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Slocombe, Felicity , Peel, Elizabeth , Pilnick, Alison  and Albert, Saul (2024) Reminiscence respecified: a conversation analytic examination of practice in a specialist dementia care home. *SSM - Qualitative Research in Health*, 6. 100462 ISSN 2667-3215

DOI: <https://doi.org/10.1016/j.ssmqr.2024.100462>

Publisher: Elsevier

Version: Published Version

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Additional Information: This is an open access article which first appeared in *SSM - Qualitative Research in Health*

Data Access Statement: In order to protect participant confidentiality, supporting data cannot be made openly available.

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Reminiscence respecified: A conversation analytic examination of practice in a specialist dementia care home

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ARTICLE INFO

Keywords:

Communication
Conversation analysis
Dementia care
Reminiscence
Reminiscence therapy

ABSTRACT

Although discussion of reminiscence is prevalent in dementia care research, few studies have examined what actually occurs in these interactions, and how they are structured. This study examined how reminiscence activities are structured and negotiated in a care home environment. Informal one-to-one reminiscence interactions between people living with dementia and professional carers were transcribed from a larger video dataset. We used Conversation Analysis to examine reminiscence sequences in a novel relational approach that explored the interactional practices used by carers and people living with dementia. We identified divergences between manualised practice recommendations and observed interactional practices, such as the rarity of open questions, and frequent use of closed questions. This was contrary to current practice recommendations. These and other divergences demonstrate the value of interactional research in informing reminiscence practice and training manuals. By examining how reminiscence operates in practice, our approaches to conducting such activities can be more empirically informed. Our findings can be used to advise and guide those doing reminiscence work in care home settings, and improve the inclusiveness of reminiscence interactions. Through incorporating empirically informed techniques that both carers and people with dementia use in practice, we can facilitate interactions around memories which are supportive of people with dementia's identity.

1. Introduction

There are around 920,000 people living with dementia in the UK (Wittenberg et al., 2019), and approximately 70% of UK care home residents have dementia or severe memory problems (Alzheimer's Society, 2023). An important focus of dementia care practice is person-centred care (Brooker, 2004). Kitwood (1997) defined person-centred care as "a standing or status that is bestowed on one human being by others in the context of relationship and social being. It implies recognition, respect and trust" (p. 8). Person-centred care therefore foregrounds relationships and interpersonal communication in dementia care (Kitwood, 1988; Kitwood & Bredin, 1992). Reminiscence is the activity of prompting and recalling life experiences and can be used to relive past feelings and experiences (Age Cymru, 2014; Arigho, 2011; Schweitzer & Bruce, 2008). As an activity reminiscence can take on many forms, such as sharing a past story with a group (e.g., an

anecdote) or looking through personal photographs with a care partner or family member. Reminiscence can involve other senses as well such as sound (e.g., music, household appliances), touch (e.g., garments or old technologies), taste (e.g., foods and drink), smell (e.g., perfumes or cleaning products) and movement (e.g., dance or exercise) (Arigho, 2011).

Reminiscence and reminiscence therapy¹ are often linked in training manuals to person-centred (Arigho, 2011; Gibson, 2011; Reminiscence Network Northern Ireland, n.d.; Schweitzer & Bruce, 2008) or relationship-centred care approaches (Age Cymru, 2014). Reminiscence and reminiscence therapy can be considered activities as part of person-centred care by drawing on memories pertinent to the individual and reflecting on their life (Macleod et al., 2021). Additionally, one-to-one reminiscence, or reminiscence therapy can be used as a resource for personalising care planning by reminiscing about the person with dementia's memories and the things that matter to them

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¹ Reminiscence is not necessarily facilitated by someone trained in a therapeutic manner. Reminiscence therapy involves a trained professional therapist (Gibson, 2011), although amount of training has been found to vary from 2 h to three months (Macleod et al., 2021).

<https://doi.org/10.1016/j.ssmqr.2024.100462>

Received 21 September 2023; Received in revised form 29 May 2024; Accepted 16 July 2024

Available online 20 July 2024

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(Woods et al., 2018). This is posited as being important as “understanding a person’s past history is crucial to providing person-centred care” (Brooker, 2007, p. 89).

Reminiscence is conceived in academic literature (Chiang et al., 2010; Macleod et al., 2021; Swann, 2013; Woods et al., 2018) and training manuals (Age Cymru, 2014; Arigho, 2011; Gibson, 2011; Reminiscence Network Northern Ireland, n.d.; Schweitzer & Bruce, 2008) as positively impacting identity, wellbeing, and communicative ability. For example, Chiang et al. (2010) found a significant positive short-term effect of reminiscence therapy on wellbeing, depression and loneliness for elderly people living in care homes at three months follow-up when compared to a comparison group. However, there is limited evidence for statistically significant changes in cognition and quality of life outcomes for people with dementia after participating in reminiscence (e.g., Lai et al., 2004; Pinquart & Forstmeier, 2012) and reminiscence therapy (e.g., Subramaniam & Woods, 2012; Woods et al., 2018) interventions.² This is perhaps due to variation in delivery of reminiscence interventions³ (Woods et al., 2018). Additionally, reminiscence interventions are often developed specifically for the purposes of the research being conducted; consequently, they may reflect how we think reminiscence should look and not reflect actual care practices and contexts. In our research, reminiscence practices that would ordinarily occur without the presence of researchers were observed. Furthermore, the evidence base for reminiscence training manuals is often experiential rather than empirical (Age Cymru, 2014; Arigho, 2011; Gibson, 2011; Reminiscence Network Northern Ireland, n.d.; Schweitzer & Bruce, 2008). Whilst an experiential practitioner perspective is important, it can overlook interactional nuances unnoticed by interlocutors in-the-moment.

One area of contention in supporting and facilitating reminiscence activities is that of open and closed questions. An example open question is: ‘what did you like about school?’, and an example closed question is: ‘did you like school?’ (Arigho, 2011). From the design of the open question, a response could describe multiple different things liked about school, whilst the closed question prefers a short response – a yes or no. In reminiscence training manuals, understanding around the use of open and closed questions are outlined, and some examples can be seen in Table 1. In the manuals examined, open questions are typically positioned as positive and closed questions as generally negative or only valid for obtaining basic information. Outside of a reminiscing context, open questions have been shown to be difficult for people with dementia to navigate. In their paper examining how healthcare practitioners close consultations in the acute hospital setting, Allwood et al. (2017) found open questions such as: ‘is there anything else I can help you with?’ often resulted in displays of non-understanding. Although they found that training does recommend using open questions to give people with dementia the opportunity to raise any other issues in the closing stages of an interaction, this question design can be difficult to respond to as it contains no topic clues or boundaries to help the recipient to produce a relevant answer. This shows the importance of context-specific training since ostensibly inclusive practices can sometimes lead to interactional trouble rather than supporting people with dementia.

From the research of Allwood et al. (2017) and from reading Table 1, we can see the presence and absence of the consideration of interactional nuance and context. Communication is a relational, multi-way street (Condit, 2006; Manning, 2020), and everyone can be supported

² See Middleton and Buchanan (1993) for a discourse analytic approach to the formulation of reminiscence work as a ‘therapy’ or not and what this means for the importance of different forms of evidence (i.e., anecdotal or demonstrated benefits).

³ Reminiscence work and therapy can take the form of group or one-to-one sessions, be structured or unstructured, inclusive or exclusive of different forms of prompts and activities and take place in different interactional settings such as care homes and support groups.

Table 1
Reminiscence training manuals discussing use of open and closed questions.

