Guided touch:
The sequential organization of feeling a fetus in Japanese midwifery practices

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Bio-note
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Abstract
In this chapter, I address a distinctive phenomenon observable in Japanese midwifery practices. Midwives sometimes guide a pregnant woman's hands around her abdomen so that she, the pregnant woman, can feel a fetal body part. This guided touch is organized as specifically accountable and achieved as a process. The process is projectively organized and variously expandable. When the midwife cannot feel the target object via the pregnant woman's hands that she touches, the current sequence may be expanded before the guided touch is adequately provided. When the midwife can feel the target object via the pregnant woman's hands, but the pregnant woman may not discriminate it adequately, the sequence may be expanded after the pregnant woman acknowledges the midwife's pointing out of the object. In conclusion, I discuss some consequences that the foregoing analyses have for interaction studies of perception and women's medicine.

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The Sequential Organization of Feeling a Fetus in Japanese Midwifery Practices

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1 Introduction: The Phenomenon

As the conversation analytic literature on touch has accumulated, touch has been shown to be one of the most important resources for the organization of interaction. For example, touch has been demonstrated to be a crucial part of a request or instruction; it may be incorporated into a request or instruction sequentially (Cekaite, 2015, 2016; Goodwin & Cekaite, 2018) or concurrently (Lindwall & Ekström, 2012; Nishizaka, 2016) with verbal and other resources. Touch has also been shown to play a critical role in an individual (e.g., a medical professional) demonstrating or explaining certain states of affairs to another (Nishizaka, 2007, 2011a, 2011b).

Building upon the work of previous studies, in this chapter, I address a distinctive phenomenon observable in Japanese midwifery practices. Midwives sometimes guide a pregnant woman's hands around her abdomen so that she, the pregnant woman, can feel a fetal body part, such as a fetal head or spine. They instruct her on how to touch a fetal body part by taking and moving her hands,

thereby demonstrating its location. Here, touch is not only a resource with which to construct instructions but also what is to be instructed. Such a phenomenon may be the basis of what Merleau-Ponty (2012 [1945], 1960) was thinking of regarding being with others in the world; those who guide one's touch may feel things through one's hands, feel one feel things through one's hands, and so on. However, in this chapter, I elucidate the interactional organization of this phenomenon as a distinctive empirical matter (see also Nishizaka, 2007), although I still focus on not only how participants use touch in interaction but also on *what* they feel.

I now present an example of the target phenomenon and some of its analytic features to provide a better sense of what the phenomenon is like, before I describe the data, methods and analytic issues to be the addressed in analytic sections. The first example (Excerpt 1) is a simple case in point. It is extracted from the interaction between a pregnant woman (PW1) and a midwife (MD1) at an independent midwife practice. In Japan, midwives are entitled to run their own practices, independent from any hospitals or clinics, on the condition that they are appropriately supervised by medical doctors. Many pregnant women who are mainly taken care of by independent midwives are also encouraged to visit a doctor periodically. PW1 in this example was diagnosed as having a breech (upside-down) presentation at her last visit to her doctor.

Excerpt 1 (FF 1)

```
01 MD1:    naotteru.
           [The presentation] has been rectified.
02 PW1:    ↑naotteru:? ┌waa yokatta::
           Rectified?  |This is a great relief!
03 MD1:                └kore ga: atama
                        This is the head.
04         (1.6)

              fig.10.1
                 ↓
05 MD1:    zuu:tto  hi- (.)   ↑KOO shi nai to mie na┌i.
           Like zuu down- (.) This way, you have to do this
           to see it.                                |
06 PW1:                                              └ko-ko-
07         koo:?
           This way?
08         (.)
09 PW1:    aa::: atta atta 'tta.
           Oh::: I got it!
```

10.1

At the beginning of the excerpt (line 01), MD1 touches the lower part of PW1's abdomen and provides PW1 with the confirmation that the fetal presentation has been rectified. Then, PW1 expresses surprise and relief (line 02). Responding to PW1's surprise and overlapping with PW1's display of relief, MD1 proceeds to tactilely "show" PW1 the fetal head, moving PW1's right hand to the location (line 03). In line 05, MD1 instructs PW1 on how to feel the fetal head by guiding PW1's hands (Figure 10.1), using the mimetic term "zuu" that in this context indicates the depth to which one is pushing down. (Note that MD1 uses the verb "see" instead of "feel".) Thus, MD1 guides PW1's hands, letting PW1 feel the fetal head. In line 09, PW1 claims to have found it tactilely. (Note that, as seen

from Figure 10.1, PW1 does not look at the location that she touches.) A midwife's guidance that invites a pregnant woman to touch a fetal body part is the phenomenon that I address here.

2 Data and Methods

My colleagues and I videotaped thirteen interactions between pregnant women and independent midwives from 2003 through 2008. Thirteen pregnant women and five different midwives participated. We obtained informed consent from all of them. Using conversation analysis (Sacks, Schegloff & Jefferson, 1974; Schegloff, 2007), I will analyze five cases that include the phenomenon which I call "guided touch". Four of them (Excerpts 1–4.2) are indicative of robust structural features in the organization of guided touch, although the cases show some variance. The last case (Excerpts 5.1 and 5.2) offers a contrastive situation; its structural features differ from those observable in other examples, but there are good organizational reasons for difference.

Analytic issues include: (1) in what kind of *sequential environment* the guidance of hands is launched; (2) how the guidance is *organized*; (3) how the sequence for guided touch is *brought to a completion*; and (4) what *kind of feeling* such guided touch achieves. In the next section, I will examine two simpler cases to elucidate the structural features of guided touch sequences.[1] In the subsequent sections, I will examine two other cases that appear to differ from the previous

cases, noting that the variances originate in differential adjustments of the structural features to the interactional circumstances within which respective guided touch sequences are initiated. Then, I will examine a contrastive case that is initiated in a totally different interactional context to delimit the type of guided touch sequence that this chapter investigates. Finally, I will discuss some consequences that the foregoing analyses have for interaction studies of perception and women's medicine.

3 Structural Features of Guided Touch Sequences

3.1 Organization of a guided touch sequence

In this section, I begin by reexamining Excerpt 1 with respect to the analytic issues that I mentioned at the end of the preceding section.

Regarding the s*equential environment where the guided touch is launched*, the guided touch in Excerpt 1 is provided as part of a demonstration of the rectified fetal presentation. More locally, it is launched in response to PW1's display of surprise. As I noted previously, MD1 palpated PW1's abdomen to determine the current fetal presentation after being informed of the diagnosis provided at her previous visit to a doctor. The guided touch sequence was not initiated by PW1, but occasioned by her salient conduct; that is, the display of surprise at the rectification of the breech presentation provided MD1 with an occasion to elaborate on her finding of the rectification.

