companion to recruit his assistance. Notice the patient's use of second person here, "can you tell me" (line 5), as she turns to the companion. She asks to be responded to directly rather than the companion speaking on her behalf. Unlike in Extract 1, the companion complies with the request for assistance and addresses the patient directly, ending the turn with, "I think I told you that I was working tomorrow" (lines 8–9). The companion's gaze toward the patient, responsive action, and sequential positioning of "you" selects the patient as next speaker.

The patient then turns back to the doctor and confirms the companion's report with a latched increment "and I'd forgotten that" (line10). The patient, using a conjunction to make her turn syntactically cohesive with the companion's, claims some ownership of the telling, signaling it belongs to both of them.

The companion then continues, repeating "and you'd forgotten and you asked me again" (line 12), again addressing the patient instead of using third person pronouns to direct talk to the doctor. Passing the details to the patient in this way treats her as the primary teller of the information.

Thus, the companion and patient co-construct an incrementally produced report of an episode of the patient's memory loss. The companion provides details only when prompted by the patient. This approach includes the patient in the talk at a point where she could readily be excluded and delicately negotiates the immediate example of the patient's memory problems, i.e., that she cannot remember the last time her memory let her down.

Second-person address then offers patients agency over the telling of information because it includes them in the interaction at points where they have displayed a lack of confidence in their knowledge of their own condition. The direct address and sequential provision of information by the companion scaffolds the patient's talk allowing the patient and companion to jointly provide information to the doctor.

Exclusionary use of mid-turn pronoun switching

This section presents examples of exclusionary midturn pronoun switching, which involves a shift from third person to second person (addressing the patient) in the same turn, with a subsequent return

to third person within one or two turns. We have argued so far that use of second-person pronouns is inclusive, so a pronoun shift to second person may appear inclusive were we using a mere labeling or coding approach; however, we show that it is a tokenistic approach to including the patient within the interaction. Unlike examples in the previous section, second-person pronouns appear mostly within tag questions, which prefer a minimal agreeing response. Attempts at disagreement or further talk are hindered through a switch back to third person. In this way, patients with dementia are excluded from the talk, which continues to be produced by the companion and addressed to the doctor.[6]

Extract 5 provides two examples of midturn pronoun switching that result in only minimal talk from the patient. The doctor asks the companion when they think the patient's memory issues began, identifying the companion as the recipient of the "you" through both his gaze direction and the gesture to the companion. The patient is gazing down. The companion is leaning forward toward the doctor as she replies.

5. Patient_108_tablets

```
01 Neu: ((gaze & open-hand gesture to companion)) when do you think these
02       memory problems sta:rted
03 ------------------9 lines of companion talk omitted-----------------
04 Com:  ((gaze to HCP)) [cos] I do ev- you know do it for him or what but
05 Neu:                  [mmh ((nods))
06 Com: .h::it's like ((turns to patient)) I have to remind you to take
07       your tablets don't I sometimes 'nd
08 Pat: ((small shrug, gazing down)) yeah we[ll I-
09 Com:                      ((gaze to HCP)) [I mea]n I haft to encourage
10      him t'go in shower ((gaze to patient)) cos you'd sit there all day
11       [wun't yer be honest
12 Pat:  [  huh huh huh hah  ]
13          (0.3).h: yeah well that'[s er
14 Com:                             [you would ((gaze to HCP))
15 Pat: I've a f.h: ((drops head down))
16 Com: .h so it's like I have to feel as though I'm having t- ju- ju: erm
17      (.) coax him (0.5) to do things
```

The companion directs her third person talk about the patient to the doctor, "I do ev-you know do it for him" (line 4). This is until she shifts her gaze to the patient and switches to second person, "I have to remind you to take your tablets don't I sometimes 'nd" (lines 6–7).

Although the companion concludes her turn with a conjunction, possibly projecting further talk, the patient shrugs while maintaining his gaze toward the floor and produces a minimal agreement token "yeah," followed by the start of a well-prefaced turn (line 8) that may project forthcoming disagreement, or a turn that privileges his perspective over his companion's (Heritage, 2015).

However, the patient's turn is overlapped and cutoff as the companion shifts her gaze back to the doctor and commences a new turn, "I mean I haft to encourage him t'go in shower" (lines 9–10). The companion returns to using third person pronouns before undertaking another mid-turn pronoun switch back to second person, "cos you'd sit there all day wunt yer be honest" (lines 10–11) and shifting her gaze back to the patient.

