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The art of tentativity: Delivering interpretations in psychodynamic psychotherapy

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ABSTRACT

In psychotherapy, therapists often formulate interpretations of clients' prior talk which are 'unilateral' in the sense that therapists index that they are themselves the author of an interpretive inference which may not be acceptable to the client. Based on 100 German-language recordings of brief psychodynamic psychotherapy (4 clients with 25 sessions each), we describe a multimodal practice of constructing extended multi-unit turns of delivering therapeutic interpretations. The practice includes gaze aversion until the main point of the interpretation is reached, perceptive and cognitive formulae, epistemic hedges, inserted accounts, parenthesis, self-repair, and self-reformulations. These design-features work together to index that the therapist produces an interpretation that can be heard as being tentative. The design of the therapists' turns reflexively indexes the expectation that the client might resist the interpretation; at the same time they are constructed to avoid resistance and to invite the client's self-exploration into new directions, often with a focus on emotions.

1. Introduction

This paper is concerned with a key issue in psychotherapy: reaching a shared understanding of the client's problems, deepening the client's self-understanding and achieving psychological change in the therapeutic encounter between client and therapist. Based on video-recordings from psychodynamic focus-therapy sessions in German, we investigate a practice applied by therapists to deliver psychological interpretations that venture beyond the client's self-conceptualization. Interpretations convey the therapist's own view on matters that clients have been talking about (Peräkylä, 2019, p. 267). They do not purport to explicate meanings that the client meant to communicate. Instead, they are 'unilateral' (Deppermann, 2018; Deppermann and Helmer, 2013) in the sense that therapists index linguistically that they are themselves the author of an interpretive inference that may not be acceptable to the client. The ways in which therapists' turns are built reflexively index the expectation that the client might resist the interpretation; at the same time, they are constructed in such a way as to undermine resistance and to invite clients' self-exploration in new directions.

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2. From formulations to interpretations

A fundamental principle of the social organization of talk is its sequential unfolding through turns-at-talk, in which interlocutors display to each other how they understand a prior speaker's turn (Schegloff, 2007). Conversation analytic research on psychotherapy is concerned with how generic organizational structures of talk are tailored to the institutional tasks of psychotherapy, and how its primary endeavour of inducing psychological change in the client is accomplished through psychotherapeutic interaction (Peräkylä, 2019, p. 257f.). Recently, Peräkylä (2019) has proposed a model of how transformation of clients' experiences is achieved through sequences of actions. He introduces the concept "target action" to systematize the sequential patterns in CA studies on psychotherapy. It denotes the action within a sequence of actions that constitutes the focus of an investigation – be it the therapist's or the client's action – and is sequentially neutral by acknowledging that "there is a responsive and initiatory dimension in virtually all actions" (Peräkylä, 2019, p. 262).

CA studies on psychotherapy have mostly studied therapists' actions as "target actions" (Peräkylä, 2019), with a focus on sequence organization, turn-design and linguistic properties of questions (Halonen, 2008; MacMartin 2008), formulations (Antaki, 2008; Antaki et al., 2005; Weiste and Peräkylä, 2013), interpretations (Bercelli et al., 2008; Peräkylä, 2008; Vehviläinen, 2003), and related practices (Vehviläinen et al., 2008). It has also been investigated how therapists' choices of practices and actions inform clients' respective responses (Bercelli et al., 2008; Ekberg and LeCouteur, 2015; Muntigl, 2013; Peräkylä, 2005; Vehviläinen, 2008; Voutilainen et al., 2010), and how therapists manage clients' disagreements (Muntigl et al., 2013; Peräkylä, 2010, 2011).

Formulations constitute a particular practice for maintaining intersubjectivity: By making the understanding of a previous turn explicit, they can be used to display and secure understanding in talk (Heritage and Watson, 1979). They provide a candidate understanding of a prior speaker's turn and work towards that understanding being endorsed: they make confirmation or disconfirmation of the proposed understanding relevant, with a preference for confirmation (Heritage and Watson, 1979, p. 142f.). Formulations have been investigated in a variety of contexts ranging from ordinary talk (Garfinkel and Sacks, 1970) to use by institutional agents as a resource to promote institutional agenda (Barnes, 2007; Deppermann, 2011; Drew, 2003).

CA research on formulations has shown that the preference for confirmation also holds for psychotherapy (Bercelli et al., 2008, p. 47; Vehviläinen et al., 2008, p. 193), where formulations are subject to an institution-specific distribution of rights and obligations (Antaki, 2008, p. 33f.) and help therapists pave the ground for psychological interpretations (Peräkylä, 2013). In a comparative study on psychoanalysis and cognitive psychotherapy, Weiste and Peräkylä (2013) have described "'approach-specific' formulations" that serve distinctive therapeutic aims, while shared formulation types may be related to the generic psychotherapeutic endeavour to deepen clients' self-reflection and promote change.

Formulations remain rather close to the meanings conveyed in the client's prior talk. In contrast, psychotherapeutic interpretations are more transformative (Bercelli et al., 2008; Vehviläinen, 2003; Peräkylä, 2005) as they deliver the therapist's view and may challenge the client's self-conceptualization (Deppermann et al., 2020). Rather than claiming to express what the client meant to communicate, therapists' interpretations present an inference which they have drawn from the client's prior talk on the basis of their theoretical background, hypotheses about the client's problems, their own feelings, and associations. When therapists produce more challenging views that significantly diverge from the client's account, it may become increasingly difficult for the client to agree, or even respond (Bercelli et al., 2008, p. 49).

Sequentially, therapists' actions in response to clients' talk invite and constrain the type of response produced by clients in the subsequent turn; they are therefore also therapeutically consequential for the professional endeavour of working towards change. While interpretations go beyond clients' understandings and may therefore be considered more transformative, they are also more risky and burdensome to navigate in interaction. In classical psychoanalysis, interpretation "means to make conscious the unconscious meaning, source, history, mode, or cause of a given psychic event" (Greenson, 1978, p. 39). Interpretations focus on defence mechanisms, on the here and now of the therapeutic relationship (transference) or on the clients' developmental history (Olson et al., 2011), and are understood as "the ultimate and decisive instrument" (Greenson, 1978, p. 39) of therapists. However, the psychoanalytic concept of interpretation has undergone substantial change in the last decades. Due to an intersubjective understanding of the psychoanalytic process (Blum, 2016; Bohleber, 2018), interpretations nowadays are not so much driven by theories that analysts bring to what they consider the clients' unconscious mental processes, but rather as co-constructions established by both client and therapist in the interactional field (Aron, 1996; Bohleber, 2018) in which the psychoanalytic process is unfolding (Baranger and Baranger, 2018).

This is very much in line with a conversation analytic view (Peräkylä et al., 2008), which conceptualizes psychotherapy as an interpersonal process where interpretation leads "to the client and the analyst together *creating* new ways of understanding and experiencing" (Peräkylä, 2005, p. 162, emphasis in the original), and in which clients' responses are considered as a contribution to the joint endeavour of achieving change. While CA research on psychotherapeutic interaction has been flourishing for the last decades (see above, for an overview of the current state of the art cf. Peräkylä, 2019), researchers have not yet conducted detailed investigations of the temporal and multimodal design of interpretations. At the same time, multimodal conversation analysis has advanced our understanding of embodied practices in ordinary and institutional settings (Goodwin, 2017; Heath and Luff, 2013; Rossano, 2013; Streeck et al., 2011), and yet, little CA work on embodied conduct in psychotherapy has been conducted (Peräkylä, 2019; see, however, Voutilainen et al., 2018). In contrast, non-CA research on psychotherapy acknowledges the intercorporeal role of the body in the therapist-client dyad (Tschacher et al., 2018) without, however, accounting for the intersubjective work of creating shared meaning and mutual understanding.

