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# **Social Interaction**

## **Video-Based Studies of Human Sociality**

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### **Touch and the Fluctuation of Agency and Motor Control in Pediatric Dentistry<sup>1</sup>**

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#### **Abstract**

*This study investigates a variety of ways in which dental clinicians and adult guardians touch child patients to get them to participate in dental procedures in China's mainland. Children at the dentist's office often experience pain and show fear, and dental care practitioners as well as adult guardians (in our case, parents and grandparents) perform tactile and haptic actions of comfort and control in response. Our analysis shows the dual roles that the children's bodies play when touching and being touched in the dentist's office: At times, they are agents or animators in control of their own movements; at other times, they are objects of manipulation by others. Moreover, sometimes their movements are collaboratively controlled by multiple participants, including the patient him/herself. During intercorporeal engagements in Chinese pediatric dentistry, as in many other contexts of interpersonal touch, the center of control and the source of animation of movements and actions are often distributed among multiple bodies. What is more, tactile and haptic actions in this context shift back and forth between direct forms, where the act of one body causes a change in the other, and actions that can be properly called semiotic or communicative in Grice's (1968) sense, which aim to make the other person recognize the actor's intent and act on it of his or her own volition.*

Keywords: Touch, Agency, Motor control, Intercorporeality, Paediatric dentistry

## 1. Introduction

For dentists to be able to do their work, it is crucial that the patients stay still and keep their mouth open, even if dental procedures arouse anxiety, fear, or pain. Normally, fearful adult patients can manage their sensations and emotions well enough, and verbal acts suffice to make them adjust the position of their mouth, open it wide enough, or reposition the tongue. In comparison, pediatric dentistry often requires more than verbal persuasion and may require touching and active manipulation of the child patient's body or body parts: Young patients often reflexively or deliberately resist moving onto the chair, lying still, or opening their mouth to receive the dentist's instruments. In China's mainland, where technological solutions such as laughing gas are not commonly used, the dentist often recruits the assistance of co-present adults (the child's guardians, dental assistants) to constrain the child (Guo & Bradford, 2018; Guo, 2019). When children experience pain or show fear, these adults perform tactile and haptic actions of comfort and control in response (Cekaite, 2010; 2015; 2016; Goodwin & Cekaite, 2018). Therefore, Chinese pediatric dentistry constitutes a rich site to investigate how dental clinicians and the child's guardians touch and manipulate the child patient's body in different ways to manage his or her behavior and enable the completion of certain dental tasks (i.e., to bring the child to and just beyond the point where the dentist can inject him or her with local anesthesia).

The study of touch raises many questions that challenge our ways of understanding communication (Streeck, 2013). As we are accustomed to understanding interaction as a sequential, and sometimes synchronized, orchestration of actions performed by individuals with clear boundaries, volitional centers, and motor control — 'subjects' or 'actors/agents' — we find in touch a sensory and communicative modality that blurs these distinctions. As Meyer & Streeck (forthcoming: 6) write,

“in touching, the physical boundaries of the individual participants become 'open' (Wood, 2015: 181), since the co-participants not only reciprocally feel into one another and employ the other body as medium for their own action, they also extend their own body schema partly upon *alter* and

incorporate parts of *alter* and *alter's* actions into their own body schema. This, too, is often done reciprocally and, as a result, it is impossible to attribute single actions to individual participants. Especially in extremely fast paced and highly anticipatory activities such as sports, individual contributions dissolve in the direction of an orchestrated totality.”

However, this is only a broad characterization, focused on the most intertwined forms of touch: Empirical observations such as those we find in Chinese dental clinics reveal the degree to which the parties to the touch are enmeshed and incorporate one another.