The second-person pronouns, including the tag question, shift the companion's talk to being directed to the patient and identify him as next speaker, as evidenced by his responding with overlapped laughter and further agreement plus well-prefaced turn. The companion treats his well-prefacing as projecting forthcoming disagreement and overlaps by upgrading her epistemic authority

[6]The patients in these extracts produce extended, content-filled turns in other parts of the recording when addressed directly by the companion or doctor.

from the tag question, "wunt yer," to the more assertive declarative, "you would" (line 14), before gazing back to the doctor.

The patient commences a further turn but does not complete it, dropping his head down further as the companion resumes addressing the doctor, using third person to explain she "coax(es) him (0.5) to do things" (line 17).

In both instances where the midturn pronoun switch occurs, the patient briefly contributes to the talk before the companion shifts back to third person and directs her talk about the patient to the doctor. Although the companion's shifts to second person allows for some talk from the patient, her (often overlapping) return to third person and shift in gaze effectively exclude the patient's views about his own symptoms, as he drops out of the talk.

Extract 6 shows that a preferred response to a tag question is not always provided by the patient. However, this does not guarantee inclusivity in the talk as the companion may shift back to third person to prevent a longer turn being produced by the patient. Before the data shown in this extract, the doctor asked the patient "has anything happened with your memory more recently" while gazing toward the patient. The patient states "nothing" has occurred, but the companion disagrees.

6. Patient_108_vacant

```
01 Com: he like- he goes (.) quite ((looks to HCP)) vacant sometimes=I
02      think >this is only my opinion< .h: and (.) he does argue
03      with me a bit ((looks to patient))
04      don't you ['nd nag at me and not like-
05 Pat:           [heh heh well that my opinion against your opinion
06      [it's er-
07 Com: [yeah] but .hh. you didn't used to be,=.h((looks to HCP, raises
08      arm)) and like he said about his memory he has been-((leans
09      forward)) like if I sent him for three things for shopping he'd
10      come back with two
```

The companion produces a third person complaint about the patient, stating "he goes quite vacant" and "he does argue" (lines 1–3). The companion downgrades her negative assessment toward the end of her turn with the epistemic downgrade "this is only my opinion" (line 2) and the minimizer "a bit" (line 3). She also shifts her gaze to the patient and uses the second person tag question "don't you", which directs her talk to the patient and seeks his agreement, further downgrading her assessment. However, rather than concluding her turn to allow the patient space to speak, the companion continues, "nd nag at me and not like-."

This, in turn, is cut off by the patient's response, which projects disagreement (line 5): delayed by laughter and well-prefaced, it is produced in overlap with the companion's talk, "well that is my opinion against your opinion" (Heritage, 2015; Pomerantz, 1984). The companion then disagrees with the patient via second person, "yeah but .hh. you didn't used to be-" (line 7). As this is delivered, the companion shifts her gaze back to the doctor and cuts her turn off; to fit the preceding sequence, a verb or adjective needs to follow this "be" but is absent here. She continues with an in-breath and a return to third person, "and like he said about his memory," addressing the doctor and closing off the disagreement sequence between her and the patient.

Thus, although second person "you" can and typically is used to select the next speaker, if used in a midturn pronoun switch from third person to second, then back to third person, it becomes more of a tokenistic approach to inclusion, getting the patient to agree with the companion's assessment or description before the companion returns to directing talk to the doctor.

Inclusive use of third person pronouns and midturn pronoun switching

Like any bit of turn design, the use of third person pronouns, and/or midturn pronoun switching, is not inherently exclusionary. Depending on the sequential context, they can be employed by the companion

in a collaborative manner. Third person is used in an inclusive manner by companions in instances where the doctor directs a query to the patient, the patient responds, then the companion supplements this with further information or clarification. Sequentially, the companion's talk is responsive to the patient's turn; talk by both patient and companion is directed to the same recipient; and the companion's talk is on the same topic as that covered by the patient.

Extract 7 demonstrates these features. Prior to the start of this extract the doctor asked the patient about the last incidence of her memory failing. The patient provided an example, then complains of feeling "daft" due to her memory issues but designs her turn to distance herself from such feelings. The companion expands upon the patient's point by detailing how the memory problems affect her mother, employing third-person pronouns and midturn pronoun switching in a collaborative manner.

