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**CONTACT: Developing explicit meta-communication in interpersonal client--
professional interactions.**

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Published in:
Communication, Medicine and Ethics Conference (COMET) 2016

Publication date:
2016

[Link to publication from Aalborg University](#)

Citation for published version (APA):

Winther, F., & Dindler, C. (2016). CONTACT: Developing explicit meta-communication in interpersonal client--
professional interactions. In *Communication, Medicine and Ethics Conference (COMET) 2016*

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Abstract proposal to COMET 2016
Work-in-progress Roundtable

Title:

CONTACT: Developing explicit meta-communication in interpersonal client-professional interactions.

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Selected conference themes:

- Client-Professional Encounters
- Communication Skills Training
- Values and Responsibilities in Professional Practice

The purpose of the research project to be discussed is to co-develop health workers interpersonal communication skills as skills that are primarily independent of socioeconomic disease logics and truly health (Antonovsky, 1996 [1992]) and agency empowering (Drewery, 2005) for all participants in the often asymmetric health conversations that take place in for instance hospitals and communal health centres in Denmark. Taking as point of departure that subject positioning continuously takes place in interpersonal interaction (Davies and Harré, 1990), the project highlights the interpersonal meeting as an ethical site regardless of the specific communicative genre (Kristiansen et al., 2009). The project is especially motivated by the hypothesis that the explicit use of meta-communication – i.e. the foregrounding of the several layers that exist simultaneously in any communicative situation (Bateson, 1972 [1955]) - in health encounters enhances the establishment of communicative literacy and thereby enhances

a profound and genuine, personal contact and hence an ethical commitment to responsibility – whether as ‘client’ or ‘professional’.

The presentation for the round table discussion will focus on arguing for meta-communication as an ethical practice and outline a two-phase field methodology for co-developing communication skills with health workers in a Danish hospital – a research project that is currently being established. Phase one consists of collecting situated, interactional data material and analysing it on behalf of conversational analytical transcriptions (Steensig, 1996), partly in cooperation with health workers. Phase two consists of implementing, analysing and evaluating interactional data once again, hopefully characterized by stronger explicit meta communicative skills. The presenters will especially welcome contributions to further development of the field methodology.

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