Manual referenced	Open questions	Closed questions
Arigho (2011)	“An open exploratory style of questioning is more effective than a closed inquisitorial style.” (p. 19)	“Closed questions are valid for obtaining basic information, but people need the opportunity to enlarge upon this should they want to.” (p. 19)
Age Cymru (2014)	“[Open questions] provide opinions and feelings, they ask the respondent to think and reflect, they hand control of the conversation to the respondent.” (p. 7)	“[Closed questions] provide facts, are quick and/or easy to answer, allows the questioner to maintain control of the conversation.” (p. 6)
Reminiscence Network Northern Ireland (n.d.)	“Ask open ended questions but don’t barrage them with questions.” (p. 13)	“Closed questions invite only a short answer, perhaps one word e.g., did you go to school in Belfast? Answer ‘No’.” (p. 40)
Gibson (2011)	“[Open questions] invite descriptions and elaboration of memories of events, places, experiences, relationships, things and feelings. The person answering the question decides what to say or not say. The choice is theirs.” (p. 90)	“Closed questions tend to feel like a cross-examination. Save such questions for filling in later details or expanding a story once the discussion sparked by open-ended questions is flowing freely.” (p. 90)

(or not) through relationships (Peel & Harding, 2015). Subsequently, we need a research approach which accounts for this.

We can complement reminiscence training manual and intervention development through the methodological approach of Conversation Analysis (CA; Sidnell & Stivers, 2012). CA is an analytical and theoretical, predominantly qualitative, approach for studying social interactions (Hoey & Kendrick, 2017). It involves recording, close observation and repeated viewing of recorded naturalistic interactions alongside detailed transcripts of the interaction (Schegloff & Sacks, 1973). The benefits of naturalistic datasets, as opposed to datasets collected through experimental manipulation, simulated or scripted interactions, are that interactional processes have not been interfered with, or oversimplified, as this can produce misleading representations of interaction (Clayman & Gill, 2012; Stokoe, 2013).

Using naturalistic data such as recordings of interactions in health-care settings, allows CA researchers to closely examine the structure of talk, for example, turn-taking, pauses and intonation (Hoey & Kendrick, 2017). Through analysing interaction in minute detail, embedded in its interactional context, conversation analysts can demonstrate how interactional actions are achieved, such as negotiating a situation where one party may not be able to recall a shared memory (Slocombe et al., 2024). By looking at actual interactions in detail, we “can yield empirically grounded results at variance with our common-sense intuitions about how some action is accomplished” (Schegloff, 1996, p. 169). For example, where we may think a specific interactional practice, such as an open question, is preferable to a closed question, detailed analysis of recordings of naturally occurring interactions may be able to reveal nuances not noticeable at the time or enable patterns to be discerned across multiple interactional sequences. This approach expands upon previous research using epistemic discourse analysis (Hamilton, 2019, 2020) and a discourse analytic approach informed by CA (Buchanan & Middleton, 1995), to sequentially analyse in detail, the interactional practices used by carers and people with dementia at different stages of reminiscing sequences to inform the evidence-base for reminiscence practice. CA is well attuned to understanding such practices: the ways participants collaboratively construct shared understanding, manage misunderstandings, and accomplish various social actions.

Through a CA approach, person-centred care, can be viewed as something which is continually being (re)constructed through interactions with others. This makes person-centredness a relational and interactional achievement of both people with dementia and their conversation partners (Webb, 2017). In this study we utilise CA to study the interactional practices used to initiate, progress and close sequences of reminiscing by carers and people with dementia during video recordings of real-life reminiscence activities. Within CA many elements of interaction can be studied. In our analysis, the cross-cutting preferences of progressivity and intersubjectivity in CA are foregrounded. Progressing, or progressivity, is about moving through an interaction without any interactional disruptions, and there is a preference for this in interaction (Schegloff, 2007). This means that if there is an opportunity to continue the interaction without needing to repair or clarify anything, this is preferable to having to interrupt the interactional flow. However, sometimes progressivity may be interrupted by another interlocutor if there is an issue of intersubjectivity (shared understanding; Heritage, 2007). Intersubjectivity between interlocutors is vital for interactional progressivity, but an interlocutor can highlight a lack of intersubjectivity if they have an issue with hearing or understanding another interlocutor. This can easily happen in a busy interactional environment (Young et al., 2011b), such as in this research, which takes place in the communal living room of a care home. However, this can also happen in optimum interactional environments (i.e., those with no surrounding distractions) if a person does not understand what has been said.

Interactional progressivity and intersubjectivity can have implications for how people with dementia are viewed as 'competent' speakers, potentially impacting upon their identity (Slocombe et al., 2024; Williams et al., 2019). To decrease likelihood of issues with intersubjectivity and to maintain progressivity, interlocutors can design their talk to prefer a specific answer; for example, an invitation prefers an acceptance (Sacks, 1987). The designing of talk for maintaining progressivity has been found in other settings involving interactions with people with dementia where intersubjectivity may be an issue (e.g., Pilnick et al., 2021; Slocombe et al., 2024). Slocombe et al. (2024) showed how designing talk for progressivity could make it easier for people with dementia to be involved in interactions about shared memories as opportunities for misunderstandings are reduced. Interlocutors can respond to a question designed for agreement with disagreement (a dispreferred response), but they may have to account for why they disagree. Pilnick et al. (2021) found that health care professionals who repeat aspects of people with dementia's talk that they understood (whilst not highlighting that which they did not hear/understand) functioned to maintain progressivity without needing to pause to re-establish intersubjectivity in the ongoing interaction. Use of these interactional strategies may help to promote interactional inclusion of people with dementia and support their sense of self as a competent interactant and contributor to shared relational identities (Slocombe et al., 2024).

The study of conversation more generally "not only provides an opportunity to explore the changing needs of people with dementia in conversation, but also, crucially, how others can adapt to these changes" (Kindell et al., 2017, p. 393). Previous CA research has examined the collaborative nature of interaction, illuminating the role of the conversation partner in 'fitting' or adapting their interaction to the current in-the-moment interactional abilities of the person with dementia, rather than viewing communication difficulties to be static or solely the result of dementia symptoms (Jones, 2015; Jones et al., 2016; Lindholm & Wray, 2011; Watson, 1999). CA allows the analyst to view interactional achievements, such as progressivity, and breakdowns, such as those relating to intersubjectivity, as co-constructed, rather than the success or failure of one party (Webb, 2017). However, reminiscence with people with dementia has received little attention in CA research (except: Slocombe et al., 2024; Webb, 2017; Webb, Lindholm, & Williams, 2020; Williams et al., 2019). Webb (2017) discusses how

question-answer sequences during reminiscence can become a test of recall, rather than an interactional space for sharing memories. He suggests that reminiscences could be better achieved by simply sharing memories in a dyad or group (Webb, 2017). Webb and colleagues (2020a) examined the strategies staff members use during quizzes with people with dementia in various support and organised group settings. Staff members and people with dementias' interactional actions were sometimes misaligned – with staff member interactional strategies displaying a preference for progressing and completing the quiz activity – i. e., getting the correct answer and moving onto the next question. This preference from staff could create interactional situations which threaten the competency and identity of people with dementia (Webb et al., 2020).

Williams et al. (2019) examined how people with dementia responded to questions about their personal life memories. They found that when conversation partners framed their questions as 'co-rememberings'⁴ this often prompted reminiscing from the person with dementia. Conversely, interactional trouble was often evident when questions requiring a specific named response were used. For example, 'do you remember ...' type questions can be more difficult to respond to as there is a possibility that the person with dementia might not be able to remember or recall the relevant response (Williams et al., 2019). Importantly, when questions imply a person does not have access to their own memories, they can become face-threatening (Goffman, 1967) in their allusion to lack of competency of the person, especially before having given them the opportunity to demonstrate their memories of an event in their own life (Williams et al., 2019). Williams et al. (2019) found that conversation partners delicately designed their talk to orient to the topic of conversation as belonging to the person with dementia. Doing so could have been used in situations where there is higher likelihood of forgetting, indirectly prompting reminiscence rather than using direct face-threatening 'can you remember' questions (Williams et al., 2019).

Although this previous research has examined reminiscence in group settings, there is a paucity of CA research examining informal one-to-one reminiscence interactions between carers and people with dementia with the aim of identifying practices used by both parties that could enhance the ecological validity of reminiscence training manuals and interventions. Consequently, this research answers the question: how are reminiscence interactions between people with dementia and carers structured and progressed in a care home environment?

