

Department of Social Sciences
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**A CONVERSATION ANALYSIS OF SOCIAL
INTERACTION IN THE FUNCTIONAL
CAPACITY INTERVIEW**

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ACADEMIC DISSERTATION

To be presented, with the permission of the Faculty of Social Sciences of
the University of Helsinki, for public examination in lecture room XII,
University Main Building, on January 27, 2017, at 12 noon.

Cover: Sari Korhonen

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Publications of the Faculty of Social Sciences 2017:41

ISSN 2343-273X (paperback)

ISSN 2343-2748 (PDF)

ISBN 978-951-51-2587-3 (paperback)

ISBN 978-951-51-2588-0 (PDF)

Unigrafia Oy
Helsinki 2017

Abstract

This ethnomethodological conversation analysis study investigates how functional capacity interviews are organized in social interaction, thereby documenting recurrent assessment practices. Although interviewing is respected, due to its centrality in knowledge production in contemporary society, little is known about conducting functional capacity interviews per se. Moreover, as demonstrated in the literature review, the notion of functional capacity originates in the works of the sociologists Saad Z. Nagi and Talcott Parsons. It is likely that the very notion of functional capacity therefore conveys their sociological understanding of human functioning. A recent discussion of the social aspects of functional capacity has revealed, however, insurmountable difficulties in their original approach, which attributed functional incapacities to changes in the relationship between humans and their environment, but which was silent on the capacities that are relevant in social interaction. Thus, an alternative sociological understanding of human functioning is required, and this dissertation suggests that instead of focusing on single human subjects, we need to focus on social interaction between humans. That position allows us to elaborate and document the abilities needed in social interaction.

The data for this study were drawn from a collection of videotaped welfare interviews (n=57) from three projects run between 2007 and 2009 to research and develop the assessment of functional capacity in central and southern Finland. The interviewers were professional nurses with a background in health care; the interviewees were either unemployed or retired. Each structured interview was naturally occurring and contained an interviewee-interviewer dyad. The videotaping was self-administered by the interviewers and other staff members. The videotaped data were transcribed following conventions developed by Gail Jefferson and analyzed in detail with conversation analysis methods.

The results were published in four articles and document how functional capacity interviews are organized in social interaction: (1) Functional capacity interviews are document-driven interactions: there are pre-scripted questions and answer options, (2) Speakers perform the interview as a mutual collaboration. Since displays of incompetence are prominent in this type of interaction, interviewers may need to support interviewees *in situ* with comforting actions, (3) Social identity is demonstrably relevant and procedurally consequential in the reception of simple positive responses that do not index any answer options, (4) Social relationship can work as a resource for helping the interviewee answer questions on social functional capacity, and (5) Abilities play an important role in how intersubjectivity emerges in interaction.

In the light of the analysis, it seems clear that ethnomethodological conversation analysis is a viable sociological approach for understanding human functioning in social interaction.

Acknowledgements

The first lines of the dissertation were drawn while I was working for the Age Institute as a member of a working group investigating various dimensions of functional capacity; social functional capacity was my area. This was the starting point for this interesting journey, where I was to find places where no man had gone before. I am now more than grateful for this opportunity to thank the following persons, Pertti Pohjolainen, Sirkkaliisa Heimonen, Arto Tiihonen, and Elina Karvinen for their expertise and commitment in the project of “*laaja-alainen toimintakyky*.” The present study is an offspring of that project.

It was my privilege to be supervised by Anssi Peräkylä. He is a teacher of conversation analysis without equal. Thanks, Anssi.

An inspiring academic environment over the years has been Anssi’s “emotion team.” I want to express my gratitude to Liisa Voutilainen, Hanna Falk, Mikko Kahri, Melisa Stevanovic, Timo Kaukoma, Vuokko Härmä, Sonja Koski, Pentti Henttonen, Maari Kivioja, and Natalia Thell for all their help and support.

The Centre of Excellence in Intersubjectivity in Interaction (CoE) has created incredible opportunities for learning conversation analysis. Data sessions and work-in-progress seminars have provided ample opportunities for receiving helpful comments on my work and enhancing my practical skills in analyzing data. I would like to thank Marja-Leena Sorjonen and Anssi for their leadership, coordinators and assistants for their help with practicalities, and Marja Etelämäki for discussions on intersubjectivity back and forth, Katariina Harjunpää as well as Aino Koivisto, Heidi Vepsäläinen, and Anna Vatanen for their friendship and expertise in Finnish language. A special mentioning goes to Camilla Lindholm for co-chairing deficit data sessions. I also thank the CoE floorball team (2016) players Laura, Minna J, Timo, Salla, Jarkko, Taru, Marjo, Taina, and Trine for building the spirit of the CoE in action.

I am most grateful to Doug and Joan Maynard for their hospitality and guidance during my visit to the University of Wisconsin-Madison. I had the opportunity to get acquainted with the participants of the social psychology and microsociology seminar and participants of the data sessions, especially Ceci Ford, David Schelly, Matthew Hollander, and Jason Turowitz. My sincere thanks to all of them. Special thanks to Joan for taking care of me and for organizing sightseeings over Madison. I wish you best of luck with your Finnish studies.

I wish to extend my gratitude to the teachers and postgraduate students of The Finnish Doctoral Program in Social Sciences (SOVAKO), and thank Ilkka Arminen, Anssi, and Kirsi Juhila, Hanna Rautajoki, and Sanni Tiitinen. Also, Arja Jokinen and Pirjo Nikander deserve a big thanks for reading and commenting upon a number of the working papers I produced during the research process.

The famous “*torstai*” seminars at the former Department of Sociology were organized by Anssi, Turo-Kimmo Lehtonen, and Tuula Gordon. The seminar was a place to have the interesting sociological discussions time after time, and hence I

want to express my sincere thanks to Anssi, Turo-Kimmo, Tuula, Lotta Haikkola, Lotta Hautamäki, Veronika Honkasalo, Riikka Lämsä, and Anni Ojajärvi.

Acknowledgement is also due to Charles Antaki for being my opponent. The pre-examiners of the dissertation, Charles and Jyrki Jyrkämä provided valuable thoughts and helpful suggestions. I am grateful for their insights.

The dissertation was financially supported by The Finnish Doctoral Program in Social Sciences, Emil Aaltonen Foundation, the Age Institute, University of Helsinki, and the Centre of Excellence in Intersubjectivity in Interaction. I also received helping hand from the former Stakes (current THL) and Palmenia Centre for Continuing Education, University of Helsinki. I own my gratitude to Marjaana Seppänen and Raisa Valve for our partnership during the Hyve project.

I want to thank Ruth Parry and Trini Stickle for commenting my earlier manuscripts, Clara Iversen and Randi Skovbjerg Sørensen for their inspiring online discussions, Katri Takala, Ilmar Gåsström, Saija Viitala, and Tiina-Mari Toivola for their assistance in video recording and transcribing the data, Ilkka Syren and Matthew Billington for proofing my manuscripts, and Suvi Fried for sharing me some classics of social gerontology.

Many thanks to Pirjo Kalmari, Minna Säpyskä-Nordberg, Elina Vuorjoki-Andersson and Heli Starck, and to Jere Rajaniemi. It is always pleasure to visit the Age Institute and see you around there.

Also, I am deeply grateful to Mikko and Timo for sharing our research space in Mariankatu and Snellmaninkatu. Kudos to you, guys.

Thank you to my friends and family members, especially the founding fathers of Jaala convention: Janne Mäki, Petri Railo, and Petri Sandberg. Thank you Kim and Andrea for your friendship. Special thanks go to Sari for the incredible cover. Thank you Heikki and Vuokko for organizing the numerous blueberry picking trips where I have got some of the most inspiring ideas for my dissertation; I have learned the zen of berry picking. Thank you Tomi and Reino for all your support. My deepest gratitude goes to Riitta, who has helped me to crystallize my thoughts when they have not been clear even to myself. You have always been there for me and helped in so many ways. Thank you for filling my life with love and dance.

Finally, I offer my sincere appreciation to every interviewer and interviewee whose participation made the dissertation possible.

Helsinki, December 2016

Mika Simonen

List of original publications

This thesis is based on the following publications:

- I Simonen, Mika (2012) Mutual negotiation of the interviewee's competence in interview interaction. In: Rasmussen, Gitte, Brouwer, Catherine E., Day, Dennis (Eds) *Evaluating 'Cognitive' Competences in Interaction*, 119-143. Amsterdam: John Benjamins. DOI: 10.1075/pbns.225.

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- II Simonen, Mika (2016) Social identity and procedural consequentiality in welfare interviews. *Text & Talk* 36(5), 589-612. DOI: 10.1515/text-2016-0025.

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- III Simonen, Mika (2012) Formulation in clinical interviews. *Communication & Medicine* 9(2), 133-144. DOI: 10.1558/cam.v9i2.133

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- IV Simonen, Mika (submitted) Ability for action: The dynamic modality in interview interaction.

The publications are referred to in the text by their roman numerals.

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Abbreviations

ADL	Activities of Daily Living
CA	Conversation Analysis
IADL	Instrumental Activities of Daily Living
ICF	International Classification of Functioning, Disability and Health
ICIDH	International Classification of Impairments, Disabilities, and Handicaps
MOS	Medical Outcomes Study
PADL	Physical Activities of Daily Living
SSPA	Social Skills Performance Assessment
THL	National Institute for Health and Welfare
TOIMIA	National network of experts for the measuring and assessment of functioning
WHO	World Health Organization
WHODAS 2.0	WHO Disability Assessment Schedule
WORQ	Work Rehabilitation Questionnaire

1 Introduction

This sociological thesis studies functional capacity interviews in social interaction. The notion of “functional capacity” originates from the epidemiological branch of medicine, where human resources and abilities were considered important factors in the context of health. From the 1960s until the present day, however, the meaning of the notion has changed and evolved. The strength of the notion is in its potential, in lieu of disability, to challenge the traditional pathogenic perspective. Today, the notion of functional capacity is relevant in a number of institutional encounters when one’s (i.e., the patient’s or client’s) capacities, competences, and abilities are of paramount importance.

Government policies have drawn attention to various assessments for functional capacity that provide valuable information for targeting and distributing the scarce resources of welfare societies. However, economists are forecasting difficult times due to radical changes in the age structure of welfare societies. While the age trend is global, Finland is among the first countries to face the imminent challenge. For that reason, Finnish policymakers are encouraging researchers to investigate the notion of functional capacity and to concentrate on features which have yet to be systematically investigated and are thus, in many ways, still unclear. Such a feature is the notion of social functional capacity; it has received little attention, yet previous critical studies underline its controversiality when it comes to the terms of social action. Are humans simply moving “containers” of their own sociality or are they intrinsically connected to their environments?

The thesis investigates institutional encounters that assess functional capacity, more specifically welfare interviews. The methodology is ethnomethodological conversation analysis, and through detailed analysis my aim is to elaborate how these interviews are organized and collaboratively constructed in social interaction. The study contributes via its findings to the ongoing discussion on functional capacity by showing the ways in which ordinary speakers make sense of their “functional capacities” and how functional capacity assessments are made in welfare interviews.

Moreover, the study has clear implications for the development of research practices in this area: (1) The study demonstrates that conversation analysis—unlike other contemporary methods that clearly fail to capture assessment protocols in social interaction—can be used to investigate the deployment of social actions in welfare interviews. (2) The study argues that further studies of social functional capacity should disregard the individual as the starting point. In contrast, such studies should focus on dyadic (or triadic . . .) interaction, where the task of maintaining intersubjectivity is the key premise: the form and content of their interaction can be analyzed and assessed as momentary achievements. When it comes to various social functional capacities, they should be investigated in their own right with such methodology that plainly enables investigation of the phenomenon. This thesis gives an example of a setting where dyads accomplish

certain tasks with the help of the participants' situationally relevant social capacities.

The dissertation proceeds in the following way: In Section 1.1., a review of the sociological background of functional capacity is provided. Sociological thinking is deeply involved within the current formulation of functional capacity, in a way which might surprise today's practitioners, clinicians, and perhaps sociologists as well. It seems that the notion of functional capacity is connected with the major sociological framework of the 1950s and 1960s, and the section's literature review suggests that this sociological approach fails to conceptualize the functional capacities needed in social interaction. It is further proposed that we should turn our gaze to social interaction and take that as our starting point in studies of social functional capacity.

Sections 1.2 to 1.4 introduce the latest discussions on functional capacity, covering its models and measurements. The activities of daily living (ADL) and the instrumental activities of daily living (IADL) are measurements focusing on everyday activities considered highly important for human functioning (e.g., eating, walking, and shopping). The reader will notice the author does not try to distinguish between the notions of "functional capacity" and "functioning." Their use has been interchangeable and rather confusing in the literature related to epidemiology and health. "Functioning" is often used to refer to one's (bodily) activities as whole, but that is not always the case. Interestingly, Levin (2000), for instance, discusses "social functioning." Furthermore, the notion of "functional capacity" is used as a generic notion for a person's overall capacity, but researchers have also studied subdomains (e.g., social functional capacity). More understandings for these concepts are discussed in Sections 1.2 to 1.4.

The above-mentioned policymakers' concern with the notion of functional capacity is introduced in Section 1.5. Changes in the age structure of societies are inspiring policymakers to include functional capacity assessments in various policies. Two such policies are briefly discussed, since they may influence the target groups of this study: the unemployed and older adults living at home. It remains to be seen whether the results of the dissertation contribute to the policymakers' aims.

The data for this dissertation were drawn from welfare interviews investigating activities of daily living. It seems that the first ever study to analyze social interaction in interviews was conducted by Stuart A. Queen (1928). Queen studied what happens in an interview between two speakers, and that is precisely what I do in this study, 89 years later. While the methods and equipment are quite different, the research interest remains the same. From here, the dissertation proceeds to a discussion of Harvey Sacks and conversation analysis: the method of the dissertation. Finally, a summary and the objectives of the study are presented in Section 1.7.

1.1 A Parsonian backdrop for functional capacity

Saad Z. Nagi, a professor of sociology at Ohio State University, published an influential paper about the evaluation of disability and rehabilitation potential (1964). It is considered the seminal work that led to the development of various disability models, including the Disability Model (Verbrugge & Jette 1994, 2), and several other models used by the World Health Organization (1980; 2001) (Jette 2006, 727). The origins of interest in human disability are unclear, but one of the oldest methods for measuring disability is the Veteran Administration system established in the U.S. in the 1930s (Lawton 1971, 468). Veterans from the World Wars were among the first to receive attention from civil society in terms of practices of rehabilitation, as veterans needed support in their everyday lives. Wars and their consequences have often, perhaps unfortunately, motivated scientific research (consider studies in Social Psychology in World War II). The notion of functional capacity refers broadly to human capacities, abilities and resources, and when this notion was first presented, it was considered significant because it challenged the traditional pathogenic perspective, which emphasized disability (Mäkitalo 2001, 67-68, 85) and offered an alternative conception for understanding human health conditions (Engel 1977).

Since the 1960s, the development of functional capacity has evolved from a single perspective to a view that human functioning covers several domains. While the most uniform and clinically studied domain has been physical functional capacity (e.g., strength and balance), and while some interest has focused on psychological functional capacity (e.g., memory and cognition), only a small number of academic studies report findings on social functional capacity. Nevertheless, in Finland current welfare policy has raised the question of whether social functional capacity should receive more attention (Voutilainen & Vaarama 2005). Although the notion of functional capacity arose in a North American context during the 1960s, Finnish scholars have been active in the current debate around social functional capacity.