The guided touch is introduced by the “kore ga X” (“this is X”) format (line 03); however, this referential act as it stands does *not* specify what the referential term “kore”/“this” refers to. This is because when producing the utterance in the “this is X” format, MD1 takes PW1’s right hand *without making any pointing gesture*. Excerpt 1a is a detailed transcript of lines 01–05.[2]

Excerpt 1a (Detail)

```
01  MD1:    naotteru.
             [The presentation] has been rectified.
02  PW1:    ↑naotteru:? ┌waa yokatta::
             Rectified?  |This is a great relief!
03  MD1: →              └|kore ga: atama
                          |This is the head.
    md1: →                |takes pw1's r.hand

04          (0.4)|(0.6)|(0.6)
    md1:         |puts pw1's r.h. on the lower part of
                  the abdomen
    md1:               |takes pw1’s l.h. and puts it
                        on the lower part of the abdomen

                fig.10.1
                    ↓
05  MD1:    |zuu:tto  hi- (.)   ↑KOO shi nai to mie na┌i.
            |Like zuu down- (.) This way, you have to do this
            |to see it.
    md1:    |presses abdomen w/ both of pw1's hands
```

10.1

Taking PM1’s hand indicates that MD1 is now proceeding to guide the hand to the place where PW1 can feel an object identifiable as “X”, that is, the referent of the deictic term “kore”/“this”. In this view, the “this is X” format sets up the *normative framework* for the demonstration to ensue and projects the *explication*

of what this "this" refers to; MD1's ensuing conduct becomes intelligible within this framework (see Goodwin, 1996 for the notion of "prospective indexicals"). Then, MD1 puts PW1's hands on the abdominal location where the fetal head is tangible (line 04) and *presses* the location downward with both of PW1's hands (Figure 10.1) while uttering the mimetic expression "zuu" to indicate the depth to which the pressing should go (line 05). All this conduct by MD1 is intelligible as guiding PW1's hands toward the feeling of the fetal head (or instructing her on how to feel it) within the framework established by the "this is X" format in line 03.

However, in this case, MD1 actually self-interrupts the incipient instruction on how to feel the fetal head. Simultaneously, MD1 releases PW1's hands, and after raising both of her (MD1's) hands, pushes them downward sharply in the air (Figure 10.2), enacting within PW1's visual field (PW1 is looking upward without any view of the location of the fetal head) how to move hands to feel the fetal head while verbally referring to the gesture ("this way"). Excerpt 1b is a detailed transcript of line 05 of Excerpt 1.

Excerpt 1b (Detail)

```
              Fig.10.1          Fig.10.2
                 ↓                 ↓
05 MD1:    zuu:tto |hi- (.)   |↑koO shi nai to mie na┌i.
           Like zuu down- (.) |This way, you have to do this
           to see it.         |
   md1:             |releases pw1's hands
   md1:                       |pushes both her own hands
                               downward sharply in the air
```

10.1

10.2

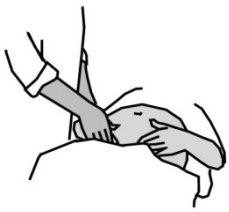
There are several points to be made about this hand gesture by MD1 (i.e., pushing her hands sharply downward in the air, Figure 10.2). First, this is intelligible as the visualization of what was represented by the mimetic expression, that is, how deeply PW1 should press her own hands in order to feel the fetal head. Second, this gesture is also intelligible as an attempt to address the difficulty (observable in a certain way) for PW1 to reach the fetal head through the guidance of MD1 (with "like zuu"). Third, thus, the gesture, combined with the utterance that accompanies it ("This way, you have to do this"), is further intelligible as an *inserted* attempt to clarify the import of the interrupted guidance. This intelligibility is attained within the framework established by the "this is X" format in that the gesture is introduced when what the "this" in the "this is X" format refers to has *not yet* been explicated. Finally, in fact, immediately after the inserted instruction in line 05 is completed, MD1 returns to the interrupted

guidance, by taking PW1's hand, again. Excerpt 1c is a detailed transcript of lines 05–09.

Excerpt 1c (Detail)

```
05  MD1:   zuu:tto hi- (.)     ↑KOO shi nai to mie na┌i.
           Like zuu down- (.) This way, you have to do this
           to see it.                                  |
06  PW1:                                               └ko-|ko-
                                                        Th-|Th-
    md1:                                                   |leads pw1's
                                                            r.h. downward

          fig.10.3
             ↓
07          koo:?
            This way?
08          (.)
09  PW1:    aa::: atta atta 'tta.
            Oh::: I got it!
```



10.3

Interestingly, at the end of the inserted instruction (line 05), PW1, by following the instruction with vocal expression (i.e., with a request for confirmation as to whether she is doing it correctly in lines 06–07, Figure 10.3), exhibits her understanding of the current progress of the ongoing activity. That is, PW1 makes it clear that she is still expected to feel the fetal head and that the visualization of how to do this by MD1 is intended as assistance for achieving this objective.

The guided touch sequence, initiated with the "this is X" format, is finally completed by PW1's claim of feeling the head. The manner in which the claim is

delivered is congruent with the “this is X” format that has established the framework for the guided touch. In other owrds, PW1 claims that she simply feels “X” as such.

The following are the results of my analysis:

(1) The *guided touch* is occasioned in a context where the demonstration of the location of a fetal body part is relevant. Demonstrating, not merely claiming, that the presentation is cephalic, that is, that the fetus is head-down, is relevant in this particular context where PW1 was told at the previous visit to a doctor that the presentation was breech. Feeling an object identifiable as the fetal head for herself serves as the strongest evidence for the rectified cephalic presentation.

(2) The “this is X” format, together with MD1 taking PW1’s hand, is used to establish the normative framework for the guided touch. The thus-established framework is so normatively robust that it allows for the intervention of subsidiary action before the touch being guided is actually accomplished.

(3) The guided touch sequence is completed with PW1’s claim that she found “X”. As the framework is established by the “this is X” format rather than the “here is X” format, the guided touch in Excerpt 1 is aimed at PW1 feeling the object in question for herself, and not only MD1 pointing out its location. PW1’s feeling the object for herself at the location is crucial for having sufficient evidence for the rectified fetal presentation.

(4) Thus, PW1’s feeling in line 09 (where she claims to feel the object) is

organized as “feeling-an-object-identifiable-as-the-fetal-head-at-the-position-that-she-touches”. PW1’s feeling is organized in the manner congruent with the manner in which it was occasioned, that is, in the manner appropriate for addressing PW1’s surprise at the rectification of the fetal presentation. It is organized as the integration of *feeling the object and the abdominal location* at her touching and touched hands.