The term ‘touch’ is generally used to refer to two different modes of action and experience, which we can distinguish as ‘haptic’ and ‘tactile.’ Haptic acts (from Latin *capere*, ‘to take hold of,’ ‘to grasp’) are actions of the hands by which an object is to some extent brought under the control of the agent (e.g., Gibson, 1966: 97–115). Tactile acts can involve the entire body and are focused on surfaces (the other’s skin during interpersonal touch). Evidently, each haptic act is also a tactile act, because it involves skin-to-surface contact — in interpersonal touch, skin-to-skin contact — but not all tactile acts are haptic acts. The difference matters, for example, when we observe controlling (a haptic and tactile act) and comforting (a tactile act) ways of touching children: Control-touch typically involves the manipulation of the child’s body (or body-part), whereas comforting touch is typically conducted by a stroking hand. Touch in the broader sense is always reciprocal, as Merleau-Ponty (1962) has pointed out, but haptic actions can be unilateral (while involving reciprocal or mutual touch).

We also distinguish direct (or instrumental) and communicative touches. In our view, all forms of touch involve a granular interplay between active and passive modes — an intercorporeal sensation of touching and being touched (e.g., Katila, 2018a; 2018b; Merleau-Ponty, 1962). However, not all modes of touch involve communication. Thus, while it is a communicative act when a mother touches her child’s shoulder to direct him or her to move towards the dental chair, when she takes hold of his/her shoulder and pushes the child in that direction, she at first performs a practical act, while trivially also ‘giving off’ the

intent of her action to him/her (Goffman, 1959). Interpersonal touch thus oscillates between the production of signs conveying specific contextual messages (e.g., “Go that way,” “Daddy is here with you”) and the pre-semiotic, pre-conceptual production of sensations in other and self. Making meaning and evoking tactile sensations often go together, but they should be distinguished. In this study, among the phenomena that have fascinated us is this unexplored oscillation between instrumental and communicative, tactile and haptic, and comforting and controlling modes and dimensions of touch.

## **2. Intercorporeality and the flux of agency during moments of touch**

As we try to come to terms with the sometimes fluid, sometimes disruptive changes in the way human beings — children and adults in Chinese dentists’ practices — relate to one another, sense one another, and make sense together when they touch one another, we draw on Merleau-Ponty’s conception of *intercorporeality* or *carnal intersubjectivity*, that is, human understanding in the flesh (Merleau-Ponty 1962; 1964; 1968; Crossley, 1995; Cuffari & Streeck, 2017; Fuchs, 2017). Merleau-Ponty conceived of the lived human body “as being constituted by its corporeal relations and interactions with other human or animate bodies” (Meyer, Streeck & Jordan, 2017: xviii). Touch, in particular, involves “mutual incorporation ... in which the lived bodies of both participants extend and form a common intercorporeality” (De Jaegher & Di Paolo, 2007: 486). Merleau-Ponty illustrated the intercorporeality of touch with the relations enacted by the two hands of the same body when they touch one another:

“The two hands ... are never simultaneously touching and being touched..., but [form] an ambiguous set-up in which both hands can alternate the roles of ‘touching’ and being ‘touched’ (Merleau-Ponty, 1962: 106).”

Similarly, a “handshake ... is reversible, I can feel myself touched as well and at the same time as touching” (Merleau-Ponty, 1968: 142).

Intercorporeal touch between human beings is the most immediate form of interpersonal contact, and it is here that our sense of touch also unfolds its full potential: When we touch another human body, we can always feel through our own body how that body experiences and responds to our own touch. Moreover, when two or more human bodies are directly connected — for example when one lover holds the hand of the other — voluntary and reflexive movements in one body directly translate into sensations and movements in the other. This intercorporeal intertwining not only dissolves bodily boundaries, but also enables multiple bodies to ‘merge,’ to some extent, into one. When this happens, control of the movements of each body is distributed between them in subtle and ever-changing ways: A micro-movement in one body can be taken up by the other, and the center of control of the combined motion shifts accordingly; both bodies collaborate in bringing about an intended movement.