2. Data and method

We report secondary analysis of an existing video dataset, analysed as part of an ESRC funded doctoral studentship. The video dataset was collected by EP in a specialist dementia care home as part of *Dementia Talking: Care, Conversation and Communication* project (e.g., Peel, 2014, 2015) and ethical approval was provided by the Social Care REC. All names are pseudonyms, and participant images have been anonymised through line drawings. Due to the moderate-to-severe nature of the dementia of people living in the care home, personal consultees indicated whether their relative would wish to take part in the study, with 11 out of 12 consultees providing consent. EP visited the care home multiple times before recording began for familiarisation purposes and then filmed in the communal areas only (living and dining rooms and garden), via a handheld video camera. The care home adopted an active co-existence approach to care, creating a family community environment where carers live onsite with residents.

Over nine hours of interactions were recorded, and our analysis is based on all episodes of reminiscing with photo albums and memory boxes, totalling 50 minutes of interactions involving five participants: three professional carers (Sam, Carly and Fay) and two people with

⁴ In the case of this study, the term co-rememberings was used to refer to shared past conversations.

Table 2
Stages of reminiscence activities.

Activity stage	Description
Initiating the activity	Beginning the reminiscence activity, for example by the carer offering to fetch a photo album
Accomplishing reminiscence	Interactions related to objects and memories happen in this stage
Closing the activity	Where the activity is ended, for example because the carer is needed elsewhere

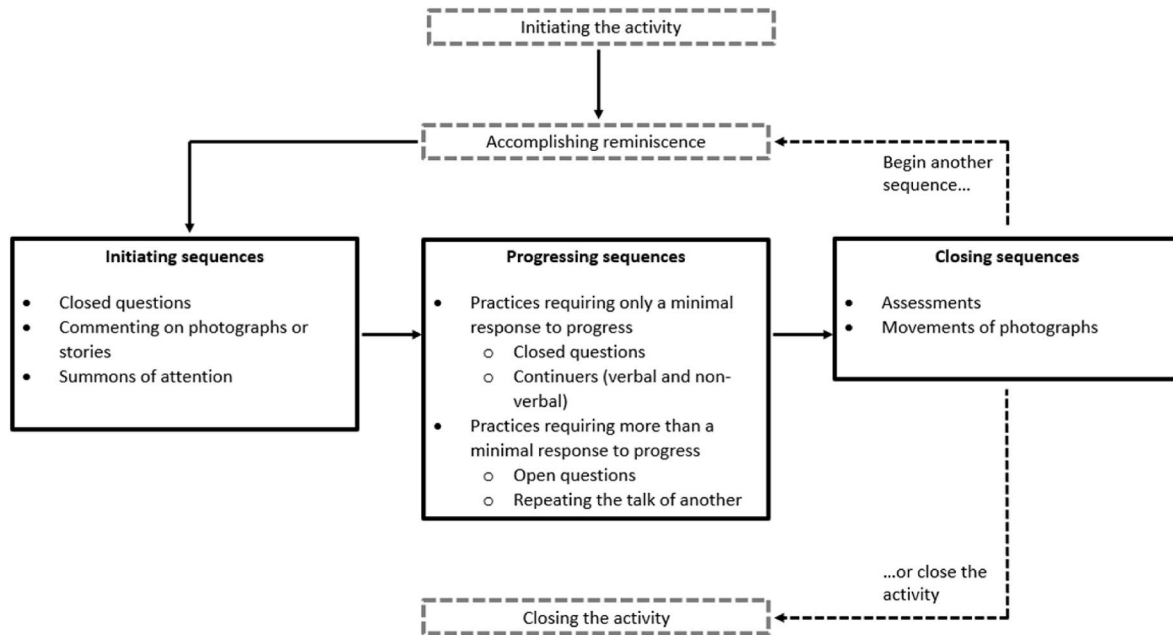


Fig. 1. The structure of reminiscence activities and reminiscing sequences.

dementia (Lynn and Jenna). In their reminiscing interactions, Lynn has a memory box which contains individual laminated photos, and Jenna has a photo album, containing multiple photos in each page of the album. Through our Conversation Analysis, we identified three interactional stages of reminiscence activities, detailed in Table 2:

Within the accomplishing reminiscence stage of the reminiscence activity, sequences of reminiscing happened, which feature an initiating, progressing and closing stage, as explained below in Fig. 1. A sequence of reminiscing was defined as containing one topic of conversation such as one story or photograph. There were multiple sequences of reminiscing in each reminiscence activity in this dataset.

Reminiscing interactions were transcribed by FS using Jefferson’s (2004) transcription system (Appendix 1), to capture features of verbal interaction, and Mondada’s (2018, 2022) multimodal transcription conventions (Appendix 2), to capture features of embodied interaction.⁵ In the context of the busy living area of the care home where it is sometimes difficult to hear verbal interaction, analysing embodied interaction such as gaze, touch and movement allowed us to capture more interactional nuance. While multimodal analysis of reminiscence interactions is not our central focus here, we draw upon multimodal elements of interaction when they are made relevant by participants during reminiscence sequences.

2.1. Analysis

Our analysis specifically examines the practices we identified for initiating, progressing and closing sequences of reminiscing, within

⁵ For more research using multimodal CA to examine interactions involving people with dementia, see for example Ingebrand et al. (2022), Rasmussen et al. (2019), and Majlesi et al. (2021).

reminiscence activities. This is because reminiscing sequences account for the majority of interaction between carers and people with dementia as the overall initiating and closing of reminiscence activities we observed were short. Therefore, the analysis of the initiating, progressing and closing of sequences of reminiscing is where CA can offer most insight in this context. In our analysis we want to illustrate how a CA approach allows us to examine the accomplishment of progressivity and intersubjectivity in interaction as co-constructed, as opposed to assuming they are the success or failure of one party (Webb, 2017). We will use extracts from the dataset to illustrate how practices were used by carers and/or people with dementia, with arrows (→) indicating the lines containing the interactional practices of interest within each extract.

2.2. Initiating a reminiscing sequence

In this section we will detail the practices listed in Fig. 1 which are practices we commonly found for initiating reminiscing sequences. Fig. 1a, Fig. 1b and Fig. 1c reproduce sections from Fig. 1 to foreground the practices we will demonstrate for initiating (Fig. 1a), progressing (Fig. 1b) and closing (Fig. 1c) sequences of reminiscing.

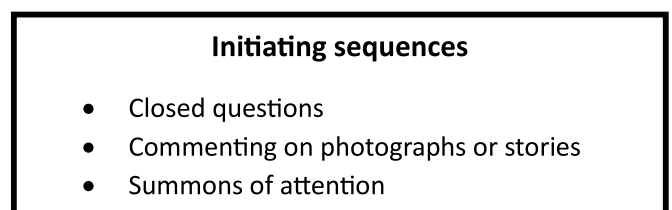


Fig. 1a. Practices we identified for initiating sequences of reminiscing.

1 → FAY: *That looked #fun* didn't it.
 points to paper-
 fig #fig.1



figure 1

2 (0.2)
 3 LYN: Oh it does.
 4 (0.2)
 5 LYN: Y[es it] does.
 6 FAY: [(I::)]
 7 FAY: I bet you used to do that.
 8 LYN: Yes it does.=
 9 FAY: =When you was a °little girl°.
 10 (0.2)
 11 LYN: Yes we did it.
 12 FAY: Yeah?
 13 LYN: Yes and +here.

+points to photo--->>

Extract 1. Lynn (person with dementia) and Fay (carer), care home visit 7, video 18, clip 6.

Whilst the practice of summoning attention was only found in the initiating stage of reminiscing sequences, the practices of closed questions and commenting on a photo or story were also found in progressing reminiscing sequences. These three practices were also used to re-initiate sequences of reminiscing when there was no uptake of the first initiation from the person with dementia. For example, using the same practice of commenting on a photo, but using this to comment on a different photo, in an attempt to re-initiate reminiscing.