Our study is a first step towards filling this gap. It is motivated by the question of how therapists and clients navigate the troubled waters of psychotherapeutic interpretations by focusing on the therapist's embodied delivery as "target action" (Peräkylä, 2019). It contributes to previous research by offering a fine-grained analysis of hitherto neglected aspects of therapists' interpretations: 1. their multimodal design, with a focus on therapists' distinctive gaze behaviour during multi-unit interpretive turns, 2. their verbal implementation as being tentative (e.g. by subjectivizing devices), and 3. the temporal properties of a *rallentando* turn-design that supports the incremental development of sensitive interpretations, the progression of which is made contingent on the client's responses.

Interpretations are tied back to clients' tellings, and at the same time, make a response relevant. We will show that projective features in the therapist's embodiment and turn-design allow clients to anticipate an interpretation early, to prepare for it as potentially challenging and respond in a more or less contained way. Thus, the design of the interpretation can foster acceptance and invite further self-exploration on the client's part.

3. Data and methodology

Our study draws from a corpus of 100 h of psychodynamic focal therapy sessions with different therapists and 25 sessions each, video-taped at the Medical Faculty of the University of Freiburg, Center for Psychiatry, Psychosomatic Medicine and Psychotherapy in 2017–18. For two therapies, all sessions were pre-coded for all different types of occurrences in therapists' responses such as understanding-checks, repetitions, formulations, and interpretations.[1] In total, 55 instances of therapists' interpretations were transcribed according to GAT2 (Selting et al., 2009, see Appendix) together with their sequential context (between 1:59 and 7:01 min), i.e. preceding clients' accounts and following negotiations of the intervention. ELAN was used for multimodal annotation (Wittenburg et al., 2006; https://tla.mpi.nl/tools/tla-tools/elan/). Multimodal transcription in the extracts adapts the conventions from Mondada (2018). All 55 extracts were analysed by all three authors using methods from Conversation Analysis (sequential analysis), Interactional Linguistics (analysis of turn-design) and Multimodal Interaction Analysis (with a focus on gaze). The interest in gaze arose from our initial observation that therapists' looking away from the client for an extended period of time is a constitutive design feature of the therapist's practice under investigation. Informal conversation with the therapists and shared data sessions provided an additional source of knowledge with respect to therapists' projects.

Our analysis builds on a close examination of all instances of therapists' interpretations in 25 sessions between a psychoanalytically trained senior therapist and a young woman who suffered from psychogenic seizures (therapy A).[2] To demonstrate the relevance of the observed phenomena across therapists and clients, the analysis was complemented by a close examination of interpretations in 25 sessions between a young female therapist and a male client in his late sixties who suffered from depression and a functional pain syndrome following the death of a family member (therapy B). Extracts 1–4 were selected from therapy A, the last extract was selected from therapy B.

4. Analysis: the emergent delivery of tentative interpretations

In the following sections, we investigate tentative interpretations from different sessions in therapy A and B in order to show how the practice is adapted to particular sequential contexts. First, we introduce key features of the practice in the local context of therapy A (Section 4.1). Second, we focus on recurrent design features of therapeutic interpretations, with a particular focus on the therapist's gaze behaviour (4.2). Next, we analyse the use of the practice within the larger sequential context of preparing the client for an interpretation that challenges the client's point of view (4.3). Subsequently, we show that the progressive assemblage and reinforcement of these practices, while foreshadowing a challenge for the client, also index and perform the effort involved for the therapist in delivering the interpretation (4.4). Finally, we examine the delivery of an interpretation as a question framed by the verbal and embodied features under investigation (4.5).

4.1. Key features of practicing the 'art of tentativity'

Our analysis of the first extract introduces the key features of what we call the therapeutic 'art of tentativity' when delivering psychological interpretations. After 12 min of the first session of therapy A, the therapist ventures beyond a paraphrastic formulation of the client's previous account for the first time by tentatively presenting an interpretation (l. 21–34). Before the extract, the client had been talking about her school education, different training measures and the reasons for breaking them off, which, in the last case, were partially related to her seizures. The therapist's intervention occurs after the client's account of the last break-off. The intervention is one of several steps in the process of gradually changing the client's theory of illness.

[1] Our thanks go to Aleksandra Gubina for data-coding and transcription. We also thank the two anonymous reviewers for their helpful comments.

[2] The client had undergone a medical examination at Freiburg University Neurological Hospital including EEG and brain imaging resulting in the diagnosis of dissociative seizure disorder. In general, two types of psychogenic seizures can be differentiated, one form with loss of consciousness without motor symptoms and a second form with loss of consciousness associated with symptoms of convulsion (Scheidt, 2011; for a linguistic analysis of different types of seizure disorders see Schwabe et al., 2008). Our client was suffering from pseudo-epileptic seizures associated with convulsion.

Extract 1: when the plans went wrong (C1_00:12:34)

((before the extract: client's narrative about professional training measures))

01 CL ä:hm nur (0.22) das GING dann halt einfach nicht mehr,
ehm only it was PTCL PTCL simply not possible any more

02 TH (eh)

03 CL u:nd
and

04 (0.29)

05 TH wegen des ging nicht mehr wegen der ANfälle; (geNAU,)
because that was no longer possible because of the seizures (right)

06 CL geNAU.=
right

07 =also (.) auch wegen den: ARbeitsbedingungen dort; [s:]
PTCL also because of the working conditions there

08 TH [HM_hm,]

09 TH (.) hm_HM,

10 TH (.) HM[hm,=]

11 CL [mit][ner] ähm: (1.8) UNfreundlichen h° AUSbilderin;
with an ehm unfriendly company trainer

12 TH [=hm;]

13 CL (.) und einem CHEF,
and a boss

14 CL den es nicht interessiert zu ARbeiten;
who does not care about working

15 CL <<creaky>des ist [nicht SO::->]
that is not so

16 TH [HM_hm,]

17 (0.43)

18 TH das war da so der zusAmm der KONtext dann;
that was then like the together the context then

19 CL [geNAU.]
right

20 TH [HM_hm,]
hm_hm

th -gaze to CL->

cl -gaze to TH->>

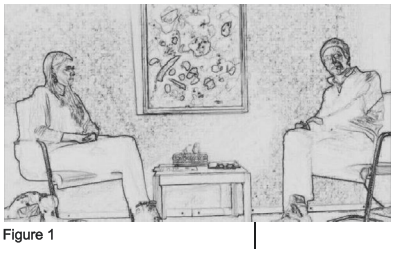

Figure 1

→ 21 TH °h+ und wenn: (.) **ich** (.) ihnen jetzt so ZUhöre,=
and when I am now like listening to you

th --+-gaze away far left---------->

22 TH =dann: (0.72) <<creaky>äh> (0.34)
then eh
th -gaze away far left---------->
23 TH klIngt das für mich (.) so: dass sie (.) äh beSCHREIben,=
does it sound to me like that you are describing
th -gaze away far left---------->