Merleau-Ponty used the terms ‘subject’ and ‘object’ to refer to the roles that the two parties play when they touch one another, or the modes in which they experience touch, actively or passively. Linguists (i.e., Fillmore 1976; Halliday 1994) call these roles that participants play in the event ‘semantic roles’: e.g. ‘actor’ (or ‘agent’) and ‘undergoer’ (or “patient”), etc. Beyond these binary terms, Merleau-Ponty relied on the pronoun ‘we’ to describe states and processes when this duality is suspended (Merleau-Ponty 1964: 168). Other languages would offer different or additional grammatical categories to express the distribution of agency and experience, that is, the roles played by participants in the moment: middle voice, reciprocal and comitative voice/aspect, and distinctions between actor-subjects and experiencer-subjects as in ‘ergative’ languages (Blake 2001; Kemmer 1993). Since English does not offer more fine-grained distinctions than Merleau-Ponty’s French, we settle for the same categories, though we emphasize that we are especially interested in those enacted relations that these categories do not capture. English does offer verbs, however, that will in the long run enable us to describe more precisely than the term ‘distributed’<sup>2</sup> how agency fluctuates during moments of interpersonal touch.

### **3. Methods and data**

As is common practice in multimodal CA/ethnomethodology, we use video recordings of naturally occurring interactions as data. We proceed by isolating action-sequences during which touch occurs and analyzing their sequential progression through the interweaving of vocal and physical actions, as other researchers of multimodal interaction do. Following Goodwin (2018), we seek to understand how the different participants (i.e., the dentist, the patient, and the guardians) ‘inhabit’ and build upon each other’s actions within shifting participation frameworks, even in antagonistic encounters. Recurrent action-sequences during pediatric dentistry include request-sequences aiming to get the child onto the chair, request-sequences aiming to get the child to open their mouth, as well as many ‘adjustment’-sequences aiming to adjust or correct the patient’s position. Most of these sequences, as much as other activities during dentistry, unfold turn-by-turn. However, in the cases we analyze, activities are orchestrated in a far more complex fashion. In this paper, we narrowly focus on the tactile and haptic components of these activities.

The data set contains 86 video recordings of encounters in China’s dental clinics between dental health care providers and pediatric patients who were accompanied by their family members. For the purpose of this article, we have selected two cases that describe particularly well how agency can be distributed in moments of different forms of touch. Although informed consent forms were signed by all video-recorded participants who approved of having their visual features shown in academic publications, a filter has been applied to all video clips, and the participant’s names have been changed in the transcripts. The data transcription of verbal action is informed by Jeffersonian notation system (Jefferson, 2004). Moreover, following C. Goodwin’s (2018) understanding of semiotic resources like figures, transcriptions, and arrows as mutually elaborating sign-systems used by researchers to guide the reader to relevant action, we have added figures from our corpus which illustrate the moments of touch which we want to focus on in our analysis.

## 4. Analysis

### 4.1 Touch as a communicative act

Our first extract exemplifies a case in which touch is performed as a communicative act and as part of a multi-sensorially mediated cooperative action. Our point of focus occurs as 7-year-old girl Lim has arrived at the dentist's office with her mother for a baby tooth extraction. Lim has just settled in the dental chair and the dentist is about to disinfect her mouth before giving her local anesthesia.

#### Excerpt 1: #83Lim - video clip 1

(Das = dental assistant, Int = intern, Mom= the girl patient's mother)

71 Das: lan jin ne? (0.5)lan jin ne,  
blue drape Q blue drape Q  
**Where is the dental drape?**  
(0.8)  
72  
73 Int: °sheme?°  
what  
**What?**

74 Das: lan jin:#1\_  
blue drape  
**The dental drape.**



Fig #1

75 Int: °zai zhe.°  
at here  
**In here.**  
(1.0)  
76  
77 Int: [( )]

78 Mom: [°a:~° #2 ni zhangkai kou:]. Shi jiner.  
Ah you open mouth use strength  
**(Say) ah. Open your mouth. Harder.**