2.2.1. Closed questions

Closed questions were commonly used in initiating sequences of reminiscing by all three carers and one person with dementia (Lynn). There were no examples of open questions in initiating sequences of reminiscing. Closed questions were used more widely and diversely: to ask about photographs, who a person was, where a photo was taken, to check understanding, to suggest something (candidate answer), and to ask about abilities ('are you a good swimmer?') and likes ('would you make this?').

Closed questions featured different designs, with some utilising candidate answers and tag questions, and others using WH- questions. Fay's closed questions in [Extract 1](#) and [Extract 1.1](#)⁶ feature suggested, or candidate answers (e.g., 'that looked fun') plus a tag question (e.g., 'didn't it').

In both [Extract 1](#) and [Extract 1.1](#), Fay's closed questions are designed for Lynn to say 'yes' in agreement with the candidate answers, and the tag questions in this context further prefer agreement/confirmation as the response ([Stivers, 2010](#)). In lines 3 and 5 in [Extract 1](#), and line 4 in [Extract 1.1](#), Lynn provides this agreement. In [Extracts 1.2](#) and [1.3](#) closed questions beginning with WH- (namely 'where ... ') are used to ask about where something is, preferring a place name as a response.

In [Extracts 1 to 1.3](#) the closed questions are designed for different purposes – either to prefer an agreement or to prefer the production of a place name. In the instance of both closed question designs (lines 3 and 5 in [Extract 1.2](#) and line 1 in [Extract 1.3](#)), the outcome is that reminiscing can be initiated. In [Extract 1.2](#), Lynn's closed question highlights she cannot provide an answer to a question about her own photograph. In this instance, Sam is able to read details written on the back of the photograph. If this information was not on the photograph, and Sam did not know who the people in the photo are, progressivity would be halted. Consequently, WH- questions may require more knowledge or memory of a photograph in order to produce a relevant response. Whereas questions containing candidate answers and tag questions could provide more structure for a question response ([Slocombe et al., 2024](#)).

2.2.2. Commenting on photographs or stories and summons of attention

These practices will be described together as although they differed in the way they constrained the response from the other interlocutor, they functioned in a similar manner. The practices themselves describe the action they achieve: comments on photographs or stories verbalise

⁶ [Extract 1](#) and [1.1](#) are from the same video recording with [Extract 1.1](#) (Clip 1) happening earlier in the recording than [Extract 1](#) (Clip 6).

1 → **FAY:** That's the Queen's favourite castle that is
 2 isn't it.
 3 (0.2)
 4 **LYN:** +Yes it does.
 +moving photo of castle----->>
 5 (0.5)
 6 **LYN:** I- I- I- It's lovely.
 7 (0.2)
 8 **LYN:** I- I- I †do like that† I do.
 †gaze to FAY-†
 9 (0.3)
 10 **LYN:** (It was one of them).
 11 **FAY:** You do like those.
 12 **LYN:** Yes.

Extract 1.1. Lynn (person with dementia) and Fay (carer). Care home visit 7, video 18, clip 1.

1 **LYN:** +That was in-
 +holding a photo upside down----->
 2 (0.3)
 3 → **LYN:** now +*where is this °was°.
 --->+
 sam *turns photo around the right way-->
 4 (0.4)
 5 → **LYN:** *Where this was?
 >*
 6 (1.2)
 7 **LYN:** °I don't know what° I don't know what=
 8 **SAM:** =*John and Sarah on holiday in Torquay.*
 reading from photo-----
 9 **LYN:** †Oh right. heh
 10 (0.3)
 11 **SAM:** That's in Devon.
 12 (0.3)
 13 **LYN:** () (+°forty-two°.+)
 +smiles-----+
 14 **SAM:** Ah huh

Extract 1.2. Lynn (person with dementia) and Sam (carer). Care home visit 6, video 2, clip 4.

an observation (e.g., “cheeky smile”), whilst summons of attention indicate something of interest in a photograph (e.g., “Ooo look”). As a result of commenting or summoning attention, joint attention between interlocutors on the same topic can be established (Marstrand & Svennevig, 2018), which is essential for interaction to occur (Kidwell & Zimmerman, 2007). Participants employed various techniques to summon attention and comment upon a photograph or story. While commenting on a photo or story was predominantly initiated by one person with dementia (Lynn) and all three carers, summoning attention practices were predominantly employed by carers and occasionally by Lynn. Comments can be used to initiate summons of attention by drawing

attention to something without asking questions. This was often paired with using the recipient's name (“Oh Lynn”) or naming someone in the photo (“Look at David look”). Summoning attention was also coupled with closed questions, as can be seen in line 1 of [Extract 1.3](#) above. Both practices often coincided with a non-verbal gesture such as pointing to/holding a photograph (see [Extracts 2, 2.1, 2.2](#)). Directives to move gaze towards a photograph were common in both summoning attention and commenting on photos or stories, as exemplified in [Extract 2](#), where Carly both summons attention to a photograph and comments on it.

At line 1 Carly summons Jenna's attention, and at line 3 she again summons attention and comments on the photo, whilst also pointing to

1 → SAM: Oh Lynn, *look at this, where's this?:
 *picks up photo, holds up to LYN-->>

2 (0.6)

3 LYN: Ooh yes yes.

4 (0.2)

5 SAM: •(Waldorf).
 •gaze to LYN--->>

6 LYN: Mol- Moldova.

7 (0.2)

8 LYN: Do you know where () is?

9 SAM: I've never been there no.

10 (0.2)

11 LYN: Oh well in that case (.) I could (show you).

Extract 1.3. Lynn (person with dementia) and Sam (carer). Care home visit 6, video 2, clip 9.

1 → CAR: *Ooo: loo::k.*
 >>*turning page of photo album*

2 †(1.8)

jen †gaze to left page of photo album----->

3 → CAR: *Look at David† there* •with his +cheeky smile?+
 points to photo---- •gaze to JEN----->>

jen ----->†gaze to photo CAR points to---->>

jen +slight smile-+

4 (1.9)

5 CAR: •Got a cheeky grin.
 ->*gaze to photo--->>

Extract 2. Commenting and summoning attention. Jenna (person with dementia) and Carly (carer). Care home visit 1, video 4, clip 1.

it. Jenna's response is minimal in the form of turning her gaze to the photo Carly points to, and a slight smile forms on Jenna's face, suggesting recognition of the person in the photo (David). Although the response from Jenna is minimal, the practices of summoning attention and commenting result in Jenna expressing an emotional response to the photo.

In [Extract 2.1](#), a person with dementia (Lynn) comments on her own photograph, linking this to something happening on Thursday.

In [Extract 2.1](#) Lynn leads the initiation of a reminiscing sequence by verbally commenting upon and pointing to a photo. In response, carer Sam provides confirmation (line 3), and Lynn continues her reminiscing in relation to the photo – that something relating to the photo will be happening this Thursday. Again, Sam agrees, building his talk as something they should collectively remember, and Lynn subsequently agrees with this. In this instance a person with dementia's comment upon their own photograph for initiating a reminiscing is supported by the carer in entering the memory with the person with dementia and providing turns which agree with the ones from the person with dementia. This facilitates the initiation from the person with dementia to continue a sequence around the identified topic.

In [Extract 2.2](#), Sam summons Lynn's attention, using her name and holding a photo up to her, without commenting on it.

]

At line 4 Lynn responds to Sam's summons, turning her gaze to the photograph and responding 'Yes'. At lines 6 and 10, Lynn's reminiscing talk begins, displaying her recognition of the photograph. The summoning of attention suggests that Sam has knowledge of the photograph and its relationship to something significant from Lynn's past. In her earlier life, Lynn was a teacher and this photograph, although not visible to us, could be a photo of some of the children she taught or a school she worked at.

Collectively, the practices of summoning attention and commenting on a photo/story provide a topic initiator from which reminiscing sequences can commence. We have demonstrated how these two practices may promote different responses; whilst comments may frame interaction around the topic of the comment (such as Carly's comment about David's smile), summons of attention frame interaction in a more open manner where a relevant response could be anything to do with the photograph (such as in [Extract 2.2](#)).