3.2 Accountability of guided touch

Here, I will examine another example to demonstrate that such organization of guided touch is basic. In the analysis, I enrich the characterizations of the target phenomenon, focusing in particular on the accountability of guided touch and the organization of guided touch as a process. The next example (Excerpt 2) is extracted from another pregnant woman’s (PW2) visit to the same midwifery practice. The midwife is the same as the one in the previous example. The example begins as MD1 locates the fetal head by palpation.

Once again, the sequence is initiated by the use of the “this is X” format, (line 01) and is possibly completed by PW2’s claim to possibly feel an object identifiable as the fetal head (line 06).

Excerpt 2 (FF 2)

```
01 MD1:  |.hh kore ga otsumu desu yo:|::
         |.hh This is the head.      |
   md1:  |removes her palpating hand from the abdomen
   md1:                              |takes pw2’s r. hand
```

```
02        ii ichi ni chanto osamatte|'ru |kara.
          [It] is settled in a good position, so.
   md1:                             |touches the lower abdomen w/
                                     pw2's right hand
   md1:                                  |touches the lower abdomen
                                          w/ pw2's left hand

03        (2.0)

           fig.10.4
              ↓
04 MD1:   |kore<
          |This.
   md1:   |presses both hands

05 PW2:   .hhhh/(1.0)
06 PW2:   aa::┌:::::
          Oh::::::::
07 MD1:       └katai desho?
               [You feel] hardness right?
08        (0.8)|(0.4)
   md1:        |moves l.h. from pw2's hand toward pw2's head

            fig.10.5
              ↓
09 MD1:   |°ko|re°
          | This.
   pw2:   |repeatedly presses the location -->>
   md1:       |taps pw2's head --->>

10        (1.8)
11 MD1:   kono ichi wa moo:: sakago ni wa nara nai  desu ne.
          Now being at this position, the presentation will never
          be breech.
```

10.4

10.5

The organization of the sequence as such is very similar to that of Excerpt 1 in several ways. First, during the use of the "this is X" format, MD1 takes PW2's hand without making any pointing gesture. Here again, the use of the "this is X" format establishes the framework for guided touch without specifying what the "this" refers to and projects that the explication of the reference of "this" is to ensue. In lines 02–04, MD1 guides PW2's touch of the fetal head. Second, in line

04, MD1 points out the fetal head by *pressing* PW2's hands against its location (see Figure 10.4). Note that MD1 supposedly feels, through the guidance of PW2's hands, that PW2 touches the head, as presupposed by the design of her pointing act in line 04 (i.e., the stand-alone proximal deictic term plus the pointing gesture with PW2's hands).[3] Third, in line 06, the guided touch is possibly completed with PW2's acknowledgment of MD1's pointing out of the head.

The main difference between this (Excerpt 2) and the previous case (Excerpt 1) lies in the fact that the guided touch is not occasioned by any conduct by PW2. That is, the specific reason for the guided touch is not provided in the sequential environment, as it was in Excerpt 1. However, MD1 observably orients to the *accountability* (i.e., the relevance of the account) of the guided touch and provides the account for it explicitly. As early as in line 02 ("[It] is settled in a good position"), MD1 makes it clear why she is now showing the head with the guided touch immediately after establishing the framework for it; she indicates that because the position of the head is *good,* it is therefore worth showing. Further, in line 11, MD1 explicitly mentions a *normal concern* that pregnant women may be generally expected to have (i.e., "sakago"/"breech presentation"), which may serve as a general reason for the demonstration of the position of the fetal head.

Regarding MD1 raising the normal concern in line 11, more locally, one

may note that PW2's response in line 06, an elongated "aa" ("aa:::::::"/"oh:::::::"), may be hearable as a claim of the discrimination of an object identifiable as the head, but it is still somewhat ambiguous. (The responsive token "a" and its elongated version "aa" can be glossed as "oh", although Endo [2018] observes the difference in use between them. When "aa" is further elongated, it begins to imply some hedging.[4]) In fact, MD1's inquiry in line 07 ("hardness right?") and her tapping of PW2 on her head from line 09 onward appear to provide further assistance for the discrimination of the object, first through a verbal description of a tactile feature and then through the physical touching of an analogous thing (Nishizaka, 2014) (Figure 10.5). Moreover, after MD1's left hand leaves PW2's left hand to reach PW2's head (line 08), PW2 repeatedly presses her lower abdomen with her left hand (in lines 09 through 10, as seen in Figure 10.5); this behavior appears to be PW2's continuous attempt to discriminate the target object. After a substantial silence (line 10), MD1 wraps up the ongoing sequence in line 11 without further pursuing PW2's clearer claim of discrimination of the object by elaborating the evaluation given in line 02, thereby providing once again what is hearable as a reason for the guided touch.

Thus, we now obtain the following characterizations of guided touch in relation to the first two aforementioned issues:

(1) It is specifically accountable in a context where MD1 palpates the fetal condition. In obstetric contexts, examinations of the fetal condition include the

demonstrations of the condition as their normal constituent parts (see Nishizaka, 2011), but it is relatively rare for medical professionals to guide pregnant women to touch fetal body parts for such demonstrations. Therefore, if no particular reason for guided touch is available in the current sequential environment, then the explicit provision of an adequate account for it may be in order.

(2) It is achieved in a process initiated and completed in certain ways. For example, the process is initiated by MD1's projective utterance and completed by PW2's claim to feel the target object. If the pregnant woman does not touch the target object (or more precisely, the midwife does not feel the target object with her guiding hands that touches the pregnant woman's hands), the process may be internally expanded (Excerpt 1). If the pregnant woman *touches but may not discriminate* the target object, the midwife may expand the process to a certain degree before she brings it to a close, such as with an evaluation of the fetal position (Excerpt 2). Certainly, as far as it physically takes some time to guide a pregnant woman's hand to the target object, guided touch is only possible as a process. However, the important point is that the process is not only factually progressing but projectively organized and organizationally expandable.

4 Variance of Structural Features

In this section, I examine two less simple cases to show that the structural features that I elucidated in previous sections are robust. First, I examine a case where a guided touch sequence is closed by the midwife, who explicitly abandons pursuing any further discrimination of the target object on the part of the pregnant woman. Next, I examine a case where a guided touch sequence is initiated by the pregnant woman.