Fig #2

Fearful as she is, Lim has covered her eyes with her hands (Fig #1). As she thus does not have visual access to the dentist's movements, the mother produces



a brief vocal gesture “a::” (Line 78) that instructs her to open her mouth. This vocal invitation is immediately accompanied by the dentist’s gentle tapping of Lim’s chin that prompts her lower jaw to go down (Fig #2). Together, the mother’s vocal prompt, the dentist’s touch, and Lim’s opening of her mouth link the bodies in a multi-sensorially elicited intercorporeal action, where Lim’s body is not moved by a single person alone. This is a perfect example of what Charles Goodwin has taught us on cooperative action and how single action is often distributed between multiple actors at once (ibid., 2013; 2018). With regard to the fluctuation of agency, however, it is still Lim who actually moves her own mouth, so in that sense she remains in control of her body — she retains *agency* and is treated as an autonomous person. Moreover, notice the structure of this moment: Firstly, it emerges through sequential interactions; secondly, the parties clearly control their bodily acts; and lastly, it consists of deliberate communicative acts. In other words, this action is completely amenable to sequential and semiotic analysis.

#### 4.2 Haptic manipulation of another person’s body

By way of comparison and involving the same participants as in Extract 1, Extract 2 features a point where the type of touch that occurs is manipulative in kind. As part of the dental examination sequence, Lim has already opened her mouth to show her problematic tooth to the dentist (Fig #3), and then the mother rushes in towards her and starts manipulating her mouth.

**Excerpt 2: #83 Lim – video clip 2**  
**(Den = dentist, Mom = the girl patient’s mother)**

05 Mom: #3 ta zhege-(0.5) ya:: shangmian mei::-(0.5)  
 she this tooth upper NEG



Fig #3

06 neige:[xiamian mei = mei = mei = mei]= mei DIAO::.=  
 that lower NEG NEG NEG NEG NEG drop  
**This tooth of hers, the upper one, hasn't - the lower one hasn't  
 dropped.**

07 Den: [zhang da le kou zhang da kou].  
 open big PFV mouth open big mouth  
**Open your mouth big. Open big.**

08 zaochen chi fan #4 le mei?  
 morning have meal PFV NEG-Q  
**Did you have breakfast or not?**



Fig #4

09 Mom: chi fan le.  
 have meal PFV  
**(Yes, we) did.**

10 Den: chi fan le, da-da ge mayao ba ta kou #5 xialai ba,  
 have meal PFV inject CL anesthesia BA it pull down PRT



Fig #5

11 na ne ya gen.#6  
 PRT that tooth root  
**You did? (Then) let's do an anesthesia injection and pull it out,  
 (I mean)that tooth root.**



Fig #6

12 Mom: zhang da.#7 a::\_ xiexie.  
 open big Ah tilt  
**Open big. (Say) ah! Tilt (it).**



Fig #7

13 Den: nongbuhao dei bu::,  
 probably need fill  
**It probably needs filling.**

The mother raises her left hand and removes her daughter's hand from her mouth rapidly, replacing it with her own (Fig #4). Next, the mother does exactly what Lim was doing to her own mouth. In this move, Lim's body is transformed from being an object for her own haptic action into being an object for her mother's instrumental touch. Still at this point, the girl actively keeps her mouth open. However, the mother then takes over that task too: She lowers the girl's lower lip with her finger and then grasps her jaw, as if to pry her mouth open (Fig #5). After this, Lim regains primary control of her own mouth by closing it for an instant, perhaps to allow her mouth to rest for a second after it has been opened for an extended period of time (Fig #6). The mother then coaxes Lim to open her mouth further, escorting and guiding the girl's mouth open with her thumb (Fig #7).