The social aspects of human capacity refer to the social skills, competences, resources, and roles that members of society have and need in their lives (Levin 2000; Pohjolainen 1990; Kananaja 1987; Heikkinen 1987 & 2014; Tiikkainen 2013). The core question troubling clinicians and researchers is whether or not social capacity is a property of an individual (Mäkitalo 2001, 70). In addition, in the context of investigating social actions, how should “social capacity as one’s property” be understood (Jyrkämä 1998, 187)? Not all research methodologies seem capable of analyzing social actions as they occur in the real world. For instance, some reports of social functional capacity quantify social activities (i.e., the frequency and sum of activities with close relatives and friends), and the mainstream methodology (e.g., Elovainio 1996; Kannasojä 2013) considers those measurements good estimates of social action. Later on, this dissertation will discuss estimates in more detail, but until then the reader could briefly consider the difference between an estimate for social action and social action in the real world. However, for now, suffice it to say that there is a lack of reliable findings on

social functional capacity due to the practice of using estimates. Moreover, no well-established methodology has managed to capture the phenomenon as it occurs in social interaction (Heikkinen 1990, 50). The reason for this difficulty, as Mäkitalo (2001) has observed, is related to the conception of human beings; when their sociality is comprehended only via the metaphor of their being “containers of social capacities,” we eventually lose their social embeddedness. Therefore, as Jyrkämä (1998) argues, our attention should turn to those moments when and where capacities are actually in use. Finally, the literature does indeed suggest some solutions to the above-mentioned difficulties, but they either direct the researcher’s analytical gaze elsewhere (e.g., to a Vygotskian cultural-historical theory of action [Mäkitalo 2001]) or reject the notion of social functional capacity in favor of “agency” (e.g., Jyrkämä 2008).

In order to understand the reluctance of some scholars to use the term “social functional capacity,” it might be fruitful to examine in more detail the paper (Nagi 1964) that produced the seminal disability model and consider the author's sociological framework. For instance, Wunderlich et al. (2002, 195) suggest that the reader interested in Nagi’s definition of disability should be familiar with “the concept of social role and tasks from a sociological perspective”. However, the authors do not say what the sociological perspective is—until they introduce the works of Talcott Parsons. It appears that here we find a connection between Nagi and Parsons. Consider how Nagi writes about social roles and tasks in his disability model:

Every individual lives within an environment in which he is called upon to perform certain roles and tasks. The ability and inability of people can be meaningfully understood and estimated only in terms of the degree of the fulfillment of these roles and tasks.

(Nagi 1964, 1569)

The environment consists of “a web of role and task relationships to other individuals as well as to objects” (Nagi 1964, 1570). Thus, individuals face each other through role and task related relationships, and the assessment of (dis)ability is based on the fulfillment of these assignments. This definition of ability reminds us of Parsons’ definition of “health,” which is a “state of optimum capacity of an individual for the effective performance of the roles and tasks for which he has been socialized” (Parsons 1964, 274, original emphasis; ref. Williams 2005). When the state of *optimum* capacity is lost, the individual is either sick (Parsons) or unable to meet the demands of the environment (Nagi). Overall, the exact locus of inability is functional failure within an environment:

When an individual is described as being “unable” the description is incomplete till it answers the question, “unable to do what?” In this sense, ability-inability constitutes an assessment of the individual’s level of functioning within an environment.

(Nagi 1964, 1569)

Nagi, however, explains that it is change in the relationship between the individual and the environment that is necessary for inability; thus he introduces systems operating within the individual: “there must be a change in the anatomical, physiological, mental, and/or personality systems connected with the inability” (Nagi 1964, 1570). The theory of disability (Nagi 1964) and Parson’s systems theory (e.g., Parsons 1951/1991) resemble the systemic approach; however, Nagi emphasizes human abilities and disabilities. Nagi’s sociological approach seemingly supplements Parson’s systems theory by adding the notion of individual subsystems rather than being a real alternative.

Overall, the individual is comprehended as a functional being, performing roles and tasks in the context of an environment (Figure 1). Her ability and disability are evaluated in terms of the fulfillment of various assignments. Other individuals are represented in the schema via roles and tasks.

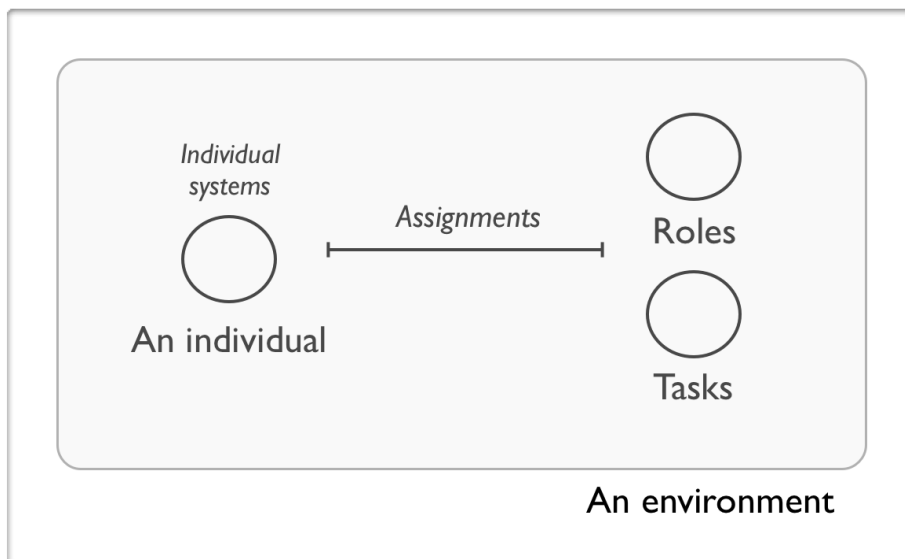


Figure 1 *A systemic approach to functional capacity*

While the framework of systems works reasonably well with physical and psychological functional capacity (as is evidenced by the enormous number of studies), it leaves no space for social functioning, which, put simply, focuses on

the real-time capacities relevant in social interaction (e.g., turn-taking in conversation) (Figure 2).

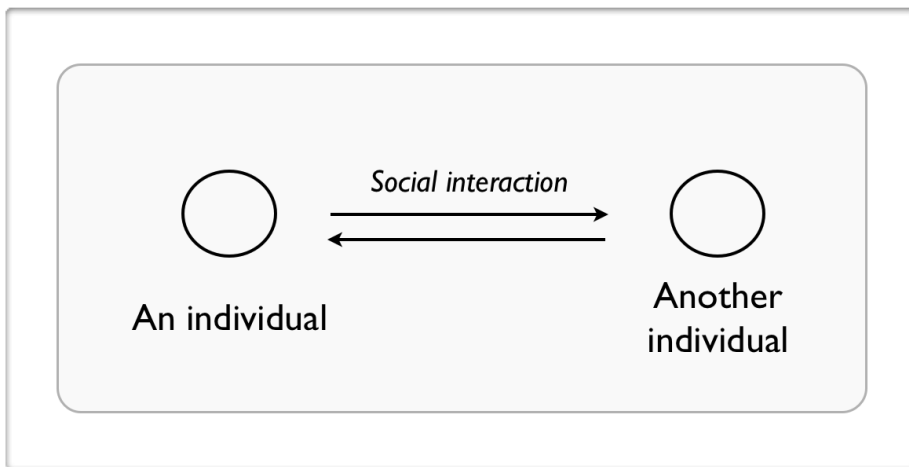


Figure 2 *An interactional approach to social functional capacity*

Hence, I suggest an interactional approach to understanding social functional capacity is comprehended via an interactional approach. The reader may ask what remains in the systemic approach when social functioning is excluded; we find that relationships with tasks remain, and that is perfectly feasible if we consider how physical measurements (e.g., pull-ups) and some psychological measurements (e.g., brain activity on an electroencephalograph) are conducted. In addition, other definitions of social functional capacity have a multi-dimensional character that emphasizes psychological (e.g., loneliness, experiences) and economic capacities (e.g., wealth) (Pohjolainen 1990; Tiikkainen 2013). They may need other research methodologies if social interaction is not critical to their treatment of the matter. Altogether, the development of the notion of functional capacity generated unexpected problems for the original approach to disability.

* * *

This sociological study returns to the field of assessment of functional capacity—which has its impetus in the works of Nagi and Parsons—by analyzing how today’s health care personnel evaluate functional capacity in face-to-face interaction. Instead of following the sociology of Nagi or Parsons, this study follows an ethnomethodological conversation analysis approach (Heritage 1984). Thus, this introduction does not argue that the author’s expertise is related to Parsons’ or Nagi’s sociology; rather, the intention is only to provide the reader with sufficient context for a conversation analysis dissertation exploring how interviewee-interviewer dyads organize “the assessment of functional capacity” in interview

interaction. Nevertheless, the findings of the study might offer some solutions to the problems described above.

The following sections of this introduction present the recent discussion on functional capacity and policymakers' concern about functional capacity in Finland; then, I briefly explore the ways in which functional capacity is evaluated in social engagements and how social interaction is analyzed in interviews, and, finally, I introduce the objectives and preliminary research questions of the study.

1.2 Models for functional capacity and functioning

A number of studies postulate that functional capacity is a multidimensional concept characterized not only by physical, psychological and social factors, but also by biological, cognitive, environmental, and societal elements, as well as ethical and spiritual matters. In this section, I discuss how functional capacity and functioning have been comprehended in recent models.

M. Powell Lawton is recognized as the founder of the idea that functioning deserves multidimensional assessments (Fillenbaum 2006). Lawton (1971, 465–466) proposed that practitioners and clinicians greatly benefit from measurements that take into account a patient's health, self-maintenance, roles, cognition, social activity, attitudes, and emotional status. The more we measure the patient, the more we know of her: "Assessment of all areas gives a more complete picture of the living, functioning person" (Lawton 1971, 466).

Let us consider what "functioning" might mean in this context. Lawton (1971) does not really open the notion, but he does introduce indexes, tests, and questionnaires appropriate for defining aspects of functioning. Katz et al. (1963, 914) suggest that the "patterns of function described in the fields of childhood development and anthropology" are comparable to the patterns found in measurements of functioning. The situation seems to be stable, since a recent encyclopedia (Schutz 2006) states that "functioning," as it is used in different studies, refers to a person's physiology, cognition, or social being. Turning to dictionary definitions, we find that functioning is "an activity or purpose natural to or intended for a person or thing" (Oxford dictionaries). Hence, it seems that practitioners, clinicians and patients have understandings of how things and processes should work. They have established categories for normal and standard, and they recognize departures from the norm. While speaking about scoring tests, Lawton (1971, 467) puts it in the following way: "Generally, each user must establish a frame of reference in his own mind as to how low or high a given score is for his own purposes, and for the type of patient he works with."

In sum, the concept of functioning has been defined through measurements, which leads to problems of understanding throughout different academic fields. For instance, Talo (2001) notes the controversies surrounding the term and maintains that it is possible to discard the whole notion. From the field of sociology, we notice a similar tenor:

The use of the term ‘function’ has become nothing less than inflationary. Those using it generally fail either to clarify what exactly a phenomenon *contributes* to the greater whole, or to explain whether or how making a functionalist assertion equates or may equate with *explaining* something.

(Joas & Knöbl 2009, 57; original emphasis)

Nevertheless, the International Classification of Functioning, Disability and Health (abbreviated *ICF*), by the World Health Organization, is one of the latest multidimensional approaches. Here, health is regulated by bodily functions, activities, and social participation, and influenced by contextual factors such as personality and the environment. This model is considered an international standard; it is widely recognized, and it seeks to cover all aspects of the matter by using common metrics (WHO 2001). The ICF developers have recently presented rules for linking health-status measures (e.g., blood pressure and weight) with ICF categories (Cieza et al. 2002; Cieza et al. 2005; Cieza et al. 2009), and identified categories with explanatory power (Cieza et al. 2006). Table 1 shows an example of the ICF categories and their definitions.

Table 1 *Example of categories in the chapter “Interpersonal interactions and relationships”*

d710 Basic interpersonal interactions
Interacting with people in a contextually and socially appropriate manner, such as by showing consideration and esteem when appropriate, or responding to the feelings of others.
d720 Complex interpersonal interactions
Maintaining and managing interactions with other people, in a contextually and socially appropriate manner, such as by regulating emotions and impulses, controlling verbal and physical aggression, acting independently in social interactions, and acting in accordance with social rules and conventions.

The ICF developers have presented a set of 12 core categories necessary for a minimal assessment of functioning (Proding et al. 2016). The core set includes basic interpersonal interactions (d710), and elsewhere they suggest that complex

interpersonal interactions (d720) are a part of a small ICF core set for assessing vocational rehabilitation.¹

The precursor of the ICF, the International Classification of Impairments, Disabilities, and Handicaps (abbreviated to *ICIDH*), emphasized disability instead of health; yet in turn it also introduced abilities. For example, human abilities allowed a person to “orient himself in relation to his surroundings” (WHO 1980, 185), “move about effectively in his surroundings” (1980, 192) and “participate in and maintain customary social relationships” (1980, 199). In the ICF, the latter ability is clearly replaced by the practices described in d710 and d720. Overall, disabilities were seen to hinder or restrict the use of these abilities—abilities which occupied an important place in the previous model but which are glaringly absent from the ICF.²

Another paradigm was built upon the framework of quality of life (Hays, Sherbourne & Mazel 1995; Hays, Ron & Morales 2001). The RAND Corporation supported the development of the Medical Outcomes Study (abbreviated to *MOS*; known also as SF-20, SF-36 or the RAND 36 Item Health Survey 1.0) for investigating physical and mental health. In this multidimensional model, physical health is composed of physical functioning, satisfaction with physical ability, and mobility, to mention but a few factors. While mental health concerns psychological well-being and cognitive functioning, so-called “general health” adds vitality, sleeping, and social functioning, among other health indicators, to the model.

More practically oriented writers reported, however, that the use of some of these key notions was problematic in their fields and claimed that the terms “functional ability and status,” “quality of life,” and “health status” were used interchangeably, which indicated a poor understanding of the actual matter in question (Leidy 1994). Consequently, the notion of functional status was highlighted in Leidy’s model, and functional capacity, performance, reserve and capacity utilization were defined as the dimensions of functional status. In this model, functional capacity is “one’s maximum potential to perform those activities people do in the normal course of their lives to meet basic needs, fulfill usual roles, and maintain their health and well-being” (Leidy 1994, 198).

Here, the reader may recognize clear traces of Nagi-Parsons’ sociology. Perhaps this definition of functional capacity is unsurprising, but the definition of functional performance—“the physical, psychological, social, occupational, and spiritual activities that people actually do in the normal course of their lives to meet basic needs, fulfill usual roles, and maintain their health and well-being” (Leidy 1994, 198)—is promising in two ways. First, Leidy makes a distinction

¹ <https://www.icf-research-branch.org/icf-core-sets-projects2/diverse-situations/generic-and-disability-set> (Accessed November 17, 2016)

² The Search Field in the ICF Browser (<http://apps.who.int/classifications/icfbrowser/>) returns only one category with “ability.” The search result is “b6600 Functions related to fertility. Functions related to the ability to produce gametes for procreation.” (Accessed October 11, 2016)

between potential capacity and actual performance. In her terms, the difference between the former and the latter is known as functional reserve. Capacity utilization refers to the extent to which a person's potential capacity is needed in actual performance, and this resonates with what Jyrkämä (1998) has suggested about actual and potential social functioning. Second, Leidy treats various aspects of functional capacity as activities people orient to. In her model, functional capacity (as maximum potential) and performance (as activities) are dimensions of functional status, which corresponds with, or refers to, the notion of functioning.

An alternative model for understanding the relationship between functional capacity and functioning comes from studies of mental illnesses and schizophrenia (Patterson & Mausbach 2010; Cardenas et al. 2012; Mantovani et al. 2015; Menendez-Miranda et al. 2015). Functional capacity is defined in the context of the ICF and operationalized through questionnaires and role-playing sessions focusing on various tasks. Functioning is labelled “real-world functioning,” which refers to whatever functioning might occur in the world outside the clinic. The problem seems to be that patients do not display their mental illnesses in the clinic, but elsewhere. To circumvent this difficulty, these studies attempt to find estimates, or surrogate markers (Patterson & Mausbach 2010), of “real-world functioning” in their functional capacity data. Their findings suggest that motivation explains differences between a person's “real-world functioning” and functional capacity (Cardenas et al. 2013).

Overall, none of the models have yet convincingly reached such validity and reliability that the professionals, practitioners and clinicians conducting assessments and developing the field would actually benefit from them (Talo 2001, 17). Moreover, multi-dimensional models attempting to “squeeze” the whole area of human functioning into a single theoretical framework have not been very successful—perhaps each aspect and capacity needs to be investigated in its own right. Moreover, Talo suggests that a “tool-box” for the assessment of functioning cannot be solely grounded on quantitative perspectives; rather a qualitative approach is also beneficial (Talo 2001, 32). Therefore, the dissertation now moves on to measurement methods.