4.1 Explicit abandonment of further pursuit for a pregnant woman's discrimination of the object

The next example (Excerpt 3) is extracted from a checkup conducted by two independent midwives (MD2 and MD3) at a pregnant woman's (PW3) home. The example begins when MD2 mentions the location of the fetal head after pointing out the position of the spine by guiding PW3's hand (see Excerpt 5 below, a contrastive case, for what happened before Excerpt 3). In line 02, MD2 points out the location of the fetal head ("the head is on this lower (side)") by slightly pressing against the location with PW3's hand that MD2 has been holding. PW3, after receipting MD2 pointing out the head ("Oh:::::::::" in line 03), attempts to feel the head for herself with verbal expression (saying "A bit (hard)" in line 05 while palpating the pointed out location). Occasioned by PW3's conduct (lines 03–05), MD2 initiates guided touch of the fetal head anew (line

06), while taking both PW3's hands.[5]

Excerpt 3 (Home)

```
01 MD2:                                  └nn: (.h) senaka
02       o miru yoona kanji de |otsumu wa kono |shita (gawa ni).
         Mm. (.h) [The baby] faces [your back], and the head is
         on this lower (side). |              |
   md2:                        |brings pw3's r. hand to
                                the location of the head
   md2:                                      |slightly presses
                                              the location
                                              w/ pw3's hand

03 PW3:  ah::aa┌::|::
         Oh:::::::::
04 MD2:        └nn|
                Yeah.
   pw3:           |palpates w/ fingertips ->>

05 PW3:  chotto ┌(katai)
         A bit  | hard
06 MD2:        └|HAKKIri wakara nai |kamo shire nai ke↓do
                |It may be difficult to feel it clearly, though.
   md2:         |releases pw3's r.h. and takes pw3's l.h. w/ r.h.
   md2:                           |takes pw3's r. hand w/ l.h.


07 PW3:  ┌fu:::n::┌:
         |Uh-huh. |
08 MD2:  └|nn     └nn_ guu : |: : t t o |
          |Mm.      Mm, do like guu.    |
   md2:   |changes ways that she holds pw3's hands
   md2:                    |pushes pw3's hands downward
                            a bit --->|


09 PW3:  .hhhhhhh/(0.8)
10 MD2:  hai sutte:┌:::: (0.4)|
         Then, inhale.   (0.4)|
11 PW3:            └(.hhhhhhh)|

                                          fig.10.9
                                             ↓
12 MD2:  hai yukkuri haite=fuu::|::|::=|kono oku:: no
13       >hoo ni iku<.          |  |   |
         Then, slowly exhale=fuu::::=go to this depth.
   md2:                        |pushes pw3's hands downward
   md2:                           |   |pushes further
   md2:                           |looks at pw3's face -->>

14       (1.4)
   md2:   --->> ((continues to look))

15 PW3:  ee::::
         uh:::::
16       (0.2)
17 MD2:  moo chotto shinai to wakan' nai ka┌↑na::
         Until a bit later, it may be difficult to feel it.
18 PW3:                                    └hah:::::::i
                                            Yes.
19       (0.8)
```

20 MD2: **kon'na kanji de┌: yasunde masu ┌↓kara ne?**
This way, [the baby] is taking a rest.
21 PW3: **└ha:i** **└ah:::**
Yes. *I see.*

10.9

MD2's utterance in line 06 indicates the potential difficulty for PW3 to discriminate the target object. Consequently, combined with MD2's taking of PW3's hands, the guided touch is projected to ensue. This projective utterance is constructed very differently from the ones in the previous examples, but combined with the taking-hands action, it still has a framework-setting function for guided touch and projects the explication of what is said to be difficult to feel. Its construction very well fits the context in which PW3 is *attempting* to feel the target object, that is, a context in which the potential difficulty in feeling it surfaces. Then, MD2 pushes PW3's hands downward on the abdomen so PW3 can feel the target object (lines 08 and 13; "guu" in line 08 is a mimetic term indicating the strength with which to push). The manner of guiding hands (Figure 10.9), that is, MD2's guiding hands while letting PW3 exhale slowly (line 12; "fuu" is a mimetic term indicating the elongated exhalation), also indicates the potential difficulty that PW3 experiences in discriminating the target object; the exhalation may be here mobilized as an extra technique for making more palpable what is to be touched. In fact, MD2 looks at PW3 while guiding PW3's hands as if to check for PW3's ability to discriminate (or feel) the target object.

However, PW3 indicates that she cannot feel it (line 15) by producing the

interjection “ee:::::” with upward intonation (designated as stressed), which conventionally indicates that the speaker has trouble with understanding or seeing something. In response, MD2 abandons her attempt to let PW3 feel the target object (“Until a bit later, it may be difficult to feel it”, in line 17) when, although obviously (as seen from the design of her utterance) MD2 feels it through PW3’s hands guided by MD2’s hands, PW3 indicates the difficulty to feel it. In line 20 (“This way, [the baby] is taking a rest”), MD2 finally closes the ongoing sequence, in which the guided touch sequence is embedded, by mentioning the entire fetal condition that she identified earlier (data not shown here, but see line 17 of Excerpt 5.2).

Thus, the process for guided touch is initiated here in a manner appropriate to the context in which it is occasioned (i.e., where PW3 further attempts to discriminate the target object by palpating her abdomen). In other words, the initiating utterance is constructed in a manner that fits the context where potential difficulty in the discrimination surfaces. The process of guided touch is also brought to a close without being completed successfully. This manner of closure is one that is also sensitive to this particular context.

4.2 Other-initiated guidance of touch

Each of the three cases of guidance of touch that I have examined so far was initiated by a participant who *does* guide the other’s hands, that is, a midwife,

although some of them were occasioned by pregnant women's conduct. The next example is a case in which guided touch is *initiated, not only occasioned*, by a pregnant woman. I divide the example into two parts (Excerpts 4.1 and 4.2) for ease in exposition. The exchanges in Excerpt 4.1 occur immediately after those in Excerpt 2. For the sake of clarity, line 11 of Excerpt 2 is reproduced as line 01 of Excerpt 4.1. Slightly overlapping with MD1's wrapping-up utterance, in lines 02–04, PW2 inquires about the orientation of the head, using the proximal deictic term "kore"/"this" (line 02) while touching the location of the head. Thus, PW2 re-opens the sequence being closed by MD1's wrapping-up utterance. (Note that from lines 01 through 04, MD1 continues pressing both PW2's hands onto the location of the fetal head. When MD1 hears PW2's question, she releases PW2's left hand and removes the cover over the location of the spine while saying, "Wait," in line 05.)