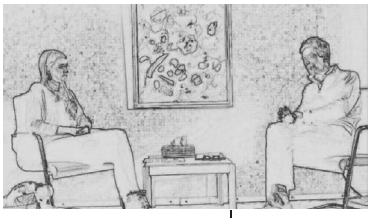

Figure 2

24 TH =dass eigentlich so mit diesem+ abi**TUR**?=
that actually like with this A-level exam
th -gaze away far left----------+gaze to CL--->
25 TH <<acc,p>=FACHabitur,=>
high school diploma
th -gaze to CL---------->
26 TH =dass DA [irgendwie so_n] (.) PUNKT war;
that then somehow a kind of point was reached
th -gaze to CL---------->>
27 CL [hm_*HM?*]
cl --gaze to TH-*nods eyes closes*-gaze to TH------>
28 TH °h [wo die pläne SCHIEF gegangen] sind;
when the plans went wrong
29 CL [das war das *ERste;*]
that was the first thing
cl --gaze to TH----*away*-gaze to TH-->>
30 CL [=geNAU.]
right
31 TH [da:] äh °h äh da: is es halt
then eh eh then it is PTCL
32 TH ab DA irgendwie sin LIEF das nicht [mehr] sO:-
from then on somehow where it went no longer like
33 CL [ja.]
yes
34 TH äh in dem: (.) PLAN den sie [hatten.]
eh according to the plan you had.
35 CL [geNAU.]
right
36 TH =°h und was wAr da geWEsen?
and what happenend there
37 TH also dass (.) ja? (.) <<pp>dass>
PCTL that yes that
38 CL ä:hm:: (-) also das war SO::?
ehm PTCL that was like this

The therapist's intervention (l. 21–34) is contextualized as a means to get the details of the client's professional training in relation to the seizures right (l. 05, 18). At the same time, it accomplishes interpretive work, which helps the therapist gain a deeper psychological understanding of what the client is conveying to him.[3] Before the therapist starts his multi-unit turn, he averts his gaze from the client in a marked way by turning his head and gazing away to the far left (l. 21). This can be seen by the client who is continuously looking at him. The head posture is held for a large part of the emerging turn. He only looks back at the client when he produces the lexical item that co-refers to the first problematic life-event the client discussed (l. 24: *abiTUR?/A-level exam*).

The multi-unit turn starts with the conjunction *und/and* (l. 21), which links the turn syntactically back to the client's talk, projecting that the therapist's turn will build on it (l. 18: *der KONtext/the context*). As Weiste et al. (2015) have shown, therapists use practices such as tying and evidential grounding to provide a foundation for their interpretation in client's previous talk. In extract 1, the therapist highlights the subjective nature of his interpretation by framing it with perceptive formulae such as *verba sentiendi* (l. 21: *zuhöre/listening to*, l. 23; *klingt das/does it sound*), markers of subjectivity (l. 23: *für mich/to me*), and modal expressions or hedges (l. 24: *eigentlich/actually*; *so/like*). Yet, he conveys that it is grounded in the client's own account by referring to the client's prior description (l. 23: *dass sie äh beschreiben/that you are describing*) and by choosing an indicative *dass*/*that*-clause (l. 24–28) instead of a hypothetical, counter-factual construction (*als ob sie beschreiben/as if you describe*). Sound stretches and pauses (l. 21, 22, 23, 31, 32, 34), hesitation markers (l. 22, 23, 31, 34), restarts, self-repairs and self-reformulations (l. 25, 31, 32) delay the progressivity of the interpretation and index its delicacy (Silverman and Peräkylä, 1990). The therapist thus exhibits that he is producing an interpretation from his subjective point of view but built on close attention paid to what the client has said. However, he does so without claiming epistemic authority (cf. Heritage, 2012). As a result, he tentatively invites the client to initiate a process of cautious self-exploration.

The client starts to confirm (l. 29), while the therapist's turn is still emerging. She continues to ratify (l. 30, 33, 35) the therapist's mitigating self-reformulations of his interpretation (l. 32–34: *somehow not going according to the plan you had* being a milder version of *the plans went wrong* in l. 28). With the client's confirmations, they have interactionally prepared the ground for further exploration. The therapist continues by asking for the reasons (l. 36–37) for what they have now both agreed was a major disruption in the client's life. The question is face-threatening in requesting a narrative account of what made her biographical plan fail. The therapist's orientation to the potentially painful quality of the requested account is displayed by the incomplete subordinate clause that he allows to trail off into a barely audible repetition (l. 37). The client complies with the therapist's request (l. 38ff.).

To sum up, the therapist's intervention in extract 1 exhibits key features of what we conceptualize as the therapeutic 'art of tentativity' in delivering psychological interpretations:

- sequentially, the interpretation occurs in response to an extended telling of the client and recasts her conceptualization of self and events,
- an extended phase of gaze aversion foreshadows difficult material to come,
- the interpretation is presented as being warranted by the client's words and framed by perceptive formulae and modalizations indexing its subjective status and marking it as tentative, not claiming epistemic authority,
- it develops incrementally into a lengthy multi-unit turn by a slow and cautious rapprochement to the core matter, which is delayed by *rallentando* practices such as sound stretches, hesitations markers, pauses, restarts, self-repairs and self-reformulations.

4.2. Extended gaze aversion and the emergent fabrication of therapeutic interpreting

In this section, we examine in more detail a core component of the practice, namely extended gaze aversion in the beginning of the therapeutic intervention. The following extract occurs in the third session of therapy A after 12 min. The client has finished an account of external stress factors that can lead to a seizure, disagreeing with the therapist's proposal that her seizures are related to an increase in bodily tension. At the end of her account, the therapist looks away to the left (l. 01). The subsequent intervention is another step in the process of changing the client's subjective theory of illness. While she maintains that external factors produce stress that accumulates until a seizure occurs, the therapist tries to lead her to a deeper understanding of her inner feelings, conflicts and tension and their relation to the seizures. By connecting aspects in the client's account, which she has not yet considered in relation to each other, the therapist expands the symptom domain in a significant, yet delicate way.

[3] Personal communication of the therapist.

Extract 2: constant tension (C3_00:12:19)

01 TH +hm:_m,
→ th +--gaze away slightly upwards to the left-->
cl --gaze to TH------------------------------>
02 (1.2)

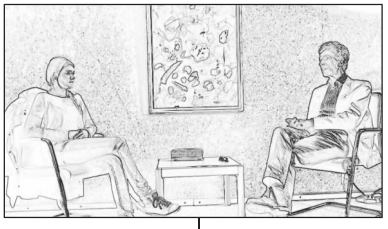

Figure 3

03 TH °h# <<rall>un:#d **ich**:> <<acc>verSUCH grad mir das so_n bisschen VORzustellen;>
and I am just trying to imagine that like a little bit
th -gaze away left-->>
cl -#gaze away--#gaze to TH-------------------------------->>
04 TH diese (.) °h GRUNDanspannung?
this general tension
05 TH die (.) °h die TRITT oder ist ja wohl AUF,
that that occurs or is PTCL PTCL there
06 TH <<acc,p>weil sie das so grad SAgen,>
because you were like just saying
07 TH wenn sie EIN*schlafen,
when you go to sleep
th *lifts arms->