1.3 Measurement of functional capacity

Health care professionals and developers, clinicians, psychologists and their assistants, and intake and survey interviewers commonly perform the measurement of functional capacity. They gather evidence of the functioning of their patients, customers or interviewees through research methods that include self-reporting, proxy reporting, interviewing, direct observation, testing, role-play, and, quite recently, simulated virtual environments. In this section I briefly investigate how these methods are used.

Self-reporting. A person usually knows what his or her condition is, and a recent study has suggested that just one self-report question about physical activity can be a reliable variable for epidemiological research (Portegijs et al. 2016). On the other hand, the validity of self-reports has also been challenged. For instance, Cicourel (1982, 19) claims that “[p]eople are not very accurate in describing their own behavior when asked to respond to direct questions.” Furthermore, Rubenstein et al. (1984) found that patients are likely to exaggerate in their own assessments of functional capacity when compared to assessments made by their proxies or nurses. Nonetheless, questionnaires, forms, and reports are often available for self-reporting, and today the Internet helps in the collection of such qualitative and quantitative data.

Proxy reporting. Occasionally, close relatives are a resource for measurement when self-reporting is not considered reliable or possible. Nevertheless, close relatives might have their own agendas and thus might not emphasize the patient’s best level of functional capacity. For instance, Rubenstein et al. (1984) noticed that patients’ significant others tended to underrate the functional capacity of the patient. Another potential problem is that patients are not always able to name a proper proxy (Patterson & Mausbach 2010).

Interviewing. Initially, interviewing was not the primary method of gathering evidence on a person’s functioning. For instance, Katz et al. (1963) considered observation their main method of noticing how independent or dependent a person was when eating or going to toilet. Given that interviewing has a tremendous impact on how information is produced in current societies, however, later assessments of functional capacity have been established using the method of interviews. The main forms that interviews take include surveys and welfare interviews for clinical and research purposes. Interviewing instruments, e.g., questionnaires and forms, are standardized and are often translated into several languages.

The Work Rehabilitation Questionnaire (*WORQ*), by Finger et al. (2014), operationalizes the ICF category on complex interpersonal interactions (d720) into a single question (Table 2). This questionnaire is used in interviews and self-reports. The question is answered using a scale from 0 (“No problem”) to 10 (“Complete problem”); however, there is no explanation for the numbers ranging from 1 to 9, implying that Lawton’s (1971, 467) point about “user interpreted” score values is still relevant here.

Table 2 *An operationalized ICF category in a question form (item number 25)*

Overall in the past week, to what extent did you have problems with...	
25	... starting and maintaining a conversation

The interviewee is requested to consider problems within any conversation in the past seven days. It is plausible that the interviewer lacks access to the interviewee's last seven days and is unaware of his or her conversational problems, although the ongoing interview could surely provide ample evidence of such problems, which is something the questionnaire fails to consider.

Observing. In the measurement of functioning, direct observation is used in many types of test situations. Information received via observation includes patients' independence, capacities and abilities, and details of their home. For instance, Katz et al. (1963) introduced their Index of Independence in Activities of Daily Living (*Index of ADL*) in the following way:

In the interest of maximum accuracy and reliability, the observer asks the subject to show him (1) the bathroom, and (2) medications in another room (or a meaningful substitute object). These requests create test situations for direct observation of transfer, locomotion, and communication and serve as checks on the reliability of information about bathing, dressing, going to toilet, and transfer.

(Katz et al. 1963, 95)

According to the instructions above, homes or other environments can be framed as test situations for direct observation. For practical reasons, however, observing is not always possible, e.g., in surveys and clinical practices. One reason is that observing is time-consuming. Nonetheless, Cicourel (1982) suggests that observing is the only method that grants access to performance that can be treated as an "actual" measurement of the subject's functioning. In this sense, observing may be more valid than the other methods presented above. Kastenbaum & Sherwood (1972, 170, original emphasis) crystallize the methodological promise of interviews by asking, "Would it not be sensible to utilize fully whatever *direct* observations we are in a position to make?" However, the observed and the observer seldom share or negotiate the results of observation: the active subject turns out to be the object of measurement. Jyrkämä (1998; 2008) has underlined the fact that such one-way practices are the core problem of gerontological research. When observing focuses on performance, it commonly excludes observers and their performance from the reports.

Testing. Asking people to demonstrate their capacities via physical and/or mental exercises produces test situations and test data. Since the 1960s, testing and observing have been included in functional capacity measurements. Settings where testing is conducted include clinical and sports research (e.g., maximum strength, walking speed, and reaction times), physiotherapy and occupational therapy (e.g., hand movement trajectories, sensory information) and general practice (e.g., issues of memory). Testing physical capacity has been very popular in the field, and the results of physical activity tests are considered important

predictors of morale (Lawton 1971, 466) and even mortality (Gardner, Montgomery & Parker 2006). However, if there are any credible tests for the social aspects of functional capacity, they have not been brought to my attention.

Role-playing. A rather new method for measuring functional capacity focuses on performance in controlled test situations where organizers use props and roleplay scenarios to create different tasks for participants. For instance, the following excerpt demonstrates how the Social Skills Performance Assessment (SSPA) is conducted:

For three minutes participants play the role of a tenant meeting a new neighbor (played by the interviewer). A second three minute role play involves a tenant, played by the participant, contacting his/her landlord, played by the tester, discuss a leak that has yet to be repaired after a previous complaint.

(Patterson & Mausbach 2010)

During the role-play, the organizers score the participant's use of social skills, such as willingness to engage in social interaction and the flow of conversation. Another study used roleplay to investigate functioning in the domains of finance, communication, planning, and transportation (Menendez-Miranda et al. 2015), and it thus seems that roleplay can provide test information about a person's social functional capacity. However, as Patterson & Mausbach (2010) note, the controlled test situation may not reflect "an individual's true performance in the 'noisy' real world." Roleplay produces estimates of functional capacity—"real functional capacity" is beyond its grasp.

Simulated virtual environments. It seems the first study to investigate functional capacity in virtual environments was published in 2014. In a study by Ruse et al., participants used virtual reality to simulate routine activities of daily living (ADLs). The Virtual Reality Functional Capacity Assessment Tool (VRFCAT) measures several domains of functioning via scenarios such as "navigating a kitchen, getting on a bus to go to a grocery store, finding/purchasing food in a grocery store, and returning home on a bus" (Ruse et al. 2014). The application records the time spent in the scenarios and a total count of errors, and these variables reflect the participant's incapacity and treatment. Interestingly, the authors give no clear recommendations for any single instrument for assessing functional capacity in simulated virtual environments. Overall, role-play and simulated virtual environments produce quasi-environments for measurement. It remains to be seen whether these methods can solve the problem of not having real environments for tests, as they need to provide information about the participants' actual real-world functional capacity. Nevertheless, it seems likely that virtual reality testing will replace traditional roleplaying setups in the future.

Thus far, I have reviewed how functional capacity is measured with seven methods and discussed the benefits and disadvantages of these methods. Now I move on to investigate how Activities of Daily Living are assessed in more

traditional ways. The next section is critical, since the data for the dissertation concern these interview instruments.

1.4 Assessing activities of daily living

This section turns to the various activities of daily living, which are commonly included in gerontological assessments. As Weiner et al. (1990, 1) put it, “[f]or research on the elderly, the ability to perform the ADLs has become a standard variable to include in analyses, just like age, sex, marital status, and income.”

During the 1960s several influential papers on disability and independency were published (Nagi 1964; Sokolow et al. 1961; Lawton & Brody 1969; Katz et al. 1963), and these papers form the background for the contemporary discussion of the matter. For instance, Lawton and Brody (1969, 179) began their classic paper with the following sentence: “[t]he use of formal devices for assessing function is becoming standard in agencies serving the elderly,” and this seems to be the situation today as well. Initially these formal devices for assessing function focused on a range of everyday activities considered critical for basic human functioning (e.g., getting in and out of bed, eating, and using the toilet), and they were termed the Activities of Daily Living (ADL). Later on, these devices were divided to physical (PADL) and instrumental activities (IADL). There are also specialized versions of ADL (e.g., the ADCS-ADL for recognizing Alzheimer’s disease).

The ADLs are measured in “hospitals, rehabilitation centers, nursing homes, and home care programs” (Katz et al. 1963, 914), and currently also in national surveys and local development projects. The reasons for using these devices include “vocational rehabilitation, social security, [and] workmen’s compensation” (Sokolow et al. 1961, 105), and they involve measuring the patient’s current activity status. The more activities are reported, the more independent the person is thought to be. At the same time, a low number of activities points to dependency, the need for earlier assistance, and earlier mortality.

The ADLs are administrated by health care professionals (e.g., nurses and clinicians) and interviewers (e.g., survey, clinical and research interviewers). Occasionally, activities are measured via self-reporting or proxy-reporting. Moreover, teams of specialists from professional fields may conduct the evaluation.

An example of the assessment of the physical activities of daily living (PADL) is demonstrated with four items from the Rand 36-item Short Form Health Survey (SF-36) 1.0 Questionnaire (Hays, Sherbourne & Mazel 1995; Hays, Ron & Morales 2001). There are 10 items in the section, where interviewees are requested to describe their health in terms of physical tasks. The instruction and four items are shown in Table 3. For these items, the answer options with values for scoring are: “Yes, limited a lot (1),” “Yes, limited a little (2)” and “No, not limited at all (3).”

Table 3 *Physical activities of daily living (SF-36; items 3, 5, 7 and 9)*

The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?	
3	Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports
5	Lifting or carrying groceries
7	Climbing one flight of stairs
9	Walking more than a mile

The activities in Table 3 represent several core domains of the physical activities people need to perform in everyday life. After the interview, the interviewer or researcher recodes the answer options (1=0; 2=50; 3=100) and calculates the average for the ten items of physical functioning. Each of the items in this section has the same weighting in order to produce a single estimate for physical functioning.

Next, an extract from the WHODAS 2.0 questionnaire is used as an example of the instrumental activities of daily living (IADL). Lawton (1971, 470) considered “paid work” a good example of an instrumental activity. In the WHO’s questionnaire, there is a section labelled “Getting along with people,” and it contains five items, two of which are shown below in Table 4. The answer options in this section are “None,” “Mild,” “Moderate,” “Severe,” and “Extreme or cannot do.”

Table 4 *Instrumental activities of daily living (WHODAS 2.0; items D4.1 and D4.3)*

In past 30 days, how much difficulty did you have in:
D4.1 Dealing with people you do not know
D4.3 Getting along with people who are close to you

The items in Table 4 request information about unknown people and close personal relations. The interviewee is asked to think about the past month and consider difficulty with these social tasks. Answers with “None” are worth 1 point, “Mild” 2 points, and so on up to 5 points. From this 5-item section, it is possible to receive scores ranging from 5 to 25 points, a lower score implying better social functional capacity. In addition, the same observation applies here as with Table 2 (in Section 1.3); the interviewer is in a position to observe possible difficulties, but the questionnaire fails to consider such matters.

Thus far, I have reviewed two main types of ADLs presented via questionnaires. Both measurements are quantitative, and they produce averages or summaries of several variables that may hide low values in certain domains of functioning. Furthermore, they do not focus on functioning on the day of the interview but on non-specific estimates for “a typical day” or the “past 30 days.” However, so-called “studies of functional competence” have developed during the past decade and they refer to ADLs as “the ability to care for oneself” and to IADLs as “the ability to manage one’s affairs” (Willis 2006, 250). In line with these competence studies, I refer to PADLs as “the ability to perform physical activities.” Therefore, a functional competence reading of ADLs emphasizes a person’s potential and capacities to accomplish everyday activities not through estimates but in real time and in real environments.

In short, by answering the ADL questions, interviewees provide information on their daily activities, which in turn is considered to provide information on their independence in society. The information gathered by measuring ADLs is often important, but it often arrives too late for health care professionals to prevent the patient being taken into institutional care (Laukkanen 2001, 94). Within institutional care, a person’s independence is no longer expected. This consideration of the ADLs brings this section to a close, and I now move on to policymakers’ concerns over the assessment of functional capacity. For readers interested in a review of ADLs, see Applegate et al. (1990) and Fillenbaum (2006) for an in-depth review of ADLs.

1.5 Policymakers’ concerns over the assessment of functional capacity

The matter of functional capacity has become a major concern for Finnish policymakers because it enables the classification of individuals based on their functioning and helps policymakers in the planning and targeting of need-based services. What is more, people’s functional capacities may justify their access to or exclusion from certain services. For these reasons, among others, studies of the assessment of functional capacity are urgently needed—evaluations of functional capacity may well work toward guaranteeing the universal right to security when facing disability, old age or unemployment (United Nations, 2015).

In Finland, policymakers’ concerns have led to new policy initiatives, which are dependent on the measurement of functional capacity and entitle or oblige older adults and the unemployed to appear for assessment. Next, I introduce those policies initiatives, as the data for this dissertation concern assessments of these social groups.

First, a policy initiative termed the “service need assessment” has been introduced for older adults (and any individual eligible for a special health care pension) seeking municipal services for assistance in their everyday life. After their initial contact with a municipal employee, they are directed to service need

assessments, where tests and interviews to measure functional capacity occur (For similar assessments in Sweden, see Olaison & Cedersund 2006; 2008). The Act on Supporting the Functional Capacity of the Older Population and on Social and Health Care Services for Older Persons summarizes the aims of functional capacity assessment in service need assessments as follows:

In the context of investigating service needs, the older person's functional capacity must be examined comprehensively using reliable assessment tools. . . . The older person's physical, cognitive, psychological and social functional capacity as well as factors related to the accessibility of the environment, safety of housing and access to community services must be taken into account in the assessment.

(Unofficial translation, Ministry of Social Affairs and Health 2012, 6)

Let me briefly return to the discussion on the systemic vs. interactional approach and comment on the excerpt. Considering this discussion, it seems unrealistic to expect the systemic approach to provide reliable measurements of social functional capacity. On the other hand, physical, cognitive, and perhaps psychological capacities could be accurately estimated, since in the systemic approach the focus is on the patient's capacity to manipulate physical or mental objects. In the interactional approach, social interactions, e.g., between the older person and his or her examiners, constitute that person's actual social functional capacities, there and then (Jyrkämä 1998).

Second, recent economic estimates underline that every effort to reduce the rate of unemployment is necessary to safeguard the future of welfare societies (Parkkinen 2008). Consequently, the "workability assessment" provides information on jobseekers' functional capacity: early detection and treatment of disabilities might help their employment prospects (Vuokko et al. 2011). Another side of the same coin is the "work disability assessment," in which physicians working for insurance companies assess their clients' work limitations (Schellart et al. 2011). In a study reported by Schellart et al. (2011), a disability assessment instrument termed the "Functional Ability List" has been used in the Netherlands to examine "personal functioning, social functioning, adjusting to the physical environment, dynamic movements, static posture and working hours." However, Hallberg (2001) observes that unemployment per se influences jobseekers' assessments via a lack of future perspectives, alienation from the daily routines of employment, and a lack of competence in the reflexive skills needed in self-evaluations. Consequently, the unemployed interviewee becomes overly tired and the assessment loses its focus.

Moreover, Vuokko et al. (2011) suggest that interviews with the unemployed include such themes as networks, participation, and jobseekers' difficulty in taking care of themselves. However, their analysis of social functional capacity is most likely to be performed with contemporary methodologies—which are reported to be unreliable (Heikkinen 1990). In sum, such assessments of functional capacity index the abilities or disabilities of the unemployed in order to serve economic

interests, be they those of the private sector, welfare society, or the global economy (Global Economic Prospects 2015).

Similarly, as with service need assessments, the interactional approach proposed in this dissertation claims that the interaction between the unemployed and their interviewers is what should be examined. More specifically, the social interaction between interviewers and interviewees should be investigated with conversation analysis. In this way reliable findings for these two social groups can be reported, as this dissertation attempts to demonstrate.