1 → LYN: Or whether we should- +oh no that's †on Thursday.+
 +points to photo-----+
 †gaze to SAM-->

2 (0.2)

3 SAM: †Right.
 lyn ->†

4 LYN: It'll be this Thursday.

5 SAM: We'd best remember th[at.

6 LYN: [(Tha-) That's right.

7 (.)

8 LYN: That's right.

9 (0.3)

10 LYN: So these are (.) It's- it's very good to see-
 11 +(where) you could put that in there.
 +trying to slot photo into the pile----->

12 (0.2)

13 LYN: (You can hold) it.

14 (0.2)

15 LYN: I've just put it on for a minute.

16 (.)

17 LYN: And that- I just put (.) +*this (or for that).*
 ----->+
 sam *reaches hand twrds photo,
 folds down corner to make it easier to slide it in*

18 SAM: °There you go.°

Extract 2.1. Commenting on a photograph. Lynn (person with dementia) and Sam (carer). Care home visit 6, video 2, clip 7.

2.3. Progressing the sequence of reminiscing

In progressing reminiscing sequences, practices were observed as listed in Fig. 1b, differentiated by those requiring a minimal or more than minimal response to progress the conversation.

2.3.1. Practices which require only a minimal response to progress the interaction

There were two minimal response practices in these data: closed questions, and continuers (verbal and non-verbal).

2.3.1.1. Closed questions. In contrast to initiation of sequences of reminiscing, where both parties commonly used closed questions, in progressing reminiscing, closed questions were more commonly used by carers than people with dementia. In this section we detail the use of closed questions in progressing sequences of reminiscing, discussing preference design of the questions and differences in people with dementia's responses to the questions. In Extract 3, Fay asks Lynn a closed question during Lynn's storytelling.

After Lynn's storytelling in lines 1 to 13, Fay asks the closed question 'Do you wash it, keep it clean?' (line 14). This closed question suggests a 'yes' response would be preferred, to agree with the answer Fay has suggested. Candidate answers can direct the recipient towards a sought-after response (Pomerantz, 1988). This can be helpful when speaking with people with interactional difficulties as this can reduce the amount of interactional work needed to produce a relevant response. This is especially poignant as Lynn has raised an issue of forgetting at line 12, so Fay's candidate answer provides a suggested answer that Lynn can either confirm or disagree with. In this instance, Lynn agrees with the

idea that washing the item in the photograph is appropriate, or necessary, but does not say that she did do it. Consequently, although the design of Fay's closed question with candidate answer prefers agreement/confirmation (Stivers, 2010), it does not limit Lynn from providing a response which does not confirm or agree.

The responses of people with dementia to closed questions is interactionally nuanced and individual. The two people with dementia in this research generally displayed different ways of communicating. Lynn's responses to closed questions often went beyond confirmation or agreement, whereas Jenna usually supplied minimal responses. In Extract 4 below, Carly asks Jenna four closed questions in two sequences of reminiscing (sequence 1 = lines 1–5, sequence 2 = lines 6–13) about two separate photos in Jenna's photo album.

The closed questions at lines 9–10 and 12 are used to progress the current sequence of reminiscing, whilst those at lines 1 and 6 initiate and re-initiate sequences of reminiscing. Although the closed questions are about two separate photographs, they are about the same person (David) and Carly pursues talk about David from the photographs with practices that are 'response-mobilising' (Stivers & Rossano, 2010) in that the relevant response to a question, is an answer. Additionally, all the closed questions contain candidate answers and tag questions, which reduce the interactional work for Jenna to produce a relevant response. Carly's question at line 9 does not receive a response from Jenna, whereas the one at line 12 does, with a minimal nod from Jenna. This could be for a number of reasons (e.g., Jenna's ability to hear or process what Carly has said as the format of the question is quite complex, or the (potentially problematic) insinuation from Carly's question that Jenna was lounging around while David was working). We cannot know for sure what causes the differences in response to closed questions by Jenna and Lynn but

1 LYN: •†#Just when wh- th- that's good.
 •>>gaze down to photos----->
 sam †>>gaze down to photos----->
 2 (0.2)
 3 → SAM: Oh Lynn?
 4 LYN: Yes.+ •Ye(h)•s.+†
 → sam +holds photo up----->>
 ---->•.....---gaze to photo----->>
 sam +turns head to LYN->>
 sam †gaze to LYN----->>
 5 (2.0)
 6 LYN: Oh# the schools,
 fig #fig.2



figure 2

7 (.)
 8 SAM: Mm+:::++
 +slight smile+
 9 (0.2)
 10 LYN: And the children (when they go, they had a new one).

Extract 2.2. Summoning attention. Lynn (person with dementia) and Sam (carer), care home visit 6, video 2, clip 5.

Progressing sequences	
•	Practices requiring only a minimal response to progress
○	Closed questions
○	Continuers (verbal and non-verbal)
•	Practices requiring more than a minimal response to progress
○	Open questions
○	Repeating the talk of another

Fig. 1b. Practices we identified for progressing sequences of reminiscing.

both interaction design and impacts of dementia on communication could be factors.

2.3.1.2. *Continuers.* Only carers used verbal and non-verbal continuers. Examples of verbal continuers included ‘mm’, ‘yeah’, ‘okay’, and ‘right’. Non-verbal continuers included nodding, gasping or smiling. By using continuers, recipients can display that they are active and attentive listeners to the speaker’s storytelling, and this can encourage the speaker to continue talking (Hydén et al., 2013). This practice is exemplified by Sam in Extract 5 around lines 2 and 8.

At line 2, Sam smiles during a point at which he could begin talking, this could be because Lynn’s intonation at the end of line 1 indicates she

is going to continue talking. This suggests Sam recognises that Lynn, as the storyteller has priority access to the interactional floor until the story is completed (Stivers, 2008). Consequently, smiling demonstrates that Lynn should continue with her story. At line 8, Sam gasps ‘[°huu:°]’ and his mouth opens wide in overlap with Lynn’s talk, displaying shock in response to Lynn’s story. This is a minimal turn which functions as a continuer in the storytelling within the reminiscing sequence, aligning with being a story recipient and affiliating with the emotion which is displayed through Lynn’s story, and again indicates to Lynn to continue the storytelling (Stivers, 2008). This practice was observed frequently during Lynn’s reminiscence activities with Sam where she is often telling stories sparked by the photographs they are looking at.

2.3.2. *Practices requiring more than minimal response to progress the interaction*

Open questions, and repeating talk that someone has just said are practices that are usually designed to require more than a yes/no response.

2.3.2.1. *Open questions.* Open questions were extremely rare in our dataset, occurring only four times. The two open questions Sam asks in the progressing stage of reminiscing sequences are during reminiscing storytellings by Lynn, shown in Extracts 6 and 6.1 below.

At line 11 Sam asks the open question ‘What did you say’. The context of Lynn’s storytelling is a less risky place in which to ask an open

1 LYN: And and he's had nothing to• (mm) (0.4) †for• the
 fay ----->*gaze to photos-*to LYN->
 ----->†gaze to FAY

2 whole of his life?†
 ----->†

3 †(0.7)
 lyn †gaze to photos--->

4 FAY: (No:)?=
 5 LYN: (As as he's just) ((doorbell 0.2)) (in) ((knocking
 6 sound)) (and replenish:).
 7 (0.2)•
 fay ---->*gaze to knitting-->

8 LYN: (Just) so+ you've got 'em.
 +pointing at photo, finger moving on it--->

9 (0.5)
 10 LYN: (There's) one up there.
 11 (0.3)
 12 LYN: •Oogh I've forgotten what she did.
 fay >*gaze to photos----->

13 (0.4)
 14 →FAY: •Do yo[u wa]sh it, keep it cl[ean?]*#
 15 LYN: +[(Di-)] [(We] *didn't do it
 ---->+
 fay >*gaze to knitting-----*glance to LYN
 then back to knitting--->

fay *smiles----->
 fig #fig.1



figure 1

16 yet).
 17 (0.5)
 18 LYN: And then (y'know)=
 19 FAY: =(Goo:d:).
 20 (0.2)
 21 LYN: +And then* (I've got) some others,•+
 +pulls photo twrds chest then places back+
 fay ----->*
 fay ----->*glance to LYN
 then back to knitting-->

22 (0.4)
 23 LYN: But they didn't do those?
 24 (0.5)
 25 LYN: But that one, (0.4)• and that one •is Ch:ris.†
 fay ----->*gaze to LYN----*to knitting-->
 ----->†

26 (0.3)
 27 LYN: ††(Yes absolutely)_
 +moving photo to pile on FAY's lap----->>
 †gaze at photo while moving it----->>

28 ((doorbell 0.2))
 29 (0.3)
 30 LYN: Defi[nite]ly_
 31 FAY: •[Chris?]
 -->*gaze to photo LYN passes over--->>

32 FAY: >Oh thank you* Lynn.<
 *takes photo----->>

(caption on next page)

Extract 3. Lynn (person with dementia) and Fay (carer), care home visit 7, video 18, clip 5.