In this case, an entirely voluntary and situationally appropriate action by the child (approaching the dentist and showing the problematic tooth) turns into an action that is shaped by two people. It is an action by one person in which another person intervenes, with the result that it can no longer be attributed to a single agent. This is one version of "distributed agency" — agency in fluctuation — and we can see the extent to which "parenting" and negotiation of adult-child roles are packed into this simple haptic manipulation: The grasping action by the mother interrupts the bodily act of her daughter. The scenario is a negotiation in which the girl, on the one hand, corporeally requests her mother's co-agency by waiting for her mother to come into the room (not shown in the transcript), but, on the other hand, experiences the over-participation by her mother in her own action, an action that the child seems to be carrying out quite well by herself.

If we compare the way in which the dentist taps Lim's jaw in Extract 1 with this one in which the mother's fingers direct Lim's jaw into an open position, we can witness a clear difference in the distribution of control and effort between the bodies. The tapping gesture, coupled with a vocal utterance, is more clearly a sign that signals to Lim to open her mouth, whereas the example where the mother manipulates her daughter's mouth in the desired direction, even if gently,

actually moves the girl's mouth. In other words, in the previous case (Extract 1) the movement relies solely on the girl's kinesthetic effort whereas in the latter (Extract 2), the girl's mouth is cooperatively moved by the mother and the girl together.

#### 4.3 Moving another person's body

In our next example, we follow a six-year-old boy, Xia, who is visiting a dental clinic with his mother, grandmother, and father. We witness a type of haptic action where the boy's body is being transferred or 'shepherded' (cf., Cekaite, 2010) by the mother and grandmother onto the chair. However, we can still see some passive collaboration on the boy's side. In other words, he is an active participant in turning himself into a medical object (Heath, 2006) and the target of the actions of others. The boy's legs momentarily separate so that the grandmother moves one leg, while the boy himself takes care of the other. The extract starts at a point in the encounter where the boy is expected to lie down on the dental chair.

**Excerpt 3: #47 Xia – video clip 3 (00:00-00:18)**

**(Den = dentist, Xia = the boy patient, Mom = Xia's mother, Gra = Xia's grandmother)**

19 Mom: >tang xia\_ kuai tang xia\_<=  
 lie down hurry lie down  
**Lie down. Hurry. Lie down.**

20 Xia: °Hmm.°

21 Den: >nage< xiao nvsheng:=-  
 that little girl  
**That little girl.**

22 Xia: = ~hoh::m ~

23 Mom: meishir=[meishir.  
 fine fine  
**It's fine. It's fine.**

24 Gra: >[↑↑gie [xia.<  
 Dlt(lie) down  
**Lie down.**

25 Den: [ >na xiao nvsheng dou hen yonggan.<]  
 that little girl even very brave  
**Even that little girl was very brave.**

26 Xia: #8[°mm::° wo haipa]  
 mm I fear



Fig #8

27 diao xiaqu.=  
 fall down  
**I'm afraid of falling down.**

28 Gra: =,diao bu xiaqu::ni kan zheme gaor dou zuo bu xia  
 fall NEG down you look so tall even sit NEG down

29 tiao bu xiaqu.#9  
 jump NEG down  
**You will not fall down! Look, (he) can't even sit down or jump off at this height.**



Fig #9

30 (.) ben di (.) BU YAO↑↑JIN::!=  
 clumsy CSC NEG matter  
**How clumsy! It is fine!**