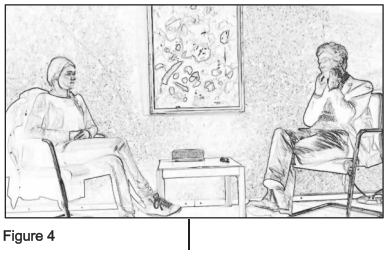

Figure 4

08 TH (dann) spü+*ren **sie** das hIer so in den in der*KAUmus#[kula#tur,*+
(then) you feel that here PTCL in the in the masticatory muscles
th --------->+gaze to CL---+
th ----------*rhythmic points to his jaw------*lowers arms------*
cl --#nods eyes closed#gaze->
09 CL #[hm_#hm,
10 TH +(.)+°hh
th +eyes closed+gaze away left->>
cl -gaze to TH----------------->>
11 TH die Ist ja wohl auch da wenn sie +alLEINe sind;
it is PTCL PTCL also there when you are alone
th -gaze away left------------------+gaze to CL-->>
cl -gaze to TH---------------------------------->>
12 TH =<<acc>also nIcht NUR_jetz,
PTCL not only PTCL
13 TH =wenn sie mit Andern:> MENschen zusammen sind,
when you are together with other people

```
14          (0.15)
15   CL     NEE.
            nah
16   CL     =STÄNdig.
            constantly
17          (0.42)
18   TH     die is STÄNDIG [da;
            it is constantly there
19   CL                    [JA.
                           yes
```

The intervention proper is preceded by a minimal acknowledgement (l. 01: *hm:_m*) of the client's prior talk. The therapist starts to look away from the client and keeps his gaze oriented slightly upwards to the left for the major part of his multi-unit turn (l. 02–08). With few, very brief interruptions, the client is continuously looking at him and can see that he is gazing away. The therapist only looks back at her when he produces an two-handed pointing gesture at his own jaw (l. 08). He shifts gaze to the client when the first gesture stroke (Kendon, 2004, p. 112) occurs, i.e. as both hands touch his jaw to locate the client's tension by analogy with his own body (see Stukenbrock, 2015, pp. 394–416, 2008, for pointing to body parts). While the onset of the gesture strokes and addressee gaze are finely synchronized, the lexical affiliate (Schegloff, 1984) of the gesture, the noun phrase (l. 08: *KAUmuskulatur/masticatory muscles*) comes late in the turn, and is uttered in the retraction phase of the gesture (Kendon, 2004, p. 112).

Several factors account for the interactional requirement to look back at the addressee at this moment. First, gazing at the client is part of the therapist's addressee gaze monitoring (Stukenbrock, 2015, 2018, 2020) that systematically occurs with multimodal deictic reference (l. 08: *hIer/here* with pointing gesture). Second, this is a moment of heightened, but fragile intersubjectivity, which further increases the need to establish mutual gaze (Streeck, 2014): The therapist now directly addresses the client (l. 08: *sie/you*), attributes a sensation to her (l. 08: *SPÜren sie/you feel*), and locates that sensation (l. 08: *das hier/that here*) in her body. He thus enters personal territory (Goffman, 1971) in which the epistemic authority (Heritage, 2011; Kupetz, 2016; Weiste et al., 2015) lies with the client. Although the therapist's attribution of tension is tied back to the client's self-account, monitoring her reactions in the course of his utterance constitutes a means to request confirmation that he be licensed to do so, and that he ventures beyond it with the client's approval. In sum, shifting gaze to the client is used to monitor her visual attention with respect to the gesture, check her understanding, and mobilize a response (Stivers and Rossano, 2010) as a go-ahead for further therapeutic exploration. The client confirms by a response token that partly overlaps with the therapist's utterance, and by nodding with her eyes closed (see Hömke et al., 2017, on short vs. long eye blinks and nodding as feedback signals).

Before the therapist continues to deliver the delicate part of his interpretation, namely, that the client's tension occurs not only in the presence of other people, but also when she is alone (l. 11–13), he withdraws his gaze from her (l. 10) and looks away until he utters the key item *alLEINe/alone* (l. 11). Prior studies have shown that gaze aversion of short and medium duration and gaze-reallocation are used for anticipating, claiming and securing speakership, projecting multi-unit turns and marking hesitation phases (Goodwin, 1980, 1981; Kendon, 1967; Rossano, 2013; Streeck, 2014; Weiß and Auer, 2016).[4] Against the backdrop of those gaze patterns, the therapist's practice of averting his gaze from the client for a sustained period of time still constitutes a marked gaze behaviour. In our data, the therapist produces a systematic gaze pattern linked to the tentative production of interpretations: looking away to foreshadow the beginning of his interpreting activities, and continued gaze aversion during the emerging turn to mark the interpretive work as ongoing. We propose that these gaze practices assume a particular function: They mark the beginning of a professionally shaped process of nascent therapeutic reflection and interpretation. As the common ground between the interlocutors increases over the course of their interactional history, these gaze practices also project the *kind* of intervention to come: a tentative interpretation that will present new material to the client that he or she may find difficult to confront and/or accept.

The therapist's practices can be described as a performance and public display of an emergent process of "thinking aloud" (Ericsson and Simon, 1993): of thinking and formulating as an intertwined, mutually constitutive process – in the words of Heinrich von Kleist (1990 [1805], p. 534) as "die allmähliche Verfertigung der Gedanken beim Reden" ('the emergent fabrication of thoughts while speaking', translation A.S.). The development of the interpretation is made accessible to the client and is designed to be tentative and eligible for negotiation. The linguistic and embodied practices work together to solve a complex task and create an interactional trajectory for the interpretation: While gaze aversion projects potentially difficult future material, indexes the therapist's efforts to deliver it and prevents interruption, the tentativity and openness for

[4] Studies on the functions of gaze in face-to-face interaction have shown an asymmetrical distribution of gaze between speakers and addressees. They have also highlighted the regulatory function of gaze to manage turn-taking and index participation. While recipients tend to gaze more at the speaker than speakers gaze at addressees (Argyle and Cook, 1976; Goodwin, 1980, 1981; Kendon, 1967), participants can achieve their claim to speakership by looking away from the co-participant, future speakers can thus project an upcoming turn.

further negotiation are indexed by linguistic turn-design features. There is an iconic relationship between the anticipated difficulty of the intervention's content for the client and the performed difficulty of the therapist's emerging utterance (Section 4.4), i.e. the turbulences caused by restarts, pauses, hesitations, sound stretches, and multiple reformulations. While letting the client in on the therapist's working mind, these turbulences and the concurrent gaze aversion secure the therapist's emerging turn against interactive interference up to the key point.

4.3. Preparing the client for a challenging interpretation

In this section, we analyse the practice within the larger sequential context as a means to prepare the ground for an interpretation that challenges the client's point of view. The data come from the fourth session with the same dyad. In this session, the client talks about her experience with another therapist during a hospital stay. In the course of a session, the hospital therapist asked her to imagine a conflict with a problematic person from her past. That session was followed by a major seizure the next day, which the client relates to the lack of sensitivity when the therapist confronted her with difficult memories. According to her, the reactions at the hospital increased her anxiety that her seizures were uncontrollable and dangerous for others, whom she wishes to protect.