7. Patient_105_bingo

```
01 Pat: it's so embarr[assing cos you-
02     ((looks at companion then back to HCP, leans forward))
03 Com:               [((holds hand out towards patient))
04 Pat: you feel daft
05 HCP: ((smiles)) huh huh
06 Com: ((puts finger on patient's shoulder, raises arm)) but (.) I think
07      (2.1)/((looks up, hand in fist, thumb toward patient)) you get-
08      ((looks to HCP, opens hand)) mum gets very flustered
09 HCP: ((nodding)) mm hmm
10 Com: <when> she has to (0.3) arrange anything so I think (.) that
11      causes problems (.)((looks to patient))
12      I think the most significant .h (0.9) thing recently that
13      [you've told me about was- was] (0.5) when you play bingo.
14 Pat: [((nodding gazing away, body oriented between HCP and companion))
15 Com: ((looks to HCP)) she's been going [to a- a
16 HCP:                                   [mm hmm
17 Com: a local bingo not a >proper bingo club<
18 HCP: [yeah
19 Com: [but] just the local community (.) [for] older people
20 Pat:                                    [yeah
21       (0.4)
22 Com: .h and she plays (.) bingo (0.8) .h and she's not (.) able to s-
23                      [carry on any longer she can't keep up
24 Pat: ((looks at HCP)) [I can't keep up with the numbers anymore
25      ((looks down))
26 Com: with it=she plays five cards at [a time
27 HCP:                                 [okay mm hmm
28 Com: and so she asked the man to go [slower,] (.).h and he said he
29 Pat:                                [((nods))
30 Com: couldn't possibly go any slower so [she's had to stop going
31 HCP:                                    [mm hmm                  okay
32 Com: because she's embarrassed so that's quite a significant change=
33 HCP: =and this is something which has happening (.) [recently=
34 Com:                                                [recently=
35 Pat: =yes
36 Com: a couple of weeks
37 HCP: okay
38 Pat: it's only three weeks since I stopped going because er I go and
39      sell tickets
```

On line 1, the patient externalizes her embarrassment about her recollection problems via the impersonal third person pronoun "it" ("it's embarrassing") rather than claiming that she is embarrassed. She continues with "cos you- you feel daft" (lines 1–4). This "you" is another impersonal (second person) pronoun because it refers neither to the doctor or the companion, but rather to everyone. It locates the embarrassment as a shared external experience, not something that she has caused, nor that originates in her, which the first person "I" might do (Myers & Lampropoulou, 2012). She thus attempts to distance herself from the negative associations of having a memory disorder.

The companion supplements the patient's talk with further details (lines 6–11), initially addressing the patient directly with a second person pronoun, "you get" (line 7), before repairing to third person, "mum gets" (line 8). This aligns and empathizes with the patient's externalization of the issues by avoiding directly addressing the patient and redirecting talk to the doctor. The companion also withdraws her gaze from the patient at this delicate point about her mum getting "flustered" (line 7).

The companion switches back to second person, "that you've told me" (line 13), and points to the patient when introducing an example of getting flustered the patient had reported to her. This places the provided information in the patient's epistemic domain, minimizing the companion's own epistemic authority by alluding to the patient's expressed views (Stivers et al., 2011). It defers to the patient's prior claim to the information and invites her involvement in the talk. Although the patient does not take a verbal turn-at-talk here, she nods (line 14), which the companion treats as a continuer.

The companion switches back to third person (line 15), addressing the doctor as she provides further context, "she's been going to a- a- a local bingo" (lines 15–17). The patient provides a minimal response "yeah" in confirmation while gazing slightly away from the other participants (line 20).

Once the companion begins to explicitly report the problem on lines 22–23, the patient immediately comes back into the talk in overlap, directing her gaze to the doctor, "I can't keep up" (line 24) to report the crux of the issue herself, demonstrating her monitoring of the talk. The companion echoes her in line 23, "she can't keep up," using a third person pronoun but supporting the patient's contribution through repetition.

After the patient withdraws her gaze again (line 25), the companion expands on the context of the patient not "keep(ing) up" using third person (lines 26–32) and concludes the telling, relating it back to the patient's prior reported feeling of embarrassment in line 1 by repeating "she's embarrassed" (line 32).

This collaborative approach and orientation to the patient's talk involves the patient in the interaction and subsequently enables the patient to continue contributing to the talk (lines 35–39) despite the companion's use of third person. Through pronoun switching and a collaborative use of both second-person pronouns and third-person pronouns, the companion treats the patient as having agency, including her in the talk while offering context that the patient has omitted.