Excerpt 4.1 (FK2)

```
01 MD1:  kono ichi wa moo:: sakago ni wa nara nai ┌desu ne.
         Now being at this position, the presentation will never
         be breech.                                        |
02 PW2:                                                    └kore wa-
03 PW2:  mukoogawa- uchigawa o muite'run' desu ka?=sotogawa
04       o::- yo┌ko o muite'run' ↓desu ka
         Is this oriented in that direction- inward? Is [it]
         oriented outward- sideways?
05 MD1:         └(matte ne)
                  Wait.
06 MD1:  nn s- |ima ne::- m- ano shin |on kiita desho?
         Mm. Now you heard the heartbeat, right?
   md1:        |presses l. side       |presses r. side
   md1:         of pw2's abdomen       of pw2's abdomen

07 PW2:  ha::i.
         Yes, I did.
08 MD1:  |↑n:::n
         |Mm mhm.
   md1:  |presses l. side of abdomen w/ l. hand
```

```
              fig.10.10
                  ↓
09        (0.4)|(0.2)
   md1:         |presses r. side of abdomen w/ r. hand

10 MD1:   ┌|kotchi sena|ka.
          ||On this side is the back.
   md1:   ||leaves ab. |takes pw2's r. hand w/ r. hand
          |
11 PW2:   └senaka |ga kotchi:┌:
           The back is on this side?
   pw2:           |touches l. side of abdomen w/ l. hand
                            |
                            |      fig.10.11
                            |          ↓
12 MD1:                     └kotchi |da. senaka.
                           On this side is the back.
   md1:                             |presses r. side
                                     w/ pw2's r. hand
```

10.10

10.11

Note that PW2's inquiry can be heard as an inquiry about the fetal orientation, not only about the orientation of the head. In response, MD1 mentions the measurement of heartbeats, which was done by MD1 before the ongoing palpation session. The heartbeats are measured from the spinal side (line 06). In other words, the side on which the probe was placed is the one with the spine (see Figure 10.12). From here, MD1 supposes that PW2 should know on which side the spine is located, and furthermore, in which direction the fetus is oriented. In fact, MD1 answers PW2's inquiry, by providing the location of the spine (line 10). Interestingly, PW2's independent understanding that the location of the spine is at issue in this context is exhibited in her simultaneous utterance in

line 11.

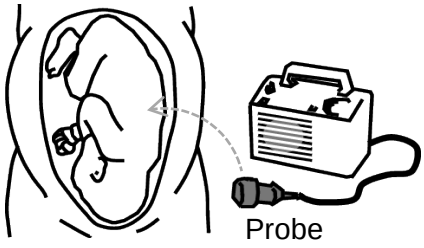


Figure 10.12 — Heartbeat measurement

Now, I will examine the construction of MD1's turn at talk in line 10. The turn in line 10 is produced with a deictic term ("kotchi"/"this side") but without any pointing gesture, and, during the turn, MD1 takes PW2's right hand with her right hand. Similarly to the circumstances of the previous examples, this turn projects the explication of the reference of this deictic term to ensue; responding to PW2's inquiry, it establishes the framework for guided touch. Thus, the guided touch in this example is initiated by PW2's inquiry.

Note, first, that the pressing that occurs in line 09 (see Figure 10.10) is not a pointing gesture but still part of the palpation that MD1 began when mentioning the measurement of the heartbeats. In fact, in line 11, PW2 also exhibits the understanding that the pressing is not a pointing gesture. If PW2 had taken MD1's pressing of the *right* side of the abdomen in line 09 as a pointing gesture, PW2 could have understood that the deictic term ("this side") in line 10 refers to the *right* side. However, in line 11, PW2 requests confirmation of the location of the spine while pointing to the *left* side of the abdomen. (PW2 may have

imagined that the heartbeat was listened to from the side opposite that of the spine.) Furthermore, MD1's hands leave PW2's abdomen to take PW2's hand at the beginning of the turn in line 10. This hand movement appears to be a transition to another activity phase. Then, in line 12, MD1 provides a correction, pointing out that the spine is located on the *right* side of the abdomen, by pressing PW2's right hand against that side of the abdomen (Figure 10.11). The design of MD1's turn in line 12 also presupposes that MD1 feels the target object through PW2's hand and therefore knows that PW2 touches it. Thus, MDW attempts to demonstrate the abdominal location of the fetal spine.

Note also that, in contrast to Excerpts 1 and 2, MD1 uses the format "On this side is X" rather than "This is X" consistently in the guided-touch-projection turn (line 10) and in the pointing-out-with-a-guided-touch turn (line 12) (as well as in PW2's request for confirmation in line 11). However, this format fits the context where guided touch is initiated by PW2's inquiry concerning the fetal orientation, and not the location of the spine as such. In this respect, the subsequent development of the current interaction may be interesting. Excerpt 4.2 is the continuation of Excerpt 4.1.

Excerpt 4.2 (FK2)

```
13 PW2:  s- a senaka ga  |ko┌tchi::
           Oh the back is on this side.
   pw2:                  |touches r. side of the abdomen
                          w/ l. hand
                            |
                            | fig.10.13
                            |    ↓
14 MD1:                     └|kore:
                             |This.
   md1:                      |presses r. side of the abdomen
                              w/ pw2's r. hand -->>

15 MD1:  kore: katai tokoro.|
         This, the hard place.
   md1:  ------------------>|

16       (0.4)
17 PW2:  aa::a::hh
         Oh:::::hh
18 MD1:  |kotchi koo osuto waka'n'de|sho.
         |If [you] press this side like this, [you] will
         |feel it.                  |
   md1:  |presses l. side of the abdomen w/ l. hand
   pw2:                             |touches l. side of a.->>

19       (2.2)|
   pw2:  ---->|

                      fig.10.14
                          ↓
20 MD1:  |koo oshite |koo su'tto ne::.
         |If [you] press like this, do like this.
   md1:  |swing l. hand forward above the abdomen
   md1:              |thrusts r. hand above the abdomen

21       ↑n::n (.) |II ICHI desu yo::
         Mm mhm. (.) The position is very good.
                   |presses the location of the head
```

10.13

10.14

In response to MD1's pointing out in line 12, PW2 displays surprise at the information provided by MD1 about the location of the spine with the emphatic "a"/"oh" followed by a request for confirmation (line 13). In response to this display of surprise, MD1 presses PW2's right hand against the right side of the

abdomen (Figure 10.13), thereby re-attempting to point out the location of the spine (lines 14–15). Here, MD1 uses the object-referencing deictic term "kore"/"this", not the location-referencing deictic term "kotchi"/"on this side"; an object-referencing term implicates the direct access to the object. In order to address PW2's surprise, MD1's pointing out of the spine in lines 14–15 is *specifically* organized as a demonstration (not merely a claim) of the location of the spine rather than the fetal position; MD1 is not only making a pointing gesture to the location, but she is also attempting to let PW2 feel the spine at its very location. MD1 also provides a description of how it feels, that is, "hard," thereby making it easier for PW2 to feel it (line 15). However, in response, PW2 enunciates a very elongated "aa" once again, which implies some hedging; she receipts the demonstration but does not clearly claim to have discriminated or felt the spine (line 17). After this response from PW2, in a fashion very similar to those of Excerpts 2 and 3, the guided touch sequence is expanded before the entire sequence in which it is embedded is brought to a close.