The narrative accounts for the client's reluctance to enter deeper into her feelings of anger, resentment and tension for fear of triggering another seizure. The narrative is a key moment in the process of cautious and tentative rapprochement applied by our therapist. In the reflexively constituted complex relationship of analogy and contrast between the hospital therapist and our therapist in the here-and-now of the actual session, i.e. between narrated (hospital) and narrating situation (ongoing therapy session), the client's narrative can be understood as opening up in the here-and-now while simultaneously admitting to the fear of opening up further. We join the session as the client summarizes the ambivalent effect of the narrated experience on her self-regulation. Our analysis focuses on the therapist's subsequent intervention (l. 16–24).

Extract 3: imploding instead of exploding (C4_00:14:24)

01	CL	und des hat mich halt auch !SO!:: (.) verUNsichert einfach,
		and that PTCL PTCL just so unsettled me simply
02	CL	[auch die] reaktIon dann DORT?
		also the reaction then there
03	TH	[HM_hm,]
04	TH	HM_hm,
05	CL	ähm (.) von den theraPEUten,
		ehm of the therapists
		(1.13)
06		dass: (0.43) mich das dann halt auch so aus der BAHN geworfen hat,
		that then PTCL also PCTL threw me off track
07	TH	HM_hm,
08		(0.22)
09	CL	und ich aber eigentlich WEISS; (0.44)
		and I do actually know
10	CL	dass (.) ich das eigentlich rauslassen MÜSSte;
		that I should actually let it out
11	TH	HM_hm,
12	TH	hm_HM,
13	TH	[HM_hm;]
14	CL	[aber]
		but
15		(0.77)

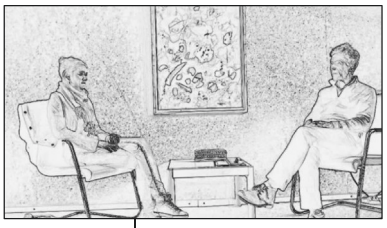

Figure 5

→ 16 TH +*JA; +**(.)**

```
         yes
    th   +gaze to CL+gaze away up->>
    cl   *gaze to TH----------->
17  TH    °h *so *dass man: (.) vielleicht so SAgen könnte, (-)
           so that one could maybe like say
    cl    --*eyes closed*gaze to TH---------------------------->
18  TH   *((clears throat))*
    cl   *closes eyes------*
```

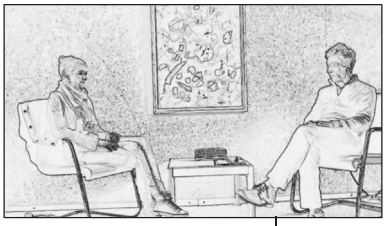

Figure 6

```
19  TH   *bevor sie (.) ähm: (.) +EXplodIeren,
          before you    ehm       explode
    th   ------------------------+gaze to CL-->>
    cl   *gaze to TH--------------------------->
20  TH   und die[se (.)] wUt aus *sich herAUS*lassen, (-)
         and let that anger out of yourself
    cl   ------------------------*nods eyes closed*gaze to therapist->
21  CL          [hm_HM;]
22  TH   <<p>#IMplodieren>#  sie: lIeber,>
         you prefer to implode
    th   ...#metaphoric gesture#..
23  CL   [*<<laughing>ge geNAU;>]
                    ex  exactly
    cl   *nods eyes closed------>
24  TH   [und es kommt          ] ein AN[fall so,]
         and it happens          a seizure PTCL
25  CL                                   [((laughs))]
26  CL   das_ham* sie SEHR gut ges[*agt.=ja.]
         you really put that very well, yes
    cl   -------*gaze away---------*gaze to TH-->
27  TH                             [ja?=so? ]
                                    yes like that?
28  TH   unge[*FÄHR?*]
         roughly?
    cl   ----*nods eyes closed*
29  CL       [ja.    ]
30  CL   [*+genau +SO. ]
           exactly like that
    cl    *gaze to TH minimal nods-->
    th     +closed eyes+gaze away--->
31  TH    [hm_m, hm_m,]
32  CL    JA.
          yes
```

At the end of the client's account, the therapist produces several continuers (l. 11–13), and, after a short pause (l. 15), the response token *ja/yes* (l. 16). His gaze is oriented to the client, who reciprocates his gaze. While the client continues to look at him in the subsequent micro-pause, he averts his gaze (l. 16), breathes in (l. 17), and begins a new turn starting with the consecutive connective *so dass/so that* (l. 17). It links his utterance to the client's talk: Grammatically, *so dass*-constructions are governed by a matrix clause stating the circumstances which lead to the consequences expressed in the subordinated *so dass/*

so that-clause. This format allows the therapist to construct his utterance (l. 17) as being dependent on and thus following from the client's prior turn.

However, instead of delivering his interpretation in a straightforward way, the therapist delays its emergence, modalizes its content and gradually approaches the key proposition. Gaze again plays a crucial role in foreshadowing and contextualizing the upcoming activity. Whereas the therapist looks away from the client until line 19, she briefly closes her eyes at turn-beginning (upon *so* in l. 17), and then continues to look at him. She thus sees him gazing away from her. Her visual orientation towards him is only interrupted by eye closure when the therapist clears his throat (l. 18), and as part of nodding in agreement (l. 20, 23, 28).

The gaze practices of the therapist – looking away slightly before turn-beginning and sustained gaze aversion – are analogous to examples 1 and 2. Equally, gaze reallocation to the client occurs precisely when he reaches the semantically most important item in his turn, which also bears the focal accent (the verb *EXplodieren/explode*, l. 19). It counterfactually describes an event that the client fears and that she, concurrent with the suppression of her anger, prevents from happening by any means. It is contrasted with the term *IMplodieren/implode* (l. 22), which the therapist tentatively proposes as an inverted reaction resulting from the client's strategy: the occurrence of a seizure as an outcome of the client's 'preference for implosion over explosion'. The therapist frames – and thereby delays – his interpretation by a *verbum dicendi* (*sagen/say*) mitigated by the modal verb *könnte* in the subjunctive II and the modal particles *vielleicht* and *so* (l. 17): *so dass man: (.) vielleicht so SAgen könnte/so that one could maybe like say*. Sound stretches, pauses, hesitations, and clearing of the throat display major formulation efforts (cf. Gülich, 2005).

By mobilizing a range of resources to foreshadow an interpretation that is not in line with the client's self-conceptualization, the therapist sets the scene for unknown and potentially problematic upcoming material, thus preparing the client for the task of dealing with a challenging interpretation. Temporality is of crucial importance here: While the deceleration as a whole allows the client to anticipate and gradually prepare for potentially threatening material, local *rallentando* practices have the effect of inviting her to witness the therapist's interpreting process.

Although the interpretation significantly modifies the subjective theory of illness that the client has adhered to so far, notably her metaphorical model of external stress as a substance that fills a container until it can no longer be contained (Lakoff and Johnson, 1980, p. 29ff.), she strongly agrees with the interpretation. She produces several, continuously upgraded confirmations, which range from nodding (l. 20, 23, 28, 30) to explicit praise of the interpretation (l. 26).

4.4. Reinforcing tentativity to index the therapist's effort in delivering a challenging interpretation

Our analysis of extract 4 focuses on how the therapist progressively assembles and reinforces the resources to not only foreshadow, delay and mark the upcoming interpretation as tentative, but to also deliver it as a result of careful reflection, effort and labour on his part. Instead of closing the gaze window (Bavelas et al., 2002; Streeck, 2014) by gaze aversion as in extracts 1–3, the therapist now closes his eyes and, furthermore, covers his eyes and parts of his 'thinking face' (Goodwin and Goodwin, 1986) with his hand. The sequence occurs about 4 min after extract 3. The topic is still the client's ambivalence between knowing that she should express and let her feelings out and her contrasting fear of what might happen if she did so.