What differs between the inclusive use of third person and pronoun switching seen here and Extracts 1, 2, 5 and 6, are the different resources used by the companion that aid in maintaining the patient's involvement. The companion's talk in Extract 7 more often follows a patient's turn and is responsive to that turn, expanding on it to the point of repeating some of the content of it, and follows the patient's externalization of the issues. The companion also relinquishes her turn when the patient commences further talk. These approaches are not seen in the third person or midturn pronoun switching extracts, where the companion instead follows their own topic of talk or uses third-person pronouns to cut off the patient's talk rather than respond directly to it, disregarding the content of the patient's turn.

Discussion

When making decisions during hospital appointments, it is important for all participants to be given the opportunity to take a turn-at-talk. We examined how pronoun usage in triadic talk with patients living with dementia can either promote or discourage talk, including or excluding them from interaction. We show that second person "you" is often — but not always — used in a more inclusive

way, yet third-person "he/she" often results in exclusion, although it depends on where in the sequence the pronouns, and any accompanying embodied features of interaction, are used.

Second person pronouns

We demonstrated that use of second person "you," in conjunction with gaze and/or the content of the turn, involves patients with dementia in talk by selecting them as the next speaker, promoting their participation in the talk.

The patient's increased participation in talk when referred to with second person pronouns may be because second person explicitly nominates the patient with dementia as the next speaker, and not the companion or doctor. This reduces the likelihood others will take a turn, providing space that may be needed to mitigate potentially slowed cognitive processing. Although there may still be a decrease in the overall involvement of the patient with dementia in healthcare interactions when a companion is involved (Dooley et al., 2015), use of second person can provide increased opportunities for patients to take a turn should they choose to. With consistent use of second person pronouns over multiple turns, the person with dementia would contribute more and with increased content in their turns, and their turns were oriented to more by the companion and doctor.

It should be noted that second person is not necessarily collaborative in and of itself; its use has to be also treated by the patient as inclusive through them taking a turn-at-talk. People with dementia can still communicate with only minimal responses (Perkins et al., 1998) or gestures, although patients with more severe or language-led dementias may face difficulty in responding to even the most inclusive/collaborative talk. Provided that the person with dementia's turns following the use of second person pronouns (or any practice) are then oriented to by their co-participants, the patient is then included within the interaction; their voice is heard.

Third-person pronouns

Companions' use of third-person "he/she," can exclude patients with dementia from the interaction. Sometimes, the companion does not respond to a patient's request for assistance, instead using third person to address the doctor and talk about the patient with dementia; additionally, the companion and doctor may use third person even when the patient is attempting to contribute to the talk. Using "he/she" means that the companion talks about, not to, the person with dementia, thus limiting their opportunity to speak (and sometimes ignoring them even if they do so).

Within these consultations, the doctor varies whom they address questions to, using both pronoun choice and gaze to select the patient, companion, or possibly both participants as the next speaker. This may influence the pronoun used in the next-speaker's response; for example, if the doctor addresses a query to the companion using third person to refer to the patient, the companion may mirror this pronoun usage and talk about the patient.

In our data, doctor's third person pronoun usage does not preclude companion second person pronoun usage; in other words, the companion may choose to respond using second person pronouns to bring the patient into the response. In extracts where companions respond with second person pronouns addressed to the patient, the patient contributes more than when third person pronouns are used. This shows how companion pronoun usage can influence the inclusivity of the interaction, which has ramifications for decision-making that our future work will investigate in more detail.

Third person may be used by to the companion, in their role as professional advocate (Dooley et al., 2015); the companion may utilize third person to direct talk to the doctor rather than the patient, in order to not tell a knowing participant something they already know (Sacks, 1973, p. 139). Furthermore, there may be instances where doctors and companions repair the person with dementia's talk to provide accurate medical information to the healthcare professional when the patient has confabulated (Landmark et al., 2021; Lindholm, 2015). Third person may more covertly correct and mitigate the impact of companions' other-repairs of inaccurate turns when compared with direct address, but, as noted by Landmark et al.

(2021), this usage is exclusionary in nature. With consistent use of third person across turns, the patient would contribute less, and their turns are less attended to by other participants.

As shown in Extracts 3 and 4, it is possible to produce any missing or inaccurate information collaboratively using second person, through the companion assisting the patient with dementia to co-produce the informing. As these consultations pertain directly to the patient, they have the firsthand rights to the knowledge about themselves and their experiences, even though the epistemic status of a person with dementia can fluctuate (Landmark et al., 2021; Lindholm & Stevanovic, 2022), using second person to collaboratively provide information as a dyad acknowledges this epistemic right (Heritage, 2013). To instead use third person to talk about the patient with dementia treats them as not capable of providing information about themselves, which may negatively impact the patient's autonomy and possibly their well-being (Menne & Whitlatch, 2007).