Recent policy developments in Finland make this sociological contribution to functional capacity interviews timely and relevant, as the interactional approach proposed by this study might offer some remedies to the methodological problems mentioned above. In sum, the impetus for studying the assessment of functional capacity comes at a moment in history when Western societies are turning into aging societies (Bloom et al. 2015), and, as a consequence, sociological questions of aging are becoming more relevant (Gubrium & Holstein 2000). Recent policy developments indicate that Finnish policymakers anticipate a potential social problem related to radical changes in Finland's age structure. Although these are national events, valid solutions may have global resonance and stand the test of time. Next, I turn my analytic gaze to social interaction in interviews, where the functional assessments constituting the data for this dissertation are performed.

1.6 Shifting attention to social interaction in the interview

In his presidential address, Stuart A. Queen, the 31st President of the American Sociological Association, asked whether sociologists could face “reality” (Queen 1942). Fourteen years earlier Queen had published a study, “Social interaction in the interview: an experiment” (1928), where he investigated what occurred in two-person interview. The research demonstrated the way a sociologist might face the “reality” of an interview. Queen (1942) advises the reader to “formulate problems of both theoretical and practical import and utilize data from the actual life of real folks.” Such empirical data involve questions such as the relationship between the verbal and non-verbal aspects of the interaction (e.g., tone of voice, facial expressions, and gestures), how speakers interpret each other's expressions, who takes the initiative, and so on (Queen 1928, 545). During the 1920s, this approach was rather novel in sociology; therefore Queen called it an experiment. In a commentary on Queen's paper (1928) entitled “Some difficulties in analyzing social interaction in the interview,” Virginia P. Robinson (1928, 561) finishes her critical review in the following way:

In conclusion, then, it seems to be far safer to put our emphasis in case work on a deeper understanding of affective changes in individuals and in a freer capacity to identify with a wider range of experience than to cultivate further at this point the barren field of technique by which these changes are expressed.

The author above suggests that we should study affects and experiences in individuals rather than analyze “the barren field of technique,” in other words, talk-in-interaction. Nevertheless, Queen’s naturalistic approach to the investigation of interaction in the interview has inspired us to ask similar questions about how ordinary talk is organized and how speakers coordinate talk (see e.g., Hutchby and Wooffit 2008, 1) with the methodology of conversation analysis (henceforth, CA). It was Harvey Sacks who, with his colleagues, invented the approach to the analysis of conversation during the 1960s. For instance, to quote Sacks’ reply to a student’s question in class (lecture, spring 1972):

[T]here’s an area called the Analysis of Conversation. It’s done in various places around the world, and I invented it. . . . There is no other way that conversation is being studied systematically except my way. And this is what defines, in social science now, what “talking about conversation” would mean. Now surely there are other ways to talk about conversation. But in social science there isn’t.

(Sacks 1995b, 549)

Obviously, Queen (1928) investigated the same phenomenon in interviews, but with quite different methods. Where Queen had to observe interviews (there was no recorders available), analog audio-recorders and players enabled Sacks to record (and rewind) spoken interaction, and this helped him develop a systematic method of analysis. On the other hand, Sacks treated social activities as observable and considered sociology a naturalistic, observational science (Hutchby & Wooffit 2008; Sacks 1995b, 20-21), and this stance is similar to Queen’s.

Whatever the case may be, interview interaction has been extensively studied in CA (it is perhaps even the most studied conversational setting). The numerous studies on interview interaction (e.g., news interviews, police interviews, job interviews, child abuse interviews, and interviews in educational settings.) are discussed later in Section 2.2. These studies have shown how conversation in interviews is interplay between ordinary talking conventions and institutionally specific talking conventions. During this discussion, functional capacity assessment interviews are introduced as a new setting for CA. In this setting, the interviewers’ questions and the pre-scripted answer options are standardized and related to health issues and human capacities. Survey interviews and medical consultations (e.g., life-style questions like “do you smoke”) are reminiscent of these interviews, but unlike survey interviews, these interviews assess a person’s functioning and may track changes in functioning over time (Tracy & Robles 2009, 140).

Now, as I have claimed that age-structure changes in Finland represent a potential social problem (Section 1.5), we might wonder whether CA has any relevance to sociological research on the questions of age structure. Maynard (1988, 311-312) has addressed this issue, and answers in the affirmative, asserting that it is precisely CA that informs us about the organization of interactional order occurring in every shade of everyday life: “people demonstrate their orientations, through structures of direct talk and interaction, to difficulties and issues that

emerge most intimately and urgently for them” (Maynard 1988, 312). Therefore, this dissertation can be treated as a test of that claim, as it investigates whether a potential social problem occurring in Finland can be addressed with CA.

1.7 Summary and the objectives of the study

A functional capacity interview is social encounter where interviewers use questionnaires to investigate their interviewees’ functional capacities. To my knowledge, the present study is the first to focus on social interaction in functional capacity interviews. Moreover, the study can be seen as a response to the suggestion of a previous study that functional capacity assessments require “documentation that is objective, reliable, and thorough” (Singer 1994). Furthermore, Queen’s original idea of studying actual events occurring in an interview is still relevant, because we do not know exactly what happens in functional capacity interviews when the unemployed or older adults are interviewed about their capacities. Hence, the dissertation documents social practices occurring in a recurrent manner in the data and shares the analysis with researchers who may wish to build upon the findings and practitioners whose work may be informed by the study. Consequently, the dissertation is also a response to policymakers’ requests for a scholarly explanation of *how functional capacity interviews are socially organized*. This is the first preliminary research question.

In the data, the interviewers were instructed to measure ADLs dealing with physical, psychological and social functioning, and my interests are in the physical (e.g., walking, running, and skiing) and social aspects (e.g., doing something with strangers or the other) of functional capacity. Psychological aspects of functional capacity are excluded from this study, and it is for future studies to address them. The second preliminary research question is related to the use of ADLs. According to studies of functional competence (Willis 2006), ADLs indicate a person’s abilities, potential and capacities to accomplish daily activities. Earlier CA studies have suggested that research should elucidate how competencies are needed in social interaction (Heritage & Atkinson 1984, 1). Thus, I ask *how competencies are treated in these interviews*.

The sociological model for disability emphasized the systemic relationship between individuals and their environment. Later studies concluded that this disability model was impractical for understanding social activities, which were covered by the notion of “social functional capacity.” Soon researchers also removed “social” from their research protocols. The “social” was seen but not noticed (Garfinkel 1984/1967)—or more likely, it was simply outside researchers’ methodological framework.

This introduction suggests that the original sociological model of disability was built into the framework of Talcott Parsons’ sociology, which might be the reason for the problems with social functional capacity described in the literature. The

paradox here is that while Nagi emphasized the abilities of the individual (in and through roles and tasks assignments), his sociological theory cannot explain how socially relevant abilities are constituted. Through empirical analysis, I aim to show *how speakers use their abilities in functional capacity interviews*. This is the third preliminary research question. Several models for functional capacity emphasize abilities (e.g., especially *ICIDH*), and this preliminary research question contributes to their aims.

While Parsons' framework was conceptual and analytical (Schegloff 1992, 105), CA receives its analytical strength, motivation and inspiration from diverse empirical materials that illustrate social action. Thus, this study examines one particular empirical context, a specific type of interview that is standardized, and clinical. Llewellyn and Hindmarsh (2010, xii) inform us about the relationship between researchers and "organisation": read "organisation" as the "functional capacity interview":

The point we are making is that in the first instance 'organisation' is a members' phenomenon and not just a phenomenon for the social scientist. Indeed, 'organisation' is not primarily a phenomenon for the social scientist. If the social sciences did not exist people would not forget how to show or how to act during meetings or job interviews. People do not need social scientists to pick their way through the organizational world. They already have methodic ways of doing this. As such, one thing people can already do 'organisation'; one job of the social scientist should be to find out how.

Contemporary methodologies do not capture the social aspects of functional capacity as they occur in real-time. However, if we accept the position of Llewellyn & Hindmarsh (2010), people are able to do this. Thus, my preliminary research questions are related to how they do it; the objective of the study is thus to open the "black box" of functional capacity in interviews (Drew & Heritage 1992, 5).

A final word before closing the section: In order to summarize the setting, the data, and the method of the dissertation, it may help the reader to consider the fitness of the planned methodology for answering the preliminary research questions. The setting is welfare interviews; health care professionals interviewing members of two social groups who may receive welfare benefits as a result of the assessment: the unemployed and older adults living at home. The interviews were videotaped, transcribed, and analyzed using ethnomethodological conversation analysis. The results were published in four articles. In what follows, the focus is on how the above-mentioned ideas are demonstrated and explicated with the methodology of conversation analysis, which illustrates how speakers themselves treat the issues at stake. The purpose of the analysis is not to discover functional capacities from the actual conduct of the interview, but to investigate how abilities manifest itself in the way the interaction proceeds. The study's final research questions will be specified after the methodological aspects of the study have been discussed.

2 Ethnomethodological conversation analysis

The method employed by this study is ethnomethodological conversation analysis (Clayman & Gill 2004; Hutchby & Wooffitt 2008; Francis & Hester 2004; Heritage 1984). Conversation analysis investigates turn-taking used for building, sharing, and maintaining the intersubjectivity and organization of interactional order. Next, I introduce the central tenets of conversation analysis and elaborate the methods used in this study. There are three scholars, Harold Garfinkel, Ervin Goffman, and Harvey Sacks, whose work has contributed the most to the current understanding of CA (Heritage & Clayman 2010).

The ethnomethodological program for studying the methods and procedures that speakers use when producing understanding for everyday affairs was initiated by Harold Garfinkel (1984/1967). Our actions are accountable, and we share a moral obligation for reflexive accounts. Even the surrounding social structures are best seen as resources for accounting and reasoning. Sacks shows that every activity and appearance is an available resource for others' interpretations (Sacks 2007). Bodily postures, physical appearance, physical conditions, and biological properties are all indexical resources for speakers' talk (Verschueren 1999, 100-101). Garfinkel's analysis of transgenerality illustrates how social meanings are equivalent to methods and procedures. For instance, certain methods and procedures convey meanings about a natural and normal female. While ethnomethodology investigates speakers' ordinary achievements, its sociological stance is not ironic; i.e., it does not posit hidden layers of social meaning.

Second, Ervin Goffman's micro-sociology offers insights into social interaction. For Goffman (1983, 2-3), speakers' involvement in face-to-face interactions is critical in terms of the interactional order: the domain of face-to-face interaction is analyzable in its own right—this methodological thought is reminiscent of Queens' (1942) suggestion to analyze “data from the actual life of real folks.” Speakers respect each other's morally sacred faces and conduct mutual face-saving work in order to prevent the loss of their socially shared positive images (Goffman 1967, 5-9; Brown & Levinson 1987). In addition, Goffman emphasizes the fact that it is important to take account of the ritual aspects of social encounters, since while speakers have their own “general capacities,” moral requirements such as how to behave in each other's presence are derived from social encounters (Goffman 1955). Speakers find practical solutions to methodological and procedural questions like how to be with each other and how to meet intimates or strangers in each situation. Later scholars have suggested that Goffman's situational requirements are reminiscent of functionalism (Collins 2004, 16).

Third, Harvey Sacks, who was briefly mentioned in Section 1.6, continued to develop the ethnomethodological program toward everyday conversations; hence, he and his colleagues presented a systematic methodology for analyzing the organization of turn-taking in conversations (Sacks et al. 1974). This organization is locally managed, organized by its speakers, controlled in interaction, and

usually every turn-of-talk is designed with the recipient in mind. These rules of conversation address turn-allocation, transitions, overlaps and gaps, repair organization, and many other important features, such as adjacency pairs, which are sequential units containing the first pair-part and the second pair-part of a conversation (e.g., question/answer). Speakers receiving questions are expected to deliver answers (not excuses, refusals, greetings, etc.), as only answers are relevant in this adjacency pair. Schegloff (1972, 114) writes about their relationship thus: “Questions are specially ‘demanding’ in that respect, because they make an answer conditionally relevant.”

Another methodological innovation is related to the analysis of subsequent turns: Speakers display understanding of the previous turn(s) when producing the next turn. This next-turn proof procedure (Sacks et al. 1974, 728-729) tells the hearer, and others, how the speaker understands the previous turn. In doing so, speakers’ understandings are displayed in the course of ongoing interaction (Sidnell 2014). Sacks emphasized “order at all points” (Sacks 1995a, 484), which underlines the fact that every tiny detail of naturally occurring data should be analyzed properly.

Moreover, the preferred data for conversation analysis studies are recordings of naturally occurring social interactions (Mondada 2013). Such material is carefully transcribed with the notation practices developed by Gail Jefferson (2004). Unmotivated reading of the transcription helps the analyst recognize how the talk is organized (Sacks et al. 1974, 699). This kind of “careful attentiveness to the details” helps ethnomethodologists access social order (Rawls 2002, 6).

Unlike ethnomethodology, ethnomethodological conversation analysis has paid little interest to speaker properties (e.g., age, body)—the focus has been mainly talk-in-interaction. Nevertheless, Schegloff (2009) recently noted that age might be relevant to talk and encouraged studies of talk involving speakers with marked age differences. While studies have analyzed the talk of older adults (e.g., Heinemann 2006 & 2011; Olaison & Cedersund 2006 & 2008; Paoletti 1998), comparative studies investigating their talk and the talk of younger speakers have yet to be conducted.

Researchers have treated Sacks’ lectures as a reservoir of fine research ideas, and we find several sections where Sacks describes abilities. First, speakers have the ability to produce sentences (Sacks 1995a, 474), the ability to monitor talk (Sacks 1995a, 658), and the ability to teach language (Sacks 1995a, 474). These examples are all related to the mastery of language and talk. Then, speakers may have “the inability to do abstract thinking and reasoning” (Sacks 1995b, 135) and the inability to hear the prior turn (Sacks 1995a, 450). Sacks suggests that speakers have abilities and inabilities, but then he also observes that abilities develop. Young speakers may have a limited ability to build a sentence (Sacks 1995a, 348) and not so young speakers need to learn to be silent in a relationship (Sacks 1995a, 50). All these abilities build a model of a speaker for CA.

Next, I briefly outline the CA concepts and notions used in this study. First, I investigate question-answer adjacency pairs and their sequential expansions, in order to address how competence is relevant in functional capacity interviews.

Then, I compare the talk of younger and older adults' and suggest that the properties of these two groups, such as age and physical appearance, are relevant in how their answers are received. Finally, I provide empirical evidence of abilities in interview interaction. In sum, perhaps the time will soon be ripe for an ethnomethodological program that addresses speaker properties in detail.

2.1 Institutional interaction

The notion of institutional interaction was firmly established in CA during the 1990s, with the publication of a book titled *Talk at work* (Drew & Heritage 1992). It was a landmark study for research on situations where at least one participant performs institutional and goal oriented tasks. As a result, talk related to institutional matters became known as “institutional” talk; however, studies have shown that attempts to separate ordinary conversation from institutional conversation are not very fruitful (Heritage & Clayman 2010, 2). Speakers' ability to choose the topics of talk is not restricted or determined by any setting (Drew & Heritage 1992, 3); thus speakers may, for instance, answer the phone during a standardized interview and greet the caller with ordinary conversational practices. Studies of institutional interaction have nevertheless shown that institutional domains, such as courts, doctor-patient interactions, and news, are distinguishable both from each other and from everyday interactions. In addition, it has been proposed that there is an institutional “fingerprint” (Drew & Heritage 1992, 26; Heritage & Greatbatch 1991, 95-96; Heritage 1997, 224-225) that acts as a kind of blueprint for institutional practices, conveying, for instance, professional stocks of interactional knowledge (SIK), which organize epistemic theories or conceptual models that deal with professionals' or practitioners' interaction (Peräkylä & Vehviläinen 2003).

In brief, the seven features of institutional conversation are (in line with Drew and Heritage 1992): (1) Lexical choice, (2) Selection of activity, (3) Activity format, (4) Sequence organization, (5) Overall structural organization, (6) Professional “cautiousness,” and (7) Interactional asymmetries. While these features mainly involve talk-in-interaction, recent CA studies have analyzed the role of gaze (Goodwin 1979; Egbert 1996; Rossano 2012) in the service of the coordination of talk in institutional interaction (Tiitinen 2015).