Extract 4: very dangerous (C4_00:18:55)

((before the extract, the client is talking about releasing tension by air boxing, stamping her feet etc., and controlling herself for fear of harming others))

01	CL	ja: is so_n (0.8) <<acc>TEUfelskreis[(lauf;)]
		yes it's a kind of vicious circle
02	TH	[HM_hm,]
03	CL	auf der einen seite> WEISS ich ganz geNAU,=
		on the one hand I know exactly
04		=ich MUSS es (0.54) RAUSlassen-=
		I have to let it out
05		=auf der anderen seite: (.) blOß nicht entSPANnen,
		on the other hand never ever relax
06		WEIL dann kommt des [raus;]
		because then it comes out
→ 07	TH	[HM_hm,]
08		(1.15)

09 TH %+°h ((*lip smack*)) %ja; (.)
yes
th %moves left hand to forehead% hand covers eyes->>
th +closes eyes---------->>

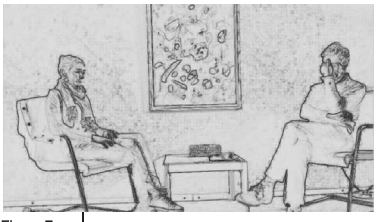

Figure 7

10 TH also was mir so durch den **KOPF** geht wenn ich ihnen ZUhöre,=
so what is like going through my head when I am listening to you
11 TH =das ist- (0.4)
that is

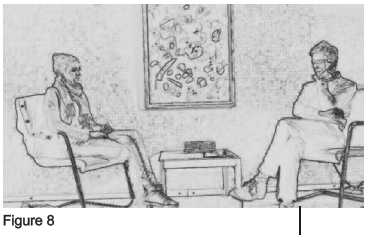

Figure 8

12 TH dass sie (0.7) äh dOch %(.) da: ne (-) eh+ **((knarrt))**
that you eh really do PTCL a ((creaks))
th ----------%hand back to chin+-chin touch--->
13 TH große ANstreng+ung: auch °h äh mAchen,
make a great effort PTCL eh
th --------------+opens eyes gaze down--->
14 (1.0)
15 TH um (0.4) ((knarrt)) andere menschen: (.) ((knarrt)) davor zu SCHÜTzen;=
in order ((creaks)) to protect other people ((creaks)) against it
th --gaze down----------
16 TH +=dass (.) [etwas] $aus ihnen heRAUSkommt:
that something might come out of you
th +gaze to client---------->
cl $-multiple nods-------->>
17 CL [<<p>ja;>]
yes
18 TH was: (.) °h sie +fü:r (.)+ geFÄHRlich äh::(0.3) ähm (0.6)
that you eh dangerous eh ehm
th ----------+gaze up-+?????????????????????????------>
19 TH für+# geFÄHR%lich+# halten;%
consider as dangerous
th --chin touch%left hand to lap%
th ---+eyes closed-+gaze to client->
th #head turn----#
20 TH =was ihnen °h sehr gefÄhrlich erSCHEI+NT;=
that appears very dangerous to you
th -gaze to client----------+gaze down-->
21 TH =und das (.)kostet wahrscheinlich auch+ viel (.) KRAFT und AN:st:r[engung.]
and that probably takes a lot of strength and effort
th --gaze down----------+gaze to client----------->>

```
22   CL        *°h* $[<<creaky>ja.]$
                 <<creaky>yes>
     cl        *closes eyes*$deep nods$
23   TH   <<pp>=ja?>
                 yes
24        (2.25)
25   TH   eigentlich (.) denken sie dabei mEhr an die ANderen menschen
          als an sich SELBST-
          actually, you care then more about other people than about
          yourself
26        =hat man so den EINdruck.
          is like the impression
27   CL   ja.
          yes
28        ((laughs softly))
29        (1.04)
30   CL   [ja (.) auf] jeden FALL,
          yes definitely
31   TH   [hm_HM,    ]
32        (3.9)
```

When the client finishes her account of the ambivalence, the therapist produces a continuer (l. 07: *HM_hm*). After a pause, he breathes in, smacks his lips and acknowledges the client's prior turn (l. 09: *ja/yes*). Concurrent with his inbreath, he closes his eyes and, moreover, covers them with his hand hiding them from the client's view. His posture, eyes closed, head slightly bent downwards and forehead resting on his hand, is recognizable as the Thinker pose. It projects a phase of heightened cognitive activity and an upcoming turn in which he will share his emergent thinking with the client. As shown in Section 4.2, the embodied conduct of the therapist, while drawing on everyday gaze and gestural practices observable in hesitations and word searches (Goodwin and Goodwin, 1986; Hayashi, 2004; Weiβ and Auer, 2016), locally assumes the additional meaning of searching for and projecting an interpretation in the context of psychotherapy.

The therapist maintains his pose for an important part of his multi-unit turn (l. 10–20). The turn-initial use of the discourse marker *also/so* (l. 10) conveys that his interpretation follows from the client's account: When placed in the topological position of the pre-front field, *also/so* indicates that an "intersubjective inference" (Deppermann, 2018) is drawn from the prior speaker's talk. The therapist thus claims to make explicit something that the client implicitly intended to convey. As before, the therapist frames his utterance by cognitive (l. 10: *was mir so durch den KOPF geht/what is like going through my head*) and perceptive formulae (l. 10: *wenn ich ihnen ZUhöre/when I am listening to you*), which are by now familiar to the client. They mark his interpretation as subjective but nonetheless implicitly co-authored, i.e. inferable from the client's own words. Syntactically, he uses a cleft construction, which projects a long, multi-unit turn. The turn is delayed by several pauses, hesitations, and sound stretches, i.e. resources summarized above as *rallentando* practices. They are combined with the therapist's gaze withdrawal, eye covering gesture and various means of subjectivizing and modalizing to foreshadow a tentative interpretation – one which may not only be difficult for the client to accommodate, but which, moreover, displays that its delivery may also be burdensome and challenging for the therapist.

In the course of his utterance, the therapist gradually changes the Thinker pose. During the extended hesitation phase (l. 12), he dissolves the eye-covering gesture (l. 10) by moving his hand to a position where it holds up his chin (l. 12), eyes still closed. While his hand stays on his chin, he opens his eyes after the noun phrase *große ANstrengung/great effort* (l. 13), which introduces the first important step in the emerging interpretation. Syntactically, it projects a subordinate clause and foreshadows the climax of the interpretation. Note that the therapist keeps his gaze oriented downwards and remains unavailable for eye contact with the client. He thus also refrains from monitoring the client's reaction to his turn so far. Instead, he continues to incrementally elaborate his interpretation of the client's effort to protect other people from her seizures.

The therapist reorients his gaze to her when he formulates the most sensitive interpretation in the last part of his turn, namely, that the client is afraid of negative energies within herself that may emerge uncontrolled and with uncontrollable social effects (l. 18–21). This interpretation of the client's self-interpretation needs ratification on various levels of understanding: that she agrees with the therapist's conceptualization of her self-concept, that she agrees with the narrative of dangerous consequences and with the implicit attribution of fearing those consequences. The therapist delays articulating the object of her implied fear, the unknown danger (l. 14–15), and reformulates it (l. 18–20), recasting potential dangers as being presumed by the client.