31 Mom: =>.Hm hao=hao=[hao<  
 fine fine fine  
**(It's)fine, (it's)fine, (it's)fine.**

32 Xia: [~>um[bu yao<~]  
 NEG want  
**I don't want it.**

33 Mom: [hao=hao=hao]#10  
 fine fine fine  
**(It's)fine, (it's)fine, (it's)fine.**



Fig #10

Climbing onto the chair slowly and effortfully (not shown in the transcript), the manner in which Xia positions his body on the chair demonstrates reluctance and anxiety (Fig #8). Immediately after Xia verbalizes his fear (Line 26 and 27 “Mm I’m afraid of falling down”), the grandmother and mother rush to his aid and place him in the correct position for the dental examination (Fig #9). The adults lay Xia down onto the chair by way of treating his body as an object. The success of their actions increases the more the boy *relinquishes* his agency or motor control. In our view, in Extract 2 (shown earlier), the type of haptic manipulation of the girl’s mouth still serves as a communicative sign while in this case touch constitutes an *instrumental* act. Note that we do not treat these different types of haptic acts as necessarily distinct. Instead, a single act can embody many forms of intercorporeality. Moreover, the successful implementation of this instrumental act still requires the successful cooperation of the object. For instance, if we look more closely at how Xia’s body is being positioned in the chair (Extract 3), we can see he actually helps the grandmother place his legs on it: While the grandmother lifts Xia’s right leg (Fig #10), the boy himself stretches his left leg which was momentarily locked underneath the right leg. This type of intercorporeal orchestration shows how a body and its movement can have multiple simultaneous centers of control.

In summary, the detailed analysis of the tactile actions in these extracts shows how the center of control can expand and contract, oscillate and fluctuate between the participants or merge into one. Moreover, there is a continuum between direct, unmediated, ‘instrumental’ actions that handle the other person’s body like an object, to tactile signs that constitute the other as an autonomous subject and communicate to her or him that some kind of body motion is required.

## **5. Discussion**

Our microanalysis of brief moments of pediatric dentistry has exemplified a number of issues that come up when interpersonal touch is studied as a mode of communication. The cases we have analyzed show that it is useful to

distinguish tactile and haptic modes and features of touch. Haptic and tactile touch generate different feelings in the bodies involved: Tactile modes involve only skin-to-skin, surface contact while haptic touch involves the seizing of an object such as a body-part. The extracts analyzed here specifically include haptic forms of touch – adults’ actions of moving, adjusting, and otherwise manipulating a child’s body. Being moved by another body in this way through haptic actions evokes specific kinds of kinesthetic sensation and entails a specific type of intercorporeal relation between the parties. Yet our analysis shows that these intercorporeal relations occur on a continuum and are under constant negation (see also Katila 2018a, 53–58). In addition, it is clear that the model with which we usually analyze interaction and in which individuals appear as autonomous agents in full control of their bodies does not always apply here (Streeck, 2013; 2018). While the child sometimes takes the position of *subject* (agent) of her/his actions and at other times lends their body to be touched by others, to become an *object* (undergoer) of manipulation by others, there are many more patterns of distributed agency in between. While it is crucial to realize that even the most extreme forms of objectification through instrumental touch like rape or murder *do occur* among human beings, in the cases we have witnessed the children occasionally co-participate in their own ‘objectification’. Subject and object positions can be simultaneously taken on by a single body. For instance, in Extract 3 the boy’s grandmother puts his right leg on the chair, which he lets happen without resistance, as he stretches his left leg at the very same time. Thus, the body is no longer an integral, coherent center of action, but an assemblage of body-parts, with some parts controlled by the body proper, and others by someone else. Agency (understood as volitional control over a body’s movements) can be distributed in many different ways during tactile and haptic interaction.

Any set of categories to distinguish these different possibilities is undermined by the gradual nature of these transformations, an affordance which also makes touch such a sensitive mode of human engagement, allowing for an ongoing play of small acceptances and rejections, alignments and disalignments, active

counter-touch and passive submission. Viewing the goings-on in the dentist's practice so closely, we look into a Pandora's box of questions about human boundaries, agency, perceptions of and feelings for others, about the dual qualities of human bodies as living selves and material objects, about the limited autonomy of children, and the forms of control adults are willing and entitled to exercise on them.

## Glossing conventions

BA	a pretransitive marker (ba)
CL	classifier
CSC	complex stative construction (de)
NEG	negatives (bu)
PFV	perfective aspect (le)
PRT	particle
Q	question marker (ma)
NEG-Q.	negative question

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<sup>1</sup> Authorship is equally shared by the three authors whose names are in alphabetical sequence.

<sup>2</sup> We use the term ‘distributed agency’ in the narrow sense of distribution of body control, not in the broader sociological sense in which it is used by Enfield (2017).