Next, I provide some examples of the seven features of institutional conversation with observations drawn from dyadic interviews. Questionnaires, instructions, and answer options offer topically relevant resources for lexical choices (feature 1), Interviewers and interviewees are expected to play their respective parts in the interview: usually one person requests information and the other person provides answers (features 2, 3, 4). Each participant has specific roles and tasks, duties and responsibilities, and access to certain epistemic domains. The overall structural organization of interview interaction contains phases such as introductions, series of question-answer adjacency pairs, and

acknowledgements (Maynard & Schaeffer 2006) (feature 5). Professional ‘cautiousness’ or neutrality is one feature of institutional conversation (feature 6); nevertheless, Antaki et al. (2002) have noted that neutrality in an interview situation is not self-evident, as interviewers tend to wait for better answers, give advice and guidelines to obtain acceptable answers, offer answer options, and make abstract questions more concrete (Antaki et al. 2002, 452-453). Finally, interviewees have epistemic primacy over, say, their personal matters, and interviewers have access to how other interviewees have answered, while interviewees do not (feature 7).

2.2 Studies of interview interaction in CA

Interview interaction has been an extensively studied research topic in CA. (For a brief overview of the topic, see Rapley [2004]). In this section, I review studies with findings from various interview contexts. Clinical and medical interactions, survey interviewing, and various assessment interviews are popular contexts for functional capacity interviews. The findings reported in this study probably have relevance within the above-mentioned contexts.

I am going to position this study within the relevant research contexts, which include clinical and medical interviews (Tannen & Wallat 1987; Heritage & Sefi 1992; Heritage & Lindström 1998; Marlaire & Maynard 1990; Maynard & Marlaire 1992; Maynard 1992; Jones 2001; Maynard & Heritage 2005; Boyd & Heritage 2006; Linell & Bredmar 2007; Iversen 2013), survey interviews (Suchman & Jordan 1990; Houtkoop-Steenstra 1997; 2000; 2002; Lavin & Maynard 2001; Maynard & Schaeffer 2002, 2006; Schegloff 2002; Moore 2004; van der Zouwen & Smit 2006; Gathman et al. 2008), jobseekers’ interviews (Komter 1991; Button 1992; Gumperz 1992; Llewellyn & Spence 2009; Toerien et al. 2011), language proficiency assessment interviews (Kasper 2006), health-related telephone helplines (Wilkinson 2011), and finally, interviews with speakers with a learning disability (Houtkoop-Streenstra & Antaki 1997; Antaki et al. 2000; Antaki et al. 2002).

Interview interaction occurring in the news (Greatbatch 1985, 1992; Heritage & Greatbatch 1991; Clayman 1992; Heritage 2002; Clayman & Heritage 2002; Haddington 2004; Heritage & Clayman 2010; Heritage & Clayman 2013), police interviews (Haworth 2006; Komter 2006; Stokoe & Edwards 2008; Nakane 2011), presidential candidate debates (Schegloff 1988/1989; 1992) and broadcast interviewing (Emmertsen 1997; Rautajoki 2014) and celebrity interviews (Koskela 2005) represent less relevant contexts for functional capacity interviews. For instance, interviewing in television broadcasts is organized around “participation fields” (Rautajoki 2014) in front of an imagined audience. In turn, police interviewers gather evidence from the interviewee’s talk.

This dissertation investigates standardized “closed” interviewing (Maynard & Schaeffer 2006), which commonly means that interviewer-interviewee dyads use

fixed answer options. Other CA studies have analyzed the practices of “semi-open” research interviews (Houtkoop-Steenstra 1996) and “open” interviewing (Rapley & Antaki 1998), where respondents are expected to elaborate on their answers. Houtkoop-Steenstra (2000, 3-4) calls the choice between “closed” and “open” interviewing a matter of “question format.” While functional capacity interviews may contain open-ended answer options, this has not been a popular format. Interviews can consequently be categorized accordingly to purpose as research interviews (van den Berg et al. Eds, 2003), clinical or diagnostic interviews (Sørensen 2014), and welfare interviews (Halloran 2002). Functional capacity assessments are well suited to these purposes—research, clinical, and welfare interviews—since, as suggested later in this study, the speakers’ orientation to epistemics of ability makes this interview practice rather unique.

Taken together, I have attempted to situate functional capacity interviews within the field of CA by contrasting relevant and less relevant contexts and by comparing different question formats and interview purposes. For more extensive summaries of qualitative methods for analyzing interviewing, see Roulston (2006), Tracy & Robles (2009), and Nikander (2012). Next, I summarize the findings from previous CA studies of interview interaction.

To begin with, turn-taking in interviews is organized according an “interview system” into “questions” and “answers” (Sacks et al. 1974, 710). In one-on-one interviews, both participants—the interviewer and interviewee—work actively to maintain this principal social organization. Then, there are two sets of organizations operating during an interview: the set of everyday practices and the set of institutionally specific practices. An “interactional substrate” (Maynard & Marlaire 1992) organizes everyday practices for institutional purposes and secures the production of interview data (Maynard & Schaeffer 2002; 2006).

Interviews are usually opened and closed by interviewers (Greatbatch 1985, 112). They may employ various speaker roles, such as being a representative of the study (Houtkoop-Steenstra 2000). Furthermore, the interviewer’s task is twofold: to manage the progression of the official agenda (the institutional goal-oriented task) and deal with the interviewee’s sacred face (the moral task). However, interviewers may momentarily “forget” their institutionally specific tasks and return to ordinary conversation practices. Likewise, interviewees usually orient to the official agenda, but they can also resist it (Iversen 2013).

The core sequential organization for interview interaction is a generic “interviewing sequence” (Maynard & Schaeffer 2002, 15-16; Maynard & Schaeffer 2006, 14-16):

- (1) The interviewer’s question
- (2) The interviewee’s answer
- (3) The interviewer’s acknowledgment or feedback

The talk in interviews is overwhelmingly organized by interviewing sequences. The interviewer’s question is followed by the interviewee’s conditionally relevant answer (Schegloff 1972). It is known that the third position turn is characterized

by institution-specific activities: the interviewer can use that position for feedback, normalizing and interpreting uncertain answers (Sørensen et al. 2014). Interviewers may also refrain from producing the third position turn (Greatbatch 1985).

Most CA studies of interview interaction have investigated conversations in English. When interviewer questions are distinguished by their form, they can be divided into:

- Polar questions (e.g., yes/no)
- Wh-initial questions (e.g., why, what, when)
- Alternative questions (e.g., are you running, swimming or cycling)
- Declarative questions (e.g., I was wondering, whether . . .)
- Tag questions (e.g., the moon is cheese, isn't it?)

(Tracy & Robles 2009, 133)

Each interview question makes a question specific answer conditionally relevant (e.g., when? 11:19am). Answer options are often used in interviews, implying that the array of possible and relevant answers is wider. In addition, different question formats (Houtkoop-Steenstra 2000) and interview purposes might promote the use of certain questions. For instance, I found that questions in “closed” functional capacity interviews are routinely produced and treated as polar questions.

There are also interviewer questions beginning with “how,” as the following question in Dutch shows:

Hoe goed kunt u dit?
how well can you do X?

(Houtkoop-Steenstra 1997: 612, 619)

The question is similar to Finnish questions beginning with *pystyttekö* “are-you-able,” since they request information that orients to the recipient’s abilities and competences. Elsewhere, it has been suggested that CA studies should explain the competencies needed in social interaction (Heritage & Atkinson 1984, 1); studies investigating such non-English interviewer questions may contribute to that aim.

Before closing this section, I will summarize my position. Heritage (1974, 279) suggested a good while ago that social psychologists should analyze assessments and social action from an ethnomethodological perspective (Garfinkel 1984/1967) and concentrate on locally produced, common-sense knowledge. In this respect, the present study is an ethnomethodological study. By elaborating the ways in which speakers produce this social setting as an accountable local and moral object (Watson 2005), it is possible to illustrate what is particular to this setting; i.e., I illuminate its “haecceity,” or “just thisness” (Bergmann 2004, 79).

3 Research questions

This study examines how functional capacity interviews are organized in social interaction. The assessment practice is documented and analyzed with ethnomethodological conversational analysis in order to open the “black box” of the functional capacity interview. Therefore, my research interest is how functional capacity interviews are accomplished in interaction.

This research interest emphasizes speakers’ moral responsibility for calibrating their social actions toward outcomes that establish the assessment interview. While I investigate how turns of talk are organized according to an “interview system” (Sacks et al. 1974, 710) and to “questions” and “answers,” I also intend to specify the social practices that are distinctive to this type of interview. Three specific research questions are investigated, with the first being related to the recognition of competence in interview interaction:

(1) How is a speaker’s competence treated in functional capacity interviews?

The strength of the notion of competence is related to the fact that competences can be treated as emergent and momentary achievements. Whereas an “ability” refers to one person’s ability (e.g., the ability to sing), competence may refer to the local achievements of several individuals (e.g., a live musicians jamming session) (Heritage 1984, 293-294). How, then, is competence as a local achievement managed in dyadic interaction?

Article I (“Competence”) analyzes three understandings of competence, which, according to my hypothesis, are intertwined in interaction. The ethnomethodological understanding of competence suggests that “members” are able to recognize competent and incompetent behavior (consider hotrodders [Sacks 1995a, 169-174]), while the logic of conversation analysis, in turn, emphasizes speakers’ ability to design turns differently (i.e., use recipient design [Drew 2013, 145-148]) when orienting to competent and incompetent recipients. Finally, social gerontological theory assumes a speaker’s competence is related to the regulation of self and to the pressures of the environment (Lawton 1979). I incorporate all three approaches, and thus I analyze a generic interviewing sequence (Maynard & Schaeffer 2006) to show how the questioner produces social environmental pressure in the first position, the respondent answers in the second position, and then the questioner lowers the pressure in the third position. Simply put (Article I, 139), “the adjacency pair is the sequential location for mutual negotiation of the respondent’s competence.”

The second specific research question turns our attention to the interview situation and studies how references to social identities (Maynard 2013, 3) are made relevant in these interviews. The systemic view of functional capacity (consider Figure 1 in Section 1.1) expects that other people are relevant only

through role and task assignments (e.g., interviewer-interviewee), but the analysis of this research question reveals how other identities are relevant as well.

(2) How are speakers' social identities relevant in functional capacity interviews?

Articles II (“Social identity”) and III (“Formulations”) offer analyses of social identities in interview interaction. First, in Article II, the interviewers receive positive minimal responses (e.g., *kyllä* “yes”) differently when the interviewee is unemployed or an elderly retiree. Hence, this article demonstrates how social identity is procedurally consequential in the talk (Schegloff 1992; Drew and Heritage 1992; Antaki and Widdicombe 1998). To exaggerate this finding slightly, the implication is that it is not what you say but who you are vis-à-vis your interlocutor that is important, at least in these interviews.

Then, in Article III, the relevant social identities are “the stranger” and “the other.” When speakers answer the IADL questions on social functional capacity, they learn to use their ongoing interview interaction as a resource to facilitate their answer. When the interviewee is pondering the question about encountering strangers, the interviewer may announce her social identity (the stranger), and as a result, she provides concrete evidence for the answer. This article is perhaps the first to provide empirical evidence of Garfinkel & Sacks’ (1986/1969) definition of formulation in institutional interaction.

The third specific research question addresses abilities in interview interaction:

(3) How are abilities relevant in functional capacity interviews?

Article IV (“Ability”) investigates speakers’ capacity to establish and maintain intersubjectivity (Sidnell 2014) in interview interaction. Following Sacks (1995a; 1995b) here, speakers are expected to have abilities, which manifest as the interaction proceeds, and which help us maintain intersubjectivity. It is known that ordinary speakers use paired actions (Heritage 1984) and turns (Sidnell 2014) for establishing intersubjectivity. Adding to that, Article IV shows how speakers may maintain an intersubjective architecture (Heritage 1984) across two sequences. In addition, ability to ascribe intention to other people is introduced.

Article IV suggests abilities are very relevant, not just for functional capacity interviews, but for everyday interactions as well, because they establish speakers’ ‘capacity for intersubjectivity’ (Sidnell, 2014).

These research questions are intended to highlight various aspects of functional capacity interviews and illuminate how functional capacity interviews are accomplished in interaction. The rationale of the specific research questions is that interviews are constituted by the speakers, their talk, the documents they are

working with, and the situation they are in. Together these factors constitute what might be unique to this social setting (i.e., its “haecceity”).

3.1 The data

The data for this study are drawn from a collection of videotaped welfare interviews from three projects run between 2007 and 2009 to develop the assessment of functional capacity within municipal, non-governmental, and partnership organizations in Finland. The general aim of the projects was to develop assessment techniques and promote the participants’ health, well-being and functional capacity. In addition, these projects had their own specific aims and purposes.

Project for the long-term unemployed. This project was organized as a local sub-project for the Development Partnership Project on Health Care for the Unemployed (PTT project), and it was coordinated by the National Institute for Health and Welfare (THL). The impetus for the PTT project came from the Ministry of Social Affairs and Health. The aim of the sub-project was to promote the health, functional capacity and working ability of the long-term unemployed. Three middle-aged female health professionals conducted all the interviews consecutively. The interviewers and the interviewees either had identical questionnaires containing the questions and the answer options (the baseline interviews) or only the interviewer had the questionnaire (the follow-up interviews). The videotaped materials (n=28) involve 23 unemployed adults between the ages of 27 and 59, mean age 47 years.

Project for retirees 1. This project was organized by a non-governmental eldercare institution and coordinated in cooperation with the Age Institute, Helsinki. Finland’s Slot Machine Association (RAY) funded the project, whose aim was to support independent living at home. Three interviewers, all female, conducted this project’s interviews consecutively. The interviewers had the full questionnaires, while the respondents only had a copy of the options for answering. Six interviews were videotaped; the interviewees’ ages ranged between 71 and 82, mean age 76 years.

Project for retirees 2. The third project was organized as a sub-project for Päijät-Häme hospital district’s HYVE project and Ikihyvä Päijät-Häme (GOAL, Good Ageing in the Lahti region), a Finnish research project on aging and well-being, and it was coordinated by the Palmenia Centre for Continuing Education, a part of the University of Helsinki. The aim was to develop the assessment of social functional capacity and promote social policy that supports independent living at home. A total of 23 interviews were videotaped, out of which 18 were transcribed and analyzed for this study. Seven interviewers, all female, as in the other projects,

conducted the interviews. The interviewers had the full questionnaires, but the interviewees did not have any documents at their disposal. The interviewees' age ranged between 72 and 88, mean age 82 years. In addition, a brief preliminary analysis of all the videotapes was performed at the project meetings (Seppänen et al. 2009, 13).

The distribution of unemployed adults and retirees in the data is shown in Table 5. Out of 57-videotaped interviews, 49 were transcribed (86%), and both data subsets were inspected equally. During the research process, I noticed that data saturation concerning the study's specific research questions had been reached and transcribing more would not elicit any supporting or counter evidence (Fusch & Ness 2015). The length of all the videotaped materials ranged from 7–60 minutes (total: 29 h). The number of transcribed pages was 421 (Courier New, 12 points, line spacing 1). This provided 18,986 lines with titles and speaker designations and no empty lines.

Table 5 *The two data subsets*

Data subsets	Videotaped interviews	%	Transcribed interviews	%
Unemployed adults	28	49	25	51
Retirees	29	51	24	49
TOTAL	57	100	49	100

3.2 Analysis

The videotaped data were transcribed using notations developed by Jefferson (2004). After the first stage, the transcriptions were rather rough, but they allowed me to compile initial collections of analytically interesting segments. During the subsequent analysis, transcript detail was sharpened, and more cases were collected until a sense of saturation was reached. This meant that a good number of cases supporting the analysis had been found from the data and there was no indication that additional cases would have changed the analysis. In addition, the analyzed segments were presented in data sessions and other presentations where they received both critical and supporting comments. Since the data are in Finnish, English translations were added to the transcript. The same data were also used in publications in Finnish (Seppänen et al. 2009; Simonen 2010; Simonen & Heimonen 2014). The Articles (I–IV) contain detailed transcripts, translations and analysis, and they take advantage of the following data subsets:

- Articles I and III investigate the two data subsets as a whole.
- Article II compares the two data subsets.
- Article IV analyzes one data subset: the unemployed.