Fay and Lynn are sat next to one another on a sofa, Lynn has a pile of individual laminated photos on her lap, and Fay has a discarded pile of laminated photos that have already been looked at on her lap; she is also knitting intermittently throughout the extract. Lynn is telling stories about the photographs she is looking at, and the extract begins part way through Lynn's storytelling.

1 CAR: Is **that David?**
points to photo
2 JEN: °Um°
3 (0.4)
4 JEN: °I don't know°
5 (1.6)
6 CAR: **I bet he was* up there# •sunbathing* weren't he?•*
.....*points to different photo
•gaze to JEN-----•
fig #fig.1

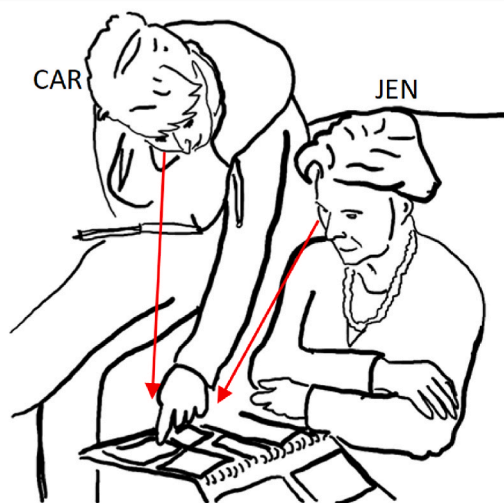


figure 1

7 JEN: °Yeah.°
8 (1.8)
9 → CAR: Did (a he) used to do all the work and you get to
10 sunbathe?
11 (0.7)
12 → CAR: He were a good man weren't he?
13 +(0.5)+ (2.3)
jen +nods-+

Extract 4. Jenna (person with dementia) and Carly (carer), care home visit 1, video 4, clip 1.

Jenna is sat on the sofa with Carly sitting next to her on the arm of the sofa, and both looking through Jenna's photo album. The extract begins by Carly asking Jenna who someone is in a photograph.

question (especially one that tests memory recall) as Lynn has already evidenced that she knows and can recall details of the story, suggesting she may be able to answer the open question. The design of the question points backwards by referring to the person mentioned in line 7 (Extract 5) and asking Lynn to recall her response to them. This is called a retrosequence in CA (Schegloff, 2007). At line 13, Lynn responds by saying 'we didn't say anything', providing a relevant and fitted response to the open question. Sam then responds with a repeat of Lynn's talk which expresses astonishment. A slightly different practice is seen in Extract 6.1.

At line 4, Sam's open question is prefaced by 'And' making the design of the question more of a continuer that requests Lynn to expand upon her story which she does from line 7 onwards (Ramanathan, 1995; Ramanathan-Abbott, 1994). This, paired with mutual gaze, displays Sam as being interested in knowing more, demonstrating active listening and providing space for Lynn to continue her story (Hydén et al., 2013).

2.3.2.2. *Repeating the talk of another.* This practice involved echoing the words of another interlocuter and was used exclusively by carers. This practice has been found in other interactional research with

1 LYN: (This is †where we do the garden tea),
 †gaze to SAM----->

2 *(0.2)*
 sam *smiles*

3 LYN: +†probably †(°sort of°)- the• (0.4) it's (0.5)† the
 ----->†gaze to photographs-----†-gaze
 to SAM----->
 +straightens torso----->

sam •gaze to LYN----->

4 (Young's don't-) (0.2) the (Young's don't tempt) the
 5 (Marborough's)
 6 (0.3)

7 LYN: She used to walk (them +down #[fand] round:£).+
 8 → SAM: * [°huh:°] *
 lyn +moves R hand fwd and back+
 → *mouth opens-----*
 → fig #fig.1

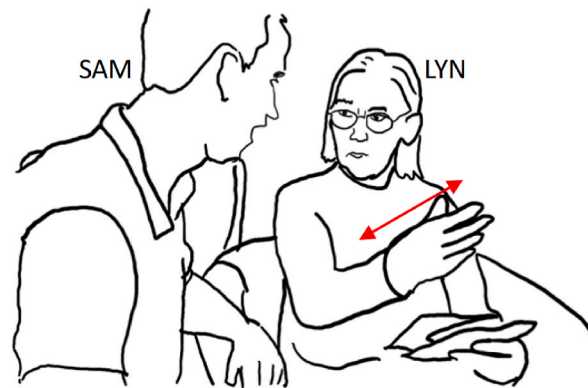


figure 1

9 LYN: huh +huh hh
 --->+leans in towards SAM----->>

Extract 5. Lynn (person with dementia) and Sam (carer), care home visit 3, video 6, clip 1.

healthcare practitioners and people with dementia in acute hospital settings, where repeating aspects of the talk of people with dementia functioned to maintain progressivity without needing to pause to re-establish intersubjectivity (Pilnick et al., 2021). In our dataset, repeating the talk of a person with dementia often resulted in more than a minimal response being given, with Lynn expanding upon her previous talk, as in Extract 7.

At line 3, Fay repeats Lynn’s talk ‘Somebody’s choice’. The repetition infers there is something in Lynn’s talk that Fay does not understand: an issue of intersubjectivity. In other interactional research (Antaki et al., 2020; Kitzinger, 2013) repetition of an utterance, paired with questioning intonation has been found to indicate trouble with shared understanding. Consequently, Fay’s repetition indicates that intersubjectivity needs to be re-established before the interaction can progress. Lynn achieves this by expanding on her previous talk (beginning line 7 to 11), demonstrating her interactional awareness of Fay’s repetition of the specific words, ‘Somebody’s choice’ as being the interactional problem source. Fay does not respond at line 9, and subsequently in lines 10–11, Lynn adds to her explanation, which then receives a verbal response from Fay at line 13 in the shape of a verbal continuer.

2.4. Closing a reminiscing sequence

In our dataset we observed closings of reminiscing sequences occurring in two main ways listed in Fig. 1c.

2.4.1. Assessments

Verbally, only Lynn (person with dementia) used assessments of photographs or stories to close one sequence and segue into another. Lynn uses assessments such as ‘lovely’ and ‘beautiful’ to close a sequence and begin a new one, such as in Extract 8.

At line 6, Lynn assesses the previous topic of conversation: ‘Oh lovely lovely’ about a photo of a baby. At line 6, Sam’s gaze and head positioning changes as Lynn begins speaking, visibly demonstrating his attention upon Lynn through change of gaze and swivel of his head to the photo Lynn is holding. In essence, non-verbal encouragement for her to continue as primary storyteller. There is then a brief pause at line 7, before Lynn initiates a new sequence of reminiscing about a new photograph at line 8, and Sam responds to her WH- question at line 12 with a person’s name, suggesting he has knowledge of the person in the photo.

