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Editorial

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This very special issue started off at the International Conference on Communication in Healthcare (ICCH) in Heidelberg in the autumn of 2016. Walking home from the conference dinner we came up with the idea of making something special to celebrate Arnstein Finset's long and important career in shaping communication research. We invited communication researchers in a wider circle starting at the Department of Behavioural Sciences in Medicine at the University of Oslo and included collaborators of Arnstein Finset around the world to write a paper in honour of him. We did not know what to expect from such an invitation. Authors from nine countries and three continents have written the papers that are published in this special issue. These authors vary in professional background; psychology being the largest but also physicians, nurses, dentists, linguists. We are very proud that all these people have contributed to this special issue.

The core question in research in communication in healthcare is how communication and the patient – provider relationship can contribute to a patient's health and well-being. This is the starting point for the organization of the papers in this issue.

Several papers address patient's perspective or possible perspective; as what do respect and autonomy mean to a patient (Beach), the meaning of symptoms (Estacio), how physicians present a choice in a way that makes it difficult for the patient to voice his or her opinion (Landmark) and how vitality training can contribute to live a good life with pain (Zanghi).

Emotional communication has been a leading thread through Arnstein Finset's communication research journey, with a specific focus on negative emotions and how these impact communication in different ways. He is also one of the core developers of the VR-CoDES coding scheme. Two papers in this special issue focus on children's expressions of emotion (Vatne, Mellblom) and one paper investigates the relationship between addressing emotions and anxiety in dental consultations (Hally). Information giving and emotional communication are other important themes; one paper addresses how to frame information and the need to involve relatives (Gerwing) and one reviews the impact on information recall (Visser). The



importance of eliciting positive feelings is addressed in two papers; a review on emotional communication with people with dementia (van Dulmen) and a paper describing a new scheme for coding the communication of positive emotions in home care visits (Heyn). Conceptual papers address aspects of basic concepts and processes in clinical communication like different models of empathy (Frankel), the need for the development of better instruments to measure patient-centredness (Street, del Piccolo) and the necessity of integrating instrumental and emotional care (Salmon).

Education of clinicians and researchers is the basis for further advancing the field. Emotional communication using the Expanded Four Habits model is addressed (Lundeby), the impact on job stress having a father being a physician (Gude) and also how to improve the evaluation of contributions that form the basis of our research – the conference papers (Deveugele). And last, but not least: Professor Emeritus and psycho-analyst Per Vaglum – who, when he was Dean of the Faculty of Medicine initiated the Special Research Area of Clinical Communication in 1997– has written down his “rules of thumb” to help young students to communicate in a patient-centred way.