Articles I and III consider the whole data in order to maximize the range of possible research findings. On the other hand, by concentrating on just one data subset in Article IV, my aim was to minimize the effect of the potentially incongruent preferences found in Article II.

Initially Article II amounted to a *qualitative* comparative analysis of the two subsets, but during the research process I discovered that the study contained enough cases for a *quantitative* comparative analysis of the distribution of patterns between the two subsets. According to Arminen (2009), quantitative comparisons are the best method of studying how patterns may differ in different populations.

In addition, Praat software (Paul Boersma and David Weenink) was used in transcribing and verifying the transcripts and TAMSAnalyzer software (Matthew Weinstein) in building and managing the collections.

3.3 Ethics

The research methodology followed standard ethical principles. Initially, I was contacted by the projects, and we agreed to organize the videotaping of functional capacity interviews for two purposes: 1) to provide me with data for my doctoral dissertation and 2) to provide the projects with a fly-on-the-wall perspective of how their interviews actually proceeded. One project leader thus considered our plan a win-win situation. While planning the videotaping of the interviews, we applied for ethical approval. In 2007, the ethical committee of the Age Institute approved the research plan, and the ethical committee of Päijät-Häme Social and Health District (Päijät-Hämeen Sosiaali- ja Terveysyhtymä) arrived at the same conclusion in fall 2008. Permission was given for the video data to be shown to researchers and professionals involved in the projects, and also to participants at certain conferences and other restricted events. In these cases it was possible to ascertain the identities of the conference participants. Otherwise, it was agreed that the video data would be anonymized and all presentations, and publications on the study used pseudonyms (A, B, C) when needed.

The project for the unemployed recruited the interviewer and instructed her to ask the project participants if they were willing to participate in the study. The participants had time to read the information material and the informed consent form, and sign the latter, before any assessments began. The projects for older adults either gave similar instructions to their interviewers or asked them to think of current patients who might be willing to participate in the study. Most of the older adults were willing to take part in the study. However, some of the

unemployed and potential project interviewers were less interested and hence they were not required to participate. Overall, participation in the study was voluntary, and each participant signed an informed consent form; a translated version of the consent form is presented in Appendix.

4 Results

This section reports and summarizes the findings of this study, which investigates how functional capacity interviews are organized in social interaction. To understand how this social institution is organized, I will begin by briefly reviewing how documents are systemically treated in this setting, before continuing to the results reported in Articles I–IV.

4.1 Structured interviews are document-driven interaction

Questionnaires are institutionally relevant documents which offer standardized “routes,” “roadmaps,” or “templates” for speakers through the first scripted question to the very last scripted question; although this does not mean that speakers cannot depart from these routes. Nevertheless, interaction in this setting tends to carefully follow the structure of the document, and therefore I call this type of interaction DOCUMENT-DRIVEN. For instance, Cicourel (1969) suggests the questionnaire provides a constitutive order for the interview, and, as such, it establishes the ground for progression in interview interaction. Moreover, the relevance of documents is highlighted by the fact that during an interview they are located in the middle of interviewee-interviewer dyads. Interviewers are entitled to manage the interview documents and hold the questionnaire in their hands or let it lie on the table.

In Figure 3, the interviewer (on the left-hand side) is recording an answer and the interviewee (on the right-hand side) waits and orients her gaze toward the questionnaire. The participants have a strong embodied orientation and a shared attention to the ongoing task of completing the questionnaire. Compare how the participants either extend or fold their arms, as if indicating who is active with the document and who is not. More evidence for the location of the document is also available in Articles III and IV.

If we agree that this type of interaction is really document-driven, we might consider how Figure 2 (in Section 1.1) supports this claim. Figures 2 and 3 are similar in the sense that they both contain speakers and arrows. However, the arrows in Figure 3 are not directed to the other speaker, but to the questionnaire: social interaction is thus mediated by the document.

Taken together, the document is always in the middle, somewhere between the speakers, signaling the importance and presence of the institutional agenda. Next, I will discuss about the precise content of the questionnaire.



Figure 3 Participants orient toward the questionnaire located between them

The study articles analyze the use in interaction of the questionnaire's pre-scripted questions and answer options. First, Articles II and IV analyze nine questions focusing on physical functional capacity and mobility. These questions begin with a verb in its question form: *pystyttekö* ("are-you-able"). These questions investigate Physical Activities of Daily Living (PADL), and they deal with the following capacities: stair climbing, walking, running, lifting 10 kilos, walking in the woods, riding a bike, cross-country skiing and swimming. An alternative and informal way of translating *pystyttekö* would be "can you?" The reader may refer to Articles II and IV in order to see the exact wording of the nine pre-scripted questions. Below is an example of a physical functional capacity question:

Pystyttekö kävelemään yhtäjaksoisesti vähintään 2 kilometriä?
"Are you able to walk continuously for at least two kilometers?"

Interviewers usually present these scripted questions in the first pair part of an interviewing sequence. Typically a response follows in the second pair part. After circling the corresponding answer option, the interviewer reads aloud the next scripted question and receives the next response. In this way they proceed through the questionnaire.

Table 6 contains a set of answer options for scripted questions dealing with physical functional capacity. There are five options and only one is equivalent to full functional capacity, i.e., *Kyllä, ilman vaikeuksia* ("Yes, without difficulty"). The rest of the answer options deal with gradients of difficulty and also lack of knowledge or skill. Moreover, there is some local variation between the projects, such as whether interviewees have copies of the answer options at their disposal (see Section 3.1).

Table 6 Set of answer options for physical functional capacity (PADL)

Kyllä, ilman vaikeuksia	Yes, without difficulty
Kyllä, mutta vaikeuksia	Yes, but with difficulty
En	No (i.e., I'm not able)
En osaa sanoa	I don't know
En osaa tehdä	I cannot

Articles I and III then analyze questions of social functional capacity, beginning with a verb in its question form, *selviydyttekö*, which can be roughly translated as “do you manage?” or “do you cope with?” However, the translation from Finnish to English used in Articles I and III is the same as for the functional capacity questions, i.e., *selviydyttekö* is translated as “are-you-able?” This translation does not convey the survival aspect of the question verb (*selvitä* literally means “to survive”), but emphasizes ability. It is thus clear that some meanings are lost in translation, but on the other hand, as a turn, the translated question still topicalizes the management of social functioning. Moreover, the analysis in Articles I and III focuses on turns and practices occurring after the question, partly due to these translation difficulties.

The questionnaires that were analyzed contained two social functional capacity questions with a slight variation in their written form in the projects:

Selviydyttekö asioiden hoitamisesta yhdessä muiden kanssa?
“Are you able to take care of matters with other people?”

Selviydyttekö asioiden esittämisestä vieraille ihmisille?
“Are you able to present matters to people unknown to you?”

The “matters” mentioned in the questions refer to the practical management of everyday affairs (e.g., shopping, visiting doctor); therefore these questions are known as Instrumental Activities of Daily Living (IADL). In addition, the phrases “getting along with people who are close to you” and “dealing with people you do not know” from WHODAS 2.0 remind the above questions (Section 1.4). Table 7 shows the answer options for the social functional capacity questions.

Table 7 *Set of answer options for social functional capacity (IADL)*

Selviydyn	I'm able
Selviydyn, mutta vaikeuksia	I'm able with difficulty
Selviydyn, mutta erittäin vaikeaa	I'm able with severe difficulty
En selviydy	I'm not able
En osaa sanoa	I don't know

Table 7 contains four options ranging from *selviydyn* to *en selviydy* (“I’m able – I’m not able”) and one option for uncertainty over ability. It seems, however, that lack of skill (in contrast to an inability to cope) is not a relevant answer option when interviewing for social functional capacity.

I have now reviewed two types of functional capacity questions and their answer options. Next, I will move on to a summary of the findings of the individual articles by showing how competences, social identities, and abilities are relevant for speakers in functional capacity interviews.

4.2 The regulation of self and the social environment

Article I studies how speakers can participate in the negotiation of others’ competence, discusses M. Powell Lawton’s Person-Environment Fit Model (1979)—which is directly descended from the work of Parsons and Nagi—and suggests an alternative model for the regulation of self and the social environment. Highlights:

- Emergent competence can be recognized and topicalized in the talk.
- Speakers may lower speaker pressure (Stivers & Rossano 2010) in the third position turn.
- The regulation of competence is an interactional process.

The analysis shows that interviewers may perform the following actions when orienting to the recipient’s competence: lowering speaker pressure either by (1) upgrading a tentatively positive response, (2) disagreeing with a negative response toward positive outcomes, or initiating a self-repair, and (3) apologizing for questioning a competent interviewee. The findings suggest that interviewers may participate in the regulation of the other speaker’s competence via these comforting actions.

These observations resonate with the findings of Stivers & Rossano (2010), who suggest that speakers have the ability to exert variable pressure on a

recipient, who then responds according to the pressure. Nevertheless, Stivers & Rossano fail to explain what this pressure is; they merely show how it works. Indeed, Schegloff (2010) observes this in his commentary and questions the way “pressure” is presented in their article (e.g., “some pressure,” “less pressure,” “minimal pressure”). To date, CA studies have yet to define what speaker pressure is all about—this article attempts to fill the gap by contexting pressure.

In this article, competent behavior is achieved when a balance exists between a person’s abilities and social environmental pressures (Lawton 1979; Izal et al. 2005). Social environmental pressures often emerge from initial actions, and the responsive actions analyzed in the article serve to lower speaker pressure. Hence, the regulation of competence is an interactional process rather than a process related to the individual and/or the physical environment (I addressed this distinction in Section 1.1.).

Therefore, competence in conversation is not simply a cognitive property (e.g., one’s linguistic skill displayed in turn-taking); rather, it is produced and negotiated in interaction between speakers (for how this occurs in classrooms, for instance, see Mehan [1976]). I suggest “competence” is a dyadic production and this position allows us to treat competence as something that emerges in social interaction.³

In sum, I have combined arguments from conversation analysis, ethnomethodology, and Lawton’s Person-Environment Fit Model, in order to build a framework for recognizing the competence of the other speaker. While speakers seem to recognize the “thing” that amounts to “competence,” fully understanding what it is seems difficult. Nonetheless, we can still analyze the sequential consequences of the recognition of an emergent competence.

4.3 Comparison of the two respondent groups

Article II compares a generic interviewing sequence (Maynard & Schaeffer 2006) in two datasets. Highlights of the article:

- Social identity is procedurally consequential in the reception of a positive minimal response.
- Qualitative comparison enables the detection of interactional inferences.
- Positive minimal responses can be treated as interchangeable in interview interaction.

Several CA studies have analyzed how “context” is procedurally consequential in speakers’ talk (Schegloff 1992; Arminen 2000). This article expands the

³ Alternative considerations of competence include the individual’s developing linguistic abilities, second language abilities and unconscious linguistic competence (Nguyen 2012a; 2012b; Achiba 2012; Young 2011; Cekaite 2007; Chomsky 1965).

discussion by investigating how speakers demonstrably orient to social identities (Schegloff 1992; Drew and Heritage 1992; Antaki and Widdicombe 1998) and attempts to answer Heritage’s (2005: 110) question on how one can demonstrate that “the relevant identity is consequential.” Kitzinger & Mandelbaum (2013) have also shown that word selections index identities, which may be challenged and defended in interaction.

The quantitative comparative analysis of two data sets (Arminen 2009) was performed with seventeen interviews with the unemployed and six interviews with elderly retirees, the aim being to compare the reception of positive minimal responses. The reason for an uneven comparison was due to practical limitations: only the project for unemployed and the project for retirees 1 shared identical questionnaires.

Typical responses to interviewers’ questions for ability-related information include minimal responses used in mundane conversations; therefore, the responses that were analyzed contained the response particles *joo* (“yeah”) and *kyllä* (“yes”), a repetition of the verb in the question, *pystyn* (“I am able”), and a non-minimal response, *kyllä pystyn* (“yes I am able”).

Table 8 shows the positive minimal responses analyzed in 17 interviews taken from the project for the unemployed. Responses which were deemed sufficient (n=27) closed the sequence, while insufficient responses (n=1) elicited sequential expansion. This means that the interviewer used interactional inference 27 times in order to solve the match between a minimal response and a corresponding answer option.

Table 8 *The positive minimal responses analyzed in 17 interviews (The unemployed)*

Response form	Sufficient response	Insufficient response	Total (N)
Kyllä	13	1	14
Joo	9	0	9
Repeat	5	0	5
Total (N)	27	1	28

Table 9 shows the positive minimal responses analyzed in six interviews gathered from the project for retirees. The interviewees did not use any *joo* (“yeah”) responses in the second position, so their responses in Table 9 are *kyllä* (“yes”) and *pystyn* (“I am able”). The interviewees delivered just six minimal responses: five of which were deemed insufficient. In contrast to the popularity of interactional inferences in the other project, here inferences were used just once.

Table 9 *The positive minimal responses analyzed in six interviews (elderly retirees)*

Response form	Sufficient response	Insufficient response	Total (N)
Kyllä	1	4	5
Repeat	0	1	1
Total (N)	1	5	6

The quantitative comparative analysis of the distributions illustrates how the unemployed and elderly retirees were treated differently when they delivered positive minimal responses. Moreover, the comparison enabled the detection of interactional inferences (Sarangi 2003; 2010).

In addition, previous studies have shown that Finnish positive minimal responses have different epistemic functions and are used in different sequential environments (Sorjonen 2001a; 2001b; Hakulinen 2001). By contrast, this study suggests that Finnish minimal responses can be treated as interchangeable; i.e. they do not have different implications for affirmation or continuity in interview interaction

To answer Heritage's question (2005: 110), social identity is procedurally consequential in the talk when the recipient's next turn is evidently influenced by the prior speaker's social identity.

4.4 Interview situation as a resource

The purpose of Article III is to demonstrate how Garfinkel & Sacks' (1986/1969) formulation is managed in welfare interviews. The need to analyze participants' formulations in surveys was recognized as early as 1970, when Zimmerman & Pollner (1970, 91) argued that formulations were an uninvestigated resource in interviews; this article finally responds to their call by studying that action. Highlights of this article:

- Formulations that refer to the current interaction enable access to the shared epistemic domain of that interaction.
- The interview situation and the participants' social relationship can work as a resource for helping the interviewee answer questions on social functional capacity.
- Evidence for Garfinkel & Sacks' formulation (1986/1969, 170-171) in institutional interaction.

Garfinkel & Sacks' (1986/1969, 170-171) original definition of a formulation suggests that speakers may "treat some part of the conversation as an occasion to describe that conversation, to explain it, or characterize it, or explicate, or translate, or summarize, or furnish the gist of it, or take note of its accordance

with rules, or remark on its departure from rules.” Later on, several researchers have touched upon the phenomenon (Heritage & Watson 1979; Schegloff 1972) and studied it further in various empirical contexts (e.g., Deppermann 2011; Antaki & Jahoda 2010; Beckwith & Crichton 2010).

This article studies IADL questions that focus on abilities relevant when presenting things to unknown people and taking care of matters with other people. These questions were found to focus on the epistemic domains of relationships with unknown people and (generalized) others. In addition, they establish yet another epistemic domain during the course of an interview. Both interviewers and interviewees can consider the past and the ongoing interview interaction a resource. By referring to this resource, speakers may establish answers to questions like “where are we?” while discussing their location in the questionnaire’s “cognitive roadmap.” Thus, I am alluding to the local history of an interview that is shared by the speakers from their own perspectives.

Formulations that refer to the current interaction are produced through vocalized and/or embodied turn design (e.g., nodding, index finger pointing), while looking at the recipient. The referent is contingent to the ongoing social interaction and the act of referring is itself an intersubjective achievement.

In terms of generic interviewing sequences (Maynard & Schaeffer 2002; 2006), I found several sequential slots relevant for formulations referring to current interaction. Interviewers may use formulate (1) when initiating a repair, or (2) when conducting repair, or (3) when resisting a negative response. Interviewees may formulate when (4) responding and (5) fishing for compliments after a response. While the formulations in each sequential slot are different, they serve the institutional interests of the interview.