Monitoring the client during this part of his turn allows the therapist to observe how she receives his interpretation. He can see that she starts nodding (l. 16) and continues to do so throughout the rest of his utterance. This, in turn, allows him to adapt what he is saying to the responses he is seeing (Goodwin, 1980, 1981; Goodwin and Goodwin, 1987) and to venture

further in his interpretation. By contrast, the extended period of gaze-withdrawal highlights the moment in which the therapist reorients his gaze back to the client and becomes available for mutual gaze again.

4.5. Delivering an interpretation as a question

In order to show that the therapeutic 'art of tentativity' is not an idiosyncratic strategy used by just one therapist, we now turn to the 11th session of therapy B with a young female therapist and an elderly male client. Recurring topics are the client's fear of declining physical strength, loss of control and autonomy. The extract occurs after about 26 min. The client has given an account of severe health problems and pain, which made him feel helpless and finally seek therapy (l. 02–15). Our analysis focuses on the delivery of the interpretation in the format of a question and the concurrent assembly of verbal and embodied design features that foreshadow the interpretation and mark it as subjective and tentative.

Extract 5: fear of dependency (I11_00:26:34)

01	CL	und wie gSAGT,=
		and as I said
02	CL	=da ham_wa dann (0.64) des ANgeleiert;
		that was when we then initiated that
03		(0.41)
04	TH	hm_HM-
05	CL	mit der
		with the
06		(1.78)
07	CL	mit HI[ER;]
		with here
08	TH	[hm_]HM;
09		(0.57)
10	CL	mit der
		about the
11		(0.35)
12	TH	*HM*_hm,
	th	*closes eyes*gaze to CL->
13	CL	((smacks))*
	th	----------*
14		*(0.78)
	th	*head/gaze down->
15	CL	mit *der anaLYse;
		about the analysis
	th	----*gaze to CL--*
16		*(0.55)
	th	*head and gaze down->>

Figure 9

17	TH	sie haben ge**SAGT**,
		you were saying

Figure 10

18 TH (.) ähm ((schmatzt)) sie haben sich *HI:LFlos gefühlt;*
ehm ((schmacks)) you felt helpless
th -head/gaze down----------*-gaze to CL------*
19 TH *°hh ((smacks))*
th *blinks, closes eyes*

Figure 11

20 TH *(0.3) ich **FRAG** mich ob_s da auch so- (0.38)
I wonder whether there are also like
th *-head tilt to right, gaze up to the left----->
21 TH Ängste *vor* ABhängigkeit oder so*was* gIbt?=
fears of dependency or the like
th -------*clo*-gaze to CL----------*clo*-gaze to CL->>
22 TH =also dass sie: °hh
I mean that you
23 TH dadurch dass sie selber HILFloser sind?=
due to the fact that you are more helpless yourself
24 TH =in oder WERden in mehr situationen,
in or becoming in more situations

Figure 12

25 TH °hh *ob* **(0.43)**
whether
th -CL-*eyes cl*-gaze up left->>
26 TH ob sie: dann <<acc>ANGST davor ham;=
whether you are then afraid
th -gaze up left----------->
27 TH =dass sie> *AB*hängig werden von anderen personen,=
that you become dependent on other people
th -----------*clo*-gaze to CL------------------------>

```
28    TH    =un sich *da* nicht *(0.7)* REINbeGEben möchten?
            and don't want to get into that
      th    ---------*clo*-to CL*((?))*-gaze to CL---------->
29          (0.3) *(0.2)*(0.2)*(1.4)
      th    -CL---*clo--*.....*to CL-->
30    CL    ((clears throat))
31          (0.24)
32    CL    also momentan noch NET.
            well at the moment not yet
33    TH    hm_HM,*
      th    -to CL*
34          *(0.49)*
      th    *gaze down*
35    CL    ((smacks his lips)) ((clears throat))
36          (0.18)
37    CL    des gfÜhl hab ich mal gschwind geHABT-=
            I had that feeling very briefly
            =wo wir da in diesem PFLEgeheim wa[ren,]
            when we were in this nursing home
38    TH                                      [hm  ]_HM,
39    PA    °hhh
40          (0.73)
41    CL    wo man gdankt ham OH,
            when you thought oh
42          (0.46)
43    CL    ma muss schOn vielleicht noch_ne andere vorsorge MAche,
            you maybe have to make yet another provision
```

At the end of the client's account, during the pause in l. 16, the therapist lowers her head and gazes down. She maintains this posture, a variation of the Thinker pose (see extract 4), for a significant part of her subsequent utterance (l. 17–18), and only looks back at the client when she utters the prosodically marked key item *HI:LFlos*/*helpless* (l. 18). The utterance constitutes the first part of a multi-unit turn (l. 17–28), in which the therapist offers an interpretation. Its delivery displays key features of the 'art of tentativity'. It develops incrementally into a multi-unit turn and is delivered in three parts (l. 17–18; l. 20–21; l. 23–28).

The first part grounds the therapist's interpretation in the client's talk by quoting (l. 17: *sie haben geSAGT*/*you were saying*) his self-categorization (l. 18: *HI:LFlos*/*helpless*). At the transition between the grounding and the interpreting part, the therapist withdraws her gaze from the client. She breathes in, which projects more talk to come, and blinks before briefly closing her eyes (l. 19). The beginning of the interpreting part is foreshadowed by a marked change in head and gaze orientation: Before she continues speaking, the therapist tilts her head slightly to the right and gazes upwards to the left (l. 20). She holds this posture for the major part of her utterance. She only returns her gaze to the client after 2.5 s and a brief moment of eye closure. Gaze reallocation to the client occurs precisely with the production of the prosodically marked key item of her emerging interpretation (l. 21: *ABhängigkeit*/*dependency*). It shifts the focus from the topic of helplessness in the client's prior talk to fear of dependency, and thus underlines the emotional and social dimension. The therapist further develops these dimensions in subsequent talk.

The elaboration is introduced by the discourse marker *also* (l. 22), which projects a self-reformulation (Konerding, 2004). In what follows, the therapist links the topic 'fear of dependency' back to the client's account of helplessness (l. 22–24), and proposes a tentative interpretation of how the former might arise from the latter (l. 25–28). The therapist's self-repair (l. 24), which replaces the copula *sein*/*be* (l. 23) by *werden*/*become,* introduces a temporal dimension of progressivity in the client's account and thus shifts the focus from past and present to the future. Likewise, the abstract noun phrase *ABhängigkeit*/*dependency* (l. 21) is recast as a dynamic process of becoming dependent (l. 27: *ABhängig werden*/*become dependent*), which directly targets the client (l. 27: *sie*/*you*) and involves other people as well (as stated in the right dislocation in l. 27: *von anderen personen*/*on other people*). Similarly, the topic of fear is transformed from a vague plural entity (l. 21: Ängste/*fears*), marked by hedges (l. 20: *so*/*like*, l. 21: *oder sowas*/*or the like*) into a concrete fear that is 'owned' (l. 26: *haben*/*have*) by the client and directed at becoming dependent on others.