Possibly as a reaction to the ambiguity of PW2's response, MD1 expands the guided touch sequence by adding an instruction on how one can feel the spine more easily, indicating that pressing the opposite side of the abdomen would make the spine come closer to the surface of the abdomen (line 18). Then, PW2 attempts to follow the instruction by touching the left side of her abdomen by herself (i.e., without being guided by MD1) from the end of line 18 through line

19. Seeing PW2's unsuccessful attempt, MD1 proceeds to enact how to press the abdomen in PW2's visual field in the air above the abdomen (Figure 10.14). Note that this enactment in the air intelligibly addresses the potential difficultly the PW2 displayed, as we observed in Excerpt 1b, while here it is not performed as an insertion *before* a guided touch but instead as an expansion of the sequence in progress *after* a guided touch, as different from the enactment in the air in Excerpt 1b. After the enactment, MD1 closes the ongoing sequence by returning to the evaluation of the fetal position by palpating the location of the head without waiting for any claim from PW2.

Thus, the process of guided touch is developed in a manner that fits the way in which it was occasioned or initiated. Participants also orient to the normative structure of the process that should be completed by PW2's claim of feeling the target object, but there are certain procedures that are available for cases in which the ongoing sequence is closed without being appropriately completed. In other words, the oriented-to normative structure is adjustable according to various interactional contingencies.

5 A Contrastive Case

The final example is a contrastive case in which guided touch does *not* exhibit the structural features that I described in the preceding sections. The exchanges in Excerpt 5 occur immediately before those of Excerpt 3, where two midwives

(MD2 and MD3) visit a pregnant woman's (PW3) home. For the purpose of simplification, I omit exchanges between MD3 and PW3's first child (appearing to be one or two years old), which occur concurrently with those between MD2 and PW3. I also divide the example into two parts (Excerpts 5.1 and 5.2) for ease in exposition. In lines 01 and 03, MD2 points out the locations of the fetal head (line 01) and the fetal spine (line 03), with deictic terms ("kotchi"/"this side", "koko"/"here", and "kochira"/"this side") and touches (pointing gestures).

Excerpt 5.1 (HOME)

```
01 MD2:  |(0.6) akachan no otsumu ga |kotchi ne? ┌koko ne?
         |(0.6) The baby's head is on this side. |Here.
   md2:  |touches the lower abdomen  |presses    |
                                                 |
02 PW3:                                          └ha:i
                                                  Yes.

03 MD2:  |senaka ga |kochira gawa nan' desu kedo:
         |The back is on this side, but,
   md2:  |moves r. hand
   md2:             |touches a portion of the abdomen

04 PW3:  hai (.) senaka ga ┌|kot↓chi |(nan'   )
         Yes,(.) the back is on this side.
   pw3:                    ||touches md2's hand touching ab.
   pw3:                    |         |withdraws the hand
                           |
05 MD2:                    └n
                            Yeah.

          fig.10.15
              ↓
06 MD2:  |kochira gawa nan' desu ked┌o:
         |On this side, but,        |
   md2:  |takes pw3's hand           |
                                     |
07 PW3:                              └nn ┌nn
                                          Mm mhm.
08 MD2:                                   └|yaya::
                                           |A bit
                                           |puts pw3's r. hand
                                            on a portion of
                                            the abdomen
```

10.15

After MD2 points out the location of the spine (line 03), PW3 receipts the pointing out ("hai"/"Yes") but requests confirmation about the location (line 04) using a construction similar to MD2's utterance in line 03 ("the back is on this side") while touching MD2's hand that touches her abdomen ("kochira" is the polite form of "kotchi"/"this side"). Then, in line 06, MD2 provides the requested confirmation by partially repeating her own previous utterance (line 03) while taking PW3's hand that is now being withdrawn (Figure 10.15).

Although MD2's utterance in line 06, with a deictic term accompanied by her taking PW3's hand, may appear similar in its construction to those projective utterances in previous examples, the utterance is actually a way of re-doing the utterance in line 03. There are three points to be made about this utterance. First, the explication of what the deictic term refers to is *not* projected to ensue. In this context, its reference is already clear, that is, what it refers to is the part that MD2 touches in line 03. Second, both utterances in lines 03 and 06 have "kedo:"/"but" at the end, with the same *continuation-indicative punctuation* (see Nishizaka, 2017, for elaboration on such construction). That is, the construction of the turn in line 03 already projected something to follow it, and what follows the utterance in line 06 appears to be a version of what was going to follow the utterance in line 03. In fact, PW3 displays recipiency ("nn nn"/"Mm mhm" in line 07) after MD2 re-does the pointing out of the spine ("On this side, but"), thereby letting MD2

proceed to the next portion of her utterance. Finally, although the utterance in line 06 may appear to be a responding part of the sequence initiated by PW3's turn in line 04, it was the re-doing of the initiating part of the sequence. That is, the current sequence was initiated by MD2 already in line 03 without being occasioned by PW3's conduct. Nevertheless, there is no sign that MD2 orients to the accountability of the projected guided touch.

Thus, although the utterance in line 06, made with a deictic term and as MD2 takes PW3's hand, looks very much like those utterances in the previous examples, it does not project the explication of the reference of the deictic term to ensue and, and MD2 does not exhibit any orientation to the accountability of the incipient guidance of PW3's hand. This structural distinctiveness of the utterance may be related to the distinctiveness of the guided touch that ensues. Excerpt 5.2 is the subsequent development of the example, in which I also reproduce lines 06–08.