Midturn pronoun switching

Midturn pronoun switching from third to second person can briefly include the person with dementia in talk, but typically, within this data, limits them to the production of a minimal response and is thus only tokenistically inclusive.

This contrasts with Nilsson et al.'s (2018) findings, which argued that pronoun switching, in conjunction with embodied interaction, can include persons with dementia by providing a turn space for them to contribute to the interaction. In our data, companion's pronoun switching often, although not exclusively, occurs in conjunction with a tag question that performs the switch to second person. While this opens the floor, it can limit the person with dementia to a specific type of response, since tag questions have a strong preference for a minimal response of primarily agreement with the companion's turn, that lacks any additional communicative content (Heritage, 2002). While the tag does not necessarily constrain the participant to only a "yes/no" alternative, when patients with dementia begin to disagree and produce further talk following a tag pronoun switch in our data, companions revert to third person to talk about the patient, disregarding any further talk from them. We found that there is a distinction between using the pronouns and switching the pronouns mid-turn. While mid-turn pronoun switching may be an attempt by the companion to include the person with dementia, like Nilsson et al. (2018) suggest, we found that the level of involvement by the patient and orientation to the patient was reduced when compared with the prolonged use of second person pronouns.

Inclusivity in third person pronouns and pronoun switching

Importantly, we found that the inclusivity of third person pronouns and mid-turn pronoun switching is dependent on the sequential context. If the companion uses third person *after* a patient's response to a doctor, the talk supports the person with dementia and is more collaborative than when produced *prior* to their turn. This is because the talk is responsive to the patient's turn, supplementing what the patient has said rather than saying it for them.

The use of pronoun switching in response to the patient's talk without it being in a tag question format also enables a more open response from the patient, as they are not as limited as they would be by the preference structure of a tag question. Furthermore, without the return to third person, the floor then remains open for the person with dementia to continue talking.

Limitations, future work & implications

The people with dementia in this dataset are attending their initial memory clinic assessment, so we do not examine how pronoun usage and patient input may change as dementia progresses. Nor do we know how communication may differ outside of the diagnostic assessment. We have limited detail on patient levels of severity, as shown in Table A1. There may be links to how severe a dementia appears based on the linguistic practices used. It may also be that some practices for inclusion may work for

a limited time, but alter during the later stages of dementia. Future work could examine these outstanding concerns.

This work is the first step in examining how persons living with dementia can be supported to make decisions in triadic healthcare interactions as their dementia progresses. Pronouns have been shown to be important devices that can support or undermine a patient with dementia's inclusion within talk and determine who talks when. To ensure the views and choices of patients with dementia are heard, we would encourage the use of second person and the inclusive use of pronoun switching and third person, as demonstrated here, to support or scaffold the response of a person with dementia when seeking their perspectives and opinions on their medical care. This appears to be the best option to promote inclusivity within talk.

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ORCID

I. L. Windeatt-Harrison http://orcid.org/0000-0002-6657-4723
T. Walker http://orcid.org/0000-0002-2583-7232
S. M. Bell http://orcid.org/0000-0002-2781-6478
D. Blackburn http://orcid.org/0000-0001-8886-1283
J. M. Dickson http://orcid.org/0000-0002-1361-2714
A. Wardrope http://orcid.org/0000-0003-3614-6346
M. Reuber http://orcid.org/0000-0002-4104-6705

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APPENDIX A

Table A1. Demographics and Addenbrooke's cognitive examination (ACE-R) results of the patients in this study (lower number equates to greater severity of dementia).

Participant Number	Age	Sex	Companion Relationship	ACE-R Score (Total/100)
017	69	M	Husband-Wife	28
043	61	F	Wife-Husband	80
048	60	F	Wife-Husband	38
056	50	F	Wife-Husband	54
083	65	M	Partner-Partner	73
084	58	F	Mother-Daughter	80
089	64	F	Wife-Husband	87
096	73	M	Husband-Wife	72
100	61	F	Wife-Husband	60
102	77	F	Wife-Husband	25
105	82	F	Mother-Daughter	62
107	69	M	Husband-Wife	75
108	70	M	Husband-Wife	77
110	53	F	Partner-Partner	62
111	51	M	Partner-Partner	66
112	61	F	Wife-Husband	53
114	71	M	Husband-Wife	47