While explicitly anchoring her intervention in the client's prior talk (l. 17), the therapist mobilizes an array of resources in order to mark the subjective and hypothetical nature of her interpretation: The use of *verba dicendi* frames it as a self-directed question (l. 20: *ich frag mich ob*/*I wonder whether*, literally: *I ask myself*), which emerges from the client's telling (l. 17: *sagen*/

saying) and is now elaborated in the interaction. The format of the interrogative remains structurally latent as a matrix clause (Auer, 2015) and is reactivated in the third part of the therapist's utterance by a constructional change from a syntactically projected consecutive clause (l. 22–23) to an *ob*/*whether*-prefaced turn continuation (l. 25–26), i.e. a dependent interrogative.

The interpretation occurs in response to the client's extended account and modifies it by adding temporal (future), social (others), and emotional (fear) dimensions, but does not claim epistemic authority. Hedges, self-reformulations, self-repairs, hesitations, and pauses index tentativity and delay its delivery. The therapist withdraws his gaze from the client by gazing down with a lowered head, turning the eyes up with a tilted head, and brief moments of eye closure. As in the previous extracts, gazing away from the client for an extended period of time indexes a process of nascent therapeutic interpretation. It foreshadows potentially difficult material to come and, in concert with *rallentando* practices, prepares the client for the intervention.

The client exhibits trouble in responding. After two pauses (l. 29, 31) and a clearing of the throat (l. 30), he produces a *well*-prefaced answer (Heritage, 2015; Schegloff and Lerner, 2009) and negates the therapist's hypothesis (l. 32) that underlying his acknowledged feeling of helplessness is an unacknowledged fear of dependency. However, he displays an orientation to the temporal dimension introduced by the therapist (l. 32: *momentan noch NED,*/*at the moment not yet*) and makes a minimal concession to her interpretation by admitting to a fleeting feeling of fear on the occasion of visiting a nursing home.

5. Conclusion

In this paper, we have analysed a multimodal practice of delivering interpretations in psychodynamic therapy. This practice exhibits distinctive, co-occurring linguistic and embodied features, making it a recognizable, multimodal ensemble of concurrently mobilized resources. It serves therapists and clients to interactionally navigate the challenge of venturing into the unknown, beyond clients' self-understanding, by preparing the scene for the interpretation as it emerges. This is achieved by foreshadowing, or 'flagging' a potential challenge for the client and publicly displaying the professional consideration and care of a therapist who is doing 'being a thoughtful therapist'.

We found that therapists' orientation to the potential challenge of their interpretations to clients is conveyed by an incremental, temporally extended multi-unit turn-design, including *rallentando* features such as delays, pauses, cut-offs, self-repairs and self-reformulations, which enact the emergent and tentative process of searching for a proper interpretation and cautiously couching it in the 'right words'. The use of subjectivizing linguistic devices (in particular, perceptive verbs) further serves to express the tentative and unilateral nature of an interpretation that is nonetheless rooted in the intersubjectively available observation of the client's talk.

While extended gaze aversion by the therapist at the beginning of the interpreting turn secures its incremental unfolding and contributes to conveying a sense of the therapist's ongoing reflection, subsequent gaze reallocation to the client, by contrast, highlights the semantic core of the interpretation and allows the therapist to monitor how the interpretation is taken up by the client. By reopening the gaze window (Bavelas et al., 2002) for mutual gaze, therapists, moreover, put themselves in the position of being perceived by their client as perceiving him or her at that particular moment (cf. Streeck, 2014, on the contractual nature of mutual gaze and social recognition).

We have termed this practice the therapeutic 'art of tentativity'. We have shown that the temporal and emergent properties of this practice prepare clients to receive sensitive content, which they may find difficult to deal with. Reflexively, the tentative and subjective design of the interpretation and the simultaneous claim that it is grounded in clients' accounts, is built to undermine resistance, which therapists can anticipate, and to invite clients to enter into negotiation and enhanced self-exploration about that which is addressed by the interpretation.

The practice of tentative interpretation confirms an orientation of modern psychoanalytic practice to the intersubjective nature of the therapeutic process. While still attending to inner-psychic conflicts, repressed feelings and unconscious motivations, the therapist does not take the stance of an infallible observer and expert. Instead, the design of the interpretation can be seen to be adapted to the client's wording and self-interpretation, thus respecting his or her view and building on it in order to arrive at a shared understanding that integrates the client's perspective with the therapist's interpretation.

Our study contributes to existing CA research on psychotherapy by showing how therapists' displays of subjectivity and tentativity are linguistically implemented and embodied, and how they are used to advance the institution-specific agenda of gaining shared insights in the context of probable resistance (cf. Vehviläinen, 2008) and enhanced face-sensitivity. We have identified the general design-features and uses of a particular practice of delivering interpretations in psychodynamic psychotherapy. They are adapted to the relevancies of this specific setting and seem to be fairly different from practices of formulation and interpretation in other everyday and institutional contexts. Future research will have to explore whether the practice is specific to psychodynamic psychotherapy and investigate the degree to which it reflects the personal style of therapists as well as different theoretical orientations (Weiste and Peräkylä, 2013).

Declaration of competing interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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Appendix. Transcription conventions

GAT 2 transcription conventions

(Selting et al., 2009 [5]; translated into English by Couper-Kuhlen/Barth-Weingarten, 2011[6])

[ ]	overlap and simultaneous talk
=	immediate continuation with a new turn or segment, latching
°h / h°	in-/outbreaths of approx. 0.2-0.5 sec. duration
°hh / hh°	in-/outbreaths of appr. 0.5-0.8 sec. duration
(.)	micro pause, estimated, up to 0.2 sec. duration
(0.5)	measured pause
and_uh	cliticizations within units
uh, uhm, etc.	hesitation markers, so-called 'filled pauses'
:	lengthening, by about 0.2-0.5 sec.
::	lengthening, by about 0.5-0.8 sec.
?	cut-off by glottal closure
((laughs))	description of laughter and crying
<<laughing>>	comment on speech delivery with indication of scope
hm, yes, no, yeah	monosyllabic tokens
hm_hm, no_o	bi-syllabic tokens
?hm?hm	with glottal closure, often negating
SYLlable	focus accent
sYllable	secondary accent

[5] Selting, M. et al., 2009. Gesprächsanalytisches Transkriptionssystem 2 (GAT 2). Gesprächsforschung – Online-Zeitschrift zur verbalen Interaktion 10, 353–402. www.gespraechsforschung-ozs.de.

[6] Couper-Kuhlen, E., Barth-Weingarten, D., 2011. A system for transcribing talk-in-interaction: GAT 2 translated and adapted for English. Gesprächsforschung. Online-Zeitschrift zur verbalen Interaktion 12, 1–51. www.gespraechsforschung-ozs.de.

!SYL!lable	extra strong accent
?	rising to high
,	rising to mid
–	level intonation
;	falling to mid
.	falling to low
<<p>>	piano, soft
<<pp>>	pianissimo, very soft
<<len>>	lento, slow
<<acc>>	accelerando, increasingly faster
(may i)	assumed wording

Multimodal transcription conventions adapted from Mondada (2018) [7]

* *	Gestures and descriptions of embodied actions are delimited between
+ +	two identical symbols (one symbol per participant)
Δ Δ	and are synchronized with correspondent stretches of talk.
*--->	The action described continues across subsequent lines
---->*	until the same symbol is reached.
>>	The action described begins before the excerpt's beginning.
--->>	The action described continues after the excerpt's end.
.....	Action-preparation.
----	Action-apex is reached and maintained.
,,,,,	Action-retraction

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