The participants were presumably “unknown” to each other before the interviews, and thus I found that these formulations could index social identities (“stranger,” “the other”), membership categories (i.e., familiar-stranger), and enable symmetric reflection between the speakers (“we are strangers”). Consider the asymmetries of the institutional situation (Section 2.1); these shared membership categories can help facilitate the management of the interview situation. Mondada (2009) has analyzed the emergent features of interactional space between strangers, and it might be that the epistemic domain analyzed in Article III is the epistemic foundation of such a space.

Finally, I demonstrated that speakers could show an explicit orientation to the interactional substrate of the interview (Maynard & Schaeffer 2002; 2006) via formulation. The substrate organizes mundane conversation practices for institutional purposes and secures the production of standardized interview data.

4.5 Abilities in interviews

Article IV studies how speakers establish and maintain intersubjectivity in interview interaction. Abilities were found to be very relevant, and the highlights of the article reflect this finding:

- “Ability” is an aspect of the dynamic modality (von Wright [1951]).
- Speakers may grammatically index the modality in the talk.
- The ability to ascribe the other’s intention is introduced.
- Abilities make intersubjectivity possible.

After von Wright’s seminal paper (1951), it has primarily been logicians and linguists who have been interested in the dynamic modality (e.g., Palmer 2001). Often “abilities,” “willingness,” and “volition” capture what scholars mean by the dynamic modality, and as I am interested in abilities, I refer to a certain aspect of that modality.

The question verb *pystyttekö* (“are-you-able”) makes relevant responses orienting to the epistemic domain of ability. Interviewees are the primary owners of their epistemic domains of ability, but accessing and describing that information may turn out to be difficult. When interviewees orient to their abilities, they may grammatically index the modality at the surface of the interaction.

When interviewers presented questions to which they knew the answers, they made this fact known to the interviewees. Three cases were found that demonstrated how the interviewees reacted. The first case involved an interviewee who totally ignored the interviewer’s attempt. In the second case, however, the interviewee immediately associated the interviewer’s gaze, smile, and smiling voice with the interviewer’s intention. This, *INSTANT INTENTION ASCRIPTION*, occurred before any vocal response was delivered. The interviewee also reciprocated the smile; the sequence was closed right after the response was delivered. The third case demonstrated *DELAYED INTENTION ASCRIPTION*, as the interviewee did not instantly catch the interviewer’s intention, but realized it later on. The interviewee reciprocated the smile, but after a delay. Then, the interviewer offered an account of her missed intention (Sidnell 2014); the sequence was extended after the response.

The analysis suggests that differences in intention ascription have sequential consequences for how intersubjectivity emerges in interaction. Moreover, I decided to define “dynamics” as referring to the core abilities needed in social interaction: the ability to produce actions and the ability to ascribe actions (Levinson 2013) and intentions to other people. In this way, “dynamics” concerns establishing the “capacity for intersubjectivity” (Sidnell 2014). It might be that the speakers calibrate their social action to their own ability and the recipient’s ability. Consider, for instance, requesting in a foreign language. You need to have a good command of a foreign language in order to produce the action so that the recipient understands your request.

5 Discussion

5.1 Main findings

This study is the first thorough investigation of functional capacity interviews in interaction. The notion of functional capacity is related to the discussion of disability during the 1960s; however, the term emphasizes the positive effects of human capacities. There are some good reasons to believe that interest in disability, and later on functional capacity, arose when veterans from the two World Wars needed help in their everyday affairs. The Universal Declaration of Human Rights was adopted during the 1940s, and it assured everyone the right to security in the event of disability, old age or unemployment (Article 25.1). In response, welfare societies have organized medical care and social services for those in need. Nevertheless, at the beginning of the 21st century, economists are forecasting difficult times for welfare societies due to radical changes in their age structure. Older people are reported to be living longer, perhaps with the help of expensive medical care. Simultaneously, fertility rates are declining in welfare societies. It is no longer clear that the right to security can be ensured for all. While the trend is global, Finland is among the first countries to face the age challenge. Nevertheless, effective, practical solutions are being sought throughout the developed world.

The aim of this dissertation was to investigate how the assessment of functional capacity is accomplished in interaction. Bearing this in mind, in this section I will consider the main findings by answering each specific research question in turn.

(1) How is a speaker's competence treated in functional capacity interviews?

Previous studies on functional competence (e.g., Willis 2006) have suggested that the Activities of Daily Living correspond both to the capacities that people have in reserve and also to their ability to perform those activities. When it comes to interview interaction, interviewers are in a position to observe how interviewees are doing, how they answer questions, etc.; thus they can work toward a pleasant, neutral atmosphere (Jahoda et al. 1951) while accomplishing their institutional tasks. The same naturally applies to interviewees, as they observe how interviewers are performing their agenda. However, since displays of incompetence are strongly anticipated occurrences in these interviews, the interviewer's ability to recognize the interviewee's interactional competence plays an important role. In other words, (*in*)*competence* is something that is rather hard to define, but it acts as a gloss (Jefferson 1985) for a speaker's *in situ* performance.

Nevertheless, recognition of the other's incompetence opens the way for comforting actions; i.e., the questioner may lower the pressure of a question (Schegloff 1972) with three different practices which provide social support in this

institutional context. Moreover, while studies of functioning emphasize a person's capacities in the regulation of self and environment, this study brings the activities of "the other" to the fore. I found that the other can participate in the regulation of one's self via turns-of-talk (consider Figure 2 in Section 1.1 from this point-of-view). In sum, evidence for "mutual" negotiation of a person's own competence was found and reported.

Finally, the IADLs, which focus on social factors, were found to be difficult to understand, and they challenged the mutual regulation of competence. Three conditions were in the data (Table 10):

Table 10 *Descriptions of competence and incompetence in interviews (Article I, Excerpts 4, 6 and 6i, 7)*

Competent speakers discuss incompetent speakers

(Excerpt 4)

An interviewer asks an IADL question, receives a positive minimal response, and then delivers an account for asking the question. Thus, the interviewer apologizes for presenting the question. Then the speakers share their understanding of incompetent speakers. Perhaps there are moral reasons for why they perform this sharing.

A possibly incompetent speaker is present in the interview

(Excerpts 6 and 6i)

An interviewee who interrupts the interviewer requests information on the answer option *Kyllä, mutta vaikeuksia* ("yes, but with difficulty"). His hesitation and confusion about the current question signal possible incompetence. Nevertheless, as soon as all suspicions of incompetence have been cleared away, the interviewer claims to be astonished about the possibility of incompetence.

An incompetent speaker is present in the interview

(Excerpt 7)

The interviewee does not seem to understand an IADL question. The interviewer repeats the question, but that does not help the interviewee understand it. The interviewer applies the 'let it pass' practice (Heritage 1984, 125-126), and closes the sequence.

Thus, intersubjective understanding (Sidnell 2014) plays a key role in the regulation of mutual competence. The interviewer decisions—apologizing, being astonished or applying "let it pass"—demonstrate how *incompetence* is treated in

conversation. These findings may resonate with other CA studies on how competences are treated.

(2) *How are speakers' social identities relevant in functional capacity interviews?*

At the outset of the study, speakers' social identities were not expected to play any role in the accomplishment of standardized interviews. I found, however, two types of observations that challenged this expectation.

First, speakers were treated differently when the interview turned to physical activities (PADLs). The study investigated the generic interviewing sequence (Maynard & Schaeffer 2006) for PADLs in two populations—the unemployed and older adults—and demonstrated that interviewers may treat the populations differently when receiving their minimal and non-minimal responses. This finding implies that occasionally non-comparative CA studies (e.g., single-case studies) may not capture the whole social practice as it occurs in the real world. While “one is also a number” (Schegloff 1993, 101; original emphasis), detecting interactional inferences from just one case is probably a difficult, unless impossible, task for any researcher. The task is easier if the researcher has two cases; two is also a number and it enables comparing.

But how to explain the finding that younger and older adults are treated differently in standardized interview interaction? I argue that the observed practice is primarily motivated by expectations of the other. With our non-ironic attitude, we could expect that walking and running difficulties are facts for older adults. The interviewers in the project for older adults were specialist nurses, and they probably had expertise with older patients. Nevertheless, when they initiated third position turns subsequent to the minimal responses *kyllä* (“yes”) and *pystyn* (“I’m able”), and the non-minimal response *kyllä pystyn* (“yes I’m able”), they seemed inclined to adopt the same attitude, that older adults are likely to have walking and running difficulties. What is more, the study demonstrated that the positive minimal responses may have different sequential consequences depending on the identity of the speaker (Antaki and Widdicombe 1998). This finding implies that the speaker’s social identity may trump the primary job of a positive minimal response in action ascription (Levinson 2013, 107).

However, there were no clear indications that age, gender or social class explained the differences. For instance, the ages of the unemployed adults’ were 34 (Article II, excerpt 3), 52 (excerpt 2), and 57 years (excerpt 1), but their minimal responses all received a similar reception, even though the age difference between the youngest and the oldest unemployed adult was 23 years. When it comes to the retirees, they were naturally older: the youngest was 71 and the oldest was 82; thus their age difference was 11 years. More evidence is needed to identify a good cutpoint for age and show whether age can explain the observed social practices. The same demand applies to gender and social class.

Second, it was found that questions on IADLs may elicit talk about indexical references to social referents (i.e., the other and the stranger). The referents are also membership categories (Sacks 1995a, 40-48; Schegloff 1989, 206), which implicates that speakers may orient to paired categories such as “parent-child” in their talk. Hence, it seems that this analysis has allowed me to capture some of the rules that are relevant in this social situation:

The rules regulating the initiation, maintenance and termination of states of talk, . . . have been somewhat considered in the literature . . . What has been overlooked in this area, perhaps, are the rules governing encounters among the unacquainted, *the rules*, that is, *regarding accosting and approaching strangers*, and, besides this, *rules regarding the state of being “with” someone*.

(Goffman 1967, 145; *emphasis added*)

The above-mentioned rules are relevant for anyone, including those working with IADL questions. For instance, in my study an interviewer clarified a question by explaining her stranger identity (“I am unknown to you”), an emergent identity that was ratified by the interviewee. The talk about being a stranger could elicit talk on being an ordinary person, but there was no empirical evidence for that category in the data. Nevertheless, the study found that the state of being “with” someone can be sequentially opened via Garfinkel & Sacks’ (1986/1969) formulation and used as an in situ resource for talk. Interestingly, other studies have shown, by contrast, that speakers also have ways of displaying that they are not “with” someone (Broth & Mondada 2013).

In sum, PADLs and IADLs make relevant the kind of talk that may differentiate one’s social identities. However, models for functional capacity do not explicitly refer to social identities. Usually, measurements are tailored to a specific group of people (e.g., on the grounds of their medical condition) or language, but otherwise the models are standardized and generic. For instance, Nagi’s disability model evaluated functioning in terms of the fulfillment of role and task assignments. It seemed that Nagi expected social roles to be rather stable, but this study noted that roles are speakers’ indexical resources, enacted for a certain purpose and relevant for speakers as momentary achievements. Such roles include not only “interviewer” and “interviewee,” but also “stranger” and “the other.” If we were to follow Nagi’s theory, we could ask what assignments might belong to the stranger or the other—a failed assignment would indicate a person’s disability. According to Garfinkel & Sacks (1986/1969), there are no limits to the indexical resources available to speakers; yet it seems that standardized interviewing makes some of those resources more relevant than others. Nonetheless, difficulty in linking assignments with unlimited resources underlines the problems of Nagi’s disability theory.

(3) *How are abilities relevant in functional capacity interviews?*

The precursor to the World Health Organization's recent functioning model, the International Classification of Impairments, Disabilities, and Handicaps (ICIDH), focused on disability. In so doing, it also showed how human beings are constituted in terms of abilities (WHO 1980). Studies of functional competence (Willis 2006) also investigate how abilities make the activities of daily living possible. This study followed Harvey Sacks' ideas about abilities (1995a; 1995b) and found that abilities are relevant in these interviews in at least four distinct ways.

First, speakers have access to their epistemic domain of ability, and they may talk and reflect on their abilities. Since assessment interviews are mechanisms for monitoring disabilities, it might be reasonable to expect that speakers have some expertise about their own disabilities. Interestingly, however, some interviewees were unable to access their epistemic domain of ability-disability in interview interaction, and they thus claimed lack of knowledge.

Second, this study identified a type of question that is new to CA. In Finnish, ADL questions may begin with *pystyttekö?* ("are you able?"); this question word orients talk to the epistemics of ability and invites the respondent to grammatically index the dynamic modality concerning ability (von Wright 1951).

Third, speakers' orientation, in their talk, to the domain of ability-disability is specific to functional capacity interviews, thereby distinguishing this type of interview from others, such as news, celebrity, and police interviews. Consider, the roots for the orientation can be found from the 1960s (e.g., Katz et al. 1963); the latest simulated virtual environments investigating functional capacity are not different in this respect (e.g., Ruse et al., 2014). Perhaps this feature relates to the "haecceity" of this social setting.

Fourth, the study claims that abilities establish the capacity for intersubjectivity (Sidnell 2014). Speakers have abilities for producing actions themselves and abilities for ascribing actions (Levinson 2013, 104) and intentions to other people (Article IV). What is more, intersubjectivity does not exist without speakers' core abilities. By making this claim, the study brings a new dimension to the discussion on intersubjectivity. Nevertheless, it remains to be seen how much speaker abilities affect, for instance, turn-taking organization.

In sum, abilities are relevant for interview interaction and this dissertation merely scratches the surface of this topic.

5.2 Contributions to sociological theory and methodology

Conversation analysis has its sociological roots in ethnomethodology, and mainly in works of Garfinkel and Sacks. Garfinkel was a student of Talcott Parsons, but he was dissatisfied with Parsons' grand theory and decided to distance himself from it. According to Garfinkel, the relationship between an action and the motive for that action was insufficiently defined in Parsons' theory; it was unclear how actors understood norms, and the problem of order was wrongly defined (i.e., as arising from the conflicts of interest between actors) (Joas & Knöbl 2009, 153-156). For these questions, Garfinkel offered sound alternatives, which helped establish ethnomethodological CA (e.g., Heritage 1984). Later on, Parsons' theories also passed into the sociological mainstream. While Nagi built his disability theory upon Parson's ideas, it should be noted that the theoretical problems raised by Garfinkel do not apply to (and thus sink) Nagi's theory. Hence, the legacy of functional theories lives on in the current discussion on functional capacities. However, this study demonstrated that a framework in which disability is constituted in terms of the fulfillment of assignments of roles and tasks is inappropriate for explaining the relevance of social capacities in social interaction. Consequently, the analytical focus should shift from the actor to the social interaction. This methodological choice creates the potential for understanding the ways in which disabilities are empirically constituted in the activities of daily living.

In the present study, interviewing was the practice studied for the collection of information on the assessment of functioning. Previous conversation analysis studies have investigated standardized interviews (e.g., Houtkoop-Steenstra 2000; Maynard & Schaeffer 2002; 2006; Suchman & Jordan 1990) and provided observations on how interviews are accomplished. Interestingly, the contribution of Queen (1928) is not recognized as belonging to the canon of interview interaction, but perhaps now is the time to reconsider the worth of his novel experiment. My analysis showed that in interviews with pre-scripted answer options, i.e., so called closed-ended questions, interviewers may make their own decisions when receiving everyday answers that fail to index any of the answer options. However, we found that their decisions might show systematic bias in favor of certain answer options. Clearly, if such interview records are compared with other records, statistical errors will occur. Interviewer training could help establish uniform interviewer practices, but this may be hindered by the fact that health care personnel, not professional interviewers, often conduct assessment interviews. It seems that even comprehensive assessments (e.g., assessments of service needs) are organized by experts in health care who use forms and questionnaires without proper interviewer training.