7 LYN: She used to walk (them +down #[fand] round:f).+
 8 SAM: *['huu:°] *
 lyn +moves R hand fwd and back+
 mouth opens-----

9 LYN: huh +huh hh
 --->+leans in towards SAM----->>

10 (0.5)

11 → SAM: What did'ju say¿
 12 †#(0.7)†
 lyn †glance to SAM†
 fig #fig.2

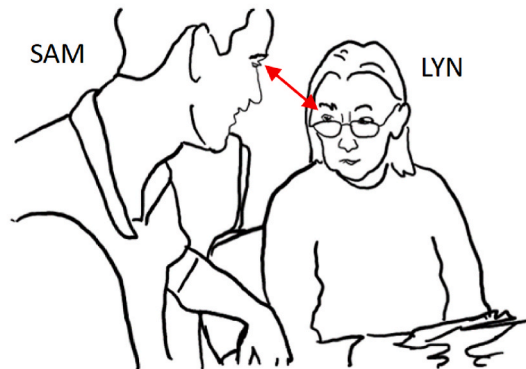


figure 2

13 LYN: (We) didn't say any[(thing)
 14 SAM: [*You didn't say# anything? .hh*
 leans back, then forward-----

15 †h[eh]:
 16 LYN: [(I) didn't really say •anything though but (.)
 ->†gaze to photos----->>
 sam ----->•gaze to photos----->>

17 but I actually (0.4) (did 'cos there's- °y'know°
 18 there's there's never been so)
 19 (0.5)
 20 LYN: †(But) ((storytelling continues))
 ->†gaze to SAM----->>

Extract 6. Lynn (person with dementia) and Sam (carer), care home visit 3, video 6, clip 1.
 Extract 6 follows directly after [Extract 5](#).

1 LYN: †•And he said where- (0.4) what do you want those
 >>†gaze to SAM----->>
 sam >>•gaze to LYN----->>
 2 ones for.
 3 (0.3)
 4 → SAM: And what did >you say.<=
 5 LYN: =(De) -
 6 (0.7)
 7 LYN: Oh yes (where we just can- *just to give it) (0.2)*
 sam *leans twds LYN-----*
 8 (just a bit of something appropriate) ((storytelling
 9 continues))

Extract 6.1. Lynn (person with dementia) and Sam (carer). Care home visit 3, video 6, clip 6.

Extract 6.1 follows later in the same reminiscence activity from Extract 6.

1 LYN: †*This (.)• this will have been •(0.4) some-
 >>†gaze at photographs----->
 fay >>*knitting----->
 fay •gaze to LYN’s photos-•gaze to
 2 some- somebody’s choice in [†in]
 3 → FAY: •[Som]ebody’s [choice?]
 4 LYN: [in]
 fay ----->•gaze to LYN----->
 ----->†gaze to left----->
 5 (barwood)•*
 fay ----->•gaze to knitting----->
 fay ----->*smiles----->
 6 (1.3)*†
 fay ----->*
 lyn ----->†
 7 → LYN: †(Yes) because he was (always) (0.8) ju- just and
 †gaze at photographs----->>
 8 → an’ (0.5) he just liked it (it it)_
 9 (0.7)
 10 LYN: And and he’s had nothing to• (mm) (0.4) †for• the
 fay ----->•gaze to photos-•to LYN->>
 ----->†gaze to FAY
 11 whole of his life?†
 ----->†
 12 †(0.7)
 lyn †gaze to photos--->>
 13 FAY: (No:) ?=

Extract 7. Lynn (person with dementia) and Fay (carer), care home visit 7, video 18, clip 5.

Extract 7 and 3 are part of the same clip. Fay and Lynn are sat next to one another on a sofa, Lynn has a pile of laminated photographs on her lap, and Fay has a discarded pile of laminated photographs on her lap, and she is knitting intermittently throughout the extract.

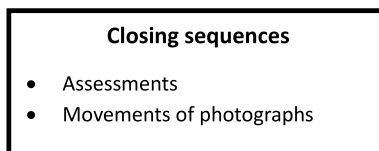


Fig. 1c. Practices we identified for closing sequences of reminiscing.

1 LYN: And she'd got another baby,
 2 SAM: Yeah?=
 3 LYN: =Because +the- that+ that (would have
 +points to photo+
 4 [come) (*)]
 5 [((background noise))]
 sam *turns head up and left-->
 6 →LYN: *+†Oh• >lovely lovely.<
 sam ->*turns head twds LYN's photo----->>
 +holding photo in lap----->>
 †gaze turns from SAM twds photo----->>
 sam •gaze to photos in LYN's lap----->>
 7 (0.6)
 8 →LYN: +And in here.
 +rotating photo orientation----->>
 9 (0.2)
 10 LYN: What have I got here?
 11 (0.3)
 12 SAM: Danny.

Extract 8. Lynn (person with dementia) and Sam (carer), care home visit 6, video 2, clip 13.

2.4.2. Movement of photographs

Another practice observed for closing sequences of reminiscing was the movement of photographs, where a person with dementia (Lynn) passed photographs to the carer she was interacting with (see Fig. 2) or moved photographs to the back of a pile.

This was observed when Lynn was interacting with both Sam and Fay and provides a clear indication that Lynn has finished discussing the photograph. The movement of photographs in Lynn's reminiscence activities demonstrates her interactional agency as she is the one holding the individual laminated photographs and deciding when to move onto the next sequence of reminiscing. In Jenna and Carly's reminiscence activity, Carly turns the pages of Jenna's photo album. In reminiscence interactions across the dataset, once a photograph was passed over, or a page turned, a new sequence was often initiated from the new photograph or album page now visible. In this way, the closing created the interactional environment for a new sequence initiation, which is similar to how assessments worked. Other research with people with aphasia (Aaltonen et al., 2014) and in car dealerships (Mondada, 2009) similarly found the movement of objects (a photograph displayed on a

camera) progressed sequences of interaction, although this was a practice identified in the initiating of activities.

3. Discussion and conclusion

3.1. Discussion

Our novel conversation analytic study of informal reminiscence interactions in a specialist dementia care home has shown practices used by carers and people with dementia in initiating, progressing and closing reminiscing sequences. However, where reminiscence manuals (e.g., Arigho, 2011) recommend the use of open questions, our analysis demonstrated the rarity of open questions and frequent use of closed questions in this care home setting. Logically, open questions may appear preferable to closed questions because of the autonomy the question design affords to the person with dementia. However, there is a risk that a person with dementia will not be able to respond to an open question as they designedly prefer longer, descriptive responses, often requiring memory recall and communicative abilities which may be impacted by dementia symptoms (Allwood et al., 2017; Williams et al., 2019). Whilst open questions are generally viewed as good practice within healthcare settings by attempting to give space to raise concerns, these positive effects are not always apparent (Allwood et al., 2017), and within our research, open questions were largely absent altogether. Although we cannot definitely know why this was, it could be that carers are orienting to the challenging nature of the format of open questions in their lack of providing context for what a relevant answer may be.

If a person with dementia cannot supply a fitted response to an open question, progressivity of the ongoing interaction could be disrupted and the competence of the person with dementia could be challenged, threatening their identity (Pilnick et al., 2021; Slocombe et al., 2024; Webb et al., 2020; Williams et al., 2019). This could explain the lack of open questions observed in our dataset, and account for why they were only used after a person with dementia had demonstrated a memory through storytelling. By contrast, closed questions structure the relevant response, with those using candidate answers and tag questions preferring a response which confirms or agrees with the question. WH-questions structure the response around recalling information,



Fig. 2. Lynn (person with dementia) handing a photograph to Sam (carer). Care home visit 6, video 2, clip 13.

commonly a person or place name in our dataset. However, similar to open questions, closed WH- type questions could create interactional trouble when posed to people with dementia if they are unable to recall the relevant information. The carers in our dataset could be orienting to this in designing their reminiscing talk. Closed questions are designed for progressivity which can mobilise a specific preferred response (Stivers & Rossano, 2010), but they can also make interactional participation easier for those with more advanced dementia by structuring a preferred response (Slocombe et al., 2024). However, preference design is normative and not regulative, as evidenced by when people with dementia disagree or provide more than minimal responses to closed questions (Slocombe et al., 2024).