Excerpt 5.2 (HOME)

```
06 MD2:  |kochira gawa nan' desu ked┌o:
         |On this side, but,        |
   md2:  |takes pw3's hand           |
                                     |
07 PW3:                              └nn ┌nn
                                      Mm mhm.
08 MD2:                                  └|yaya::
                                          |A bit
   md2:                                   |puts pw3's r. hand on
                                           a part of the abdomen

09 PW3:  nn
         Mm
10       (0.4)
```

fig.10.16

```
                ↓
11 MD2:  |kooyuu fuun- <|kochira o>
         |like this-    |This side
   md2:  |slides pw3's r. hand upward on the abdomen
   md2:                 |brings pw3's hand back downward

12       |(.)
   md2:  |brings pw3's hand upward again

13 MD2:  ee::::::: >yoosuruni< senaka o miru yoo |na
         we::::ll   in a word  as if [the baby] faces [your]
         back, [Including line 15]                |
   md2:                                           |brings pw3's
                                                   h. downward

14 PW3:  aa
         Oh.
15 MD2:  kanji de::
16 PW3:  ee
         Yes.
17 MD2:  onaka ni (0.8) yasunde: (.) |masu ne::
         inside the stomach, [the baby] is taking a rest.
   md2:                               |moves pw3's hand slightly
                                       upward

18       (.)
19 PW3:  haa::::
         Ye::s.
```

10.16

From line 11 onward, MD2 proceeds to point out how the spine is positioned by sliding PW3's hand upward and downward on the abdomen. However, three distinctive features are observable here. First, MD2 *does not press* PW3's hand against the abdomen but instead *slides* it on the abdomen (Figure 10.16). Second, MD2 depicts the shape of the spine, rather than letting PW3 feel the spine. In fact, she uses the deictic phrase "kooyuu fuu"/"like this," not "kore"/"this" or "koko"/"here," and this phrase ("like this") refers to the concurrent hand movement, not the spine or the location of the spine. Third,

MD2's entire utterance from line 08 onward is syntactically discontinuous. After uttering "A bit" (line 08), a new sentence is initiated with "Like this" (line 11), but this phrase is cut off and another new sentence is initiated with "This side" ("kochira o") accompanied by the hand movement back to the original position. However, this incipient new sentence that begins with "kochira"/"this side" plus an accusative case marking particle "o" is aborted once again. Then, after an elongated hesitation ("ee:::::::") and resetting ("in a word") in line 13, the abandoned phrase ("kochira o") is revived as "senaka o"/"the back." Thus, MD2 has been experiencing some difficulty in pointing out the shape of the spine. The guided touch in Excerpt 5.2 is mobilized as part of this potentially difficulty in pointing out the shape of the spine. It is *not* organized as part of the *demonstration* of the location of the target object, but rather as part of a potentially difficult *explanation* of how the spine lies inside the abdomen.

The sentence that begins in line 13 is completed in line 17, and the final component of the sentence (line 17) mentions the condition of the entire fetus rather than that of only the spine, thereby bringing the entire sequence to a close. However, PW3 only receipts what is said; the response token "haa" rather indicates some trouble in being convinced; this may also suggest that it was difficult for MD2 to give the explanation. Thus, the guided touch in Excerpt 5.2 is different in type from those in the previous examples. This difference in type is reflected in the structural difference in its organization.

6 Concluding Remarks: Feeling What One Feels

The organization of guided touch varies according to whether it is accomplished as part of the *demonstration* of the fetal position or mobilized as part of the *explanation* of the shape of fetal body parts; in the former cases, it is accountable and organized as a process with a projection of an instruction on how to feel the target object at its beginning, while in the latter case, it was neither accountable nor accompanied by a projection of such an instruction.

In this concluding section, I would like to draw attention to *what it is* that participants perceive in interaction, not only the sequential contexts in which they perceive things. Charles and Marjorie Goodwin's work on vision (e.g., Goodwin, 1994, 1996; Goodwin & Goodwin, 1996) has addressed this issue (see also Lynch, 1985, 1988; Nishizaka, 2000, 2006, 2011a). For instance, in the contrastive case (Excerpts 5.1 and 5.2), the pregnant woman was guided toward feeling her hand moving on her abdomen; her-hand-moving-on-her-abdomen is *what* she was guided to feel. This (tactile and proprioceptive or kinesthetic) feeling of her hand movement on the abdomen is immediate and perhaps even incorrigible; the phrase "like this" simply refers to the pregnant woman's own hand movement felt on her own abdomen.

In contrast, in each of the first four examples, the pregnant woman was guided toward feeling (or discriminating) the target *object* at a particular

abdominal location, not only feeling her hand movement. Such feeling is subject to failure; the pregnant woman may not be able to feel anything or may feel something other than the target object. In fact, the following distinction in what the pregnant woman felt was relevant to the development of interaction in each example. (a) Sometimes, the pregnant woman felt and discriminated the target fetal body part (and the midwife also felt and identified the target body part through the pregnant woman's hands); (b) Other times, the midwife did not feel the target body part through the pregnant woman's hands (meaning that the pregnant woman did not feel it, either); (c) Still other times, the midwife felt the target body part, but the pregnant woman did not discriminate an object identifiable as the body part. When (a) was the case, the process was immediately completed (Excerpt 1). When (b) was the case, the process was internally expanded before the guided touch was adequately provided (Excerpt 1b). When (c) was the case, the process *may* have been expanded after the pregnant woman receipted the midwife's pointing out of the target body part and before the entire sequence in which the process was embedded was brought to a close (Excerpts 2, 3, and 4.2).

When guided touch aims at that type of tactile perception that is subject to failure (as in Excerpts 1–4.2), its achievement may be more complex than when MD2 only attempted to point out the shape of the fetal spine with PW3's hand movement on the abdomen in Excerpt 5.2. The process for guided discrimination

of the target object was accountable and accompanied by a projection of an instruction on how to feel the object, while the guided touch implemented the projected instruction. In fact, previous research has indicated that various processes beginning with a distinctive projective action that leads up to the projected action itself can address some potential problems. For example, “pre-sequences” in the technical sense (Schegloff, 2007; Terasaki, 2004 [1976]) address the possibility for the projected “base” action to be rejected; Sacks (1992) has characterized them as a device to prevent an explicit (“countable”) rejection. The action-projection that is technically known as “pre-pre” (Schegloff, 1980) addresses a potential mishearing of a preliminary to the projected action as talk “in its own right”. Sacks (1978, 1992) has also observed that story-telling is often accomplished in a sequence that includes at least three turns; “story-prefaces” that initiate such sequences address the possibility that turn-taking may occur at a possible completion within the story-telling (multi-unit) turn before the story-telling is completed. Schegloff and Sacks (1973) have observed that closing of conversation is also accomplished in a process (“closing section”) with “pre-closings” at its beginning. The organization of closing a conversation as such a process addresses the problem of how to suspend the relevance of turn-taking via turn-taking. The observation in this chapter adds another finding regarding sequence organizations with projective and projected actions within them that is consistent with what has been reported in this previous research. In other words,

the type of guided touch sequence on which I focused is organized such that it secures expandable space to address the potential difficulty of the achievement of the projected perception.