5.3 Contributions to studies of functional capacity

Functional capacity measurements often, if not always, request information from the respondent with estimates such as “a typical day” or the “past 30 days.” Role-play and virtual reality studies make distinctions between what happens in the test situation and in the real world; the test situation provides estimates for functional capacity. It suggested in this dissertation that when we shift our gaze to social interaction, the real world opens before our analytic eyes. This is supported, for instance, by the fact that the WHO has provided the ICF with categories for social interaction and the recommendation that this area should be assessed. The Work Rehabilitation Questionnaire is thus designed in line with the ICF, and during an interview, an interviewer using this form requests estimates for initiating talk and maintaining a conversation. However, the interviewer also has direct access to the respondent’s ability to initiate talk, take turns, and so on; the real world is in the interview, the estimate refers to somewhere else. While Kastenbaum & Sherwood (1972) noted that observation is a good resource for interviewing, the interviewer’s ability to talk, take turns, and so on, also affects the talk of the interviewee. Thus, the overall organization of interviews plays a decisive role in the nature of the talk.

Previous studies on functioning have excluded the notion of “social” from their measurements and reports and have used indirect estimates of sociality. This study suggests “social” capacity is a much-needed capacity in social interaction. When IADL questions investigated difficulties with strangers, the speakers were able to count their social interaction as positive proof of the relevant ability. The interviewer could resist the interviewer’s display of troubles in family relationships by making reference to the “social” available in the interview. It thus seems that the “social” in the interview is a resource for the speakers conducting the interview. What we now need are guidelines for using the resource. Perhaps the developers of the ICF can apply the findings of this study to their work (e.g., in the mapping project). In light of these findings, please consider Table 1 (in Section 1.2).

In sum, Nagi’s model for disability universally emphasized the fulfillment of assignments of roles and tasks. The dissertation concentrated on interview interaction, and it observed that speakers were able to adopt indexical roles when needed. There were no clear observations of difficulty with roles or tasks. One way to continue Nagi’s project is to consider the interview situation and investigate what indexical roles and tasks are available for the interviewer and interviewee. The interviewer-interviewee dyad performs various roles and tasks; but how is disability achieved in this particular setting? How assignments with roles and tasks are negotiated in interaction? Perhaps answers to these questions could help understanding of how “performative” functional capacity (Jyrkämä 2006) is achieved in social interaction.

5.4 Reliability and generalizability of the results

I will now move to briefly discuss the reliability and generalizability of the findings. First I ask how reliable the results are; i.e. can the results be found in repeated measurements?

The motivation for the study came from a report requesting studies on the assessment of social functional capacity (Voutilainen & Vaarama 2005); the report suggested that new methods are needed in order to understand the phenomenon (Heikkinen 1990). According to ethnomethodological reasoning, people generally know what they are doing (Hester & Francis 2007, 3), but I found that this was not really true of researchers working with questions of social functional capacity. However, I decided to give ethnomethodological reasoning a second chance, and I began to investigate how practitioners managed social functional capacity assessments. Perhaps they knew what they were doing in their work practices (Heritage 1984). The findings show that indeed they knew what the experts did not.

The overall research process could and perhaps should be repeated, given that there is a genuine need for scientific knowledge that cannot be satisfied with traditional methodologies or by relying on the reports of practitioners conducting functional capacity interviews. However, by investigating their practices, it is possible to solve this dilemma. Moreover, if this dissertation succeeded in illustrating what is particular in this interview setting, i.e., the “haecceity” of this social setting, then we might have general findings on human conduct that stand the test of time, as this social setting has been widely recognized since the 1960s, with its most recent version occurring in virtual reality.

Finally, let us consider the results. On one hand, future research may be able to falsify or redefine the study's novel findings, which are generalizable and not language dependent (e.g., dynamics in interaction). On the other hand, some social practices have already been reported and found in many social institutions (e.g., formulations). These findings are most likely independent of language and are generalizable to institutional interaction. Then, my language-specific findings (e.g., reception of positive minimal responses) are, perhaps, specific to interview interaction.

5.5 Limitations of the study

For McCabe (2006), the key limitations of CA research include the fact that CA findings are often very detailed; however, health-care professionals expect simplified categories that they can use in their models to produce quantitative data. As this study demonstrated, it is possible to organize the data so that simplified quantification can be easily presented. However, it remains to be seen whether, say, health-care professionals and developers will benefit from the findings of the study.

The data consisted of ADL, IADL, and PADL questions. Initially there were several IADL questions (e.g., shopping and using phone) and psychological functional capacity questions (e.g., loneliness and depression), but they were mostly excluded from the final analysis. The total number of different PADL questions analyzed was nine and the number of IADL questions two; some quantitatively oriented researchers may feel that these numbers are very low. However, a recently published non-CA study suggested that just one self-reported question on physical activity (i.e., PADL) is a sufficient indicator for further epidemiological studies (Portegijs et al. 2016).

Given the nature of the data, and an ethnomethodological orientation, the participants were not randomized in any way, and there were no specific criteria for selection. These recruitment conditions can be seen as a limitation of the study. One of the main decisions in the research process was to use CA methodology to analyze the data and use the findings to build arguments to contribute to the discussion on functional capacity. While considering experiments in social psychology, Doise defines his position as the following:

Our approach differs profoundly from that which attempts to build up a theory of social functioning from situations of so-called minimal interaction and which takes no account of the prior social relations which have already fashioned the subject.

(Doise 1986, 117)

Although this dissertation is not an experiment, Doise's description captures the difference between his approach and the approach chosen for this study. For some researchers CA studies overemphasize details but lose sight of more general features, such as sociological and historical contexts. For instance, Harkey et al. (1976) emphasize the relationship between social class and functional status.

Moreover, the analysis presented in this study does not describe individuals with severe difficulties (e.g., learning difficulties (Antaki, Young & Finlay [2002])). However, a small sub-set of the data does involve older adults with speech difficulties due to aphasia. An interviewee's inability to produce speech is a challenge for an interviewer conducting an open-ended "view-eliciting" interview (Rapley & Antaki 1998). Unfortunately, the article on this data subset is still in progress and has yet to be published.

Finally, the chronological age of the participants was between 28 and 91 years; children and adolescents were not part of the study. However, a recently published article investigated youth independence (Manzoni 2016), implying that questions of independence affect every generation.

5.6 Discussion of future directions of research

In this section, I explore future directions of research. Social identity was analyzed mainly in terms of the talk presented in Article II. More extensive information on speakers' backgrounds might provide new insights into their use of conversational practices in interviews (e.g., Consider Doise's position in Section 5.5). For instance, is there a connection between the features of turn-taking in the interview and the services and benefits that the interviewees receive or are denied after the interview? Their orientation to benefits, as such, was not clearly recognized in the data. However, an excerpt (II, 7) from the follow-up interviews contained a similar response pattern to those identified in the baseline interviews; the follow-up interview is important, since the respondent in that excerpt had already received whatever benefits the project offered her. In future, studies on how benefits are relevant in interview interaction should be considered. For instance, the data could be drawn from baseline and follow-up interviews and then compared.

Emotions in functional capacity interviews are likely to be a fruitful research topic (Peräkylä & Sorjonen 2012). When Parsons analyzed the role of the sick, his description of the problems of illness for a "normal" person illustrated how functional difficulties and deviation from normality could lead to negative experiences:

He is cut off from his normal spheres of activity, and many of his normal enjoyments. *He is often humiliated by his incapacity to function normally.* His social relationships are disrupted to a greater or a less degree. He may have to bear discomfort or pain which is hard to bear.

(Parsons 1951, 443; emphasis added)

Parsons identified disruption from daily activities and several other aspects of being ill. Difficulty in functioning often elicits, according to Parsons, feelings of humiliation. It seems "humiliation," in a Goffmanian sense, belongs to the same group of psychological notions as "embarrassment," and "uneasiness" (Goffman 1967, 100). How, then, are emotions deployed in the interview talk when negative experiences resulting from one's functional capacity are topicalized in the stream of talk?

Article III demonstrated that speakers investigating IADL questions may index their social relationship for the purposes of the interview. However, it is unclear who has the right to act as the owner of this relationship in institutional interaction. Speakers may need to decide whether it is suitable proof of social capacities. At the moment, there are no such guidelines available to interviewers. In addition, while Goffman's speakers need to uphold the ceremonial order, some speakers might be unwilling to do this. Can we elaborate the conditions in which just one person can maintain social interaction? Moreover, I noted in Article III that future studies will reveal what constitutes good or poor social functioning in interviews, but this question could be considered from a wider perspective, so as to include everyday interactions as well.

The translation difficulties encountered in the research process might indicate another interesting area for future studies. The IADL questions on social functioning were translated to emphasize ability in social relations rather than managing or “survival.” However, how were speakers able to demonstrate their “survival” abilities in the talk? Perhaps researchers need to analyze completely different interaction in order to find the answers to that question.

Rasmussen (2016, 225-226) recently demonstrated how a family afternoon coffee moment could be transcribed and then coded with ICF categories. In her analysis, a description such as “[mother] rotates [her] left arm slightly” corresponds with category d 445.0: hand and arm use. In this way, Rasmussen concludes, an EMCA approach could provide useful evidence for ICF developers. The problem of high detail level vs. exactness for categories (McCabe 2006) also seems to be relevant here. Nevertheless, one possible way forward could include indexing transcriptions more carefully in line with the ICF. For instance, the category Rasmussen identified can be further divided into the subcategories “pulling,” “pushing,” “reaching,” “turning or twisting the hands or arms” and so on. Here, it seems that the last subcategory best captures the embodied movement in the description. Conversations could be similarly indexed.

Finally, while I opened the black box of the functional capacity assessment interview, at least one corner of the box is still untouched. A limitation of the study was the exclusion of questions of psychological functioning; consequently, future studies could analyze requests for psychological information and discover how the analysis of a generic interviewing sequence can inform us about psychological capacities and abilities in interaction. Will we see interactional features that are specific to psychological capacities? And how does interview talk transform into counseling?

5.7 Implementation of the results

In Section 1.5, I suggested that Finnish policymakers anticipate social problems due to the change in the country’s age structure and that CA might be a relevant tool for approaching these problems. CA studies usually contribute to institutional settings that have rather long historical traditions (e.g., courtrooms, doctor-patient interaction, the news), and interest in interactions that are currently emerging or do not yet exist has been nonexistent (but see Silverman & Peräkylä 1990; Peräkylä & Silverman 1991). However, in an ethical sense, it would be sensible to act before a new practice becomes established. If a detailed analysis of interaction is seen as relevant when new practices are planned, CA research could truly influence emerging practices and, perhaps, lead to a better world.

Another way in which the results of this study could be applied (Antaki 2011; Arminen 2005, 239-240) is if they are accepted by policy makers and used as a model to replace the arguments of earlier academic work on functional capacity,

which, as I remarked in the introduction to this dissertation, has reached a dead end.

During the research process, some of the preliminary findings of this study were disseminated to professional practitioners developing functional capacity assessments in Finland. Standard research methods are insufficient for analyzing the social action occurring in functional capacity interviews, and studies of social functional capacity have suffered from particular methodological problems (Jyrkämä 1998; Mäkitalo 2001). However, as Articles I–IV show, CA can capture “the phenomenon” and elaborate it using its rigorous methods. Compared to well-known, mainstream methodologies, CA is perhaps the only method of reliably studying and producing scientific observations of this sociological phenomenon (Heikkinen 1990).

TOIMIA, a national initiative for functional capacity measurement in Finland, has published recommendations that acknowledge social interactions among older adults. Their contribution is of greatest relevance for medical care and social services and for older adults’ self-awareness.

TOIMIA recently published a questionnaire entitled “Functional capacity assessment in services that support older adults’ well-being,”⁴ which includes the assessment of social functional capacity. The instructions in Finnish state that there are no standard procedures for assessing this capacity, and their best practice is *conversation* where the person’s activities in everyday settings, his/her social networks and various resources are systematically discussed using preplanned themes⁵—best practice does not involve self-completed questionnaires, inventories or statements that are evaluated on four or five-point scales (e.g., Lubben [1988] Social Network Scale). This summary published by TOIMIA gives clear evidence that CA is, and will be, the methodology that can produce relevant information about the mechanisms of social capacity in social interaction. Moreover, in this way interactional micro-processes contribute to macro-processes in society.

In sum, this section suggests that professionals who develop new practices may benefit from CA studies (Simonen 2009). This Finnish study was not about “how the institutional realities are . . . transformed in interaction” (Heritage 1997, 223), but about how institutional realities are founded. In addition, the study’s findings allow me to suggest a completely new stock of interactional knowledge (SIK) (Peräkylä & Vehviläinen 2003, 7) by showing that interaction itself can act as a valuable resource for the participants conducting the assessments.

⁴ “Toimintakyvyn kartoitus iäkkään väestön hyvinvointia edistävässä palveluissa”

⁵ “Parhaana käytäntönä voidaan pitää keskustelua, jossa keskustellaan henkilön toiminnasta arjen sosiaalisissa tilanteissa, sosiaalisesta verkostosta ja siinä olevista voimavaroista järjestelmällisesti, ennalta suunniteltujen teemojen puitteissa.”

(<http://www.thl.fi/toimia/tietokanta/mittariversio/149/>) (Accessed October 24, 2016)

5.8 Functional capacities in everyday living

At the beginning of this dissertation, I introduced the ongoing discussion on models of functional capacity and claimed that the prevailing scientific discourse focuses on the relationship between the individual and the environment. I also stated that the sociological background for the discussion came from the separate works of Nagi and Parsons. The human being was seen as “a container of capacities,” and this metaphor, according to Mäkitalo (2001), fails to account for a person’s social embeddedness.

I used CA to study social interaction occurring in interviews, and the results revealed what social interaction brings to functional capacity interviews. Whether or not the metaphor of a human being as “a container of capacities” is valid, the results underlined that when two “containers of capacities” meet, their abilities and mutual competences enable their social interaction.

The metaphor of “handshakes” (i.e., two people shaking hands) captures the essence of what maintaining social interaction is all about. Consider handshakes: there are preconditions and capacities, cultural patterns, styles and practices, etc., and at least two people doing the handshaking—one person initiating it and the other joining in. It might be that the participants cannot even say how many times their palms go up-and-down. Importantly, however, real-time “handshaking” does not exist without social interaction: “hand shakers” make possible an achievement that has great social value in establishing and renewing social relationships.

Similarly, whenever speakers organize conversation together, be it presenting questions and answers or telling or receiving a story etc., they have expectations and follow norms concerning how they should participate. It is only in this way that the difficulties relevant in social functional capacity are accessible and recognizable to the other participant(s) and CA researchers.

Speakers’ abilities act as presuppositions for social actions oriented toward others. This implies that “containers of capacities” do not necessary lose their social embeddedness (Mäkitalo 2001) in social interaction. Now I will attempt to develop my claims and proceed beyond thoughts of maintaining social interaction toward more detailed processes of interaction. One such process is a speaker’s self-regulation. In Article I, I argued that social interaction is itself a field where one’s competence is recognized and mutually negotiated. Therefore, as Launiainen (2001, 135) puts it, functional capacity and its assessment should be multi-dimensional and factors related to an activity, a person, and the environment need to be taken into account. Based on the findings of this dissertation, I would like to add that it is not enough to consider the individual; rather, all those involved and their interaction also need to be considered. This can be treated as the dissertation’s recommendation for the discussion of functional capacity.

Thus, I propose a shift in emphasis from “individual regulation” to “mutual regulation”—moreover, this proposal should be taken seriously, as one conclusion of the dissertation is that studies of social functional capacity are able to escape the current impasse if they reject the individual as their starting point. This can be taken as the dissertation’s second recommendation. Inquiries should concentrate

on dyadic interaction, where maintaining intersubjectivity is the key premise: the form and content of dyadic interaction can be analyzed and assessed as momentary achievements.

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Appendix. The consent form

THE CONSENT FORM

The Age Institute and University of Helsinki, Department of Sociology, are studying assessment of functional capacity. The purpose of the study is to investigate how the assessment of functional capacity is accomplished in research interviews. For this reason, your assessment visit will be videotaped. The results of the study will contribute to the development of assessment methods.

I agree that materials produced during the assessment can be used in scientific research and teaching. Your personal details and measurements are confidential and only accessible to the study group. Participation in the study is voluntary and you are free to stop the study at any point.

Materials gathered from the assessment of functional capacity will be stored securely at University of Helsinki, Department of Sociology, for scientific follow-up studies. The results will be published in scientific journals in such a way that you cannot be identified.

I have received enough information about the study and understood what participation in the study means. My participation is voluntary.

Date _____

Signature _____

Original publications