Our dataset is the first to examine the interactional practices used in sequences of reminiscing by people with dementia and their conversation partners. Consequently, it is difficult to comment on whether the practices we identified are indicative of this interactional environment or of reminiscence more generally. There is a large existing CA literature around question design (e.g., Raymond & Heritage, 2021; Skovholt et al., 2021), but no previous work in this specific context. Further research could examine on a larger scale, the impact of the interactional practices identified here (and any others) upon responses from people with dementia, intersubjectivity and progressivity in reminiscence interactions. The interactional practices we have identified are not specific to dementia contexts; for example, anyone might initiate discussion about a photo by summoning attention to it and progress the interaction by asking where something was or who is in the photo. However, what is likely different in these interactions is the orientation of carers to the memories of people with dementia: they are people who often do not share the memories related to the person with dementia's photographs, as opposed to family members who perhaps would be expected to. Additionally, carers orient in their practices to the possibilities of a person with dementia not remembering. They do this, for example, through highlighting photos which have previously been discussed and enjoyed, and only asking open questions when the person with dementia has already demonstrated a memory related to a photo through storytelling.

The verbal initiating practices of commenting and summoning attention coincided with pointing, establishing joint attention (Kidwell & Zimmerman, 2007; Marstrand & Svennevig, 2018), and thereby demonstrating the multimodality of recipient design in this context. We found that both carers and people with dementia contributed to initiating and closing sequences of reminiscing. However, the progressing of reminiscing sequences was driven mostly by carers. A variety of responsive options are open to carers for progressing reminiscing sequences, including commenting, continuers, repeating talk, open and closed questions. For example, continuers are an active but minimal practice (Pilnick et al., 2021) that provide an environment where the person with dementia has more autonomy over what they say next, whereas open questions may constrain the next action more. Carers' use of continuers demonstrated active listening when people with dementia were storytelling. This has also been found in storytelling interactions between two people with dementia (Hydén et al., 2013). Active listening is described as a necessary skill for reminiscence by training manuals (Age Cymru, 2014; Arigho, 2011; Gibson, 2011; Reminiscence Network Northern Ireland, n.d.; Schweitzer & Bruce, 2008), and our analysis demonstrates some of the ways this is achieved in practice. In closing sequences of reminiscing, a practical finding for manual recommendations is the use of individual laminated photographs. These physical resources allowed people with dementia more autonomy in indicating they are moving onto the next sequence.

There were a number of instances observed where carers used their prior knowledge of a person with dementia's memory to initiate reminiscing, such as through summoning attention or commenting on photographs. The use of this prior knowledge of the photograph and its meaning to the person with dementia often resulted in reminiscing from the person with dementia, similar to findings from Williams et al.

(2019). When conversation partners framed their questions from shared past conversation, this also often prompted reminiscing from the person with dementia (Williams et al., 2019). This means that adopting some of the initiating practices may be easier when there is an established relationship between carer-person with dementia dyads.

3.2. Conclusions

Our findings can begin to develop the evidence base for more person-centred reminiscence practice, in line with the aims of reminiscence manuals (Age Cymru, 2014; Arigho, 2011; Gibson, 2011; Reminiscence Network Northern Ireland, n.d.; Schweitzer & Bruce, 2008). The relationship between the reminiscence worker/therapist/carer and the person with dementia was not typically discussed in manuals (e.g., Age Cymru, 2014; Schweitzer & Bruce, 2008). Previous CA research has demonstrated that person-centred care is the relational achievement of both parties (Webb, 2017), and we have shown here how this relational achievement can be brought to bear in reminiscence activities. We have also shown the value of an interactional approach in highlighting divergences between observed practice and existing manual recommendations, uncovering otherwise unseen interactional detail. Additionally, our findings can be applied to intervention research about reminiscence, potentially improving their ecological validity.

Despite the challenges of communicating in a loud and busy environment (Young et al., 2011b), Young et al., 2011b carers demonstrated skill in designing talk with minimal halts to progressivity and threats to intersubjectivity. This is important as the balance achieved between interactional progressivity and intersubjectivity can have implications for how people with dementia are viewed as 'competent' speakers, potentially impacting upon their identity (Pilnick et al., 2021; Slocombe et al., 2024; Webb et al., 2020; Williams et al., 2019). Carers facilitated progression of reminiscing sequences, using practices which 'fitted' the in-the-moment interactional abilities of people with dementia (Jones, 2015; Jones et al., 2016; Lindholm & Wray, 2011; Watson, 1999). There is no evidence in our dataset that carers were striving for progressivity to the next activity, like in previous CA research involving reminiscence during a quiz activity (Webb et al., 2020). The reminiscence activities in our dataset had no constraints on time or task completion. This enabled the person with dementia agency to direct their reminiscence activity. It should be noted that the care home in our study was an exemplar of good practice. In the wider care sector, reminiscence activities could be lost due to time pressures and priority of necessary care tasks. However, in this research we have demonstrated how reminiscence is achievable during short time frames and by those without extensive training, illustrating carers' existing skills.

Data access statement

In order to protect participant confidentiality, supporting data cannot be made openly available.

Role of funding source

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This research was supported by and ESRC doctoral studentship funded through the Midlands Graduate School DTP [ES/P099711/1] and Loughborough University. The data on which this paper draws were collected as part of a British Academy Mid-Career Fellowship [MC110142] awarded to Elizabeth Peel. All views expressed in this article are those of the authors and not necessarily those of the funding bodies.

CRedit authorship contribution statement

Felicity Slocombe: Writing – review & editing, Writing – original draft, Project administration, Methodology, Investigation, Formal

analysis, Conceptualization. **Elizabeth Peel:** Writing – review & editing, Supervision, Funding acquisition, Data curation, Conceptualization. **Alison Pilnick:** Writing – review & editing, Writing – original draft, Supervision, Methodology, Funding acquisition, Formal analysis, Conceptualization. **Saul Albert:** Writing – review & editing, Writing – original draft, Supervision, Methodology, Formal analysis.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Appendices.

Appendix 1

Jefferson’s (2004) transcription conventions

LYN	Speaker labels
=	Links talk produced in close temporal proximity (latched talk)
>fast<	Talk between symbols is rushed or compressed
°quiet°	Encloses talk which is produced quietly
<u>Underline</u>	Underlining marks emphasis of some kind
CAPS	Words or parts of words spoken loudly marked in capital letters
s:::::	Sustained or stretched sound; the more colons, the longer the sound
. ? , _	Full stop indicates falling intonation; a question mark indicates rising intonation over a word; a comma indicates a slight rising intonation at the end of word; underscore indicates flat intonation
[]	Encloses talk in overlap i.e., when more than one speaker is speaking
(word)	Parentheses indicate transcriber doubt
((action))	Double parentheses indicate a description of the interaction
cu-	Cut-off word or sound
(0.6)	Silence in seconds
(.)	Silence of less than two tenths of a second

Appendix 2

Mondada’s (2018, 2022) Multimodal Conventions for transcription

- * For gestures made by SAM/FAY/CAR.
- For gaze by SAM/FAY/CAR.
- + For gestures made by LYN/JEN.
- † For gaze by LYN/JEN.

Further notations:

»	The action described begins before the excerpt’s beginning
—>	The action described continues after the excerpt’s end
*—>	The action described continues across subsequent lines
—>*	until the same symbol is reached
....	Action’s preparation
sam	Participant doing the embodied action is identified when they are not the speaker
fig	The exact moment at which a screen shot has been taken
#	is indicated with a specific symbol showing its position within the turn at talk

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Acknowledgements

We are grateful to those from the Discourse and Rhetoric Group (DARG), the Communication and Conversations in Dementia Symposium, the Companions Meeting at Tampere University, the Dementia and Conversation Analysis Network (DemCAN) and the 13th EMCA Doctorial Network Meeting at the University of Liverpool. Thank you for sharing feedback and thoughts on the data and phenomenon. We are also grateful to the reviewers for their careful reading and improvements for the article.

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