The type of guided touch that I examined may be distinctive in this particular context. It should be distinguished from the guidance of hands in instructing how to move the hands, a means of instruction that we observe in calligraphy lessons, for instance. When calligraphy teachers guide a student's hand holding a brush on a sheet of paper, they may aim to let the student feel how to move the brush on the paper. However, their aim does not include letting the student perceive a tactilely discriminable object. Furthermore, the objects to be perceived in the type of guided touch are inside one's body and also perceived by another via one's own hands which feel and are felt by another's hands; another also feels that one touches an object concurrently via one's own hands that another touches. The perceived and the perceiving, the felt and the feeling, are complexly integrated into one single experienced world in the actual course of a distinct activity. We may have here a prototype of our lived experience of the world that Merleau-Ponty (1968) attempted to capture using various expressions such as "flesh", "reversibility", "chiasm", and so one. Certainly, we inhabit one single world together with others, simultaneously perceiving and being perceived in complex manners. However, we should also realize that such an experience is among various specific, empirically describable phenomena. In fact, we have

observed that *what* participants feel each other feel in this particular context informs the specific organization of a distinct activity (i.e., demonstrating the location of a fetal body part). Thus, the present study respecifies a philosophical issue as an empirical issue to be investigated in its own right.

In conclusion, I reflect on a consequence of guided touch in the context of healthcare for pregnant women. On the one hand, it has been pointed out that visualization technology such as ultrasound imaging deprives pregnant women of the first access to their fetuses; before pregnant women feel their fetuses through quickening, they are able to see the images of the fetuses (see Rapp, 1999), and they may even tailor their haptic experience of the fetal movements inside their bodies to meet the images of the fetuses, which are difficult for the non-professional to truly see by themselves. Pregnant women, as it were, have been alienated from the authentic experience of their fetuses by medical technology. On the other hand, it has also been pointed out that the visualization of fetuses contributes to the personification of them (see Mitchel, 2001; Taylor, 2008). The personification may further contribute to the perceived independence of fetuses from pregnant women but also to pregnant women's "bonding" with the fetuses (see Roberts, 2012, for a more recent critical review of "bonding" theories). In fact, it has been reported that some companies offer services that provide ultrasound imaging videos to pregnant women who seek early bonding with their "babies" (Rados, 2004).

Interestingly, *touched* fetuses are characterizable as very different from *visualized* fetuses. First, it is usually difficult for both the professional and non-professional to feel (or discriminate objects identifiable as) fetal body parts by palpation before the 27th week of pregnancy, while pregnant women can feel quickening between the 18th and 22nd week. Second, although for the first time it is also difficult for pregnant women to feel fetal body parts by palpation without any assistance, nevertheless, once they become competent in doing it by themselves, they can do it anywhere and anytime without any expensive medical equipment. In other words, guided touch can be a type of training to palpate fetal body parts for themselves. Finally, establishing relationships with their "babies" via palpation seems very different from bonding created through the visualization of a "human shape." A tactile relationship dispenses with the personification of fetuses; it may be difficult to identify the details of fetuses (such as noses, mouths, five fingers, and five toes). A tactile relationship is not based on a human-like shape, but, nevertheless, it is more immediate. Although the cases that I examined were collected more than ten years ago, guided touch in the obstetric and midwifery context may still promote a distinctive relationship between women and their fetuses.

Notes

[1] In what follows, I use the term "utterance" to refer to portions of talk more or less separable from each other, and the term "sequence" to refer to sequences of such portions of talk accompanied by various body movements.

[2] In all the excerpts, each line is composed of two tiers. There is first a Romanized version of the original Japanese. Below this is an approximate English translation, where words are arranged such that *as much as possible of the original word order is maintained*. The first tier of the transcript utilizes Jefferson's (2004) transcription system. The letters and Roman numerals in brackets next to the excerpt numbers indicate the identity of the session in each excerpt. Some excerpts include annotations of the embodied conduct of each participant under the English translation, that is, in the extra tiers designated as "pw#" and "md#." The starting and ending points of the movements are indicated by the sign "|". Double arrows ("-->>") in these tiers indicate the continuation of the described conduct over the line.

[3] Most probably, the midwife, guiding a pregnant woman's hand toward the discrimination of the target object, used the pregnant woman's hand like a cane; as one can feel the texture of the earth's surface through the cane, so can the midwife feel the textural changes of the abdomen through the pregnant woman's hands. One observes on the video that midwives' guiding hands in some cases touch the pregnant woman's abdomen. However, in most cases, they do not touch the abdomen at all or touch irrelevant locations. The following is a detailed transcript of lines 03–09 of Excerpt 2.

Excerpt 2a

```
    fig.10.6    fig.10.7
          ↓       ↓
03        |(0.6)|(1.4)
   md1:   |puts pw2's r.h. on the abdomen
   md1:          |puts pw2's l.h. on the abdomen

04 MD1:   |kore<
          |This.
   md1:   |presses both hands

05 PW2:   .hhhh/(1.0)
06 PW2:   aa::┌:::::
          Oh::::::::
07 MD1:        └katai desho?
                [You feel] hardness right?

08        (0.8)|(0.4)
   md1:         |moves l.h. from pw2's hand toward pw2's head

            fig.10.8
              ↓
09 MD1:   |°ko|re°
          | This.
   pw2:   |repeatedly presses the location -->>
   md1:        |taps pw2's head --->>
```

10.6

10.7

10.8

First, during the silence in line 03, MD1 brings PW2's fingertips to the target location; MD1's fingers do not touch the abdomen (Figures 10.6 and 10.7). Then, while uttering "kore"/"this" in line 04, MD1 presses PW2's hands held by MD1's hands downward into the cover. In fact, when PW2 palpates her abdomen after MD1's hand leaves PW2's left hand, PW2 does so with her fingertips at the location to which the fingertips have been guided by MD1's hand, not at the location where MD1's hand was (Figure 10.8). Incidentally, the significance of the fingers, compared with the palms, in the tactile recognition of shapes was experimentally demonstrated by Schwartz, Perey & Azulay (1975), critically building on Gibson (1962).

[4] This description is the first approximation based on a rough native intuition (reflexively) combined with observations of the subsequent development of interaction. A more robust description would need to be grounded in empirical research of a collection of instances of the phenomenon (i.e., elongated "aa") with variations of intonation contours and sequential positions.

[5] Incidentally, in line 06, MD2 takes PW3's left hand with her right hand and PW3's right hand with her left hand, but, as MD2 provides the instruction in line 08 ("do like guu"), she changes ways that she holds PW3's hands such that she now holds PW3's right hand with her right hand and PW3's left hand with her left hand (see Figure 10.9). This hand-holding formation may be a typical one for guided touch. In this formation, not only can MD2 feel PW3 feel through the latter's hands more adequately but also she may be tactilely demonstrating how to move hands to feel the fetal head, even though the movement may not be visible to PW3.

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